

**Washington Health Alliance
Consumer Education Committee Meeting
April 18, 2019**

SUMMARY NOTES

Location: In-person

Committee Members in Attendance: Michelle George, *Washington State Health Care Authority*
Sarah Greene, *Health Care Systems Research Network, Committee Chair*
Leah Hole-Marshall, *Washington Health Benefit Exchange*
Milana McLead, *Washington State Medical Association*
Andrew Radolf, *Retired, UNESCO*
Sherry Reynolds, *Alliance4Health*

Committee Members Not in Attendance: Joe Babani, *Boeing*
Michael Garrett, *Mercer*
Gloria Brigham, *Washington State Nurses Association*
Julie Brown, *Harmony Biosciences*
Nancy Kokenge, *Gallagher Benefit Services*
Carolyn Martin, *National Libraries of Medicine*
Cameron Pelly, *Gallagher Benefit Services*
Tammy Wild, *American Cancer Society*
Janna Wilson, *King County*

Staff and Guests Participating: Megan Aukema, *Aukema & Associates*
Leslie Bennett, *Washington Health Alliance*
Nancy Giunto, *Washington Health Alliance*
Matt Munson, *King County*

Guest Welcome/Approval of Meeting Notes

Sarah opened the meeting and welcomed guest Matt Munson, from King County, who is visiting at the suggestion of Janna Wilson, who has moved into a different position with the county. Sarah asked for any changes to the March summary. None were offered and they were approved.

Shared Decision Making Roadmap

We then moved into the discussion of Shared Decision Making (SDM), and, in particular, the Roadmap that had been drafted by Andrew and also distributed before the meeting (attached). Sarah described that the take away from the last meeting is the tightrope we want to walk, that we don't want to impart medical advice, but we do want to let people know why SDM is something they want to care about. She called out Megan's work to pull together the great curated resources that are already in existence online, but believes that the state is ripe for taking the issue to another level. The central question is "What role should the Alliance play?"

We discussed efforts ongoing with SDM, including the Bree Collaborative, and that the issue has been around for some time. As the roadmap author, Andrew did a brief overview. We discussed the challenges many patients have with initiating conversations with their doctor and agreed that cultural appropriateness is important. We discussed the possibility of creating situational videos that could demonstrate some of the cultural aspects as well. There was support for including other languages and addressing cultural context. Videos can be challenging because they get outdated quickly, there is also the challenge of different languages.

We discussed E-patient Dave, who is a great model for an empowered consumer who became more activist as a result of his kidney cancer diagnosis. He says the most satisfying part of becoming more engaged was doctors welcoming his involvement. That he would approach a doctor and say that he is medically curious and how doctors respond to his questions, whether they say "I'll ask the questions," then he knows that he needs to find someone else. It was agreed that patients should remember that if they don't get the answer they want from a provider, that they are not stuck with them, but they may need guidance to help find a new one. Doctor-switching can be challenging and in some areas, there may not be many options. Some offered that doctors are very willing to participate in discussions with patients and that we could produce a video or type of collateral on how to select a physician that is open to SDM. For example, what are the questions to ask about SDM, how to tell whether the provider values that with patients, what types of questions might be helpful.

It was suggested that we could address diversity issues by using doctors in the videos, from a variety of backgrounds, to talk about how they support SDM. For example, women, people with different national backgrounds, talking about SDM from the provider perspective and how they appreciate SDM with patients who raise it. If we wanted to produce a video, the Alliance has a QIC, a diverse group of doctors, that may be interested in this idea, so we may have that expertise in-house. We discussed the scope of this effort and whether it's awareness, whether people are aware of SDM, are using SDM, and where we are trying to interject ourselves. Looking at what the 60 largest employers have been doing, working in stealth mode to change health plans, is the audience healthy people or do we want to embark on a public awareness campaign, and produce SDM tools? While E-patient Dave is a great example of someone who is highly involved, it's not typical for the general public with an 8th grade reading level and 5th grade medical level. Who is this SDM designed for? Knowing who the audience is important.

We discussed that this would be an effort to improve public awareness, that if people don't know about SDM, it would be helpful for them to be exposed to it. The main role of OYH is to build awareness and understanding. It's about confidence-building, that people don't have to be timid, we can help bridge the cultural differences, as people come to Seattle come from different origins have to navigate a different place, they have rights here and this is part of that.

In terms of next steps, we can focus on the Introduction of SDM and How to Guidance, understanding that people are at different places on the spectrum. It was agreed that it would be helpful to think about this as a campaign and to come up with some ideas for the next meeting for the group to consider, also helpful to coordinate with others.

Wrap up

Andrew, Megan, and Leslie will be working on Own Your Health additions before the next meeting.

Shared Decision Making Roadmap

A. Introduction.

1. What is shared decision making (SDM) – define and explain the concept.
2. Why SDM matters for patients and their families.
3. Why and how it can lead to better outcomes.
4. Why SDM is consistent with patient's rights and physician's ethical obligations to their patients.

B. The Role of Physicians and Health Care Providers Through the Patient/Consumer Lens

1. SDM is becoming widely accepted by the medical profession.
2. SDM now considered part of the practice of good medicine.
3. CDC policy explained.
4. WA State policy explained and what it means for patients and families.

C. How To Guidance.

1. Do not be timid about asking questions.
2. Practical advice about how to start the conversation.
3. How Own Your Health website tools can help understand SDM and suggestions for navigating around the OYH site's related topic.
4. Other sites that are patient/family friendly for more detailed information, if desired.