A multi-component implementation of shared decision making for uterine fibroids treatment

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#PCORI2018

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For Health Policy & Clinical Practice
Background

- About 50% of women of reproductive age have fibroids, half with symptoms
- Related symptoms substantially impair quality of life and can cause higher healthcare costs

Shared decision making helps because treatments have different burdens and consequences, e.g. work loss, impact on fertility, so the choice of options is sensitive to individual preferences

“We will include new comparative effectiveness evidence about uterine fibroid treatments into a shared decision making implementation strategy ...”

“We will use encounter patient decision aids - Option Grids™ - that have substantial proof of effectiveness across many practice settings ...”
PCORI Evidence PI Velentgas  
Contract CE-12-11-4430

Fibroid treatment procedure volumes  
> 500 institutions, Jan 2005 - Dec 2011

<table>
<thead>
<tr>
<th>Procedure Options</th>
<th>*n=3547</th>
<th>**n=8687</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hysterectomy</td>
<td>78%</td>
<td>70%</td>
</tr>
<tr>
<td>Endometrial ablation</td>
<td>15%</td>
<td>15%</td>
</tr>
<tr>
<td>Myomectomy</td>
<td>7%</td>
<td>12%</td>
</tr>
<tr>
<td>Uterine artery embolization</td>
<td>1%</td>
<td>3%</td>
</tr>
</tbody>
</table>

COMPASS COMparative effectiveness and PAtient Safety and Surveillance *

Q-EMR=Quintiles Electronic Medical Record System **
Let's work as a team to make a decision that suits you best. Work together, describe choices, offer support, and ask about goals.

Organizational Assessment: Measure of Organisational Readiness for Patient Engagement (MORE)

Implementation Assessment & Process Evaluation
Clinician attitude to PDAs & Three-talk model of Shared Decision Making
Utility of tools and approach
Observation data to assess shared decision making process Observer OPTION-5
% of eligible patients receiving intervention
Stakeholder interviews NOMAD Toolkit- Normalization Process Theory

Patient Surveys
- Patient experience collabor*RATE
- Fibroid symptoms UFS-QOL
- Health literacy (Chew-1-item)
- Financial toxicity (COST Measure)

Sustained Adoption 1) SDM process, 2) use of PDAs 3) treatment decisions.
Consolidated Framework for Implementation Research (Laura Damschroder) & Normalization Process Theory (Carl May)

Multicomponent SDM Approach

- Measuring organizational readiness in order to address clinical & system-level factors
- Tailored SOM training adapted to contextual preferences
- Option Grid: Picture, text and online versions used in the clinic visit
- Integration of SDM approach & new evidence into existing clinical practice guidelines

Patient Level Effects

- Increased shared decision making
- Reduced symptom scores
- Reduced financial toxicity
- Differences in treatment choices

Clinical & System Level Effects

- Intervention uptake (primary outcome)
- High fidelity of SOM approach
- Perceived high utility of tools
- Reduced healthcare utilization
- Normalization achieved (NPT evaluation)

Implementation Sustainability

Sustained use beyond active implementation
**Option Grid™ encounter patient decision aids**

- Meet Washington State Certification Criteria, based on International Patient Decision Aids Standards (IPDAS)
- Produced by EBSCO Health using DynaMed Plus Evidence System

**Adaptations**

- Maintained in English and Spanish
- New **Picture** Option Grid version
- Printed and online versions
- Integrated into EHRs where feasible

<table>
<thead>
<tr>
<th>Patient Questions</th>
<th>Endometrial ablation</th>
<th>Hysterectomy</th>
</tr>
</thead>
<tbody>
<tr>
<td>What does the treatment involve?</td>
<td>An instrument will be used to remove the lining of your uterus using heat, or cold, or microwave energy. This takes less than an hour and you usually go home the same day. Discuss costs.</td>
<td>You will have surgery to remove your uterus. You will stay in the hospital for 1 to 2 days. It may take up to 6 weeks to recover. Discuss costs.</td>
</tr>
<tr>
<td>Will I bleed less?</td>
<td>Out of 100 women 1 year after endometrial ablation, up to:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- 63 (63%) stop getting their period</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- 93 (93%) no longer need extra pads/tampons when they get a period</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- 100 (100%) go about usual activities without bother from heavy bleeding during their period.</td>
<td>You will stop getting your period, but you may have spotting for the first few months</td>
</tr>
</tbody>
</table>
Five implementation settings

Montefiore Medical Center, Bronx, NY (n=1,000)
Mayo Clinic, Rochester, MN (n=500)
Barnes-Jewish Hospital, St. Louis, MI (n=300)
Brigham and Women’s, Boston, MA (n=700)
Dartmouth-Hitchcock Medical Center, Hanover, NH (n=100)
## Implementation Strategy & Patient-Centered Outcome Measures

<table>
<thead>
<tr>
<th>Contextual &amp; Implementation Evaluation</th>
<th>Patient Outcomes &amp; Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organizational readiness (MORE)</td>
<td>UFS-QOL (symptom scale)</td>
</tr>
<tr>
<td>Clinician attitudes to PDAs (ADOPT)</td>
<td>collaboRATE</td>
</tr>
<tr>
<td>Intervention fidelity using Observer OPTION-5</td>
<td>Financial toxicity measure (COST)</td>
</tr>
<tr>
<td>% of eligible patients receiving intervention</td>
<td>Resource utilization (ambulatory &amp; hospital)</td>
</tr>
<tr>
<td>Utility of tools and approach (clinician interviews)</td>
<td>Intended / received treatment</td>
</tr>
<tr>
<td>Normalization Process Theory NOMAD Toolkit</td>
<td>Health literacy (Chew), insurance &amp; demographics</td>
</tr>
</tbody>
</table>

We estimate approximately 30% of patients will complete surveys (n=800)
Patient and Stakeholder Roles

**Stakeholder Partners**
- Priscilla Velentgas (Stakeholder Partnership Council)
- Two implementation experts
  - Trudy van der Weijden
  - Rachel Thompson

**ACOG & Primary Care Engagement**
- Tina Foster (ACOG)
- Nan Cochran (Primary Care Practitioner)

**Five Patient Partners**
- Including Directors:
  - National Uterine Fibroids Foundation
  - The Fibroid Foundation

**Site Readiness**
- Measure of Organizational Readiness completed by:
  - 11 stakeholders at each site (n=55)

**Community Advisory Board (CAB)**
- Participatory research approach - with quarterly meetings of stakeholders and patient partners to discuss progress

**Implementation Steering Group**
- Quarterly meeting of all project members including consultants, patient and stakeholder partners, and invited CAB representative
Questions?
Thank You

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