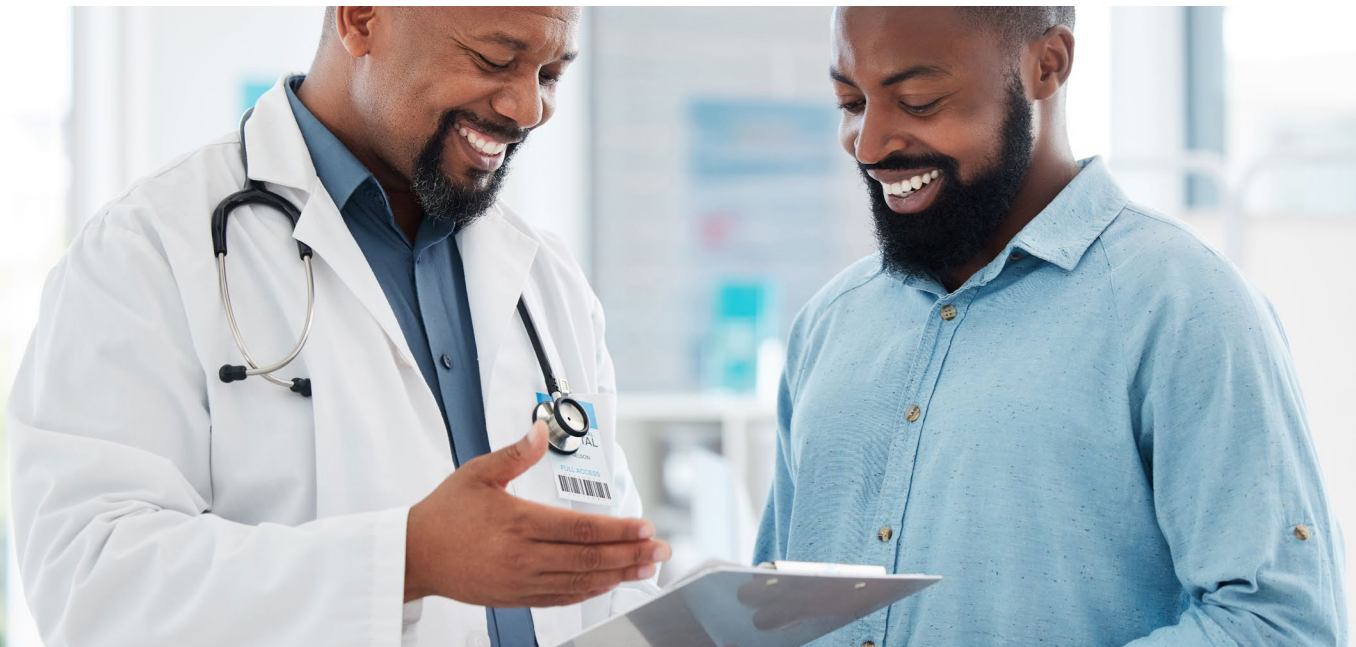




Shared Decision-Making for Patients With Chronic Inflammatory Diseases



Considerations & Strategies Designed to Help Implement Shared Decision-Making in Medical Dermatology

Developed by Pfizer Inc.

According to a narrative review article published in 2016, **shared decision-making combines individual patient interests and values with clinical best evidence.**¹

Limitations: Narrative reviews are not systematic, and biases can include the authors' opinions, inadvertent omission errors, selection bias, etc.

The authors of a paper published in 2020 noted that **shared decision-making is important in patients with chronic diseases, including chronic inflammatory diseases.**²

Some challenges in achieving patient-centered care in chronic disease populations may include:



Limited time during a healthcare visit²



Potential gaps in healthcare provider communication³



Unwillingness/inability of patients **to participate due to lack of interest/low literacy**^{4,5}

- Race, sex, mental health status, and socioeconomic/education status may impact patient interest in participating⁴
- There may be a limited ability of patients to understand information provided about treatment options and potential side effects⁵



General patient mistrust of the healthcare system, particularly in the presence of patient-provider racial discordance³

- Black patients may experience lower rates of shared decision-making compared with other populations³

According to National Eczema Association survey results published in 2022, **some patients with chronic inflammatory diseases want some degree of shared control over their healthcare decisions.**⁶

The 2022 US Preventive Services Task Force Recommendations note **that studies consistently demonstrate that shared decision-making is a useful approach for supporting patient-centered care.**⁷

Potential Impacts^{5,8}

Relationship building between patient and provider

Increased patient trust

Increased patient understanding/satisfaction/experience

Improved communication



Potential Benefits^{5,8,9}

Improved outcomes

Increased adherence

Improved patient self-efficacy

Improved patient quality of life



According to a narrative review article of shared decision-making in dermatology published in 2016, some patients may be interested in shared decision-making conversations that focus on¹:

- Treatment convenience
- Product acceptability
- Cost
- Risk of side effects
- Onset of effect
- Overall efficacy
- Mode of administration
- Potential for remission

Limitations: Narrative reviews are not systematic, and biases can include the authors' opinions, inadvertent omission errors, selection bias, etc.



A scoping review of shared decision-making in dermatology published in 2021 noted that some patients may appreciate provider attributes of knowledgeability, empathy, and willingness to converse⁴

Limitations: Search was limited to interactions between physicians and patients and did not cover nursing or other midlevel professionals. The most recent search was performed on March 6, 2020. Search did not include continuing medical education materials or search-specific dermatologic conditions and therefore missed some articles included in disease-specific reviews.



The **SHARE Approach**: A Model for Shared Decision-Making¹⁰

- The steps outlined below are intended to serve as prompts to help ensure you are engaging your patients in their healthcare decisions through meaningful dialogue about the benefits, harms, and risks of their healthcare options, and what matters most to them

SHARE Approach¹⁰⁻¹²

Sample Talking Points

Seek Your Patient's Participation

- **Summarize** the health problem
- **Include** family members and/or caregivers in discussions
- **Remind** the patient that his/her participation is important

Would you be willing to talk openly about your symptoms?

Help Your Patients Compare and Explore Treatment Options

- **Clearly** communicate the risks and benefits of each treatment
- **Explain** the limitations of what is known and unknown
- **Assess** what your patient already knows
- **Use patient decision aids (PDAs)** whenever possible¹
- **Use the teach-back technique** to check that the patient understands by having the patient explain in his or her own words what the options are
- **Communicate numbers** clearly. Use visual aids like graphs, charts, and infographics

This document lists the options and outlines the benefits and risks. Would you like to review the option I want to recommend for you?

Assess Your Patient's Values and Preferences

- **Encourage** the patient to talk about what matters most to him/her
- **Listen** actively to the patient. Show empathy and interest in the effect the problem is having on the patient's life
- **Agree** on what is important to the patient

What matters most to you in selecting a treatment from the available options we have discussed?

Reach a Decision With Your Patient

- **Help** the patient move to a decision
- **Ask** if the patient would like additional educational information
- **Confirm** the decision with the patient

It sounds like you would prefer an oral medication rather than a topical cream or injectable medicine. Is that what you prefer?

Evaluate Your Patient's Decision

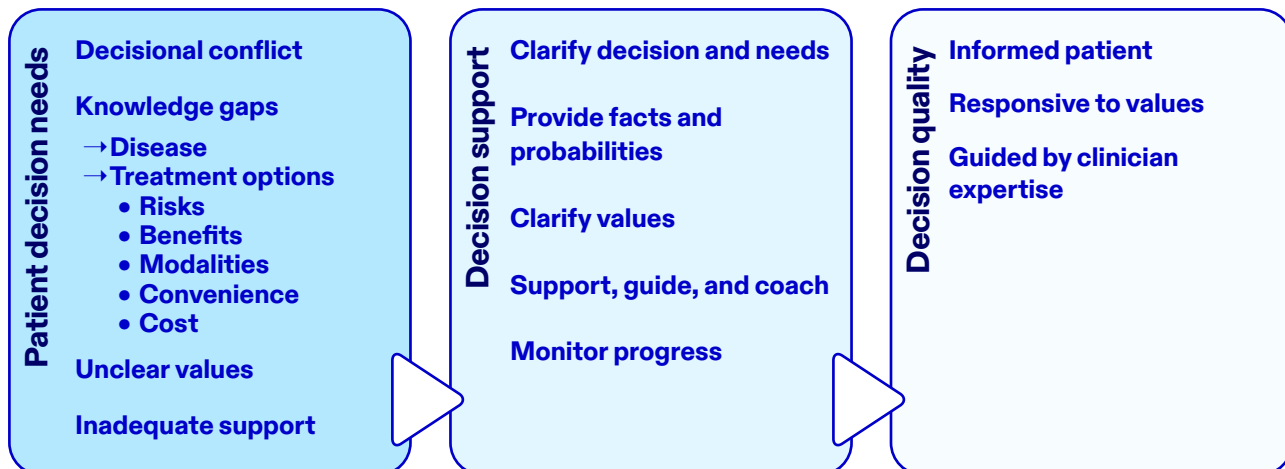
- **Revisit** the decision with the patient
- **Determine** if other decisions need to be made

OK. Now that we agree, I'll order the new oral medication for you to try. Let's schedule a visit to perform the testing we need to do. We will then interpret the results and confirm if the treatment is appropriate for you.

Framework and Tools for Shared Decision-Making

Framework¹

- According to a narrative review article published in 2016, the shared decision-making framework provides an opportunity for clinicians to design PDAs that inform about multiple treatment options and to communicate effectively while eliciting patient values and preferences



Limitations: Narrative reviews are not systematic, and biases can include the authors' opinions, inadvertent omission errors, selection bias, etc.

Tools

Patient Decision Aids

- Improve patient knowledge to help patients clarify and communicate the personal value they associate with different features of the available options^{2,7}
- Can be used by patients before, during, or after a visit, at home, in the waiting room, or at the visit linked to the electronic health record⁴

Example of a 1-page decision aid for atopic dermatitis patients (treatment options for systemic drugs in adults)²

✓ What does this treatment require?

✓ What is the effect on my signs and symptoms? How quickly do they improve?

✓ What are the potential benefits and risks of the medicine?

✓ Will this medicine have an effect on my other medical conditions?

✓ When should you not use the medicine?



According to a narrative review article published in 2016,
**shared decision-making should constitute
a central component of care for some patients
with chronic inflammatory diseases.¹**

Limitations: Narrative reviews are not systematic, and biases can include the authors' opinions, inadvertent omission errors, selection bias, etc.

References: **1.** Tan J, et al. Shared decision-making and patient decision aids in dermatology. *Br J Dermatol*. 2016;175:1045-1048. **2.** Vermeulen FM, et al. Towards more shared decision making in dermatology: development of evidence-based decision cards for psoriasis and atopic eczema treatments. *Acta Derm Venereol*. 2020;100:5863. **3.** Mhaimeed N, et al. Shared decision making with black patients: a scoping review. *Patient Educ Couns*. 2023;110:107646. **4.** Morrison T, et al. Shared decision-making in dermatology: a scoping review. *JAMA Dermatol*. 2021;157:330-337. **5.** AHRQ. The CAHPS ambulatory care improvement guide: practical strategies for improving patient experience. Updated July 2017. <https://www.ahrq.gov/sites/default/files/wysiwyg/cahps/quality-improvement/improvement-guide/6-strategies-for-improving-communication/cahps-strategy-section-6-i.pdf> **6.** Thibau IJ, et al. Past, present, and future shared decision-making behavior among patients with eczema and caregivers. *JAMA Dermatol*. 2022;158:912-918. **7.** US Preventive Services Task Force. Collaboration and shared decision-making between patients and clinicians in preventive health care decisions and US Preventive Services Task Force Recommendations. *JAMA*. 2022;327:1171-1176. **8.** Childress JF, Childress MD. What does the evolution from informed consent to shared decision making teach us about authority in health care? *AMA J Ethics*. 2020;22:E423-E429. **9.** Morrison T, et al. Shared decision making in rheumatology: a scoping review. *Semin Arthritis Rheumatol*. 2022;56:152041. **10.** AHRQ. The SHARE Approach: A Model for Shared Decision Making. April 2016. https://www.ahrq.gov/sites/default/files/publications/files/share-approach_factsheet.pdf **11.** Asthma and Allergy Network. Essential Steps to Shared Decision Making - SHARE. Accessed May 8, 2024. <https://allergyasthmanetwork.org/images/AAN/steps-to-shared-decision-making.pdf> **12.** AHRQ. The SHARE Approach. Workshop curriculum, Tool 6. April 2014. <https://archive.ahrq.gov/health-literacy/professional-training/shared-decision/tools/share-tool6.pdf>



Shared Decision-Making in Medical Dermatology

According to a narrative review published in 2016, **dermatology is a specialty particularly suited to shared decision-making because the severity of most dermatologic diseases is defined by the patient's experience of symptoms and adverse impacts.**¹

Limitations: Narrative reviews are not systematic, and biases can include the authors' opinions, inadvertent omission errors, selection bias, etc.

Most atopic dermatitis patients want some degree of shared control over their treatment decisions.²

A 2021 survey revealed that about:

50%

of patients with moderate-to-severe atopic dermatitis report **inadequate disease control.**^{3,a,b,c}



METHODOLOGY AND LIMITATIONS

Alopecia areata treatment decision-making is complex, requiring consideration of various factors by patients.⁴

A 2017 survey found that about:

78%

of adults with alopecia areata reported being **very or somewhat unsatisfied** with their current treatment.^{5,d}



METHODOLOGY AND LIMITATIONS

According to a qualitative assessment of factors that influence alopecia areata treatment decisions, treatment factors that patients considered included⁴:

convenience of treatment

safety

efficacy

risks or side effects

drug interactions

impact on other health conditions

A scoping review published in 2021 noted **that studies consistently demonstrate that shared decision-making in dermatology is a useful approach for supporting patient-centered care.**⁶

^aIn a 2021 cross-sectional online survey of 3285 US patients, 1935 self-reported moderate-to-severe atopic dermatitis. ^bThe most common medication used was topical corticosteroids. ^cLio et al concluded that inadequate disease control "may partially be due to underuse of systemic biologics in eligible patients." ^dSurvey e-mailed to 1083 patients in the National Alopecia Areata Foundation database. This was a nonrandomized convenience sample of patients. As a result, the study authors were unable to compare respondents to nonrespondents or determine a survey response rate, allowing for potential selection bias in survey respondents. Survey respondents were more likely to have severe alopecia areata compared with the average patient with alopecia areata.

Shared Decision-Making in Medical Dermatology (continued)

Shared Decision-Making in Action

Atopic Dermatitis Example From the National Eczema Association (NEA) Study^{2,7}

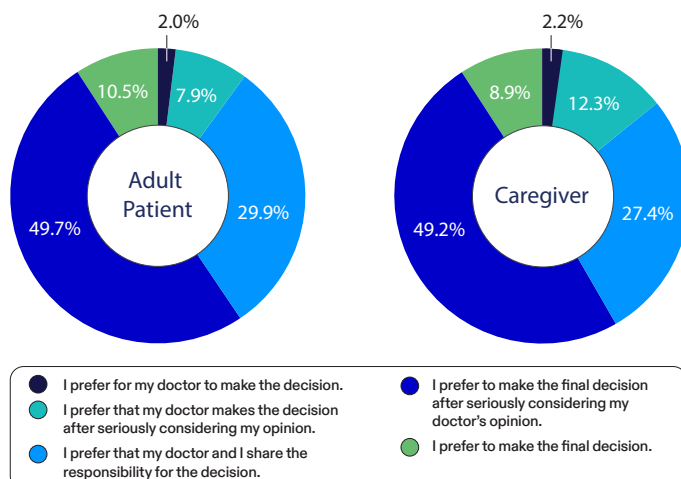
FROM THE JANUARY 2021 SURVEY RESULTS OF

1313 ADULT PATIENTS AND CAREGIVERS

Investigators found a higher degree of involvement in shared decision-making was significantly associated with higher consultation satisfaction

Inclusion criteria of US resident, patient with eczema or caregiver of a patient with eczema aged ≤17 years, and respondent age ≥18 years were met by 1313 of 1387 respondents (94.7%). Data analysis was performed from May 2021 to November 2021.

Almost 50% of Patients Prefer to Make Their Own Decisions After Considering the Doctor's Opinion



69.4% of respondents felt very or extremely confident to engage in shared decision-making in the future

Those who reported feeling “very well informed” about atopic dermatitis causes were 3.4X more likely to be confident to engage in future shared decision-making

Motivating factors found to increase participation in shared decision-making include:



The clinician welcomes the patient's input or initiates an opportunity for shared decision-making



The clinician acknowledges the patient is the expert on their body



The clinician provides multiple recommendations for treatment and helps guide the patient toward a decision



Treatment is or is not working

“Overall, the study exemplifies that shared decision-making is a vital aspect of care conversations for atopic dermatitis patients and should be used in clinical practice to improve patient satisfaction and care outcomes.”

Limitations

- Survey respondents were largely part of NEA's community and may have a higher level of atopic dermatitis knowledge and/or a different level of provider engagement
- Cross-sectional design; however, the strength of the results represents an “upper limit” in knowledge of, and capacity for, shared decision-making from a large, demographically and clinically diverse patient cohort and caregivers from across the US

Shared Decision-Making in Medical Dermatology (continued)

Shared Decision-Making in Action

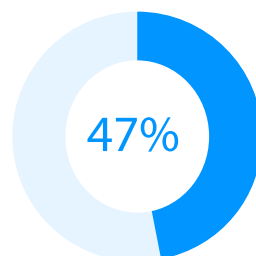
Alopecia Areata Example From the National Alopecia Areata Foundation (NAAF)⁸

FROM THE JULY 12-AUGUST 2, 2021
SURVEY RESULTS OF

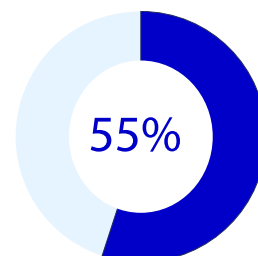
1047 PATIENTS WITH
ALOPECIA AREATA

Study found decreased decisional regrets by patients following incorporation of shared decision-making by physicians

Based on a cross-sectional web-based survey distributed through Qualtrics (Qualtrics, LLC) to a convenience sample of patients using the NAAF list.



preferred making the final treatment decision after considering the physician's opinion



who preferred to make treatment decisions using shared decision-making made the last treatment decision with their physician

Shared decision-making aspects that were most recognized by patients as being implemented by dermatologists were:



44% explained advantages/disadvantages of treatment options



46% asked which treatment option I preferred

“Implementing components of shared decision-making may help improve the quality of treatment decisions patients make by allowing them to choose treatment options that align with their values and preferences.”

Limitations

- Participants were recruited from the NAAF, which may not be representative of all patients with alopecia areata
- Most participants were white women, whereas alopecia areata affects all genders and races, and racial and ethnic diversity may play a role in the patient-physician relationship and the incorporation of shared decision-making
- Most participants had long-term alopecia areata, which may influence therapeutic choices and decisional regret
- This survey did not collect data regarding the role of culture/religion in decision-making
- Previously used treatment modalities were not considered

According to the January 2021 results from the NEA survey:
shared decision-making is well suited for
conditions like atopic dermatitis and alopecia areata
for which several appropriate treatment options exist.²

Reference 3: Lio P, et al. *J Drugs Dermatol.* 2023;22:119-131.

Methodology: To describe disease control, quality of life, and treatment satisfaction in a US population with moderate-to-severe atopic dermatitis, a cross-sectional 2021 survey was conducted among patients recruited to an online survey from Kantar e-profiles, their panel partners, and Global Perspectives. Adults with self-reported, physician-diagnosed atopic dermatitis completed the primary survey. Of 3285 patients who participated in the primary survey, 1935 self-reported moderate-to-severe atopic dermatitis, 979 (51%) of whom reported inadequate control.

Limitations: Data collected were self-reported and may be subject to recollection or misclassification bias. Given the nature of convenience sampling, survey patients may not be representative of a broader population.

Reference 4: Han JJ, et al. *JAAD Int.* 2023;1:77-83.

Methodology: 12 English-speaking patients from Brigham and Women's Hospital dermatology clinic over the age of 18 years with a dermatologist-confirmed diagnosis of alopecia areata were interviewed from September 10, 2020 to March 2, 2021. A semi-structured interview guide was developed using identified domains from a literature review and clinician experience to determine factors influencing patients with alopecia areata treatment decision-making. **Limitations:** Referral and regional biases may have been present and limited generalizability.

References: 1. Tan J, et al. *Br J Dermatol.* 2016;175:1045-1048. 2. Thibau IJ, et al. *JAMA Dermatol.* 2022;158:912-918. 3. Lio P, et al. *J Drugs Dermatol.* 2023;22:119-131. 4. Han JJ, et al. *JAAD Int.* 2023;1:77-83. 5. Hussain ST, et al. *Int J Trichology.* 2017;9(4):160-164. 6. Morrison T, et al. *JAMA Dermatol.* 2021;157(3):330-337. 7. National Eczema Association. Updated November 17, 2023. <https://nationaleczema.org/blog/shared-decision-making-research/> 8. Reyes-Hadsall S, et al. *JAMA Dermatol.* 2022;158(10):1187-1191.