The patient voice in evidence-based care and improvement

Dawn Stacey RN, PhD
Research Chair Knowledge Translation to Patients
Professor, University of Ottawa
Senior Scientist, Ottawa Hospital Research Institute

@d_stacey
Disclosures

• Research chair funded by the University of Ottawa

• Research funds from Canadian Institutes of Health Research, Canadian Cancer Society, Cancer Care Ontario

• Contracts from Washington State Health Care Authority for providing guidance on establishing certification criteria for patient decision aids and training in applying the criteria (2015, 2017)
Objectives

- Understand the importance of the patient voice at the various levels of the health care system
- Summarize the evidence for patient involvement in evidenced based care and improvement
- Identify tools and resources to support patients to be heard
Listening to the patient

- John was a 89 yrs old, with heart failure and defibrillator. His cognitive ability was failing
- He was an aeronautical engineer who designed the re-entry heat shield for the Apollo space craft – extremely methodological. He spoke candidly about death and told his family he wanted to die in his sleep
- His cardiologist said “your defibrillator needs to be replaced – simple procedure would take day or 2”
- Surgical complications led to 1-week hospitalization
- One day while on the toilet, he started screaming, jumped up and ran round the living room half naked. Then he sat down on his favorite armchair, screamed again and defecated. His defibrillator had gone off
- Then he had the defibrillator deactivated and a year later he died peacefully in his sleep.
Listening to the patient

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- His cardiologist said “your defibrillator needs to be replaced – simple procedure would take day or 2”.
- Surgical complications led to 1-week hospitalization.
- One day while on the toilet, he started screaming, jumped up and ran round the living room half naked. Then he sat down on his favorite armchair, screamed again and defecated. The defibrillator had gone off.

I wish someone had told us the risks and benefits of replacing my father’s defibrillator.

Similar to us, 50% of patients faced with this decision did not know replacement was optional.

I wish someone had told us the risks and benefits of replacing my father’s defibrillator.

JAMA Internal Medicine  July 2016
Multidimensional Framework for Patient and Family Engagement in Health

Factors influencing engagement:
- **Patient** (beliefs about patient role, health literacy, education)
- **Organization** (policies and practices, culture)
- **Society** (social norms, regulations, policy)

Adapted from Carman K L et al. Health Aff 2013;32:223-231
Evidence for patients setting research priorities

- 105 patients attending UK cancer treatment centres participated

- Patients’ top priority areas:
  - impact cancer has on life
  - how to live with cancer and related support issues
  - risk factors and causes of cancer
  - early detection and prevention

- Mismatch between patient priorities and UK research portfolio priorities

(Corner et al, Br J Cancer 2007 Mar 26;96(6):875-81)
Welcome to the James Lind Alliance website
The James Lind Alliance (JLA) is a non-profit making initiative which was established in 2004. It brings patients, carers and clinicians together to identify and prioritise the Top 10 uncertainties, or 'unanswered questions', about the effects of treatments that they agree are most important. The aim of this is to help ensure that those who fund health research are aware of what matters to both patients and clinicians. The method, described in the JLA Guidebook, is designed to lead to changes in the way research funding is granted, with a view to raising awareness of research questions which are of direct relevance and potential benefit to patients and the clinicians who treat them.

http://www.lindalliance.org/
Setting Research Priorities for Kidney Cancer


1. New effective treatments for advanced kidney cancer
2. Biomarkers to predict treatment response
3. Biomarkers for detection of kidney cancer
4. New immunotherapies for treatment
5. Novel indicators/biomarkers to predict metastatic kidney cancer
6. Supportive care needs and intervention for patients/families
7. Decision-making tools for patients and HCPs
8. Criteria for biopsy in management of kidney cancer
9. Evaluate different funding and tx access on pt outcomes
10. Identify risk factors and causes of kidney cancer
Factors influencing engagement:

- **Patient** (beliefs about patient role, health literacy, education)
- **Organization** (policies and practices, culture)
- **Society** (social norms, regulations, policy)
Evidence for patients co-developing organizational documents

- When consumers were involved with developing healthcare policy and research, clinical practice guidelines, and patient information
  - Information materials were more relevant, readable and understandable without affecting anxiety (2 trials, moderate quality)
- Need for more research

(Nilsen, Myrhaug, Johansen, Oliver, Oxman, 2006; Cochrane Library)
Other evidence for patient voice in organizational design and governance

- Patient and family advisory councils in Magnet® hospitals = stronger **patient voice** improves transparency and care (Wadsworth & Harmer, J Nsg Admin, 2016) doi: 10.1097/NNA.0000000000000415

- Patient-reported outcomes (PROs) are used to:
  - capture the **patient voice**
  - understand how illness and treatments affect patients and how well services address what matters most to patients
  - better inform health care decisions & improve outcomes (Bartlett & Ahmed, J Clinical Epidemiology in press Apr 2017)

- BUT systematic review concluded need to better determine how patient experience data will be used to inform QI changes and then measure these changes (Gleeson et al., 2016 BMJ Open)
Multidimensional Framework For Patient And Family Engagement In Health

Levels of engagement

Policy making

Organizational design and governance

Direct Care

Consultation

Policy making

Public agency conducts focus groups with patients to ask opinions

Organization surveys patients about their care experiences

Focus groups with patients to ask opinions

Involvement

Organizational design and governance

Patients’ research priorities are used to make funding decisions

Patients as advisory council members

Patients suggest research question

Partnership and shared leadership

Patients participate to decisions about how to allocate resources

Patients co-lead safety and quality improvement committees

Factors influencing engagement:

- **Patient** (beliefs about patient role, health literacy, education)
- **Organization** (policies and practices, culture)
- **Society** (social norms, regulations, policy)

Adapted from Carman K L et al. Health Aff 2013;32:223-231
What We Mean by Engagement

Engagement in Research

• Meaningful involvement of patients, caregivers, clinicians and other healthcare stakeholders throughout the research process – from topic selection through design and conduct of research to dissemination of results.

• More likely to be patient centered, useful, and trustworthy and lead to greater use and uptake of research results by the patient and broader healthcare community.
Patient engagement

What is patient engagement and why do it?

- **Patients meaningfully and actively collaborate in:**
  - the governance, priority setting, and conduct of research
  - summarizing, distributing, sharing, and applying its resulting knowledge

- Makes investments in research more accountable and transparent, provides new insights that could lead to innovative discoveries and ensures that research is relevant to patients’ concerns

- Involving them in planning and design of studies leads to better outcomes
Evidence for patients on research teams
(systematic review of 142 studies)

- Feasible in most settings
- Most commonly done in the beginning of research (agenda setting and protocol development)
- Less commonly done during execution and translation of research
- Outcomes: increased study enrollment rates and aided researchers in securing funding, designing study protocols, and choosing relevant outcomes
- Common challenges were related to logistics (extra time and funding needed) and to an overarching worry of a tokenistic engagement

(Domecq et al, BMC Health Serv Res. 2014 Feb 26;14:89)
Example PCORI resources: engagement plans, compensation rubric

Table 1. Sample Model Addressing Fair Compensation for Engaged Research Partners: Engagement Spectrum with Examples: An Ideal Moving Toward Greater Collaboration

<table>
<thead>
<tr>
<th>Engagement Activity Levels</th>
<th>Simply informing</th>
<th>Communicating plans to the patient community</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. INFORM</td>
<td>Consulting on decision</td>
<td>Offering opinions, advice, feedback</td>
</tr>
<tr>
<td>II. CONSULT</td>
<td>Deciding together Acting together</td>
<td>Joint decisions solicited Taking actions jointly</td>
</tr>
<tr>
<td>III. COLLABORATE</td>
<td>Encouraging independent initiatives</td>
<td>Leading to patient/caregiver/organization generated research</td>
</tr>
<tr>
<td>IV. STAKEHOLDER DIRECTED</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Varying Compensation Levels</th>
</tr>
</thead>
</table>
Multidimensional Framework For Patient And Family Engagement In Health

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Adapted from Carman K L et al. Health Aff 2013;32:223-231
Patient Engagement. People actively involved in their health and health care tend to have better outcomes—and, some evidence suggests, lower costs.

WHAT’S THE ISSUE?
A growing body of evidence demonstrates that patients who are more actively involved in their health care experience better health outcomes and incur lower costs. As a result, many public and private health care organizations are employing strategies to better engage patients, such as educating them about their medical conditions. What’s more, the US health care system often has seemed indifferent to patients’ desires and needs. Many practitioners fail to provide the information that patients need to make the best decisions about their own care and treatment. And even when patients do receive detailed information, they can be overwhelmed or lack confidence in their own choices. Those with low levels of

(James, 2013; Health Affairs)
Direct care: interventions for patients

- Bedside handover
- Shared decision making
- Patient decision aids
- Decision coaching
- Question prompts
Few involve patients & family in bedside handover (N=45 studies)

- Of 45, 3 studies reported level of patient involvement:
  - 5% patients involved superficially with greetings only for 81 bedside handovers in 7 clinical areas (Johnson, 2012)
  - ~50% maternity patients were involved (Chin, 2011)
  - <50% patients actively involved in 500 bedside handovers (Chaboyer, 2010)

(Anderson 2015, integrated review)
Few involve patients & family in bedside handover (N=45 studies)

- Benefits to patients (8 studies):
  - providing information & verify what is said
  - feeling reassured when able to participate in shared decision making
  - increased satisfaction

- Negative effects on patients (3 studies):
  - Clinicians use jargon
  - Patronizing / tokenistic

Need to clarify role of patients in handover and develop methods to actively involve them

(Anderson 2015, integrated review)
Shared decision making

A *process* by which decisions are made by the patient and the clinician using the best available evidence and patients informed preferences.

(Legare et al., 2010; Makoul et al. 2006)
Patient identified barriers & facilitators to SDM (n=44 studies)

Knowledge
Knowledge about disease/condition, options, outcomes & Knowledge about personal values and preferences

Power
Perceived influence on decision-making encounter depends on - permission to participate - confidence in own knowledge - self-efficacy in using SDM skills

Fig. 2. Knowledge and power: patient-reported influences on individual capacity to participate in shared decision making.

(Joseph-Williams et al 2014)
SDM can be learned

Healthcare professional training

**COMBINED WITH**

Patient-mediated interventions such as patient decision aids

(Légaré et al. 2014)
Patient Decision Aids  adjuncts to counseling

Inform
- Provide facts
  Condition, options, benefits, harms
- Communicate probabilities

Clarify values
- Ask which benefits/harms matters most
- Share patient experiences

Support
- Guide in steps in deliberation/communication
- Worksheets, list of questions

(Stacey et al., Cochrane Library, 2017)
Formats for patient decision aids
(used prior to or within consultations)

1. Print

2. DVD/Video

3. Online/computer-based
Against comparators, PtDAs (105 RCTs)...

Improve decision quality with...

- 13% higher knowledge****
- 110% more accurate risk perception***
- 106% better match between values & choices **

✓ Reduce decisional conflict (-9% uninformed; -9% unclear values)****
✓ Help undecided to decide (36%)
✓ Support patients to be less passive in decisions (32%) ***
✓ Improve patient-practitioner communication (9/10; 1 no diff)
✓ Potential to reduce over-use
  ✓ -16% elective surgery
  ✓ -12% PSA – prostate screening
  ✓ +65% new diabetes medicine

GRADE quality:
**** high   ** low
*** moderate  * very low

(Stacey et al., Cochrane Library, 2017)
19 studies* showed:

- significantly better outcomes for disadvantaged patients
- maybe more beneficial to disadvantaged patients than for those with higher literacy/ socioeconomic status

(*small sample sizes and various study quality)
Decision Aid Quality Concerns

- Patient decision aids can affect uptake of options
  - reduced use of some options (e.g. elective surgeries, PSA testing)
  - increased use of other options (e.g. uptake of new medications for diabetes)
- Effect on uptake of options is desirable when decision aids are unbiased and the change addresses 
  unwarranted variations (e.g. poor understanding, choices not based on patient preferences)
- Concern if uptake of options is due to biased information
- In 2003, lack of national standards on quality

Elwyn et al., 2005; NQF report 2016; Stacey et al., 2017
International Patient Decision Aid Standards (IPDAS) Collaboration since 2003

To enhance the quality and effectiveness of patient decision aids by establishing a shared evidence-informed framework for improving their content, development, implementation, and evaluation.

IPDAS Steering Committee: Dawn Stacey (Lead), M Barry, N Col, A Coulter, K Eden, M Härter, H Llewellyn-Thomas, V Montori, N Moumjid, M Pignone, R Thomson, L Trevena, R Volk, T van der Weijden

BMC Medical Informatics and Decision Making 2013, 13 (Suppl 2).
http://www.biomedcentral.com/bmcmedinformdecismak/supplements/13/S2
To find decision aids
Google: ‘decision aid’

Search Results - A to Z Inventory of Decision Aids

Your search: **breast screen** found the following decision aids (see list below).

Click on a title to view a brief description that will help you decide if the decision aid will meet your needs, or try another keyword search to look for other decision aids.

**Search again:**

breast screen

Found 4 matches.

**Breast Cancer**

- [Breast Cancer Screening and Dense Breasts: What Are My Options?](#) Healthwise
- [Breast Cancer Screening: When Should I Start Having Mammograms?](#) Healthwise
- [Should I Continue Having Mammograms to Screen for Breast Cancer? A decision aid for women aged 70 and older at their next screening mammogram.](#) University of Sydney
- [Should I Start Having Mammograms to Screen for Breast Cancer?](#) University of Sydney
# Decision Aid Summary

<table>
<thead>
<tr>
<th>Title</th>
<th>La vasectomie: Est-ce le bon choix pour moi? Un outil d'aide à la décision.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audience</td>
<td>Men and couples considering vasectomy.</td>
</tr>
<tr>
<td>Year of last update or review</td>
<td>2016</td>
</tr>
<tr>
<td>Format</td>
<td>Web, paper, PDF</td>
</tr>
<tr>
<td>How to obtain</td>
<td><a href="#">Click here to view the decision aid on the developer website</a></td>
</tr>
<tr>
<td>Developer</td>
<td>Michel Labrecque</td>
</tr>
<tr>
<td>Where was it developed?</td>
<td><a href="mailto:infovasectomie@videotron.ca">infovasectomie@videotron.ca</a> University of Laval, Quebec City Canada</td>
</tr>
<tr>
<td>Health condition</td>
<td>Birth control</td>
</tr>
<tr>
<td>Type of decision aid</td>
<td>Treatment</td>
</tr>
<tr>
<td>Language</td>
<td>French</td>
</tr>
</tbody>
</table>

Based on [IPDAS criteria](https://www.ipdas.org) (International Patient Decision Aid Standards) this decision aid (and/or supporting materials) meets:

- 7 out of 7 criteria to be defined as a patient decision aid
- 5 out of 9 criteria to lower the risk of making a biased decision
Patient Decision Aid Certification Criteria

Does the patient decision aid adequately:

1. Describe the health condition or problem
2. Explicitly state the decision under consideration
3. Identify the eligible or target audience
4. Describe the options available for the decision, including non-treatment
5. Describe the positive features of each option (benefits)
6. Describe the negative features of each option (harms, side effects, disadvantages)
7. Help patients clarify their values for outcomes of options by a) asking patients to consider or rate which positive and negative features matter most to them AND/OR b) describing each option to help patients imagine the physical, social (e.g. impact on personal, family, or work life), and/or psychological effects
8. Make it possible to compare features of available options
9. Show positive and negative features of options with balanced detail
To enhance workflow nurses should:
- Explain information
- Provide support by listening to patient preferences
- Provide doctors with patient preferences

(Joseph-Williams et al 2014)
What is decision coaching?

- Trained healthcare professional who is **non-directive** and provides support that aims to develop patients' skills in:
  - thinking about the options
  - preparing for discussing the decision in a clinician consultation
  - implementing the chosen option

- Delivered face to face or using telephone

(O’Connor et al., 2008; Stacey et al., 2008)
Decision Coaching to Prepare Patients for Making Health Decisions: A Systematic Review of Decision Coaching in Trials of Patient Decision Aids

Dawn Stacey, PhD, Jennifer Kryworuchko, PhD, Carol Bennett, MSc, Mary Ann Murray, PhD, Sarah Mullan, MSc, France Légaré, PhD

Medical Decision Making, 2012

Background. Decision coaching is individualized, non-directive facilitation of patient preparation for shared decision making. Purpose. To explore characteristics and effectiveness of decision coaching evaluated within trials of patient decision aids (PtDAs) for health decisions. Data Sources. A subanalysis of trials included in the 2011 Cochrane Review of PtDAs. Study Selection. Eligible trials allowed the effectiveness of decision coaching to be compared with another intervention and/or usual care.

Coaching (n=10 trials):
- improved knowledge compared to usual care
- improved knowledge similar to decision aid group
- improved or no difference on other outcomes (values-choice agreement, satisfaction, participation, costs)
# Ottawa Personal Decision Guide

For People Making Health or Social Decisions

## Clarify your decision.

What decision do you face?
What are your reasons for making this decision?
When do you need to make a choice?
How far along are you with making a choice?

- Not thought about it
- Close to choosing
- Thinking about it
- Made a choice

## Explore your decision.

### Knowledge

List the options and benefits and risks you know.

### Values

Rate each benefit and risk using stars (★) to show how much each one matters to you.

<table>
<thead>
<tr>
<th>Reasons to Choose this Option</th>
<th>How much it matters to you: 0★ not at all 5★ a great deal</th>
<th>Reasons to Avoid this Option</th>
<th>How much it matters to you: 0★ not at all 5★ a great deal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Option #1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Option #2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Option #3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### Certainty

Choose the option with the benefits that matter most to you. Avoid the options with the risks that matter most to you.

Which option do you prefer?
- Option #1
- Option #2
- Option #3
- Unsure

Support

Who else is involved?
Which option do they prefer?
### Identify your decision making needs.

<table>
<thead>
<tr>
<th>Decision Making Needs</th>
<th>Person 1</th>
<th>Person 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Knowledge</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you know the benefits and risks of each option?</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
<tr>
<td>[ ] Yes</td>
<td>[ ] No</td>
<td></td>
</tr>
<tr>
<td><strong>Values</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you clear about which benefits and risks matter most to you?</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
<tr>
<td>[ ] Yes</td>
<td>[ ] No</td>
<td></td>
</tr>
<tr>
<td><strong>Support</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have enough support and advice to make a choice?</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
<tr>
<td>[ ] Yes</td>
<td>[ ] No</td>
<td></td>
</tr>
<tr>
<td><strong>Certainty</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you feel sure about the best choice for you?</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
<tr>
<td>[ ] Yes</td>
<td>[ ] No</td>
<td></td>
</tr>
</tbody>
</table>

If you answer ‘no’ to any question, you can work through steps two and four, focusing on your needs. People who answer “No” to one or more of these questions are more likely to delay their decision, change their mind, feel regret about their choice or blame others for bad outcomes.

### Plan the next steps based on your needs.

<table>
<thead>
<tr>
<th>Decision Making Needs</th>
<th>Person 1</th>
<th>Person 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Knowledge</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If you feel you do NOT have enough facts</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
<tr>
<td>[ ] Yes</td>
<td>[ ] No</td>
<td></td>
</tr>
<tr>
<td><strong>Values</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If you are NOT sure which benefits and risks matter most to you</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
<tr>
<td>[ ] Yes</td>
<td>[ ] No</td>
<td></td>
</tr>
<tr>
<td><strong>Support</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discuss your options with a trusted person (e.g. health professional, counsellor)</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
<tr>
<td>[ ] Yes</td>
<td>[ ] No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Things you could try</th>
</tr>
</thead>
<tbody>
<tr>
<td>Find out more about the options and the chances of the benefits and risks.</td>
</tr>
<tr>
<td>List your questions.</td>
</tr>
<tr>
<td>List where to find the answers (e.g. library, health professionals, counsellors):</td>
</tr>
<tr>
<td>Review the stars in step two to see what matters most to you.</td>
</tr>
<tr>
<td>Find people who know what it is like to experience the benefits and risks.</td>
</tr>
<tr>
<td>Talk to others who have made the decision.</td>
</tr>
<tr>
<td>Read stories of what mattered most to others.</td>
</tr>
<tr>
<td>Discuss with others what matters most to you.</td>
</tr>
<tr>
<td>Discuss your options with a trusted person (e.g. health professional, counsellor):</td>
</tr>
</tbody>
</table>
To find Google: ‘generic decision aid’

Ottawa Personal Decision Guides

The Ottawa Personal Decision Guide (OPDG) and Ottawa Personal Decision Guide for Two (OPDGx2) are designed for any health-related or social decisions.

They can help people identify their decision making needs, plan the next steps, track their progress, and share their views about the decision. See this video example of the OPDG being used to coach someone making a decision.

Ottawa Personal Decision Guide
(Two-page interactive PDF. Fill in, save your answers, and print using Adobe Reader.)

French, Spanish, Swedish, German, Dutch, Japanese

Ottawa Personal Decision Guide for Two
(Allows 2 people involved in the decision to complete the guide.)

French

You may use any of these guides without requesting permission. These guides are protected by copyright but are freely available for you to use, provided you: a) cite the reference in any documents or publications; b) do not charge for or profit from them; and c) do not alter them except for prefilling them for a specific condition/decision as necessary.
Question Prompts

Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial

Heather L. Shepherd a,b,*, Alexandra Barratt a, Lyndal J. Trevena a, Kevin McGeechan a, Karen Carey f, Ronald M. Epstein g, Phyllis N. Butow c, Chris B. Del Mar e, Vikki Entwistle h, Martin H.N. Tattersall d

ASK 3 questions:
1. What are my options?
2. What are the possible benefits and harms of those options?
3. How likely are the benefits and harms of each option to occur?

Findings:
Asking 3 questions:
• improved information given by family physicians;
• increased physician facilitation of simulated patient involvement.
To find Google: ‘ask 3 questions’

Shared Decision Making

Other questions I would like to ask during my consultation:

1. ............................................................................................
2. ............................................................................................
3. ............................................................................................
4. ............................................................................................
5. ............................................................................................

Working with the Right Care Shared Decision Making programme to promote Shared Decision Making between patients and professionals.

What are my options?

What are the pros and cons of each option for me?

How do I get support to help me make a decision that is right for me?

Ask 3 Questions

What are my options?

What are the pros and cons of each option for me?

How do I get support to help me make a decision that is right for me?

Remember, you can bring someone else with you to your appointment, such as a relative, carer or friend.

Your health, Your decision

These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation

http://www.advancingqualityalliance.nhs.uk/SDM/
Factors influencing engagement:
- **Patient** (beliefs about patient role, health literacy, education)
- **Organization** (policies and practices, culture)
- **Society** (social norms, regulations, policy)

**Summary:**
- Evidence supports need to hear the patient voice
- Health policies can support patient involvement
- Establish a culture valuing the patient voice at the individual and collective levels
- Provide training
- Develop or gather tools to support patients
- Focus research on priorities established with patients/public
Patient Decision Aids

Welcome

Patient decision aids are tools that help people become involved in decision making by making to be made, providing information about the options and outcomes, and by clarifying personal v complement, rather than replace, counseling from a health practitioner.

How can I find decision aids?

- A to Z Inventory allows you to search for decision aids on particular health topics.
- Ottawa Personal/Family Decision Guides can be used for any health or social decision.
- Decision Aid Library Inventory (DALI) allows developers to enter information about their decision inventories.

Where are the online tutorials?

- The Ottawa Decision Support Tutorial (ODST), to help practitioners develop knowledge in share decision support.
- The Ottawa Patient Decision Aid Development eTraining (ODAT) to help people create a patient development process.
- The Implementation Toolkit provides tools and training for incorporating decision support in prac

What's the evidence?

- An international research group updates the systematic review of trials of patient decision aids 1 decisions using Cochrane review methods.
- The International Patient Decision Aid Standards (IPDAS) Collaboration established a set of inte

http://decisionaid.ohri.ca