

Shared Decision-Making in the Emergency Department: Patient and Physician Perspectives



**Baystate
Health**



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Disclosures

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Stakeholder Engagement: Methods

- Qualitative Methods
 - Semi-structured interviews with physicians
 - Semi-structured interviews with patients/proxies
- Survey
 - Of patients

Participants

- Physicians: 15 Emergency Physicians
 - Western MA
 - Multiple different practice settings
 - Academic and community
- Patients: 29 ED patients/surrogates, 2 EDs
 - Diverse group in age, race, education, health care needs and experience



Relevant findings – Physicians :

- All physicians report using SDM
 - Variable in whom, when, and how well
- Motivation: to give individualized care, avoid algorithms, avoid tests, follow own agenda
- “Time constraints” consistently the #1 barrier
- Also: Uncertainty, Fear of a missed diagnosis, Lack of follow-up, Patient characteristics, Clinical skills/ communication skills



Relevant quotes

- “I don’t care if they like me, they just have to get better.”
- “Ordering a CT scan is just one click of a button for me...”
- “I don’t really care what any pseudo-scientific study says about this...”



“What research findings or policy changes would encourage your use of SDM?”

(Participants gave more than one answer each).

Research Finding or Policy	Number (%)
Decreased medicolegal risk	5 (33%)
Improved resource utilization (such as decreased admissions)	5 (33%)
Guidelines (would encourage use of SDM)	5 (33%)
Participant expressed anti-guideline sentiments	3 (20%)
Increased patient satisfaction	4 (27%)
Improved patient engagement/empowerment	4 (27%)
Decreased or equivalent morbidity or mortality (ex. Missed MIs)	4 (27%)
Decreased iatrogenic side effects of interventions	1 (7%)
Improved patient flow or productivity	2 (13%)
Research findings wouldn't influence participant's use of SDM	1 (7%)



Relevant findings – Patients

- 20 (69%) had some experience “making a decision with a doctor”
- In scenarios discussed, all patients wanted to be involved in decisions (in at least one scenario)
- Patients with more experience with the health care system were more comfortable being involved
 - Except for the oldest

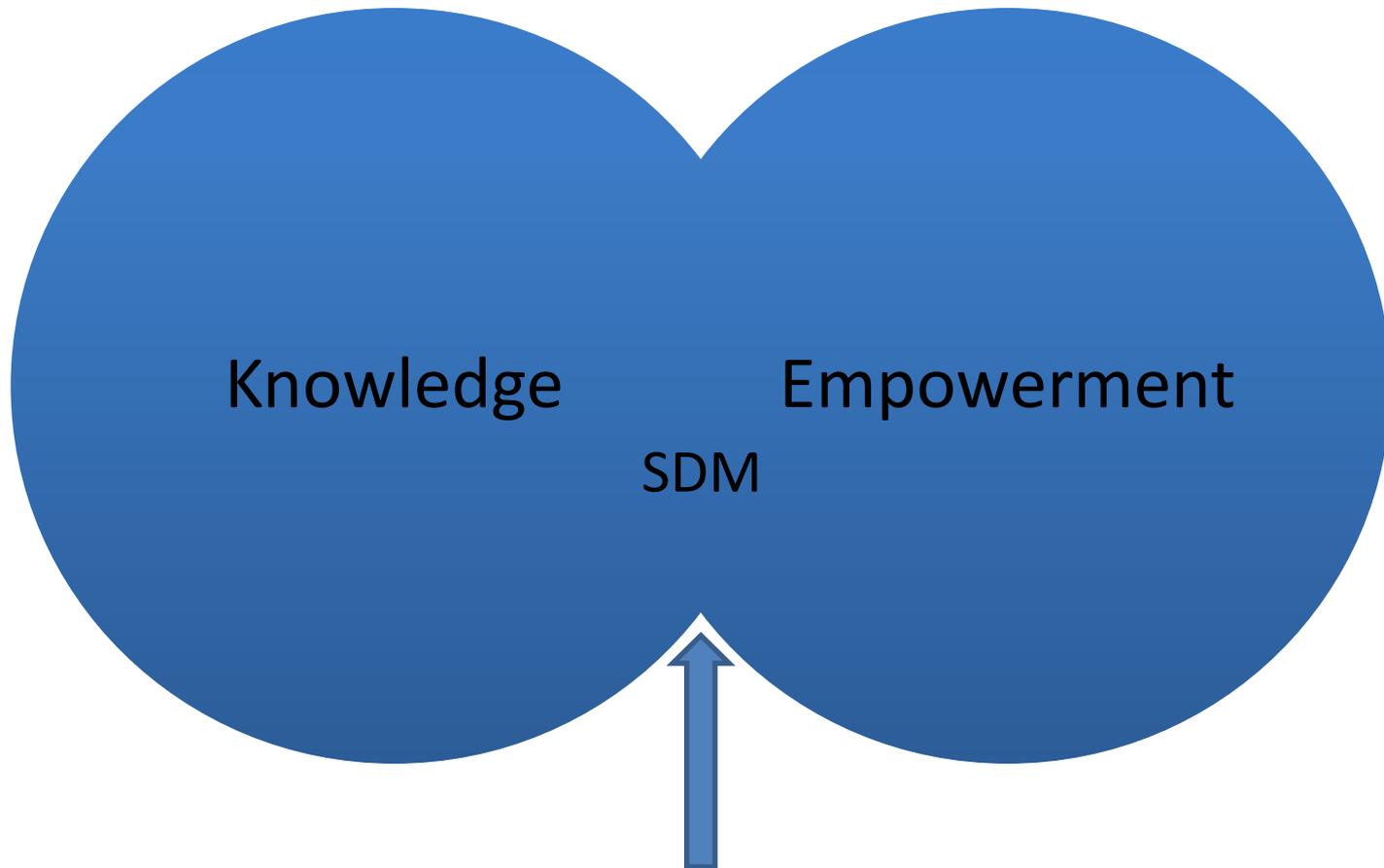


Barriers

- Physician is a poor communicator
- Patient doesn't understand consequences of decision (so would prefer to leave it "up to the doctor")
- *Patients did not see that decisions were constantly being made*
- *Patients' body language often did not reflect how much they would like to be involved*



Knowledge is not power, and neither is enough



Summary

- Get to know your stakeholders (those who *initiate* the conversation)
 - Find out what's important to them
- Don't expect patients to push for this – most don't recognize when decisions are being made



Comments

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