

Chapter 4: Scale-up Strategy

Strategy to Get Started and Scale Up Efforts

The approach to implementation will differ across sites, depending on their organization and culture. Some sites have quality improvement teams that routinely deploy large scale changes across the system, and the decision aid implementation activities will be launched using existing protocols and channels. Others who are launching these efforts without formal quality improvement infrastructure may find it helpful to conduct a small pilot before a major launch. Either way, having a scale-up strategy in place and communicating that to all involved is critical to a successful launch. Here are some pieces to consider:

- Identify pilot clinicians and practices to test out the workflow and then use them as champions for the wider launch.
- Conduct baseline needs assessment to understand resources and barriers
- Plan kickoff event to formally launch the project and raise awareness among all those who are participating.
- Promote and host training for staff and clinicians in the decision aid content as well as decision aid delivery workflow, workflow changes, and resources to support staff.
- Develop and launch communication strategies to raise awareness, build support, and increase interest.
- Clearly identify a point person who will ensure any questions can be answered during the launch efforts in clinic.

The following resources are in this chapter:

Resource # 4.1: Baseline Needs Assessment (Surgeon Version)

Resource # 4.2: Communication Plan Template (Blank and sample one for engaging surgeons)

Resource # 4.1: Baseline Needs Assessment Questionnaire (Surgeon Version)

Instructions: The following questions ask about your thoughts on shared decision making conversations. Shared decision making is an approach to decision making where clinicians describe surgical and non-surgical options, actively elicit their patient treatment preferences, and collaboratively decide on a course of action.

For these questions, please reflect on your consultations with patients considering treatment for hip and knee osteoarthritis, lumbar herniated disc and lumbar spinal stenosis.

1. How often do you engage patients in shared decision making conversations when discussing treatment options during a visit?
 - Always
 - Usually
 - Sometimes
 - Rarely
 - Never

2. How confident are you in your ability to communicate the probabilities of benefits and harms of surgical treatments to patients during a visit?
 - Extremely confident
 - Very confident
 - Somewhat confident
 - A little confident
 - Not at all confident

3. How confident are you in your ability to elicit patients' goals and preferences for treatment during a visit?
 - Extremely confident
 - Very confident
 - Somewhat confident
 - A little confident
 - Not at all confident

4. How confident are you in your ability to communicate to patients about benefits and harms of non-surgical treatments during a visit?
 - Extremely confident
 - Very confident
 - Somewhat confident
 - A little confident
 - Not at all confident

5. About how many of your patients are interested in shared decision making?
 - Most or All
 - More than half
 - About half

- Less than half
- Few or None

6. About how many of your new patients already made a decision to have surgery before their initial visit?

- Most or All
- More than half
- About half
- Less than half
- Few or None

7. How concerned are you that engaging patients in shared decision making will make your visits significantly longer?

- Extremely concerned
- Very concerned
- Moderately concerned
- A little concerned
- Not at all concerned

8. How concerned are you that patients will be less interested in surgery as a result of shared decision making?

- Extremely concerned
- Very concerned
- Moderately concerned
- A little concerned
- Not at all concerned

9. For each of the following, how important do you think the group feels it is to engage patients in shared decision making for these decisions.

	Extremely important	Very important	Somewhat important	A little important	Not at all important
a. Your hospital/health system leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Your clinic leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Surgeons and clinicians in your center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Non-clinical staff in your center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Payors (e.g.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

insurance companies, Medicare)					
f. Professional societies (e.g. AAOS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next few questions ask about your thoughts on the patient decision aids that are available at your center. Decision aids are educational tools that present treatment options, clinical evidence, and help elicit patient preferences.

10. How familiar are you with the patient decision aids?

- Extremely familiar
- Very familiar
- Somewhat familiar
- A little familiar
- Not at all familiar

11. How do you feel about having decision aids provided to your patients?

- Very positive
- Somewhat positive
- Neutral
- Somewhat negative
- Very negative

12. How suitable are the decision aids for your patients?

- Extremely suitable
- Very suitable
- Somewhat suitable
- A little suitable
- Not at all suitable
- I am not sure

13. How balanced is the presentation of information in the decision aids?

- Strongly slanted toward surgery
- Slightly slanted toward surgery
- Balanced
- Slightly slanted toward non-surgical treatment
- Strongly slanted toward non-surgical treatment
- I am not sure

14. How easy is it to get decision aids to your patients before a visit?

- Very easy
- Somewhat easy
- Somewhat difficult

- Very difficult
- I am not sure

15. How compatible is the decision aid with your organization's mission and priorities?

- Completely
- Mostly
- Somewhat
- A little
- Not at all

16. How much of a priority is it for your clinic staff to distribute decision aids to patients?

- Very high priority
- High priority
- Moderate priority
- Low priority
- I am not sure

17. How confident are you that your team has everything that they need to get patients decision aids as part of routine care?

- Extremely confident
- Very confident
- Somewhat confident
- A little confident
- Not at all confident

18. Who on your team should be the one to give the decision aid to patients?

19. Who on your team should review the decision aid with patients and answer questions about it?

20. Do you have any comments or questions about shared decision making and patient decision aids?

Resource # 4.2: Communication Plan Template

The document contains a blank communication plan template that can be used to help promote use of decision aids and a sample completed template that was used to increase interest in decision aid use among surgeons.

Clinicians

1. Helping patients to have realistic expectations and aligning preferences and goals
2. Decision aids can tee-up conversations by “option-narrowing” to use the consultation time more effectively
3. More effective communication and tailoring of information to fit patient preferences and needs
4. Shared decision making tools such as decision aids can make access to care and information easier, especially in populations with lower health literacy.
5. Many healthcare plans (e.g. Medicare) require demonstration of shared decision making in order to be recognized as a center of excellence

Non-clinicians

1. Empowers patients to ask questions and increases staff confidence to provide answer
2. Return on investment: better outcomes and higher satisfaction
3. Can make daily workflow easier and reduce repeat visits/follow-up questions
4. Foster a relationship between the patient, staff, and clinicians

As part of your messaging, you may want to consider creating an elevator pitch/tagline to get people interested. Some examples below were created by the surgeons and patient partners who participated in the shared decision making learning collaborative:

Clinicians

“Use decision aids, better conversations, better outcomes”

“Makes it easier to do the right thing”

“Let your visits start themselves! Prep your patients with decision aids”

Non-clinicians

“Thinking about surgery? Know your options”

“Decision making it’s what we do!”

“There is no such thing as a bad decision in this clinic”

Blank Template:

Instructions: Below is blank example template to help you structure a communication plan to communicate the implementation goals to different team members. It is important to identify the goals you want to accomplish.

Element	Detail	Example
Goal:	What is the goal for the communication (be specific and measurable)?	
Target:	Who is the target of the message?	
Channel:	What are some ways to communicate with the target (formal and informal)?	
Message:	What do you want to say to appeal to this target to achieve your goal?	
Delivery:	Who is best to deliver the message?	
How often:	What is the best timing and frequency of messages?	
When:	When do you plan to do it?	
Result:	How will you measure what happened? Did you reach your goal?	

Sample Completed Communication Plan for Surgeon Expansion

Instructions: Below is a completed example to help you structure a communication plan to communicate the implementation goals to different team members. It is important to identify the goals you want to accomplish. For example, getting 50% of *surgeons in your practice to implement decision aids or getting nonclinical staff aware of the decision aid program*. It is also important to have a key team member monitor the elements and ensure the communication plan is implemented.

Element	Detail	Example
Goal:	What is the goal for the communication (be specific and measurable)?	<i>Get three new surgeons on board to have DAs delivered to their patients to start pilot in June 2023</i>
Target:	Who is the target of the message?	<i>Surgeons</i>
Channel:	What are some ways to communicate with the target (formal and informal)?	<ol style="list-style-type: none"> 1. <i>Faculty meetings</i> 2. <i>Morning rounds</i> 3. <i>Internal performance framework option</i> 4. <i>Emails/calls</i> 5. <i>Hallway conversations</i>
Message:	What do you want to say to appeal to this target to achieve your goal?	<ol style="list-style-type: none"> 1. <i>Emphasize evidence of benefit to patients</i> 2. <i>Participation in national collaborative</i> 3. <i>Better conversation</i> 4. <i>Minimal disruption to workflow</i> 5. <i>Engagement of clinic staff and team members to help make it happen</i>
Delivery:	Who is best to deliver the message?	<i>Chief /Clinical champion (surgeon)</i>
How often:	What is the best timing and frequency of messages?	<i>Multiple channels to reinforce</i>
When:	When do you plan to do it?	<i>Dr XX to present at faculty meeting in May; followed by informal check in 2-3 days later via email/phone with individual surgeons.</i>
Result:	How will you measure what happened? Did you reach your goal?	<ol style="list-style-type: none"> 1. <i>2 emails sent to individual surgeons within 3 days post faculty meeting</i> 2. <i>2/3 surgeons agreed to use DAs with their patients</i> 3. <i>Of the 2 surgeons who agreed, 20 DAs per surgeon were sent</i>