



Advising the Congress on Medicare issues

Shared decision making and its implications for Medicare

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Roadmap

- Legislative changes that affect shared decision making
- Informed consent in Washington state
- Strategies for encouraging shared decision making

Recent health reform legislation provisions related to shared decision making

- The Secretary must:
 - Contract with a consensus-based organization to develop standards for patient decision aids and a certification process for determining whether aids meet the standards
 - Award grants to develop and update decision aids, establish shared decision making resource centers, and to help providers implement shared decision making programs

Washington state provides legal protection for physicians who use shared decision making

- Poor communication can lead to legal suits if patients do not understand treatment risks
- Legal standards for informed consent are ambiguous and vary from state to state
- Under Washington law, shared decision making serves as prima facie evidence that patient gave informed consent

Possible strategies to encourage shared decision making in Medicare

- CMS could:
 - Design a demonstration project
 - Provide incentives to providers
 - Provide incentives to patients
 - Require shared decision making for a select number of services
- All have advantages and disadvantages
- They are not mutually exclusive

Medicare could design a shared decision making demonstration project

- Medical homes and accountable care organizations would have infrastructure and financial incentives
- Physicians would have to support program
- Accountable care organizations with multiple specialties might be best suited to implement programs for preference sensitive treatments

Medicare could provide incentives to providers

- Pay for performance bonus for shared decision making
- Some private payers offer recognition or increased payments to providers who use patient decision aids
- FFS payment to physicians for shared decision making

Medicare could provide incentives to patients

- Financial incentives could be tied to use of decision aids
- Some evidence that patient incentives increase use of decision aids, improve activation, and may lead to less invasive treatment decisions

Medicare could require shared decision making for some services

- Medicare could link payment for select services to use of shared decision making
- Medicare could link coverage of specific treatments to use of shared decision making
- CMS would have to define quality standards for shared decision making
- Providers could be penalized if they do not have needed infrastructure

Summary

- There will be a chapter in our forthcoming June report on shared decision making
- This chapter will not contain any recommendations
- Should we develop any of the strategies presented in the chapter for future consideration?