

The **SHARE** Approach Putting Shared Decision Making Into Practice: A User's Guide for Clinical Teams

Workshop Curriculum: Tool 8

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.

Shared decision making occurs when a healthcare provider and a patient work together to make a healthcare decision that is best for the patient. The optimal decision takes into account evidence-based information about the available options, provider's knowledge and experience, and patient's values, preferences, and situation.

The SHARE Approach presents a five-step process for shared decision making that includes exploring and comparing the benefits, harms, and risks of each healthcare option through meaningful dialogue about what matters most to the patient.

Introduction

This user's guide is designed to help you and your practice implement shared decision making between clinicians and patients to improve healthcare for all. (Note that references to patients in this guide also include caregivers and family members.)

Implementing shared decision making in your practice encourages your patients to be more involved in their healthcare decisions. This approach may differ from "usual practice" that, according to numerous studies,¹⁻⁴ does not always include asking patients their preferred role in the decision-making process, adjusting care to meet patients' preferences, or using evidence-based decision aids and other tools to support patient decision making.



The SHARE Approach

Essential Steps of Shared Decision Making

Step 1: **S**eek your patient's participation.

Step 2: **H**elp your patient explore and compare healthcare options.

Step 3: **A**ssess your patient's values, preferences, and situation.

Step 4: **R**each a decision with your patient.

Step 5: **E**valuate your patient's decision.

Inside This Guide

This guide highlights a number of “how to” strategies for starting, maintaining, and evaluating a shared decision making program in clinical practice settings of all sizes. It is supplemented with numerous case examples from a number of organizations that have implemented shared decision making in varied ways to improve the quality of care they provide to their patients.

Information and suggestions in this guide are based on a growing body of research, as well as interviews with healthcare experts who have implemented evidence-based shared decision making.

How To Put Shared Decision Making Into Practice

Just like introducing any other innovation into practice, implementing shared decision making requires leadership and a coordinated plan to make it work. Below are some of the key activities that a clinical practice should consider as part of the shared decision making planning process. Each activity is described in the subsections that follow. Additional resources that you may find helpful are described at the end of this user's guide.

Key Activities

1. Get leadership buy-in.
2. Develop an implementation team.
3. Select an approach that is tailored to your practice.
4. Provide training and ongoing support to all staff.
5. Start small; then take it to scale.
6. Create a physical setting for shared decision making.
7. Create a library of evidence-based educational resources and decision aids.
8. Streamline shared decision making work processes into day-to-day operations.
9. Evaluate the ongoing implementation of shared decision making.

1. Get Leadership Buy-in

Obtaining the full commitment and support of practice leaders and administrators is critical to successfully implementing shared decision making. Getting buy-in is the first step in changing the organizational culture to be more supportive of patient-centered care, including shared decision making.

AHRQ's [Achieving Patient-Centered Care With Shared Decision Making: A Brief for Administrators and Practice Leaders](#) (Tool 9) contains information about shared decision making and how adopting this patient-centered method can help practices meet the mandates of patient-centered laws and programs. This tool should be shared and discussed with administrators who make the decisions in the practice. Deciding to implement shared decision making and use evidence-based educational materials in the practice starts at the top of the administrative chain of command.

In addition to leadership buy-in, it helps to have a shared decision making champion on board—someone who is widely respected by other staff members, committed to the value of shared decision making, and willing to engage others.

2. Develop a Shared Decision Making Implementation Team

Start your implementation by developing a shared decision making team. Having a team will engage staff who can help develop a suitable approach for your clinical setting. Potential members may include the following staff:

- Physician, physician assistant, or nurse practitioner
- Health educator, decision coach, or nurse
- Member of the administrative team
- Member of the front desk staff
- Other healthcare team members (e.g., pharmacist, psychologist)

Responsibilities of the shared decision making team include:

- Developing a shared decision making implementation plan.
- Identifying potential barriers to implementation and developing creative solutions.
- Developing a process for identifying eligible patients.
- Reviewing patient decision support materials.
- Providing training for clinicians and other team members.
- Choosing an approach for disseminating materials to patients.
- Monitoring the ongoing adoption of shared decision making tools and practices.

3. Select an Approach Tailored to Your Practice

The examples provided in this document show that shared decision making can be implemented in many different ways. For example, treating clinicians and other clinical support staff can use decision aids and other evidence-based resources directly with patients during visits. Some institutions hire health coaches or health educators to work closely with patients to outline their options about treatments or next steps in their care. Other practices send patients a decision aid or a written recommendation to review a patient decision aid available on a specific website before their office visit.

Think about what approach will work best for your practice so you can plan your shared decision making approach effectively. Share your plans with clinic staff and incorporate their feedback into your plan to maximize acceptance.

Address Time Concerns Proactively

Many clinicians don't understand that implementing a shared decision making approach doesn't have to take more time. It's an understandable concern, since healthcare professionals already think they have too little time with patients. However, studies have found that with training, clinicians can implement shared decision making without increasing the length of the consultation time.⁵⁻⁷

4. Provide Training to All Staff

All staff members who interact with patients need to understand shared decision making and their role in the shared decision making process.

AHRQ's SHARE Approach curriculum and toolkit are designed to provide basic information on how to implement shared decision making in practice, specific communication skills, and dialogue with patients. They also help users find resources and educational materials to augment use of evidence-based practice with shared decision making in real-life clinic settings (www.ahrq.gov/shareddecisionmaking).

Provide Ongoing Support

A one-time training—no matter how well executed—is insufficient to establish shared decision making as an element of usual care in your practice. Clinicians who interact with patients in shared decision making encounters need ongoing supportive training to truly integrate the use of appropriate evidence-based resources and shared decision making into their regular practice.

Ongoing coaching can help clinicians master this new skill. Coaching strategies may include quick reviews immediately after a clinician-patient encounter or recording encounters for more detailed review later.

It can be hard to squeeze adequate training time into a clinician's busy day, but it can be done.

Shawn Mincer, M.S.W., Research Coordinator in the Department of Anesthesiology and Pain Medicine, School of Medicine, University of Washington, noted that trainers met with surgeons for quick 5-minute reviews between patients (personal interview, August 7, 2013).

You may find that regular staff meetings or scheduled inservice days also provide opportunities for more intensive trainings of 1 hour or more.

5. Start Small; Then Take It to Scale

Begin your introduction of shared decision making as a pilot program in one department that shows strong interest in participating. Decide which clinical procedures or treatments your practice wants to focus on first, and gather resources specific to those procedures.

Starting small will allow you to test specific approaches and discover what works best for your practice. Once you have successfully integrated shared decision making into one department (or for one health condition), begin introducing it to additional departments or for other health conditions, testing it carefully in each one before moving on. As staff become more comfortable with shared decision making and begin to see its benefits, their successes will become your best advertisement for this approach in other departments.

6. Create a Physical Setting for Shared Decision Making

Depending on how your practice decides to implement shared decision making, you may need to address practical, logistical issues in your shared decision making plan.

If your approach includes reviewing decision aids with patients or having them review such information onsite, you will need to create a comfortable space for them to use. You may also need to obtain equipment, such as laptop computers or tablets, that patients can use to review aids that include audiovisual components.

7. Create a Library of Evidence-Based Educational Resources and Patient Decision Aids To Support Shared Decision Making

Several organizations offer evidence-based educational resources and patient decision aids to support shared decision making, such as the following:

- **Decision Aid Library Inventory (DALI)** (<http://decisionaid.ohri.ca/index.html>) is a searchable database of publicly available, evidence-based patient decision aids. This resource is made available by the Ottawa Hospital Research Institute.
- **Cochrane Musculoskeletal Group** (<http://musculoskeletal.cochrane.org/decision-aids>) is a division of Cochrane that has developed a number of patient decision aids for specific topics related to osteoarthritis, osteoporosis, and rheumatoid arthritis. These products are specifically designed to provide evidence-based information about a treatment option, including benefits, harms, probabilities, and scientific uncertainties; help people clarify the value they place on the benefits, harms, and scientific uncertainties by describing the options; and ask people which benefits and harms matter most to them.
- **Informed Medical Decisions Foundation (IMDF)** (<http://www.informedmedicaldecisions.org/>) works to advance shared decision making through research, policy, clinical models, and patient decision aids.

- **Mayo Clinic Shared Decision Making National Resource Center** (<http://shareddecisions.mayoclinic.org/>) combines user-centered design methods, knowledge synthesis, communication science, patient-clinician conversation analysis, pragmatic practice-based clinical trial experience, and implementation science to develop, test, and implement shared decision making tools at the point of care, for chronic and acute conditions, and across various contexts, populations, and settings. Some of these tools are integrated, to different extents, into electronic medical records, yet remain directly and freely available online.

It is challenging to translate the probabilistic nature of the evidence about treatments when discussing the risks and benefits of treatment options with patients.

Decision aids with pictures and scripts are very helpful to successfully translate evidence in an understandable way for patients, according to France Légaré, M.D., Professor, Department of Family and Emergency Medicine, Université Laval, Quebec, Canada (personal interview, July 16, 2013).

8. Streamline Work Processes

Once you've decided on an approach and gotten some shared decision making implementation experience, consider ways to streamline the shared decision making work process. Streamlining the process so it is not a burden to anyone is a key to successful implementation. Two examples of streamlining are described below.

Massachusetts General Hospital, a shared decision making demonstration site of the Informed Medical Decisions Foundation (IMDF), designed its shared decision making process so that primary care providers can prescribe a decision aid through a patient's medical record. To do so, Massachusetts General implemented a standardized four-step process:

1. The provider determines that a patient is eligible for a decision aid. If determined during a visit, the provider discusses the program with the patient.
2. The provider "prescribes" a decision aid through the electronic medical record.
3. Staff from the hospitals' Maxwell & Eleanor Blum Patient and Family Learning Center mails the decision aid to the patient, along with a return envelope and an evaluation questionnaire.
4. A note is automatically generated in the electronic medical record documenting that a decision aid was sent to the patient.

At the University of North Carolina (UNC), also an IMDF demonstration site, patients who are eligible for a decision aid are identified through a sophisticated clinical information system that uses clinical, lab, and billing data, as well as patient responses to an online questionnaire. These patients are then provided information in one of the following ways:

- They are mailed or emailed a request to visit UNC's website before their next visit to review a specific patient decision aid.
- They are sent the decision aid in the mail.
- They are provided with the decision aid directly from their healthcare provider.

Streamlining the work process in ways like these allows you to easily integrate shared decision making into the day-to-day operations of your practice.

9. Evaluate Shared Decision Making Implementation

Evaluating implementation allows you to fine-tune the practice of shared decision making in your unique practice setting. Various instruments are available to measure components of shared decision making processes, including patient experiences and clinician actions toward shared decision making.

Refer to the Resources for Evaluating the Implementation of Shared Decision Making in Clinical Practice section at the end of this guide for more information.

Make sharing stories part of the process.

Over time, enthusiasm for shared decision making may wane. To address this issue, regularly share success stories of your implementation efforts.

These stories, which can be shared orally in meetings and through email and other written communications, serve as memorable reminders of the value of implementing shared decision making.

Resources for Evaluating Patient Education Materials

Not all decision aids are created equal. As shared decision making and patient-centered care become more widespread, a variety of developers is entering the decision aid market. Here are some tools to help you evaluate the quality and usability of patient decision aids and other evidence-based resources.

1. The IPDAS Collaboration (<http://ipdas.ohri.ca/>) is a group of researchers, practitioners, and stakeholders from around the world. It has established a set of internationally approved criteria for determining the quality of patient decision aids using an evidence-informed framework.
2. The Patient Education Materials Assessment Tool (PEMAT) (<http://www.ahrq.gov/professionals/prevention-chronic-care/improve/self-mgmt/pemat/pemat1.html>), developed by AHRQ, provides a systematic method to evaluate and compare the understandability and actionability of patient education materials. This assessment tool helps you select, from the many patient education materials available, those that are easier to understand and act on.

Materials that score better on the assessment tool can be distributed to patients and consumers in hard copy, placed in an electronic health record system for providers to access at the point of care, or posted on patient web portals.

Resources for Evaluating the Implementation of Shared Decision Making in Clinical Practice

Measures of Patient Experience

AHRQ's Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys (<https://www.ahrq.gov/cahps/surveys-guidance/index.html>), available in English and Spanish, ask consumers and patients to report on and evaluate their experiences with healthcare. These surveys cover topics that are important to consumers and focus on aspects of quality that consumers are best qualified to assess, such as the communication skills of providers and ease of access to healthcare services. All CAHPS surveys include a core set of items that must be included in the survey.

- AHRQ's CAHPS Clinician & Group Survey (<https://www.ahrq.gov/cahps/surveys-guidance/cg/index.html>) asks patients about their recent experiences with clinicians and their staff.
- The Patient-Centered Medical Home (PCMH) Item Set (<https://www.ahrq.gov/cahps/surveys-guidance/item-sets/PCMH/index.html>) specifically includes many questions related to shared decision making. Although this survey can be used by any physician practice, it is expected to be especially useful for physician practices that have adopted features of a PCMH.

A key component of the reporting requirements under the Affordable Care Act is public reporting on physician performance that includes patient experience measures. The collection and reporting of data from the CAHPS Physician Quality Reporting survey will fulfill this requirement.

A number of organizations, either by requirement or by choice, are beginning to publicly report on these measures. By giving consumers access to the CAHPS survey results, survey sponsors aim to make consumers more informed about their local physicians, better equipped to choose physicians and groups that meet their needs, and more engaged in decisions about their own care.

Other Instruments for Evaluating Shared Decision Making

The **OPTION** instrument (https://www.mededportal.org/doi/10.15766/mep_2374-8265.10128) is a validated 12-item scale that can be used by trained observers to assess the extent to which clinicians involve patients in decision making. This instrument may be useful in practices that are implementing ongoing training and pilot testing of new shared decision making processes in their practice settings.

The **Ottawa Hospital Research Institute** (<http://decisionaid.ohri.ca/quality.html>) provides a number of tools that can be used to monitor the use of decision aids, quality of decision support, and patient outcomes from shared decision making.

Through its **Center for Shared Decision Making** (<https://www.dartmouth-hitchcock.org/shared-decision-making>), Dartmouth-Hitchcock Medical Center provides various tools and resources.

The process of evaluation keeps shared decision making “alive” in the clinic and reinforces shared decision making as part of routine practice.

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.

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