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Bridging Gaps: Shared Decision-Making

Session CCC3, March 5, 2018

John Derr, RPh, FASCP, Chief Consumer Affairs Officer, CareCommunity

Terrence A. O'Malley, M.D., Physician, Massachusetts General Hospital

Moderator: Leslie Kelly Hall, Consulting Executive, Healthwise

ENGAGED

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Conflict of Interest

Terrence A. O'Malley, M.D. - Has no real or apparent conflicts of interest to report.

Leslie Kelly Hall - Has no real or apparent conflicts of interest to report.

John Derr, RPh - Has no real or apparent conflicts of interest to report.

Agenda

- Introduction to Shared Decision-making
 - Value, Process, Content
- Success criteria for patient engagement in decisions
- The “Sweet Spot” data that matters to individuals and providers
- Demonstration of process to collect “hard to get” data
- Q and A

Learning Objectives

- Learn how to share high value data to benefit both the individual and the organization
- Understand the success criteria for engaging patients in decisions
- Be able to identify the characteristics of a high-quality engagement platform
- Understand best practices for the use of SDM tools by patients, providers, and caregivers
- Be able to implement a process to obtain the data that “matters most” to individuals, caregivers and providers

Shared Decision Making Matters



of physicians who used decision aids said it had **improved the quality of care**



of people felt they **learned something they didn't know** after completing a decision aid

People who use decision aids are:

- ✓ **more informed**
- ✓ **more accurate in perceiving their risk**
- ✓ **less passive in decision-making**
- ✓ **less often undecided**
- ✓ **more satisfied with 'decision quality'**

Characteristics of Success

Success criteria for patient engagement in decisions

- Demonstrate value to the individual and/or their care givers
- Provide an easy way to obtain and share data

Characteristics of a high-quality engagement platform

- Services that add value
- Minimal barriers to use

Characteristics of Success

Best practices

- Identify information valuable to the individual and provider
- Use datasets from ICHOM and PROMIS
- Utilize Bi-directional electronic info gathering and sharing so that decisions are known easily within the EMR

Major Step: Shared Decision Making

Current model (circa 1980)

- Provide information in appropriate level of language and detail
- Guide decision making through branch points based on data
- Set up a discussion with care team member to determine next steps
 - More data
 - More discussion
 - New decision, iterative

Major Step: Shared Decision Making

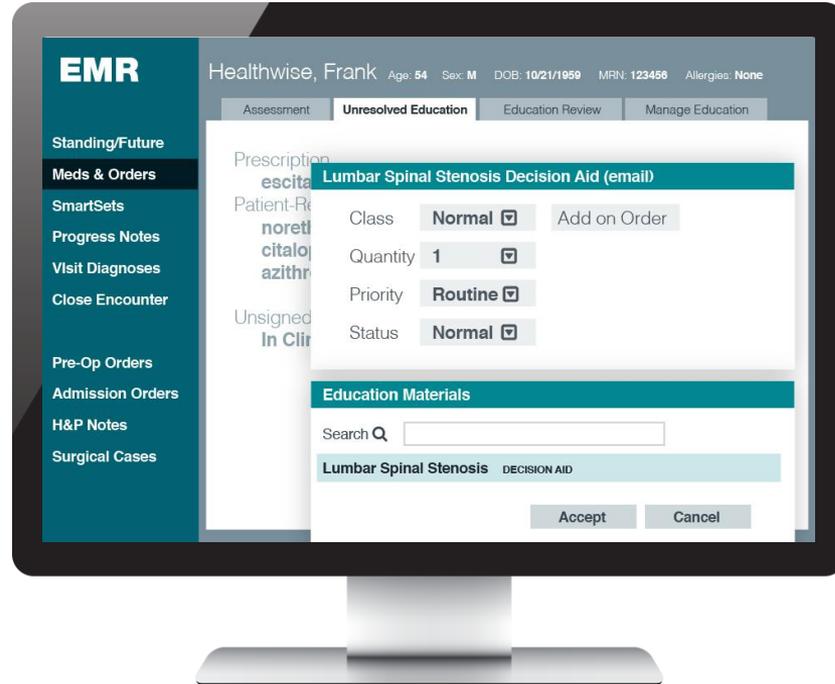
What's changed?

- More data
- Decision making modules become the repository of best practice
- Individual's decisions informed with best data
- Expanded number of issues
- Regulation (VBP) and data standards have emerged to support shared decision making

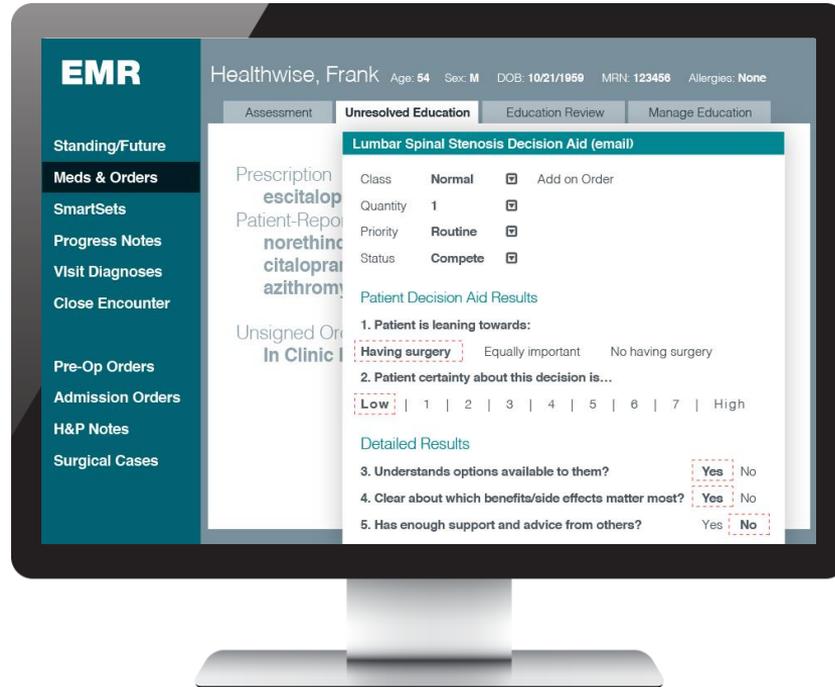
What hasn't?

- Final connection between the individual and the system through a skilled navigator
- The individual moves from being informed to being “activated” and engaged

A High Quality Engagement Platform



Patient Response



Cultural Change: Technology Enables

8 Steps to Success Implementing shared decision making (SDM) with decision aids



Engagement or Data Sharing?

The primary issue is enhanced Data Sharing

- What information does the individual have?
- What are the “business cases” for the individual?
- What data exactly?
- How do I obtain it?
- Can the data be shared?
- Can the data be re-used?

Engagement or Data Sharing?

Patient Engagement is an enabler of Data Sharing

- Patients have their own priorities
- They may not align with the care team's priorities
- They will share data if it provides value

Questions to Ask

- Where does this process add value?
- To whom?
- Are “costs” and “benefits” evenly distributed?
- Would any of this add value to your business case?

My Goal: My Longitudinal Care Plan

- Starts with high value data
 - My demographics
 - My prioritized health concerns
 - My allergies and medications
 - My care team: who are they, what are they doing?
 - My data

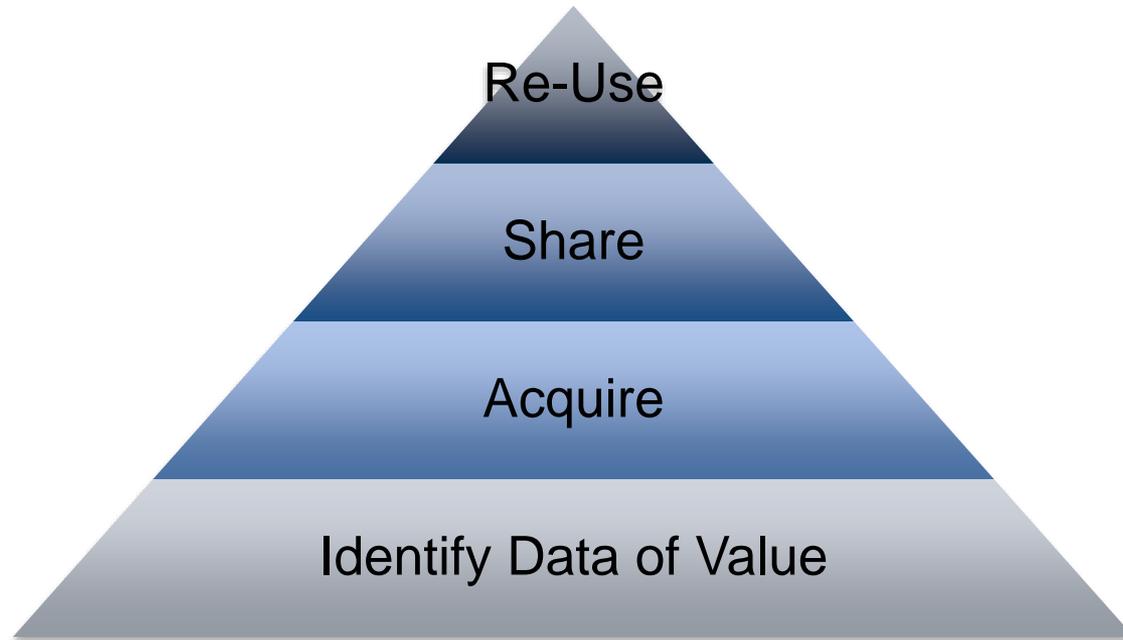
Which Technologies?

- All off them
- There will be a mix of technologies based on
 - Availability
 - Cost
 - Comfort
 - Efficiency
 - Effectiveness
- Unlikely that “one” technology will meet the majority of needs

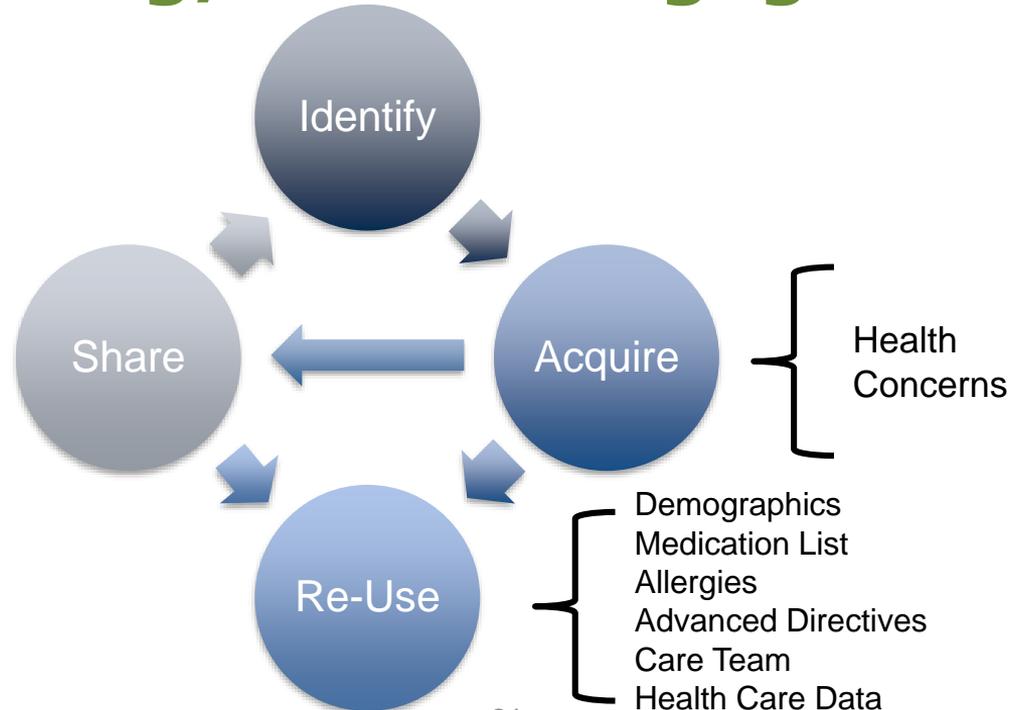
Success criteria

- Accessible Technologies
 - Paper forms, snail mail, fax, email
 - Guided discussion (apps that direct the individual through an issue)
 - Document/Data exchange (Gateway)
 - Asynchronous discussion (Chat room)
 - Face to face discussion
- Data of value to :
 - The individual
 - The immediate family and care givers
 - The care team

The Data Sharing Pyramid



Data Sharing/Patient Engagement Cycle



The “Easy to Find” High Value Data

- Medications: multiple sources (individual, care givers, pharmacies, other providers, Pharmacy Benefit Managers)
- Allergies: multiple sources
- Demographics: multiple sources
- Care Team Members
- Health Care Data

The “Hard to Find” High Value Data

- Prioritized list of health concerns
- Why High Value: the key to person centered care
- Why “Hard to Find”?
 - The individual is the only source
 - Health Concerns change rapidly and unpredictably
 - No semantic standards
 - Electronic integration emerging

“Hard to Find” Advance Directives

- Why “Hard to find”?
 - You have to ask the patient
- Why it will get better:
 - There are semantic standards: Lisa Nelson HL7
 - There are available technologies
 - MyDirectives
 - ePOLST, eMOLST
 - It will be made interoperable: C-CDA, FHIR

The Process for “Hard to Find” Data

- A demonstration
- The cast:
 - Derr as “Patient”
 - O’Malley as “Doctor”
 - Hall as “Greek Chorus”

Summary

- Shared Decision Making Matters
- Accessible Technologies are key
- Data of value to all participants
- Regulation and new payment models support Shared Decision Making
- Data Standards for findability and interoperability are emerging

Questions

- John Derr
 - John.derr@carecommunity.com
 - @JohnFDerrRPh
 - <https://www.linkedin.com/in/john-derr-r-ph-2454b78/>
- Terrence A. O'Malley, MD
 - tomalley@mgh.harvard.edu
 - <https://www.linkedin.com/in/terrence-a-o-malley-b54320105>
- Leslie Kelly Hall
 - lkellyhall@Healthwise.org
 - www.linkedin.com/in/lesliekellyhall
- Please complete the online session evaluation. Thank you



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