Canada Experiences: Scaling up Shared Decision Making in Home Care

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Since 2006, our mission is:

To provide health professionals and their patients with the necessary tools and skills to promote shared decision-making (SDM) throughout the healthcare continuum.

http://www.decision.chaire.fmed.ulaval.ca/
At the minimum 10 years!

1. Patient & Clinicians Powered Practice Based Research Network
2. Knowledge syntheses
3. Concepts and models
4. Measurements
5. Analytical methods
6. Descriptive studies
7. Intervention
8. Capacity building
9. Scaling up
Previous work in the home care sector

- **2007-10**: Development of an team approach to shared decision-making with 1 health and social service center (HSSC)
- **2010**: Request by the HSSC that we work in home care
- **2010**: Request by home care teams that we focus on housing decisions faced by seniors with loss of autonomy
- **2011**: Development of SDM training programs for home care teams
- **2010-12**: Pilot study with home care teams (Quebec City and Edmonton)
In 2015, Quebec had the highest % of seniors (≥75) living in long-term care facilities (18.4%) (Canada = 9.1%; 2.0% to 18.4%)

In 2016, 1 adult out of 5 (≥18) made a housing decision for themselves or on behalf of a loved one.

In 2017, 1 out of every 5 seniors admitted to an institution could have been admitted later or not at all.

In 2017, the Quebec Ombudsman stated: “All the choices should be presented at once and on an equal footing for informed decision-making”
Co-construction of a decision guide

Garvelink et al. Research Involvement and Engagement (2016) 2:26

RESEARCH ARTICLE

Development of a decision guide to support the elderly in decision making about location of care: an iterative, user-centered design

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Plain English summary
For the elderly to get the care and services they need, they may need to make the difficult decision about staying in their home or moving to another home. Many other people may be involved in their care too (friends, family and healthcare providers), and can support them in making the decision. We asked informal caregivers of elderly people to help us develop a decision guide to support them and their loved ones in making this decision. This guide will be used by health care professionals to assist of elderly people and their caregivers in making the decision. The guide will be informed by the needs of people with the decision making process.
SDM training program for home care teams

• Online tutorial

• Skill building workshop
  – Lecture
  – Video
  – Clinical vignette and role play
2 implementation trials with a total of 32 HSSCs (2015-2019)

- 1098 clients or caregivers
- >400 health professionals

How much are Canadians engaged in shared decision making when facing health related decisions? A Web-based survey

Haesebaert et al. CMAJ Open 2019
http://cmajopen.ca/content/7/2/E210.full

Key messages
- Canadians experience a low degree of shared decision making, with variations across age, care setting, geographical area, province and ethnicity

- Older people, particularly those receiving home care, experience the lowest degree of shared decision making

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>42.8%</td>
<td>Choice discussed always/often</td>
</tr>
<tr>
<td>45.4%</td>
<td>Advantages/disadvantages presented always/often</td>
</tr>
<tr>
<td>38.8%</td>
<td>Asked about ideas/preferences always/often</td>
</tr>
<tr>
<td>40.2%</td>
<td>Asked about preferred option always/often</td>
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Scaling up shared decision making for patient-centred care

CIHR Foundation research program
2018-2025
Objective

**Objective:** Develop and test novel approaches for scaling up SDM in home care

**Vision:** More Canadian seniors/caregivers in home care will benefit from SDM and become fully engaged as partners in their care
Three main pillars

SDM

HOME CARE

IMPLEMENTATION SCIENCE: SCALE UP AND SPREAD
Why studying scaling up?

Graham et al. 2006
SUCCEED/SUCCÈS: Standards for reporting trials assessing the impact of scaling up interventions of evidence-based practices
Amédé Gogovor et al. (registered at EQUATOR.ORG)
AIM 1: ASSESS SCALABILITY OF SDM INTERVENTIONS THAT ADDRESS KUs’ DECISION PRIORITIES

Decisional needs assessment
1-Patient and public survey
2-Stakeholder survey (SE Health)
3-Semi-structured interviews with both groups

Deliberation about priority needs with
- Policy makers
- Stakeholders
- Patients and caregivers

Existing SDM tools, interventions that align with the priority
1-Environmental scan
2-Review of reviews
3-mHealth initiative

**Identify priority decision in home care for Canadian KUs**

AIM 2: DEVELOP A THEORY INFORMED AND EVIDENCE BASED SCALE UP PLAN

Mapping of home care environments
1-Expert panel to identify targeted behaviour changes and policy categories
2-Case study: identify scale up strategies for identified policy categories

Knowledge syntheses
1-Systematic reviews on scale up: scalability, living review on strategies, reporting guidelines
2-Realist review

AIM 3: PREPARE FOR SCALING UP IN HOME CARE

Assess acceptability of scale-up plan
1-KU consultation, input on the scale up plan
2-Address capacity needs in home care organizations
3-Tailored scale up plan

Mobilize resources
1-Site recruitment, 2 per province / 5 provinces
2-Training of local SDM scale up team

AIM 4: ASSESS THE IMPACT OF THE SCALE-UP PLAN

Trial scale-up plan with involvement of KUs
Stepped-wedge cRT in 5 provinces

Analysis the impact of the scale-up plan
Concurrent realist process evaluation, economic analysis

AIM 5: BUILD CAPACITY IN THE PRACTICE AND SCIENCE OF SCALING UP

Existing SDM tools, interventions that align with the priority
1-Environmental scan
2-Review of reviews
3-mHealth initiative

Knowledge syntheses
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2-Realist review

Deliberation about priority needs with
- Policy makers
- Stakeholders
- Patients and caregivers

Identify priority decision in home care for Canadian KUs
Building cathedrals is time consuming and collaborative
Thank you!

Join us!

http://www.fourwav.es/isdm2019