Barriers to Goal-Concordant Care for Patients with Acute Surgical Illness: Communication Patterns Extrinsic to Decision Aids

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Disclosures

None
In Theory, Decision Aids Promote Shared Decision Making

- State specific health condition for which a decision is required
- State decision under consideration
- Describe available options
- Describe positive and negative features of each option
- Describe features of options to help patients imagine the impact of potential outcomes
Our Intervention

https://www.youtube.com/watch?v=FnS3K44sbu0
Pilot Study Findings

• The good news:
  • Surgeons can do it!
  • BC/WC changed how surgeons present treatment options

• The bad news:
  • Something was missing...
Structure of Decision Making Conversations

Emphasis of most decision support interventions

Framing
Presentation of choices
Choice talk

Description of options
Option talk

Elicitation of preferences
Decision talk

Integration of preferences
Methods

• Secondary data analysis of 31 inpatient decision-making conversations
  • Framing the problem
  • Eliciting patient preferences
  • Making a recommendation

• Directed qualitative content analysis
  • Best Practices Recommendations*

**Best Practice:** disclose information about the acute problem in context of illness trajectory

“It seems that we’ve hit something today that changes the course of things…”*

**Observations:** focus on isolated acute problem or a difficult treatment decision

“All those Xrays and tests... go along with the idea that the major problem we’re dealing with here today and the last week is the bowels are blocked up.”

“I wanted to sit down and talk to you and your family about having an operation or what we should do... making a decision about the situation we’re in.”
**Best Practice:** understand patient’s goals, priorities and tradeoffs

“Are there any treatments or health states that are intolerable to you?”*

**Observation:** asked about preferences for treatment rather than understanding acceptable outcomes

“If this blockage keep us like this, do you want to just let it go and die from it or would you rather have an operation to try to fix it?

“What do you think you’d be interested in?”
Best Practice: recommend course of treatment in the context of the patient’s goals

“Based on your priorities, I would recommend…”*

Observation: asked patients to choose or implicitly endorsed surgery

Patient: “I don’t know what to do, doctor”
MD: “No, it’s up to you... you could just think about it.”

“Why don’t I tell them [the OR] to expect to hear from us tomorrow, and then we can stop it if we need to?”
Conclusions

• More information is necessary but not sufficient for better communication
• Important conversation components are missed despite use of decision aids
• Opportunity to improve SDM conversations through focus on elements not addressed by presentation of options alone
Thank You

• Whiteboard video: https://www.youtube.com/watch?v=FnS3K44sbu0

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Questions?