

Fact Sheet: **Improving the Quality of Individual Health Care Decision Making**

Background

In recent years, patient involvement in their health care decisions has become increasingly important, due largely to consumerism and evidence-based practice, which has made treatment outcome information available to patients. Shared decision making programs are quickly becoming prominent in mainstream health care. Their fundamental purpose is to actively involve patients in their health care decisions, as well as to help providers make treatment decisions that best suit patient preferences but which also follow the best clinical evidence.

Health care decision aids have been developed to facilitate shared decision making between health care providers and patients. Decision aids may include specific information about the condition, a benefit/risk analysis, and exercises to help the patient assess their risk threshold, as well as guidance through the steps to making a decision. Some are interactive and allow patients to obtain information tailored to the patient's age, health status and stage of disease.

Accumulating evidence suggests that these tailored interactive approaches engage attention and transmit information better than traditional printed patient handouts. There is also evidence that decision aids improve the quality of medical decision making.

Purpose

The purpose of this study is to further develop the shared decision making concept within the Military Health System (MHS), building on previous research and innovations developed in the field. The current task is a small scale effort to develop a model that can be used by TMA in moving into a pilot phase of shared decision making interventions.

Specifically, we expect to accomplish:

- Collect data on provider opinions about the advisability, feasibility and circumstances for employing shared decision making for health care in the MHS;
- Collect data on patients' views on shared decision making, including the circumstances under which they expect to share in decision making, how they view alternative aids for decisions in breast cancer treatment, and whether decision aids are helpful; and
- Use this information to suggest a pilot survey design and steps that could be taken to more fully develop and test shared decision making interventions in the MHS.

Design

Data will be collected in qualitative interviews with 12 health care providers (i.e., doctors, nurses, nurse practitioners) and 12 female patients diagnosed with breast cancer.

Interviews with health care providers are expected to be 30 minutes in length and interviews with patients 90 minutes in length. Interviews will be conducted by senior level contract staff with nursing backgrounds and training in qualitative data collection at one designated MTF. Participating providers will represent the range of health care practitioners who have responsibility for providing cancer treatment in the MHS. Participating patients will represent the range of female breast cancer patients, differing by age, stage of disease, military rank or rank of spouse or sponsor, and TRICARE beneficiary status (active duty member, spouse of member, or spouse of retired military member).