

Subject: Shared Decision Making (SDM) Program Newsletter

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From: MGH Health Decision Sciences Center

To: Lee, Vivian

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HEALTH DECISION SCIENCES
Let's Decide Together



Mass General Brigham

Shared Decision Making in Practice at MGB

Dear Vivian,

Welcome to the Shared Decision Making (SDM) program newsletter. In this quarterly newsletter you will find training resources for clinicians, a new service for patients, and literature updates of shared decision-making.

Harvard Medical School Webinar on Shared Decision Making

Interested in building your skills for Shared Decision Making?

Check out our updated Harvard Medical School Course on [Shared Decision Making: Skills for Clinical Practice](#).

Risk management, CME and CEU credit provided

The online training provides:

- Tips and tools to improve conversations with patients
- Interactive cases to practice skills
- Helpful resources to use in your clinic

[Contact us](#) if you have any questions or if you are interested in group discounts.

New patient support service for patients at MGH

We are pleased to introduce a new service for Massachusetts General Hospital patients to enhance visit preparation, patient engagement, and shared decision making. We have launched a Patient Support Corps of undergraduate students to assist our patients and clinicians in managing complex visits and decisions. These students are trained using an evidence-based model of patient decision support and will be in communication with patients before the visit to help them formulate a list of questions for their visit, send that list to the clinician, and attend the office visit (by

phone or in-person) to prepare a summary of the visit. This service is free to MGH patients and their caregivers.

We are actively looking for practices who might be able to benefit from having the student interns assist patients to prepare for visits, so if you are interested please [contact us](#).

Also, we are actively seeking funds to expand our program, so please contact us if you have any ideas. You can email us at decisions@partners.org.

If you would like to learn more, please visit our website [here](#).

Shared Decision Making in the Literature

Here is the recent work around shared decision making in print from the Health Decision Sciences Center, the Informed Medical Decision Program and other researchers from Massachusetts General Hospital. In this quarter's edition: evidence updates on patient decision aids, identifying surgical patients who may benefit from shared decision making, policy changes to increase shared decision making.

1. Updating the Evidence for the International Patient Decision Aid Standards (IPDAS) Collaboration

Drs. Sepucha, Brodney, and Valentine, along with Ms. Vo have been working with international colleagues on three evidence updates for IPDAS:

1. [Do Personal Stories Make Patient Decision Aids More Effective? An Update From The IPDAS](#)
2. [What Works In Implementing Patient Decision Aids In Routine Clinical Settings? A Rapid Review And Update Form The IPDAS Collaboration](#)
3. [Are We Improving? Update And Critical Appraisal Of The Reporting Of Decision Process And Quality Measures In Trials Evaluating Patient Decision Aids](#)

Additional articles can be found [here](#) in the International Patient Decision Aid evidence update published in the *Medical Decision Making* journal.

2. Identifying the primary indication of a surgical procedure can be useful in locating patients who may benefit from shared decision making

John Giardina and the Health Decision Sciences Center team developed and validated an algorithm that used ICD-10 and CPT codes to identify the primary indication for common orthopedic surgeries. The algorithm was able to identify four combinations of surgical procedure and primary indication with high specificity:

1. knee arthroplasty for osteoarthritis
2. hip arthroplasty for osteoarthritis
3. spinal surgery for lumbar spinal stenosis

4. spinal surgery for lumbar herniated disc

Learn more about the algorithm and results, published [here](#) in *BMC Medical Informatics and Decision Making*.

3. What do you think about requiring patients to review high-quality decision aids and paying clinicians for using them?

Dr. Floyd Fowler, Dr. Michael Barry, Dr. Karen Sepucha, and Benjamin Moulton, JD argue that the most effective way to increase patients' knowledge and involvement in medical care decisions is to have them review high-quality decision aids before getting important tests and treatments. Further, in order to make decision aid delivery happen routinely, they propose that physicians should be paid for providing decision aids to their patients and payers should require that patients review these decision aids as a prerequisite for paying providers.

Read more [here](#) in the *Medical Care* journal about benefits that will accrue from this policy, why arguments against routinely providing decision aids may not be not sound, and the specific steps needed to make this policy change happen.

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