Clinician and Patient Partnership: Barriers and Enablers

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Challenges for Physicians (patient perspective)

- Time
- Physician implicit bias –e.g. smoking, obesity, race/ethnicity, transgender, homosexuality
- Physician "detachment" – person viewed as their illness not as a person who has an illness
  - Lung cancer patient vs a person with lung cancer
- Patient distrust of medical profession
  - Cultural
  - Prior bad experience
- Disparate levels of patient activation
- Disparate levels of health literacy

Enabling the Physician Patient Partnership

- Time

- Transparency

- Trust

- Transitions

Time Leads To Trust, Trust Leads To Transparency, Transparency Leads To Transition to Better Health

 The 4T's Lead To Relationships And Success

Power Asymmetry Makes Partnership Challenging

- Traditional paternalistic physician/patient relationship prevails especially with older physicians and patients

- Physicians need to "give permission" to patients to be partners in their care
  - Invite patient to be a partner in their health and healthcare
  - Assess desired level of patient activation and health literacy
  - Patient brings values, treatment preferences, symptoms and truth
  - Physicians bring medical expertise, transparency and respect for patient preferences

Strategies for Engaging with Patients

- Meet patient in their street clothes for first visit – spend a few minutes to discuss their work and family situation. Invite the patient into a partnership

- I promise I will listen to you; please listen to me too

- I promise I will always be truthful and transparent and put your interests first; please tell me the truth too

- Ask patients to vet information from web and family and friends with you

- Ask about their preferences for communication – e.g. face-to-face, phone, e-mail, text, other

- Ask about preferences for information on conditions and treatment – printed, web interactive, video, audio

- Include the caregiver as part of the team

A Third Opinion

- Second opinions are often recommended for significant health issues

- Often the most important opinion, that of the patient, is not considered.

- Shared decision making brings in the third opinion

Shared decision making needs to be the norm not the outlier

- Physician and patient discuss patient goals and values and treatment preference given the available options and patient social and economic environment
  - Need to consider patient environment – it patient lives in a food desert, may have difficulty cooking healthy meals at home
- Physician and patient both commit to a shared treatment plan
  - It's not about patient compliance with "Doctor's didactic instructions"

Transitions in Care

Communication Silos
- Allergies
- Medication
- Prior conditions
- Co-morbid conditions

EHR Silos
- Outside lab & imaging test results
- Outside procedures
- Outside diagnoses

Teaming, EHR Interoperability, & Transparency

https://www.stepsforward.org/modules/team-based-care

A #pfcc playbook from @DukeRadiology Dr Soo #SBIACR18
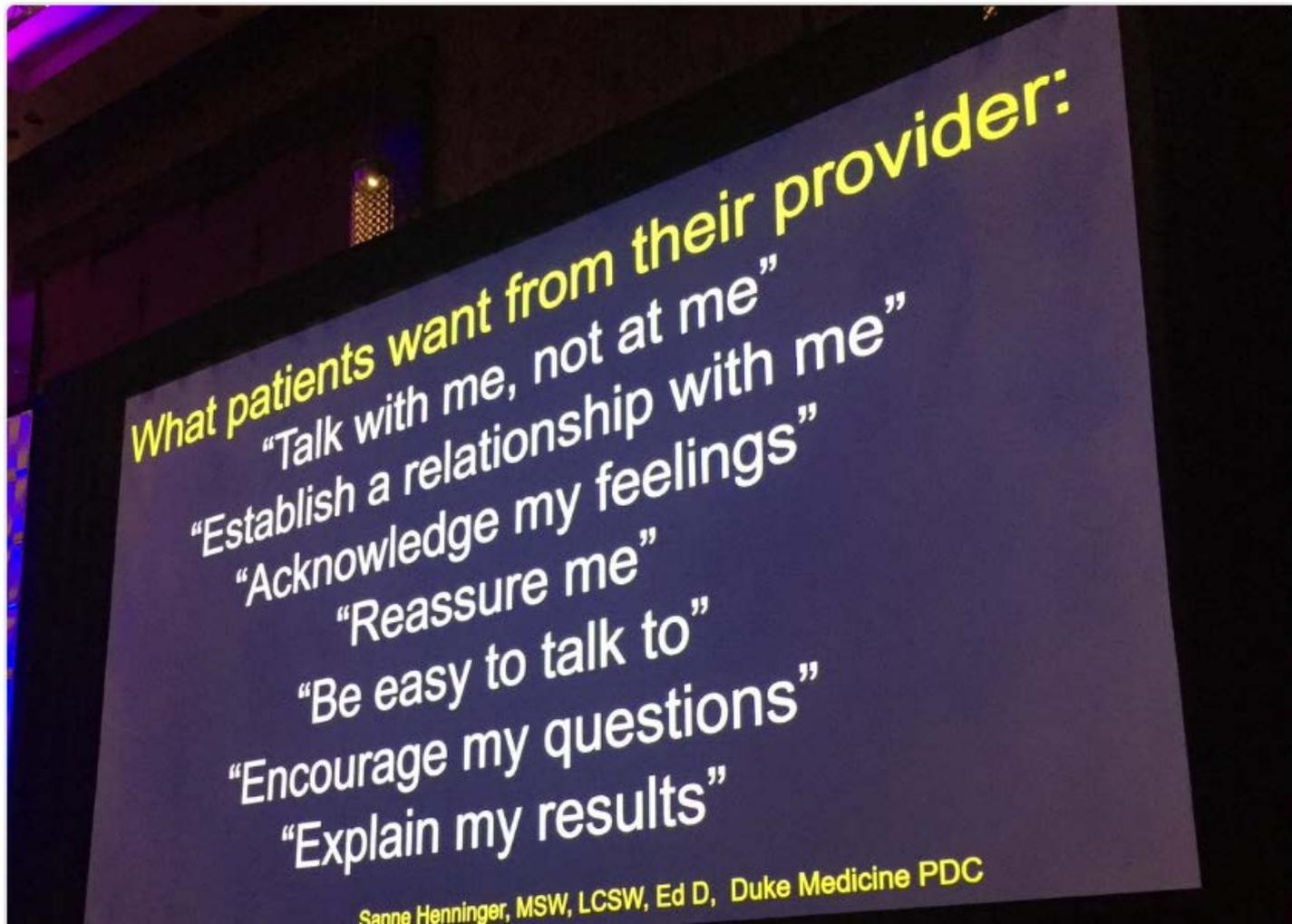
Resources for Physicians

Resources for Physician SDM Training

AHRQ – The Share Approach

http://www.ahrq.gov/professionals/education/curriculum-tools/shareddecisionmaking/index.html
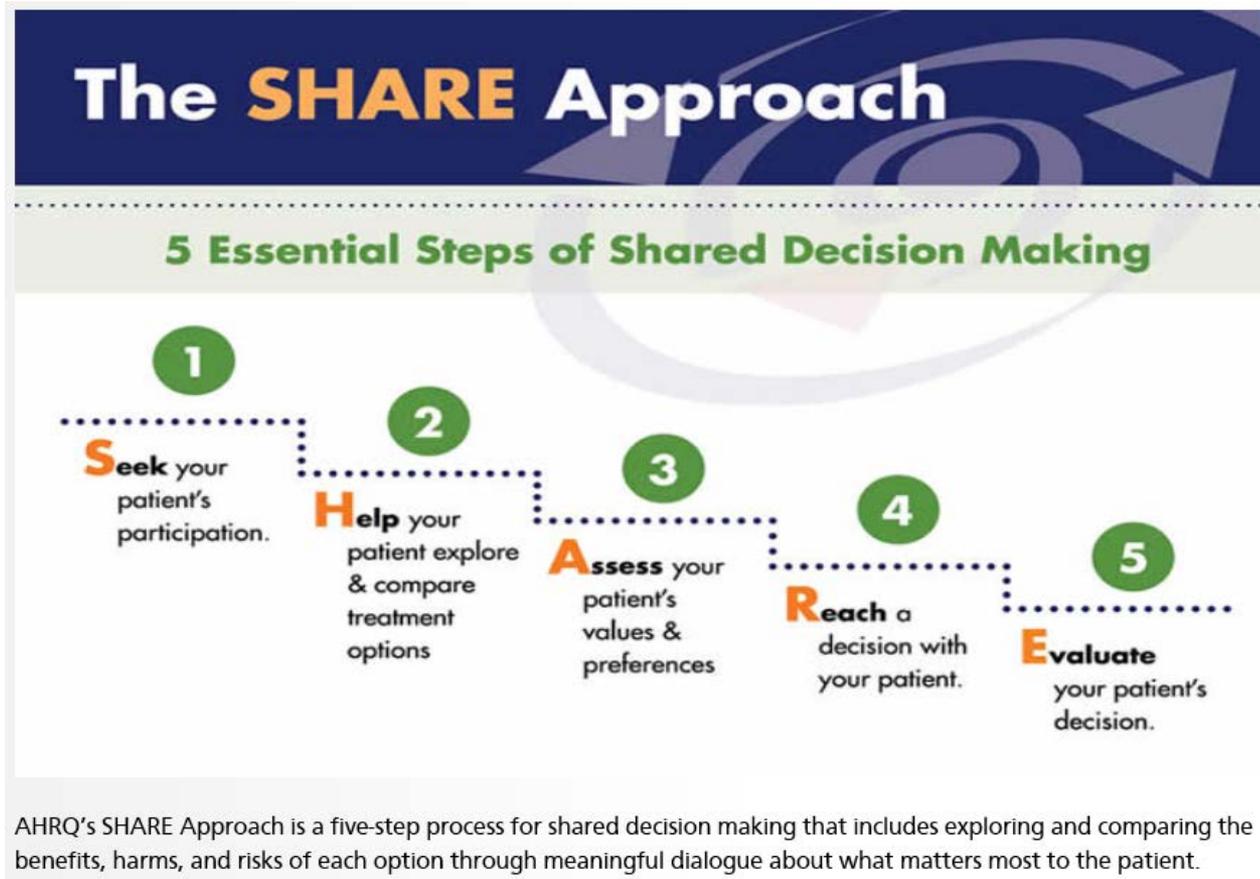
Resources for Physician SDM Training

Ottawa Hospital Research Institute

On-line tutorial, shared decision making skills building workshop, inventory of SDM training programs and links to additional resources

https://decisionaid.ohri.ca/training.html

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Native IAT — *Native American* ('Native - White American' IAT). This IAT requires the ability to recognize White and Native American faces in either classic or modern dress, and the names of places that are either American or Foreign in origin.

Religion IAT — *Religion* ('Religions' IAT). This IAT requires some familiarity with religious terms from various world religions.

Presidents IAT — *Presidents* ('Presidential Popularity' IAT). This IAT requires the ability to recognize photos of Donald Trump and one or more previous presidents.

Race IAT — *Race* ('Black - White' IAT). This IAT requires the ability to distinguish faces of European and African origin. It indicates that most Americans have an automatic preference for white over black.

Sexuality IAT — *Sexuality* ('Gay - Straight' IAT). This IAT requires the ability to distinguish words and symbols representing gay and straight people. It often reveals an automatic preference for straight relative to gay people.

Arab-Muslim IAT — *Arab-Muslim* ('Arab Muslim - Other People' IAT). This IAT requires the ability to distinguish names that are likely to belong to Arab-Muslims versus people of other nationalities or religions.

Disability IAT — *Disability* ('Disabled - Abled' IAT). This IAT requires the ability to recognize symbols representing abled and disabled individuals.

Gender-Science IAT — *Gender - Science*. This IAT often reveals a relative link between liberal arts and females and between science and males.

Asian IAT — *Asian American* ('Asian - European American' IAT). This IAT requires the ability to recognize White and Asian-American faces, and images of places that are either American or Foreign in origin.

Weight IAT — *Weight* ('Fat - Thin' IAT). This IAT requires the ability to distinguish faces of people who are obese and people who are thin. It often reveals an automatic preference for thin people relative to fat people.

Gender-Career IAT — *Gender - Career*. This IAT often reveals a relative link between family and females and between career and males.

Weapons IAT — *Weapons* ('Weapons - Harmless Objects' IAT). This IAT requires the ability to recognize White and Black faces, and images of weapons or harmless objects.

Skin-tone IAT — *Skin-tone* ('Light Skin - Dark Skin' IAT). This IAT requires the ability to recognize light and dark-skinned faces. It often reveals an automatic preference for light-skin relative to dark-skin.

Age IAT — *Age* ('Young - Old' IAT). This IAT requires the ability to distinguish old from young faces. This test often indicates that Americans have automatic preference for young over old.

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# Barriers Shared Decision Making – Physician Perspective

AHRQ identified common themes on barriers to shared decision making for providers

- Time
- Already do it
- Not applicable – patients don't want it
- Lack of organizational support
- Lack of decision aids

AHRQ sponsored Webinar "Overcoming Barriers to Shared Decision Making" 5/18/2015

Barriers Shared Decision Making – Patient Perspective

Patients need knowledge AND power

- Knowledge:
    - Disease conditions and outcomes
    - Options
    - Personal values and preferences

- Power:
    - Perceived influence on decision making encounter, e.g. be invited to participate
    - Confidence in own knowledge
    - Self-efficacy in using shared decision-making skills

Joseph-Williams N,Elwyn G, Edwards A. Knowledge is not power for patients: a systematic review and thematic synthesis of patient-reported barriers and facilitators to shared decision making. Patient Educ Couns. 2014Mar;94(3):291-309. PMID: 24305642
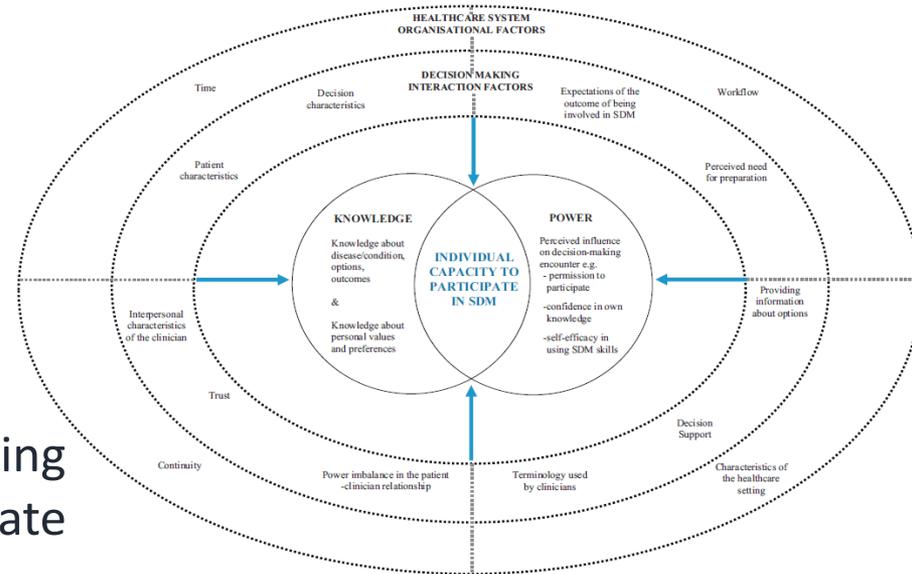
Shared decision making and decision aids – definition

- Shared decision making is a shared **process** of communication and decision making between physician and patient –balances information asymmetry – physician knows medical aspects, patient knows values, lifestyle and treatment preferences
  - Available options
  - Potential outcomes
  - Risks and benefits
  - Patient values and preferences
  - Reasonable patient standard for information should be shared
  http://jama.jamanetwork.com/article.aspx?articleid=2516469

- Decision aid is a tool providing balanced and detailed information about each option giving structure to, and guiding the shared decision making discussion

Charles C, Gafni A, Whelan T. Shared decision-making in the medical encounter: What does it mean? (or it takes at least two to tango). Soc Sci Med. 1997;44(5):681-692. Doi: 10.1016/S0277.9536(96)00221-3.
Alston C, Berger ZD, Brownlee S, et al. Shared decision-making strategies for best care: Patient Decision Aids. Discussion paper, Institute of Medicine. 2014. http://nam.edu/perspectives-2014-shared-decision-making-strategies-for-best-care-patient-decision-aids/
Stacey D, Legare F, Col NF, et al. Decision aids for people facing health treatments or screening decisions. Cochrane Data Base Syst Rev. 2014;1. Doi: 10.10.1002/14651858.CD001431.pub4.

Decision Aid Benefits

- A recent Cochrane update of decision aids concluded that compared to standard care decision aids (DA) resulted in:
  - 13.3% increased knowledge
  - 82% increase in accurate risk perception when DA included probabilities
  - 51% increase in patients choosing an option congruent with values when the DA included an explicit values clarification exercise
  - 7% lower decisional conflict
  - 33% reduction in patients who were passive in decision making
  - 41% reduction in patients who remained undecided after the intervention
  - Positive effect on patient-physician communication
  - 21% reduction in choice major elective surgery
  - 13% reduction PSA testing

- No differences anxiety, general health outcomes, or condition-specific health outcomes

Stacey D, Legare F, Col NF, et al. Decision aids for people facing health treatments or screening decisions. *Cochrane Data Base Syst Rev.* 2014;1. Doi: 10.10.1002/14651858.CD001431.pub4

Values Clarification

Values clarification exercises are to "help patients clarify and communicate the personal value of options, in order to improve the match between what is most desirable and which option is actually selected."

A systematic review found value clarification exercises may improve the decision making process.

Fagerlin A, Pignone M, Abhyankar P, et al. Clarifying values: an updated review. BMC *Medical Informatics and Decision Making* 2013;13(Suppl 2):S8. doi:10.1186/1472-6947-13-S2-S8.

Additional Burdens for African Americans

- Health care provider implicit bias (Penner et al., 2016)
  - Double stigma – smoking and race
- Racial differences trust and perceptions physician communication (Gordon et al., 2006)
- Lack of consideration of racial differences in design and validation of decision aids
- Higher lung cancer mortality African American males (1.2X White males)
- Higher risk lung cancer despite not meeting lung cancer screening criteria (Finshella et al., 2015)
  - Lower risk for Latinos
- Lower health literacy

Barriers & Strategies Underserved Populations

- Relationship with Healthcare Professional
  - Recruit minority physicians, nurses and medical assistants
  - Address overall patient's health
  - Openly discuss mistrust of medical profession, and fear and fatalism around cancer
  - Personal testimonials from minority patients

- Community Engagement
  - Recruit lay health educators from the community (community health workers)
  - Develop relationships with national and local minority organizations
  - Hold community education events, attend and exhibit at local health fairs and community events
  - Build relationships with community healthcare providers