Shared Decision Making and Diabetes Care

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The American Diabetes Association (ADA) recommends using shared decision making (SDM) to improve patient health outcomes and enhance health-related quality of life.

Elements of SDM have been shown to increase adherence by alleviating patient anxiety and improving the patient/clinician relationship. This document defines SDM and highlights its benefits, steps, implementation strategies, and barriers in order to help clinicians incorporate SDM into clinical practice.

Seek
Help
Assess
Reach
Evaluate

Shared decision making is the process by which the patient and family, along with the care provider, reach an agreement about a plan of care and treatment.

What is Shared Decision Making?

Shared decision making is the process by which the patient and family, along with the care provider, reach an agreement about a plan of care and treatment. It helps increase patients' understanding, satisfaction, and trust that decisions about their health care are right for them.[1] Important considerations are readiness of the patient and family for SDM, the availability of tools with understandable information about the benefits and harms of treatment options, and the use of strategies that identify and incorporate patient preferences.[2]

Benefits of Shared Decision Making[2,3]

Numerous benefits may result from using SDM, including:

- Greater knowledge of medications and understanding of risks
- Decreased patient anxiety
- Increased trust in clinicians
- Improved lifestyle and medication taking
- Improved quality of care
- Increased patient satisfaction

The ADA recommends a patient-centered communication style that uses person-centered and strength-based language and active listening; elicits patient preferences and beliefs; and assesses literacy, numeracy, and potential barriers to care. It should be used to optimize patient health outcomes and health-related quality of life.[4]

Steps to Engage in Shared Decision Making

The SHARE Approach[3] (Seek, Help, Assess, Reach, Evaluate) is a five-step process for SDM that includes examining and comparing the benefits and risks of each option through meaningful dialogue about what matters most to the patient. This stepwise approach can improve patient understanding and satisfaction while helping to move the decision making process forward.

STEPS	Communication Example
Seek your patient's participation.	"Having a new diagnosis and making decisions about treatment can be overwhelming. How about we work together to make a plan that works for you?"
Help your patient explore and compare treatment options. Discuss the options and review the financial costs, burdens of treatment, side effects, and benefits.	"Let me tell you what the research says about the benefits and risks of the medicines you are considering."
Assess your patient's values and preferences.	"What things are most important to you when deciding which option to take?"
Reach a decision with your patient.	"It is fine to take more time to think about the treatment choices. Would you like some more time, or are you ready to decide?"
Evaluate your patient's decision, and make plans to review the decision in the future.	"Please let me know whether or not you are satisfied with the medication at your follow up visits."

Strategies to Utilize and Implement Shared Decision Making

At a minimum, SDM should be included at the time of diagnosis, during difficulties with management, and at times of transition or when complications develop.[5] Patients with diabetes, multiple chronic conditions, unclear or complex social needs, and newly diagnosed conditions may benefit from SDM.[6]

Strategies for SDM include Motivational Interviewing, minimally disruptive medicine, health literacy universal precautions, the use of decision aids and tools, and other communication techniques, all of which are outlined below.

Motivational Interviewing[7]

Motivational Interviewing (MI) is a collaborative conversation style that prepares people for change by helping them resolve ambivalence that can prolong or delay decisions and strengthen their own motivation and commitment to change. Open questions, affirmations, reflective listening, and summaries (OARS) are core skills used in every aspect of MI. People tend to become more committed to what they hear themselves saying, and using OARS helps patients become clear about their preferences for care and treatment. For more information, access Cardi-OH's expanded resources on MI strategies.

Minimally Disruptive Medicine[6]

Minimally disruptive medicine (MDM) seeks to promote patient goals for health, health care, and life, using care programs designed and implemented in a manner that respects the capacity of patients and caregivers, and minimizes the treatment burden. Use of a discussion aid can help patients and clinicians quickly answer questions about what is going on in the patient's life and personalize care to life situations, illness, and treatment needs. In contrast to a decision aid, a discussion aid focuses on examining how health care fits into a patient's life. The discussion aid can be introduced at the front desk or while rooming to avoid workflow interruptions.

> **Using the My Life My Health Care Discussion Aid**
>
> The My Life My Health Care discussion aid is a helpful toolkit for implementing minimally disruptive medicine into clinical practice. The following videos provide case examples for implementation.
>
> Discussion aid video 1
> Discussion aid video 2

Health Literacy Universal Precautions[8]

Health literacy universal precautions are the steps that practices take when they assume all patients may have difficulty understanding health information and accessing health services. The goal of these precautions is to simplify communication and confirm comprehension for all patients. This makes the healthcare system easier to navigate and supports patients' efforts to improve their health. See the additional resources on page 6 for tools and tips to address health literacy in clinical practice and engage patients with low health literacy.

Decision Aids and Tools[6]

Decision aids provide information on issues that may be of interest to patients when discussing their management plan. These include potential HbA1C reduction, daily routine changes, low blood sugar risk, cost, daily sugar test frequency, adverse effects, and weight changes. See the additional resources on page 7 for tools and tips to implement shared decision making into clinical practice and examples for using decision aids.

Other Communication Techniques[4,9]

The goal of provider-patient communication is to establish a collaborative relationship and to assess and address self-management barriers without blaming patients for "noncompliance" or "nonadherence" when self-management outcomes are not optimal. Medical language is moving away from the term adherence. "Adherence," like "compliance," implies a dichotomy in which a person is either "adherent" or "nonadherent." When communicating with patients, it is recommended that clinicians replace "adherence" with patient sensitive language such as: medication taking, participation, involvement, and engagement.

Consider using language that is:

- Neutral, nonjudgmental, and based on facts, actions, or physiology and biology
- Free from stigma
- Strength-based, respectful, inclusive, and hopeful
- Collaborative between patients and providers
- Person-centered (e.g., "person with diabetes" is preferred over "diabetic")

A nonjudgmental approach that normalizes periodic lapses in self-management may help minimize a patient's resistance to reporting problems. Empathizing and using active listening techniques can help facilitate communication. Patients' perceptions about their own ability to self-manage diabetes is an important psychosocial factor related to improved diabetes self-management and treatment outcome, and should be a target of ongoing assessment, patient education, and treatment planning.

For more information, access Cardi-OH's expanded resource on language tools.

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Barriers and Facilitators to Shared Decision Making[10]

Numerous factors can negatively affect SDM. Below are many of the most common barriers, followed by techniques clinicians can use to overcome them and facilitate SDM with patients.

Barriers:

- Patient/clinician power imbalance
- Low health literacy
- Medical mistrust
- Fear and denial about diabetes diagnosis
- Family experience with diabetes complications
- Lack of self-efficacy
- Poor information-sharing and patient education
- Lack of validation of health concerns
- Lack of confidence in provider's medical knowledge
- Poor accessibility and availability of provider
- Poor interpersonal skills

Facilitators (techniques to address specific barriers):

- Ensure that low-literacy health materials are given (not just made available) to patients with diabetes
- Communicate with patients in "layman's terms"
- Direct patients to community resources
- Use "teach-back" and other evidence-based approaches to patient education
- Proactively enroll patients in diabetes education classes
- Begin conversations about familial experiences with diabetes and engage family members during appointments
- Ask patients about potential fears or concerns that arise from having diabetes
- Send affirming messages to patients about their diabetes management
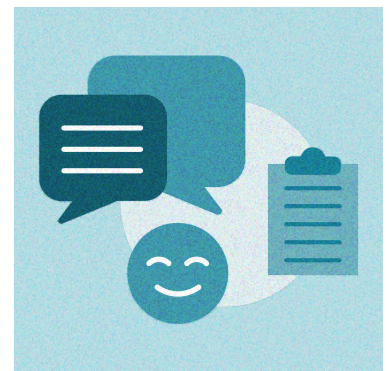
Conclusion

Shared decision making is an approach that facilitates a relationship between patient and clinician in which there is a bidirectional exchange of information, participation by both parties in the deliberation about a management plan, and agreement about the decision to implement.[5] Clinicians should explore with patients the outcomes of previous SDM opportunities, their ability to self-manage, prior efforts to change health behaviors, past treatment experiences (including reasons for discontinuing treatment), and relevant clinical outcomes.[2]

Addtional Resources

Listed below are specific resources to help clinicians incorporate health literacy universal precautions and decision aids and tools into Shared Decision Making with patients.

Health Literacy Universal Precautions

- **AHRQ Health Literacy Universal Precautions Toolkit, 2nd edition**[8]
  Tools to improve spoken communication, written communication, self-management and empowerment, and support systems. Appendices contain more than 25 resources such as sample forms, PowerPoint presentations, and worksheets.
  ahrq.gov/health-literacy/improve/precautions/toolkit.html

- **Guide to Implementing the Health Literacy Universal Precautions Toolkit**[8]
  Companion to the information and step-by-step guidance provided in the AHRQ Health Literacy Universal Precautions Toolkit.
  ahrq.gov/health-literacy/improve/precautions/guide/index.html

- **The Patient Education Materials Assessment Tool (PEMAT)**[11]
  Systematic method to evaluate and compare the understandability and actionability of patient education materials.
  ahrq.gov/health-literacy/patient-education/pemat.html

- **Automatic Readability Checker**[12]
  Tool that uses writing samples to assess the reading level and grade level of text.
  readabilityformulas.com/free-readability-formula-tests.php

- **Health Literacy and Shared Decision Making: A Reference Guide for Health Care Providers**[3]
  Fact sheet that provides an overview of health literacy challenges in the United States, addresses universal health literacy precautions, and provides practical tips health care providers can apply when presenting decision aids to people with limited health literacy or limited English proficiency.
  ahrq.gov/sites/default/files/wysiwyg/professionals/education/curriculum-tools/
  shareddecisionmaking/tools/tool-4/share-tool4.pdf

- **Health Literacy: Talking With Your Team**[9]
  Interactive presentation that serves as a guide for clinical practices to address health literacy in their patient population.
  cardi-oh.org/resources/health-literacy-talking-with-your-team

- **Tips for Engaging Patients With Low Health Literacy**[9]
  Evidence-based strategies to engage patients with low health literacy to improve clinician-patient communication.
  cardi-oh.org/resources/capsule-4--tips-for-engaging-patients-with-low-health-literacy

Decision Aids and Tools

- **Diabetes Medication Choice Decision Conversation Aid**
  Information on medications commonly used to treat type 2 diabetes.
  diabetesdecisionaid.mayoclinic.org/index

- **Diabetes Medication Choice[14]**
  Decision aid cards with information on medications commonly used to treat type 2 diabetes.
  carethatfits.org/diabetes-medication-choice/

- **Essential Steps of Shared Decision Making: Quick Reference Guide[3]**
  Describes the five steps of the SHARE Approach and encompasses the nine key elements of SDM. It identifies points at which patient-centered outcomes research resources can be introduced to facilitate SDM and to identify patient preferences.
  ahrq.gov/sites/default/files/wysiwyg/professionals/education/curriculum-tools/shareddecisionmaking/tools/tool-1/share-tool1.pdf

- **Essential Steps of Shared Decision Making: Expanded Reference Guide with Sample Conversation Starters[3]**
  Provides useful tips and sample dialogue that can be used to start a SDM dialogue with patients, introduce a decision aid, and clarify patient preferences during the patient-clinician encounter.
  ahrq.gov/sites/default/files/wysiwyg/professionals/education/curriculum-tools/shareddecisionmaking/tools/tool-2/share-tool2.pdf

- **Overcoming Communication Barriers With Your Patients: A Reference Guide for Health Care Providers[3]**
  Brief handout offering tips for overcoming communication challenges between patients and clinicians to facilitate SDM.
  ahrq.gov/sites/default/files/wysiwyg/professionals/education/curriculum-tools/shareddecisionmaking/tools/tool-3/share-tool3.pdf

- **Communicating Numbers to Your Patients: A Reference Guide for Health Care Providers[3]**
  Brief handout offering tips for workshop participants on how to convey risk information and numbers in understandable terms.
  ahrq.gov/sites/default/files/wysiwyg/professionals/education/curriculum-tools/shareddecisionmaking/tools/tool-5/share-tool5.pdf

- **Using the Teach-Back Technique: A Reference Guide for Health Care Providers[3]**
  Highlights effective teach-back techniques and describes the role of teach-back when sharing decision aids.
  ahrq.gov/sites/default/files/wysiwyg/professionals/education/curriculum-tools/shareddecisionmaking/tools/tool-6/share-tool6.pdf

- **Taking Steps Toward Cultural Competence: A Fact Sheet[3]**
  Helps workshop participants quickly assess whether they and/or their organization are taking steps toward delivering care and services that are culturally respectful and linguistically responsive.
  ahrq.gov/sites/default/files/wysiwyg/professionals/education/curriculum-tools/shareddecisionmaking/tools/tool-7/share-tool7.pdf

- **Putting Shared Decision Making Into Practice: A User's Guide for Clinical Teams[3]**
  Supports ongoing efforts among health care providers to use current and reliable evidence in everyday clinical decision making.
  ahrq.gov/sites/default/files/wysiwyg/professionals/education/curriculum-tools/shareddecisionmaking/tools/tool-8/share-tool8.pdf

- **Achieving Patient-Centered Care with Shared Decision Making: A Brief for Administrators and Practice Leaders[3]**
  Highlights the benefits of using patient-centered outcomes research and SDM, and various incentives for adopting these processes in the clinical practice setting.
  ahrq.gov/sites/default/files/wysiwyg/professionals/education/curriculum-tools/shareddecisionmaking/tools/tool-9/share-tool9.pdf

- **The SHARE Approach At-A-Glance Poster[3]**
  Clinician poster that outlines the key steps of the SHARE Approach SDM process.
  ahrq.gov/sites/default/files/wysiwyg/professionals/education/curriculum-tools/shareddecisionmaking/tools/shareposter/shareposter.pdf

- **Know Your Options Poster[3]**
  Highlights three must-ask questions for patients, and is intended to be placed in a patient-facing area such as the waiting room or exam room.
  ahrq.gov/sites/default/files/wysiwyg/professionals/education/curriculum-tools/shareddecisionmaking/tools/optionsposter/optionsposter.pdf

- **Social Needs Screening Tools[9]**
  Screening tools for healthcare organizations interested in implementing social needs screening.
  cardi-oh.org/resources/social-needs-screening-tools

- **Five Pearls for Motivational Interviewing[9]**
  Resource for using Motivational Interviewing as an evidence-based approach to guide patients toward positive change.
  cardi-oh.org/resources/capsule-5--five-pearls-for-motivational-interviewing

- **Principles of Motivational Interviewing[9]**
  Resource for using Motivational Interviewing as an evidence-based approach to guide patients toward positive change.
  cardi-oh.org/resources/principles-of-motivational-interviewing

- **Clinician's Pocket Guide on Motivational Interviewing[9]**
  Resource to support clinicians' use of Motivational Interviewing when counseling patients.
  cardi-oh.org/resources/clinicians-pocket-guide-on-motivational-interviewing

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