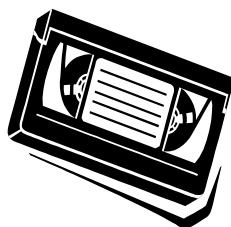




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DECISION AID PORTFOLIO UPDATE

Shared Decision Making programs are based on unbiased medical evidence researched and evaluated by FIMDM. These programs are regularly reviewed to ensure they contain the most current and accurate information, and each program is updated as necessary.



PROGRAM REVISIONS COMPLETED (by March 2004):

*Treatment Choices for Abnormal Uterine Bleeding (*January 2004*)

*Treatment Choices for Uterine Fibroids (*January 2004*)

***Note change of title**

PROGRAM REVISIONS IN PROGRESS

Early Stage Breast Cancer– Treatment Choices for Adjuvant Therapy (*due Spring 2004*)

Benign Prostatic Hyperplasia (BPH): Choosing Your Treatment (*due Spring 2004*)

Early Stage Breast Cancer: Choosing Your Surgery (*due Spring 2004*)

Treatment Choices for Coronary Artery Disease (*due Summer 2004*)

Living with Coronary Artery Disease: Doing Your Part (*due Summer 2004*)

Treatment Choices for Low Back Pain– Herniated Disc (*due Summer 2004*)

Treatment Choices for Low Back Pain– Spinal Stenosis (*due Summer 2004*)

NEW PROGRAMS

Breast Cancer- Ductal Carcinoma in Situ (DCIS): Choosing Your Treatment (*Sept 2003*)

Chronic Low Back Pain: Managing Your Pain and Your Life (*January 2004*)

OTHER CURRENT PROGRAMS

Ovarian Cancer–Reducing Your Risk

Peace of Mind: Personal Stories About Advance Directives

Informed Healthcare Consumer

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"...what I learned...from all of the decisions that I had to make, was that I had a kind of resilience and an ability to engage and make decisions that really carried me through. And I have much more confidence that I could do that again if something unexpected happened...."

- Patient from Breast Cancer/ Adjuvant Therapy Program

PORTFOLIO UPDATE cont.....

OTHER CURRENT PROGRAMS cont.

Breast Reconstruction: Is it Right For You?

Treatment Choices for Prostate Cancer

Is a PSA Test Right for You?

Treatment Choices for Osteoarthritis of the Knee

PROGRAMS UNDER DEVELOPMENT:

Metastatic Breast Cancer

Managing Menopause

Osteoarthritis of the Hip

Colon Cancer Screening

Depression

IN THE NEWS

Jack Fowler Published in the Journal of the American Medical Association (JAMA)

Schwartz, L.; Woloshin, S.; Fowler, F.J.; & Welch, H.G. "Enthusiasm for Cancer Screening in the United States", JAMA, January 7, 2004- Volume 291, No. 1. The researchers conducted a survey of a national sample of 500 adults over age 40 without a history of cancer. They found that there was widespread belief in the value of cancer screening. They also found and determined that the public enthusiasm for screening is not dampened by false-positive test results or the possibility that testing could lead to unnecessary treatment. They concluded that this enthusiasm creates an environment ripe for the premature diffusion of technologies such as total-body computed tomographic scanning, placing the public at risk of overtesting and over-treatment.

Accolades for The Center for Shared Decision Making at Dartmouth

The Center for Shared Decision Making at Dartmouth was recently selected to be in the first group of those honored as Consumer Leadership Innovators by FAACT, the Foundation for Accountability. This national organization has the goal of improving health care for Americans by advocating for an accountable and accessible system where consumers are partners in their care and help shape the delivery of care.

OA of the Knee Program Wins Two Awards

The Foundation's SDM program "Treatment Choices for Osteoarthritis of the Knee" has received recognition by winning two prestigious awards this year. The first was a National Mature Media Award. The program received a silver award which is the highest given in its "Health Care-Educational" category. The National Mature Media Awards is the nation's largest awards program to recognize the best advertising, marketing, and educational materials produced for adults age 50 and over.

In addition, Health Dialog received a Freddie Award, considered by many to be the Oscars of Medicine. The Freddie competition encourages and celebrates excellence. Every year, documentaries, series, videos, Web sites and CD-ROMs are submitted from around the world. Amy Allen from Health Dialog received a bronze sculpture (the Freddie) at a black tie awards ceremony held in Los Angeles on November 7th. Our SDM Program was the top International Health and Medical Award given in the Arthritis and Inflammatory Diseases category.

"The Freddie competition encourages and celebrates excellence." Every year, documentaries, series, videos, Web sites and CD-ROMs are submitted from around the world.



The Freddie Award

MEDICAL EDITOR UPDATE



The task of the Medical Editor is to marshal scientific evidence for multiple educational efforts: videos, web based programs, and print materials. Medical Editors have content responsibilities across multiple decisions within a condition or group of related conditions. They are extensively involved in program development from start to finish. They work with Foundation staff to gather evidence, review the script, graphics, and data. Medical Editors also work with outside expert reviewers, called Clinical Advisors, and the production team at Health Dialog, to produce these programs and review them on a regular basis. Here is a current list of Medical Editors:

Name	Condition/s	Institution
Steve Atlas	Back conditions	MGH
Michael Barry	Prostate conditions (BPH, PSA screening, and prostate cancer)	MGH
Karen Carlson	Women's health (benign uterine conditions, ovarian cancer)	MGH
Karen Costenbader	Osteoarthritis	MGH
Carolyn Crandall	Menopause/osteoporosis	UCLA
Tim Ferris	Chronic condition management	MGH
Gail Greendale	Menopause/osteoporosis	UCLA
Jeffrey Katz	Osteoarthritis, joint replacement	BWH
Carol Mangione	Diabetes, eyes	UCLA
Mike Pignone	Colorectal cancer	UNC-Chapel Hill
Neil Powe	Renal disease	Johns Hopkins
Karen Sepucha	Breast cancer	MGH
John Williams	Depression	Duke
John Wong	Coronary Artery Disease	Tufts- NEMC

Comprehensive Breast Program and Center for Shared Decision Making

Joint Research Project

In March, the pilot phase of a research project at Dartmouth Hitchcock Medical Center will begin enrolling patients with the purpose of learning more about how decision support can be integrated into clinical care. The study is being conducted jointly by the Comprehensive Breast Program under the leadership of Medical Director E. Dale Collins, M.D., and Kate Clay, RN, Director of the Center for Shared Decision Making. The purpose of the study is to find out whether decision support using a personal decision guide and a video on the surgical treatment of early breast cancer:

- can be successfully integrated into the usual process of clinical care and has an impact on physical, social and emotional distress and decisional conflict, now and over time.

The hypothesis being tested is that:

- levels of distress and decisional conflict will decrease
- confidence with decision making will increase and satisfaction with the process of decision making will be high.

Patients will participate in the study as follows:

The Comprehensive Breast Program (CBP) schedules newly diagnosed patients with early breast cancer to visit the Center for Shared Decision Making (CSDM). If the patients are deemed eligible for the study and enrolled, they will watch either the "Early Stage Breast Cancer: Choosing Your Surgery" or the "DCIS: Choosing Your Treatment" program. The patients are then asked to fill out the Ottawa Personal Decision Guide[©] on a touch screen computer at the CSDM to assess their stage of decision making, preferred role, level of decisional conflict, knowledge of options, and values related to the treatment decision (this can be found at: www.ohri.ca/DecisionAid). The patients will fill out the Decision Guide[©] again after meeting with their surgeon. This will help the researchers evaluate how effective the programs are as a stand alone decision aid versus the combination of the program with a visit to the surgeon.

Once the patient has made a treatment decision, researchers will follow up with questions to gauge the patient's confidence and satisfaction with her decision as well as longer term outcomes such as decisional regret. The patient's use of the decision aid will be largely self-guided. If a patient seems to be in need of additional counseling, she will be pulled from the study and given the necessary individual coaching and support.

When asked about any surprises, Kate Clay said that while conducting pilot intakes, she's been surprised that no one has balked at or turned down the decision support package. Her greatest challenge? Asking the right questions to measure the impact of shared decision making on provider practices.

The goal of this process is to test the feasibility of the integration of decision support into clinical practice and to measure the impact that the program has on decision confidence.



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The John. D. Stoeckle Center for Primary Care Innovation

The Stoeckle Center for Primary Care Innovation is devoted to improving the practice of primary care from the perspective of patients, their families and clinicians. Susan Edgman-Levitan, PA is the center's new Executive Director and Michael Barry, MD is the Director of Health Services Research Program. One of the innovations they are working on is integrating Shared Decision Making programs into primary care practice. We discussed with Michael Barry a few of the strategies that will be used over the next year.

Strategies To Be Implemented in the Primary Care Setting:

- **Videos will be sent on request before annual exams**

Patients scheduling an appointment for annual exams will receive brochures about the appropriate SDM programs. These include PSA screening, Chronic Low Back Pain, Osteoarthritis of the Knee, and in 2005, we will add Menopause and Colon Cancer Screening. Patients will be invited to call for more information and they will be sent a Shared Decision Making video prior to seeing their physician.

- **Prescriptions will be given for SDM programs**

When a patient is diagnosed with a certain condition, physicians will prescribe an SDM program for that patient. The patient will be able to fill the prescription either in the clinic or in the pharmacy. They will be invited to see the program before they meet with a surgeon or other specialist to review treatment options.

These pilot programs will be put in place over the next year.

FIMDM STAFF NEWS

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Ruth Lipman, Ph.D joined us as a research associate in January 2004. She gathers and assesses clinical evidence to support new or revised Shared Decision Making programs. She has a PhD. in Biomedical Sciences from Worcester Polytechnic Institute and has been a faculty member at Worcester Polytechnic Institute, Tufts University School of Nutrition and Harvard School of Medicine. She will join Diana Stillwell and Marlie Kovacs in making sure that our programs are based on the most updated clinical evidence. Welcome!

After 3 months of taking care of her adorable twin girls, Audrey and Lindsey, **Diana Stilwell** is back at FIMDM.

Shannon Bagley got engaged in August and will be getting married in New Jersey in January. We wish her and Ed all the best!

Congratulations to **Shauna Moynihan** who got married at the end of October to Chris Simpson in Worcester, MA. Her new name is Shauna M. Simpson and her new email is ssimpson@fimdm.org.

The primary mission of the Foundation for Informed Medical Decision Making (FIMDM) is to focus on the role patients play in selecting treatments for their medical conditions. Medical research on practice variation indicates that patient preferences are often less important in treatment decisions than factors having little to do with patients or their illnesses, such as geography, economics or supplier-induced demands. We achieve our mission via the following objectives:

- Provide patients with the perspectives and information they need when they face decisions about medical testing and treatment
- Improve the quality of decisions patients make in collaboration with their physicians
- Foster research to learn how best to help patients who face health care decisions

In a complex medical environment, where cost savings, commercial interests or professional beliefs and commitments are likely to drive medical decisions, the goal of the Foundation is to provide information that is as objective, complete and unbiased as possible. The Foundation acknowledges the right and responsibility of patients to be fully informed and to play the lead role in decisions that affect their health.