



Maastricht University

*Leading
in Learning!*

Communicating guidelines and evidence to patients to support informed and shared decision-making

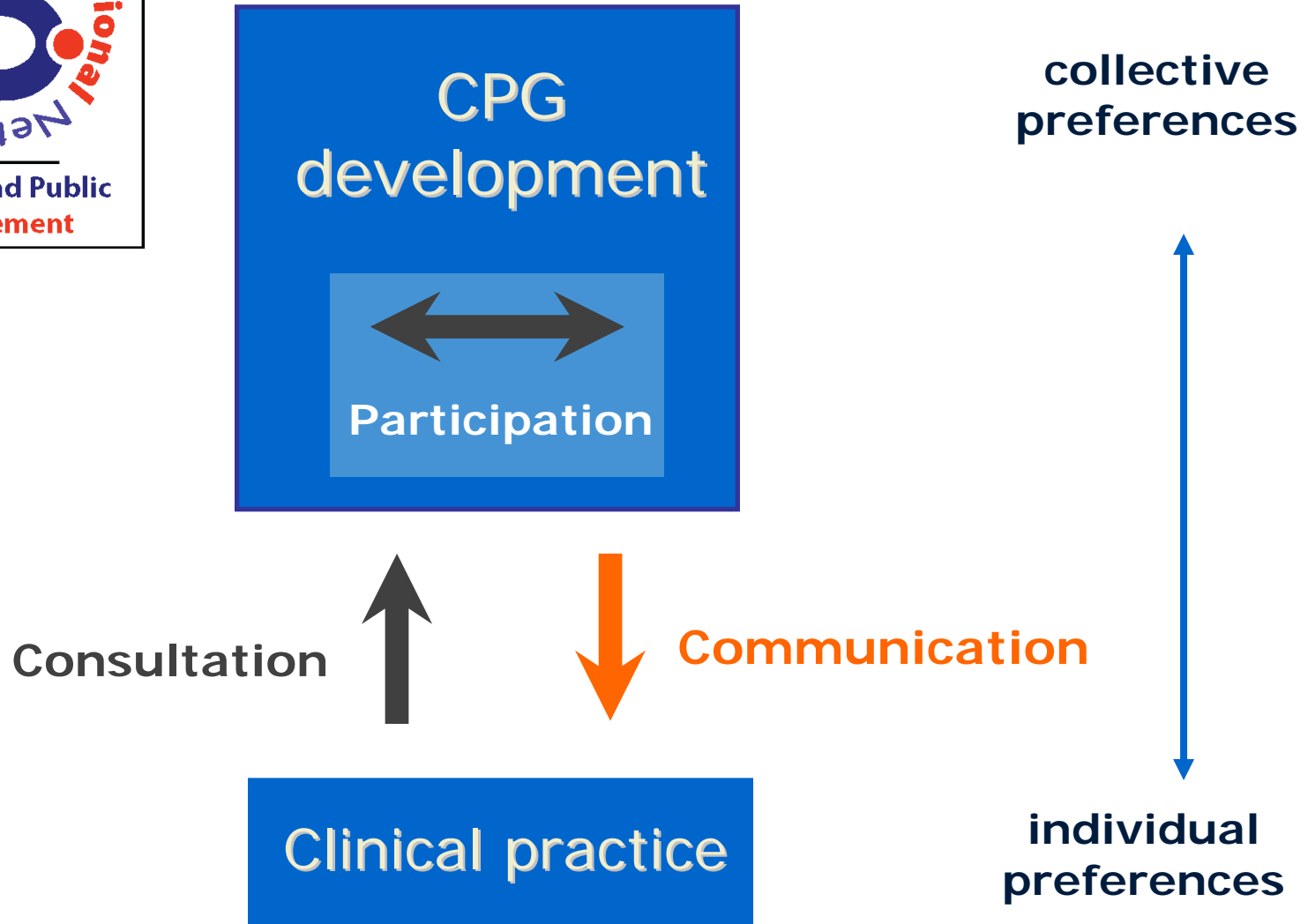
Trudy van der Weijden
Professor Implementation of Guidelines
Dept General Practice
Maastricht University, the Netherlands

Key messages

- What can we do, next to having consumers at the table, to improve CPGs? A lot!
- CPGs can be adapted/extended to facilitate dialogue between P and P.
- We should link patient decision aids to the most important conditional (weak) recommendations.

Challenges in implementation of CPGs:

- Translate population–based data to unique individual, with individual profile and preferences
- To recognize conditional recommendations -> options (preference-sensitive decisions)
- To communicate evidence to patients
- To share decisions



*Boivin A et al. Qual Saf Healthcare 2010
adapted from Rowe and Fewer, 2005*

Research question

How should CPGs be adapted to facilitate elicitation of individual patient's preferences and to support patients and health professionals in sharing decisions?



ZonMw

van der Weijden T et al. Implementation Science 2010, 5:10.

Co-lead by prof Glyn Elwyn (UK), and working with:

- Marije Koelewijn NL
- Antoine Boivin CA
- Jako Burgers NL
- France Légaré CA
- Anne Stiggelbout NL
- Holger Schünemann CA
- Haske van Veenendaal NL
- Marjan Faber NL

Some promising strategies

- Provide patient version of CPG
- Flag recommendations
- Transform recommendation (wording)
- Provide specific questions for patients
- Cross-link patient decision aids
- Integrate in web 2.0

The decision to start regular, biennial **screening mammography before the age of 50** years should be an individual one and take patient context into account, including the patient's values regarding specific benefits and harms.

“talk first”



The USPSTF recommends against routine screening mammography in women aged 40 to 49 years.

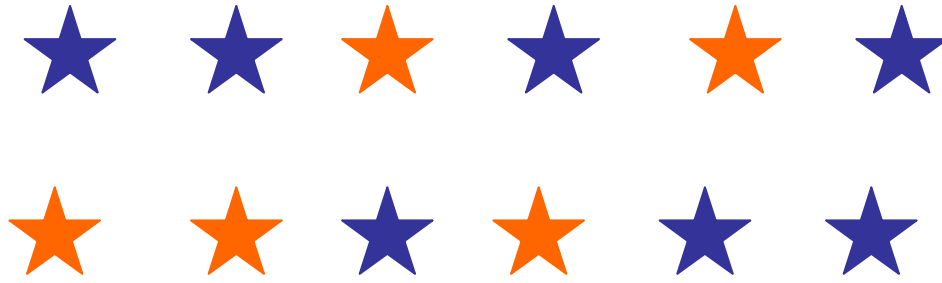
For women 40 to 49 years who still opt for screening:

- Prescribe the USPSTF mammography screening patient decision aid.
- And refer to the mamma care nurse for coaching.
- With final decision making in a follow-up visit.

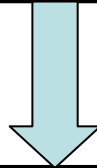
Population
level

*Recommendations
(Decision points)*

Clinical Practice Guideline



Population level



Population
level



Individual
level

Clinical Practice Guideline

Decision
points:



Patient decision aids



IPDAS criteria

Elwyn G. BMJ 2006;333:417.

<http://ipdas.ohri.ca>

- Info on options and relevant outcomes geared to a specific decision
 - + Info on disease/condition
 - + Probabilities of outcomes tailored to risk factors
 - + Values clarification exercise
 - + Info on other's opinions (patient stories)
 - + Coaching in the steps of decision making

Patient decision aids

- SDM community
 - www.isdm2011.org
- University of Ottawa
 - <http://decisionaid.ohri.ca>: 280 patient decision aids

Key messages

- What can we do, next to having consumers at the table, to improve CPGs? A lot!
- CPG can be adapted/extended to facilitate dialogue between P and P.
- We should link patient decision aids to the most important conditional recommendations.