



# **COMMUNICATING EVIDENCE IN HEALTH CARE**

## **ENGAGING PATIENTS FOR IMPROVED HEALTH CARE DECISIONS**

Chuck Alston, MSL Washington, DC

Lyn Paget, Informed Medical Decisions Foundation

# Background

- Engaging people in health-related decisions leads to better outcomes
- Actual engagement is low: DECISIONS study example
- A strategy is needed to overcome barriers to evidence communication

# Aim

*To accelerate the routine use of the best available evidence in medical decision-making by raising awareness of and increasing demand for medical evidence among patients.*

# Approach

- Workgroup
- Environmental scan
- Qualitative (interviews & focus groups)
- Quantitative (national survey)

# Conceptual Framework

## The Three Legs of Medical Decisions

Medical Evidence



Clinician Expertise

Patient Goals & Concerns

# Qualitative Research

Key Themes. People want:

- to be involved in decisions
- the options, clearly communicated
- the whole truth about their diagnoses and treatments.



# National Survey

5 key findings...



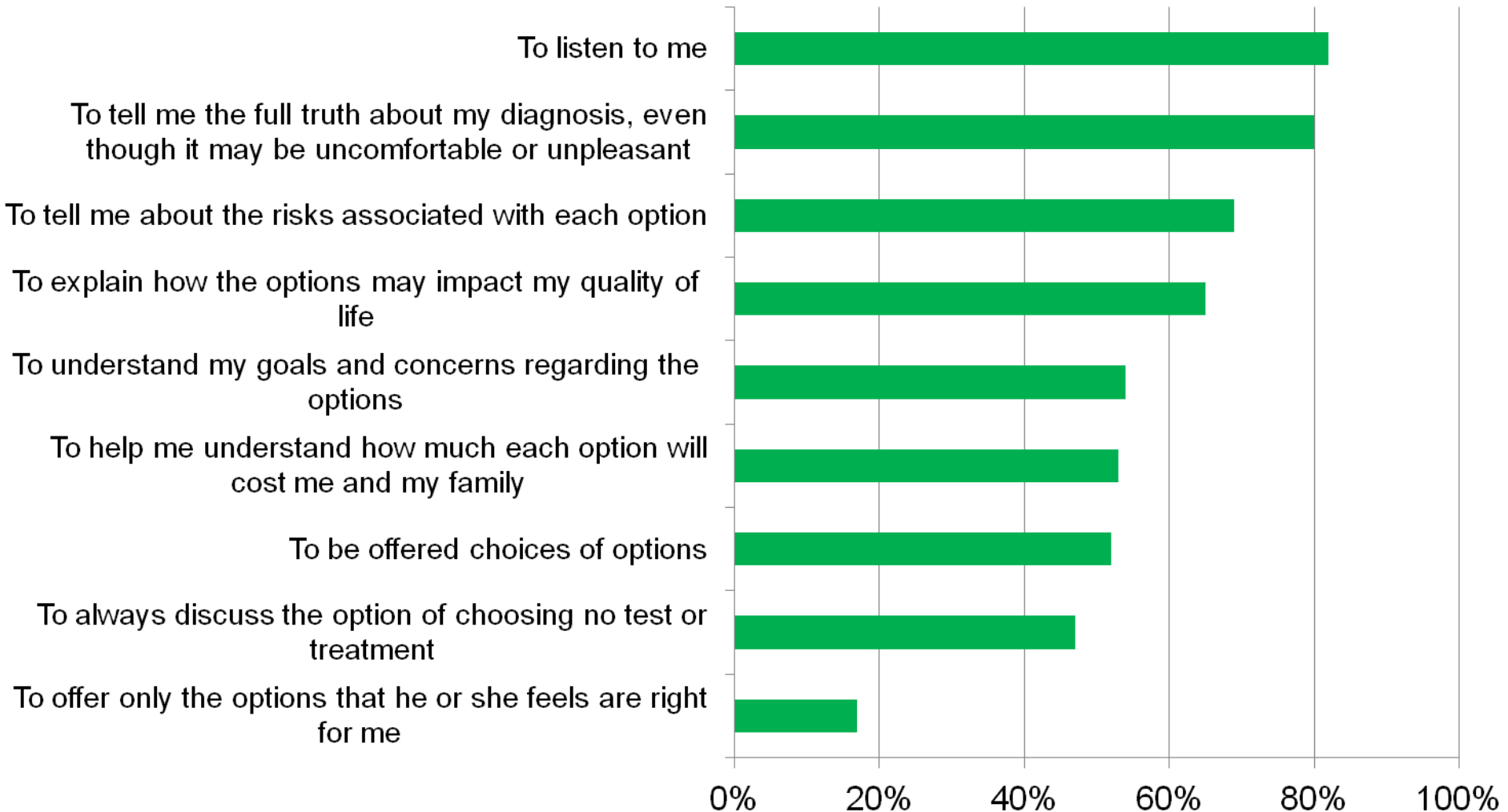
#1

*People desire a patient experience that includes deep engagement in shared decision-making.*



## Figure 1. People want involvement in evidence and decisions

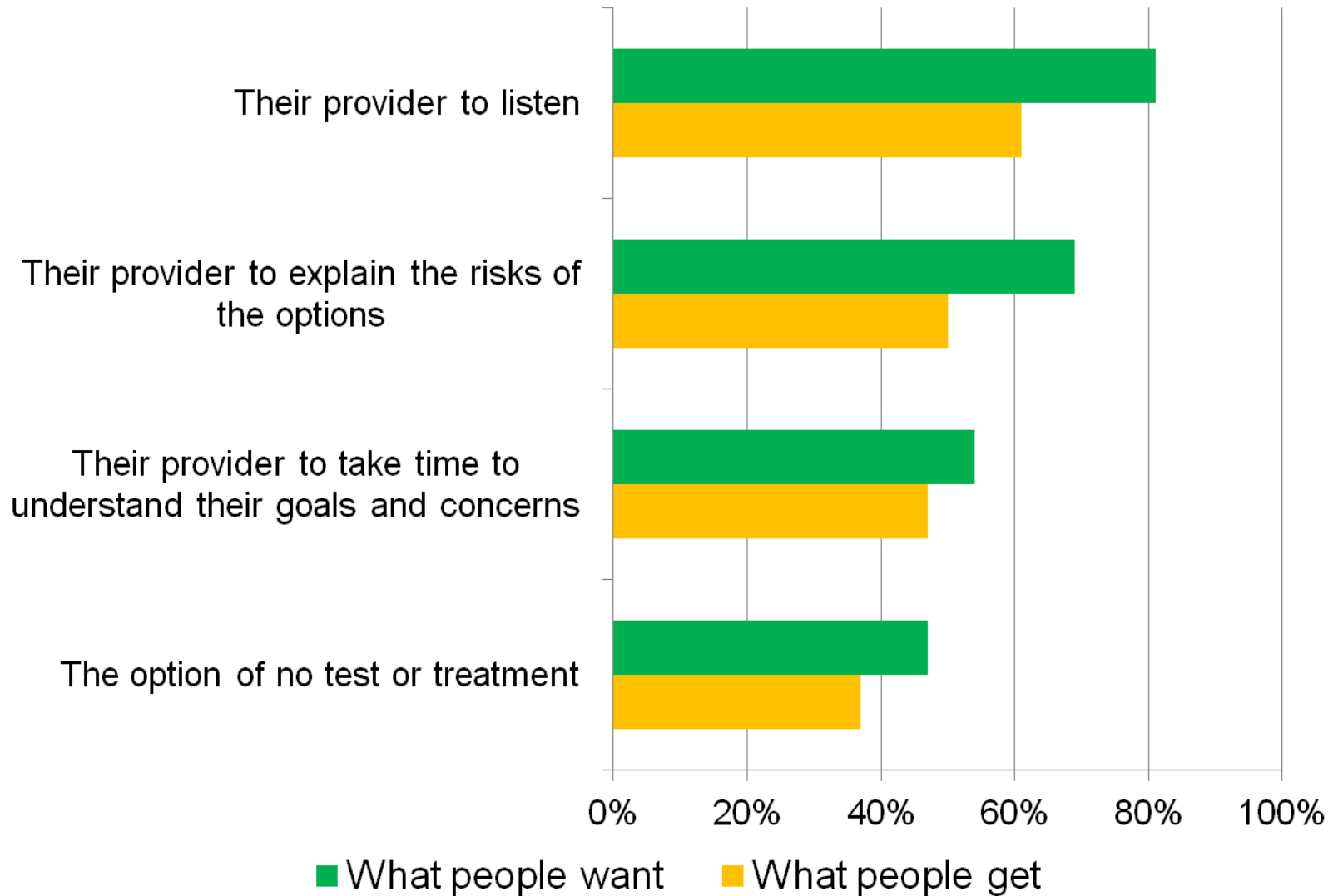
Bars show the percent of people surveyed who strongly agree with the statement: "I want my health care provider..."



## #2

*There is a gap between what people want and what they get regarding engagement in health care.*

**Figure 2. The gap: what people want vs. what they get**  
*Bars show the percent of people surveyed who strongly agree about what they want and get.*

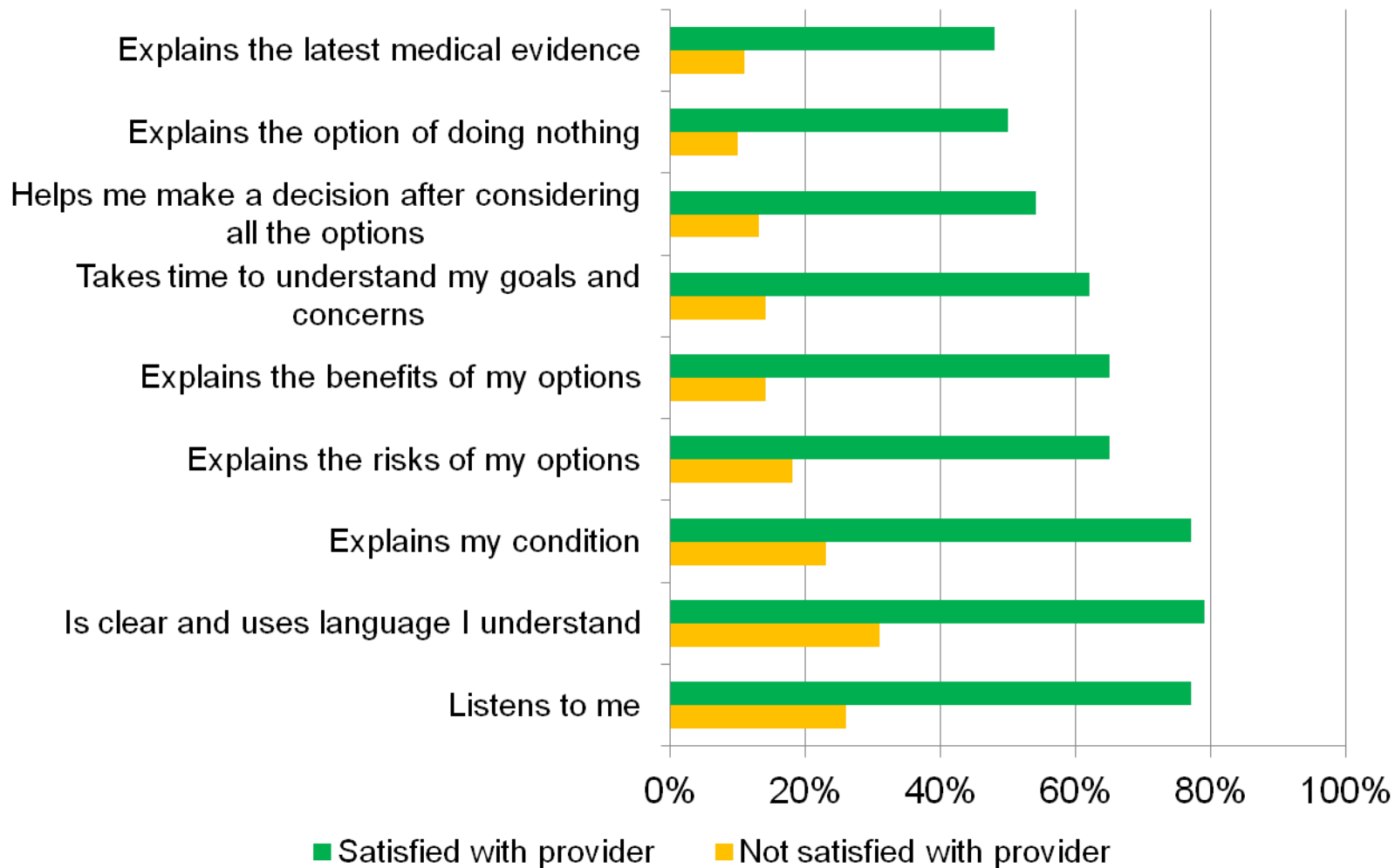


# #3

*People who are more engaged in health care report a better experience.*

### Figure 3. Satisfaction is linked to shared decisions.

Bars show the percent of people surveyed who strongly agree with the statement: "My health care provider..."





**#4**

*People have clear preferences for evidence communication.*

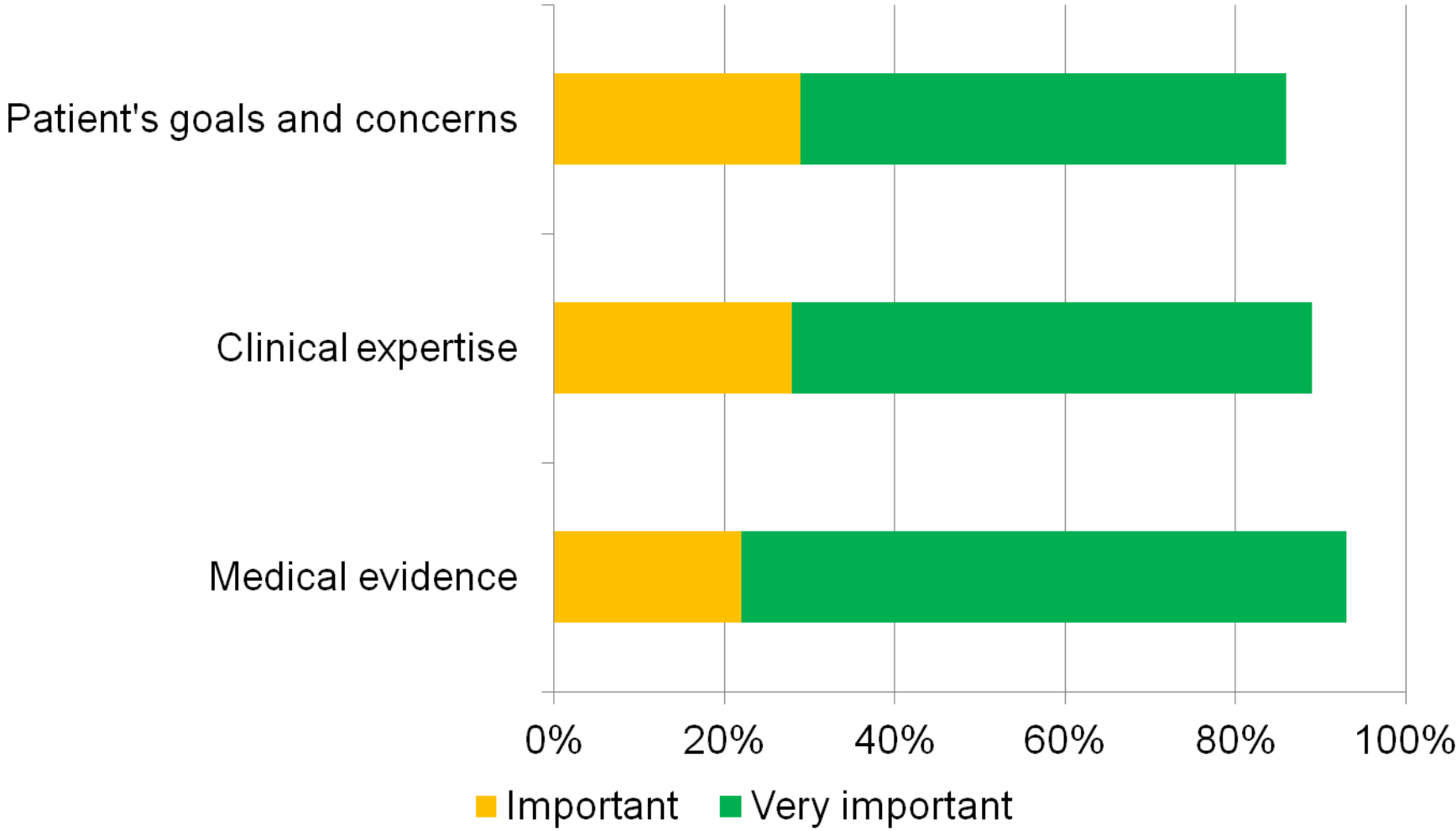
# Language to Describe Evidence

**Table 2. People's confidence in language used to describe evidence for their health care**

| Language  | Confidence* |
|---|-------------|
| What is proven to work best   | 79%         |
| The most up-to date medical evidence, including information about the risks and benefits, about what works best | 76%         |
| Best practices in the medical field   | 75%         |
| What medical science shows about each option's benefits and risks   | 71%         |
| What the research shows   | 68%         |
| Guidelines developed by national medical experts about what works best  | 65%         |

\* Note: differences of 3% are significant at a 95% confidence level.

**Figure 4. Support for the “three-legged stool” of medical decision-making**







#5

*There is strong patient support for sharing data to improve evidence.*



89%...

...of people strongly or somewhat agreed with the statement:

“My health data should be used to help improve the care of future patients who might have the same or similar condition.”

*More to come...*



**With deep thanks to...**

**Consumers Union**

**Kaiser Permanente**

**National Business Group on Health**



*Thank you*