



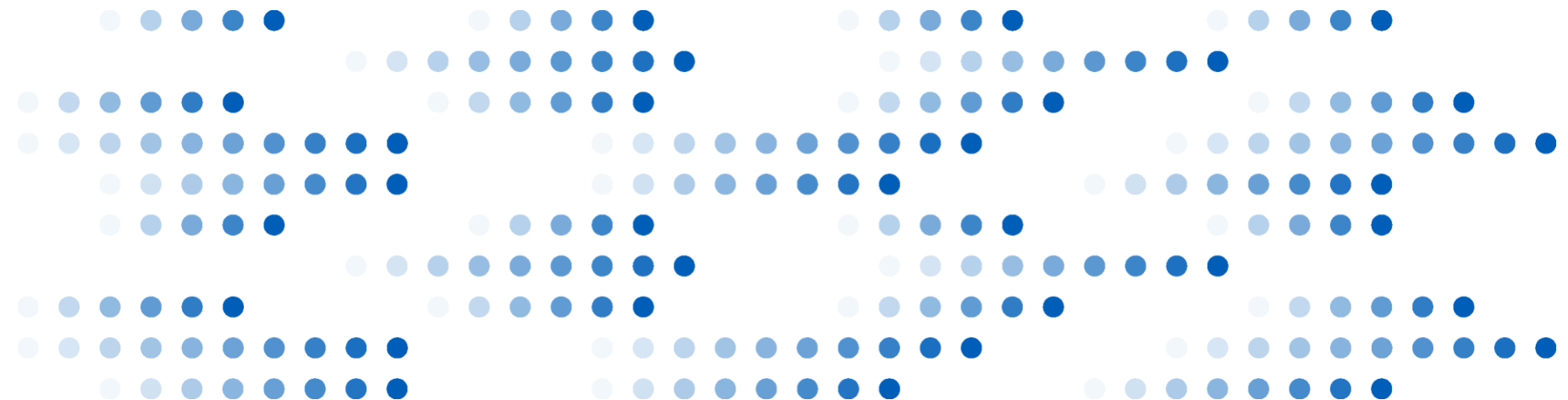
SUNDHEDSSTYRELSEN

Beslutningsstøtteværktøjer

Proces – Udfordringer - Resultat

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Kræftplan IV initiativ

- Mindst 9 ud af 10 kræftpatienter i 2020 skal opleve, at de deltager i beslutninger om deres egen behandling, og at de bliver informeret om bivirkninger ved den medicin de skal have
- Initiativ: Identifikation og udvikling af beslutningsstøtteværkøjer
- Økonomi: 22 mio. kroner i alt fra 2017-2020; 5 mio. til udvikling og 17 mio. til drift
- Afdækning og analyse vinter-forår 2017
- Udbud medio 2017
- Udvikling ultimo 2017
- Implementering primo 2018 -2020



Compare

Compare your options

	Have a mastectomy	Have breast-conserving surgery
What is usually involved?	<ul style="list-style-type: none">• You will stay overnight in the hospital.• You may choose to have breast reconstruction. It may involve one or more surgeries.• In most cases, you won't need radiation treatments after a mastectomy.• You may or may not need chemotherapy.• You should be able to go back to work or your normal routine in 3 to 6	<ul style="list-style-type: none">• There's no need to stay in the hospital overnight.• You will probably have daily radiation treatments for 3 to 6 weeks.• You may or may not need chemotherapy.• Most women are able to get back to normal activity within a few days.

1 Get the Facts

2 Compare Options

3 Your Feelings

4 Your Decision

5 Quiz Yourself

6 Your Summary

Your personal feelings are just as important as the medical facts. Think about what matters most to you in this decision, and show how you feel about the following statements.

Reasons to choose mastectomy

Reasons to choose breast-conserving surgery

I am worried that breast-conserving surgery will not remove all of the cancer.

I don't mind trying breast-conserving surgery first and maybe having more surgeries if needed to remove all of the cancer.

More important

Equally important

More important

Keeping my breast is not that important to me.

I really want to keep most of my breast.



IPDAS-kriterier (International Patient Decision Aid Standards)

1. Opfordrer patienter til at tænke over, hvilke fordele og ulemper, der betyder mest for dem
2. Muliggør sammenligning af fordele og ulemper ved tilgængelige behandlingsmuligheder
3. Beskriver den behandling, procedure eller undersøgelse der skal træffes beslutning om
4. Beskriver hvilken beslutning der skal overvejes
5. Beskriver tilgængelige behandlingsmuligheder
6. Afdække patienters behov i forhold til at diskutere en bestemt beslutning
7. Testet med patienter, som skulle træffe den beslutning, redskabet omhandler
8. Beskrive ulemper og risici ved forskellige behandlingsmuligheder
9. Give information om sandsynlige resultater af de forskellige behandlingsmuligheder
10. Beskrive fordele ved de forskellige behandlingsmuligheder

Table 3. IPDAS Patient Decision Aid Checklist for Users

I. Content: Does the patient decision aid ...

Provide information about options in sufficient detail for decision making?

- describe the health condition 2.1
- list the options 2.2
- list the option of doing nothing 2.3
- describe the natural course without options 2.4
- describe procedures 2.5
- describe positive features [benefits] 2.6
- describe negative features of options [harms / side effects / disadvantages] 2.7
- include chances of positive / negative outcomes 2.8

Additional items for tests

- describe what test is designed to measure 2.9
- include chances of true positive, true negative, false positive, false negative test results 2.10
- describe possible next steps based on test result 2.11
- include chances the disease is found with / without screening 2.12
- describe detection / treatment that would never have caused problems if one was not screened 2.13

Present probabilities of outcomes in an unbiased and understandable way?

- use event rates specifying the population and time period 3.1
- compare outcome probabilities using the same denominator, time period, scale 3.2, 3.3, 3.6
- describe uncertainty around probabilities 3.4
- use visual diagrams 3.5
- use multiple methods to view probabilities [words, numbers, diagrams] 3.7
- allows the patient to select a way of viewing probabilities [words, numbers, diagrams] 3.8
- allow patient to view probabilities based on their own situation [e.g. age] 3.9
- place probabilities in context of other events 3.10
- use both positive and negative frames [e.g. showing both survival and death rates] 3.13

Include methods for clarifying and expressing patients' values?

- describe the procedures and outcomes to help patients imagine what it is like to experience their physical, emotional, social effects 4.1
- ask patients to consider which positive and negative features matter most 4.2
- suggest ways for patients to share what matters most with others 4.3

Include structured guidance in deliberation and communication?

- provide steps to make a decision 6.1
- suggest ways to talk about the decision with a health professional 6.2
- include tools [worksheet, question list] to discuss options with others 6.3

II. Development Process: Does the patient decision aid ...

Present information in a balanced manner?



Cochrane konklusioner

Decision aids to help people who are facing health treatment or screening decisions

Published:
12 April 2017

Authors:
Stacey D, Légaré F, Lewis K, Barry MJ, Bennett CL, Eden KB, Holmes-Rovner M, Llewellyn-Thomas H, Lyddiatt A, Thomson R, Trevena

Compared to usual care, people exposed to patient decision aids:

- Feel more knowledgeable (High-Quality of Evidence)
- Feel better informed (High-QE)
- Are clearer about their values (HQE)
- Probably have a more active role in decision making (Moderate QE)
- Probably have more accurate risk perceptions (MQE)
- May achieve decisions that are consistent with their informed values (Low QE)



Proces

- Enighed om at udvælge tre forskellige sygdomsområder til pilottest
- Diskussion af de enkelte sygdomme
 - Prostata, Brystkræft, Palliation ved kræftsygdom
- Udvalgt:
 - Brystkræft: Valget mellem tilvalg/fravalg af adjuverende behandling
 - Lungekræft: Valget mellem tilvalg/fravalg af 2./3. linje kemoterapi
 - Endetarmskræft: Valget om sammensyning af tarmen (anastomose) eller stomi efter operativ fjernelse af endetarmskræft
- Beløbstørrelsen gjorde, at der skulle foretages offentlig udbud
- Bud skal leve op til kriterier og omfatte alle tre sygdomme





Proces - 2

1. Pilottestes af relevante klinikere, patienter, patientforeninger og efterfølgende tilpasses til endelig implementering
2. Behov for oplæring og udvikling af klinisk personale

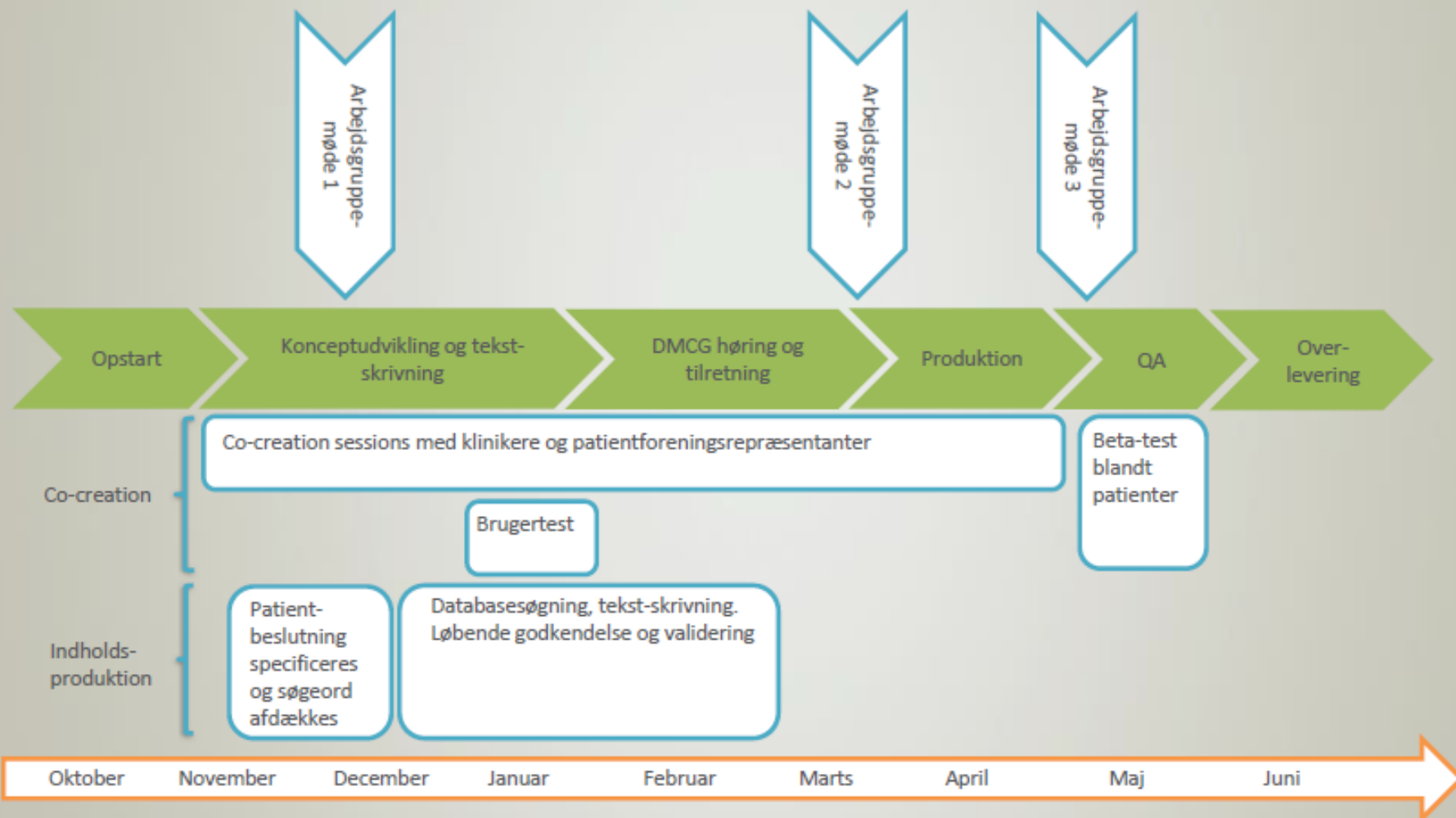
Udfordringer – Oplevet af arbejdsgrupper og DMCG'erne

1. Kort tidshorisont til at løfte en kompleks opgave
2. Komprimeret testning og afprøvning af værktøjerne i klinisk praksis
3. Manglende forankring i de faglige miljøer via sammensætningen af Damans arbejdsgrupper
4. Brug af data fra den Landsdækkende Undersøgelse af Patientoplevelse (LUP) til opfølgning på projektet og baselineundersøgelse
5. Proces med udpegning af faglige repræsentanter i undergrupperne

Udfordringer – Oplevet af Sundhedsstyrelsen

1. Politisk pres for at få leveret en indsats i 2017
2. Modstand mod udbud og juridisk vurdering af udbudsvinderen
3. Manglende interesse fra nogle faglige miljøer om at indgå i arbejdsgrupperne
4. Pilottest versus daglig drift og endelig implementering

PROCES – BRYSTKRÆFT (rev.)





Videre proces – kan vi komme i mål?

- Forlænget proces
- Opfølgende og afklarende møder DMCG'ere
- Tættere samarbejde mellem Sundhedsstyrelsen og Danske Regioner omkring implementering og de konkrete udrulningsplaner
- Tidlig involvering af målgrupper
- Løbende dialog med Daman om værktøjernes form og indhold
- Vedvarende opfølgning og justering af værktøjerne, hvorved de forbliver aktuelle





SUNDHEDSSTYRELSEN

Tak for opmærksomheden

?

