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## Value Assessment at the Point of Care: Incorporating Patient Values throughout Care Delivery and a Draft Taxonomy of Patient Values

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### ABSTRACT

Incorporation of patient values is a key element of patient-centered care, but consistent incorporation of patient values at the point of care is lacking. Shared decision making encourages incorporation of patient values in decision making, but associated tools often lack guidance on value assessment. In addition, focusing on patient values relating only to specific decisions misses an opportunity for a more holistic approach to value assessment that could impact other aspects of clinical encounters, including health care planning, communication, and stakeholder involvement. In this commentary, we propose a taxonomy of values underlying patient decision making and provide examples of how these impact provision of health care. The taxonomy describes four categories of patient values: global, decisional, situational, and external. Global values are personal values impacting decision making at a universal level and can include value traits and life priorities. Decisional values are the values traditionally conceptualized in decision making, including considerations such

as efficacy, toxicity, quality of life, convenience, and cost. Situational values are values tied to a specific moment in time that modify patients' existing global and decisional values. Finally, discussion of external values acknowledges that many patients consider values other than their own when making decisions. Recognizing the breadth of values impacting patient decision making has implications for both overall health care delivery and shared decision making because value assessments focusing only on decisional values may miss important patient considerations. This draft taxonomy highlights different values impacting decision making and facilitates a more complete value assessment at the point of care.

**Keywords:** decision making, shared decision making, taxonomy, value.

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### Introduction

Patient-centered care is partly defined by responsiveness to patient values, where patient values “refers to the unique preferences, concerns, and expectations that are brought by each patient to a clinical encounter and must be integrated into clinical decisions if the patient is to be served” [1]. “Value” here is distinct from the term’s use in health economics, where value relates to quality and cost [2]. Fifteen years have passed since the Institute of Medicine’s landmark publication promoting patient-centered care [1], but consistent incorporation of patient values at the point of care remains lacking. Only 47% of US adults report that clinicians consider their goals and concerns [3].

When patient values are incorporated within clinical encounters, it typically occurs in the context of shared decision making (SDM), “the pinnacle of patient-centered care” [4]. SDM is a

patient-clinician collaboration incorporating patients’ values and preferences alongside best available evidence to make a health care decision. SDM descriptions focus on how clinicians provide evidence to patients, allowing patients to incorporate values when making decisions [5]. SDM models describe helping patients understand that options exist, providing details about the options, and supporting patients in consider values when making a decision [6]. “This whole sentence refers to the model in reference 6, so the original wording is preferred. If the editors would like to instead refer more generally to SDM, “models” should be removed (since it is SDM, not the models, that help patients). In this case the sentence would be rephrased to read, “SDM helps patients understand that options exist, provides details about the options, and supports patients in considering values when making a decision [6]. There is, however, little discussion regarding the role of value assessment in SDM.

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Decision aids (DAs) are one approach to value assessment within SDM. DAs are structured approaches guiding clinicians and patients through information about a decision and helping patients understand personal values. The International Patient Decision Aid Standards instrument checklist includes clarifying values as one key component of DAs, requiring that DAs help patients imagine experiencing the physical, psychological, and social effects of different options and consider which positive and negative features of the choice matter most [7]. Although DAs can help patients gain clarity about values and lead to decisions that are more in line with their values [8,9], only 55% of DAs include value clarification exercises [8].

Furthermore, DA value assessments often take a narrow view of patient values, focusing purely on preferences relating to positive and negative outcomes of the choice. A review of DA value clarification methods found that listing the pros and cons of a decision was the most common method used [10]. In addition, DAs including value clarification incorporate this after the discussion of options and evidence and thus have no mechanism for individualizing the presentation of potential risks and benefits to patient values. This is also true of the Agency for Healthcare Research and Quality's SHARE approach to SDM, in which assessing a patient's values is step 3 of 5, occurring only after engaging the patient and helping him or her explore and compare treatment options [11]. Although increasing research supports DAs as helpful tools for improving informed decision making [9,12], these tools used in isolation miss the opportunity for a more holistic approach to value assessment.

### Value-Focused Thinking

Systems management makes a useful distinction between "value-focused thinking" and "alternative-focused thinking." Much like DAs used in isolation, alternative-focused thinking is reactive, identifying options in response to a problem before values are defined. In contrast, value-focused thinking recognizes that values should be the fundamental driving force behind decision making. Available alternatives are relevant only as a means by which values can be respected and goals achieved [13].

This approach acknowledges that identifying values has a broader role than simply allowing patients to weigh pros and cons of individual decisions (Fig. 1). Understanding patient values can guide clinicians' questions at follow-up visits and inform a care plan that accounts for a person's ability to successfully work, parent, or perform a hobby. Patient values inform overall health planning and help patients and clinicians link connected decisions, such as adjusting medications for comorbidities while avoiding polypharmacy. Values may prompt a decision and also inform discussion of the relevant alternatives. Understanding values may motivate family member involvement and improve communication.

Identifying values is not purely unidirectional. Improved communication leads to better value assessment. Health care planning, specific decisions, and available alternatives may prompt patients to consider or reconsider stated values, particularly as circumstances change. Involvement of other stakeholders such as family members can also change value assessments (Fig. 1).

### Taxonomy Development

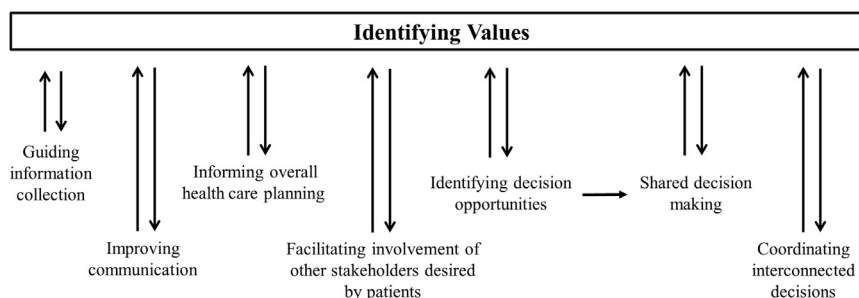
In moving toward a more comprehensive view of value assessment at the point of care, a model is needed to understand the types of values impacting health care decisions. Various patient engagement taxonomies exist [14,15], but no identified taxonomies describe values underlying patient decision making. Without a shared understanding of the types of values informing decisions, value assessments are likely to miss key contributors to decision making. We thus propose a draft taxonomy outlining overlapping values relevant to patient decision making (Fig. 2) on the basis of clinical experiences using an SDM model. We suggest that patients make health care decisions on the basis of global, decisional, situational, and external values and we also provide examples of how these impact SDM.

### Global Values

Global values are core personal values existing beyond specific decisions, including value traits and life priorities. Value traits represent values tied to underlying personality. Patients may be risk-averse or early adopters and this may impact approaches to all decisions. An anxious personality—whether or not anxiety relates to a clinical diagnosis—may also impact decisions, such as inclining individuals to favor more testing to exclude concerning diagnoses.

Global values also represent overarching life priorities or beliefs, a lens through which patients view all decisions. A patient's top priority may be remaining independent in her home and she may make all decisions within that context. Global values may also reflect religious or cultural priorities. Global values may change over an individual's life, but they have relevance for every health care decision regardless of a specific scenario.

Knowing global values helps clinicians frame SDM discussions. If a clinician knows that a patient values continued employment over retirement or disability, treatment options and potential side effects can be framed in that context, enhancing the individualized discussion. For medical decisions with known ethical, cultural, or religious implications, such as organ donation or in vitro fertilization, clinicians may benefit from querying patients' global values to best frame the discussion.



**Fig. 1 – The impact of patient values. Identifying patient values has implications for interactions throughout health encounters, and not just at the moment when there is a specific decision to be made.**

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