

TRANSITION FROM PATERNALISM TO SHARED DECISION MAKING- AN EXPERIENCE OF A MEDICAL CENTER IN NORTHERN TAIWAN

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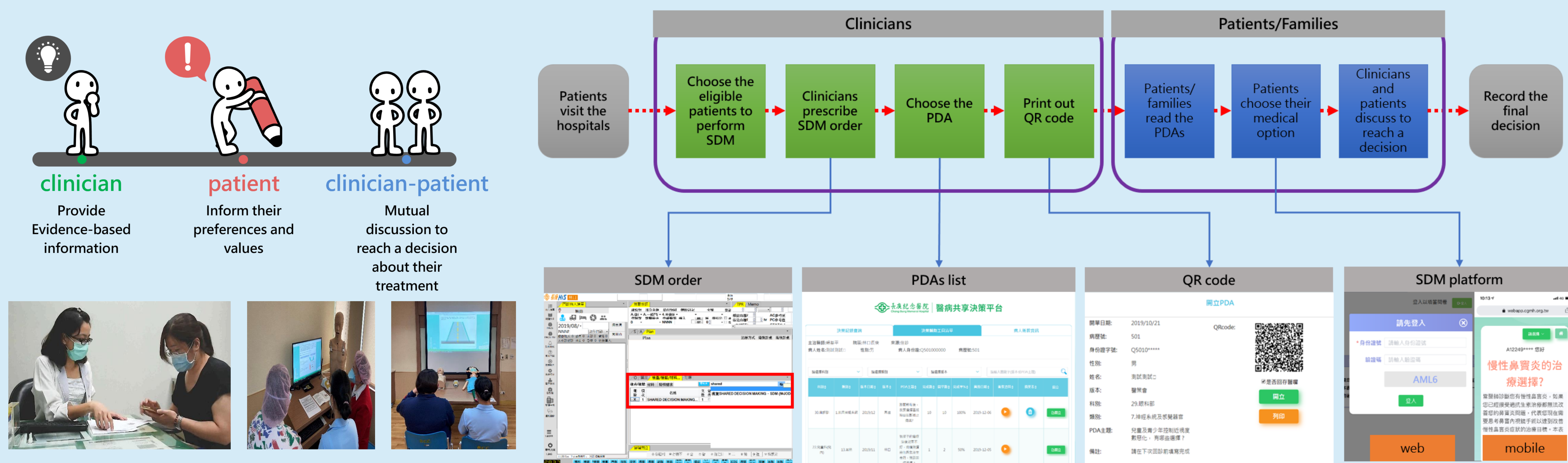
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INTRODUCTION

Starting in 2016, a nationwide shared decision making (SDM) program was launched in Taiwan in response to rising awareness of patients' rights and engagement. In order to streamline the SDM process, a task force, consisting of clinicians, quality managers, information technology technicians, and patient representatives, was formed to accomplish the mission.

METHODS

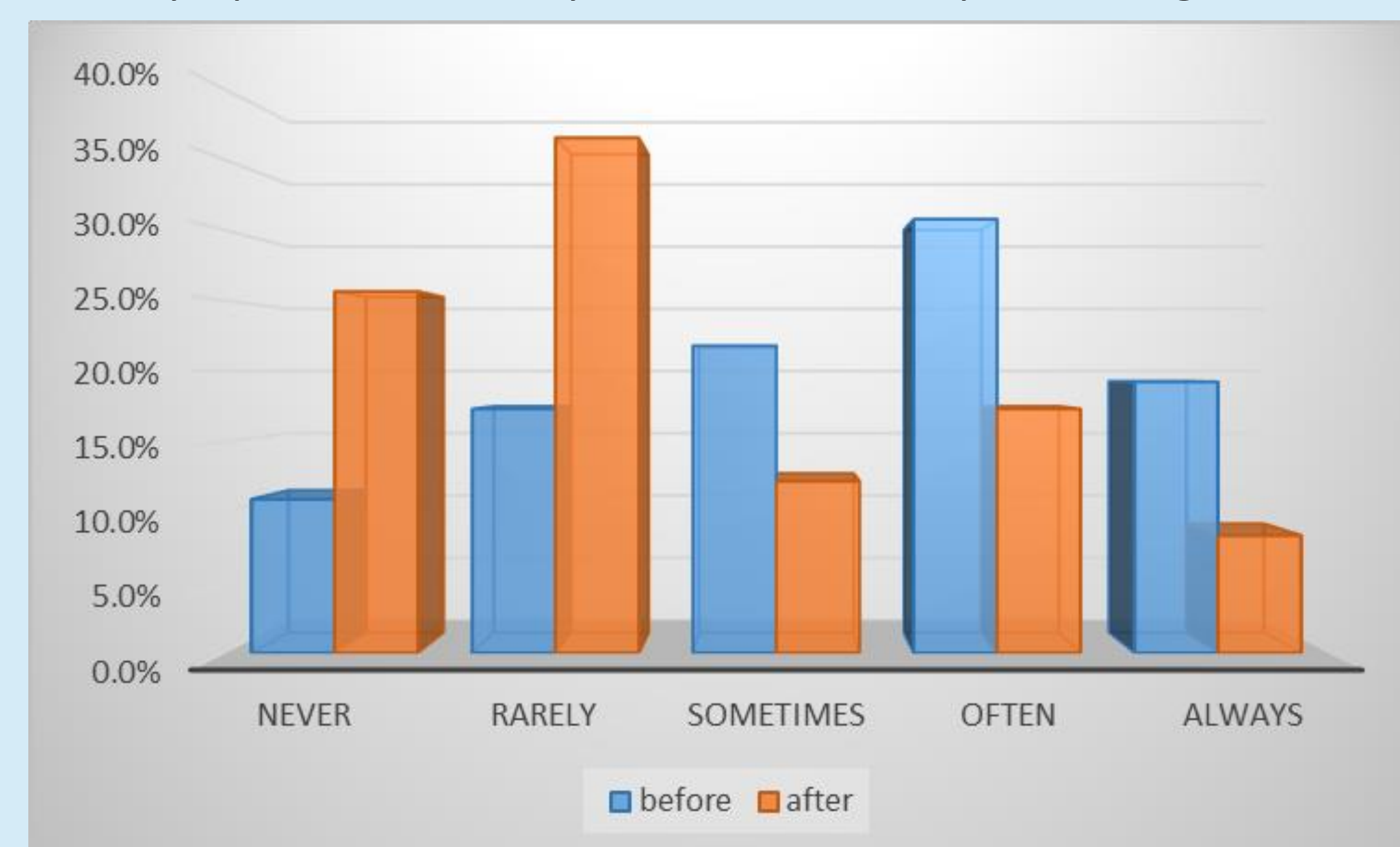
A web-based platform was established and embedded in the computerized physician order entry (CPOE) system and the disease information, treatment options, anxiety scale, as well as patient self-evaluation surveys, were integrated into it. After obtaining patients' consent to participate, physicians prescribe the SDM order with a QR code sheet, which allows patients/families to explore and compare treatment options and make a preliminary decision. Patients/Families can log in to the platform via all kinds of devices, including smartphones, tablets, PC, Notebooks, and touchscreen monitors in the outpatient waiting areas, at the wards or at their homes. Nurse practitioners and case managers of the medical team act as the decision coaches to deliberate possible options, evaluate personal preferences and diminish decision conflict. Last but not least, physicians access patients' values and preferences on the platform before decision talk and work together with patients/families to reach the final medical decision.



RESULTS

The process to perform the SDM at the medical center was built and run starting in August 2018. Since the launch of the SDM platform in September 2019, seventy-five patient decision aids (PDA) were developed and a total of 11,705 orders were prescribed. Using a five-point Likert scale to evaluate the effectiveness of SDM, patients are more confident in their decisions about the treatment choice (4.00 ± 0.25), while clinicians strongly agree with strengthening the patient-provider relationship (4.53 ± 0.18). Moreover, the patient's symptoms of anxiety significantly decreased from 72% to 38% after SDM is performed.

Symptoms of anxiety before and after performing SDM



CONCLUSIONS

SDM takes patients' preferences and values into consideration and adapting this new clinician-patient communication model is essential to the integration of patient-centered care. Developing a web-based platform enables clinicians to perform SDM and to integrate into their routine practice, which increases the accessibility of SDM to patients. In addition to the positive feedback from the clinicians and patients, it is found that the negative emotion of patients has reduced to some extent.

Keywords: computerized physician order entry, information technology, shared decision making