

Implementation of SDM in the Netherlands: State of the art



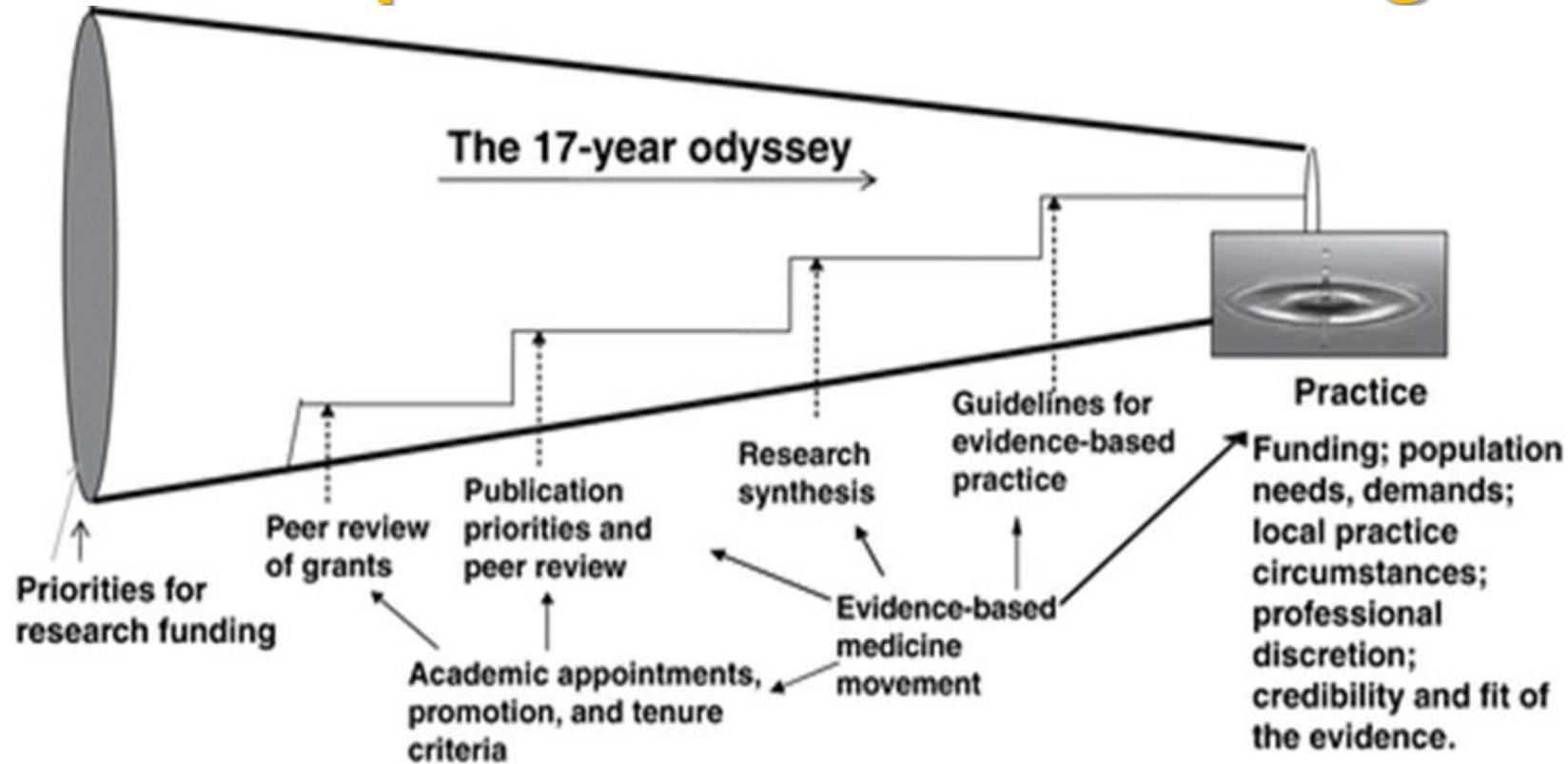
Dirk Ubbink


Haske van Veenendaal



Erasmus

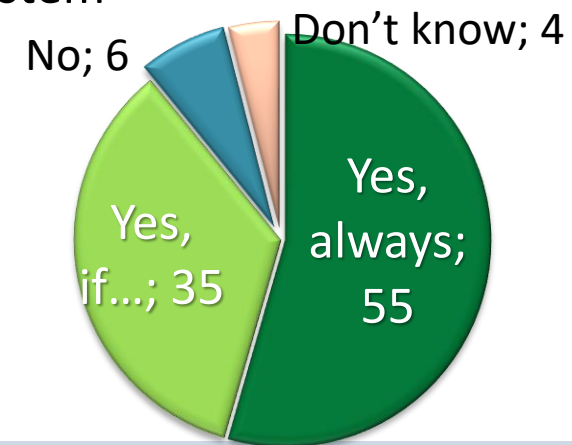
SDM is an implementation challenge



 Green LW, et al. 2009.
Annu. Rev. Public Health. 30:151–74

Current national support for SDM

- Ministry of Health
 - More tailored care rather than rigorously following evidence-based guidelines
 - Government program 'Healthcare Evaluation and Appropriate Care' promotes PtDAs
 - Lower healthcare costs!?
- Dutch Organisation for Health Research and Innovation (ZonMW)
- Healthcare insurance companies
 - Double consultation time for SDM can be registered in the declaration system
- Professional and patient advocacy societies
 - College of General Practitioners
 - Federation of Medical Specialists
 - Federation of Patient Societies
- Patients themselves



Support \neq action

- Culture shift
 - From HCP as expert in the lead → HCP and patient collaborating as experts in their fields
 - Explicitly tell patients there is something for them to choose from, and ask them about their preferences
- Unconscious incompetence
 - “We already do it”
 - No structural SDM-education in medical and nursing curricula

Support \neq action



- Behaviour

- In most clinical studies OPTION-scores are still low (15-45%)
 - Little improvement over the years:
- Patients want, but do not experience SDM
- No quality assurance system or valid performance indicator
- No preference-sensitive recommendations in clinical practice guidelines
- Little attention for patient preferences in multidisciplinary team meetings
- Large number of SDM-tools before and during the encounter available, but not for every disorder and are hardly used



Support \neq action

- Difficult areas
 - Limited health literacy (25%)
 - Acute, life-threatening situations
 - Geriatrics & multimorbidity: Goal setting and prioritizing are also part of SDM

National SDM initiatives

- *2017*: Ministry of Health started 5-year programme “Outcome-based healthcare”
 - Promoting SDM through better access to outcome information
 - Integration in value-based and outcome-based healthcare projects
 - Value-based care including PROMs and SDM (but: again another questionnaire...)
 - Initiating a national portal of patient decision aids (www.thuisarts.nl).
- *January 2020*: SDM incorporated in legislation (‘WGBO’).

National SDM initiatives

- *October 2021:* Patient and professional organisations and policy makers started an 18-month, public SDM-campaign to improve awareness and attitude among citizens, HCPs and patients.



National SDM initiatives

- 2022: SDM-competency definitions were developed for both nurses and doctors to be embedded in professional curricula
 - Clinical knowledge and skills training
- Healthcare insurers are contemplating how to promote and reward SDM
 - Reimbursement of SDM-consultations
 - Funding of national portal of patient decision aids



SDM on the Dutch national level: Summary

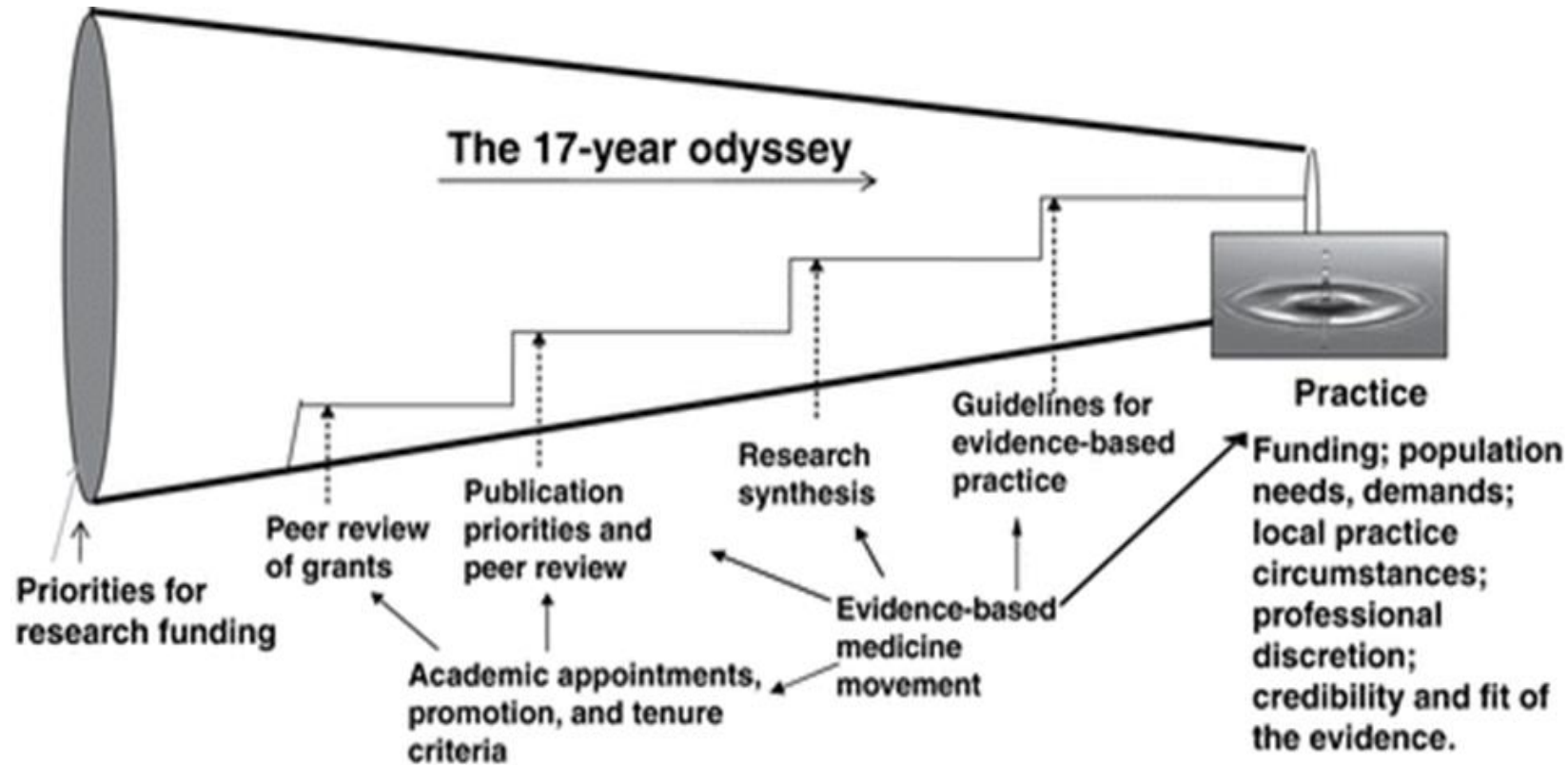
- Growing number of Dutch initiatives targeting SDM, supported by:
 - Dutch Ministry of Health
 - Federation of Patient Organisations
 - Professional societies
 - Healthcare insurers
- Implementation in clinical practice lags behind
 - Awareness
 - Training (individuals and teams)
 - Organisational changes: integration of SDM and tools in standard care processes





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Developments in healthcare organizations

- Multilevel, theory based approach
- Training, coaching, feedback & E-learning
- Team approach
- Integration in pathway (working process)
- Lessons & challenges



Multilevel

- Several multilevel implementation projects! E.g.
 - ‘Ovidius’, vascular surgery (13 hospitals)
 - ‘Time-out’, breast, lung & colon cancer (11+4+2 hospitals)
 - Palliative cancer care (6 hospitals)
 - ‘Decide together’, Mixed conditions (26 hospitals)
 - ‘Santeon’, stroke, kidney disease & breast cancer (7 hospitals)
 - Many ‘in-hospital’ programs and activities



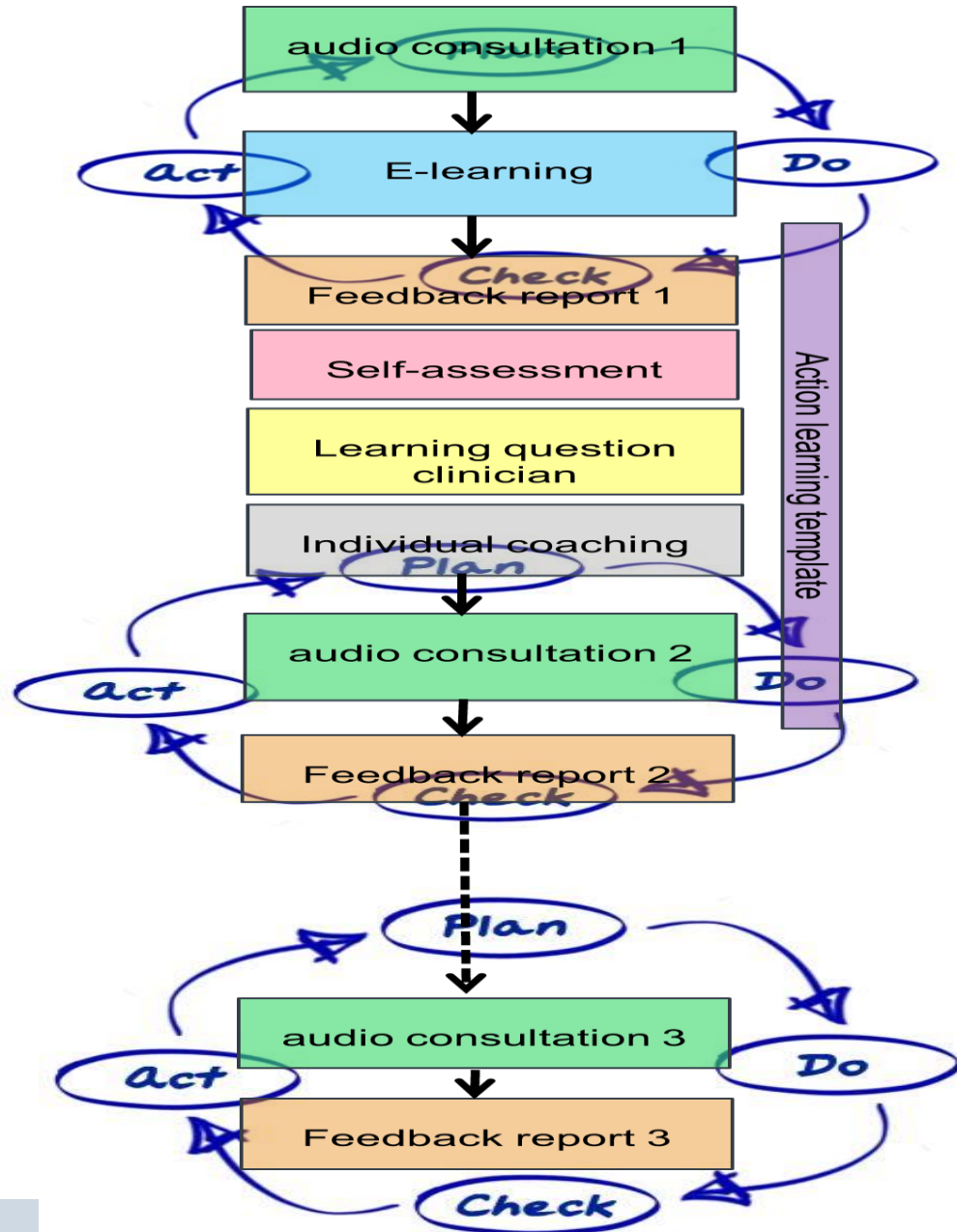
Multilevel

Level	Intervention
1. Tools/ theory	<ul style="list-style-type: none">• Practical 4-step SDM model• Tools for SDM
2. User/ behavior	<ul style="list-style-type: none">• Individual & team feedback• Team training, coaching & e-learning
3. Process/ organisation	<ul style="list-style-type: none">• Include time-out & decision-tools in pathway• Adapt MDTM & reassign tasks• Learn from others
4. Context	<ul style="list-style-type: none">• Resolve barriers and facilitators (ICT, incentives, guidelines)• Commit team & management, implementation expertise
Patient involvement	<ul style="list-style-type: none">• Patient in project-teams, training, etc.• Feedback via polls, SDM-Q9, CPS, Collaborate, etc.



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(work place) Training, coaching, feedback & E-learning





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Team approach

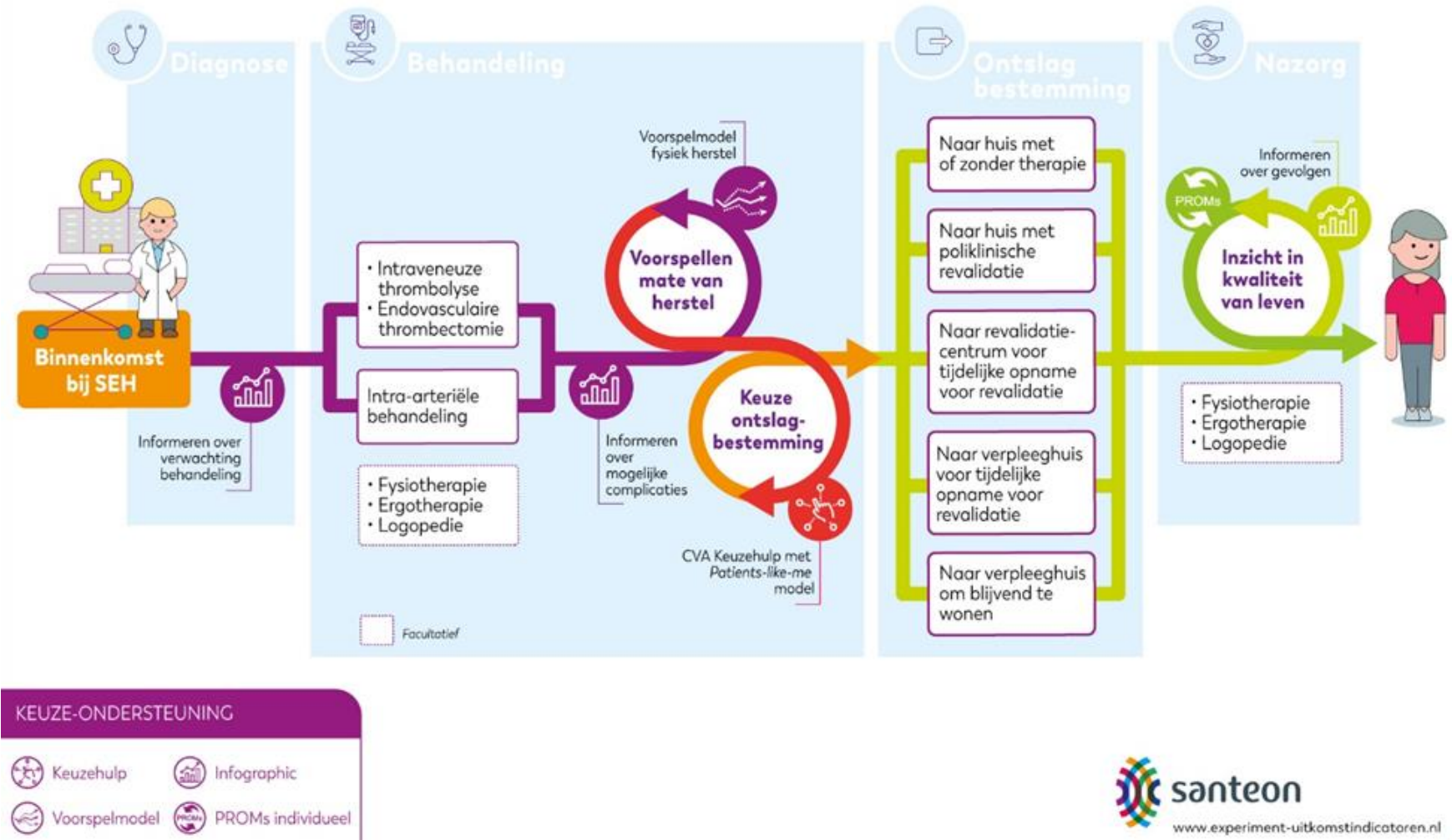


- Redesign of pathways
- Observation and alteration of Multidisciplinary team meetings
- Reassessing communication/SDM tasks
- Involve management

Care path SDM Acute Stroke



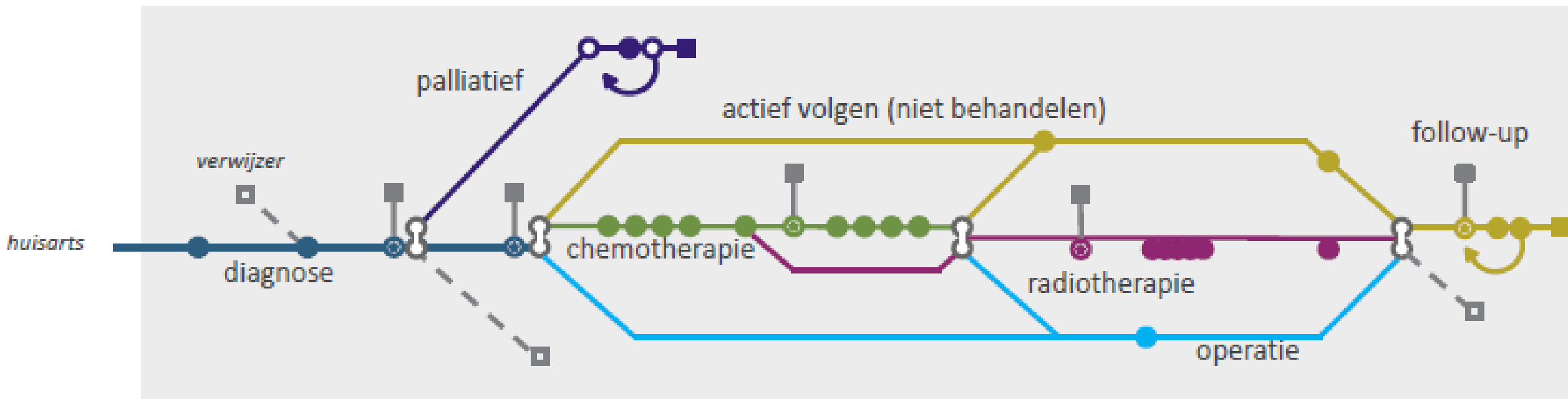
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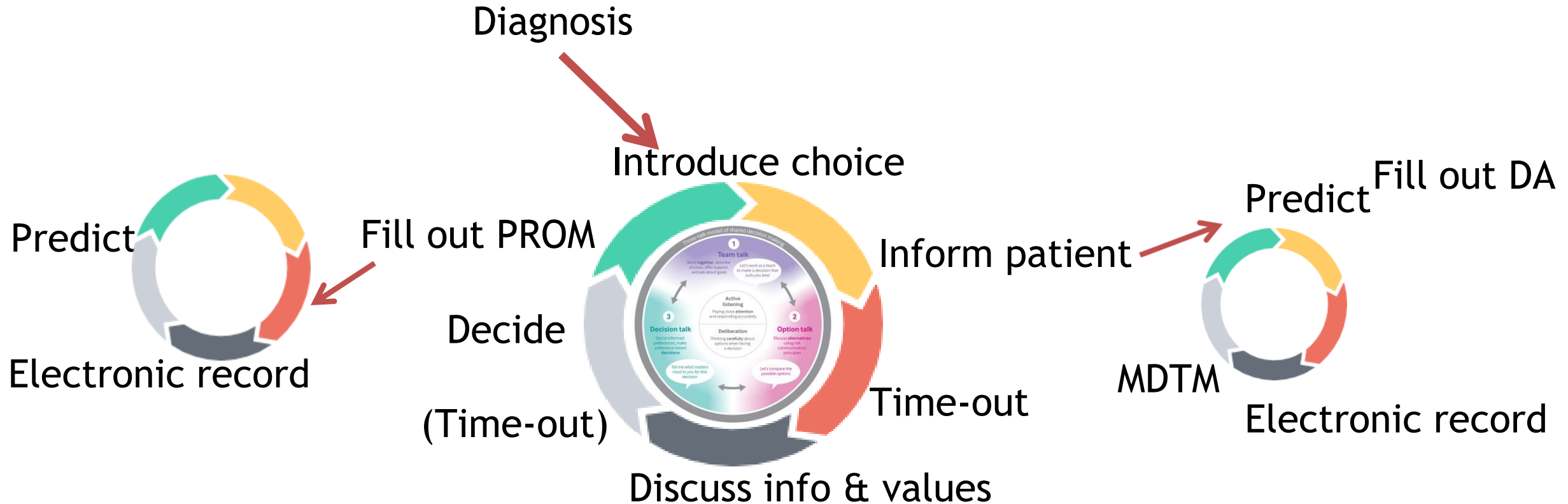
Care path pancreas cancer





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Integration





Lessons & challenges in healthcare organizations

Lesson: Work from daily practice and use intrinsic motivation of clinicians:

1. SDM is meaningful and of benefit to themselves and patients
2. Theory-based and practical feedback and training is effective
3. SDM is teamwork and adaptation of care pathway is often needed
4. Involvement of patients is both meaningful and motivating

Challenges:

1. Keep it intrinsic and cherish the true meaning of SDM
2. Apply SDM with every patient (e.g. low health literacy)
3. Apply in a busy setting/context
4. Change care pathways (although reinforcing and sustainable)