Shared Decision-Making and Diabetes

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April 14, 2015
advocate  
educate  
emphasize  
transform  
encourage  
enrich
Shared Decision-Making
Background
Shared Decision-Making Background

What is Shared Decision-Making?

- **What?**
  - A collaborative process between patients and clinicians that engages the patient in decision making
    - Provides information about trade-offs among treatment options
    - Facilitates the incorporation of patient preferences and values into the medical decision-making process

- **When?**
  - There is more than one medically reasonable option (preference sensitive conditions)
    - No option has a clear advantage in terms of the health outcome
    - Each option has benefits and harms that people value differently

1. Section 3506 of Patient Protection and Affordable Care Act
Shared Decision-Making Background

Context

- Two sources of expertise in Medical Decision Making\(^1\):

<table>
<thead>
<tr>
<th>Clinician’s Expertise</th>
<th>Patient’s Expertise</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosis</td>
<td>Experience of illness</td>
</tr>
<tr>
<td>Disease etiology</td>
<td>Social circumstances</td>
</tr>
<tr>
<td>Prognosis</td>
<td>Attitude to risk</td>
</tr>
<tr>
<td>Treatment options</td>
<td>Values</td>
</tr>
<tr>
<td>Outcome probabilities</td>
<td>Perspectives</td>
</tr>
</tbody>
</table>

- Goal is to align the care that patients get with the care that they want

Shared Decision-Making Background

How is it facilitated?

- Provide evidence-based information about a health condition to allow patients to consider what is important to them
  - Include key components
    - Treatment options
      - Associated benefits and harms
      - Probabilities and scientific uncertainties
    - Potential consequences from different perspectives:
      - Physical
      - Emotional
      - Social
  - Formats include
    - Printed booklets
    - DVDs
    - Interactive Web modules

Polling Question 1

Shared Decision-Making has been shown to:

A. Increase patient knowledge
B. Reduce patient passivity in medical decision making
C. Improve agreement between patient values and a chosen treatment option
D. Improve diabetes medication adherence and better glycemic control
E. All of the above

Shared Decision-Making Background

Why?

• **Use of shared decision-making tools has been shown to**¹:
  – Increase knowledge
  – Provide more realistic perceptions of treatment outcomes
  – Reduce patient passivity in decision making
  – Improve agreement between patient values and chosen treatment

• **Use of shared decision-making**²,³,⁴,⁵,⁶
  – May improve compliance/adherence to chosen treatment option
  – Has been associated with better adherence to diabetes medications and better glycemic control
  – May improve patient satisfaction with care

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3. Shoenthaler AM et al. The Diabetes Educator published online March 22, 2012 at [http://tde.sagepub.com/content/early/2012/03/22/0145721712440333](http://tde.sagepub.com/content/early/2012/03/22/0145721712440333) accessed 06.12.2012
Polling Question 2

True or False:

Shared Decision-Making is not assessed in The Centers for Medicare and Medicaid Services Pay for Performance Programs.

A. True
B. False

Shared Decision-Making Background

Why?

• Shared Decision-Making is assessed in Public and Private Pay for Performance Programs:

• Example: CMS ACO Quality Measures
  – ACO Quality Measure #6: Shared Decision Making (Making Decisions about Medications
    • Did you talk to your health care provider about the reasons why you might want to take a medication?
    • Did you talk to your health care provider about the reasons why you might not want to take a medication?
    • When you talked with your health care provider about starting or stopping a prescription medication, did your provider ask what you thought was best for you?
  – ACO Quality Measure #34: Stewardship of Patient Resources
    • In the last 12 months, did you and anyone on your health care team talk about how much your prescription medicines cost?
Shared Decision-Making and Diabetes
Polling Question 3

True or False:

The American Diabetes Association states that Shared Decision-Making should be used in making treatment decisions in the management of diabetes.

A. True  
B. False
Shared Decision-Making in Diabetes
ADA and EASD Joint Statement

• The ADA and EASD called for Shared Decision-Making in their joint recommendations for a Patient-Centered Approach to the Management of T2DM:
  • All treatment decisions, where possible, should be made with the patient, focusing on his/her preferences, needs, and values

Shared Decision-Making in Diabetes
ADA and EASD Joint Statement

• ADA Position Statement for a Patient Centered Approach to Pharmacologic Therapy for Type 2 Diabetes
  – The patient—who is obviously the individual most affected by drug choice—should participate in a shared decision-making process regarding both the intensiveness of blood glucose control and which medications are to be selected

• Considerations should include:
  – Efficacy
  – Cost
  – Potential side effects
  – Effects on body weight
  – Hypoglycemia risk
  – Dosing schedule
  – Requirements for glucose monitoring
Currently Available Diabetes Decision Aids:
The Ottawa Hospital Research Institute Library

- **Diabetes**
  - Diabetes: Should I Get an Insulin Pump? Healthwise
  - Diabetes: Should I Get Pregnant? Healthwise
  - Insulin treatment: children and your people with type 1 diabetes Option Grid Collaborative
  - Weight-Loss Surgery for Adults With Diabetes or Prediabetes Who Are at the Lower Levels of Obesity. Agency for Healthcare Research and Quality (AHRQ)

- **Diabetes Type 2**
  - Diabetes, Type 2: Should I Take Insulin? Healthwise
  - Making Choices: Should I Start Insulin? Department of Primary Care Medicine, Faculty of Medicine, University of Malaya
  - Medicines for Type 2 Diabetes: A Review of the Research for Adults (AHRQ)
  - Diabetes Medication Choice. Mayo Clinic Shared Decision Making National Resource Center (Based on AHRQ review)
Shared Decision-Making in Diabetes

Patients should work together with their doctors before setting goals and make treatment decisions based on those goals and their individual health.

The AID program will help you start this conversation. Resources are also available for doctors on the best treatment plan for mealtime insulin based on patient priorities and lifestyle factors.

Collaboration with key professional groups including:
- American College of Physicians
- American Diabetes Association
- American Osteopathic Association
- American Association of Diabetes Educators
- The Endocrine Society

http://www.accurateinsulin.org/ accessed 02.18.2015
The Type 2 Diabetes Medication Decision Aid
The Type 2 Diabetes Medication Options Decision Aid

- Why Shared Decision-Making in Type 2 Diabetes?
  - Glycemic control in Type 2 Diabetes remains suboptimal\(^1\)
  - Poor medication adherence:
    - Is a major contributor to suboptimal glucose control\(^1\)
    - May be a means by which patients express their preferences when their goals, values, and preferences are not included in the treatment plan\(^2\)

1. Shoenthaler AM et al. Patient and Physician Factors Associated with Adherence to Diabetes Medications. The Diabetes Educator published online March 22, 2012 at [http://tde.sagepub.com/content/early/2012/03/22/0145721712440333](http://tde.sagepub.com/content/early/2012/03/22/0145721712440333)
The Type 2 Diabetes Medication Options Decision Aid

• Place in therapy:
  – Type 2 diabetes patient that is not achieving adequate glycemic control with metformin in conjunction with diet and exercise

• Goal:
  – To facilitate patient-centric decision making on treatment options (in alignment with ADA/EASD Clinical Guidelines)

• Additional details:
  – Development:
    • Funded by Janssen, content developed independently by EMMI Solutions with a panel of external experts:
      – Diabetes, Patient Education, Shared Decision-Making
    – Web-based, interactive, non-branded tool allowing patients to review information at their own pace, as many times as desired, and to express preferences during the process
The Type 2 Diabetes Medication Options Decision Aid

I'll compare the options here and ask you some questions to help you think through each of the issues and help you figure out what's most important to you.
What's your biggest concern about taking another medication? Just check one.

- Possible weight gain
- Having to give myself shots
- Risk of low blood sugar
- Cost
- Taking a medication more than one time a day
- Checking my blood sugar one time a day or more
The Type 2 Diabetes Medication Options Decision Aid

**Highest IPDAS* score to date!**

- **Route of administration**
- **Impact on weight**
- **Glycemic control**
- **Hypoglycemia risk**
- **Cost**
- **Years on market**

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*International Patient Decision Aid Standards*
The Type 2 Diabetes Medication Options Decision Aid: Clinical Advisors

- Nananda Col, MD, MPP, MPH, FACP Physician, Decision Aid/Shared Decision-Making Expert
  - Steering Committee Member: International Decision Aid Standards; Scientific Reviewer for Patient Centered Outcomes Research Institute; Author of Cochrane Review on Patient Decision Aids

- Vivian Fonseca, M.D., FRCP Physician, Diabetes Expert, Past President ADA (Medicine and Science)
  - Chair of ADA Clinical Practice Committee; Former Editor in Chief, Diabetes Care; Professor of Medicine, Tulane University School of Medicine

- Martha Funnell, MS, RN, CDE, Patient Education and Empowerment Expert
  - Member of ADA Professional Practice Committee for 2013 Clinical Practice Recommendations; Associate Research Scientist, University of Michigan Medical School

- William Polonsky, PhD, CDE, Diabetes/Behavioral Expert, Patient Perspective Expert
  - CEO of Behavioral Diabetes Institute; Associate Clinical Professor: University of California San Diego

- Steven Edelman, MD Physician, Diabetes Expert
  - Founder, Taking Control of Your Diabetes; Professor at University of California San Diego, Veterans Affairs Healthcare System
Cultural and Linguistic Adaptation for Hispanics/Latinos: The Type 2 Diabetes Medication Options Decision Aid

Mientras piensa sobre todo esto, tenga en cuenta que no hay medicamento "perfecto". Todos los medicamentos tienen ventajas y desventajas.
¿Cuáles son sus metas a largo plazo?

- Bajar mis niveles de azúcar en la sangre
- Bajar mi A1C
- Evitar que mi azúcar en la sangre suba o baje mucho
- Perder o no aumentar peso
- No estoy seguro
Tabla de comparación de los medicamentos para la Diabetes Tipo 2

<table>
<thead>
<tr>
<th></th>
<th>Sulfonilureas</th>
<th>DPP-4s</th>
<th>TZDs</th>
<th>SGLT2s</th>
<th>GLP-1s</th>
<th>Insulina</th>
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<tr>
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<td><img src="syringe.png" alt="syringe" /></td>
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<tr>
<td>Aumento o pérdida de peso</td>
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<td><img src="no-change.png" alt="no change" /></td>
<td><img src="down.png" alt="down" /></td>
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<td><img src="up.png" alt="up" /></td>
</tr>
<tr>
<td>Bajar los niveles de azúcar (A1C) en la sangre</td>
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<td><img src="3-stars.png" alt="3 stars" /></td>
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<td><img src="4-stars.png" alt="4 stars" /></td>
<td><img src="5-stars.png" alt="5 stars" /></td>
</tr>
<tr>
<td>Cambios en la hipoglucemia</td>
<td>Si</td>
<td>No**</td>
<td>No**</td>
<td>No**</td>
<td>No**</td>
<td>Si</td>
</tr>
<tr>
<td>El costo</td>
<td>$</td>
<td>$$</td>
<td>$$$</td>
<td>$$</td>
<td>$$$</td>
<td>$$-$-$-$</td>
</tr>
<tr>
<td>Años en el mercado</td>
<td>40+</td>
<td>1-10</td>
<td>10-15</td>
<td>1-10</td>
<td>1-10</td>
<td>75+</td>
</tr>
</tbody>
</table>

*Notas:*
- **No**: No recomendado
- **Si**: Recomendado
- **$**, **$$**, **$$$:** Costo de los medicamentos
- **40+**, **1-10**, **10-15**, **1-10**, **75+**: Años en el mercado
The Type 2 Diabetes Medication Options Decision Aid: Cultural Adaptation

Clinical Advisors

• Jaime Davidson, MD, FACP, MACE (Chair)
• Myriam Allende-Vigo, MD, MBA, FACP, FACE
• Richard Aguilar, MD
• Areceley Rosales (expertise in cross cultural health communications, health literacy)
• Lorena Drago, MS, RD, CDN, CDE
• Guillermo Umpierrez, MD, FACP, FACE
THANK YOU