There are many promising activities that could increase the use of shared decision-making by healthcare professionals, but it is unclear which of these activities work best


What is the context of this review?

- Patients are not always engaged in decisions about their own health and care.
- Shared decision-making (SDM) is a promising process through which a choice is made by a patient, significant others, and/or with one or more healthcare professionals.
- Studies examining SDM reveal that healthcare professionals need to demonstrate nine key elements during consultations with patients:
  - defining and explaining the problem;
  - presenting options;
  - discussing pros and cons (for example, the benefits, risks, costs);
  - clarifying patients’ values and preferences;
  - discussing patients’ ability and self-efficacy;
  - presenting what is known and making recommendations;
  - checking and clarifying the patient's understanding;
  - making or explicitly deferring a decision; and
  - arranging follow-up.
- Despite being a promising practice, SDM has not yet been widely adopted by healthcare professionals.

What question is being addressed?

- What is the effectiveness of different activities for increasing the use of SDM by healthcare professionals?

How was the review done?

- Several online databases were searched using keywords relevant to the topic area (SDM).

Box 1: Coverage of OHT building blocks

This review addresses OHT building block #4:
1) defined patient population
2) in-scope services
3) patient partnership and community engagement
4) patient care and experience (domain 20 – shared decision-making)
5) digital health
6) leadership, accountability and governance
7) funding and incentive structure
8) performance measurement, quality improvement, and continuous learning
• The quality of each included study was critically assessed by the authors.
• The authors were supported by the National Institute for Health Research, via Cochrane Infrastructure funding to the Effective Practice and Organisation of Care Group.

How up to date is this review?
• The authors searched for studies published up until June 2017.

What are the main results of the review?
• The authors found a total of 23,057 potential studies, 87 of which were deemed relevant.
• The authors grouped the findings based on who is being targeted by the activities: 1) activities targeting patients; 2) activities targeting healthcare professionals; and 3) activities targeting both.
• Activities targeting patients included:
  o decision aids (tools that help people become involved in decision making by making explicit the decision that needs to be made, providing information about the options and outcomes, and by clarifying personal values);
  o patient activation (activities to improve their knowledge, skills, and confidence about managing their health and care); and
  o question prompt lists and training for patients.
• These interventions were administered alone or in combination.
• Activities targeting healthcare professionals included educational meetings, sharing educational material, educational outreach visits, and reminders.
• Activities targeting both patients and healthcare professionals included both patient-mediated and healthcare professional directed activities, which could include training for patients and a decision aid.
• Overall, the review revealed that there is a great variety of activities that are promising to increase shared decision-making by healthcare professionals. However, it is not possible to determine which of these activities work best because the certainty of the evidence is low or very low.

How confident are we in the results?
• This is a high-quality systematic review with a AMSTAR rating of 11/11.