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Shared Decision-Making in Rheumatology Care

Announcer:
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Here's your host, Dr Jason Liebowitz.

Dr Liebowitz:

Although rheumatology can often be a complex field of medicine, clinicians work to make the best treatment decisions for their patients, and one way they can do this is by incorporating shared decision-making. How can clinicians implement that in their practice to provide optimal care?

This is ReachMD, and I'm Dr Jason Liebowitz. Joining me to discuss the practice of shared decision-making are Dr Jonathan Greer and Mrs Karen McKerihan. Dr Greer is a rheumatologist with the Arthritis and Rheumatology Associates of Palm Beach. He's also an assistant clinical professor of medicine at both Nova Southeastern University and the University of Miami. Mrs Karen McKerihan is a family nurse practitioner in rheumatology and is also the infusion director with Articularis Healthcare in South Carolina. Dr Greer and Mrs McKerihan, thanks for being here today.

Dr Greer:

It's my pleasure.

Mrs McKerihan:

Thank you for having me.

Dr Liebowitz:

Starting with Mrs McKerihan, can you tell us what shared decision-making means to you?

Mrs McKerihan:

Well, shared decision-making has been defined as an approach where clinicians and patients share the best available evidence when faced with the task of making a decision, and where patients are supported to consider options to achieve informed preferences. Shared decision- making stresses that individual self-determination is a desirable goal that should be supported by clinicians whenever it is feasible to do so. Shared decision-making does not mean abandoning the individual patient, but rather supporting autonomy by building good relationships and respecting individual competence as well as interdependence on others.

Dr Liebowitz:

Thank you. That's very well said. And with that in mind, Dr Greer, what role does shared decision-making have in treatment?

Dr Greer:

Well, it can support knowledge gains on the part of patients, more confidence in decisions, more active patient involvement, and often more satisfaction with outcomes. Patients often feel more respected and valued as important stakeholders when they are fully included

in decisions—and I call this shared decision-making—to make them part of the decision-making team. Patient expectations may be more realistic when they are provided with all the relevant information regarding potential positives and negative outcomes. There may be tangible benefits to providers as well, such as decreased likelihood of lawsuits, improved patient satisfaction scores, and increased likelihood of referrals to friends and family members.

Dr Liebowitz:

Wonderful. And staying with Dr Greer, how do you approach implementing principles of shared decision-making with your patients?

Dr Greer:

Well, I'm always seeking to gain a better understanding of the challenges faced by individual patients, so you really need to get to know that patient very well, not just their disease state, because they are people.

We should delineate the patient concerns, their goals, what do they expect to see with regard to their care and treatment, and then we should discuss the treatment preferences and patient experiences with past providers and other treatments. And we should engage in this shared decision-making process with the patient to select proper therapy.

Dr Liebowitz:

And Mrs McKerihan, how do you go about selecting the best route of administration for medication in shared decision-making with your patients?

Mrs McKerihan:

Well first and foremost, I think you need to set the right atmosphere, the right setting, for patients to be able to hear what is being said, have a buy-in and an understanding of what is being said, and feel like they are participating and that you are participating with them completely. So that's a quiet exam room, allowing family members to be present for the discussion, allowing them to ask questions, and letting them feel like they are being heard.

Providing reading materials is also a really good way to make patients feel like they are involved in this decision. Understanding the mechanism of action, how the drug is given, and all of the details around that sort of questions that they may have. They need to feel like they have been able to fully discuss the potential advantages and disadvantages of injectable vs infusion medications. Explaining the adverse effects of the medication to the patient is key. What can they expect when they go home? Providing patients with real-world information to help their decision, including maybe a tour of the infusion center. I've done this for patients before who feel that they just don't understand what this involves and are very nervous about it, and so allowing them to walk through and see the infusion area is key. Meeting the infusion nurses, allowing the patients to hold and feel an autoinjector, or to play with the devices provided by the different companies that are trainers.

And then, helping patients understand that infusions does not equal chemotherapy. Often they'll get a bill or an explanation of benefits which codes it as chemotherapy, and that can be very disconcerting to them. So telling them ahead of time that they may see this helps to allay any of those fears. And then, of course, explaining every step in the process for the patient is key.

Dr Liebowitz:

Thank you so much, it's a really helpful summary. And Dr Greer, what advice would you give to clinicians to help them implement shared decision-making into their practice?

Dr Greer:

Well, first of all, we should listen to our patients. It's what I do every time I walk into a patient room. I sit down and ask them how they're doing and allow them to start the conversation. And then, through that conversation, understand their concerns and their fears, and try to address them during that time. That helps to build a relationship between the provider and the patient—and that can be the nursing staff, of course, or the advanced practice providers—and to discuss with the patient their goals of treatment, because they may have different goals than you do, and you want to know what theirs are. You can use certain mnemonic devices or other methods to remember the important components of shared decision-making, and the steps that can be used to employ the techniques. Observing skilled colleagues as they engage patients in shared decision-making is important. I have many physicians or other practitioners who would like to start an infusion practice, and they have come to our practice and observed me or my partners firsthand and how we do this. And then, of course, ask patients for feedback, to learn from any successes and failures, and that that can apply that going forward for other patients.

Dr Liebowitz:

Wonderful. And with those final thoughts in mind, I want to thank our guests for helping us better understand shared decision-making. Dr Greer and Mrs McKerihan, it was a great pleasure speaking with you both today.

Dr Greer:

Thank you for having me.

Mrs McKerihan:

Thank you very much.

Announcer:

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