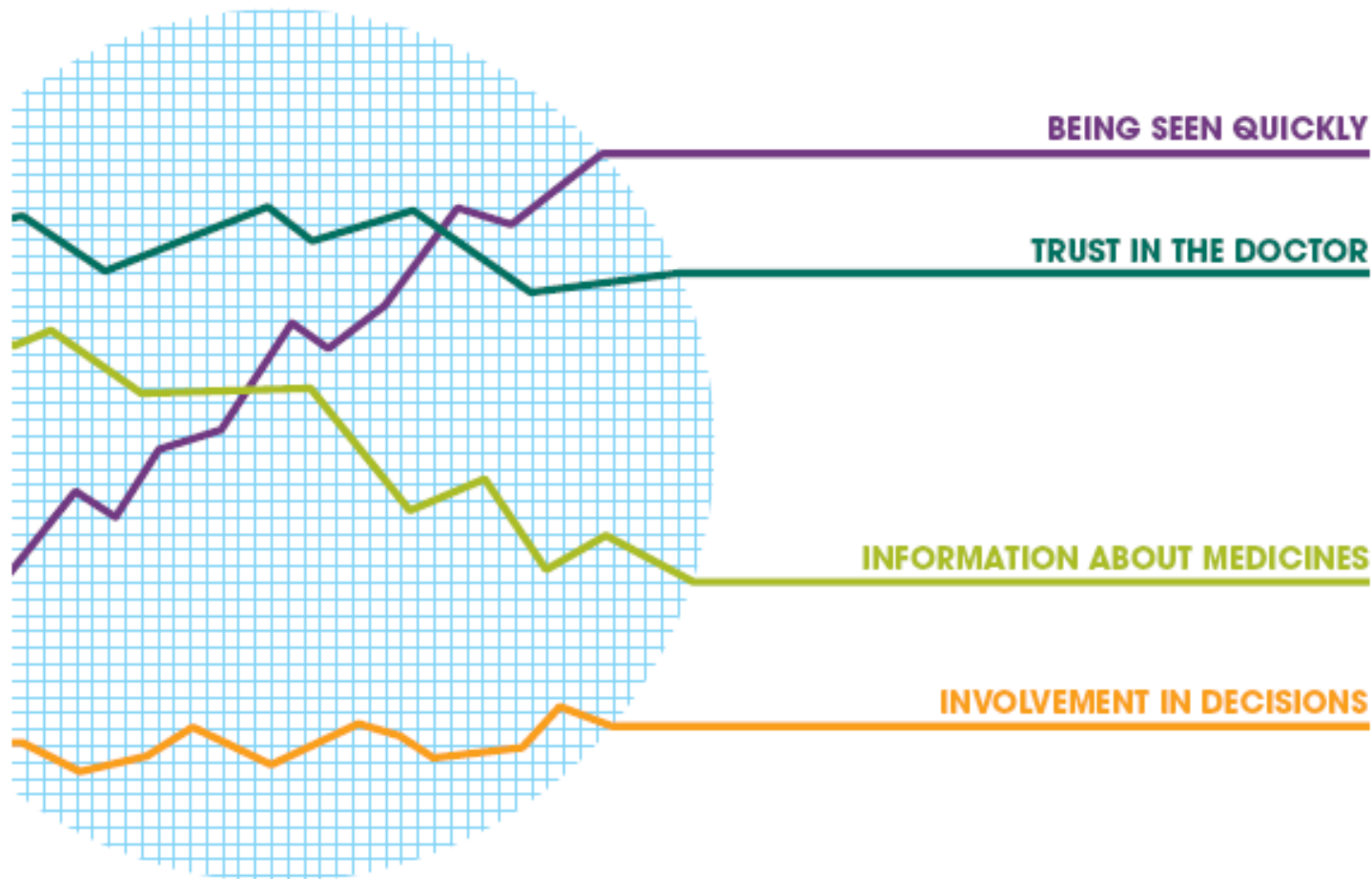


Informed Decision Making –
A Decision Aid for patients
considering their treatment
options for arthritis of the knee

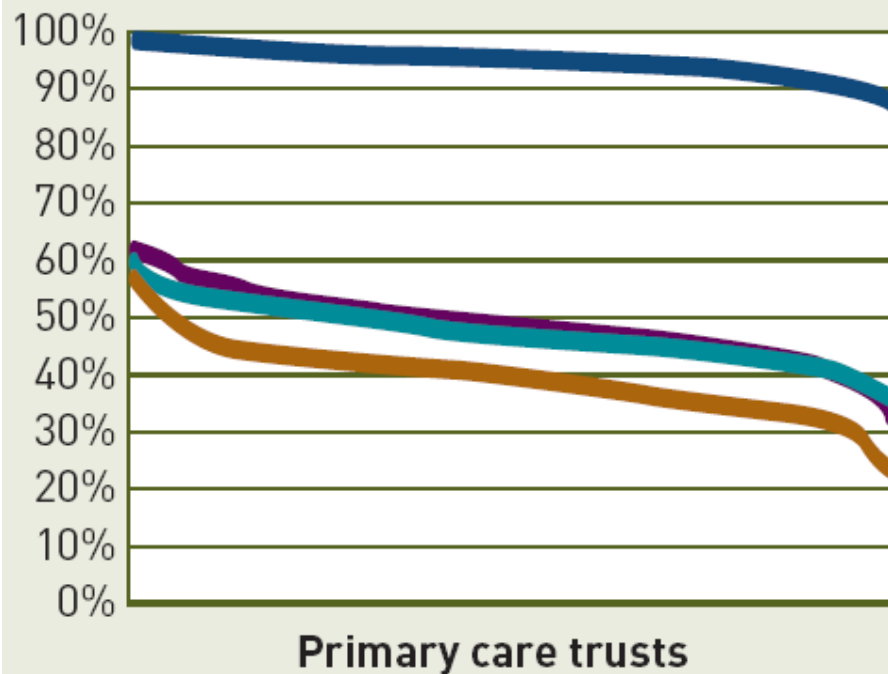
Dr Steven Laitner – Chair



So what's the problem?



From: *Is the NHS becoming more patient centred? Trends from National Surveys of NHS patients in England 2002-2007: Picker Institute*



HCC National Patient Survey

■ The percentage of adults with diabetes diagnosed for more than a year, who report that they have had at least one diabetes checkup in the last 12 months

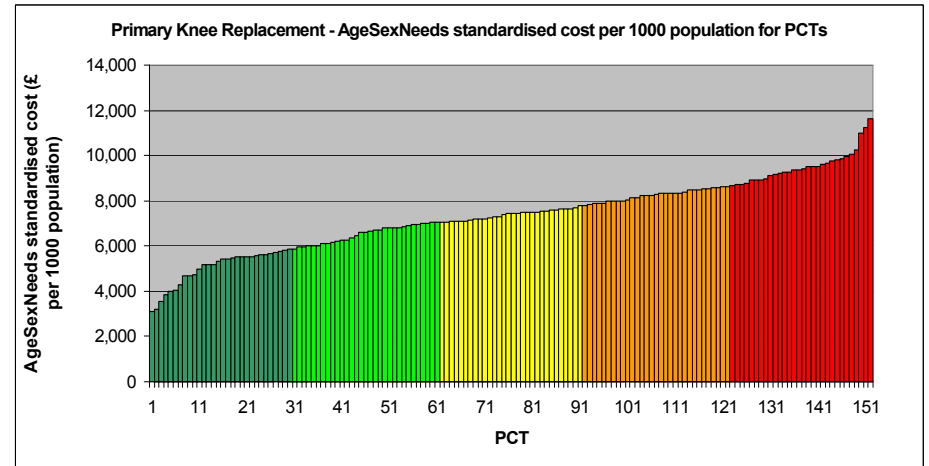
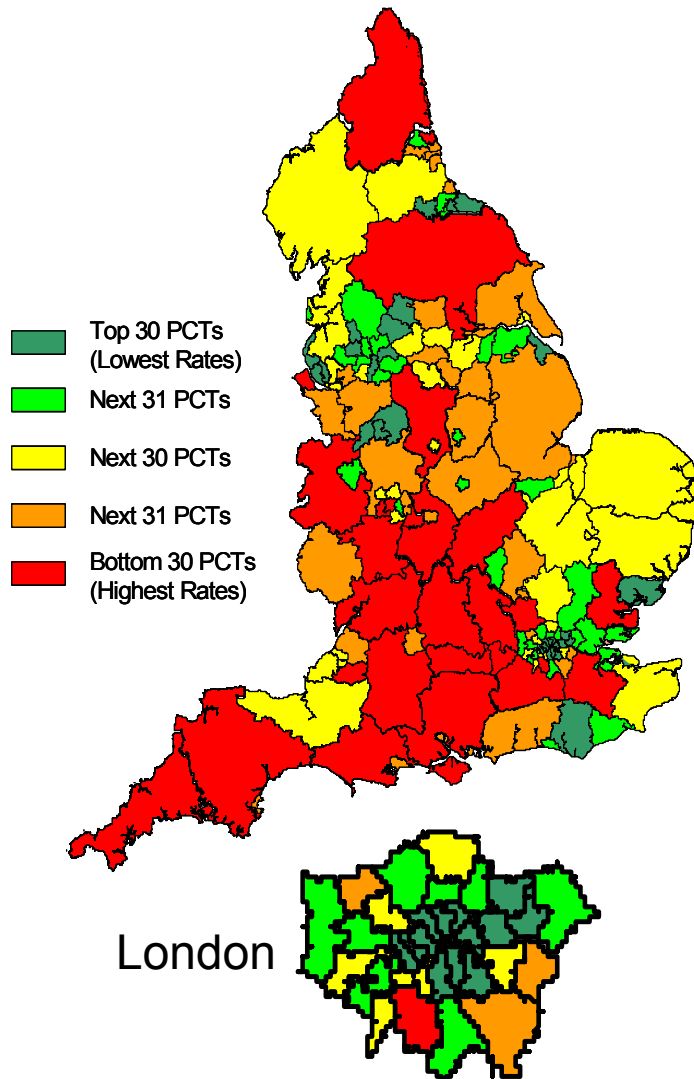
The percentage of adults with diabetes who have had a checkup who report that they 'almost always'...

■ ... discuss ideas about the best way to manage their diabetes at their checkup

■ ... agree a plan to manage their condition over the next 12 months at their checkup

■ ... discuss their goals in caring for their diabetes at their checkup

Musculoskeletal programme- variation in knee replacement costs



Primary knee replacements cost £5,808.

There is a 4-fold variation in expenditure between PCTs

(adjusting for age, sex and need).

The coefficient of variation is 21.0%.

(This takes into account all PCTs, not just the top and bottom PCTs.)

The potential savings are £39M

(if PCTs with rates higher than the median reduced to this level).

Total Inpatient Expenditure (£M)	Potential Saving using 50th percentile (£M)	Potential Saving as % of Total Inpatient Expenditure
392	39	10.0% 5



ANALYSIS: SATISFACTION

- Satisfaction questions were completed by 8095 patients
- Overall
 - 81.8% were satisfied
 - 11.2% were unsure
 - 7.0% were not satisfied
- The OKS varied according to patient satisfaction ($p < 0.001$)

ANALYSIS: OKS

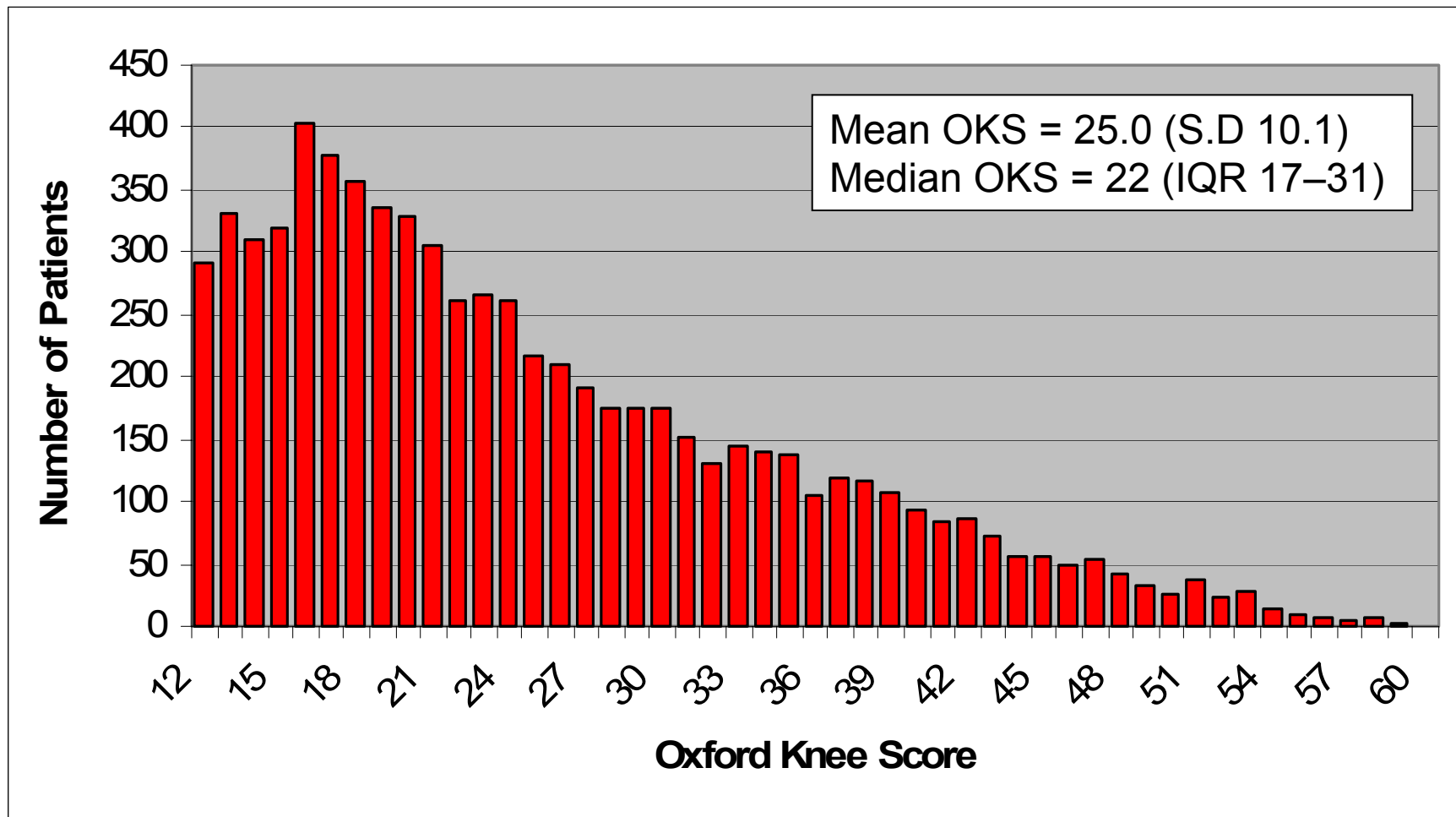


Figure 1: Distribution of OKS in 7230 pts for whom it could be calculated

OKS AND SATISFACTION

	Satisfied N=5853	Unsatisfied N=525	Unsure N=824
	Mean OKS (95% CI)	Mean OKS (95% CI)	Mean OKS (95% CI)
Total	22.0 (21.8-22.3)	41.7 (41.0-42.4)	35.2 (34.6-35.7)

Table 1: Breakdown of OKS by satisfaction status
Between group comparison using ANOVA, $p < 0.001$



SUMMARY: REGRESSION ANALYSIS

- Higher levels of both pain and functional limitation, as measured by the OKS, were associated with lower levels of patient satisfaction ($p < 0.001$)
- The effect of variations in pain on patient satisfaction is approximately twice the effect of variations in function



SUMMARY: REGRESSION ANALYSIS

- Men were more satisfied than women ($p < 0.05$)
- Patients with a diagnosis other than OA were more often satisfied than those who had surgery for OA ($p < 0.05$)
- We also found evidence that:
 - Patients with unicondylar replacement were less likely to be satisfied than patients who underwent cemented total knee replacement ($p = 0.002$)
 - People aged 70-80 were more likely to be satisfied when compared to those aged < 65 ($p < 0.05$)
 - Patients who were ASA grade 3 were more likely to be satisfied when compared to those who were ASA 1 ($p = 0.002$)



Why do we do Health Care?

“It’s *all* about Health Gain”



A new paradigm for demand management?

Supporting individuals so that they may make rational health and medical decisions based on a consideration of benefits and risks (for them!).....

...and their values and preferences



What is Shared Decision Making?

Shared decision making is a process in which the patient and clinician together reach an informed decision about the plan of care on the basis of the patient's clinical needs, priorities, and values. The clinician's expertise lies in diagnosing and identifying treatment options according to clinical priorities; the patient's role is to identify and communicate their informed values and personal priorities, as shaped by their social circumstances.

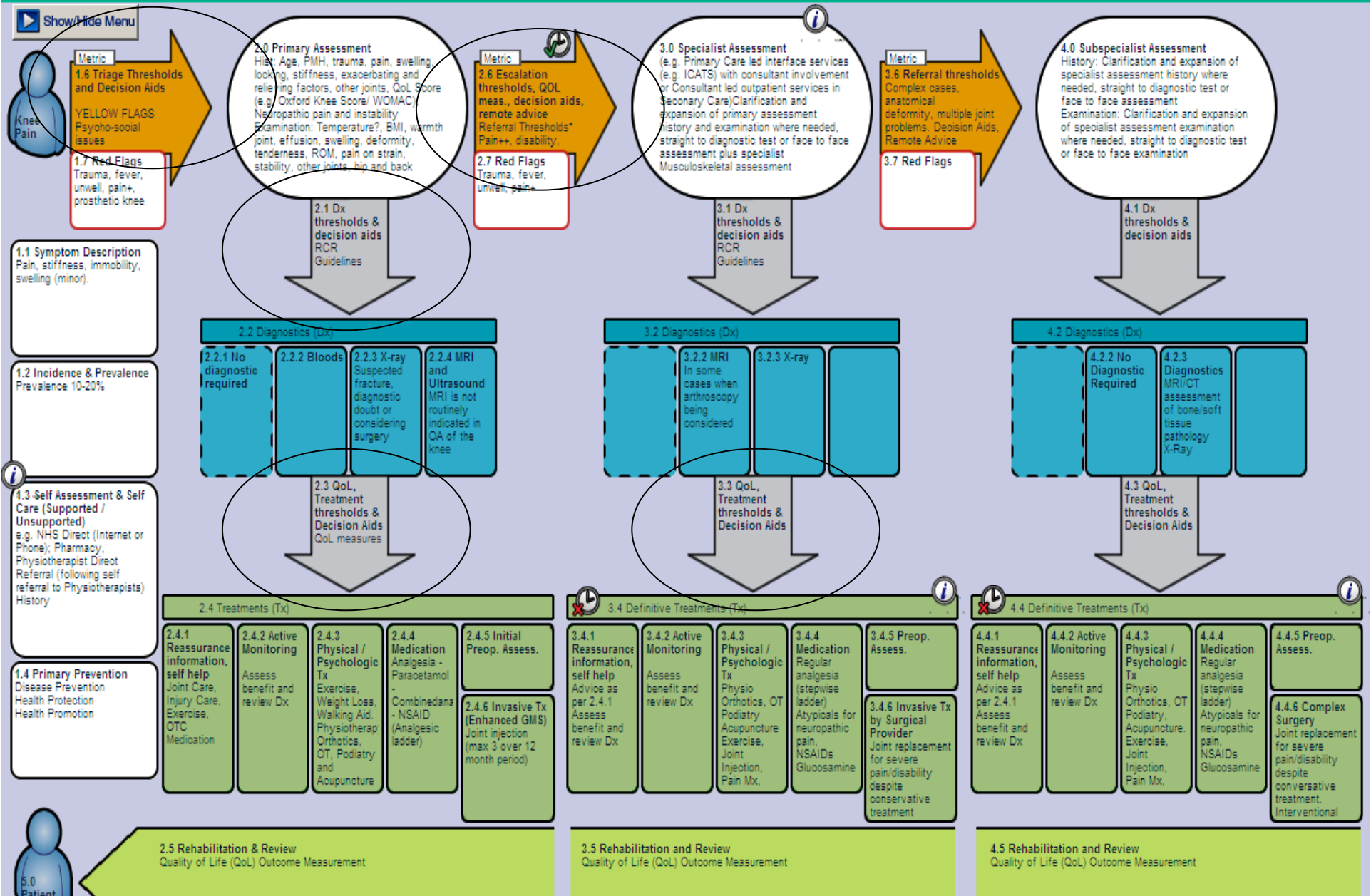


What are Decision Aids?

Patient decision aids are tools that prepare patients for consultations by explaining options, quantifying risks and benefits, helping patients to clarify their values, and providing structured guidance in deliberation and communication.



Where on the pathway?

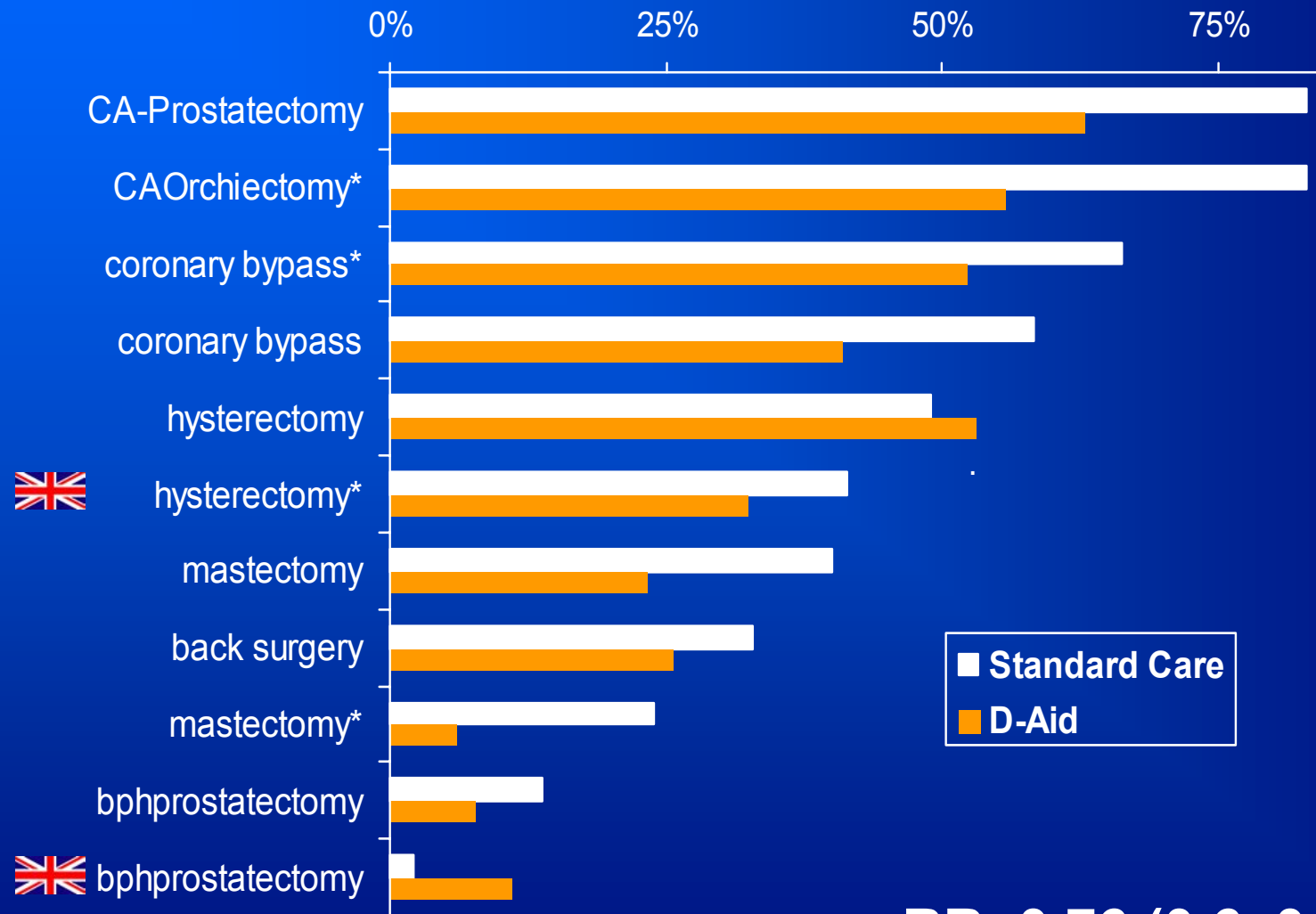




And what's the effect

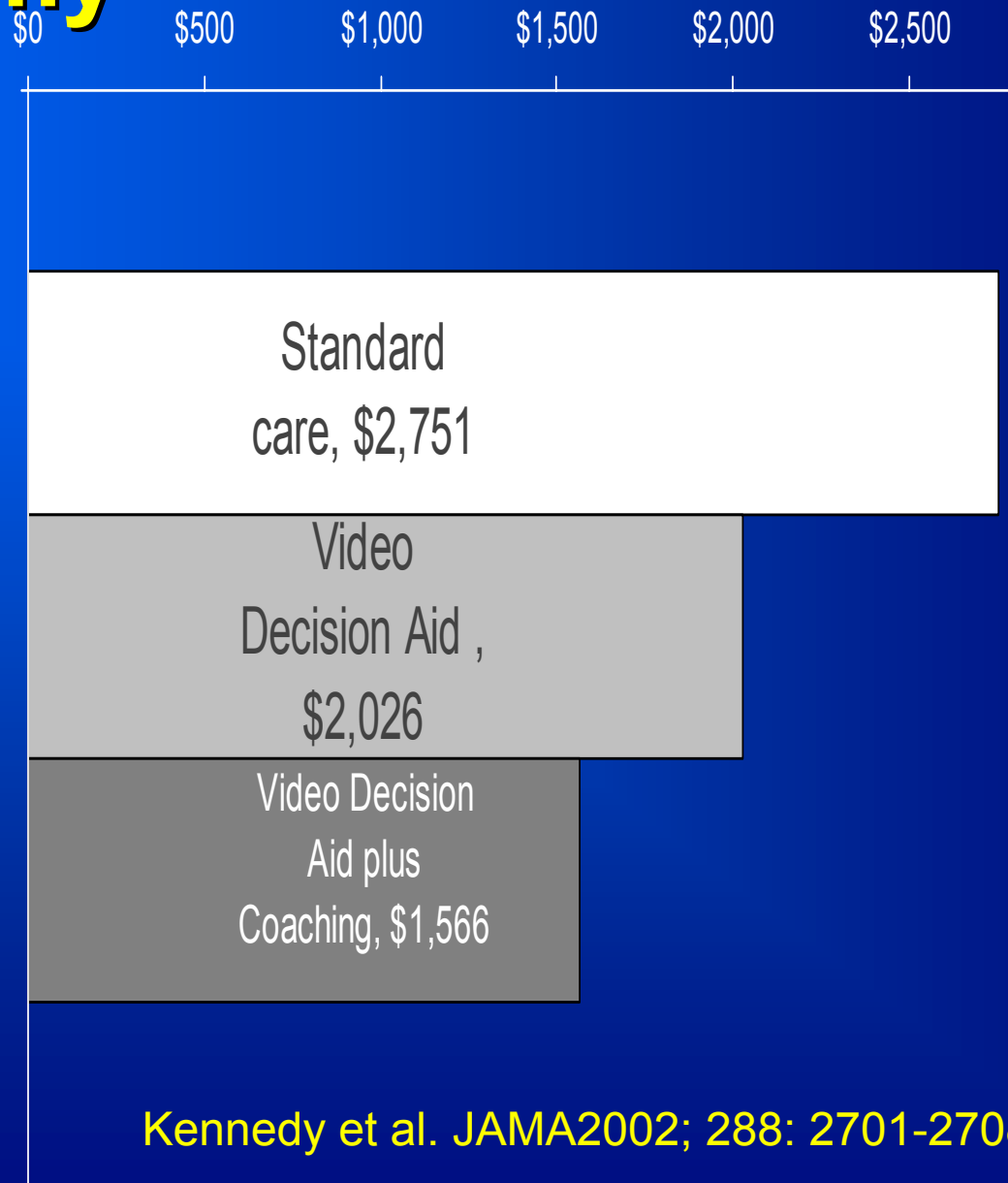
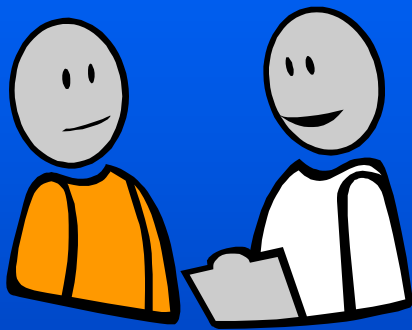
A review of 10 systematic reviews of patient decision aids found that they improved patients' participation, increased their knowledge of treatment options, realigned their expectations, and improved the match between their values and subsequent treatment decisions.

Decision Aids reduce rates of discretionary surgery



RR=0.76 (0.6, 0.9)

Hysterectomy



Kennedy et al. JAMA2002; 288: 2701-2708₁₉



This project

- Sponsored by the NHSIII
- Commenced Nov 2007
- Delivers Summer 2010
- Website

www.informeddecisionmaking.org.uk



Steering group & Reference group

■ Steering group

- A high level steering group comprising of key experts and key patient groups drawn from a range of relevant fields
- Role & Terms of reference

■ Reference group

- A group of key and influential professionals drawn from a wider base who will contribute to the output from the IDM Steering group
- Role and terms of reference



Project Aim

- To develop a decision aid to support patients, with symptomatic arthritis of the knee, as they consider their treatment options, including knee replacement surgery



What the project will deliver

- A decision aid to assist patients in making an informed choice about their treatment options for arthritis of the knee
- The aid will include both general information and a component to help predict individual risk and benefit from Knee Replacement Surgery
- The Decision Aid will be delivered within a patient friendly web-based application
- The aid would be used by the patient, with appropriate clinical support from, for example, a doctor, specialist nurse, therapist or health coach



What the Decision Aid contains

- Information organised according to chapter headings
- DVD extracts
- Patient Voices / DIPEX vignettes
- Hyperlinks to selection information resources
- Personal risk / benefit analysis
- Personal decision making profile



Pilot Sites

- 5 pilot sites will use the decision aid clinical practice and report on their findings in 2010
 - MSK interface service
 - Physiotherapy led assessment service
 - Teaching hospital
 - DGH hospital
 - Tertiary referral hospital



Following use in Pilot sites

- Following implementation in pilot sites an evaluation will provide the evidence to refine the final Knee Arthritis Decision Aid, incorporating professional and patients' views
- Roll out



Generic decision aid development process

- Define the generic process required to
 - Develop
 - Pilot
 - Refine
 - Roll out a decision aid




National & International links

- Arthritis Care and other patient group members of ARMA
- NICE
- NHS Evidence
- The Health Foundation
- PROMS work at the DH
- IPDAS
- FIMDM
- Newcastle university
- OIHR
- NIHR



Engagement with key societies

- Arthritis Care and other patient group members of ARMA
- Musculoskeletal Co-ordinating Group
- BOA
- BASK
- BODS
- RCS
- Chartered Society of Physiotherapy
- Orthopaedic Physio Special Interest Group
- British Society for Rheumatology
- Arthroplasty Care Practitioners Association
- RCN - SOTN – Society of Trauma & Orthopaedic Nursing
- Association of Professors of Orthopaedic Surgery



*Give people the care they need
and no less, the care they want and
no more*

- Dr Steven Laitner

- steven.laitner@nhs.net

- 07771 625205

Questions and Comments.....