Incorporating Shared Decision Making into Informed Consent Documentation

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[Disclosure of Interest]
Agenda

• Overview of standards for Informed Consent and Shared Decision Making
• Regulations governing the practice of SDM for CPMs
• Documentation of Shared Decision Making in the Client Record
• NACPM Practice Committees and Resources
• Questions, Discussion and Review
Informed Consent and Refusal are Universal Rights of Childbearing Women

http://whiteribbonalliance.org/impact/respectful-maternity-care/
Informed Consent Standards

**Clinician Standard**

- Clinicians should disclose what they think a reasonable patient should know

**Patient Standard**

- Clinicians should disclose what a reasonable patient would want to know
Problems with the Clinician Standard

• Clinician-centered rather than patient-centered
• Vulnerable to bias
• Very likely to fall short of what patients want to know

*Increasing number of states use patient standard.*
Problems with Patient Standard

- How do we define “reasonable”?
- Are we confident that we would know what reasonable patients would want to know?
- See Evidence Informed Practice (Dr. Courtney Everson)
The “Silent Misdiagnosis”

• Evidence that clinicians are poor at predicting patient preferences
• Inadequate research about patient preferences
• Patient knowledge and preferences vary

Source: http://www.kingsfund.org.uk/
Informed Consent Reality

- Inadequate time for informed decision making
- Financial disincentives
- Low health literacy/numeracy
- Clinicians lack skills and time to stay up to date on the literature
- Focus often on clinician need for liability protection, not on the needs and rights of patients

_Informed consent as a piece of paper, not a process_

photo credit: http://www.flickr.com/photos/denisemattox/4413044798/
Informed Consent in the Maternity Care Context

Unique challenges
- need to weigh fetal/newborn concerns
- altered state of consciousness in labor
- “climate of doubt”

Unique opportunities
- plenty of time to anticipate most common decisions and scenarios
- childbearing women generally eager for information
IC Reality in Maternity Care

- Data from 2,400 women who gave birth to singleton, live infants in 2011-2012.
- Online interviews
- Weighted and validated
- Conducted by Childbirth Connection and Harris Interactive, funded by Kellogg Foundation
Evidence of Inadequate Informed Consent

46% of women interested in a VBAC were denied the option

Caregiver unwillingness (24%) or hospital unwillingness (15%) accounted for much of the gap.
Evidence of Inadequate Informed Consent

Mothers’ experience of pressure to have three interventions, by whether mothers had intervention

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Experience of pressure among mothers who did not have intervention*</th>
<th>Experience of pressure among mothers who had intervention</th>
<th>Experience of pressure among all mothers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Labor induction</td>
<td>8%</td>
<td>25%</td>
<td>15%</td>
</tr>
<tr>
<td>Epidural analgesia</td>
<td>19%</td>
<td>13%</td>
<td>15%</td>
</tr>
<tr>
<td>Cesarean section</td>
<td>8%</td>
<td>25%</td>
<td>13%</td>
</tr>
<tr>
<td>Primary cesarean</td>
<td>7%</td>
<td>28%</td>
<td>11%</td>
</tr>
<tr>
<td>Repeat cesarean</td>
<td>28%**</td>
<td>22%</td>
<td>23%</td>
</tr>
</tbody>
</table>

*p < .01 for all comparisons between those receiving an intervention and those who did not

**Mothers having a VBAC

transform.childbirthconnection.org/reports/listeningtomothers
Summary of Problems with Informed Consent

• Inadequate *standards* for informed consent
• Inadequate *processes* for informed consent
• Clear evidence that most health care decisions remain uninformed
• Caregiver attitudes, preferences, and incentives strongly impact use of interventions
Solution: Shared Decision Making

“Shared decision making (SDM) is a collaborative process that allows patients and their providers to make health care treatment decisions together, taking into account the best scientific evidence available, as well as the patient’s values and preferences.”

www.informedmedicaldecisions.org
Six Steps to Shared Decision Making

http://informedmedicaldecisions.org/shared-decision-making-in-practice/tools-for-providers/
Six Steps to Shared Decision Making

1. **Invite the patient to participate**
   - they may not realize they are making a decision

2. **Present options**
   - including the option of doing nothing

3. **Provide information on benefits and risks**
   - quantify if possible

4. **Assist patients in evaluating options based on their goals/concerns**
   - no one choice is right for all people

5. **Facilitate deliberation and decision making**
   - deal with lingering concerns or questions

6. **Assist with implementation**
   - plan next steps
Shared Decision Making

Facilitates decision making when:
- multiple reasonable options
- insufficient outcomes data, leading to clinical uncertainty among options
- trade-offs among benefits and harms
- Standard of care and patient preference are not aligned

These are known as “preference-sensitive” decisions:

- Planned vaginal breech birth vs. planned c-section
- Induction or expectant management for many indications
- planned VBAC vs. planned repeat cesarean
Decision Aids

Tools or technologies designed to facilitate SDM
  • print
  • DVD
  • web
  • patient portal of EHR (Care Guide!)
  • mobile app

Certified Decision Aids-
  • developed and evaluated according to international standards. (IPDAS)
International Patient Decision Aid Standards (IPDAS)

• Provide information about *options* in sufficient detail for decision making

• Present *probabilities* of outcomes in an unbiased and understandable way

• Include methods for clarifying and expressing patients’ *values*

• Include structured *guidance* in deliberation and communication
State and National Practice Guidelines

Practice Guidelines set the Standard of Care for practice of the profession.

• Creation of and adherence to these guidelines protects the provider in situations where midwifery and medical standard are not aligned.

• Practice Committees can and should develop client focused educational materials and decision aids that incorporate principles of IPDAS. (more at the end on this)
SDM Implementation
Select Implementation Strategies

- Secure clinician champions
- Ensure adequate training of clinicians and support staff
- Integrate with appointment systems, clinical checklists, or patient portals
- “Warm hand-off”
- Engage care coordinators, health coaches, and health educators
- Measure and report feedback
Is SDM Feasible?

Commonly cited barriers to SDM:

- Takes too much time
- Patients do not want to participate in decisions
- Patients will not understand the clinical information
- Decision aids not relevant to individual circumstances

Not borne out by the evidence.

SDM may actually help, change management is the key
“No fateful decisions in the face of avoidable ignorance.”

“The care patients need and no less, the care they want and no more.”

– Al Mulley, MD
Documentation of SDM

Strategies for Success:

• Understand the workflow and steps for SDM
• Adequately train all staff on how to provide SDM
• Incorporate SDM checklists in EHR or paper checklists
SDM Documentation Checklist:

✓ Delivery of a message/conversation about the topic within a reasonable timeframe for the patient to learn about the issue and make an informed decision.

✓ Provision of a decision aid or best available information on the topic that provides clear choices and steps for the patient to take.

✓ Decision by the client (not the provider) in the record. eConsent or paper signature

✓ Access to the record of conversation, information and decision made directly to the patient.

✓ Steps made on the part of the provider to help implement the decision that was made.
Maternity Neighborhood Care Guide

24/7 Access
24/7 access for patients

Filter & Find
Easily filter and find resources for your patients

Assess Engagement
Reports on resources read, favorited and discussed
Care Guide is free to our EHR users (and coming soon: AABC members)

Patient & Care Team Collaboration

Patients can engage their care team directly from the resource so questions are not forgotten or overlooked

Seamless Integration

Integration with other HIT apps and EHRs allow for seamless, enhanced messaging with patients
Content Included:

Curating evidence-based patient education content from these current partners:

Non-revenue contracts provide content creators insight into quality and relevance of branded content.
Auto Delivery

Personalized
Personalized content delivery schedule

Customizable
Sent by gestational age or condition

Flexible
Flexible and customizable by providers

Valuable
High value marketing tool to pregnant women
Collaborative Communication

**Personalization**
Personalize decision making with a message from a care provider or health educator

**Clarity & Consistency**
Provide clear and consistent information about choices

**Timeliness**
Enable time for questions before decisions are made
Thanks!

Questions:

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