

www.jeffbelkora.com/acknowledgments/

Sources of inspiration and support

www.jeffbelkora.com/evidence

Links to relevant publications

Securing a Change for the Future

Foundation for Informed Medical Decision Making

Research and Policy Forum

Washington, DC

January 28, 2009



Jeff Belkora, PhD

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Decision Services

University of California, San Francisco

Disclosure of current funding sources

University of California, San Francisco

Foundation for Informed Medical Decision Making

California Breast Cancer Research Program

Palo Alto Medical Foundation

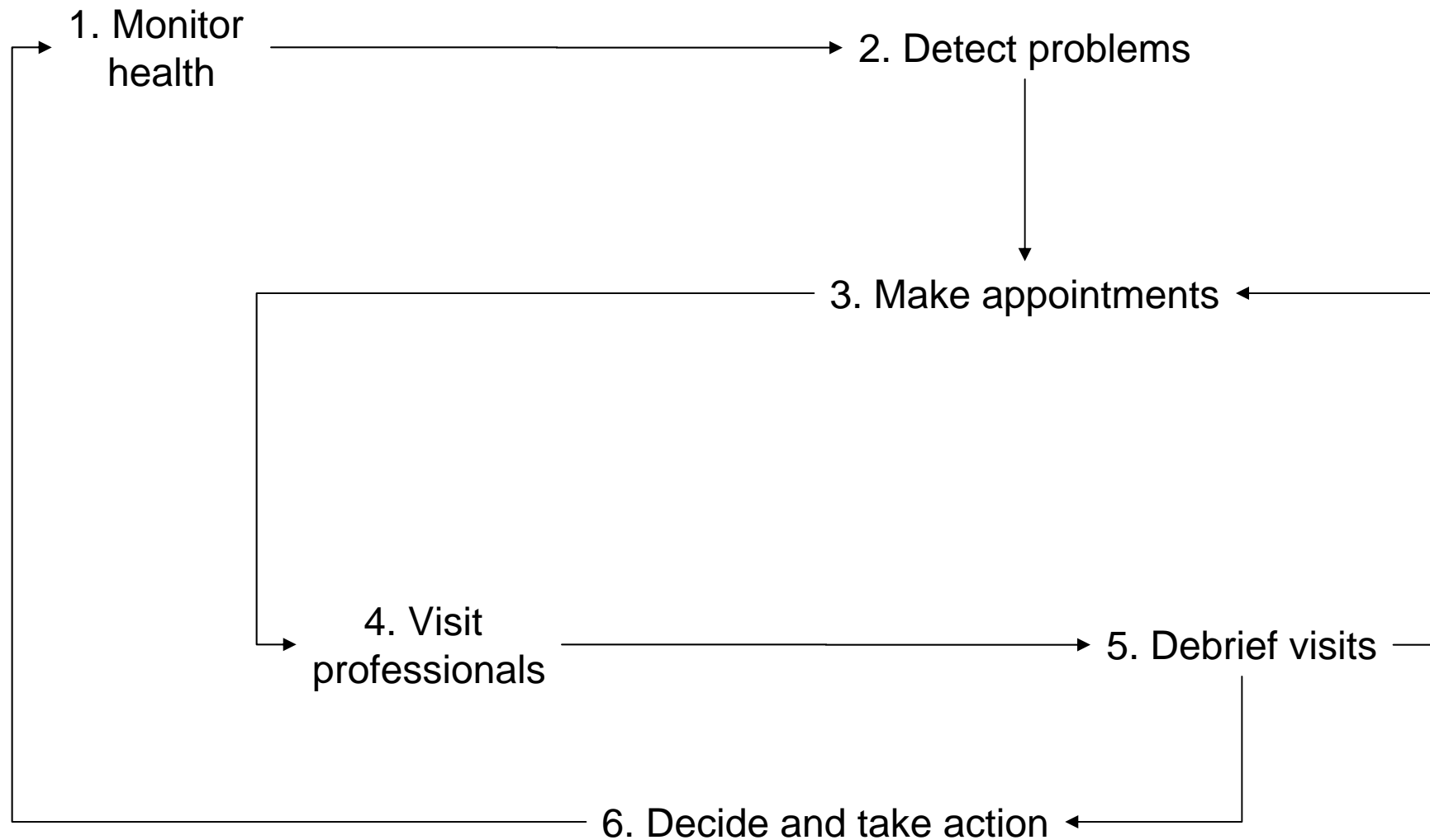
Outline

1. Background and context - Jeff

2. Decision Services at the UCSF Breast Care Center - Alexandra

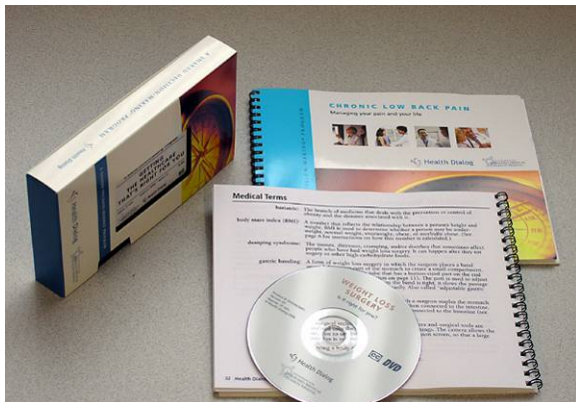
3. Lessons learned and future directions - Jeff

Patient journey at UCSF Breast Care Center



Three proven strategies to inform & involve patients

1. Review decision aids



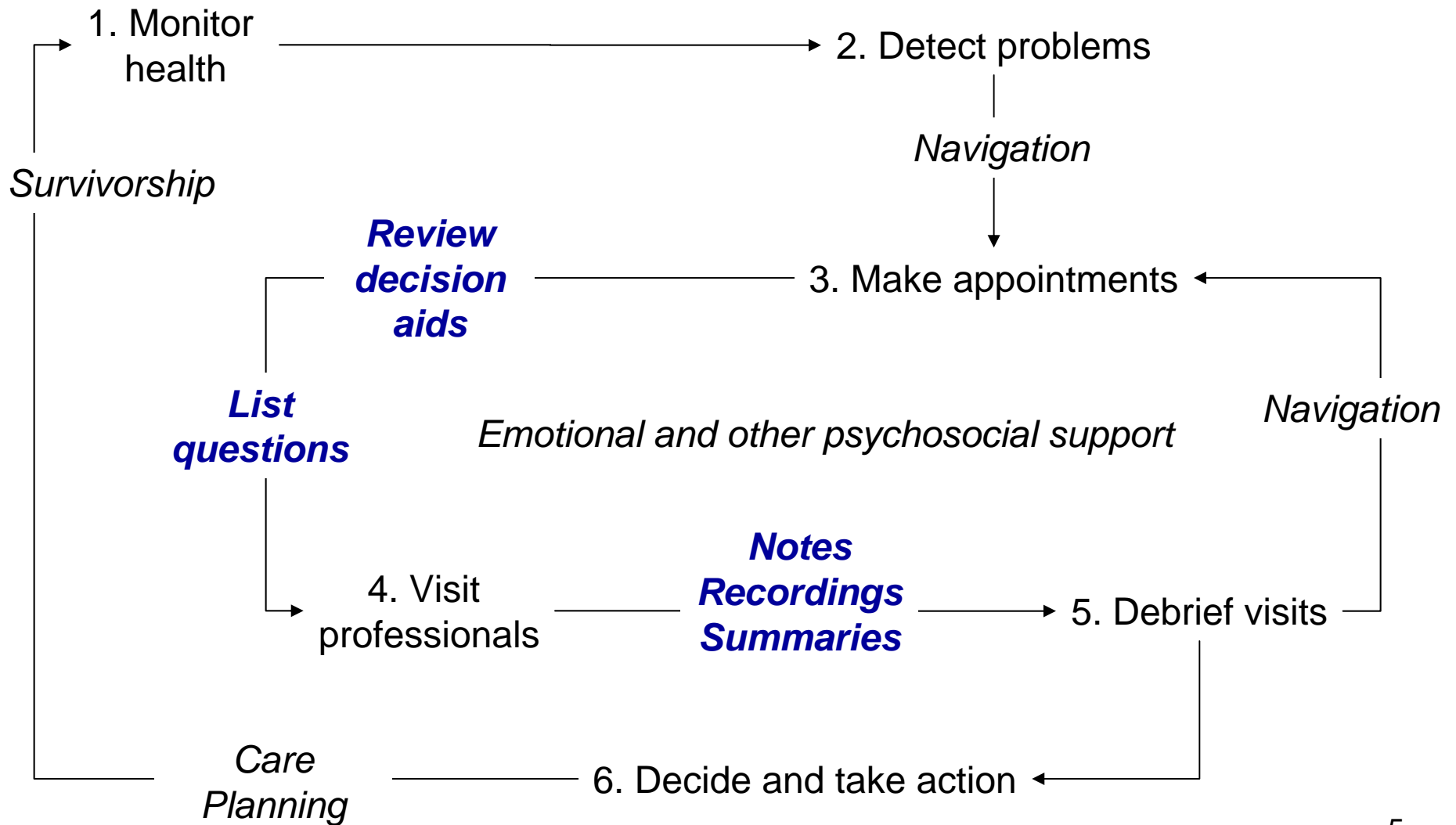
2. List questions



3. Make notes & recordings



Patient journey with decision and other support



Premedical trainees provide decision aids & support



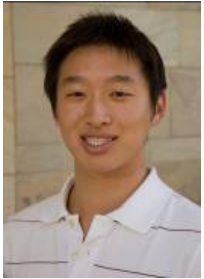
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Premed reactions (see handout)



“Recently a patient started off strongly against hormone therapy but became more open to it when she got a balanced view of the pros and cons. I’m more aware now of the importance of patient education, of being able to prepare with videos.” – June-Ho



“I’ve learned to see the whole patient as opposed to being a doctor who focuses only on the science and the disease. I want to be a doctor who has time for patients.” – Erin



“This experience has inspired me to have a more collaborative mindset. The patient is part of the team.” – Pam

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37 premed alumni and counting...



Premed destiny

Cornell
Columbia Public Health
Duke
Emory
Harvard MD/MBA
London School of Hygiene and Tropical Medicine
Northwestern
Stanford
Tulane
UC Berkeley School of Public Health
UCSF
UCLA
University of Illinois
University of North Carolina Public Health
University of Pennsylvania
University of Southern California
US national rugby team
Vanderbilt



Premed alum reaction (see handout)



Brian Edlow, UCSF premed 2003
3rd year neurology resident
Harvard

Doctor reactions (see handout)

Michelle Melisko, MD
Medical Oncologist
UCSF Breast Care Center



Impact of decision aids

- Surveyed 1098 patients sent 1700 decision aids 2005-2008
 - 36% response rate
 - 96% said “I would recommend” the decision aids
 - Median satisfaction of 10 out of 10
 - **50%** correct responses to knowledge items before viewing
 - **81%** correct after viewing ($p < 0.001$)
- Surveyed 540 patients sent 936 decision aids in 2008
 - 42% response rate
 - **78% reviewed videos**
 - **91% reviewed booklets**

Impact of question-listing, audio-recording, note-taking

	Before	After
Number of questions	8	21*
Self-efficacy	6.6	8*
Satisfaction		9
Reviewed Question List		68%
Reviewed Summary		84%
Reviewed Recording		52%

Combined survey data from most recent 6 month period (July-Dec 2009), reflecting 180 question-listing, audio-recording, note-taking sessions, 159 of whom had received decision aids. Response rate was 93% for before-after comparisons, 35% for after-only (4 weeks post-visit). * $p < 0.001$

Physician shared decision making behaviors

	Yes	Total	%
Participated in this choice as much as I wanted to	138	143	97%
Provider discussed more than one treatment	221	232	95%
Provider recommended a treatment	193	218	89%
Provider had answered ALL their questions	211	262	81%
Provider discussed benefits of treatment choices A LOT	178	223	80%
Provider asked which choice the patient thought was best	141	210	67%
Patient made a treatment decision	157	252	62%
Provider discussed risks and side effects A LOT	133	219	61%

Survey of 465 clinic visitors with 308 respondents (66% response rate)

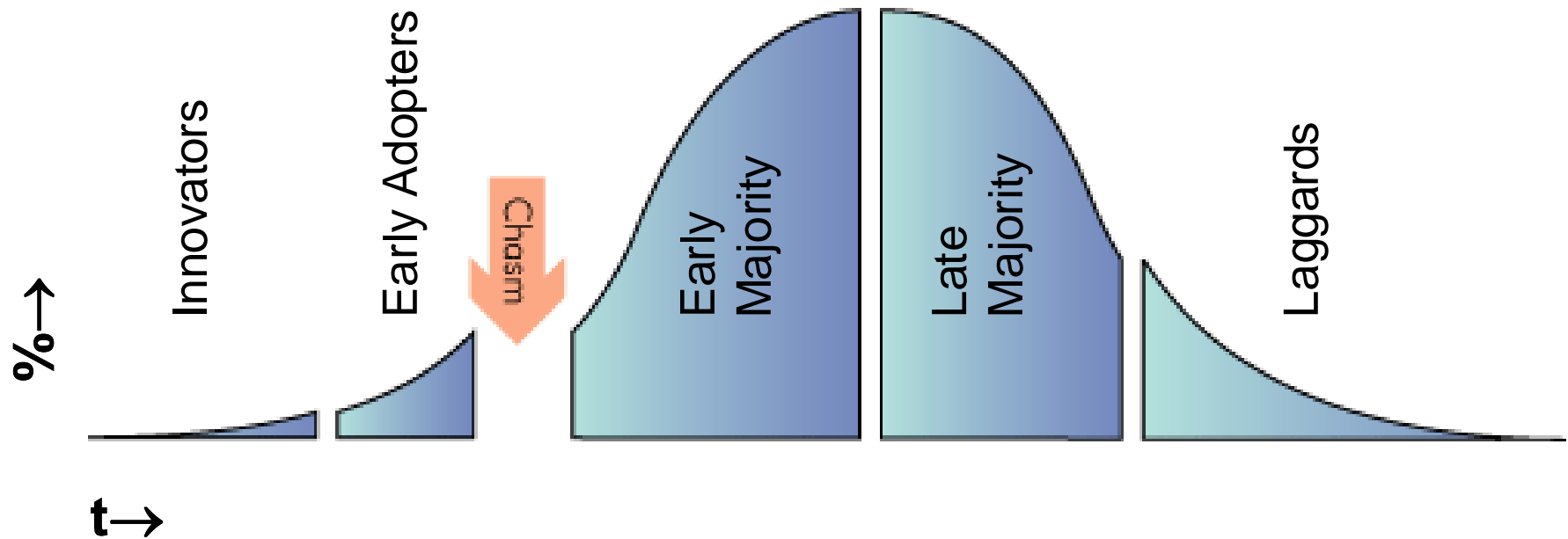
July 2008 – December 2009

Unpublished data

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Need a lever to tip decision support across the chasm



Rogers, E.M., Diffusion of innovations. 5th ed. 2003, New York: Free Press.
Moore, G.A., Crossing the chasm. 1991, [New York, N.Y.]: HarperBusiness.

Disruptive **innovation**: premedical trainees

- Leverage the professionals
- Don't overshoot the need
- Win-win-win-win
- High touch and high tech

Mayo Clinic Center for Innovation 2009 Contest Winner

<http://centerforinnovation.mayo.edu/transform/2009/jeff-belkora.html>

US Agency for Healthcare Research and Quality Innovations Exchange

<http://www.innovations.ahrq.gov/content.aspx?id=95>

Finalist, 2009 Decision Analysis Practice Award

Institute for Operations Research and Management Science

Premedical Corps – Tipping Point?

- Premedical Corps
 - Teach for America
 - Peace Corps
- ATHENA network
 - University of California medical centers
- Cancer Support Community
 - The Wellness Community merged with Gilda's Club
 - Provide information and support to people with cancer
 - 50 sites nationwide serving 300,000 clients
 - 600,000 served online
 - Incorporating a Premedical Corps into their strategic plans



Patient reaction

“Decision and consultation service was fantastic. Made me feel so well-prepared. **This is how medicine should work.**”

“Having the booklet info available online was terrific. This was exactly the material (statistics) I was looking for all over the web, but having a hard time finding in a **consolidated format that made sense.**”

“The **consultation** with doctor was superb.”

“Everything was very **proactive.**”



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Appendices

ACGME Competencies

- Patient Care that is **compassionate, appropriate, and effective...**
- Medical Knowledge including **social-behavioral** sciences ...
- Practice-Based Learning/Improvement ... **evaluation of own patient care**
- Interpersonal Communication: **teaming** w/patients, families, and providers
- Professionalism, ... **respect for patient autonomy**
- Systems-Based Practice... **effectively call on system resources**

Shared decision making in cancer care

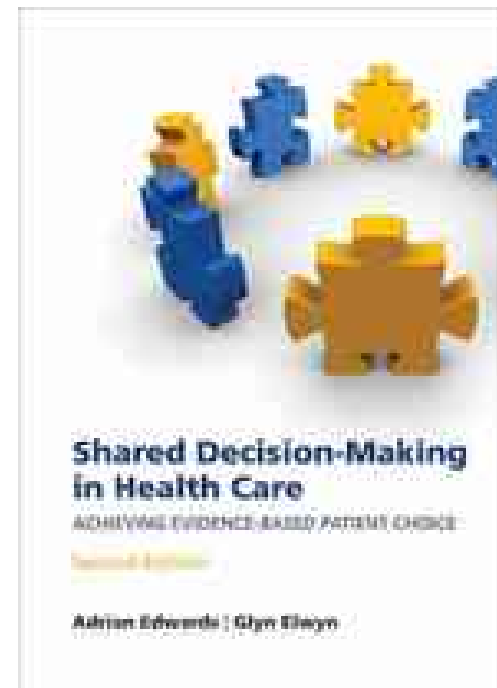
<http://outcomes.cancer.gov/areas/pcc/communication/>

Fostering Healing Relationships						
Exchanging Information						
Responding to Emotions						
Managing Uncertainty						
Making Decisions						
Enabling Patient Self-management						
	Prevention	Screening	Diagnosis	Treatment	Survivorship	End of Life

Shared decision making = critical reflection

- Formulate and Analyze issues
- Synthesize Insights
- Translate Insights into Action

Belkora chapter in *Edwards, A. and G. Elwyn, Shared decision-making in health care : achieving evidence-based patient choice*. 2nd ed. 2009, Oxford: Oxford University Press. xviii, 414 p.



Building blocks of critical reflection

- In the context of patient-professional consultations, both sides:
 - Read
 - Review
 - Think
 - Write
 - Talk
 - Record
- Decision aids facilitate this critical reflection
- So do question-lists, audio-recordings, and consultations summaries

SCOPED model for decision making

- Situation – key facts and knowledge gaps
- Choices – available actions and what's involved
- Objectives – goals and concerns
- People – roles and responsibilities
- Evaluation – how choices affect objectives
- Decisions – which choice is best and next steps

Translating decision support into practice: RE-AIM

- Reach
 - Right patient, right support, right time
- Effectiveness
 - Knowledge, question-asking, information recall, value concordance
- Adoption
 - Patient, professional, organizational use of decision support
 - Cooperation, coordination, collaboration
- Implementation
 - Program theory
- Maintenance
 - Political, financial, legal, clinical

www.re-aim.org

Program theory: aligning three plans

- Strategic plan
 - Purpose, vision, mission, core values, major activities
- Service utilization plan
 - Chronological sequence of interactions between program and clients
- Organizational plan
 - Deploying human, financial, technology and other resources

Insurance and Ethnicity, 2008

UCSF Breast Care Center



*Laura Esserman,
Director*

Insurance	Cases	Percent
Managed Care (HMO, PPO)	412	68%
Medicare	106	17%
Medi-Cal	85	14%
Self Pay (Not Insured)	5	1%
Veterans Affairs	2	1%
Race/Ethnicity		
Caucasian	388	64%
Asian	124	20%
Hispanic	44	7%
African American	33	5%
Other/Unknown	20	3%
Native American	1	0%

Stage at Diagnosis, 2008 UCSF Breast Care Center



*Laura Esserman,
Director*

Stage	Cases	Percent
0 (DCIS)	92	18%
1	178	36%
2	153	31%
3	51	10%
4	26	5%

Local and Adjuvant Treatments, 2008

UCSF Breast Care Center



Laura Esserman,
Director

Surgery	Cases	%
Lumpectomy	230	46%
Mastectomy	123	25%
w/Reconstruction	89	18%
No Surgery	58	12%
Radiation		
Yes	204	41%
No	296	59%

Chemotherapy	Cases	%
Adjuvant	133	27%
Neo-adjuvant	63	13%
Chemo no surgery	11	2%
No chemotherapy	293	59%
Hormone		
Yes	184	37%
No	316	63%