Embedding shared decision-making within routine prescribing practice: challenges and solutions

Professor Nina Barnett

Consultant Pharmacist, Care of older people

London North West University Healthcare NHS Trust

Medicines Use and Safety Division, NHS Specialist Pharmacy Service

Visiting Professor, Kingston University, London, UK.

@NinaLBarnett E: ninabarnettfrpharms@gmail.com

Shared decision making is……

A process involving:

Collaboration between people using health care and their clinicians to agree a joint decision about care now or in the future.

Choice around tests and treatments based on a balance of evidence and on the person's individual preferences, beliefs and values

Consequences of various options being discussed, supported by information, to empower the person seeking healthcare to choose between treatments or no change/treatment, balancing risks and benefits for them

What about the NICE guideline?

NICE National Institute for Health and Care Excellence

NICE guideline

Shared decision making

NICE guideline
Published: 17 June 2021
www.nice.org.uk/guidance/ng197

www.nice.org.uk/guidance/ng197

https://www.nice.org.uk/about/what-we-do/our-programmes/nice-guidance/nice-guidelines/shared-decision-making

Includes:

- How to make shared decision making (SDM) part of everyday care in all healthcare settings
- How to promote it for healthcare professionals and people using services to work together to make decisions about treatment and care
- How and when to use decision aids
- How to embed in organisational culture
- Recommends training on communicating risks

SDM training widely available e.g.
https://www.personalisedcareinstitute.org.uk/your-learning-options/
https://www.e-lfh.org.uk/programmes/shared-decision-making/

What about informed consent?

- What is consent: Free, full, informed
- “Bolam test”
- *Practitioners to act in accordance with a practice accepted at the time* as proper by a responsible body of medical opinion.

See Bolam v Friern Hospital Management Committee (1957)

The Montgomery Judgement

- Supreme court judgement 2015
- Two key changes in the law pertaining to informed consent
  - From what “a reasonable practitioner” would do to what “ a reasonable patient” would expect
  - From informing patient about serious and/or common risks to risks “material to that patient”
  - Move to offering of “reasonable alternatives”

- Montgomery versus Lanarkshire Health Board 2015

What does “material” mean?

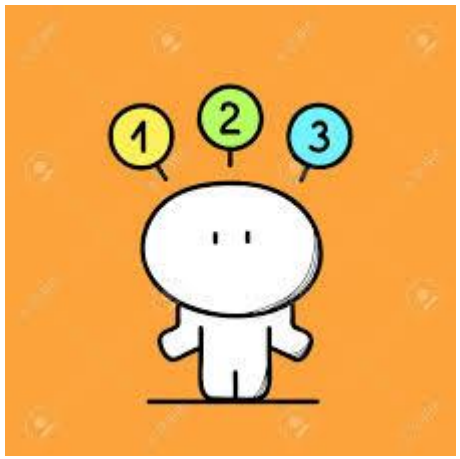
A **reasonable person in the patient’s position** would be likely to attach significance to the risk or,

The doctor is or should reasonably be aware that the particular patient would be likely to attach significance to it’.

BRAN

- Benefits

- Risks
- Alternatives



- No action/change

www.Choosingwisely.co.uk

BRAIN tool “Informed decision making”

- **B**enefits: how might this benefit me, the patient, caregiver?
- **R**isks: how might this pose a risk to me, the patient, the caregiver?
- **A**lternatives: what are my options, short/long term, and no change?
- **I**ntuition; How do all parties feel about these options?
- **N**ext steps: what needs to be done to make this happen?
  - What needs to happen, when, who can help, how will this be done

http://www.lessismoremedicine.com/blog/use-your-brain-a-decision-support-tool

Informed Decision Making: Get help from your

BRAIN

Benefits Risks Alternatives Intuition Next Steps

What is the decision I need to make?

How much time do I have to make this decision?

Who is involved in making this decision?

What are my values that affect this decision?

B Benefits

How might this benefit me?
(possible/probable outcomes)

How might this benefit my caregiver?
(if applicable)

R Risks

How might this pose a risk to me?
(possible/probable risks)

How might this pose a risk to my caregiver?
(if applicable)

A Alternatives

What are my options for the short term and long term?
(alternative treatments, no treatment, other ideas?)

I Intuition

What do I feel and think about these options?

N Next steps

Examples:

I need to talk to my family.
I need time to think my decision through.
I want more information.
I would like to wait on treatment.
I want a second opinion.
I would like to...???

YOUR DECISION:

CCMI
Centre for Collaboration Motivation & Innovation
www.centreCMI.ca

Remember, to make an informed decision about your health, it helps to use your... **BRAIN.**

SDM standards

https://theprsb.org/standards/shareddecisionmakingstandard/

A framework for clinicians to record the decision-making process between themselves and their patients

Shared Decision Discussion

Patient Agenda

To reduce the number of medicines he needs to remember to take

Clinicians Agenda

Review of medication. To find the optimal medication regimen to support patient's lifestyle and eliminate side effects.

What matters to the person

Peter would like to prioritise:

- Being able to support daughter and grandchildren, play with them without the pain he is currently experiencing, especially knee pain. Summarised as better mobility and quality of life.
- Give up smoking.
- Explore what is causing his indigestion.
- See if he can reduce or change his medicines so that they are easier for him to remember and avoid side effects.

Consent and negligence in prescribing/deprescribing

- *In relation to informed consent, as with negligence, poor outcomes can happen and they generally do not give rise to any legal implications.*

- *Often a patient agrees to a course of action in the full knowledge of all potential risks and benefits.*

- See full article Barnett, N. & Kelly, O., 2017. Legal implications of deprescribing: a case scenario. *Prescriber*, 28 March, Volume March, pp. 49-52. http://www.prescriber.co.uk/article/legal-implications-deprescribing-case-scenario/

What about advising about risks

No longer use percentages ALONE

Consider:

- The type of the risk
- If it happened, effect on the patient's life
- Importance of treatment benefits to the patient
- What alternatives are available and risks related to the alternatives

How does this fit with GMC guidance?

Consent: patients and doctors making decision together 2008

The doctor explains the options to the patient, setting out the potential benefits, risks, burdens and side effects of each option, including the option to have no treatment. The doctor may recommend a particular option which they believe to be best for the patient, but they must not put pressure on the patient to accept their advice. The patient weighs up the potential benefits, risks and burdens of the various options as well as any non-clinical issues that are relevant to them. The patient decides whether to accept any of the options and, is so, which one' para 5

Updated Nov 2020

"Shared decision making and consent are fundamental to good medical practice."

https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/decision-making-and-consent

Challenges to SDM

Challenge 1: "We do it already"
Challenge 2: "We don't have the right tools"
Challenge 3: "Patients don't want shared decision making"
Challenge 4: "How can we measure it?"
Challenge 5: "We have too many other demands and priorities"

Key messages

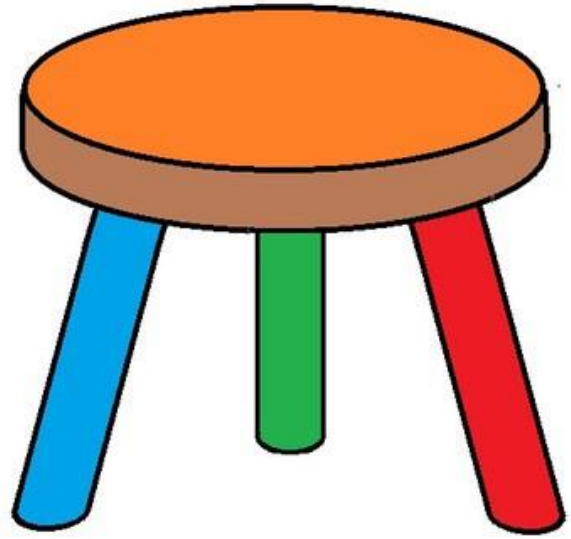
- Shared decision making is about more than tools: skills trump tools, but attitudes trump skills
- Successful implementation relies on a combination of interventions supporting the organisation, clinicians, and patients
- Organisational support and local ownership are vital for engagement

Joseph-Williams Natalie, Lloyd Amy, Edwards Adrian, Stobbart Lynne, Tomson David, Macphail Sheila et al. Implementing shared decision making in the NHS: lessons from the MAGIC programme *BMJ* 2017; 357 :j1744 https://www.bmj.com/content/357/bmj.j1744

Prescribing to optimise medicines

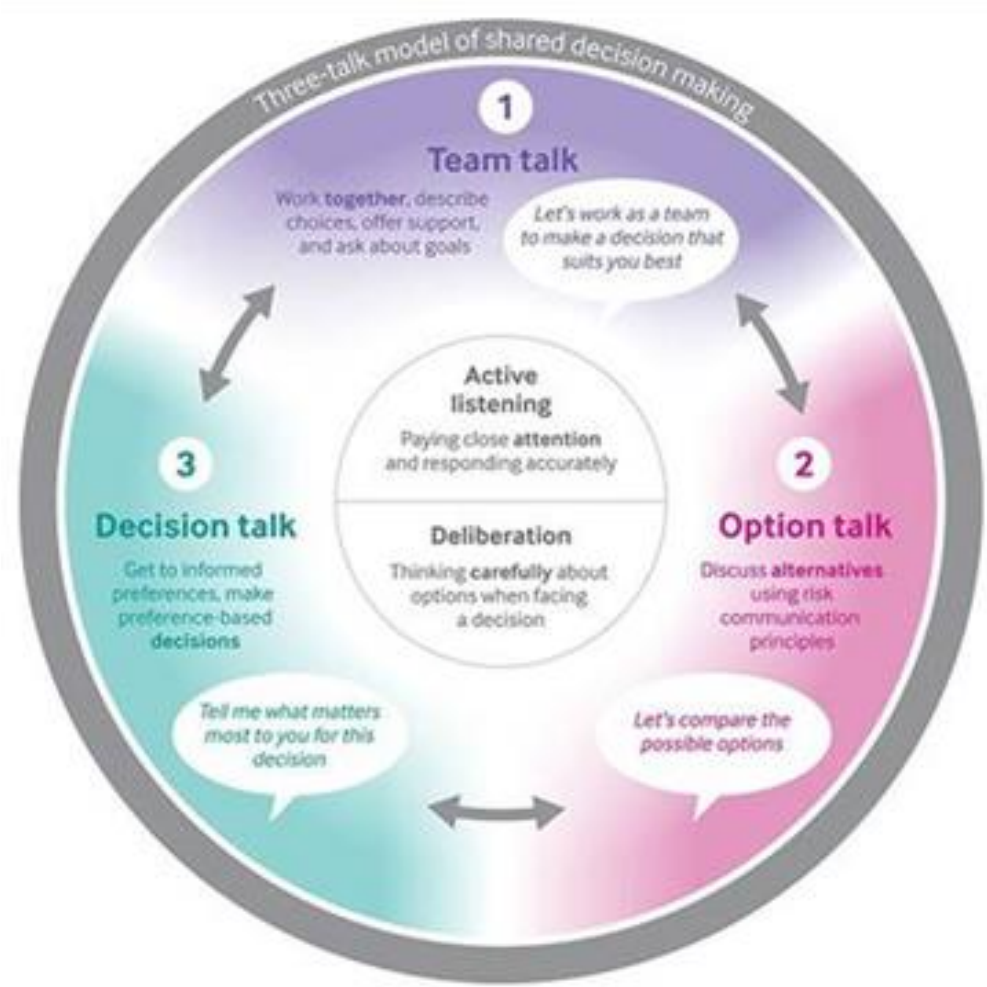
Is about Evidence Based Practice

Integrating best research evidence with clinical expertise and patient values (Sackett et al. BMJ 1996:71-72)



- ✓ **Best available research evidence**
- ✓ **Clinical judgement**
- ✓ **Patient's circumstances, goals, values & wishes**

3 TALK model



First proposed in 2012[1]
Updated version 2017[2]

Updated to recognise flexible progress through stages of "talk"

Includes active listening and time for deliberation

'choice talk' replaced with 'team talk'.

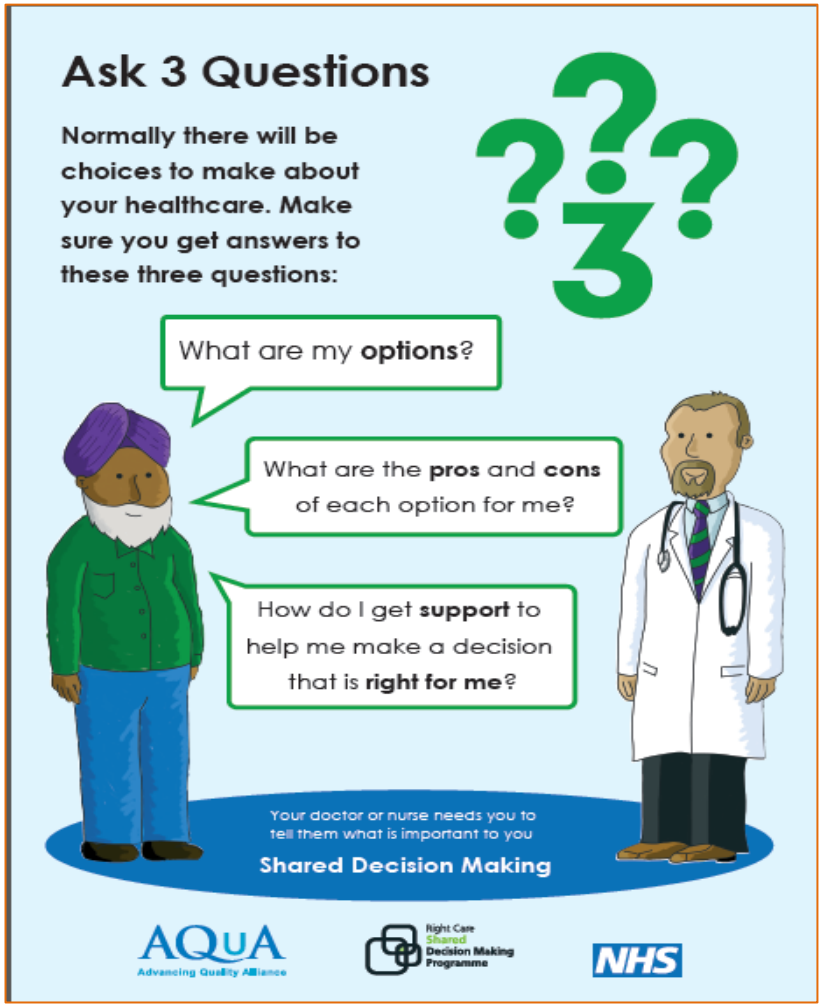
Elwyn G, Frosch D, Thomson R, et al. Shared decision making: a model for clinical practice. J Gen Intern Med 2012;359:1361-7.pmid:22618581.

Elwyn Glyn, Durand Marie Anne, Song Julia, Aarts Johanna, Barr Paul J, Berger Zackary et al. A three-talk model for shared decision making: multistage consultation process *BMJ* 2017; 359 :j4891https://www.bmj.com/content/359/bmj.j4891

Empower patients to support SDM

NHSE Shared decision making website

https://www.england.nhs.uk/shared-decision-making/guidance-and-resources/



4 Questions to ask my doctor or nurse to make better decisions together (BRAN)

1. What are the Benefits?
2. What are the Risks?
3. What are the Alternatives?
4. What if I do Nothing ?

NICE resource

https://www.nice.org.uk/guidance/ng28/resources/patient-decision-aid-pdf-2187281197

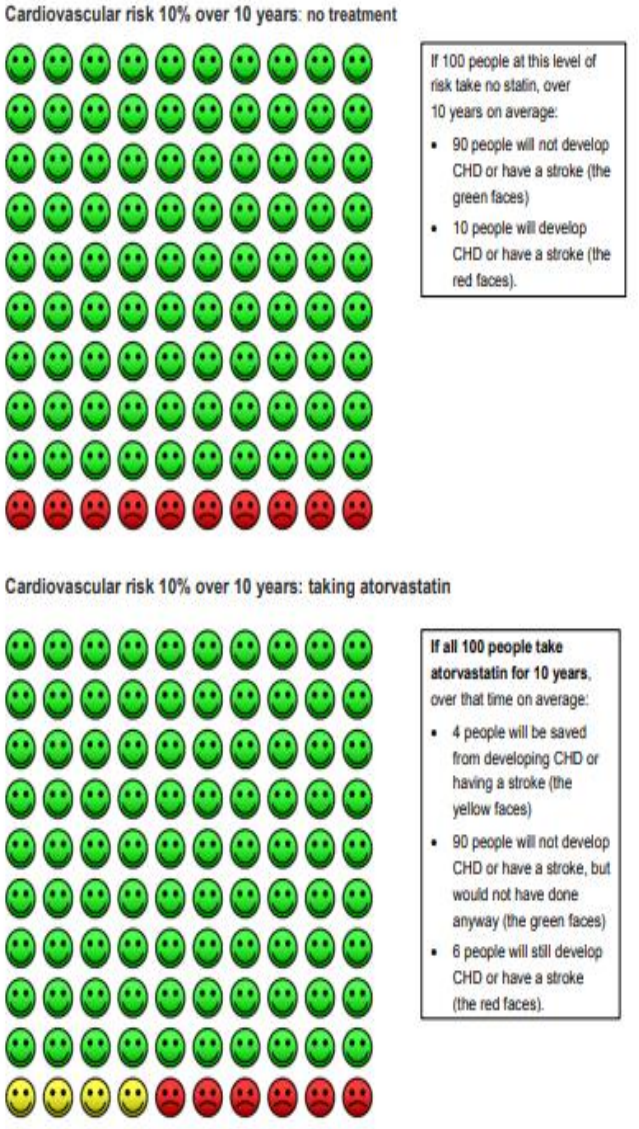
Your target blood glucose (HbA1c) level: weighing it up

Make a mark on the lines to show how you feel about these statements. The more you agree with the statement on the left, the further to the left you should put the mark. The more you agree with the statement on the right, the further to the right you should put the mark. You and your healthcare professional can use this to help decide the best target HbA1c level for you.

Thinking about things like driving, having severe hypos would not be a problem for me*		Thinking about things like driving, having severe hypos would be a big problem for me*
I'm not bothered about the possibility of getting other side effects		Getting other side effects would be a big problem for me
I'm happy to take more medicines if I need to		I don't want to take any more medicines
I don't have any health problems apart from my diabetes		I have lots of health problems
Thinking about my age and my health overall, I'm hoping to see longer-term benefits		Thinking about my age and my health overall, shorter-term benefits are more important to me

*Hypos might also be a problem for you for other reasons, such as if you operate machinery, if you are at risk of falling, or if you find it difficult to recognise the warning symptoms of a hypo.

NICE decision aid tool CVS



But its not quite as simple……

- Older persons' willingness to take medicines for 1^0 CVS prevention (risk of MI in 5years) *Fried TR et al 2011*
- Willingness to take drug more sensitive to ADEs vs benefit
- 3% willing to take medicines if ADE impacts on functioning
- 48% – 69% unwilling or uncertain about taking medication with average benefit if there is a risk of mild fatigue, nausea or fuzzy thinking

So where to now?

- Think of your patient as a person with a clinical challenge
- Find out:
  - what's matters to them
  - the key clinical issues from your perspective

Remember "materiality" and "reasonable alternatives

- Agree to focus on one or small number of goals for consultation as appropriate
- Come to a collaborative decision, communicate, monitor and review

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Thank you