



Consumer Decision Support Aids/Shared Decision Making

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Session Overview

- A bit about AHRQ
- Why we need trusted information for patients and consumers
- AHRQ sponsored resources



AHRQ's Mission

Improve the quality, safety, efficiency and effectiveness of health care for all Americans

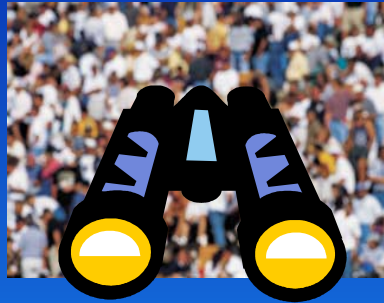


HHS Organizational Focus



NIH

Biomedical research to prevent, diagnose and treat diseases



CDC

Population health and the role of community-based interventions to improve health



AHRQ

Long-term and system-wide improvement of health care quality and effectiveness

The Road From Discovery to the Patient Care

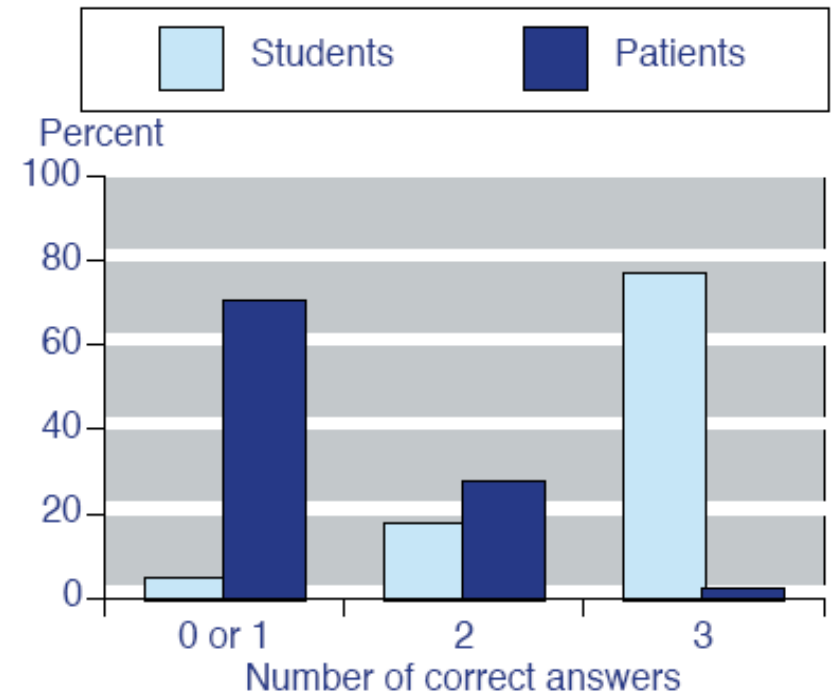
- 17 year gap between discovery and widespread adoption of new knowledge
- Interpreting findings is no easy task!



Numeracy as Measured in Medical Students and Patients

- Most patients (in a study of 257) could answer only one (30%) or no (41%) numeracy questions correctly.

Figure 1: Numeracy as measured in medical students and patients



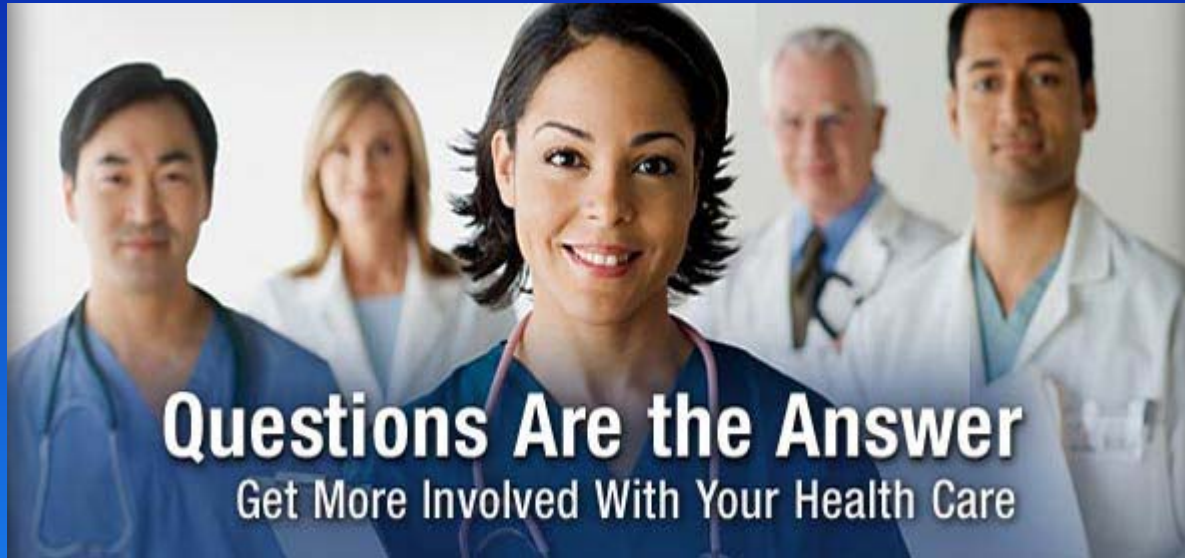


We Need to Communicate the Results

In a study requiring interpretation of mammography outcomes, almost all physicians confused the sensitivity of the test (the proportion of positive test results among people with the disease) with its positive predictive value (the proportion of people with the disease among those who receive a positive test result).

Science, Vol 290, Issue 5500, 2261-2262 , 22 December 2000

Patient Involvement Campaign



- AHRQ's campaign with The Advertising Council uses a series of TV, radio, and print public service announcements
- Web site features a "Question Builder" for patients to enhance their medical appointments
 - www.ahrq.gov/questionsaretheanswer



Research Objectives

- Identify which health care facts and materials are most motivating to our audiences
- Identify additional opportunity areas for communication
- Understand the language of quality health care



Research Method

- Discussions with patients and caregivers
- Demographically diverse respondent pool
 - Including African American, Hispanic and low-income participants
- Mix of focus groups and in-home individual interviews
 - Individual interviews for seniors; in-facility discussions with other patients and caregivers
- AHRQ's medical facts and steps to safer health care used as fodder for discussion
- Research fielded January 24—February 16



Medical Error Not Top of Mind

- Not on peoples' radars
- Not easily defined by respondents
- Respondents primarily concerned with other health care issues

I'm not sure what that is.
–AA Parent, Memphis

When doctors make mistakes. –AA Parent, Detroit

Is it when they make a mistake, like someone removing the wrong foot?
–AA Parent, Los Angeles

I don't worry. All the doctor has to do is look at my chart. –Hispanic Senior, Los Angeles



Top of Mind Health Care Issues

■ Insurance

- Cost
- Understanding coverage and benefits
- Feeling that insurance companies dictate (and limit) care

■ Access

- Availability of appointments
- Feeling rushed
- Cost of co-pays

■ Doctor issues

- Personality mismatches
- Waiting, feeling unimportant

■ Prescription drugs

- Affordability—even having to choose
- Confusion with multiple prescriptions



The Rush of the Doctor Visit

- Wait, then hurry up
 - Respondents across segments complain about lengthy waiting times, rushed appointments
- A 10-minute window?
 - Respondents think doctors are limited to an absolute time frame per patient
 - Many blame insurance companies
- Many questions go unasked
- Many answers go misunderstood
 - Don't quite understand the jargon

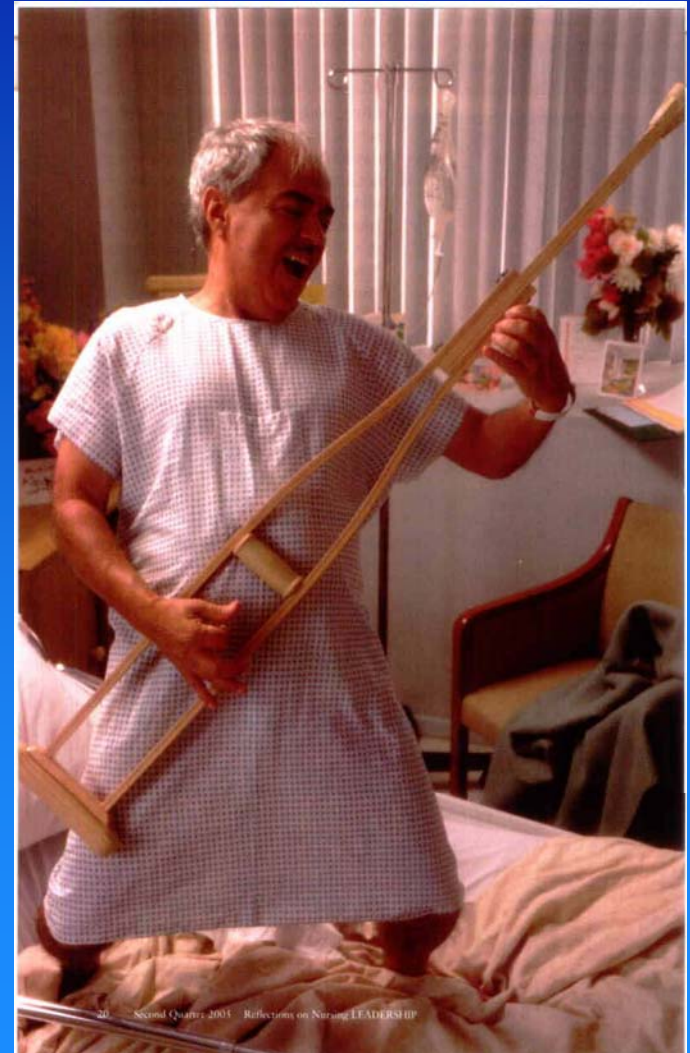
You feel like you have this window between 3:37 and 3:42. If you have a dozen questions to ask about, God forbid. –AA Parent, Detroit

They can only give fifteen minutes to each patient.
–Senior, Los Angeles

They'll ask, "Any more questions?" while they're standing in the doorway with one hand on the door handle.. I'll think to myself, "I guess not."
–AA Parent, Detroit

What Patients Claim to Do

- Bring a list of questions to each appointment
- Take notes in the examination room
- Talk to their doctors about any allergies they have
- Carry a current list of prescriptions (with dosages) so they can share them with physicians and pharmacists
- Make sure they receive the results of any medical tests they have
- Discuss the various treatment options in detail with their physician
- Upon leaving the hospital, make sure they understand instructions regarding follow-up care



What Most Patients Really Do

- Bring some “mental notes” to each appointment
- Rely on that “mental notebook” during the visit
- Mention allergies only when it seems particularly relevant
- Carry a pretty good “mental list” of prescriptions, though dosages can be spotty -OR- carry a written list that’s not quite current or complete
- Assume that no news is good news—in all but the most serious cases
- Accept his recommendation—unless the case is serious or the recommendation is inconvenient
- They’re so excited to go home, they don’t really process the doctor’s follow-up instructions





Opportunity: Lightning the Load for Caregivers

- Caregivers and parents feel overwhelmed by health care issues
- There's little time to ponder the quality of care
- Greater confidence that their job is well done would be welcome

For parents and caregivers, navigating health care issues represents more stress than they can handle.



Opportunity: Prescriptions

- Many respondents have a prescription horror story
- A love-hate relationship
- Many possible sources of error

They gave my mom the wrong medication. And she didn't read the label. –AA Caregiver, Detroit

I ask my mom why she has so many pills. You have to quiz her on what they're for. – AA Parent, Detroit

I believe that's how my mom died. Too much, too many. – Parent, Detroit

Prescriptions worry me. I don't always know what they're for. –Low-Income Parent, Memphis



Being Prepared

- Preparation = time

- Simple to-do lists should be well-received by patients
 - Creating a list of questions to ask
 - Bringing an up-to-date list of prescriptions (or, ideally, the bottles themselves)

Time constraints during the doctor visit are a major source of anxiety when it comes to health care.

Ask Questions !

- Many respondents need to be reminded to ask questions
- Additionally, they need to understand what message asking questions sends
 - Questions tell your doctor that you care and that you'll follow through
 - “The squeaky wheel gets the grease”



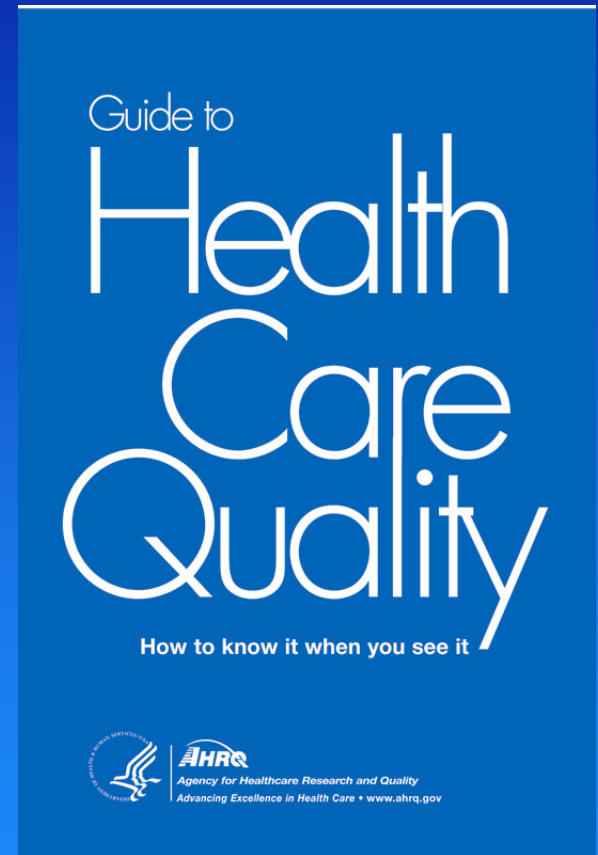
The PSA





Booklet Helps Consumers Understand and Get Quality Health Care

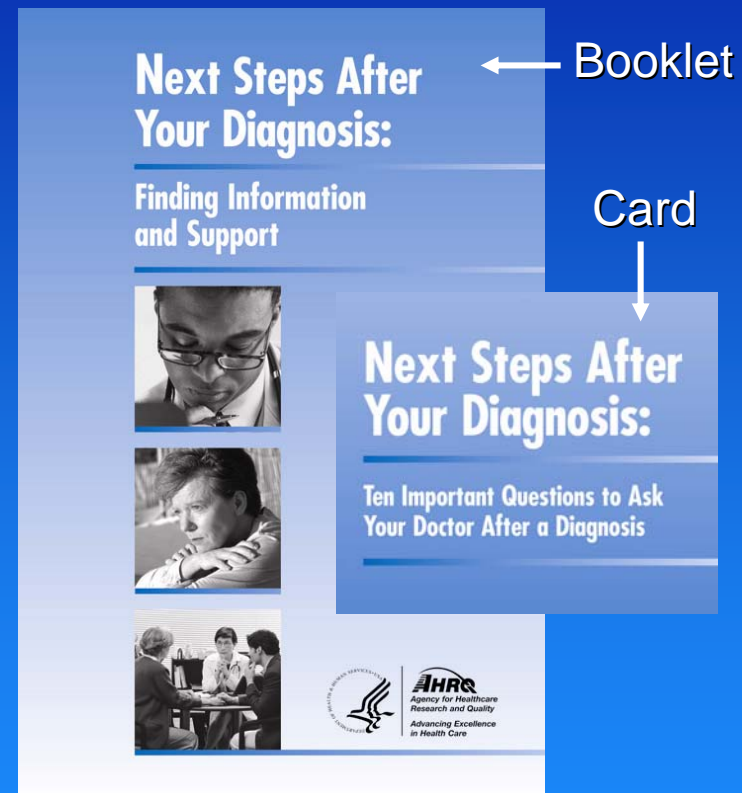
- Helps consumers identify high-quality health care and take a more active role in their own health care
- Explains clinical measures:
 - Track and improve the quality of care provided by doctors, hospitals, and others
- Explains consumer ratings:
 - Indicate how satisfied people are with their health care
- Lists Web sites and phone numbers for more resources



Part of a series to help patients take a more active role in their health care

Find Support and Information After a Medical Diagnosis

- Helps people understand their disease or condition, how it might be treated, and what they need to know before making treatment decisions
- Includes 10 important questions to ask your doctor
- Lists other resources and Web sites for further information
 - Web version includes links for specific diseases and conditions



Part of a series to help patients take a more active role in their health care

Questions are the Answer Posters

Questions Are the Answer

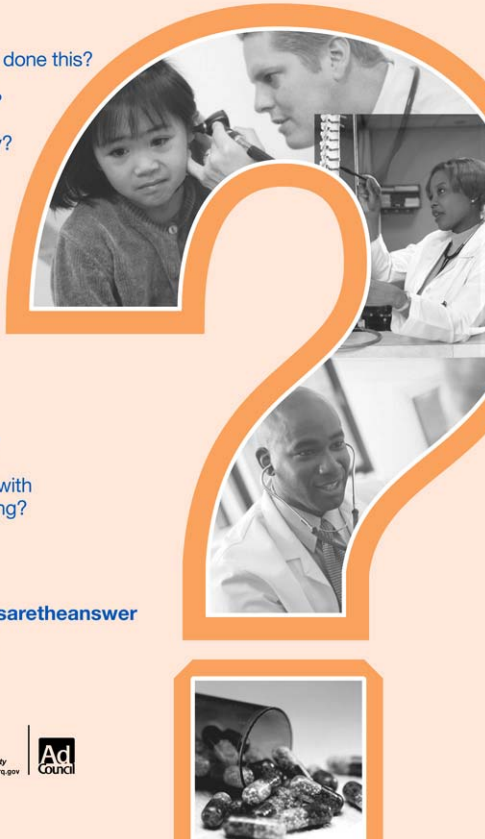
Get More Involved With Your Health Care

Do You Know the Right Questions to Ask?

- 1 What is the test for?
- 2 How many times have you done this?
- 3 When will I get the results?
- 4 Why do I need this surgery?
- 5 Are there any alternatives to surgery?
- 6 What are the possible complications?
- 7 Which hospital is best for my needs?
- 8 How do you spell the name of that drug?
- 9 Are there any side effects?
- 10 Will this medicine interact with medicines I'm already taking?

For more questions:

www.ahrq.gov/questionsaretheanswer
1-800-931-AHRQ (2477)



Las preguntas son la respuesta

Participe más en su atención médica

¿Conoce usted cuáles son las preguntas correctas que debe hacer?

- 1 ¿Para qué es la prueba?
- 2 ¿Cuántas veces ha hecho esto?
- 3 ¿Cuándo obtendré los resultados?
- 4 ¿Por qué necesito esta cirugía?
- 5 ¿Existen otras alternativas a la cirugía?
- 6 ¿Cuáles son las posibles complicaciones?
- 7 ¿Qué hospital es mejor de acuerdo a mis necesidades?
- 8 ¿Cómo deletrea el nombre de ese medicamento?
- 9 ¿Existen algunos efectos secundarios?
- 10 ¿Es posible que este medicamento interactúe con los medicamentos que ya estoy tomando?

Para más preguntas:

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Also available in Spanish



Questions are the Answer Brochure

Be Prepared
for Medical
Appointments

Build Your
Question List



Agency for Healthcare Research and Quality
Advancing Excellence in Health Care • www.ahrq.gov

Consumer Guides from the Effective Health Care Program

 Effective Health Care



Choosing
Pain Medicine for
Osteoarthritis



*A Guide for
Consumers*

Understanding the Risk of Problems

? WHAT IS THE RISK OF STOMACH BLEEDING WITH NSAID PILLS?
All NSAID pills, including aspirin, block enzymes that protect the stomach. This can cause stomach bleeding. It is not possible to predict any one person's risk. Research can't tell how long you can use NSAID pills without bleeding. In general, stomach bleeding is more likely for people taking NSAIDs who:

- Are older, especially more than 75 years old.
- Take higher doses.
- Use NSAIDs for a longer time.
- Also take medicine to help prevent blood clots, like aspirin or warfarin (Coumadin®).



Older people taking NSAID pills have higher risk of stomach bleeding

For people age 16-44:
5 out of 10,000 people taking NSAIDs will have a serious bleed
1 out of 10,000 people taking NSAIDs will die from a bleed

For people age 45-64:
15 out of 10,000 people taking NSAIDs will have a serious bleed
2 out of 10,000 people taking NSAIDs will die from a bleed

For people age 65-74:
17 out of 10,000 people taking NSAIDs will have a serious bleed
3 out of 10,000 people taking NSAIDs will die from a bleed

For people age 75 or older:
91 out of 10,000 people taking NSAIDs will have a serious bleed
10 out of 10,000 people taking NSAIDs will die from a bleed

 Effective Health Care

Renal Artery Stenosis Treatments

A Guide for Consumers



Fast Facts on RENAL ARTERY STENOSIS TREATMENTS

- Renal artery stenosis (RAS) is a narrowing of one or both of the blood vessels to the kidneys. RAS can lead to hard-to-control blood pressure.
- At this point, nobody knows whether the best way to treat RAS is with blood pressure pills or angioplasty (a procedure to open the blocked area).
- Medicines and angioplasty can both lower blood pressure for people who have RAS.
- A few people with RAS who have angioplasty can stop taking blood pressure pills. Most people will have to keep taking pills for their blood pressure, even after angioplasty.
- In the long run, there is no difference in how well the kidneys work for people who have angioplasty compared with people who just take blood pressure pills for RAS.



Questions are the Answer web site

- www.ahrq.gov/questionsaretheanswer



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