Person-Centered Decision Making

Part 1

Modified from an Interprofessional module created by the University of British Columbia Birth Place Lab and adapted by the University of California at San Francisco
“Person-centered decision making (PCDM) is a collaborative process that allows patients and their providers to make healthcare decisions together, taking into account the best scientific evidence available, as well as the patient’s values and preferences.” (8)
Person-Centered Care: Learning Objectives

By the end of this module, participants will be able to:

1. Define Person-Centered Decision Making (PCDM) and describe a model for incorporating it into practice.
2. Discuss the context for maternity care in the United States.
3. Identify the options for people birthing in the US, including providers, their scope of practice and the limitation of services at each birth site.
4. Discuss factors that influence birth site selection, including patient preferences, and risk assessment.
What Is Person-Centered Care?

A Meeting Between Two Experts:

Provider who is an expert in healthcare

Patient who is an expert on themselves, their wishes, beliefs, choices, lifestyle, family etc.
### Why Does PCDM Matter?

**Research Findings Regarding PCDM:** Beneficial for both provider and patient!

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<tr>
<th>Benefit</th>
<th>Details</th>
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<tr>
<td>Improved health outcomes and reduced provider stress</td>
<td>(1)</td>
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<td>Clients perceived they had better recovery from their discomfort or concern</td>
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<td>Clients' emotional health was better 2 months after care</td>
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<td>An overall reduction of approximately 50% in rates of diagnostic tests and referrals</td>
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<td>Clients perceived that all of the people involved had found “common ground”</td>
<td>(1,2)</td>
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<td>Providers report a sense of relief from sole responsibility and greater confidence in the care plan</td>
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Healthcare Conversations Based on a Person-Centered Decision-Making Model

- Improves knowledge
- Increases overall engagement and empowerment
- Expands opportunity for agreement between care provider and patient
- Increases satisfaction
- Reduces use of healthcare services
- Reduces costs
- Facilitates appropriate service use
- Improves treatment adherence
- Augments confidence and coping skills
The LEARN Model

**Listen** with empathy and understanding to the client’s perception of the problem.
Try questions like:
What do you think may be causing your problem?
How do you think the illness is affecting you?
What do you think might be beneficial?

**Explain** your thoughts and perceptions about the problem.

**Acknowledge** and discuss the difference and similarities. Incorporate both your client’s belief and your professional beliefs in the treatment options.

**Recommend** treatment. Suggest a treatment plan that is developed with your client’s involvement, including culturally appropriate aspects.

**Negotiate** agreement. The final treatment plan should be determined as mutually agreeable by both the health professional and client.
Informed Shared Decision Making (ISDM) Model
**Shared Decision Making**

1. **Establish decision makers and discuss roles, beliefs and values**
   - Make or defer decision with mutual agreement and follow-up.

2. **Name and explain the issue and/or health concern**
   - Establish preference for amount and type of information.

3. **Present options and discuss pros and cons**
   - Revise plan as necessary.
   - Be open to revising the plan as conditions or patient preferences evolve or change.

4. **Clarity check understanding of all involved**
   - Clarify who will be included and what their roles will be in the decision making process. Ask about their beliefs and values.

5. **Document the process**
   - Clear identification and explain the problem that is the main focus for the decision.

6. **Allow time for consideration and reflection**
   - Assess the person’s preferred approach to receiving information to assist decision making including depth of information, health literacy.

7. **Personalize the decision and acknowledge environment and norms**
   - Discuss the literature, clinical guidelines, and research surrounding the topics, or known where to find this information.

8. **INCLUDE TEAM MEMBERS**
   - Check in with the person to ensure comprehension and ensure that any questions are answered to.

   - Facilitate interpretation of options, benefits, and risks within their context and values. Discuss the environment and the feasibility of their preferred option.

   - Check in to identify personal needs for time to reflect or consider options. Allow for consultation with family or others, reviewing of resources, and additional queries that arise.

**ATTEND TO POWER IMBALANCES**

- Verbally create a safe environment and invite contribution from everyone. Avoid making assumptions.

**INCLUDE TEAM MEMBERS**

- Take an inter-professional approach by including every member of the team.

**DOCUMENT THE PROCESS**

- Document the information exchange each time one of the eight elements are addressed.
Culturally Responsive Care
Culture impacts an individual’s experience of:

- Race
- Class
- Sex
- Gender Identity
- Age
- Assimilation
- Religion
- Ability
- Cultural Markers

And many other factors!
Culture Impacts Healthcare

- Attitudes and customs related to wellness, illness, birth, and death
- Communication styles
- Family roles and organization of “family” and community
- Food rules, taboos, and spirituality
- Customs related to modesty and privacy
- Adhering to ritual/tradition or choosing a “modern” lifestyle
- Concepts of risk and safety
• Implicit biases are unconscious prejudices that all persons hold across varying socio-political identities.

• These implicit biases can impact presentation of information in PCDM and interpretation of responses.

• All providers should be encouraged to explore their own implicit biases and consider the implication of those biases on patient care interactions. Project Implicit® is one way to do this.
Even within cultures, each person is unique. Approaching the clinician-client relationship as a partnership can help avoid assumptions and enable understanding of each person’s unique values, beliefs, and preferences for their clinical care.
People bring three pre-existing perspectives to the clinical decision-making process:

- Information
- Expectations
- Preferences
Key Features of a Healthy Partnership

- Acceptance of mutual responsibilities
- Acknowledgment that all partners have something to contribute and gain
- Attention to and explicit discussions about the relationship
- Allowing the relationship to be dynamic and adapt to changing circumstances
- Understanding that relationships and trust take time to develop
- Understanding the context of ways communities have been marginalized through their contact with the U.S. healthcare system
The Role of the “Third Person” and PCDM

• Individuals other than just the person and the provider can be included in PCDM
• Effects of the role of a “third person” on clinical encounters have been studied and well documented
• These may be family members, friends, surrogates, religious/cultural leaders, or other health advocates such as doulas
“Third Persons” May:

- Facilitate or inhibit the development and maintenance of a trusting professional relationship
- Play multiple roles
- Affect the duration of the encounter and/or impact the content of the interaction
- Significantly change the basic clinical relationship, no matter how minor the involvement
Content continues in part 2!