



Striving for the highest level of care

Shared Decision-Making Toolkit

Navigating shared decision-making in RA

ABBV-IE-00044-MC

Date of Preparation: May 2024

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How to use this toolkit

This toolkit is designed for you to use with your patients with rheumatoid arthritis to help make shared decision-making accessible for more patients, and more straightforward and time-efficient to practice



Learn to better navigate shared decision-making

Interactive content is as indicated and links are underlined or indicated with ➡ symbol

Click on the popup or the close (X) button to close it before progressing to the next popup



Equip yourself or your patients with our practical tools:

- Patient journey workbook
- Patient-doctor pocket translator
- Discussion aids

Interactive contents page



1. Shared decision making. National Institute for Health and Care Excellence (NICE) 2021 (NICE Guideline, No. 197). Available at: <https://www.ncbi.nlm.nih.gov/books/NBK572428/> (last accessed February 2024)

Discussion framework: Three-talk model

Time-saving tips

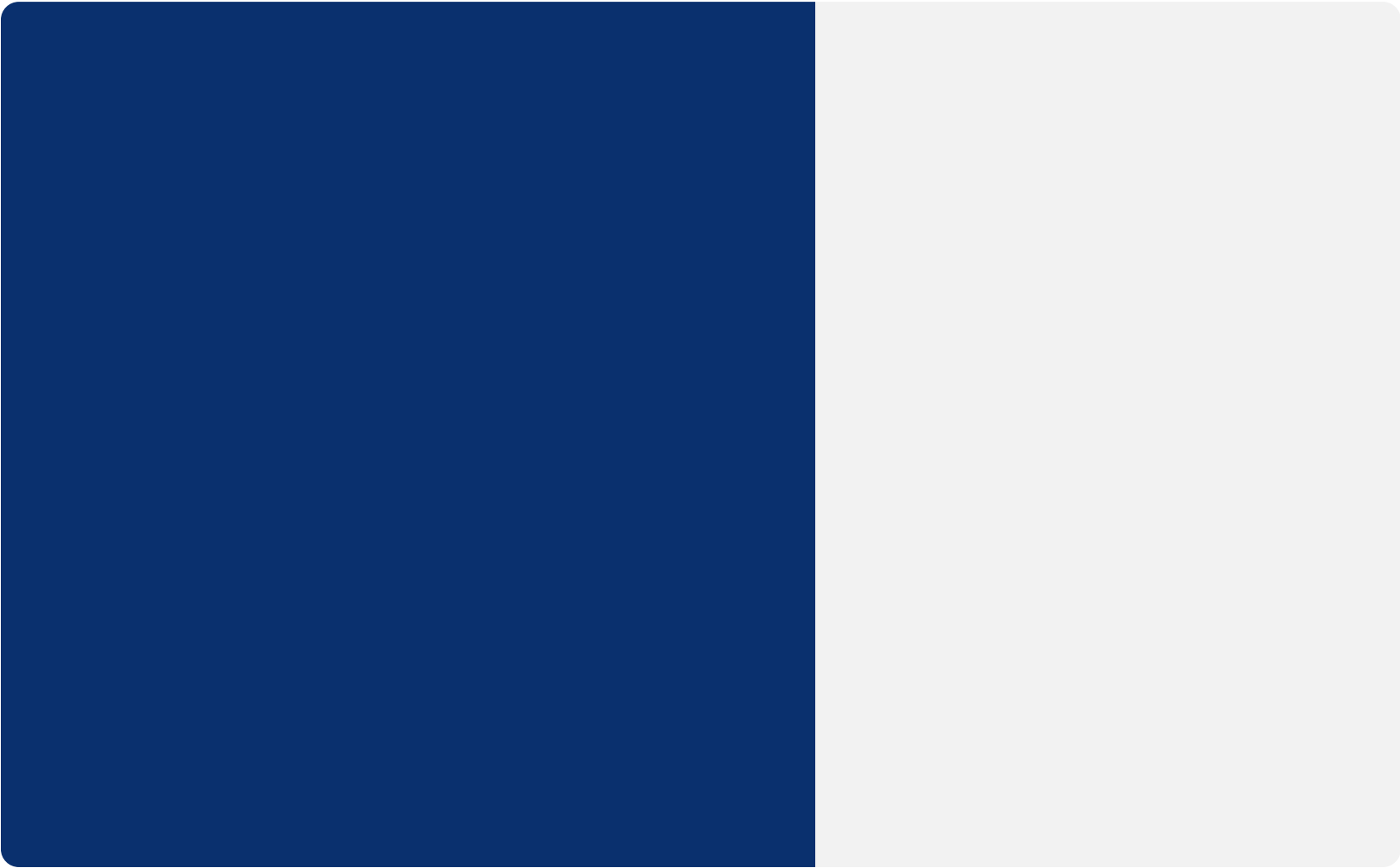
- Prepare an agenda to prioritize what to discuss together
- Record key discussion points and decisions made and share the details post-visit; refer to these for future visits

Patient education

Help your patient be informed

Time-saving tips

- Offer patient education before, after, and between visits by providing self-directed learning resources
- Inform patients of relevant patient organizations who may have education or training resources
- Liaise with other members of the multidisciplinary team, as appropriate, to support delivery of patient education



Pre-visit preparation

Support your patient to be prepared

Time-saving tips

- Encourage your patients to prepare before visits so they are able to engage efficiently during consultation
- Ask your patients to complete any relevant questionnaires and bring them to their appointment



Share the patient journey workbook and patient-doctor pocket translator with your patients to support their pre-visit preparation

Practical ways to complement patient education that you may consider before visits to empower your patients to practice shared decision-making:

Click on each section for more information to find out:



Tools and aids

Make it easier for your patients to be involved

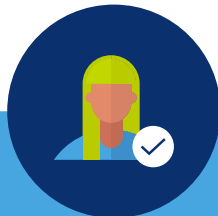
Time-saving tips

- Use validated patient-centric outcome measures to streamline discussions on PROs and reduce patient-HCP discordance
- Use decision aids and visual aids to illustrate options and make it easier to discuss complex concepts



- Use **SURE** or a **patient decisional scale** to assess your patient's decisional conflict (ie, their uncertainty about decisions) at the end of a visit to help improve shared decision-making¹
- Leverage tools and aids from

You may consider leveraging the following tools and aids to support shared decision-making during visits:



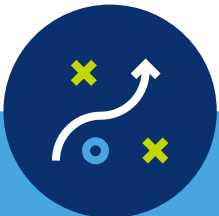
Validated patient-centric disease activity measures and goals

Help assess patient's perception of disease activity to support goal setting



Patient decision aids

Summarize treatment options to patients and facilitate discussions on their preferences and expectations



Visual conversation aids

Use visual analogies to simplify complex concepts, eg, treatment targets and benefit-risk, to facilitate discussion

1. Légaré F, et al. Can Fam Physician 2010;56:e308-14

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- [RAPID3](#)¹
- PDAS-1/2²
- PASS³
- HAQ⁴
- FACIT-F⁵
- FLARE-RA⁶
- painDETECT⁷
- [PAIN VAS](#)

1. Pincus T, et al. Rheum Dis Clin North Am 2009;35:773-8;
2. Choy E, et al. Arthritis Rheum 2008;26:192-9;
3. Salaffi F, et al. Biomed Res Int 2015;2015:930756;
4. Bruce B, Fries JF. Clin Exp Rheumatol 2005;23:S14-8;
5. Yellen SB, et al. J Pain Symptom Manage 1997;13:63-74;
6. Fautrel B, et al. Arthritis Rheumatol 2017;69:309-19;
7. Freynhagen R, et al. Curr Med Res Opin 2006;22:1911-20



Patient decision aids

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Make it easier for your patients to be involved

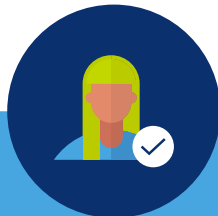
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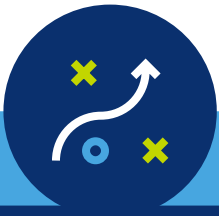
Validated patient-centric disease activity measures and goals

Help assess patient's perception of disease activity to support goal setting



Patient decision

Summarize treatment options to patients, facilitate discussion of their preferences and expectations



- Show patients their disease activity/PROs using a visual feedback tool¹
- Show patient their ultrasound results²
- Guide discussion using work mats (eg, **EVEREST visual conversation aids**)

1. El Miedany Y, et al. Rheumatol Int 2012;32:3061-8;
2. Joplin SK, et al. Int J Rheum Dis 2016;19:658-64

1. Légaré F, et al. Can Fam Physician 2010;56:e308-14

Pre-visit preparation

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Time-saving tips

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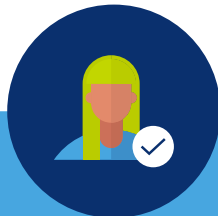
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- Arthritis Ireland

shared decision-making during visits



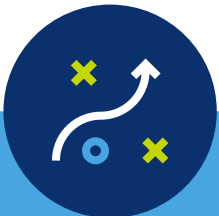
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List of patient decision aids

Name	Key items included	Language	Paper or web-based	Link	Reference
RA choice	1) Treatment plan; 2) Contraindications/considerations; 3) Cost; 4) Time to onset; 5) Frequency of administration; 6) Side effects	English, Spanish, Cantonese (upcoming)	Paper	https://carethatfits.org/rheumatoid-arthritis-ra-choice/	Barton JL, et al. Arthritis Care Res (Hoboken) 2016;68:889–98; Barton JL, et al. BMC Med Inform Decis Mak 2014;14:104
RA-Guide	Risks and benefits for biologic therapies including route of administration, benefits, side effects	English	Web	Not available	Fraenkel L, et al. Arthritis Care Res (Hoboken) 2015;67:1496–502
Patient decision aid for patients with RA	1) General introduction; 2) RA information; 3) Treatment options comparison; 4) Values clarification; 5) References	Spanish	Web and paper	Not available; refer to figures in publication	Pablos JL, et al. Patient 2020;13:57–69
Indigenous adaptation of the Early RA PtDA	1) Information about RA and DMARDs; 2) Formulary coverage for non-status First Nations patients; 3) Benefits and risks of no medication, MTX, two and three combination therapies; 4) Lifestyle factors; 5) Patient's feedback on treatment decision	English	Paper	Not available; refer to Figure 1 in publication	Umaefulam V, et al. Patient 2022;15:233–43
Short patient decision aid	Decision/choice set; brief information on treatment; visual representations of chance of improving RA, slowing joint damage, chance of serious infection and other possible harms; summary of possible benefits and harm; decision matrix; values clarification table; and brief self-reflection on decision quality	English	Paper	Not available	Martin RW, et al. Med Decis Mak 2017;37:577–88

Involving other individuals

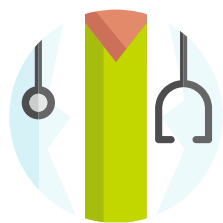
Time-saving tips

- Continue patient education and care outside of visits with the support of caregivers, and other members of the multidisciplinary team



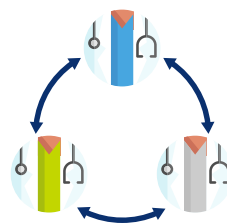
Caregivers and family members¹

- Share observations with the rheumatologist on the patient's physical function, treatment adherence, and emotional wellbeing
- Support patient education



Nurses and allied HCPs² (if available)

- Check quality of a treatment decision
- Provide education and explore preferences
- Organize contact between patients and physicians



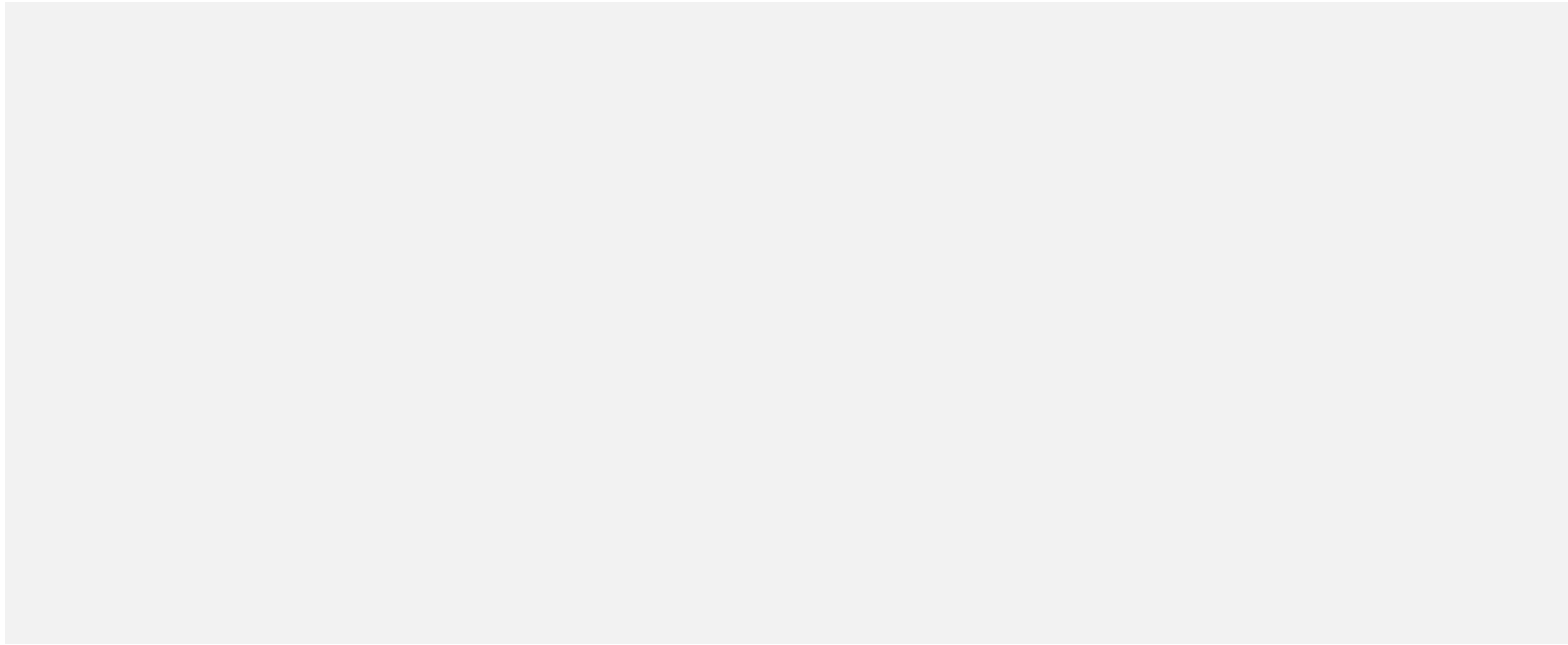
Multidisciplinary team²⁻⁴ (if available)

- Discuss comorbidities, medications, and review treatment plan
- Support self-management and lifestyle strategies

1. Pile K, et al. Int J Rheum Dis 2020;23:898-910; 2. Bos-van den Hoek DW, et al. J Adv Nurs 2021;77:296-307; 3. Zangi HA, et al. Ann Rheum Dis 2015;74:954-62; 4. Nikiphorou E, et al. Ann Rheum Dis 2021;80:1278-85

Account for patient variation and context

Click to find out how to manage these variations



1. Wittink H, Oosterhaven J. Musculoskelet Sci Pract 2018;38:120-7; 2. Norman CD, Skinner HA. J Med Internet Res 2006;8:e9; 3. Chung FF, et al. BMC Nurs 2021;20:85

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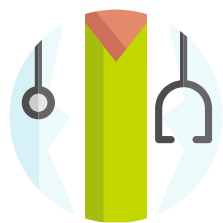
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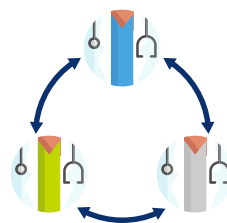
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Health literacy

- Consider your patient's level of understanding when practicing shared decision-making
- Use validated tools to assess their health literacy, if appropriate (eg, **Short Assessment of Health Literacy**)
- Provide tailored and needs-based education
- Use simple language with visual aids

- Implement chunk and check technique
- Adopt teach-back method
- Help identify reliable and credible information sources

Further resources:

ARHQ Health Literacy Resources →

The Health Literacy Place →

National Adult Literacy Agency →

1. Wittink H, Oosterhaven J. Musculoskelet Sci Pract 2018;38:120–7; 2. Norman CD, Skinner HA. J Med Internet Res 2006;8:e9; 3. Chung FF, et al. BMC Nurs 2021;20:85

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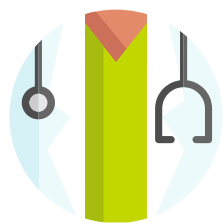
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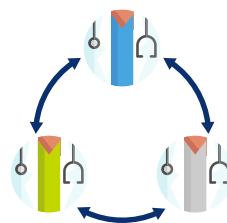
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Ethnocultural differences

- Respect patient values and cultural differences
- Demonstrate empathy and listening skills
- Use, adapt, or co-create tools and aids to fit cultural contexts (eg, decision aids for indigenous groups)
- Recruit and/or involve diverse staff members if possible

Further resources:

[How to approach medical decision-making across cultures](#) →

1. Wittink H, Oosterhaven J. Musculoskelet Sci Pract 2018;38:120-7; 2. Norman CD, Skinner HA. J Med Internet Res 2006;8:e9; 3. Chung FF, et al. BMC Nurs 2021;20:85

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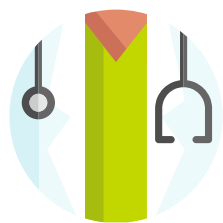
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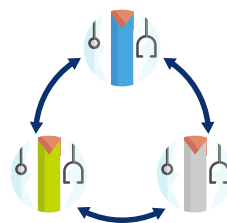
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Languages

- Use simple language with visual aids
- Provide educational resources in the patient's language of choice
- Engage with caregiver(s) or family member(s) who can help translate and facilitate SDM
- Provide interpreter services if possible

1. Wittink H, Oosterhaven J. Musculoskelet Sci Pract 2018;38:120-7; 2. Norman CD, Skinner HA. J Med Internet Res 2006;8:e9; 3. Chung FF, et al. BMC Nurs 2021;20:85

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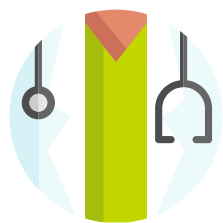
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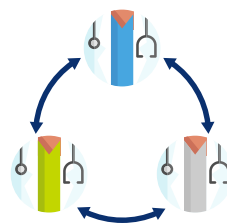
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Digital literacy

- Consider your patient's level of technical skills and access to technology
- Assess patients' eHealth literacy with validated tools, if appropriate (eg, eHealth Literacy Scale)
- Use technology that works automatically and simply
- Provide hands-on experience
- Establish virtual support or help desk
- Provide technical support at waiting rooms

1. Wittink H, Oosterhaven J. Musculoskelet Sci Pract 2018;38:120–7; 2. Norman CD, Skinner HA. J Med Internet Res 2006;8:e9; 3. Chung FF, et al. BMC Nurs 2021;20:85

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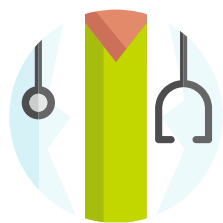
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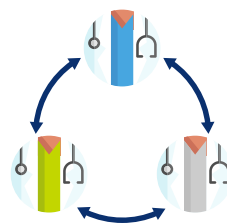
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Individual preferences

- Consider different modes of offering patient education
- Set an agenda with your patient
- Use the three-talk framework to simplify and focus the SDM process

1. Wittink H, Oosterhaven J. Musculoskelet Sci Pract 2018;38:120-7; 2. Norman CD, Skinner HA. J Med Internet Res 2006;8:e9; 3. Chung FF, et al. BMC Nurs 2021;20:85

Resources for HCPs

References

- Development of an implementation strategy for PDAs in RAs through application of the behavior change wheel (Barber CEH, et al. ACR Open Rheumatol 2021;3:312–23)
- EULAR recommendations for patient education (Zangi HA, et al. Ann Rheum Dis 2015;74:954–62)
- EULAR recommendations for self-management strategies (Nikiphorou E, et al. Ann Rheum Dis 2021;80:1278–85)
- New galaxies in the universe of shared decision making and rheumatoid arthritis (Barton JL, Décary S. Curr Opin Rheumatol 2020;32:273–8)
- Patient perspectives on how to improve education on medication side effects (Hegeman MC, et al. Rheumatol Int 2021;41:973–9)
- Three-talk model (Elwyn G, et al. BMJ 2017;359:j4891)
- What matters to patients with RA when facing medical or non-medical treatment decisions? (Cornelissen LE, et al. Patient Prefer Adherence 2021;15:1827–41)

Websites

- [How to approach medical decision-making across cultures \(last accessed May 2024\)](#)
 - [Shared decision making. National Institute for Health and Care Excellence \(NICE\) 2021 \(NICE Guideline, No. 197\) \(last accessed May 2024\)](#)
 - [Shared decision-making overview video \(Video by ASCQHC\) \(last accessed May 2024\)](#)
 - [Three-talk model in shared decision-making \(Video by Osmosis\) \(last accessed April 2024\)](#)
-