

7054: NSCLC: Integrating The “Yale Model Shared Decision-Making Solution” into the Practice Setting

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Background:

- Shared decision making (SDM) focuses on patient-centered care and incorporates patient preferences and values in the determination of their healthcare choices. The National Quality Forum initiated a “Call to Action” to integrate SDM processes into practice in which clinicians and patients work together to make healthcare decisions that align with what matters most to patients. Clinicians and their team need to communicate information about NSCLC and its treatment as well as determine their patients’ preferences, goals, and risk tolerance before they can make a truly informed decision.
- Projects In Knowledge, @Point of Care, Dartmouth and Yale, a collaborative partnership, co-developed a pilot educational initiative to address and improve patient-centered care and SDM processes in the institutional cancer care setting.

Methods:

- Our collaborative partnership co-developed training materials addressing SDM, checkpoint inhibitor therapy, and clinician-patient role-play methods for a representative cross-section of the multidisciplinary Yale NSCLC team members (oncologists, nurses/NPs, social workers) participating in the pilot and case study role-play scenarios. Each team member acted as his or her own control (N=6), comparing their baseline pre-intervention with post-intervention findings. The training materials included:
 - SDM video
 - Checkpoint Inhibitor Therapy in NSCLC video
 - Two case study role-play videos
- Qualitative semi-structured interviews and observational methods were used to assess improved SDM performance by the multidisciplinary Yale NSCLC team by comparing baseline pre-intervention to post-intervention interviews and ratings observed performance on case study role-play scenarios. Following the training and assessments, a focus group that included all team members was conducted to assess the acceptability, feasibility, and repeatability of the program to inform future education.

Results:

- To evaluate an improved understanding of SDM and practice change, the following pre-intervention and post-intervention assessments were made:
 - Qualitative semi-structured interviews
 - Case study role-play (with patient facilitators)

Conclusions:

Our collaborative partnership developed educational training and case simulations that improved SDM skills by all Yale NSCLC team members.

Pre- to Post-education Improvement in SDM: 34% - 88%

| Domain | % Improvement |
|------------------------------------|---------------|
| Reasonable Options | 58% |
| Decision Style Preference | 76% |
| Knowledge | 41% |
| Risk Tolerance | 77% |
| Trade-Off Decisions | 45% |
| Readiness | 34% |
| Values, Preferences, Self-Efficacy | 88% |

The training served as a roadmap for guidance in addressing patients’ goals, values, and preferences as well as evidence-based treatments. Utilizing these skills, the empowered NSCLC team can improve clinician-patient decision-making and patient-centric care. The training process also facilitated team building and encouraged ongoing participation in SDM.

“Take Away” Messages from Yale NSCLC Team Members at Focus Group

- “You need to listen to patients...prompt patient to ask questions” — Roy Herbst, MD
- “Decision is not a point in time...patients like to rethink their decisions” — Kerin Adelson, MD
- “SDM is practical and feasible...generates enthusiasm among professionals” — Sarah Goldberg, MD
- SDM can help in the “development of treatment plans” — Kathryn Medow, NP

For questions or further information, please contact Roy Herbst, MD, at: philip.grover@yale.edu

Results (cont’d):

Summary of Qualitative Semi-Structured Interview Findings

All team members showed an improved understanding of SDM, training needed to facilitate SDM implementation, the importance of patient-centered care discussions, the need for implementing SDM in the institutional setting despite challenges, and ownership in exploring a roadmap on how this could be implemented.

Summary of Case Study Role-Play Scenario Findings

Training empowered all Yale NSCLC team members to show pre- to post-education improvement in SDM (34% to 88%). Areas of greatest improvement: 1) providing reasonable treatment options (+58%); 2) determining decision style preference – extent to which a patient wants to participate in the decision process (+76%); 3) determining a patient’s risk tolerance regarding treatments (+77%); and 4) determining a patient’s goals/preferences (+88%).

Yale NSCLC SDM Pilot Case Study Role-Play Assessments

| Domain | Baseline (overall group) | EOS (overall group) | Change | % Change |
|---------------------------|--------------------------|---------------------|--------|----------|
| | Mean SCORE | Mean SCORE | | |
| Reasonable Options | 2.04 (SD .58) | 3.23 (SD .27) | 1.19 | 58% |
| Decision Style Preference | 1.79 (SD .75) | 3.15 (SD .37) | 1.35 | 76% |
| Knowledge | 2.25 (SD .27) | 3.17 (SD .26) | .92 | 41% |
| Risk Tolerance | 1.92 (SD .47) | 3.40 (SD .23) | 1.48 | 77% |
| Trade-Off Decisions | 2.04 (SD .25) | 2.96 (SD .19) | .92 | 45% |
| Readiness | 2.75 (SD .27) | 3.69 (SD .22) | .94 | 34% |
| Values and Self-Efficacy | 1.69 (SD .69) | 3.17 (SD .26) | 1.48 | 88% |

5 Point (Likert Style) Score: 0%= 0; 25%= 1; 50%= 2; 75%= 3; 100%= 4

Future Directions for Research:

The complexity of cancer care delivery contributes to communication problems. To meet this challenge, future SDM pilots might include the rollout of the “Yale Model Shared Decision-Making Solution” into a larger system-based institutional setting at Yale and other institutions.