Alberta Health Services
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Shared Decision-Making Clinic Toolkit

Outline for Clinic Package

1. 4-Pager: 'Tips and Tricks' for strengthening your Shared Decision-Making skills
2. Video: Dr. Jason Werle introduces Shared Decision-Making: https://youtu.be/f6KLVr6Dp4c
3. Three patient posters for exam or waiting rooms
4. Patient benefits vs risks handout – using Albertan evidence

Journal articles referenced are available upon request.

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Shared Decision Making: In the context of Hip and Knee OA Arthroplasty

Purpose of this toolkit:

- This toolkit was designed to give an overview of Shared Decision Making (SDM) to physicians and surgeons that work with individuals with OA, considering having an arthroplasty for their hip or knee.
- The SDM techniques and philosophies can be applied to any discussion between a provider and a patient.

What is it?

- SDM tempers the role of the "medical opinion" and enhances the role of patient preference in medical decision making, [1, 2, 3] and in the context of Alberta's Hip and Knee clinics, includes sharing Albertan and Canadian data on the risks and benefits of choosing conservative care options and risks and benefits of choosing surgical care options.
- With regard to TJA, Hawker et al. found that professional opinion concerning a patient's need for a TJA can differ from the patient's preference. [2]
- SDM is supported by over 100 randomized trials

How does it work?

- SDM requires information exchange between the physician or surgeon/clinician and the patient, who then deliberate together and decide on the optimal treatment option [1] based on the information shared, consideration of patient's preferences and values in relation to the options provided.

What are the advantages of practicing SDM?

Patient advantages:

- Improves patient satisfaction with their treatment decision and appropriate use of TJA
- Increased patient knowledge about the condition, and increased readiness to decide on the most appropriate treatment[5]

Clinician advantages:

- Helps set patient expectations regarding outcomes for TJA and non-surgical care
- Requires minimal training, and has shown no increase time in patient encounters

System level benefits:

- Potentially better use of scarce healthcare resources

3 practical implementation strategies **"Doing SDM": Team talk, Option talk, Decision talk** (Elwyn et al: A Model for Shared Decision Making)[6,7]

1. **Team Talk**

   Making patients aware that reasonable options exist with high quality information and is a planning step.

   Can be done in face to face or through info packages (email, letters, and telephone call).

   Key points:

   - Planning stage where patients are made aware of their options
     - "Now that we know you have early signs of osteoarthritis, it's time to plan what to do next."
     - "Your description of your pain and loss of mobility because of your osteoarthritis gives us a few treatment options to discuss."
     - "There's good information about how these treatments differ that I'd like to go over with you."
   - Adjust the language you use to respect individual preferences and the role of uncertainty.
     - "Treatments have different results…some matter more to you than to other people. Everyone will have their own preference."
     - "Treatment are not always effective and chances of experiencing side effects vary…"
   - Watch for the patient's reaction to the message, are they concerned that there are options?
     - "Shall we go on and discuss the options?"
   - What do you do if the patient asks you to "tell me what to do…"
     - "I'm happy to share my views and help you get to a good decision for you. Is it ok for me to describe the options in more detail so you understand what is at stake?"

2. **Option Talk**

   Giving patients more detailed information about options.

   - Check the patient's knowledge about OA treatment.
     - "Tell me what you've read or heard about the treatment of OA."
   - Make a clear list of the options as it provides good structure.
   - Describe the options in practical terms
     - "There are clear differences between these treatments"
     - "These are the implications for you compared to other people…"

- Share harms and benefits being clear about the pros and cons of different options
  - Try to give information in 'chunks' and check in for patient understanding
- Patient decision support tools
  - These tools have been designed to help you understand the options in more detail."
- Summarize and assess patient understanding. See if there are any misconceptions.
  - "Here are the options again, do you want to tell me what the pros and cons are for you with these treatment choices?"

3. **Decision Talk**

   Supporting the work of considering preferences and deciding what is best.
   Discover the patient's preference.
   - "What matters most to you?"
   - "Are you ready to decide?"
   - "Are there more things we should discuss?"
   - "Do you have more questions?"

<u>Options for Supporting Shared Decision Making:</u>

1. Allowing time for deliberation is a cornerstone to effective SDM, so consider sending information ahead of time
2. The best way to learn SDM is to practice with colleagues or trained actors
3. Patient handouts discussing benefits vs risks of surgery vs no surgery (includes Albertan evidence)

References:

1. Barbara L Conner-Spady, Deborah A Marshall, Gillian A Hawker2, Eric Bohm, Michael J Dunbar, Cy Frank and Tom W Noseworthy. You'll know when you're ready: a qualitative study exploring how patients decide when the time is right for joint replacement surgery. BMC Health Services Research. 2014, 14;454-464
2. Cy Frank6† and Tom W Noseworthy1†
3. Hawker GA, Wright JG, Badley EM, Coyte PC, Consortium TAHSR. Perceptions of, and willingness to consider, total joint arthroplasty in a population-based cohort of individuals with disabling hip and knee arthritis. Arthritis Care & Research.2004;51:635–641.
4. Schneller ES, Wilson NA. Professionalism in 21st century professiona practice: autonomy and accountability in orthopaedic surgery. Clin Orthop Relat Res. 2009;467:2561–2569.
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6. Elwyn G, Pickles T, Edward, A, Kinsey K, Brain K, Newcombe RG… Wood F. (2016). Supporting shared decision making using an Option Grid for osteoarthritis of the knee in an interface musculoskeletal clinic: A stepped wedge trial. Patient Educ Couns, 99(4), 571-577.
7. A three-talk model for shared decision making: multistage consultation process.
Elwyn G, Durand MA, Song J, Aarts J, Barr PJ, Berger Z, Cochran N, Frosch D, Galasiński D, Gulbrandsen P, Han PKJ, Härter M, Kinnersley P, Lloyd A, Mishra M, Perestelo-Perez L, Scholl I, Tomori K, Trevena L, Witteman HO, Van der Weijden T.
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Understand your options to make important decisions. Together.

Joint Replacement Surgery is an important decision for you and your loved ones. Work with your care team to understand the treatment options to find out if it's right for you.

Share your questions with your doctor and decide together.

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Treatment Comparisons for Hip Osteoarthritis (OA)

	Don't Have Surgery for Your Hip – Try Other Treatments	Have Surgery for Your Hip
Benefits	• **Avoid the risks and side effects** associated with surgery • **Education and exercise** is an appropriate core treatment for all people with hip OA. • **Pain reduction** of ~27% from a targeted exercise program for hip OA as reported in data from GLA:D® Canada (www.gladcanada.ca)	• **All or almost all pain is gone within 6-12 months after surgery**. Most people have much less pain after hip replacement surgery and are able to return to many of their activities within 2 to 3 months. If you were to ask 100 people who had undergone this surgery 2 years prior, 90/100 would say almost all of their pain is gone. Most people feel better than they did prior to surgery and this means 10 people continue to have some pain after 2 years. Albertans rating their satisfaction with hip replacement surgery on a scale from 0 -10, where 0 is low satisfaction, and 10 is very satisfied, scored their satisfaction at 8.82/10 following surgery meaning that most are quite satisfied with the results of surgery.
Risks	• **Individual results vary** when applying education and exercise. You may not be able to relieve your pain enough with treatment like exercise or medicines to do your daily activities. • **Medication side effects**. Oral (by mouth) NSAIDS, the most effective medication for pain relief, have side effects in some people including upset stomach, stomach bleeding, heartburn, and skin rashes. They are not recommended for people with certain health conditions such as kidney disease, stomach problems or heart disease.	• **The usual risks of anesthesia.** Problems from anesthesia are not common, especially in people who are in good health overall. All anesthesia has some risk. • **Blood clots.** These can be dangerous if they block blood flow from the leg back to the heart or move to the lungs. They are more common in older people, those who are very overweight, those who have had blood clots before, and those who have cancer. In Alberta, almost 2% had a clot if they were obese, and 1.5% people experienced a clot if they were not obese within 6 months following their hip replacement.

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	• **Effects of delaying surgery.** If you decide to have surgery later, and your limited activity has already caused you to lose strength, flexibility, balance, or endurance, it may be harder to return to your normal activities	• **Blood transfusion.** About 3% of people undergoing hip replacement may require a blood transfusion due to blood loss. • **Wound-healing problems.** These are more common in people who take steroid medicines or who have diseases that affect the immune system, such as rheumatoid arthritis and diabetes. • **Infection.** People who have any sort of surgery including artificial joints, have a risk of infection around the material. In Alberta, 0.96% of people undergoing hip replacement had this complication. This can be a big problem and may require treatment with antibiotics and/or further surgery. • **Need to redo the surgery within 10 years.** About 5% of people that receive a hip replacement will require another surgery 10 years after their first surgery. • **Hip dislocation.** Less than 1% of people undergoing hip replacement experience this complication, which may require further surgery to repair. • **Feeling that one leg is longer than the other.** Although rare, this is a reported concern of some people following a hip replacement. • **Risk of heart attack**. All surgeries carry the risk of heart attack, and about 1% of people who have any type of surgery experience this complication. • **Risk of death.** Death may or may not be caused by the surgery itself. Within 3 months after surgery, less than 1% of people will die.

Treatment Comparisons for Knee Osteoarthritis (OA)

	Don't Have Surgery for Your Knee– Use Other Treatments	Have Surgery for Your Knee
Benefits	• **Avoid the risks and side effects** associated with surgery • **Education and exercise** is an appropriate core treatment for all people with knee osteoarthritis. • **Pain reduction** of ~27% from a targeted exercise program for knee OA as reported in data from GLAD® Canada. (www.gladcanada.ca). • **Weight loss** of ~5-10% of a person's total body weight in overweight or obese people with OA has a significant reduction in pain symptoms.	• **All or almost all pain is gone within 6 months after surgery**. Most people have much less pain after knee replacement surgery and are able to return to many of their activities. If you were to ask 100 people who had undergone this surgery 6 months prior, 80/100 would say their pain is gone. While most people report feeling better than before surgery, this means 20 people continue to have some pain after 6 months. Albertans rating their satisfaction with knee replacement surgery on a scale from 0 -10, where 0 is low satisfaction, and 10 is very satisfied, scored their satisfaction at 8.82/10 following surgery meaning that most are quite satisfied with the results of surgery.
Risks	• **Individual results vary** when applying education and exercise. You may not be able to relieve your pain enough with home treatment or medicines to do your daily activities. • **Medication side effects**. Oral (by mouth) NSAIDS, the most effective medication for pain relief, have side effects in some people including upset stomach, stomach bleeding, heartburn, and skin rashes. They are not recommended for people with certain health conditions such as kidney, stomach or heart problems.	• **The usual risks of anesthesia.** Problems from anesthesia are not common, especially in people who are in good health overall. All anesthesia has some risk. • **Blood clots.** These can be dangerous if they block blood flow from the leg back to the heart or move to the lungs. They are more common in older people, those who are very overweight, those who have had blood clots before, and those who have cancer. In Alberta, almost 2% of people had a clot if they were obese, and 1.5% experienced a clot if they were not obese within 6 months following their knee replacement. • **Blood transfusion.** About 3% of people undergoing knee replacement may require a blood transfusion due to blood loss.

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	• **Joint Injection side effects**. Steroid injections used for short term pain relief may have side effects such as accelerated joint breakdown, bone breakdown, or rapid joint destruction including bone loss. • **Effects of delaying surgery.** If you decide to have surgery later, and your limited activity has already caused you to lose strength, flexibility, balance, or endurance, it may be harder to return to your normal activities	• **Wound-healing problems.** These are more common in people who take steroid medicines or who have diseases that affect the immune system, such as rheumatoid arthritis and diabetes. • **Infection.** People who have any sort of artificial material in their bodies, including artificial joints, have a risk of infection around the material. In Alberta in 2017-2018, about 1 person out of every 300 receiving a knee replacement experienced an infection. This can be a big problem and may require treatment with antibiotics and/or further surgery. • **Instability in the joint.** The knee may be unstable or wobbly if the replacement parts are not properly aligned. You may need a second surgery to align the parts correctly so that your knee is stable. • **Lack of good range of motion.** After surgery, some people can't bend their knee far enough to do their daily activities, even after several weeks. Further surgery may be required. • **Dislocated kneecap.** If this happens, the kneecap may move to one side of the knee, and it will "pop" back when you bend your knee. It usually needs to be treated with another surgery. This problem is not common. • **Need to redo the surgery within 10 years.** About 5% of people that received a knee replacement will require another surgery 10 years after their first surgery. • **Risk of heart attack**. All surgeries carry the risk of heart attack, and about 1% of people who have any type of surgery experience this complication. • **Risk of death.** Death may or may not be caused by the surgery itself. Within 3 months after surgery, less than 1% of people will die.