

UDVIKLING AF BESLUTNINGSSTØTTEVÆRKTØJER

HVORDAN SIKRES KVALITET I PROCES OG PRODUKT?

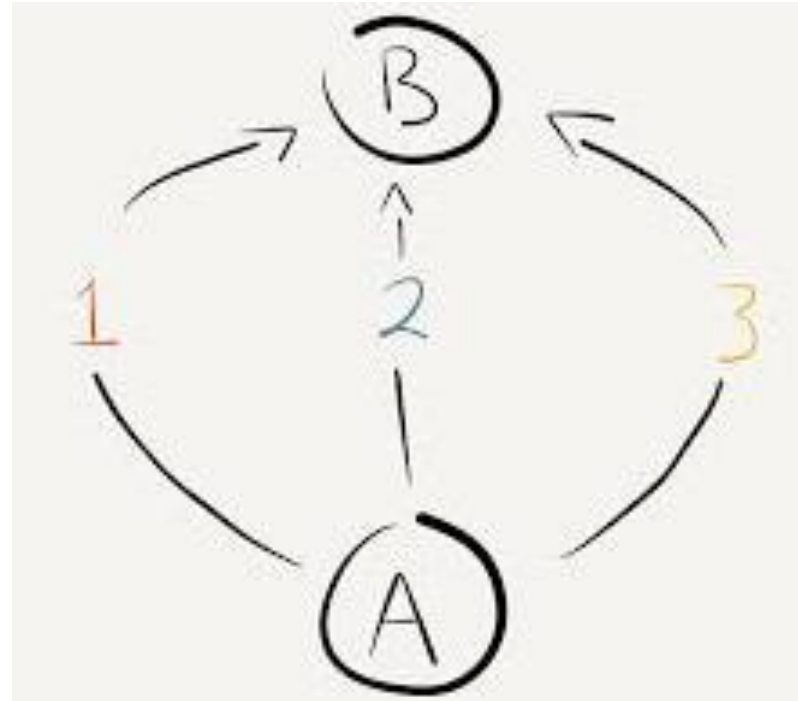
Vibe Hjelholt Baker
Projektleder, antropolog

National konference om brugerinddragelse, 25. oktober 2016
workshop B om Fælles beslutningstagning,



VIDENSCENTER FOR
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– i sundhedsvæsenet

FÆLLES BESLUTNINGSTAGNING



Angela Coulter et al, 2011: Making shared decision-making a reality. Kings Fund

FÆLLES BESLUTNINGSTAGNING SOM METODE

Umiddelbare præferencer

Informeret valg



Snak om
valg

Snak om
muligheder

Tid til
refleksion

Snak om
beslutning

Følg op på
beslutning

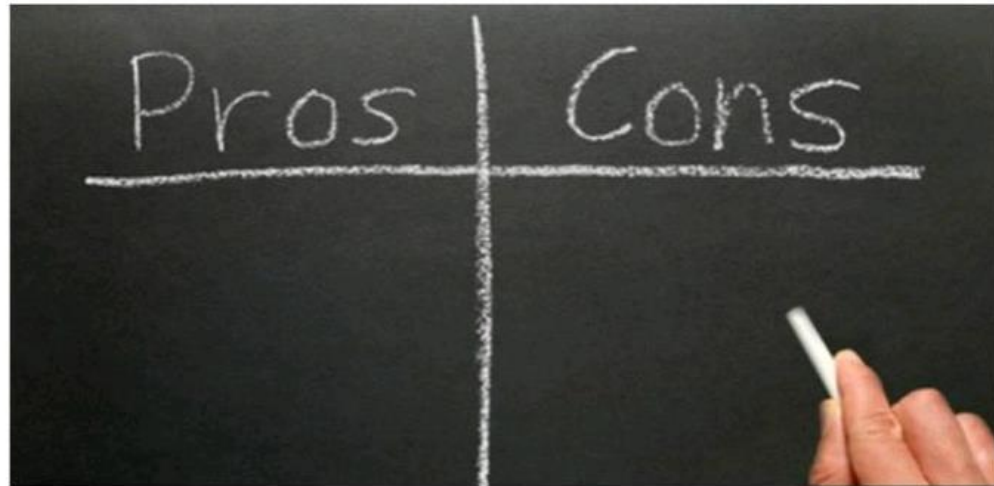
Beslutningsstøtteværktøjer



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HVAD ER BESLUTNINGSTØTTEVÆRKTØJER?

- Udgangspunkt i patientens præferencer
- Evidensbaserede
- 'Upartisk' information om behandlingsmuligheder



OPTION GRIDS

Patienters behov
for viden

Evidens for medicinsk
effekt og patienters
oplevelse



Breast cancer surgery

Use this grid to help you and your healthcare professional decide whether you should have a mastectomy, or a lumpectomy with radiotherapy.

Frequently asked questions	Lumpectomy with radiotherapy	Mastectomy
What is removed?	The cancer lump is removed, with some surrounding tissue.	The whole breast is removed.
Which surgery is best for long-term survival?	Survival rates are the same for both options.	Survival rates are the same for both options.
What are the chances of cancer coming back in the breast?	Breast cancer will come back in the breast in about 10 in 100 women (10%) in the 10 years after a lumpectomy. Recent improvements in treatment may have reduced this risk.	Breast cancer will come back in the area of the scar in about 5 in 100 women (5%) in the 10 years after a mastectomy. Recent improvements in treatment may have reduced this risk.

BESLUTNINGSTØTTEKORT

Daily Sugar Testing

(Monitoring)

Metformin



No monitoring necessary.

Insulin



Monitor once or twice daily, less often once stable.

Pioglitazone



No monitoring necessary.

Liraglutide/Exenatide



Monitor twice daily after meals when used with Sulfonylureas. Otherwise not needed.

Sulfonylureas

Glipizide, Glimepiride, Glyburide



Monitor 2 - 5 times weekly, less often once stable.

Gliptins



No monitoring necessary.

SGLT2 Inhibitors



No monitoring necessary.

<http://www.ck12.org>
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MC5733-114w0214

Weight Change

Metformin



None

Insulin



4 to 6 lb. gain

Pioglitazone



More than 2 to 6 lb. gain

Liraglutide/Exenatide



3 to 6 lb. loss

Sulfonylureas

Glipizide, Glimepiride, Glyburide



2 to 3 lb. gain

Gliptins



None

SGLT2 Inhibitors



3 to 4 lb. loss

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Blood Sugar (A1c Reduction)

Metformin

1 - 2%

Insulin

Unlimited %

Pioglitazone

1%

Liraglutide/Exenatide

0.5 - 1%

Sulfonylureas

Glipizide, Glimepiride, Glyburide

1 - 2%

Gliptins

0.5 - 1%

SGLT2 Inhibitors

0.5 - 1%

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Considerations

Metformin

In the first few weeks after starting Metformin, patients may have some nausea, indigestion or diarrhea.

Insulin

There are no other side effects associated with Insulin.

Pioglitazone

Over time, 10 in 100 people may have fluid retention (ankle swelling). For some it may be as severe as making it difficult to breathe. This may occur after you stop taking the drug. 10 in 100 people who use this drug will have bone fractures in the next 10 years. There appears to be an increase in the risk of bladder cancer with

Liraglutide/Exenatide

Patients may have nausea or diarrhea. In some cases, nausea may be severe enough that a patient may not be able to take the drug. There are reports of pain in the joints that may be caused by inflammation of the joints with these agents.

Sulfonylureas

Glipizide, Glyburide, Glimepiride may get nausea, rash and/or diarrhea when taking Sulfonylureas. This type of reaction may require you to stop taking the drug.

Patients may get nose and sinus congestion, and perhaps be at risk of problems with

Other

Fungal infections and yeast infections are more common in patients taking this medication.

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VÆRKTØJER MED FOKUS PÅ PRÆFERENCER

Childbirth After Cesarean Section

History Your Decision **Preferences** Harms Delivery Birthing Summary Your Decision Now Evaluation

Thinking about your upcoming childbirth, which of these two preferences is more important to you?

Info

Have my desired delivery and recovery experience

10 %

Info

Avoid problems with my future pregnancies is more important

90 %

Reset

Previous Instructions Next

NY VIN PÅ GAMLE FLASKER?

Brug af beslutningsstøtteværktøjer:

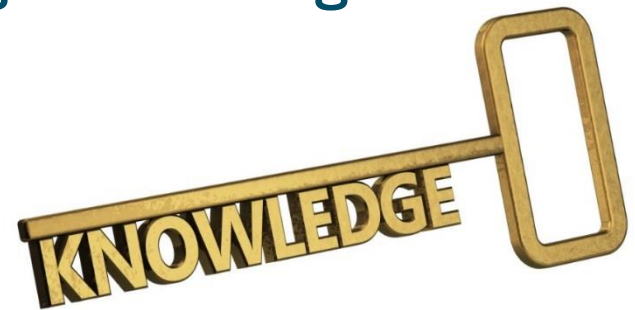
- Mere præcis viden
- Mindre i tvivl om beslutning
- Fortryder beslutninger i mindre grad
- Bedre beslutninger?

Hvordan finder man ud af, om værktøjet er bedre end usual care?



DET IDEELLE BESLUTNINGSSTØTTEVÆRKTØJ

- Giver overblik over muligheder
- Præsenterer viden om fordele og ulemper
- Tager afsæt i patienternes behov for viden
- Formidler evidens om sandsynlige effekter og risici på en klar og simpel måde
- Inviterer til refleksion



BESLUTNINGSSSTØTTEREDSKABER VIRKER BEDST NÅR:

- De inddrages i en dialog
- Patienten forstår hvad værktøjet skal bruges til og hvorfor hendes mening er vigtig for beslutningen
- Lægen skaber en stemning af partnerskab

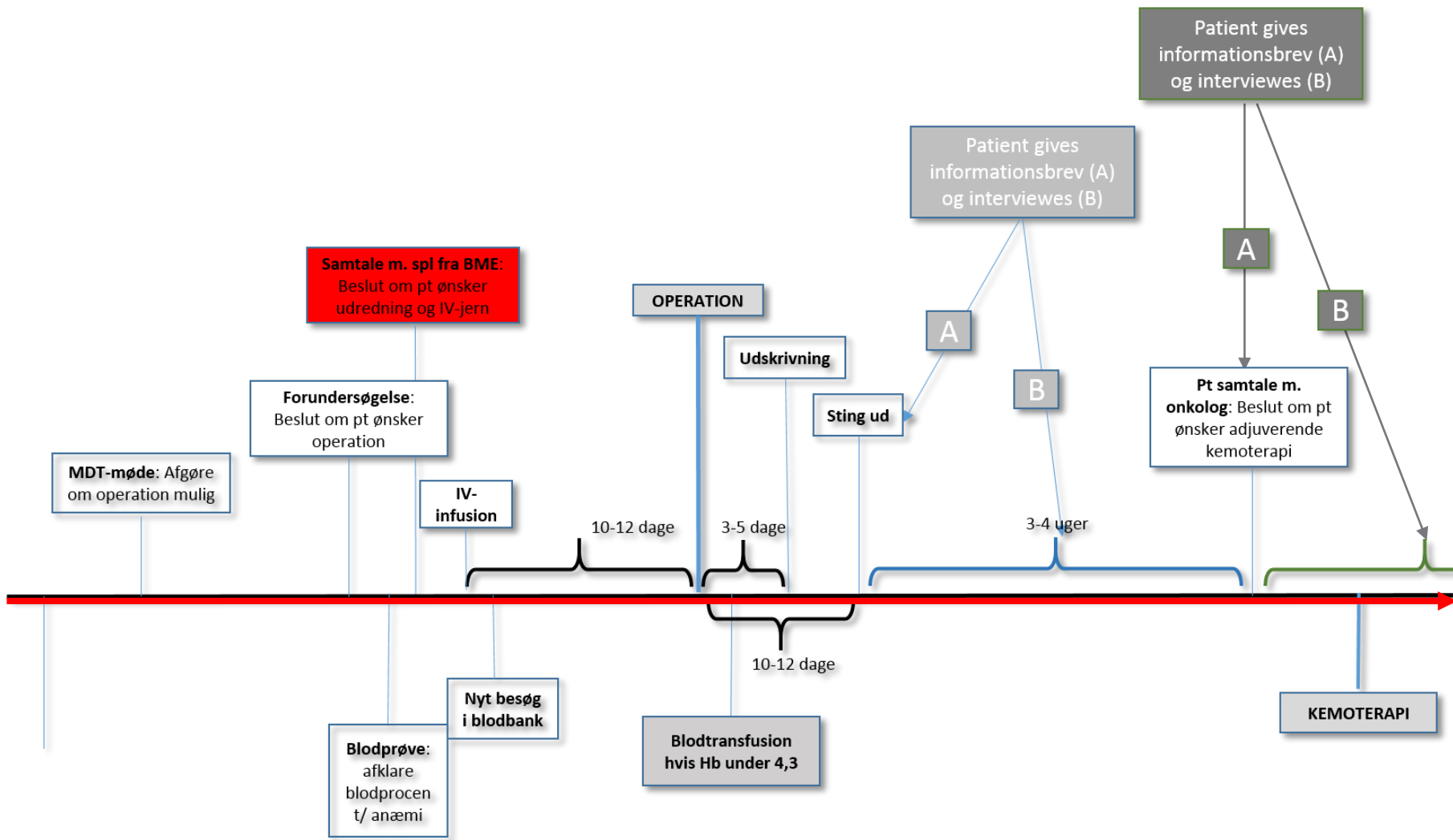


UDVIKLING OG EVALUERING AF BSV

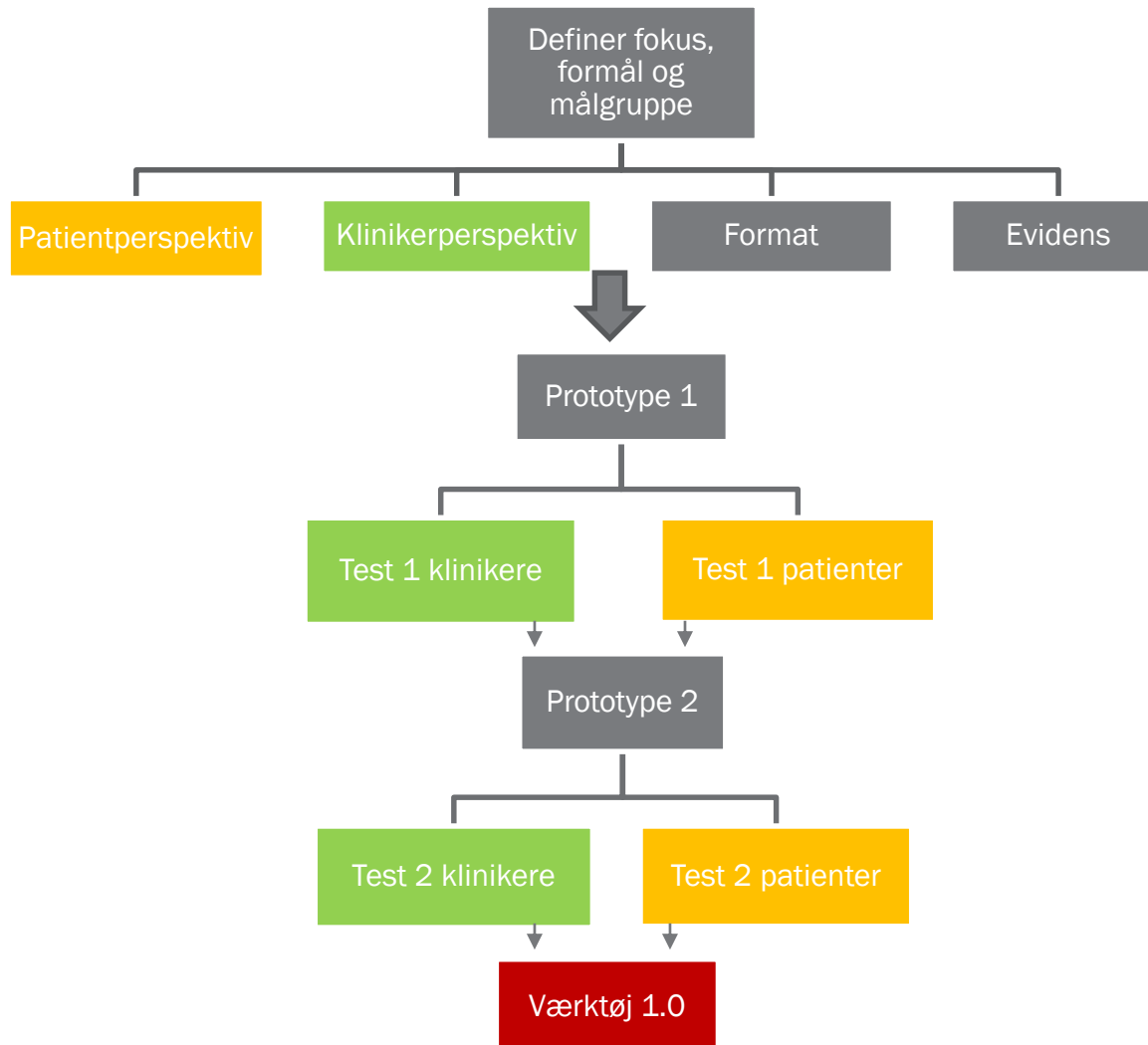
1. Har patienterne behov for støtte til at træffe en beslutning om behandling?
2. Er det muligt at udvikle et beslutningsstøtteværktøj?
3. Hvad er værktøjets mål og formål?
4. Hvilken teoretisk ramme skal guide udviklingsprocessen?
5. Hvilke metoder til beslutningsstøtte skal anvendes?
6. Hvordan skal værktøjet evalueres?
7. Hvordan udbredes værktøjet til rutinepraksis?



HVORNÅR TRÆFFES EN BESLUTNING EGENTLIG?



UDVIKLINGSPROCES



HVAD ER EN GOD BESLUTNING?

PROCES

- Forstår at der skal træffes beslutning
- Føler sig informeret om muligheder, fordele og ulemper
- Har afklaret præferencer
- Diskuteret mål og bekymringer
- Føler sig involveret

RESULTAT

- Er informeret
- Har realistiske forventninger
- Overensstemmelse mellem præferencer og valg



MÅLING AF BESLUTNINGSKVALITET

Section 1: What Matters Most to You

This set of questions includes some reasons other people have given for choosing how to treat their herniated disc. We are interested in what is important to you.

Please mark on a scale from 0 to 10, how important each of the following are to you as you are thinking about how to treat your herniated disc.

How important is it to you to . . .

- | | Not at all important | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Extremely important |
|--|--------------------------|--------------------------------|---|---|---|---|---|---|---|---|---|----|---------------------|
| 1.1. relieve your back and leg pain quickly?..... | | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| 1.2. not be limited in what you can do because of your back and leg pain?... | | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| 1.3. <u>avoid</u> a treatment with a long recovery time?..... | | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| 1.4. <u>avoid</u> having back surgery?..... | | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| 1.5. <u>avoid</u> taking pain medicine for a long time?..... | | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| 1.6. Which treatment do you want to do to treat your herniated disc? | | | | | | | | | | | | | |
| | <input type="checkbox"/> | Have Surgery | | | | | | | | | | | |
| | <input type="checkbox"/> | Non-surgical treatment options | | | | | | | | | | | |
| | <input type="checkbox"/> | I am not sure | | | | | | | | | | | |

Section 2: Facts about Herniated Disc

This set of questions asks about some facts doctors think are important for patients to know about herniated disc. The correct answer to each question is based on medical research. Please do your best to answer each question.

- 2.1. Over time, without back surgery, what usually happens to back and leg pain caused by a herniated disc?
- Gets better
 - Stays about the same
 - Gets worse
- 2.2. Which treatment is most likely to provide faster relief from pain caused by a herniated disc?
- Surgery
 - Non-surgical treatments
 - Both are about the same
- 2.3. If 100 people have surgery for a herniated disc, about how many will have less back or leg pain 1 year after the surgery?
- 30
 - 50
 - 70
 - 90

PATIENTEN DEFINERER KVALITETEN

Kriterie

Beskrivelse: 'Det er vigtigt for mig at...'



Støtte

Jeg har fået den **støtte** og forståelse, jeg ønskede.

Kontrol

Føle **kontrol** over min beslutning i den grad jeg ønsker.

Forpligtelse

Føle mig **forpligtet** til at handle på den trufne beslutning.

VÆRKTØJER AF GOD KVALITET:

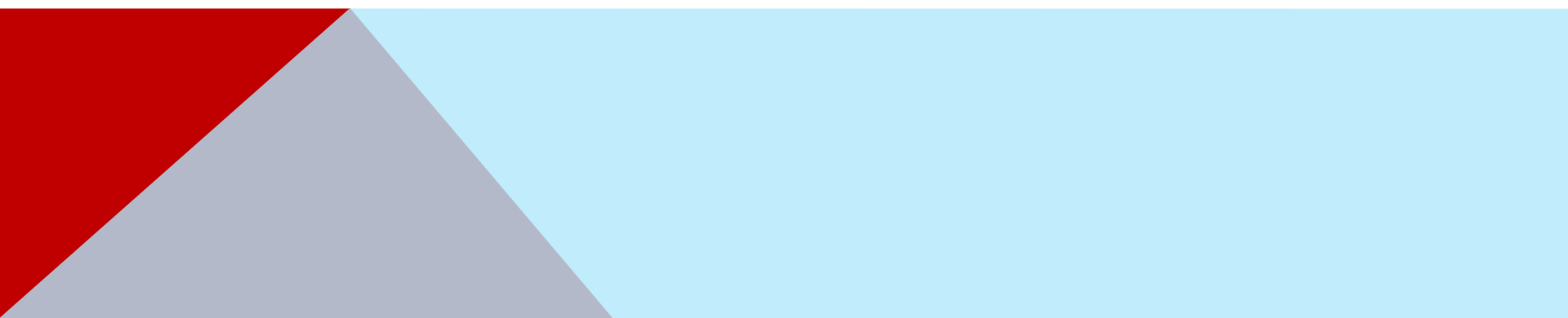
Proces:

- Udviklet på baggrund af patienters behov
- Testet med både patienter og klinikere
- Implementering og kompetenceudvikling af klinikere indtænkt fra start

Indhold:

- Bygger på videnskabelig evidens
- Formidler viden om effekt og risici, fordele og ulemper let forståeligt
- Præsenterer viden om alle behandlingsmuligheder ligeværdigt

Resultat:

- Øger patienters viden om behandlingsmuligheder og risici
 - Opfordrer patienter til at reflektere over egne præferencer sammen med kliniker
 - Får patienter til at føle sig mere inddraget i beslutningstagningen
- 

Tak for opmærksomheden!

Spørgsmål?



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