

Shared decision making

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FOSTERING ADOPTION AND IMPLEMENTATION OF SHARED DECISION-MAKING IN BREAST CANCER CARE

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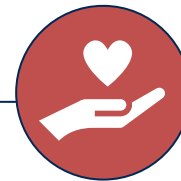
- Context
 - Shared decision-making
 - Supporting shared decision-making
- Scope of the research
- State of the art and gaps to fill
- Methodology
- Results of review
- Results of survey
- Summary



- Growing emphasis on **high quality of cancer care** in order to optimize patient outcomes
- **Shared decision-making** (SDM) is a hallmark of patient-centred care and good quality clinical practice (Barry and Edgman-Levitan 2012).

Associated with:

- less regret about the decision taken,
- aid coping,
- treatment compliance.



A process of collaboration whereby patients and clinicians actively engage in *deliberating* and *deciding* the best course of treatment which accounts for patients' preferences and values

1

Interventions designed to facilitate **shared decision-making** in clinical practice target:

- healthcare professionals
- patients
- or both (Légaré et al. 2014)

2

Decision Support Interventions or Decisional Aids (DAs)

Aim at promoting patient's engagement by offering evidence-based information, values clarification exercises and guidance or coaching in the process of decision-making

3

DAs supplement rather than replace clinicians' counselling

- Better knowledge of options and outcomes
- Increase patients' feeling of comfort with choices
- Less decisional conflict
- Clinically positive effect on body image

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A Patchwork of Life: One Woman's Story

For Women Making Breast Cancer Treatment Decisions

If you have been diagnosed with early stage breast cancer: Learn about your options for surgery and how to make a decision. View a woman's story as she walks through the steps in making an initial decision about treatment. This program may also assist patients diagnosed with no surgical options learn about biologic and anti-estrogen treatments.

This program is being updated for use on mobile devices.

If you would like to be notified by email when the program is available again, [click here](#).

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Decision aids are different from health educational material, as they not only provide information but are designed to help patients to be active participants in the decision making process

Early stage breast cancer: What's right for me?

Use this **Picture Option Grid** to help you and your healthcare professional decide how best to treat early stage breast cancer (stages I to IIIA). The last page is for **your notes, thoughts, or any questions** for you to discuss with your doctor.

picture option grid

1. Will it affect how long I live?

Lumpectomy with radiation	Mastectomy
No, how long you live is the same for both surgeries.	

2. Will cancer come back in the breast?

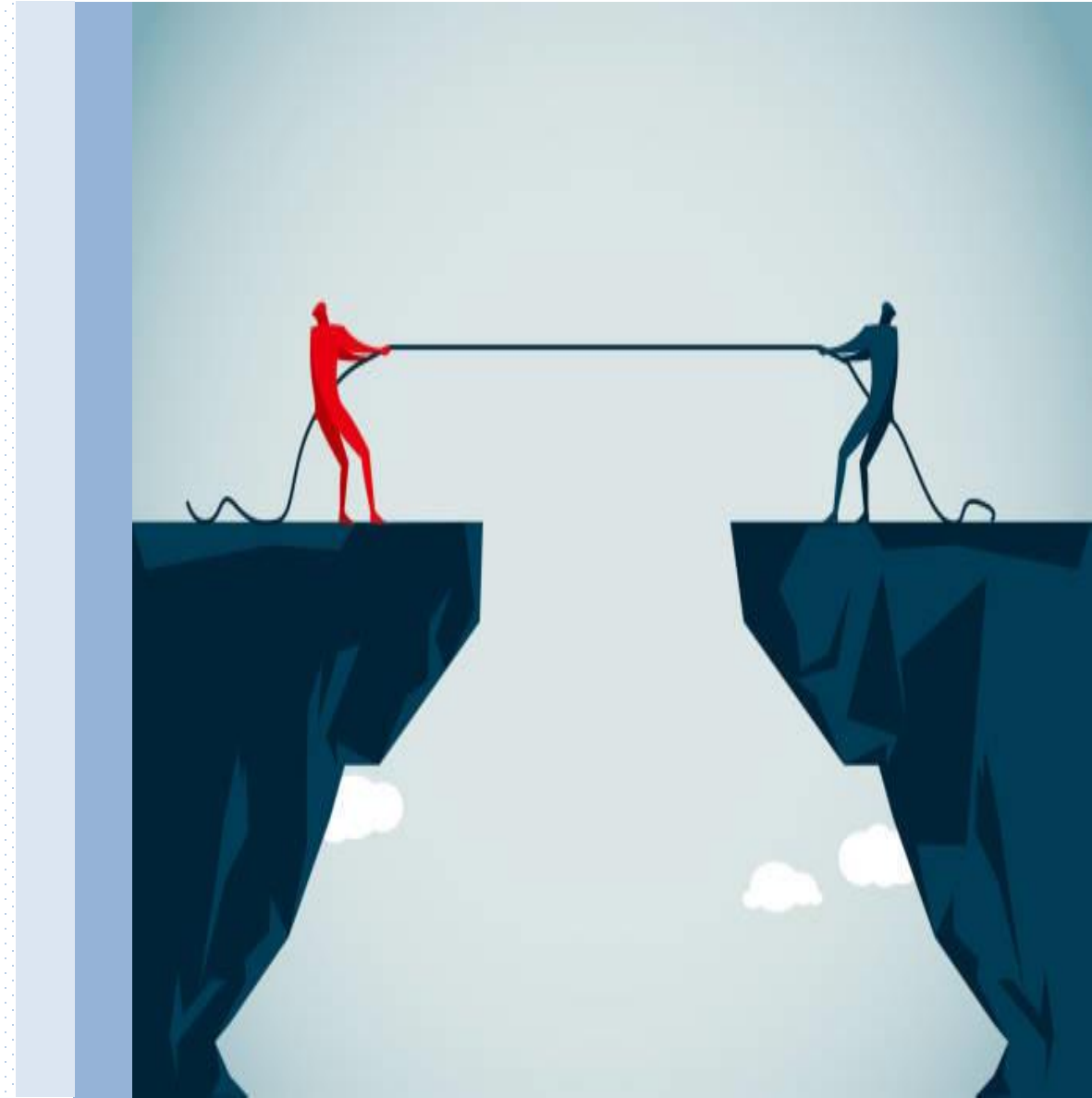
Lumpectomy with radiation	Mastectomy
Within 10 years, breast cancer returns for about 5-10 in 100 women (5-10%) . This depends on the cancer stage and tumor characteristics, rather than on the type of surgery. Please discuss your individual risks with your doctor.	

3. What is removed in the breast?

Lumpectomy with radiation	Mastectomy
Only the cancer lump will be removed.	The whole breast will be removed.

Early stage breast cancer: What's right for me?

- Systematic reviews and meta-analysis highlight:
 - Positive impact of decision aids on patient *knowledge* and reducing *decisional conflict* in treatment choices (but less on screening, Gao et al. 2021)
 - Clinical practice guidelines insufficiently address shared decision-making and need further improvement (Maes-Carballo et al. 2020)
 - Mixed results on the effectiveness of DAs on decision-making process and feasibility of implementation (Obeidat et al. 2011).
- Studies focus on intervention's efficacy rather than their effectiveness
- Less attention on strategies to foster SDM in routine practice



Analyse approaches and interventions employed to foster **shared decision-making**

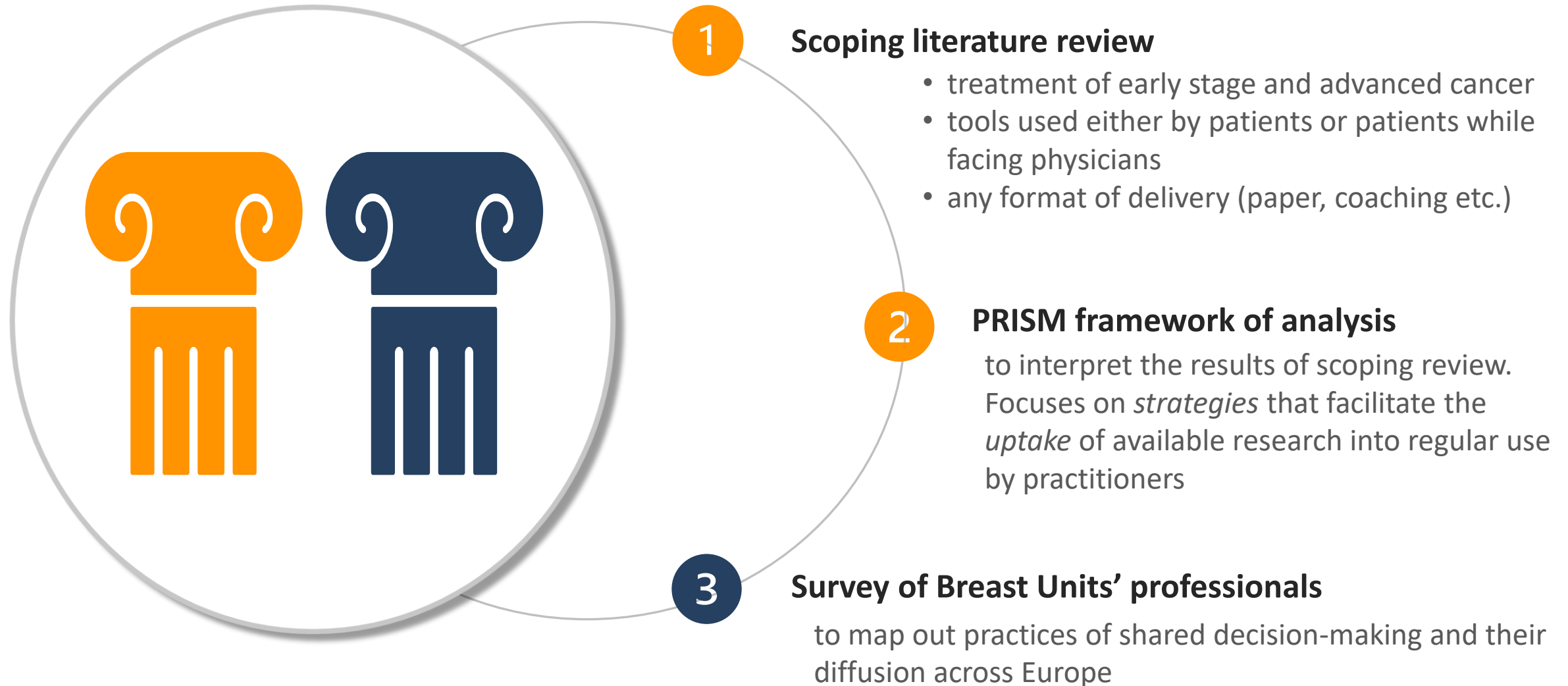
Interventions, including patient **decision aids**, which can benefit the process of decision making

Theoretical analysis

Mapping SDM practices



Understand the strategies and prevalence of shared decision-making and foster their adoption into practice using a robust approach



82

studies

Full-text review

Of the 184 potential titles identified, a total of 82 full-text articles were analysed, which used mixed-methods, experimental or qualitative design approaches.

51

individual

Interventions

The review resulted in the identification of 51 interventions, with all having an educational component to encourage patients to get involved.

15

studies

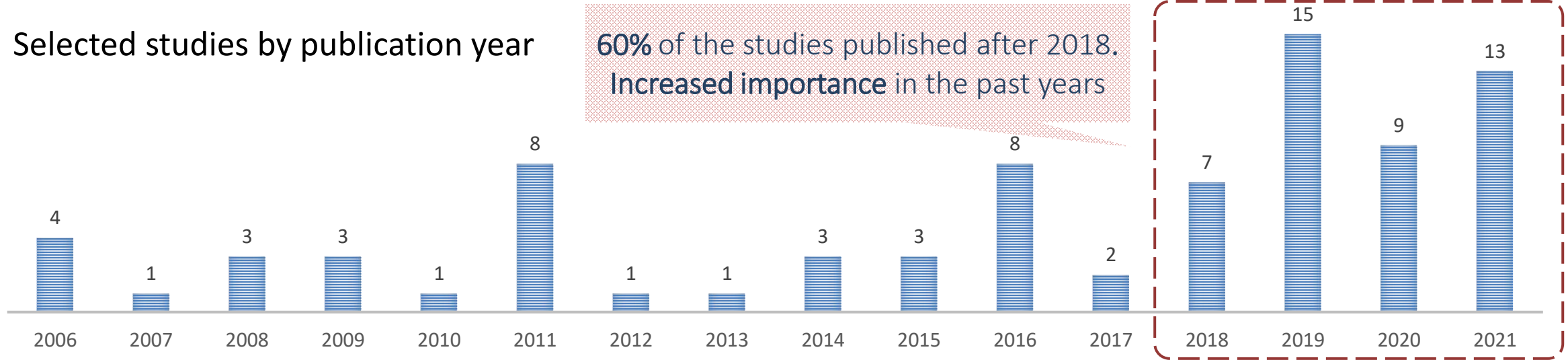
Implementation

Of the total studies, only 15 explicitly described/analysed a strategy of implementing the intervention into routine clinical setting.

OVERVIEW OF THE STUDIES (1/2)

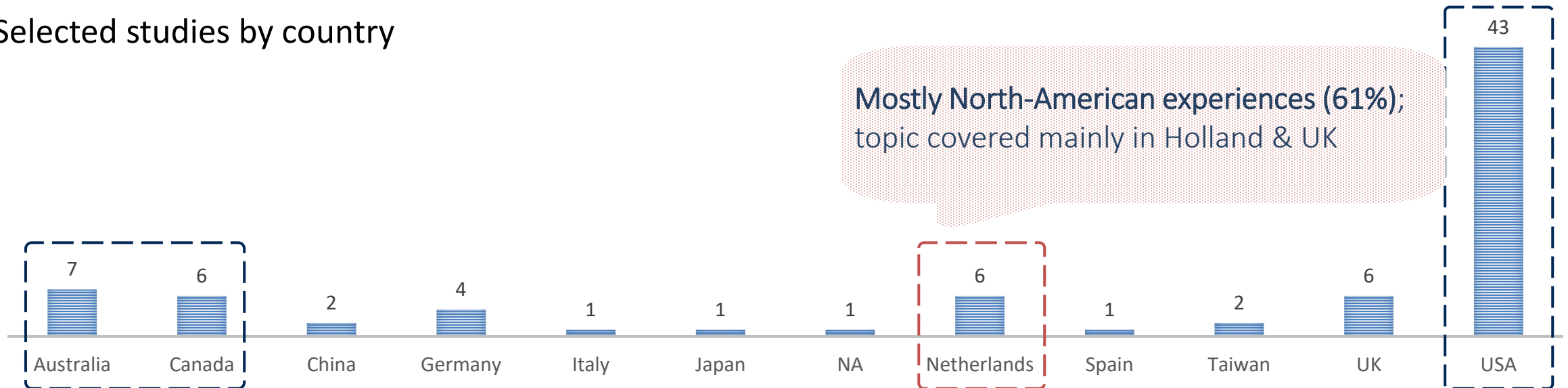
Selected studies by publication year

60% of the studies published after 2018.
Increased importance in the past years



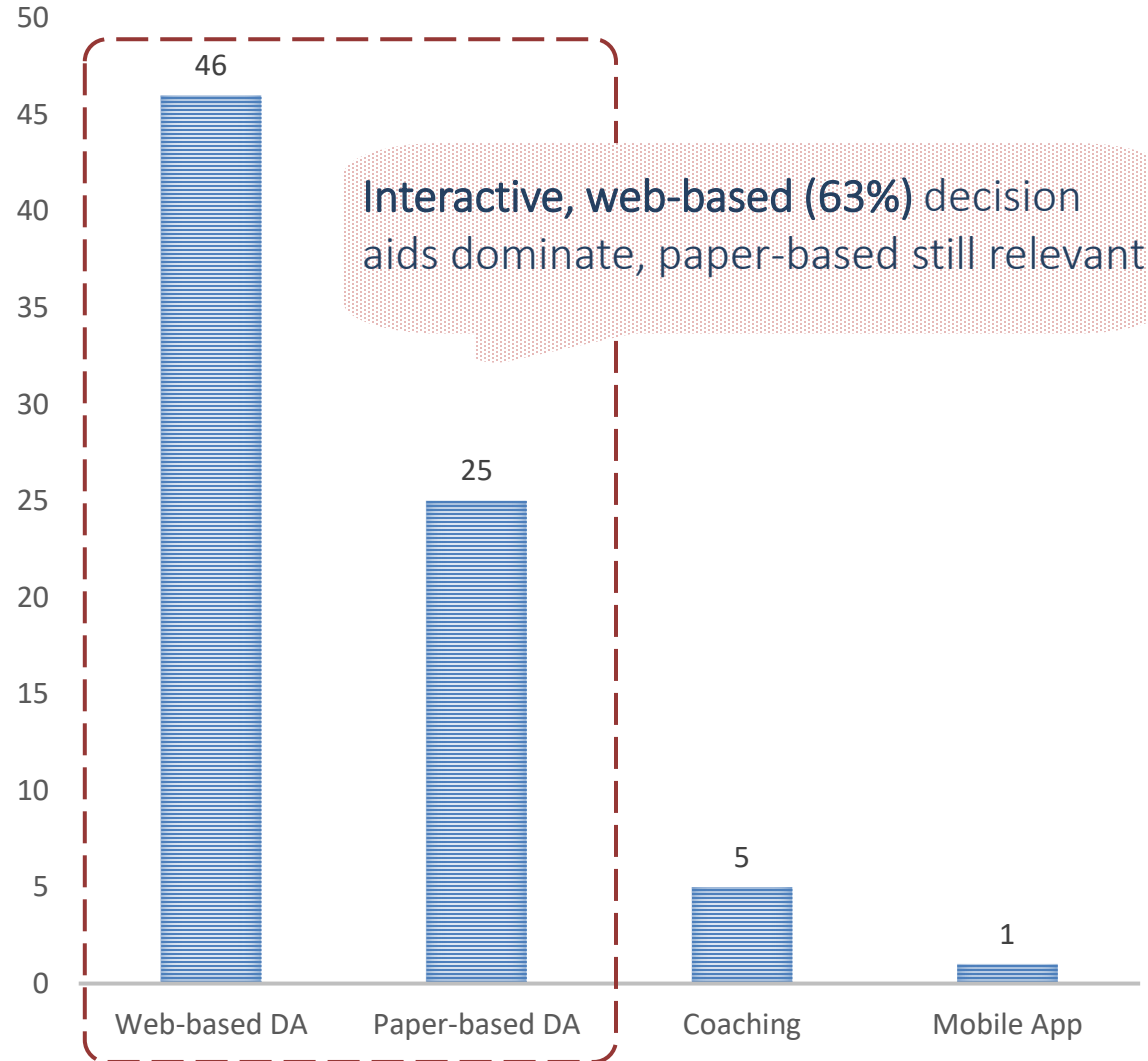
Selected studies by country

Mostly North-American experiences (61%);
topic covered mainly in Holland & UK

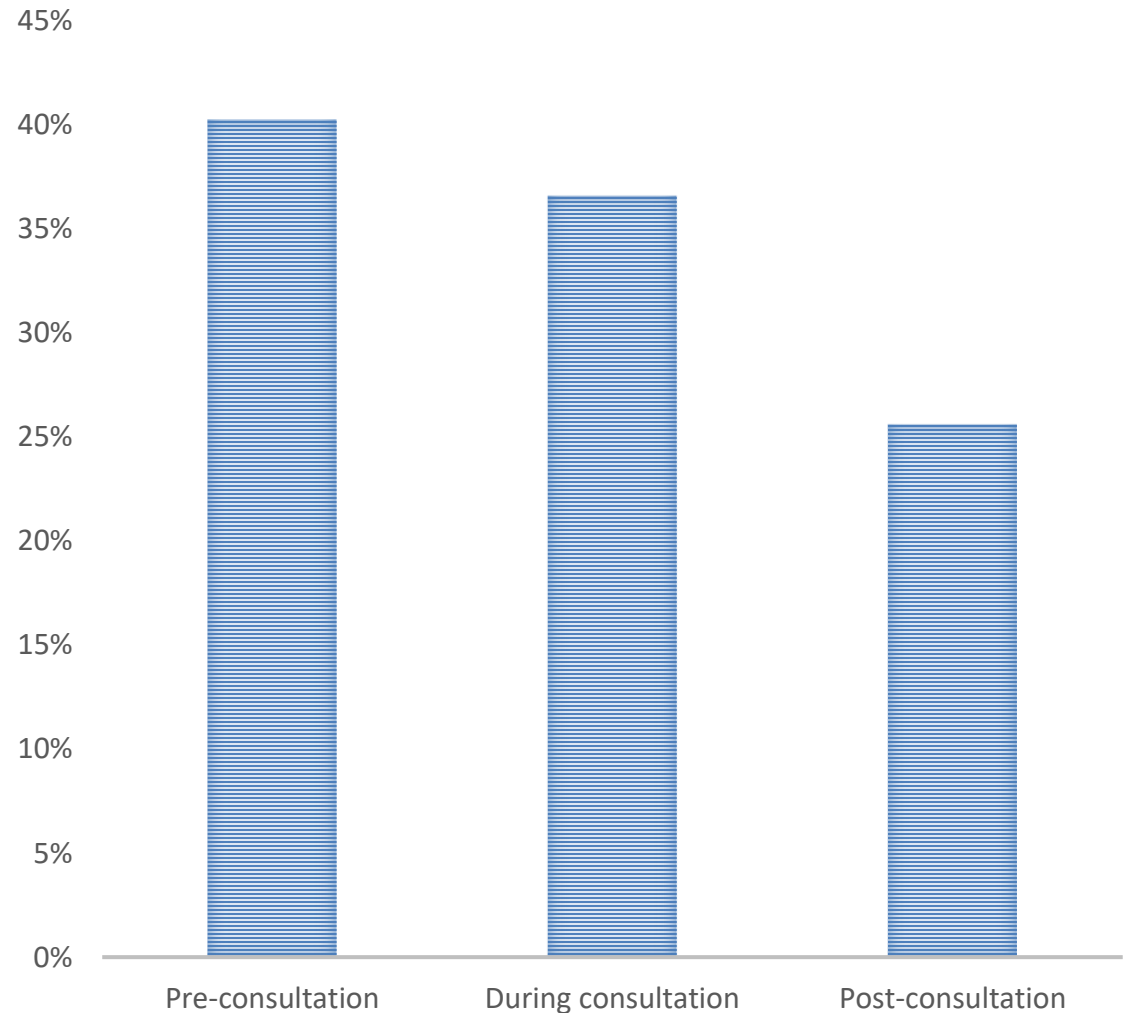


OVERVIEW OF THE STUDIES (2/2)

INTERVENTION FORMAT



MOMENT OF INTERVENTION





THE INTERVENTION

- Surge of patients as co-developers of decision aids. Stress on usability, age, literacy, risk communication.
- Professionals involved in development → later buy in. Stress on scalability, consultation time, system support.

PRISM FRAMEWORK

THE RECIPIENTS



- Patients facing different treatment choices, incl. older patients
- Organisational: mostly university hospitals settings, meant for physicians primarily and nurses in the NA context

- International Patient Decision Aids Standards (IPDAS, 2006)
- Updated clinical guidelines (NICE, ABC, ASCO)
- National regulation (such as USA, Germany)

EXTERNAL ENVIRONMENT

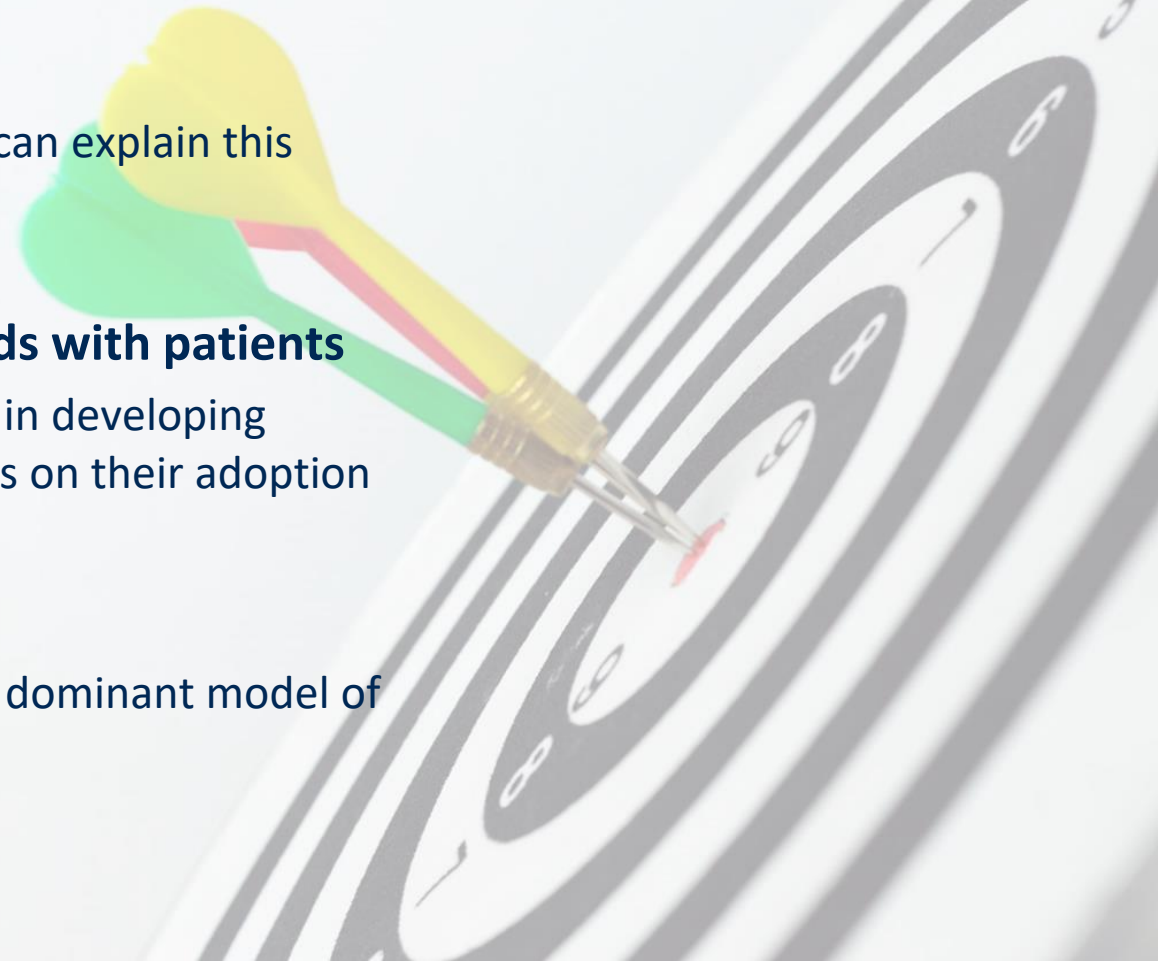
- Clinicians motivation and training on SDM
- Integration with already available health record systems
- “Champions” to encourage the adoption and distribution

INFRASTRUCTURE



- Patients participation in development is crucial to account for later barriers.
- Heightened interest from policymakers and guidance from professional associations
- Champions and training of staff (nurses)

- **Renewed interest in decision aids supporting shared decision-making**
 - More than half of analysed studies have been published in the last four years
- **Interactive, online decision aids at the forefront**
 - The expansion of internet use and digital health systems can explain this trend
- **High prominence in developing and testing decision aids with patients**
 - Despite the increased attention to patients' participation in developing decision aids, there's little knowledge on how this impacts on their adoption
- **From North American to European experience**
 - Limited evidence about experiences in Europe where the dominant model of healthcare and relevant variables are different





Take a snapshot of the current use of tools and strategies in European Breast Cancer Units (only clinicians)

- ✓ Validated by existent literature
- ✓ Pre-tested with clinicians
- ✓ Approved by Bocconi Ethical Committee

01

Communication patterns

various scales mapping the approaches adopted when communicating with patients.

02

Patient decision aids

the availability and use of decision tools, their frequency, and enablers and barriers of adoption

03

Demographic information

country of practice, breast unit activity, gender, professional role.

No personal or identifiable information is collected



Welcome to our survey!

Thank you for agreeing to participate in our survey on **breast cancer specialists**. Your feedback is anonymous and will help to **improve the quality of breast cancer care** by investigating communication, information and decision-making practices across Europe.

Survey navigation

When navigating through the survey, please use the Left and Right arrow buttons at the bottom of each page. DO NOT USE your browser's Back button.

If you start the survey but cannot complete it in one session, simply close the window. Use the same computer to log back into the survey, and you will be taken to your partially completed survey for completion.

The study should take you around **15 minutes** to complete.

Please click the arrow below to begin!

Is any patient decision aid available in your practice to support treatment decisions?

- ☐ Yes
- ☐ No
- ☐ I don't know

Do you use any patient decision aid to facilitate treatment decisions?

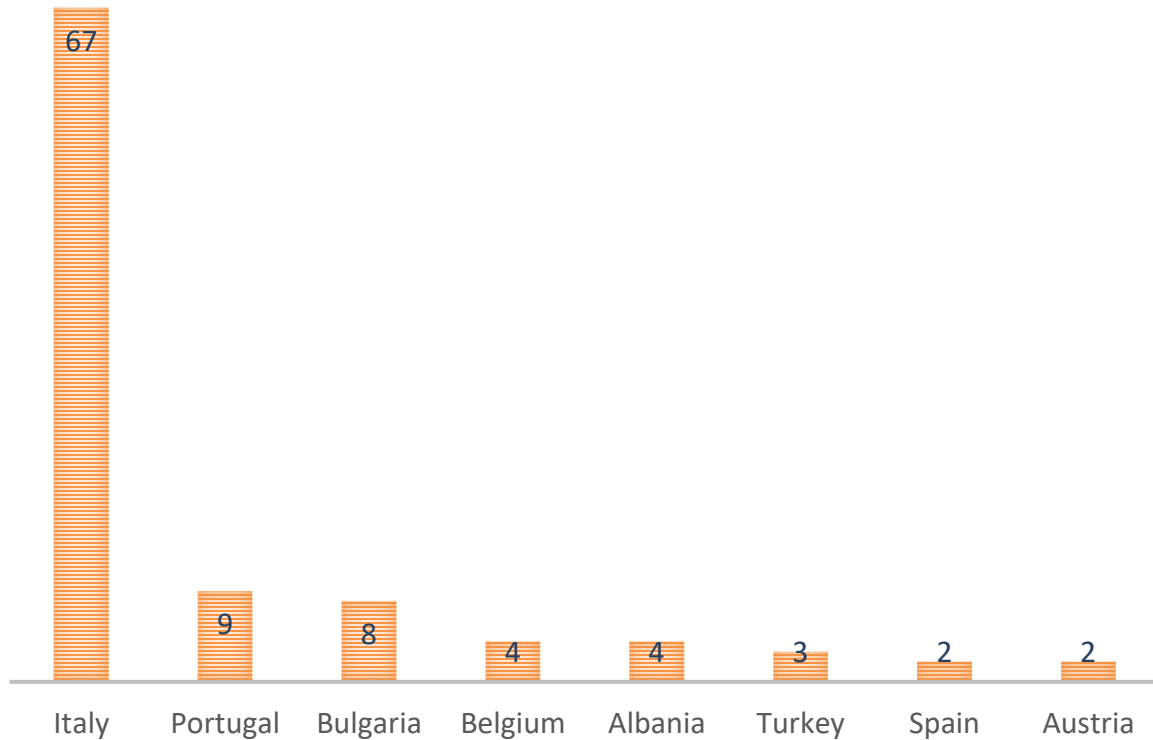
- ☐ Yes
- ☐ No

Which of the following patient decision aids do you use to facilitate treatment decisions? Tick all that apply.

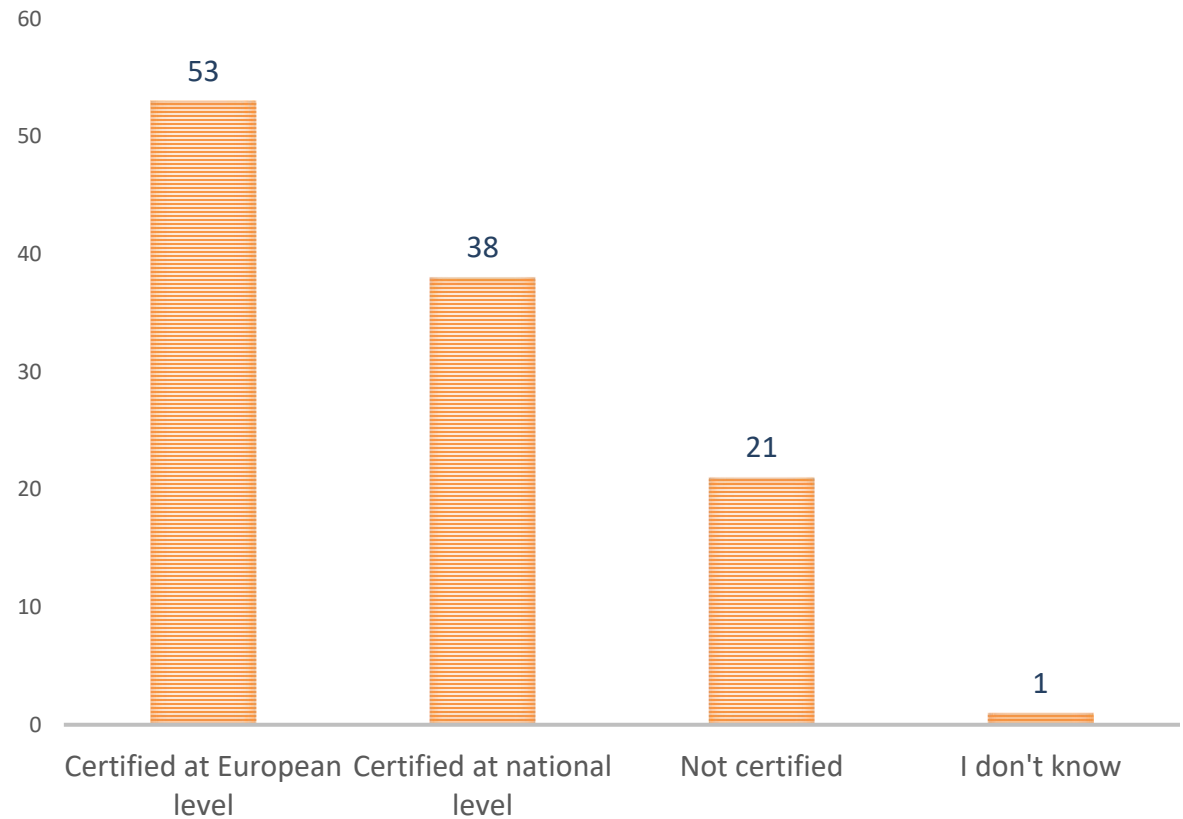
- ☐ Question prompt list or conversation aid
- ☐ Option Grid and Picture Option Grid (one-page leaflets with a summary table to enable rapid comparison between options. Picture option grid is a pictorial version of the option grid)
- ☐ Video material
- ☐ Interactive, web-based tools (e.g. [online learning modules](#), mobile apps, informative websites, risk calculators)
- ☐ Paper-based tools (e.g. booklet, brochure, workbook, letters from cancer survivors)
- ☐ Coaching sessions (e.g. trained nurses, cancer survivors, patient advocates)
- ☐ Other (please specify)

Results available on a sample of 113 respondents (as of half of May)

RESPONDENTS (BY COUNTRY)

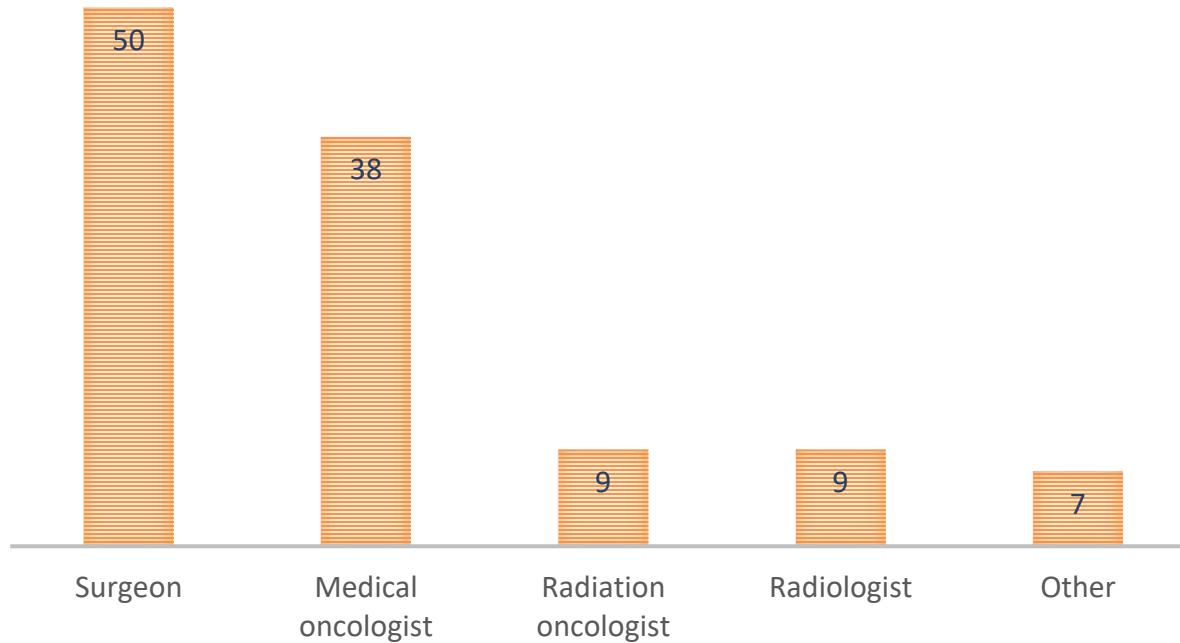


BREAST UNITS

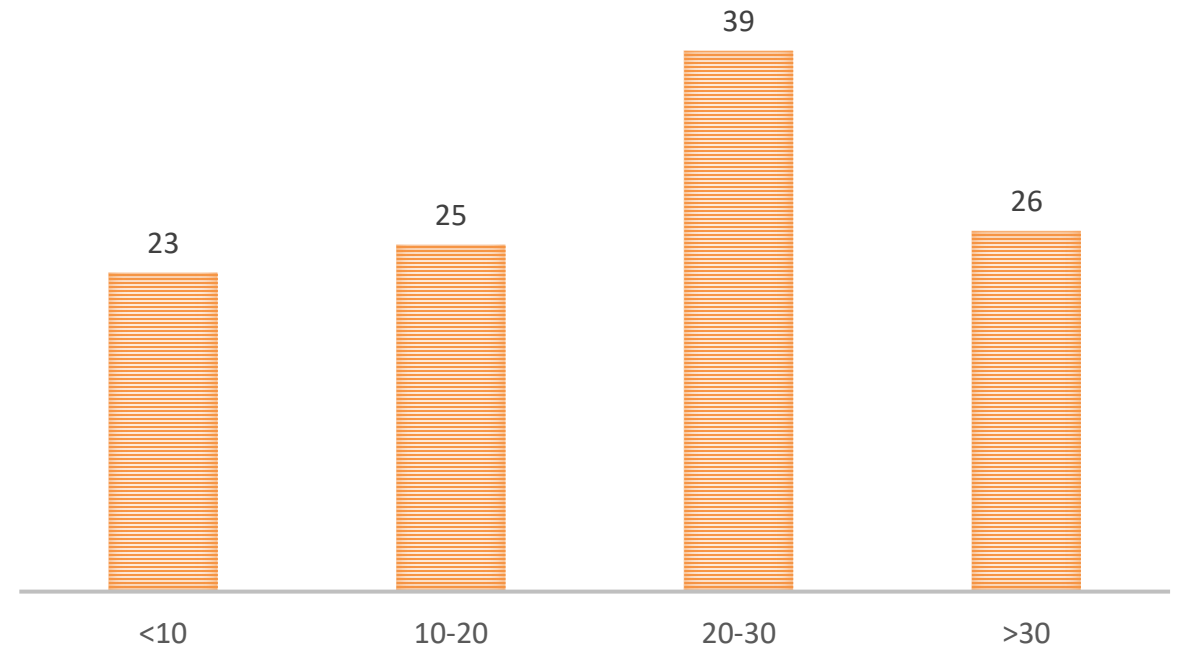


Who are the respondents?

ROLE

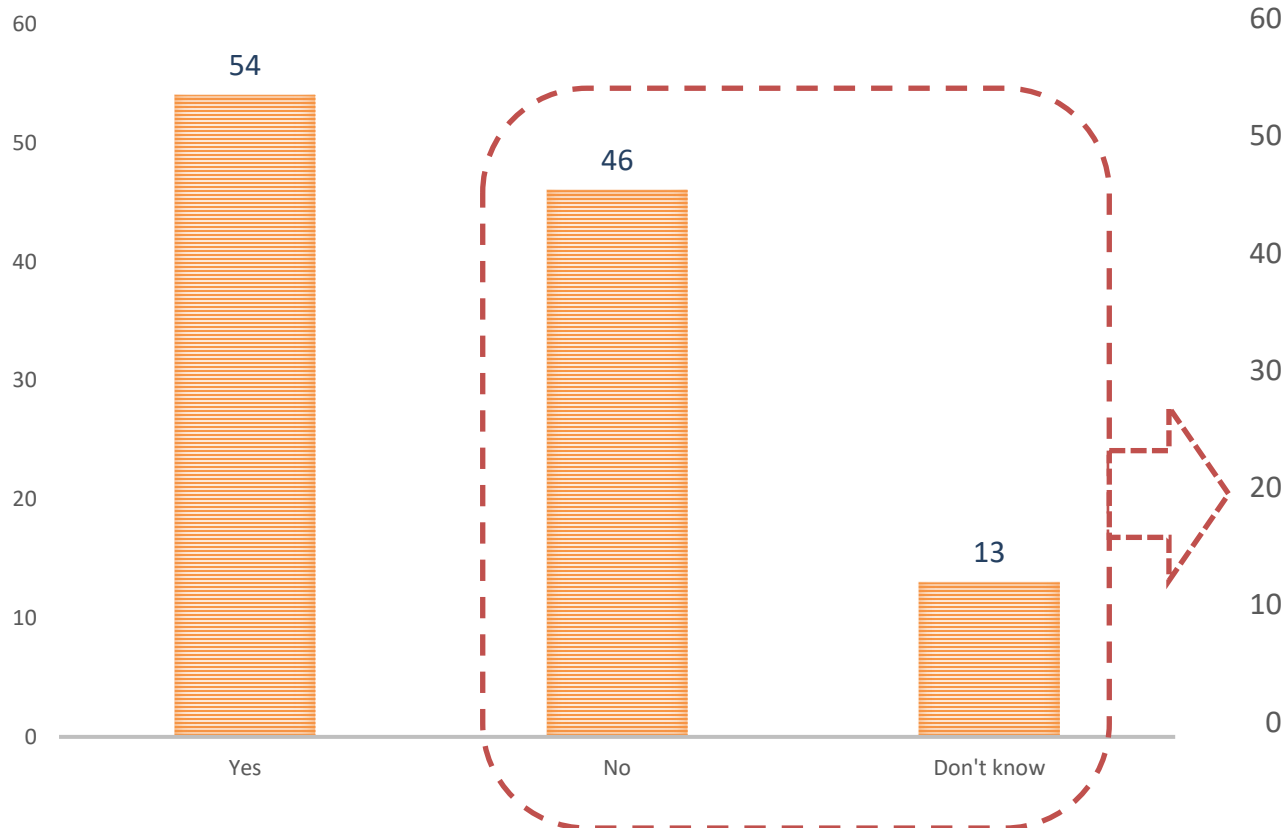


SENIORITY
(RANGE OF YEARS)

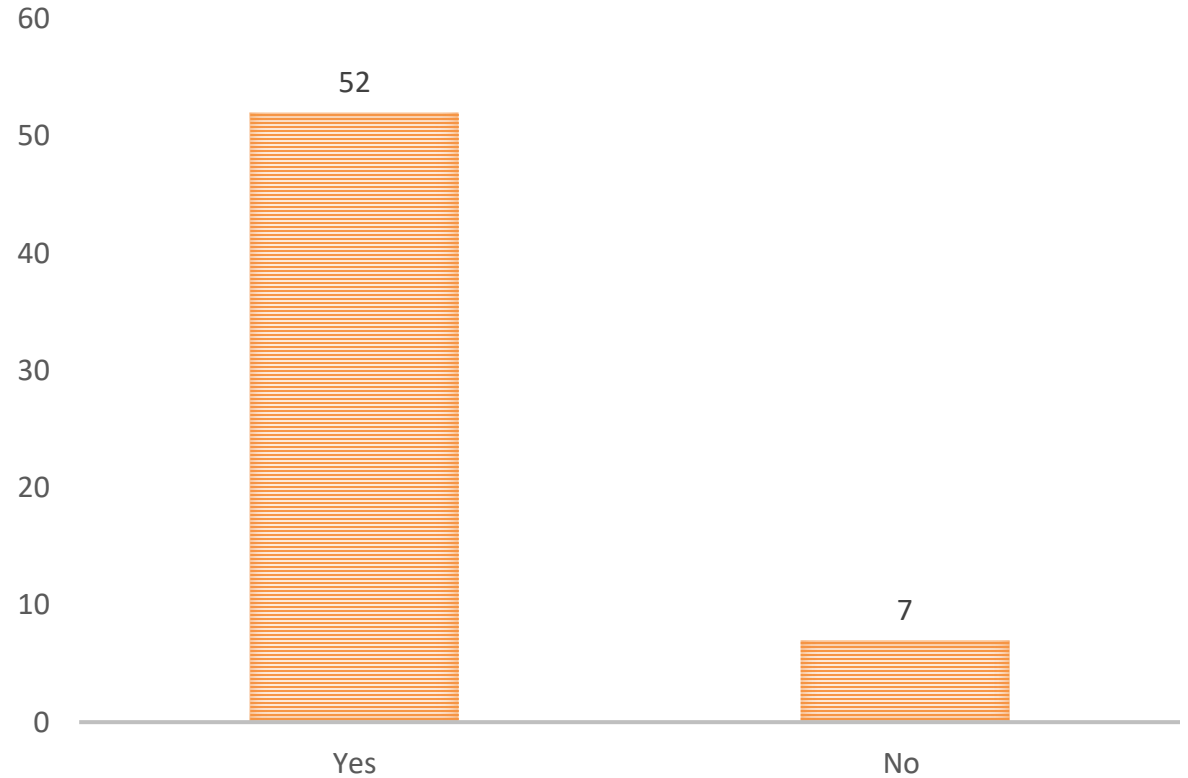


Decision aids (DA) use in daily practice

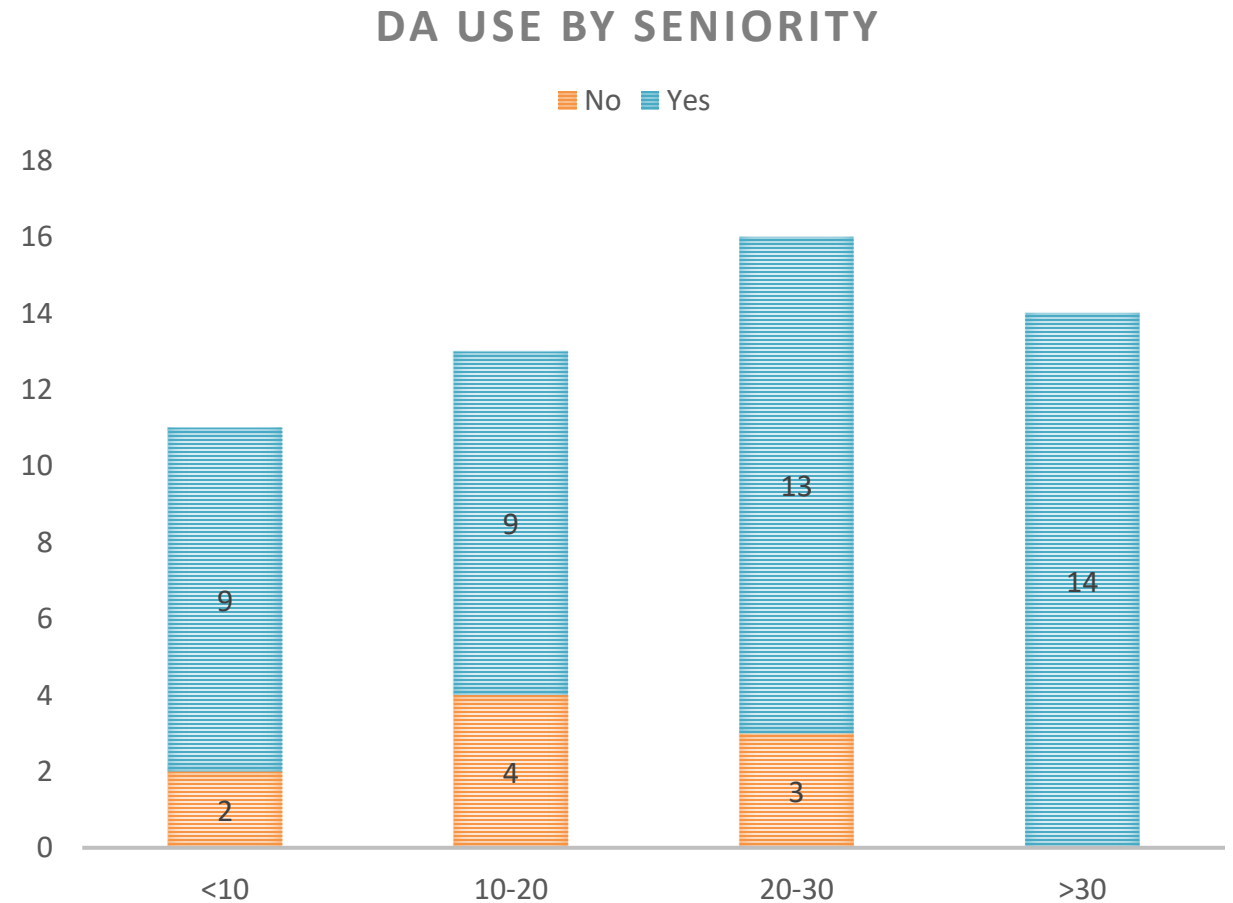
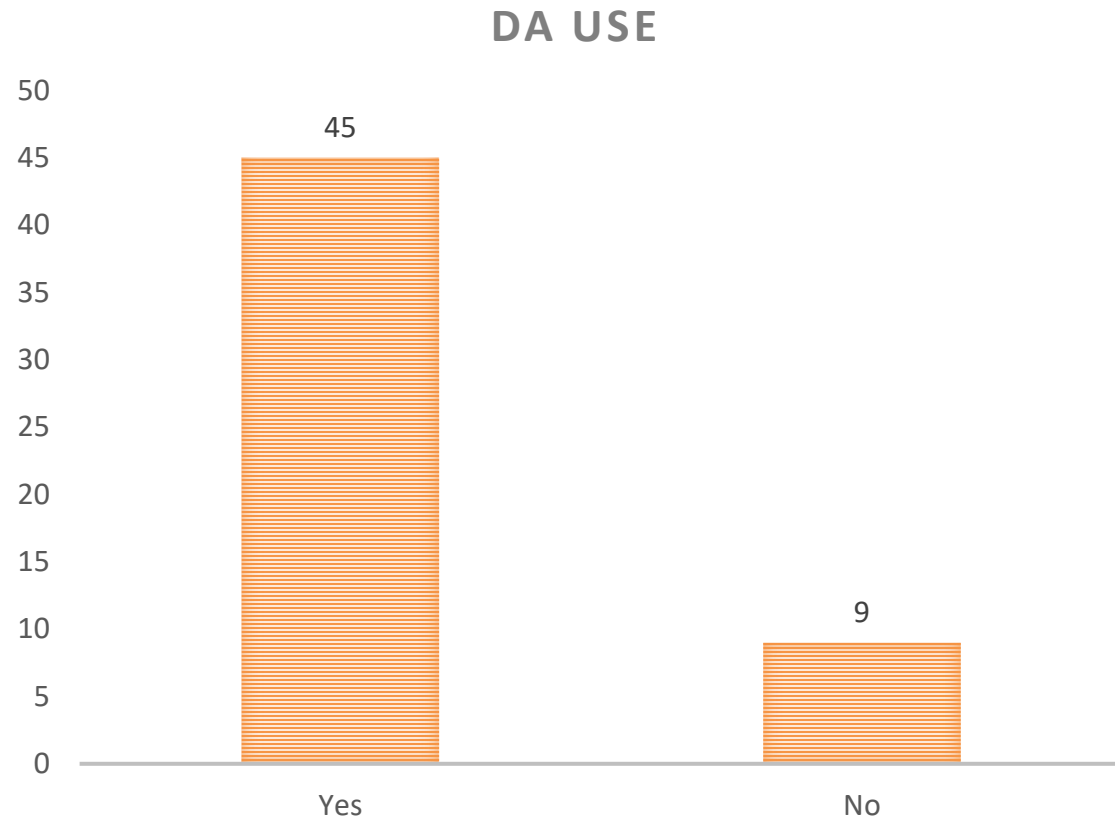
AVAILABILITY OF DA



USE IF DA WERE AVAILABLE



Users of decision aids in daily practice



1

Most respondents perform in breast units that are **certified** at the European level

2

The larger part of respondents are either **surgeons** or **medical oncologists** who have more than **20 years of seniority**

3

Half of our sample respondents report that **decisional aids are available** in their organization/country

4

Professionals either **use** or are **willing to use** decisional aids in their daily practice if available

- ✓ Breast Centres Network and EUSOMA in Europe are supporting the dissemination
- ✓ SenoNetwork and EuropaDonna in Italy
- ✓ Other national and European associations are still pending

Please contribute with your participation at the **survey!**

Scan me!



- Vigorous interest in shared decision-making and tools supporting it in breast cancer care
- Interactive, web-based tools receive considerable interest, expecting longer development process with the involvement of patients directly affected
- Availability of decision aids do not necessarily translate into their use
- Attention on different - individual and organisational – factors influencing the sustainable adoption in clinical settings
- Diversify the implementation strategies to support the adoption and sustainability of shared decision-making practices in the clinical setting.

Bocconi



aula magna

Università Bocconi

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