

# Making *Patient-Centered* Care Real: Tools for Primary Care

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# History: Foundation for Informed Medical Decision Making (FIMDM)

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- Established 1989
- Intellectual roots in practice variation research
- Mission:  
*Assure that people understand their choices and have the information they need to make sound decisions affecting their health and well-being*
- Partnership with Health Dialog



# FIMDM Goals

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- Produce decision aids to support shared decision-making
  - Synthesize medical evidence and patient experience
- Fund research and demonstration models
  - Expand the science and knowledge of shared medical decision-making
  - Advance and promote the use of decision support in routine medical practice
- Advance policy to support shared decision-making

# Definition: Shared Decision-Making

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- An integrative process between patient and clinician that:
  - Engages the patient in decision-making
  - Provides the patient with information about alternative treatments
  - Facilitates the incorporation of patient preferences and values into the medical plan

*(Charles C, Soc Sci Med 1997; 44:681)*

# Decision Aids to Facilitate Shared Decision-Making

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- Patient decision aids are tools designed to:
  - help people participate in decision-making about health care options
  - provide information on the options and help patients clarify and communicate the personal value they associate with different features of the options.
  - prepare patients to make informed, values-based decisions with their practitioner.
  
- Patient decision aids do not:
  - advise people to choose one option over another
  - replace practitioner consultation.

*(The International Patient Decision Aid Standards (IPDAS) Collaboration)*

# Cochrane Review of Decision Aids (updated 2007)

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- In a review of 55 trials of decision aids, results indicate that use led to:
  - Greater knowledge
  - More realistic expectations
  - Lower decisional conflict
  - Greater participation in decision-making
  - Fewer people remaining undecided
  - Fewer patients choosing major elective surgery

*(O'Connor AM, Med Decis Making 2007; 27:554)*

# Advantages of Implementing Decision Support in Primary Care

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- Primary care often features a longitudinal, trusting relationship between patient and clinician that may increase efficacy of the decision aid.
- Focus on preventive medicine
- Better ability to deliver decision aids to the right patients at the right time
- Better ability to facilitate follow-through
- Fewer conflicts-of-interest in treatment choices

# Challenges of Implementing Decision Support in Primary Care

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- Primary care is busy, busy, busy!
  - Accurate and timely identification of eligible patients
  - Logistics of distribution
  - Good decision-making is a process, rather than an acute event: “closing the loop”
  - Lack of skill and knowledge for shared decision-making

# FIMDM Primary Care Demonstrations

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- Dartmouth Hitchcock Medical Center
- Massachusetts General Hospital
- University of California, Los Angeles
- University of California, San Diego
- University of North Carolina
- VA Hospital, White River Junction

# MGH Primary Care

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- Massachusetts General Hospital has 15 adult medicine primary care practices:
  - 5 community health centers, 6 community-based practices, and 4 hospital-based practices
  - Practices are located on the main campus in Boston, and in the surrounding communities of Chelsea, Charlestown, Everett, Revere, and Waltham
  - Collectively, these practices care for about 150,000 patients



MASSACHUSETTS  
GENERAL HOSPITAL

# Implementation Goals

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- Develop infrastructure and capacity to disseminate decision aids through primary care
- Give primary care clinicians the ability to electronically prescribe decision aids
- Get decision aids into the hands of appropriate patients through their primary care clinicians
- Facilitate shared decision-making interactions between patients and clinicians in our primary care practices

# Program Overview

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- Patient has visit with primary care provider
- Provider determines if patient is eligible for decision aid program and discusses with patient
- Patient expresses interest and readiness to think about options / watch decision aid
- Provider “prescribes” decision aid through EMR
- Decision aid sent to patient by Blum Patient & Family Learning Center with return mailer and evaluation questionnaire
- Note automatically created in EMR documenting that program was sent

# How to "Prescribe" a Program

[My Page](#) [PCOI](#) [DXplain](#) [Phone/Page](#) [AmIon](#) [ICD9/CPT](#) [Dictation](#) [How To](#) [Admin](#) [Add a shortcut](#) [Feedback](#)  
[rolodex](#) [A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#) [find patient...](#)   [Last 25](#) [Panel](#) [Schedule](#) [Census](#) [RPM Diabetes](#) [Apprentice](#) [Utilities](#)  
[Summary](#) [Events](#) [Appts](#) [Refs](#) [ROE](#) [LKV](#) [HM](#) [Allergies](#) [Problems](#) [Meds](#) [PE](#) [Notes](#) [Letters](#) [Resources](#)  
[Add to follow-up...](#) [Add to my inpatients](#)  
 218-57-93 2/1/90 (17Y) F INS:

BUNNY, EASTER B

- [Chemistry & Toxicology](#) 5 wks
- [Hematology](#) 7 mos
- [Immunology](#)
- [Microbiology](#) 31 mos
- [Transfusion Services](#)
- [Radiology](#) 14 mos
- [Pathology](#)
- [Cardiology](#) 10yr
- [Operative Reports](#)
- [Discharge Summary](#) 5 yrs
- [Endoscopy](#)
- [Pulmonary](#)

Events Since Last Visit  
 05/17/2007 RETURN MGH MORGAN, MARY M.

[print case summary](#)

[Start/Edit a Visit Note](#) [Start a Telephone Note](#)

MRV: 05/17/2007 to: Morgan, Mary M IMA RETURN

**MEDICATIONS :**  
 Paxil 20mg po qd  
 Lipitor 20mg po qd take once a day

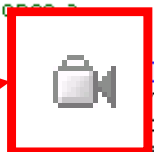
**ALLERGIES :**  
 Penicillin allergy

**MAJOR PROBLEMS :**

- Low back pain
- Nearsightedness
- Chest pain
- Diabetes mellitus
- Obesity
- Leg pain
- Anxiety
- Hand sprain
- Hypothyroidism
- Angina pectoris
- Aortic valve disease
- Atrial fibrillation
- Status post Hypertension
- Status post Bow legs
- Status post Excessive snoring
- History of Polysubstance abuse

**OTHER PROBLEMS :**

- Urinary tract infection
- Acute pharyngitis
- Partial small bowel obstruction
- Health review
- Pain Status: None/Minimal
- Vertigo
- Hair loss
- Cough
- Tennis elbow
- Cystinuria
- Gastritis
- Asthma
- Stomatitis
- Rule out Headache
- Rule out Influenza
- Status post Joint stiffness



**Home Address:**  
 45 FLOPPY LN  
 APT 3  
 CAMBRIDGE, MA 02138  
**Local Address:**  
 (no address provided)  
**Phone:**  
 Home: (781)456-4565  
 Work: (781)444-5555 3333  
 Local:  
**Insurance:**  
 Policy#:  
**Advance directives:** [edit](#)  
 DNR/DNI - medical power of attorney is the tooth fairy  
**Home Care Agency:** [edit](#)  
 testing 123

# Decision Aids Prescribed: June 2005–October 2007 (total 1,227)

#	%	Program
377	31.4	Peace of Mind: Personal Stories about Advance Directives
304	25.3	Colon Cancer Screening
192	16	Is a PSA Test Right for You?
56	4.7	Chronic Low Back Pain: Managing Your Pain and Your Life
55	4.6	Treatment Choices for Knee Osteoarthritis
39	3.2	Managing Menopause: Choosing Treatments for Menopause Symptoms
32	2.7	Acute Low Back Pain: Managing Your Pain Through Self-Care
26	2.2	Coping with Symptoms of Depression
26	2.2	Weight Loss Surgery: Is it Right for You?
20	1.7	Treatment Choices for Hip Osteoarthritis
19	1.6	Living with Coronary Artery Disease: Doing Your Part
17	1.4	Treatment Choices for Low Back Pain: Herniated Disc
17	1.4	Treatment Choices for BPH: Choosing Surgical or Nonsurgical Treatment
8	0.7	Treatment Choices for Low Back Pain: Spinal Stenosis
6	0.5	Treatment Choices for Abnormal Uterine Bleeding
4	0.3	Treatment Choices for Uterine Fibroids
1	0.1	Treatment Choices for Coronary Artery Disease
1	0.1	Living with Heart Failure: Helping your Heart Day to Day
1	0.1	Ovarian Cancer: Reducing Your Risks

# Lessons Learned from Clinicians

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- In surveys, physicians “agree” to “strongly agree” that:
  - Patients who have watched a decision aid have made more informed decisions than they would have otherwise
  - Prescribing decision aids has improved patient satisfaction
  - Prescribing decision aids has saved time during office visits
  - The content covered in the decision aids could NOT be adequately explained during an office visit

# Lessons Learned from Patients

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- In surveys, patients “agree” to “strongly agree” that:
  - Watching a decision aid let them know the options available to them
  - Watching a decision aid provided important knowledge
  - Watching a decision aid would help others facing the same decision
  - Decision aids like these would enhance their comfort in making other health care decisions

# Conclusions

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- Shared decision-making in general, and decision aids in particular:
  - Improve “decision quality”
  - Are feasible for use in primary care in the context of a longitudinal relationship between patient and clinician
  - Have the potential to improve quality and reduce cost
  - Should be a fundamental feature of the patient-centered medical home!

# Resources

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- [www.fimdm.org](http://www.fimdm.org)
- [www.stoecklecenter.org](http://www.stoecklecenter.org)
- <http://decisionaid.ohri.ca/resources.html>