

CONFERENCE ABSTRACT

Shared Decision making in Catalonia: a new step forward in improving decision making process

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Introduction: Over the past decades shared decision making has gained increased awareness by using a wide range of initiatives from passive information provision to more active initiatives seeking to support patients. In this context, the Catalan Patient Advisory Council was created and requested to lead a strategic plan aiming to promote patient empowerment and responding to patients, families and patient associations' needs. As part of this strategic plan, the shared decision project started by designing and developing specific decision aids (DA) for shared decision making and encourage patients in discussing with their doctors reasonable treatment and decision options, including the choice to do nothing.

Methods: A web based DA was designed and elaborated with the participation of families and patient associations and health care professionals (nephrologists, oncologists, radiotherapist and urologists) representing different scientific societies and f. The web based DA aimed to provide patients with the best scientific evidence through the following content: information of the health condition, appropriate treatment options, a test on patient's values and preferences, and frequently asked questions.

Results: As a first stage, two health conditions were elaborated: a web based DA for men with clinically localized prostate cancer aiming to provide option treatments including: active surveillance, surgery, radiation therapy and braquitherapy; pros and cons of each option, and life style conditions. The second web based DA was the advanced chronic kidney disease with the aim of selecting the right choice of treatment among: hemodialysis carried out in specialist centres, hemodialysis carried out at home, continuous ambulatory peritoneal dialysis and automated peritoneal dialysis. Both decision aids included stories of patients from the frontline, preference tests and patient resources such as video demonstration on dialysis.

Discussion: While the web based DA was reviewed by experts, some content of the DA can still remain subject of discussion since every doctor participating in the process (nephrologist, radiotherapist or oncologist) can see the health condition from their own perspective, and all can have their own preference on presenting for instance treatment options. However, good

shared decision making in this process should recognize the complementary areas among the experts and lead in this case to better quality decisions.

The shared decision project was designed to address the challenges to improving decision making process. The DA educates patients and emphasizes the availability of multiple treatment options and the role of the patient in this process. In order to facilitate this process, the DA includes a test of preferences that prepares patients to discuss with their doctor their values, opinions and preferences.

Conclusions: Both webs based DA will help to ensure that patients start being involved in the treatment decision making with their doctors and this might have an impact in the future in decreasing inappropriate treatments or increasing patient empowerment and satisfaction.

There are however still some challenges to cope with in the future such as the evaluation of this new DA and the main barriers and facilitators to overcome for its successful implementation in the decision making process.

Keywords: shared decision making; people centered-care; participation; health literacy; choice and rights
