

National strategies for implementing shared decision making – what has worked and what hasn't?

Angela Coulter¹, Marion Grote Westrick²

¹ University of Oxford, UK

² Bertelsmann Foundation, Germany

Background: Shared decision making (SDM) has been enthusiastically embraced by patient groups, policy makers, clinicians, researchers and professional societies, but it has been slow to filter into mainstream clinical practice. Experience in various demonstration projects in North America and Europe suggests that the following factors need to be in place to create the conditions for more widespread adoption:

1. Policy initiatives and support from governments or public authorities
2. Incentives for clinicians to change their practice – professional, ethical, legal, financial
3. Leadership – clinicians, patients, other
4. Skills and capacity – training courses, organisational development
5. Tools – patient decision aids, question prompts, quality assurance processes
6. Performance measures – decision quality, health outcomes
7. Proof of concept – demonstration sites, local evidence.

In a previous study of approaches to implementing SDM in five European countries (France, Germany, Spain, Netherlands and United Kingdom), we found that while all these countries had research groups working on SDM, patient groups calling for its wider use, and ethical and professional standards indicating its desirability, but there was no evidence of a systematic approach to implementation (1).

Since then SDM has risen further towards the top of the health policy agenda and is being actively promoted by various international bodies. The ISDM conference offers an excellent opportunity to gather information on the current state of progress in respect of SDM implementation across a wider group of countries. We therefore propose an interactive workshop to share information on what is happening with a view to mapping progress around the world.

Learning objectives: To share information about practical strategies for implementing SDM, focusing on what has worked and what hasn't.

Methods: An interactive workshop, including brief presentations and a facilitated discussion. A report will be produced after the conference for circulation to participants.

Audience: Invited participants drawn from those preparing papers for the special issue of ZEFQ, plus others with an interest in the topic. Numbers need not be limited.

1. Coulter A, Harter M, Moumjid-Ferdjaoui N, Perestelo-Perez L, Van der Weijden T. European experience with shared decision-making. *International Journal of Person Centred Medicine*. 2015;5(1):9-14.