

# Do You Employ Shared Decision-Making in Your Practice?

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**I** imagine this scenario: A patient is scheduled to see you for a routine follow-up appointment. You are co-managing this patient with a physician. In preparation for the encounter, you review the chart and note that the patient obtained surveillance labs and CT scans earlier in the week in preparation for your visit. Unfortunately, these data show their cancer is slowly relapsing. Before you enter the room, how do you prepare yourself for the upcoming visit and subsequent discussion? Do you decide what treatments are indicated in their situation and plan to suggest the next treatment? Are advanced practitioner (AP)-initiated treatment discussions even allowed in your practice area? Moreover, do you feel comfortable in your level of knowledge and in your practice group to let the patient know their disease has progressed, and to discuss available treatment options?

## SDM DISCUSSIONS

I recently had the good fortune to attend an in-person annual meeting where we discussed the above topics of treatment selection, AP involvement in treatment planning, and shared decision-making (SDM).

These SDM discussions are an important component of a patient-centered encounter. As most of you are aware, SDM discussion occurs when patients and providers discuss various treatment options and mutual goals, and arrive at the “best” treatment decision for the patient and their caregivers (Faiman & Tariman, 2019). Some benefits to SDM discussions include improved adherence to treatment, less patient decisional regret, and a potential lower cost of care over time due to decreased health expenditures. Some key studies cite improved outcomes when the patients have a voice in their treatment and desire to have a say in their care (Ankolekar et al., 2018; Crawford et al., 2019; Nejati et al., 2019; Rostoft et al., 2021; Van Balen et al., 2019).

Patient-centered care is often the focus of our decisions. Although there are various strategies and tools APs can use to enact SDM in clinical practice and embrace the concept of patient-centered care, the easiest for me to adopt was developed by the Agency for Healthcare Research and Quality (AHRQ). The AHRQ’s comprehensive tool can help health-care providers incorporate SDM strategies into routine patient encoun-

ters using the SHARE (Seek, Help, Assess, Reach, Evaluate) approach to have a dialogue about what is best for the patient (Table 1). In fact, the SDM discussion is becoming so important that the Centers for Medicare and Medicaid Services (CMS) has mandated SDM using patient decision aids for three conditions (lung cancer screening, atrial fibrillation, and implantable defibrillators; AHRQ, 2022). The scope of this editorial is not to cover all of the benefits and intricacies of SDM; however, no matter what your role, consider the SHARE approach and use the essential steps of SDM in your practice.

### IN THIS ISSUE

There are a variety of articles in this issue for the AP to enjoy that can add to your knowledge base and clinical competence. Interestingly, several articles in this issue integrate patient or clinician strategies for decision-making in one way or another.

Starting us off in this May/June issue is Nada Alsuhebany and colleagues who report a running comparison of admissions and ED visits under the CMS OP-35 ruling. Also of high relevance to the AP in oncology is the importance of blood clot prevention. Accordingly, Jibrán Majeed and colleagues report their experiences in implementing a clinical decision tool to improve oncologic venous thromboembolism management in their center. Matthew Waggoner and colleagues share important considerations in the practical management of the venetoclax-treated patient in chronic lymphocytic leukemia and acute myeloid leukemia, and Kelley Mayden and colleagues

discuss practical strategies for APs streamlining the integration of oncology biosimilar therapies into practice. In Practice Matters, Rachel La Costa shares important information about COVID-19 vaccine effectiveness in oncology patients. Finally, we learn about the place of encorafenib and binimetinib combination therapy in metastatic melanoma.

I hope you find some interesting information within this issue to enhance your practice! And perhaps you will feel more comfortable with the knowledge you have gained to implement SDM within your practice setting. ●

### References

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**Table 1. The SHARE Approach**

Step 1:	<b>S</b> eek your patient's participation
Step 2:	<b>H</b> elp your patient explore and compare treatment options
Step 3:	<b>A</b> ssess your patient's values and preferences
Step 4:	<b>R</b> each a decision with your patient
Step 5:	<b>E</b> valuate your patient's decision

Note. Adapted from Agency for Healthcare Research and Quality (2022).