

The **SHARE** Approach

Achieving Patient-Centered Care With Shared Decision Making: A Brief for Administrators and Practice Leaders

Workshop Curriculum: Tool 9

The SHARE Approach is a five-step model, curriculum, and toolkit for shared decision making developed by the Agency for Healthcare Research and Quality. The SHARE Approach aims to help healthcare professionals work with patients to explore and compare healthcare options through meaningful dialogue about what matters most to the patient and to make the best possible healthcare decisions.

Achieving Patient-Centered Care With Shared Decision Making

This document is designed to help you understand how using shared decision making can help your practice:

- Improve patient experience of care, quality, and satisfaction;
- Improve health outcomes;
- Lower costs; and
- Become recognized as a patient-centered medical home (PCMH) or accountable care organization (ACO).

Aligned With the Triple Aim

Shared decision making can help your organization or practice meet the three aims of the U.S. Department of Health and Human Services National Quality Strategy¹ and the Institute for Healthcare Improvement's Triple Aim² Initiative.



What is shared decision making?

Shared decision making occurs when a healthcare provider and a patient (including family members or caregivers) work together to make a healthcare decision that is best for the patient.

The optimal decision takes into account the evidence-based information about available options, provider's knowledge and experience, and patient's values, preferences, and situation.

What will implementing shared decision making involve?

Implementing shared decision making in your organization requires your leadership. Staff may need to be trained in what shared decision making is and how to implement it. Your organization also may need to change staff assignments, workflow, and resources, which will need your guidance and approval.

AHRQ provides a free curriculum and toolkit to support your investment in shared decision making as your organization transitions to patient-centered care.

“Implementing shared decision making will help organizations in their efforts to achieve the Triple Aim of better care, better health, and lower costs.”³

Shared Decision Making Improves Patient Experience of Care

Numerous studies have shown that shared decision making improves patients' satisfaction with, and involvement in, their healthcare.⁴

Using decision aids and other tools to encourage shared decision making also helps patients feel more engaged in decisions and increases satisfaction with care.

A 2014 systematic review⁵ composed of 115 controlled studies involving 34,444 participants reported that providing patients with decision aids regarding their health treatment or screening decisions:

- Improves patient knowledge regarding their options.
- Reduces patients' decisional conflict.
- Increases patients' active role in decision making.
- Improves accurate risk perceptions of possible benefits and harms among patients.
- Increases the likelihood that patients' choices are more consistent with their values.
- Enhances communication between patients and their clinicians.

In another systematic review of 11 randomized controlled trials, shared decision making with the use of patient decision aids was observed to improve patient satisfaction and reduce the prevalence of invasive procedures when patients were educated on all the treatment options available to them. For a number of conditions, patients were less likely to opt for invasive procedures when fully informed about the risks and benefits of the various options.⁶

Shared Decision Making Improves Adherence and Outcomes

Evidence shows that supporting people in shared decision making can improve health outcomes and the extent to which patients adhere to their treatment. For example, a randomized trial involving patients with poorly controlled asthma found that patients who were engaged in shared decision making demonstrated greater adherence to their treatment and achieved better clinical outcomes such as quality of life, symptom control, and lung function over a 2-year period.⁷

Another study that surveyed 212 people with diabetes found that patients who participated in shared decision making with their physicians reported better self-monitoring and improved blood pressure results.⁸ In addition, a randomized trial of a patient-activation tool for heart failure medication showed that 29.7 percent of patients in the control group received guideline-concordant medical therapy versus 49 percent in the intervention group.⁹ Further research is needed to achieve a better understanding about the impact of shared decision making on long-term health outcomes.¹⁰

Shared Decision Making May Lower Costs

A 2014 Cochrane review of decision aids found that shared decision making may be associated with reduction of costs in the context of overuse; that is, when costly interventions have similarly beneficial and less costly alternatives. For example, the use of patient decision aids in shared decision making for preference-sensitive conditions has been shown to reduce patients' selection of major elective invasive surgery in favor of more conservative treatment options.^{5,6}

Shared Decision Making Helps You Meet National Certification Requirements

If your organization is seeking to become recognized or certified as a PCMH or ACO, incorporating shared decision making into your clinical practice can help you achieve your goal.

Major organizations, including the National Committee for Quality Assurance, the Accreditation Association for Ambulatory Health Care, and the Joint Commission, have included standards related to shared decision making in their recognition and certification requirements. The Resources section has links to these requirements.

National Healthcare Legislation

The 2010 Patient Protection and Affordable Care Act (ACA) and other health-related legislation provide incentives to healthcare providers to use shared decision making to facilitate patient-centered care. For example, the ACA established ACOs as a new model of care delivery.

As an ACO, providers can continue to receive traditional Medicare fee-for-service payments under Parts A and B. They can also be eligible for additional payments if they meet specified quality and savings requirements, including having a process in place for communicating clinical knowledge or evidence-based medicine to beneficiaries in a way that is understandable to them. This process should allow beneficiary engagement and shared decision making that takes into account the beneficiaries' unique needs, preferences, values, and priorities.

State Healthcare Legislation

In addition to Federal legislation, eight States (as of 2013) have included shared decision making in legislation or are considering including shared decision making in their laws.

For example, in 2007, Washington State passed legislation on informed consent that established shared decision making and the use of certified patient decision aids as prima facie evidence of patients' informed consent.

In 2010, Minnesota incorporated shared decision making into healthcare home certification standards, while Massachusetts passed legislation to establish ACOs to reduce costs, improve quality of care, and promote patient-centered care. Massachusetts included shared decision making as one of its key criteria for ACO establishment.

AHRQ's Shared Decision Making Resources

Among the resources on the AHRQ website is the SHARE Approach model, workshop curriculum, and toolkit (www.ahrq.gov/shareddecisionmaking). This resource supports healthcare professionals' implementation of shared decision making and enhanced patient-provider communication. It includes basic information on implementation of shared decision making, specific communication skills, dialogue with patients, and resources and educational materials to augment use of evidence-based practice with shared decision making in real life clinic settings.

- [Putting Shared Decision Making Into Practice: A User's Guide for Clinical Teams \(Tool 8\)](#) provides strategies for introducing shared decision making in your organization and taking it to scale.

Other Resources

- Decision Aid Library Inventory (DALI), a searchable database of publicly available, evidence-based patient decision aids, is online at <http://decisionaid.ohri.ca/index.html>.
- Approved Standards and Elements of Performance for The Joint Commission Primary Care Medical Home Option is online at http://www.jointcommission.org/assets/1/18/Primary_Care_Home_Posting_Report_20110519.pdf.
- The National Committee for Quality Assurance Patient-Centered Medical Home Recognition Program is online at <http://www.ncqa.org/Programs/Recognition/PatientCenteredMedicalHomePCMH.aspx>.

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This tool is to be used in conjunction with the Agency for Healthcare Research and Quality's SHARE Approach workshop. To learn more about the workshop, visit www.ahrq.gov/shareddecisionmaking.



AHRQ Pub. No. 21-0015-9-EF
Replaces AHRQ Pub No. 14-0034-9-EF
April 2021

www.ahrq.gov