Empowering Patient Autonomy for Extraordinary Outcomes

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Examples for Today

• Ozer Payton Nelson (OPN) Method (Ozer, 1999)
  – Allows for all diagnoses
  – Allows for all disciplines
  – Instructional design
  – Does not extend treatment time with the patient (once practiced)
  – Enhances professional communication skills

• Four Habits Model (Rao, 2010)
  – A teaching and research framework that describes the sequence of important communication behaviors during the outpatient encounter from both the practitioner AND patient perspective
EMPOWERING PATIENT AUTONOMY FOR EXTRAORDINARY OUTCOMES

TOOLS
## Tools for Empowering Patient Autonomy

<table>
<thead>
<tr>
<th>Tool</th>
<th>Use</th>
<th>Other Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Practitioner Directed</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participation Method Assessment Instrument</td>
<td>To determine attempts made to involve patients in goal setting</td>
<td>21 items, requires observer or tape recording of session</td>
</tr>
<tr>
<td>(PMAI) (Baker, 2001)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decision Support Analysis Tool (DSAI) (Guimond, 2003)</td>
<td>To evaluate practitioners’ use of decision support and related communication skills during a clinical encounter</td>
<td>Primarily used in research but criteria could easily apply to a self-directed quality improvement project</td>
</tr>
<tr>
<td>Ottawa Personal Decision Guide (OHRI)</td>
<td>Useful when a practitioner anticipates a person may have difficulty making a decision, or when a person expresses difficulty making a decision</td>
<td>Has A-Z inventory of decision aids with systematic process for current review Has tutorial for providers and toolkits</td>
</tr>
<tr>
<td>Ideal Patient Autonomy Scale (Stiggelbout, 2004)</td>
<td>Used to assess patient or practitioner views on autonomy</td>
<td></td>
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</table>
Decision Aids (OHRI, O’Connor 2009)

– **Evidence-based tools** to prepare people to participate in making specific and deliberated choices among healthcare options in ways they prefer

– Used when more than one medically reasonable option - no option has a clear advantage in terms of health outcomes, each has benefits and harms that people value differently.

– Supplement but not replace practitioner counseling and aid decision making
PROACTIVE
(Hunink, 2001)

Problem Reframed
Objectives
Alternatives
Consequences
Tradeoffs Integrate
Values
Evidence

• Tool used to facilitate decision-making in the face of uncertainty
  • Balance sheets
  • QALY utility measures
  • Probability revisions
  • TreeAge Solutions Software
# Clinical Balance Sheet

<table>
<thead>
<tr>
<th></th>
<th>Hip Protector Use</th>
<th>No Hip Protector Use</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lifetime Risk</strong></td>
<td>6.1%</td>
<td>14.0%</td>
</tr>
<tr>
<td><strong>Hip Fracture Cost</strong>:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initial Management</td>
<td></td>
<td>$19,000 - $66,000</td>
</tr>
<tr>
<td>Lifetime attributable cost</td>
<td></td>
<td>$81,300</td>
</tr>
<tr>
<td><strong>Downsides</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin irritation (5%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discomfort (5%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time to apply</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laundry issues</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Costs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hip protectors ($80-300)</td>
<td></td>
<td>Avoid cost of hip protectors</td>
</tr>
<tr>
<td>Cost of donning ($300)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cost of laundry ($500)</td>
<td></td>
<td></td>
</tr>
</tbody>
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(Clarke D & M.L., CSM 2010)
Sample Decision Aid (Healthwise, 2009)

Achilles tendon rupture: Should I have surgery?

What matters most to you?

Your personal feelings are just as important as the medical facts. Think about what matters most to you in this decision, and show how you feel about the following statements.

Reasons to choose surgery for a ruptured Achilles tendon

I don’t want to risk having another tendon rupture.

Reasons to choose a cast or brace (immobilization) to treat a ruptured Achilles tendon

I’m willing to take the risk of having another tendon rupture if it means not having surgery.

My job requires that I have strong legs.

My job doesn’t require that I have strong legs.

More important  Equally important  More important

More important  Equally important  More important
Cochrane Review of Use of Decision Aids

(O’Connor, 2009)

• Decision aids increase people’s involvement and are more likely to lead to informed values-based decisions
• Use simple (rather than detailed) decision aids
• Provide probabilities when possible (quantitative preferred)
Considerations/Barriers in Development Patient Decision Aids

- **Clinicians**
  - Challenge to autonomy?
  - Don’t recognize preference sensitive decisions
  - Evidence difficult to extract, interpret, communicate

- **Practice**
  - Logistics
  - Lack of time
  - Lack of reimbursement

- **Patients**
  - “Patients don’t want to participate”
  - Variation in role preference
  - Health literacy challenges

- **Resources**
  - Need portfolio of appropriate decision aids
  - Time and skill
Help in Using Decision Aids - IPDAS

• International Patient Decision Aids Standards (IPDAS) - http://ipdas.ohri.ca/
  – Collaboration of a group of researchers, practitioners and stakeholders from around the world.
  – Goal is to establish an internationally approved set of criteria to determine the quality of patient decision aids.
  – To join the Evidence Based Shared Decision Making listserv, please contact Dr. David Rovner at rovner@msu.edu.
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<td><strong>Patient Directed</strong></td>
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<tr>
<td><strong>Patient Activation Measure (PAM)</strong> (Hibbard et al, 2005 &amp; 2008)</td>
<td>Assesses a patient’s level of readiness to participate in the care process</td>
<td>14 items that can be rated by the patient on a likert scale</td>
</tr>
<tr>
<td><strong>Control Preferences Scale</strong> (Degner, 1997)</td>
<td>Quickly assesses patient’s desire for involvement</td>
<td>Can be excellent time saver and completed in waiting room</td>
</tr>
<tr>
<td><strong>Ottawa Personal Decision Guide</strong> (OHRI)</td>
<td>Useful for links to pathology related decision aids</td>
<td>Has A-Z inventory of decision aids</td>
</tr>
<tr>
<td><strong>Impact on Participation and Autonomy Questionnaire</strong></td>
<td>Used for evaluation of rehab outcomes for adults with long-term physical impairments</td>
<td></td>
</tr>
<tr>
<td><strong>Ideal Patient Autonomy Scale</strong> (Stiggelbout, 2004)</td>
<td>Used to assess patient views on autonomy</td>
<td>Can equally be used to assess practitioner views</td>
</tr>
<tr>
<td><strong>FACIT Measurement System</strong> (FACIT)</td>
<td>Distributes information regarding administration, scoring and interpretation of chronic illness questionnaires</td>
<td>Look particularly at FACIT – patient satisfaction scales</td>
</tr>
</tbody>
</table>
Patient Activation Measure (PAM-13)  
(Hibbard et al, 2005 and 2008)

1. When all is said and done, I am the person who is responsible for managing my health condition.
2. Taking an active role in my own health care is the most important factor in determining my health and ability to function.
3. I am confident that I can take actions that will help prevent or minimize some symptoms or problems associated with my health condition.
4. I know what each of my prescribed medications do.
5. I am confident that I can tell when I need to go get medical care and when I can handle a health problem myself.
6. I am confident that I can tell a doctor concerns I have even when he or she does not ask.
7. I am confident that I can follow through on medical treatments I need to do at home.
8. I understand the nature and causes of my health condition(s).
9. I know the different medical treatment options available for my health condition.
10. I have been able to maintain the lifestyle changes for my health condition that I have make.
11. I know how to prevent further problems with my health condition.
12. I know how to prevent further problems when new situations or problems arise with my health condition.
13. I am confident that I can maintain lifestyle changes, like diet and exercise, even during times of stress.
Control Preferences Scale (Degner, 1997)

A. I prefer that my doctor order tests or treatments for me based on my own personal wishes.

B. I prefer that my doctor order tests or treatments for me based on my own personal wishes after having seriously considered what he or she thinks is best.

C. I prefer that my doctor decide about which tests or treatments to order by equally weighing both my personal wishes and what my doctor thinks is best.

D. I prefer that my doctor order tests or treatments for me based on what my doctor thinks is best, after having seriously considered my personal wishes.

E. I prefer that my doctor order tests or treatments for me based on what he or she thinks is best.
Ottawa Personal Decision Guide

The Ottawa Personal Decision Guide (OPDG) is designed for any health-related and/or social decisions.

It can help people assess their decision making needs, plan the next steps, and track their progress in decision making.

Several different versions of the OPDG are available:

1-page interactive PDF
(Fill in, save your answers, and print using Adobe Reader)

An application called iShould on Facebook.
iShould helps you make and share decisions with your friends.
Impact on Participation and Autonomy Questionnaire (IPA) (Sibley, 2006)

<table>
<thead>
<tr>
<th>IPA Subscales</th>
<th>Question numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autonomy indoors (7 items)</td>
<td>1a, 1b, 2a, 2b, 2c, 2d, 2e</td>
</tr>
<tr>
<td>Family role (7 items)</td>
<td>3a, 3b, 3c, 3d, 3e, 3f, 4a</td>
</tr>
<tr>
<td>Autonomy outdoors (5 items)</td>
<td>1c, 1d, 5a, 6g, 10</td>
</tr>
<tr>
<td>Social life and relationships (7 items)</td>
<td>6a, 6b, 6c, 6d, 6e, 6f, 7a*</td>
</tr>
<tr>
<td>Work and education (6 items)</td>
<td>8a, 8b, 8c, 8d, 8e, 9a</td>
</tr>
</tbody>
</table>

Item number Impact on Participation and Autonomy (IPA) questions responses ‘very good’, ‘good’, ‘fair’, ‘poor’, ‘very poor’

1a. My chances of getting around in my house where I want to are

1b. My chances of getting around in my house when I want to are

1c. My chances of visiting relatives and friends when I want to are
The four subscales of the Ideal Patient Autonomy Scale (IPAS) (Stiggelbout, 2004)

Scale I Doctor knows best:
- If doctor and patient cannot agree on which treatment is best, the doctor should make the treatment decision.
- It is better that the doctor rather than the patient decides which is the best treatment.
- During the conversation, the patient must submit himself with confidence to the expertise of the doctor.
- The doctor can presume that the patient knows that people can die during serious operations.
- The patient should, without much information on the risk involved, confidently undergo an operation.

Scale II Patient should decide:
- The patient himself must choose between the various treatments.
- If a patient chooses a treatment with more health risks, the doctor should respect this treatment decision.
- It goes too far when the doctor decides which treatment is best for the patient.
- As it concerns the body and life of the patient, the patient should decide.

Scale III Right to non-participation:
- If the patient does not want to receive information about risks, the doctor should respect this.
- Patients who become afraid when thinking about the treatment decision should be left in peace by the doctor.
- Patients should have the right not to be involved in the decision on the treatment.

Scale IV Obligatory risk information:
- The patient has to be informed on all the risks involved in an operation.
- Before a patient consents to a treatment he should receive all information on the risks involved.
Functional Assessment of Chronic Illness Therapy (FACIT)

- Subsets in Patient Satisfaction Questionnaire:
  - Explanations
  - Interpersonal
  - Comprehensive Care
  - Technical Quality
  - Decision-Making
  - Nurses (could be reworked to physical therapist assistants)
  - Trust
  - Overall
## FACIT-TS-PS (Version 1)

<table>
<thead>
<tr>
<th>Decision-Making</th>
<th>No, not at all</th>
<th>Yes, but not as much as I wanted</th>
<th>Yes, almost as much as I wanted</th>
<th>Yes, and as much as I wanted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did your doctor(s) discuss other treatments, for example, alternative medicine or new treatments?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were you encouraged to participate in decisions about your health care?</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Did you have enough time to make decisions about your health care?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you have enough information to make decisions about your health care?</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Did your doctor(s) seem to respect your opinions?</td>
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</table>
You must be the change you wish to see in the world.

- Mohandas Gandhi

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REFERENCES
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• Purtilo RB. Applying the principles of informed consent to patient care: legal and ethical consideration for physical therapy. Phys Ther. 1984;64(8):934-937.
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