

Group N°6

Effective shared care:

How do we share the treatment plans and information with the patient and all caregivers?

Break-out sessions

ESC Education Conference – 30 Jan - 31 Jan 2019

Current use, challenges and limitations

Group 6: How do we share the treatment plans and information with the patient and all caregivers?

The question (above) exemplifies the challenges: ?rephrase as ... How do we **make** the treatment plans **together**?

1. Challenges/limitations

- **Culture**
 - The patient centeredness of the organization and the community in which it is based
- **Clinician**
 - Lack of physician ownership, lack of evidence of benefit, attitudes to shared care
 - Perceived high self-efficacy
 - Resources: time, people, relevant materials
 - Complexity of situation
 - Potential/perceived threat to control of situation/autonomy
- **Patient**
 - Setting – critical/acute/ward/outpatient/community – and acuity of situation
 - Age/generation gap/health literacy
 - Variability in patient preference for format of information delivery

2. Examples of practice where shared decision making is applied: situation vs strategy

- Example from national lead
- Heart failure inter-disciplinary team
- MDT/ward round/outpatient – patient/relative/caregiver presence – *this situation appears to be the exception*
- Involvement of family/loved ones/ caregivers: end-of-life/complex/acute situations - *common*
- MDT decision – then inform patient – then modify advice according to:
 - Patient preference/wishes
 - Financial constraints of patient/social circumstances
 - Managed risk/benefit perceptions of multiple medications – by clinician in context of patient
- 'informed' (or not) consent

Opportunities and development for the future

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Three basics, without which there is no hope:

1. Fundamental understanding that for success need to recognize this as time/people/materials resource requirement
– otherwise irrelevant (rearranging deckchairs on the Titanic)
2. Patient-centred healthcare
3. Requirement for culture change – essential – we are not as good at this as we think we are

Summary of shared decision making process

1. Determine if a shared decision making is needed?
2. When it is needed:
 - Evaluate and improve the shared decision *team* status: create a real team concept (Beatles)
 - Understanding the patient's situation and communicating with compassion
 - Gather information regarding the patient profile and preferences and interpret these
 - Develop a toolbox of practical didactic solid and digital tools
3. Reassess the process and outcomes

Additional considerations:

- Individualize and modularize approaches
- Throughout the whole patient journey
- Measurable benefit
- Learn from other specialties
- Gaming (rewards)
- Using digital technology/ a variety of materials in a patient-centered way
- Medical legal context of the country