

# Shared Decision Making in Primary Care

**Optimal Care Grand Rounds Series . 21 May 2025**

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# Disclosures

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Dr. Mather has disclosed the following: Stryker: Advisory Board, Consultant, Other Financial or Material Support  
All relevant financial relationships have been mitigated.

The remaining activity faculty or planners have no financial relationships to disclose.

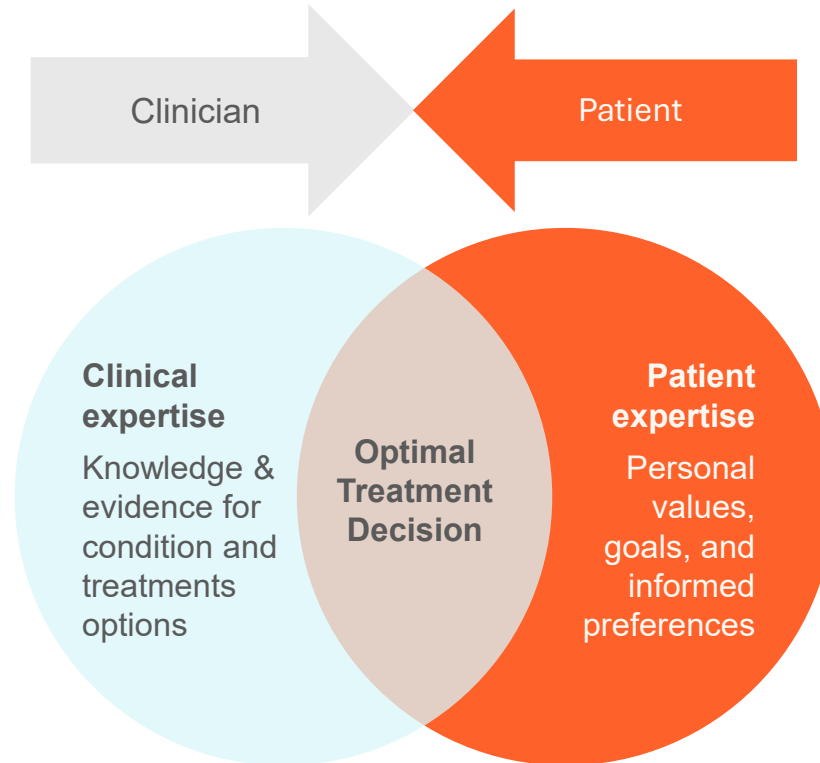
# Learning Objectives

- Define shared decision making (SDM) and understanding the ‘what’, ‘why’, and ‘how’?
- Identify key components and tools enabling effective SDM
- Recognize challenges and opportunities to implementing SDM in routine clinical practice
- Describe opportunities for impact of SDM in primary care
- Learn real-world strategies from case studies and approaches to successful integration of SDM

# What is the concept of shared decision-making (SDM)?

SDM combines the realms of clinical expertise with patient expertise through effective communication to arrive at informed care delivery decisions aligned with a patient's values, goals, and preferences

- Clear
- Accurate
- Unbiased / Impartial
- Tailored
- Comprehensive\*

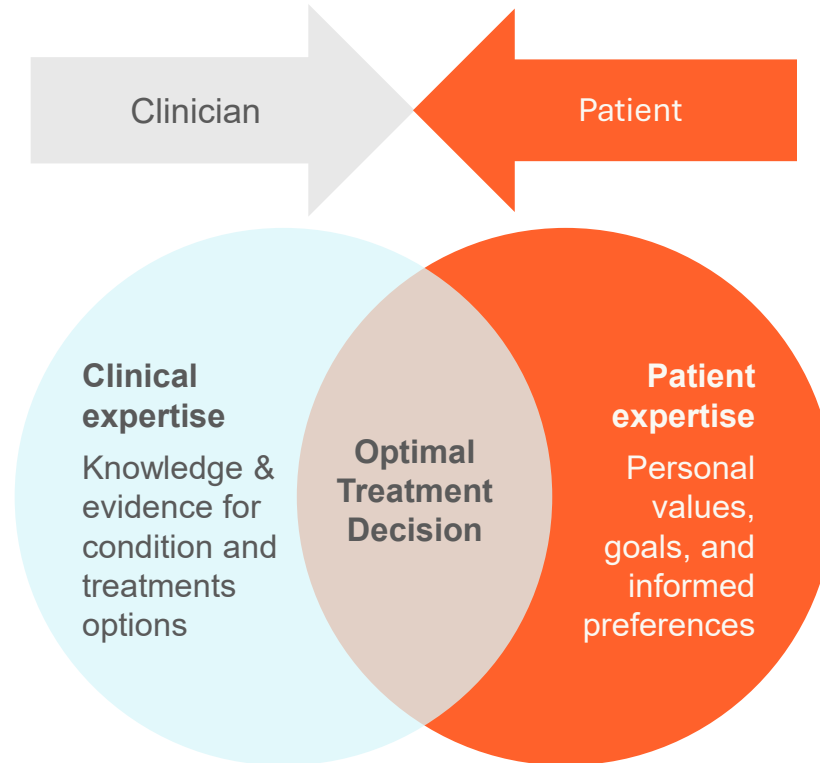


- Appropriate time
- Sufficient space
- Promoting agency
- Adapted to situation
- Iterative approach

# Why is there a spotlight on SDM in current health care?

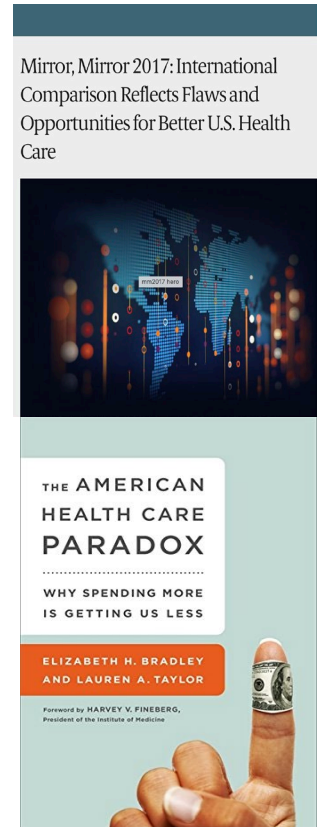
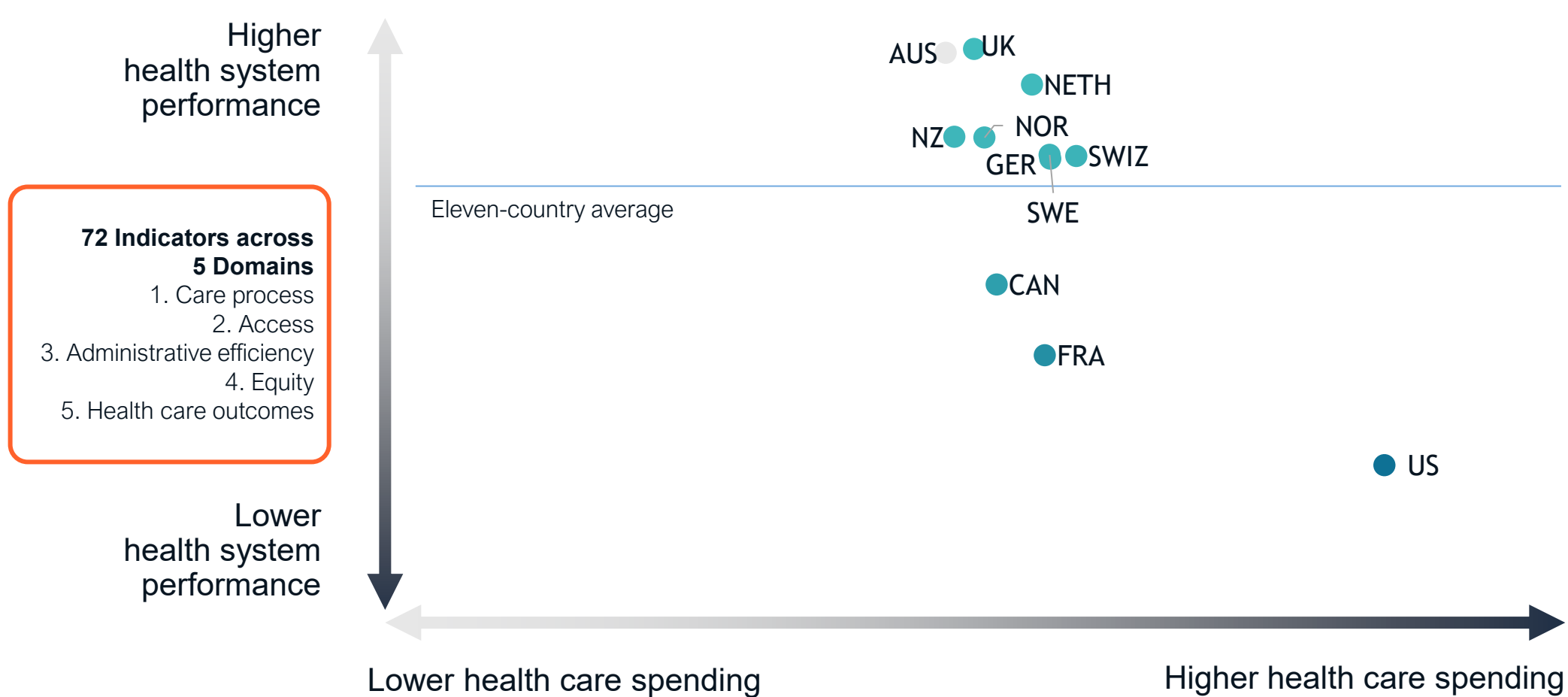
SDM is ethically the right thing to do, serves as "perfected" informed consent, and enables better value care (i.e., health outcomes relative to total costs of care)

- Improved health outcomes
- Improved decision quality
- Greater patient agency
- Greater patient concordance



- More appropriate utilization
- Lower Costs
- Reduced health disparities
- Greater patient experience

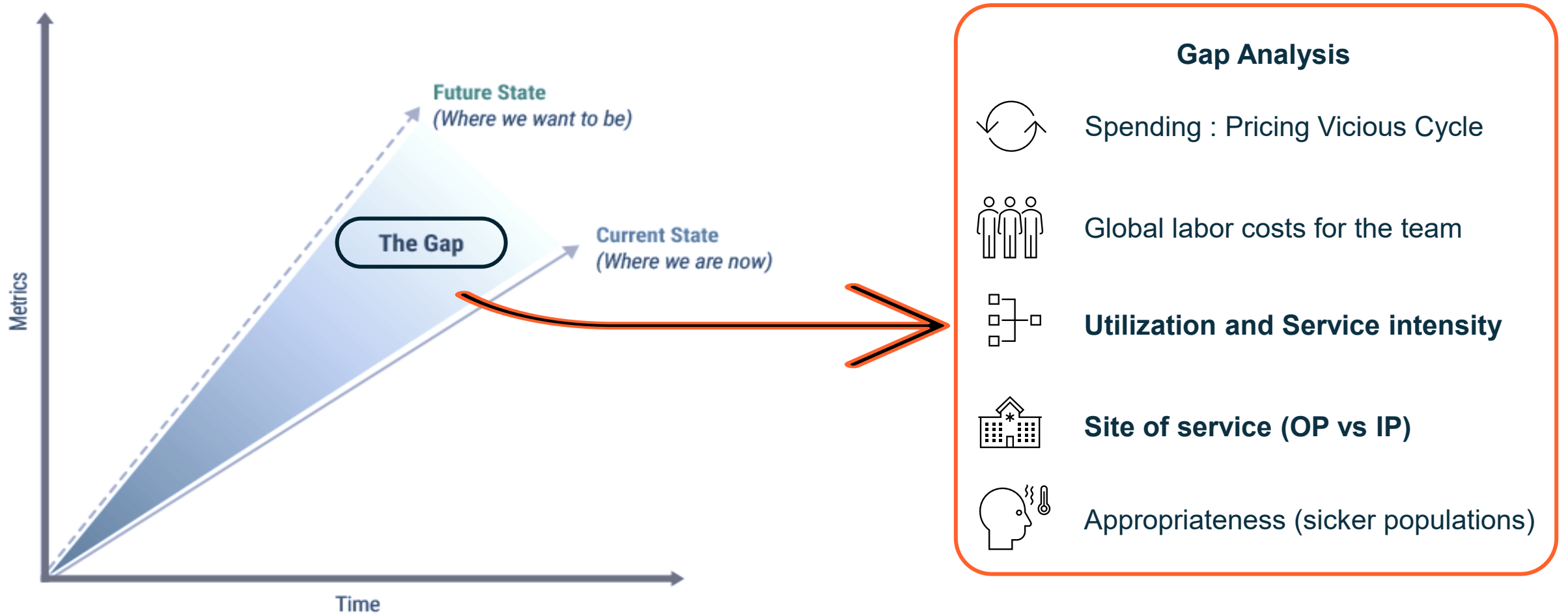
# US Health Care: Population-level performance in crisis



Note: Health care spending as a percent of GDP. Source: Spending data are from OECD for the year 2014 and exclude spending on capital formation of health care providers.

Schneider et al., Mirror, Mirror: How the U.S. Health Care System Compares Internationally at a Time of Radical Change, The Commonwealth Fund, July 2017

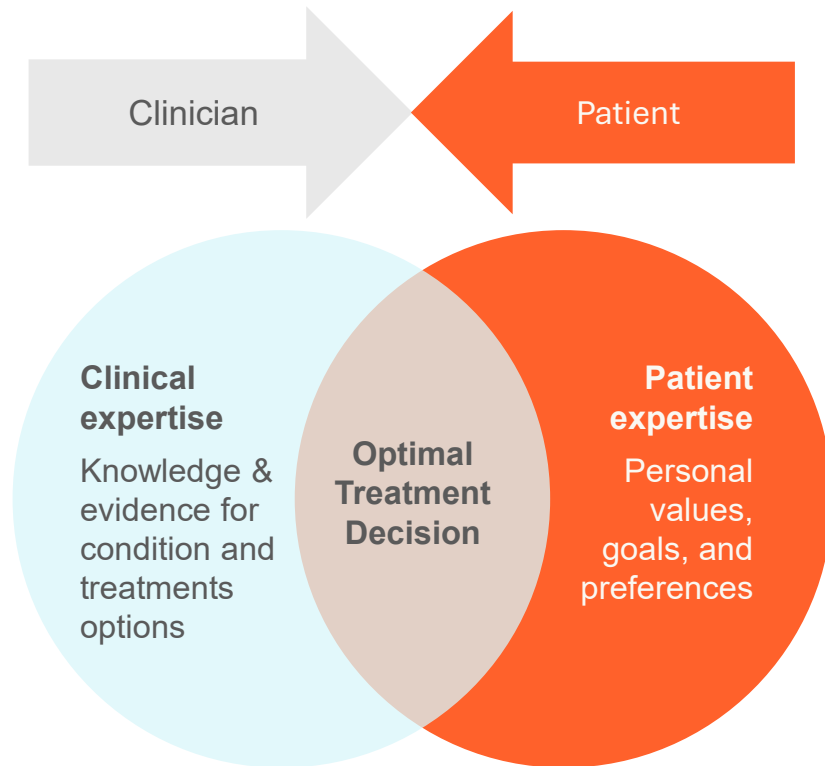
# Closing the Gap by Understanding the Root Causes



\* OECD Health Statistics Data / US National Health Care Expenditure estimates; 44% higher rates of MRI; 62% higher rates of CT;  
Higher rates of post-acute care / specialty outpatient care

# SDM is enabled by several tools and technologies

Enabling tools and technologies include those that are clinician focused or both patient *and* clinician focused



## Enabling Tools and Technologies for SDM

### *Clinician-focused*

- Decision Coaching Tools (Skills Training)
- Decision Support Analysis Tools
- Patient reported outcome measurements (PROMs)
- Decision Quality Instruments (DQMs)

### *Patient and clinician focused*

- Patient Decision Aids (PDAs)
- PROM-enabled Decision Aids (PRO-DAs)\*
- AI-enabled Decision Aids (AI-DAs)\*

# Decision Coaching Tools

Decision coaching using the Ottawa Personal Decision Guide (OPDG)			
OPDG Step	Decision Coaching Elements	Process	Suggested Language
Step 1. Clarify the decision	Build skills in deliberation/communication Assess/discuss decision-making needs	Introduce and explain the OPDG. Be ready to record responses on the form as you facilitate discussion of the options. Clarify the decision. Make sure that the person knows exactly what decision they are facing. Assess stage of decision making	Tell me about the decision you are facing. What are your reasons for making this decision? When do you need to make a choice? How far along are you in making a choice?
Step 2. Explore the decision	Assess understanding Provide information Clarify values	Assess facts, options, benefits, harms/risks/side effects, probabilities Provide clarity/reinforce facts and realign expectations Assess values/importance of outcomes of options Clarify and facilitate communication of values Preferred option	Tell me about the options you have. Tell me what you know about the reasons to choose an option (benefits). What do you know about the reasons to avoid an option (harms/risks/side effects)? That's right. You've got it. Did you know...? The research shows... Which benefits are most important to you? Which harms (risks/side effects) do you want to avoid? On a scale of 0 (not at all important) to 5 (extremely important), how would you rate the importance of the benefits. And of the harms? Thinking about your ratings, what option do you prefer?
Step 3. Identify decision making needs	Assess/discuss decision making needs	Assess the involvement of others in the decision (options, support, pressure) Develop skills/confidence in steps of decision making, communicating preferences to others, and handling pressure (Re- assess decisional needs using the SURE scale items)	Who else is involved in the decision? Are you feeling pressure from anyone to choose a specific option? How could they support you? Whose opinion is most important to you? Can you block out opinions that don't matter? What role do you prefer in making the choice? Do you know the benefits and risks of each option? Are you clear about which benefits and risks matter most to you? Do you have enough support and advice to make a choice? Do you feel sure about the best choice for you?
Step 4. Plan next steps based on identified needs	Facilitate progress in decision making Screen for implementation needs Facilitate progress in decision making Build skills in deliberation/communication, and accessing support	Facilitate development of a plan for next steps to address unresolved decisional needs: Determine what is needed to implement the preferred choice Discuss sharing his/her preferences with their health care practitioner Encourage him/her to take the OPDG to their next appointment. NOTE: If 2 people are involved, highlight areas of agreement/disagreement on values, pressure and support. Make sure each person has a chance to express their response to the questions. If one person is more vulnerable, then have that person respond first (e.g., child then parent; frail elderly then caregiver)	What else do you need to make a choice? What do you think are the next steps? When do you plan to...? What do you need to carry out the choice? Do you have questions you want to ask to clarify the options? Do you feel comfortable sharing your preferred option with your practitioner?

## Ottawa Personal Decision Guide For People Making Health or Social Decisions



### 1 Clarify your decision.

What decision do you face?

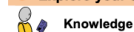
What are your reasons for making this decision?

When do you need to make a choice?

How far along are you with making a choice?

☐ Not thought about it      ☐ Close to choosing  
☐ Thinking about it      ☐ Made a choice

### 2 Explore your decision.



**Knowledge**  
List the options and benefits and risks you know.



**Values**  
Rate each benefit and risk using stars (★) to show how much each one matters to you.



**Certainty**  
Choose the option with the benefits that matter most to you. Avoid the options with the risks that matter most to you.

	Reasons to Choose this Option Benefits / Advantages / Pros	How much it matters to you: 0 ★ not at all 5 ★ a great deal	Reasons to Avoid this Option Risks / Disadvantages / Cons	How much it matters to you: 0 ★ not at all 5 ★ a great deal
Option #1				
Option #2				
Option #3				

Which option do you prefer?    ☐ Option #1    ☐ Option #2    ☐ Option #3    ☐ Unsure



**Support**

Who else is involved?

Which option do they prefer?

Is this person pressuring you?    ☐ Yes    ☐ No    ☐ Yes    ☐ No    ☐ Yes    ☐ No

How can they support you?

What role do you prefer in making the choice?

☐ Share the decision with...  
☐ Decide myself after hearing views of...  
☐ Someone else decides...

### 3 Identify your decision making needs.

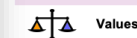
Adapted from The SURE Test © 2008 O'Connor & Lagakos

	<b>Knowledge</b>	Do you know the benefits and risks of each option?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Values</b>	Are you clear about which benefits and risks matter most to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Support</b>	Do you have enough support and advice to make a choice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Certainty</b>	Do you feel sure about the best choice for you?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answer 'no' to any question, you can work through steps two and four, focusing on your needs. People who answer 'No' to one or more of these questions are more likely to delay their decision, change their mind, feel regret about their choice or blame others for bad outcomes.

### 4 Plan the next steps based on your needs.

Decision making needs	Things you could try
<b>Knowledge</b> If you feel you do NOT have enough facts	<input type="checkbox"/> Find out more about the options and the chances of the benefits and risks. <input type="checkbox"/> List your questions. <input type="checkbox"/> List where to find the answers (e.g. library, health professionals, counsellors):



**Values**

If you are NOT sure which benefits and risks matter most to you

- ☐ Review the stars in step two to see what matters most to you.
- ☐ Find people who know what it is like to experience the benefits and risks.
- ☐ Talk to others who have made the decision.
- ☐ Read stories of what mattered most to others.
- ☐ Discuss with others what matters most to you.



**Support**

If you feel you do NOT have enough support

- ☐ Discuss your options with a trusted person (e.g. health professional, counsellor, family, friends).
- ☐ Find help to support your choice (e.g. funds, transport, child care).

If you feel PRESSURE from others to make a specific choice

- ☐ Focus on the views of others who matter most.
- ☐ Share your guide with others.
- ☐ Ask others to fill in this guide. (See where you agree. If you disagree on facts, get more information. If you disagree on what matters most, consider the other person's views. Take turns to listen to what the other person says matters most to them.)
- ☐ Find a person to help you and others involved.



**Certainty**

If you feel UNSURE about the best choice for you

- ☐ Work through steps two and four, focusing on your needs.

Other factors making the decision DIFFICULT

List anything else you could try:

# Decision Support Analysis Tools

## User Manual –10-item Decision Support Analysis Tool (DSAT-10)

### Definition

The 'Decision Support Analysis Tool' was originally developed to evaluate healthcare professional's use of decision support and communication skills during a clinical encounter [1]. The DSAT can also be used to evaluate the quality of decision support provided to patients by decision coaches whose role is to prepare them for decision-making with their health care provider. In 2008, the original DSAT was revised to the DSAT-10 that focuses on decision support only and uses a simpler coding system [2].

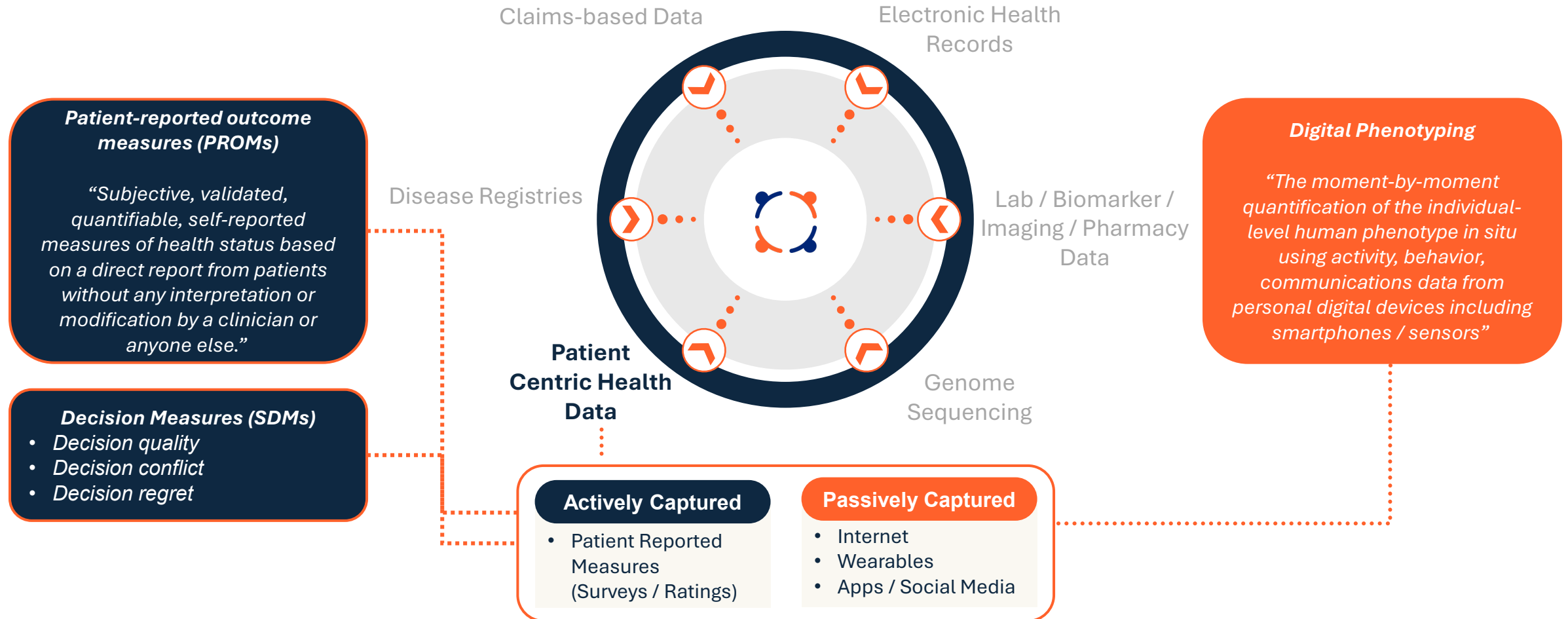
### Sample Tool –DSAT-10

Element	Assessment Criteria	Hear acknowledge or assess	Intervened	Comments / Notes / Examples
Decision making status	Identify <b>uncertainty</b> about making a decision	<input type="checkbox"/> (1 point)		
	<b>Timing</b> for when decision needs to be made is discussed / acknowledged	<input type="checkbox"/> (1 point)		
	<b>Stage</b> of decision making: assessed or self-evident	<input type="checkbox"/> (1 point)		
Knowledge of	<b>Options AND</b> Potential <b>benefits</b> of options AND Potential <b>harms</b> of options	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (if all checked 1 point)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (if all checked 1 point)	
Values / preference associated with	<b>Discuss importance</b> of benefits AND <b>Discuss importance</b> of harms	<input type="checkbox"/> <input type="checkbox"/> (if all checked 2 points)		
Others' involvement in the decision	Discuss preferred role in decision making, <b>others</b> involvement and their opinions AND Discuss <b>pressure or support</b> from others	<input type="checkbox"/> <input type="checkbox"/> (if all checked 1 point)	<input type="checkbox"/> <input type="checkbox"/> (if all checked 1 point)	
Next steps	Near end of the encounter, summarize the next steps to <b>address</b> patient's decision making needs	<input type="checkbox"/> (1 point)		
<b>TOTAL SCORE</b>		<b>out of 10</b>		

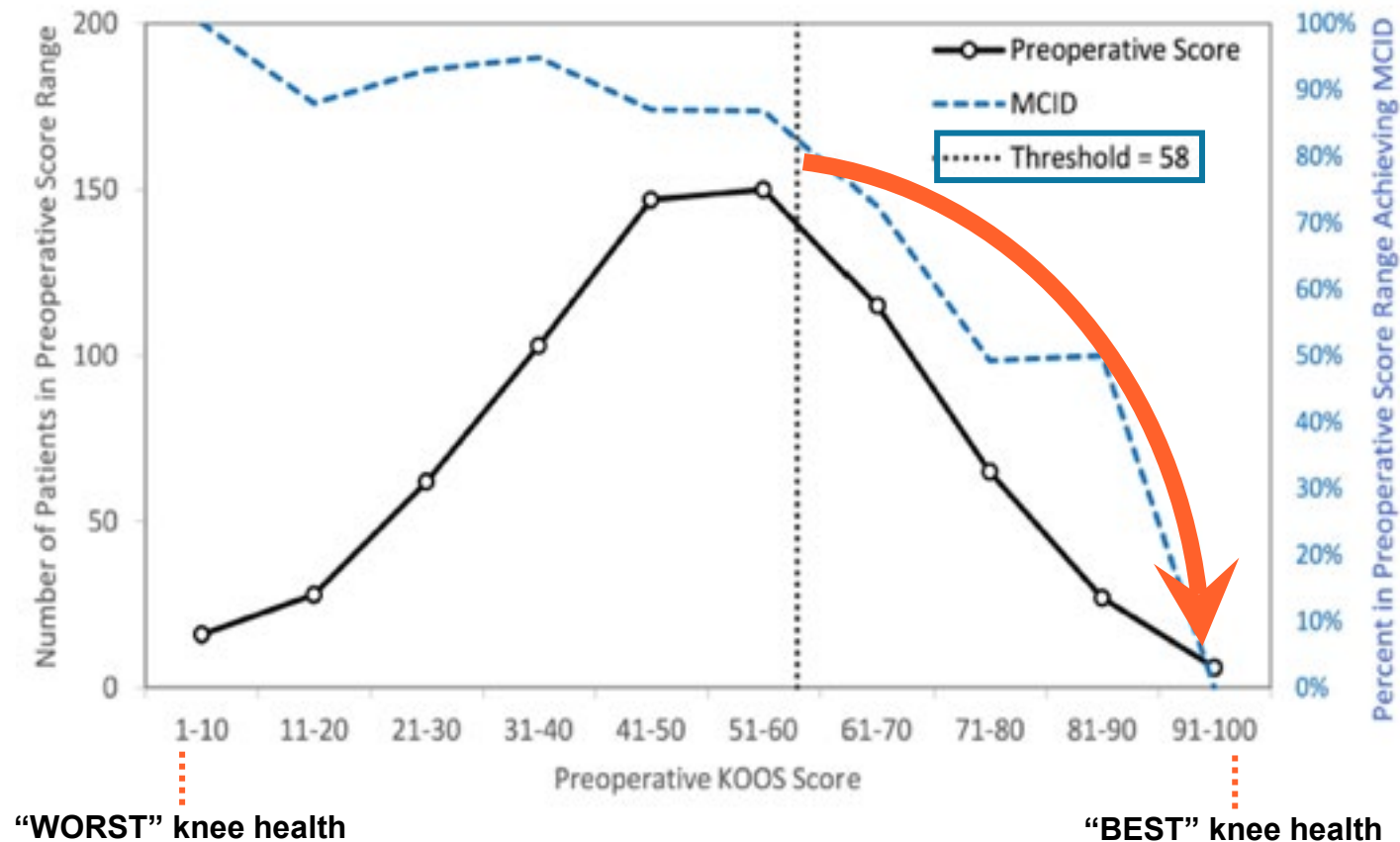
- Audio / video analysis
- Clinician-patient
- Listen twice
- Score
- Link dialogue to element

Stacey D, Taljaard M, Drake ER, O'Connor AM. Audit and feedback using the brief Decision Support Analysis Tool (DSAT-10) to evaluate nurse-standardized patient encounters. Patient Education and Counseling. 2008; 73:519-525.  
Validation: Primary care physicians discussing menopausal management options (Guimond P et al., 2003)  
Validation: Clinicians discussing breast cancer treatment options (Butow P et al., 2010)

# Patient centric health data are the ‘gold standard’ in defining value in health across the health information ecosystem



# PROM-based clinical thresholds can advance decision support



Pre-operative PROM for knee health (KOOS Score) predicts the likelihood of benefit following joint replacement surgery for knee OA and the threshold (58) beyond which there are lower chances of clinical benefit

# DQMs provide direct insights into key aspects of SDM

## Collaborative Decision Support

collabo**RATE**<sup>™</sup>

5 point anchor scale

Thinking about the appointment you have just had ...

### 1. How much effort was made to help you understand your health issues?

0	1	2	3	4
No effort was made.	A little effort was made.	Some effort was made.	A lot of effort was made.	Every effort was made.

### 2. How much effort was made to listen to the things that matter most to you about your health issues?

0	1	2	3	4
No effort was made.	A little effort was made.	Some effort was made.	A lot of effort was made.	Every effort was made.

### 3. How much effort was made to include what matters most to you in choosing what to do next?

0	1	2	3	4
No effort was made.	A little effort was made.	Some effort was made.	A lot of effort was made.	Every effort was made.

Alternate opening statements:\*

Thinking about the visit you had with your health care provider today ...

Thinking about the conversation you had with your [insert health-care provider] today about [insert issue]...

Thinking about the appointment you have just had, please show how you feel by choosing a number from 0 to 4.

\*Please note that these alternate opening statements have not undergone psychometric validation.

## Deliberation and Choice Awareness

### SURE Test version for clinical practice

Yes equals 1 point

No equals 0 point

If the total score is less than 4, it indicates the probability that a patient experiences clinically significant decisional conflict.

		Yes [1]	No [0]
Sure of myself	Do you feel SURE about the best choice for you?		
Understand information	Do you know the benefits and risks of each option?		
Risk-benefit ratio	Are you clear about which benefits and risks matter most to you?		
Encouragement	Do you have enough support and advice to make a choice?		

### Decision Regret Scale

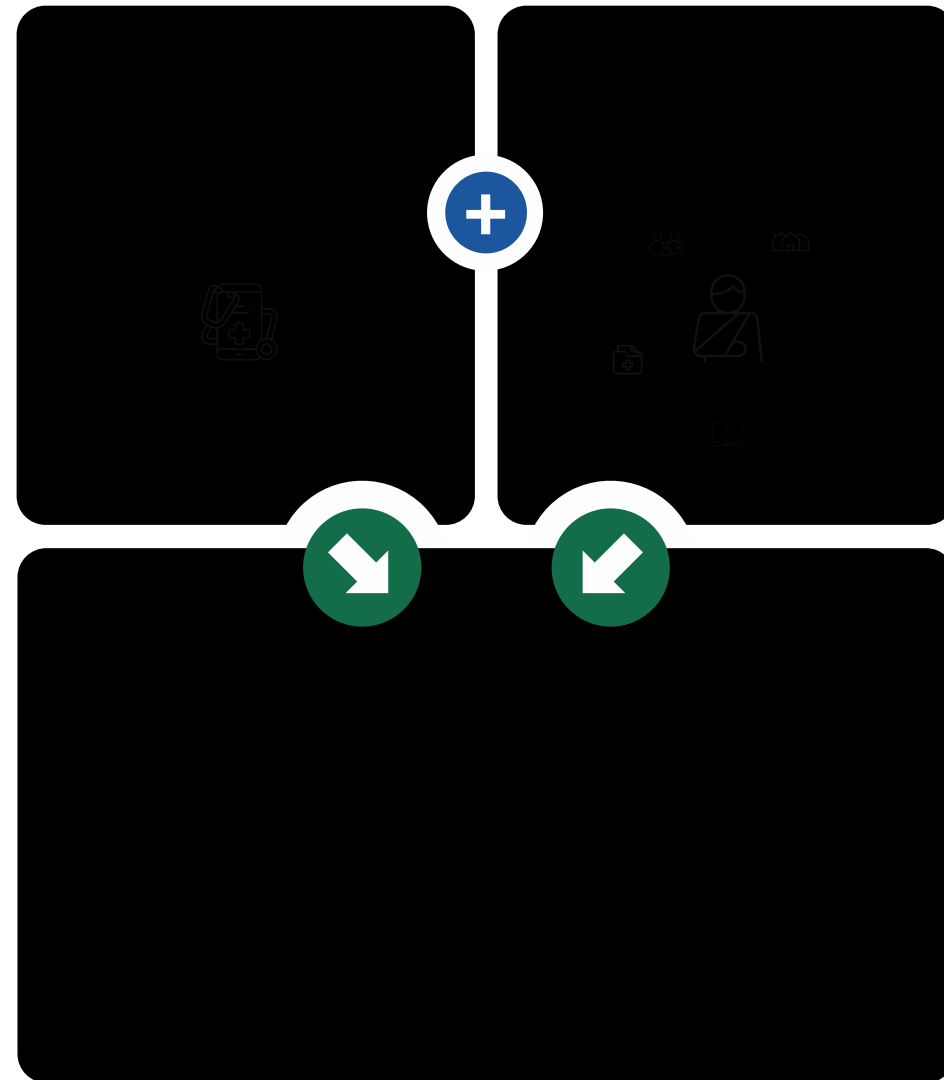
Please think about the decision you made about \_\_\_\_\_ after talking to your [doctor, surgeon, nurse, health professional, etc.]. Please show how you feel about these statements by circling a number from 1 (strongly agree) to 5 (strongly disagree).

- |  |                     |            |                                 |               |                        |
|--|---------------------|------------|---------------------------------|---------------|------------------------|
| 1. It was the right decision                             | 1<br>Strongly Agree | 2<br>Agree | 3<br>Neither Agree Nor Disagree | 4<br>Disagree | 5<br>Strongly Disagree |
| 2. I regret the choice that was made                     | 1<br>Strongly Agree | 2<br>Agree | 3<br>Neither Agree Nor Disagree | 4<br>Disagree | 5<br>Strongly Disagree |
| 3. I would go for the same choice if I had to do it over | 1<br>Strongly Agree | 2<br>Agree | 3<br>Neither Agree Nor Disagree | 4<br>Disagree | 5<br>Strongly Disagree |
| 4. My choice did me a lot of harm                        | 1<br>Strongly Agree | 2<br>Agree | 3<br>Neither Agree Nor Disagree | 4<br>Disagree | 5<br>Strongly Disagree |
| 5. My decision was a wise one                            | 1<br>Strongly Agree | 2<br>Agree | 3<br>Neither Agree Nor Disagree | 4<br>Disagree | 5<br>Strongly Disagree |

Decision Regret Scale © AM O'Connor, 1996 University of Ottawa

**[Despite a wide range of tools and technologies] patient and clinician ratings of patient involvement in decision-making is highly variable and often misaligned. Clinicians frequently misperceive level of patient participation in decision-making. Critical need for improved implementation of decision support solutions with greater user engagement, experience, and alignment in SDM**

# Combining clinical decision support with patient centric care



<sup>1</sup> Osheroff, Teich, Levick et al., 2012 Improving outcomes with CDS: an implementer's guide, Second Edition.

<sup>2</sup> Dullabhi P, Sandberg SF, Heaney-Huls K, Hovey LS, Lobach DF, Boxwala A, Desai PJ, Berliner E, Dymek C, Harrison MI, Swiger J. Challenges and opportunities for advancing patient-centered clinical decision support: findings from a horizon scan. *Journal of the American Medical Informatics Association*. 2022 Jul 12;97(1):253-43.

# Challenges and opportunities for advancement in patient centric clinical decision support



## Human

- **Culture** of clinicians not fully understanding SDM concept and experiencing the benefits of SDM first-hand at the point of care  
*"I already make good decisions"*  
*"Why do I need a decision aid...my patients trust my decisions"*

- **Clinician education** and value of SDM
- **Multi-level promotion / marketing of decision quality and other health measures** in clinical practice



## Financial

- **Cost** of implementation, licenses (especially PRO-DAs or AI-DAs)  
*"It's too expensive to integrate these tools in the EMR"*  
*"It's a big lift to expect our clinicians and nurses take this on"*

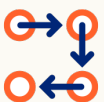
- **Cost effective licensing, tech infrastructure, EMR integration, smart interfaces, and services**
- **Optimizing SDM culture** through maximizing **payment** updates (PRO-DAs), **quality** requirements, **VBP models**



## Technical

- **Complexity** of accessing decision aids / PROs with just in time / real-time visualization of patient information  
*"It seems challenging to access SDM tools in busy clinics"*  
*"These tools are yet another system we need to navigate"*

- **Intelligent SDM integration protocols, UX/UI, data visualization**



## Operational

- **Complexity** of operational burden of SDM tools and technologies potentially slowing down clinic efficiency  
*"I can imagine my clinic running behind"*  
*"It feels too disruptive to the workflow to do SDM"*

- **Q.I initiative / workflow redesign** (SDM champions); **Intelligent dashboards** with metrics of clinic times alongside experience ratings
- Operationalize SDM approach during **intake / patient outreach**

# Rationale for improving patient centric decision support

Current decision support solutions often lack personalization and person-specific guidance informed by clinical and patient-level data

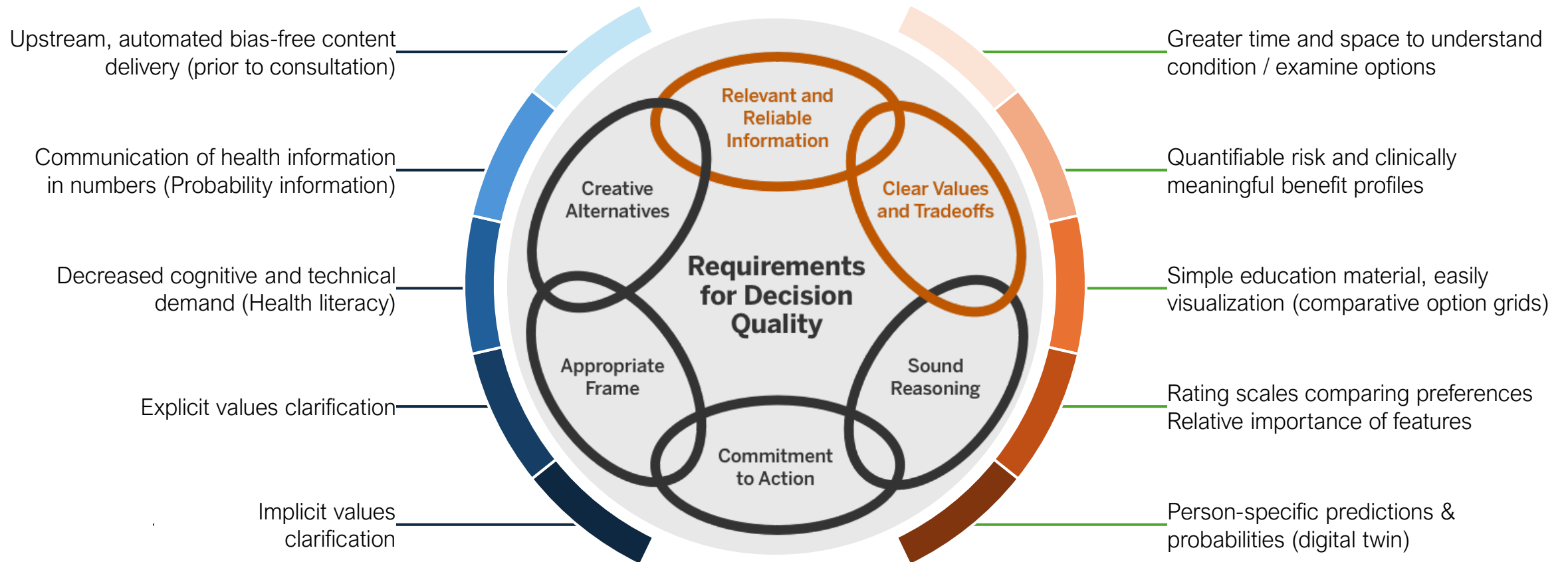
SDM / PC-CDS approaches remain **highly variable** with **lack of universal integration** and **adoption** at the POC

Current decision support solutions rarely relieve **systematic pressures (FFS)** or actively drive **whole person care strategies**

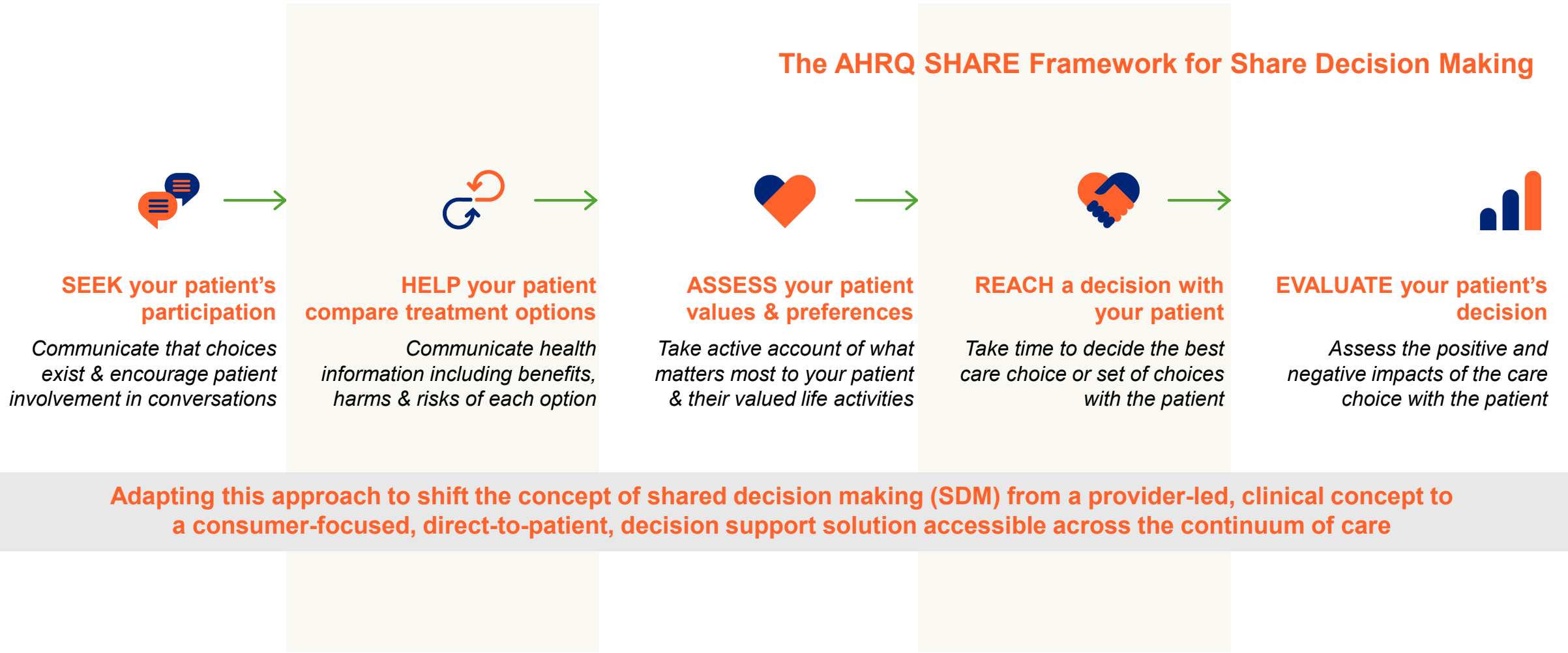
**Marked variation** in SDM decision aid **quality**, ability to **integrate** into clinical workflows and digital health records

100s decision aids but they mostly **focus on patient education alone rather than clinician-patient engagement**

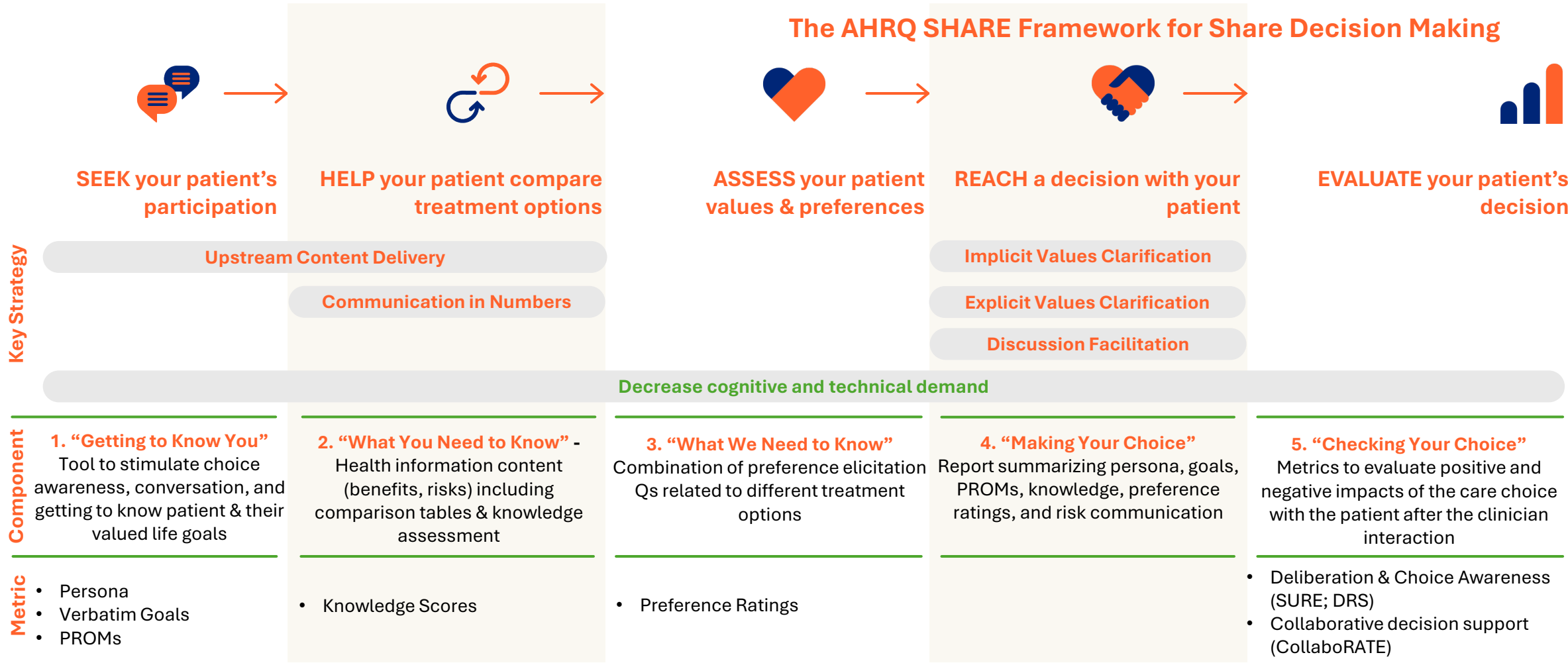
# What makes a good decision and patient decision aid?



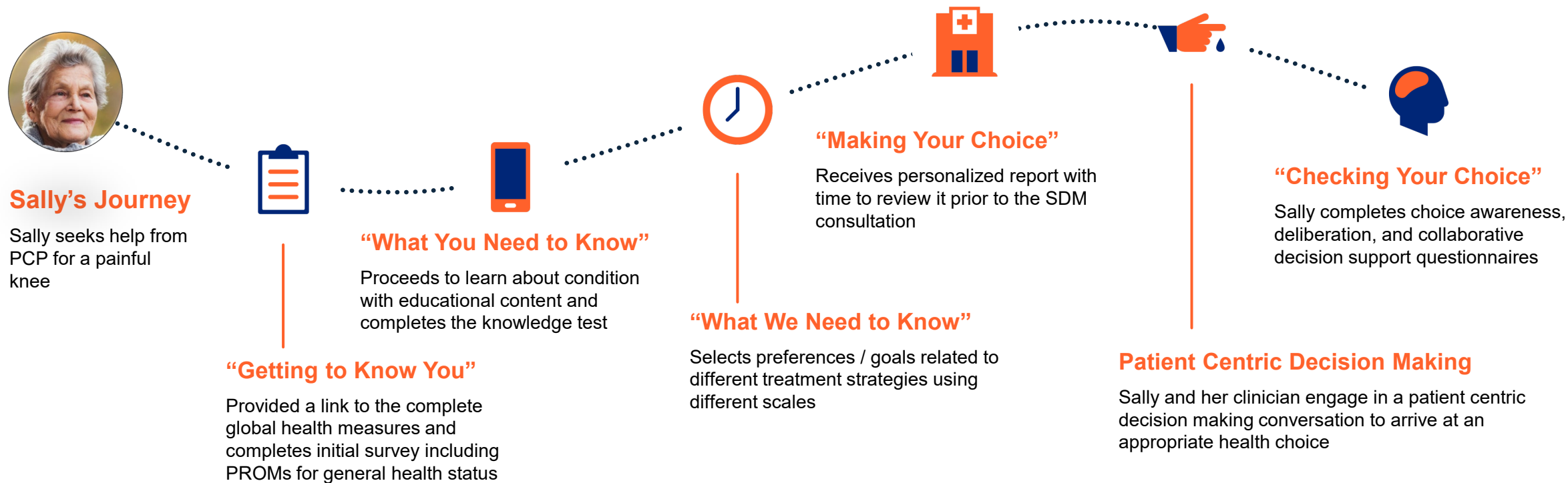
# A Five-Step Process for PC-CDS through effective SDM



# Redesigning the SDM capability with 6 Must-have strategies that can be applied to 5 key components and health choice metrics



# The patient journey using PC-CDS



Stock photo used.

# Future Scope: Component 4. “Making Your Choice”

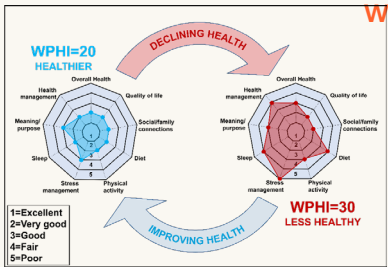
“Getting to Know You”



**Sally Jones**  
67F  
Retired Bank Manager

Primary Concern   R Knee pain  
Goals

Go on a cruise 2/10 <> 2/10  
Walk my dog everyday 7/10  
Go on a golfing break with friends 3/10 > 9/10



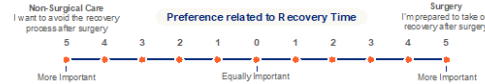
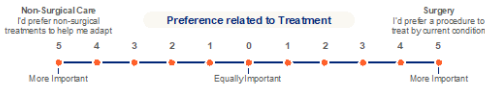
## Whole Health Profile

KOOS JR  
47

PROMIS Global  
43

## Preference Assessment

**What We Need to Know**  
We would love to understand what's important to you when choosing a treatment. Please select an option. Remember, there's no right or wrong answer.



“What We Need to Know”

## Knowledge Quiz

- Q1. A steroid “shot” (injection) in my joint can get rid of my pain completely and my joint healthier. Answer: No [Correct]
- Q2. Surgery involving a joint replacement is the only option to reduce my pain and allow me to do more with my knee. Answer: Yes. [Incorrect]
- Q3. Losing weight can help relieve your knee pain Answer: Yes. [Correct]
- Q4. Physical therapy can be extremely effective in improving my knee function and pain if keep up with it. Answer: No. [Incorrect]
- Q5. My knee can potentially be replaced with an implant if my pain and arthritis is severe enough and other treatments haven't worked. Answer: Yes [Correct]

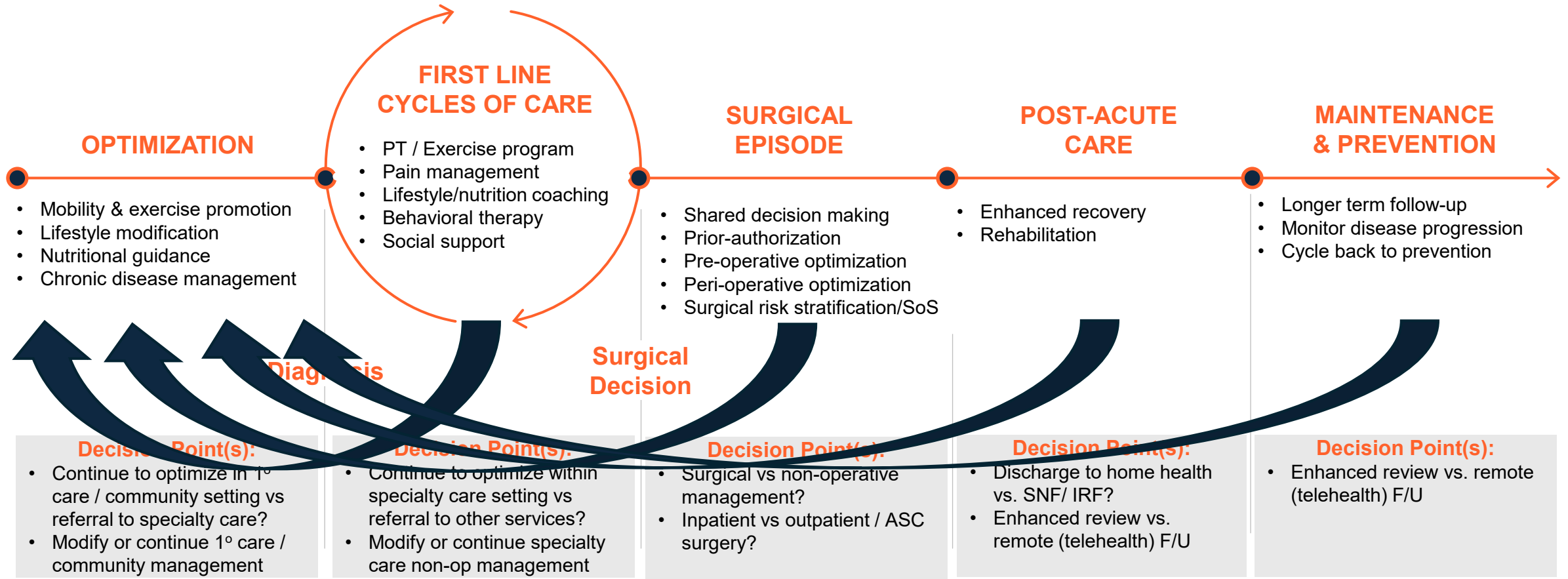
“What You Need to Know”

## Personalized Analytics

68.8% Likelihood of Benefit  
31.2% Likelihood of Risk  
3% Risk of Complications  
Med-High Likelihood of Improvement in Pain  
High Likelihood of Improvement in Quality of Life  
Mod-High Likelihood of improvement in Physical Function

“Making Your Choice”

# Upstreaming health information and opportunities for patient centric clinical decision support



# SDM in Primary Care

Patients with **multi-morbidity** and making **complex care decisions** with a PCP. SDM is a fundamental concept in health promotion and prioritizing care for complex needs populations. Four core attributes: Partnership based on mutual trust (sufficient consult time); Multidimensional information exchange (decision aid design); Complex trade-offs (efficient utilization medical resources); Iterative communication and evaluation by PCPs (skills training) <sup>1</sup>

PCPs play a central role in shifting from a compliance-oriented model to **active participatory model for cardiovascular care** through SDM (5Ps): Predictive, preventive, participatory, personalized, precision medicine. SDM can underscore patient empowerment of their condition, self-management. <sup>2</sup>

PCPs can benefit from using SDM in **collaborative care models for improving the management of acute and chronic pain**. An SDM can effectively reduce opioid consumption without compromising self-reported pain levels. Patient satisfaction, QoL, and patient—provider communication are also likely improved. <sup>4</sup>

PCPs engaged in management of **mental and social health concerns** can benefit from utilizing SDM strategies in shifting from a biomedical to a biopsychosocial (human rights) based model of care. There is a critical need for PCP champions; PCP-led therapeutic alliance; ability to adapt to fluctuating capacity; shift in behavior and attitudes toward SDM key <sup>3</sup>

PCP engagement in SDM spans acute and long-term medical co-management alongside preference sensitive discretionary care

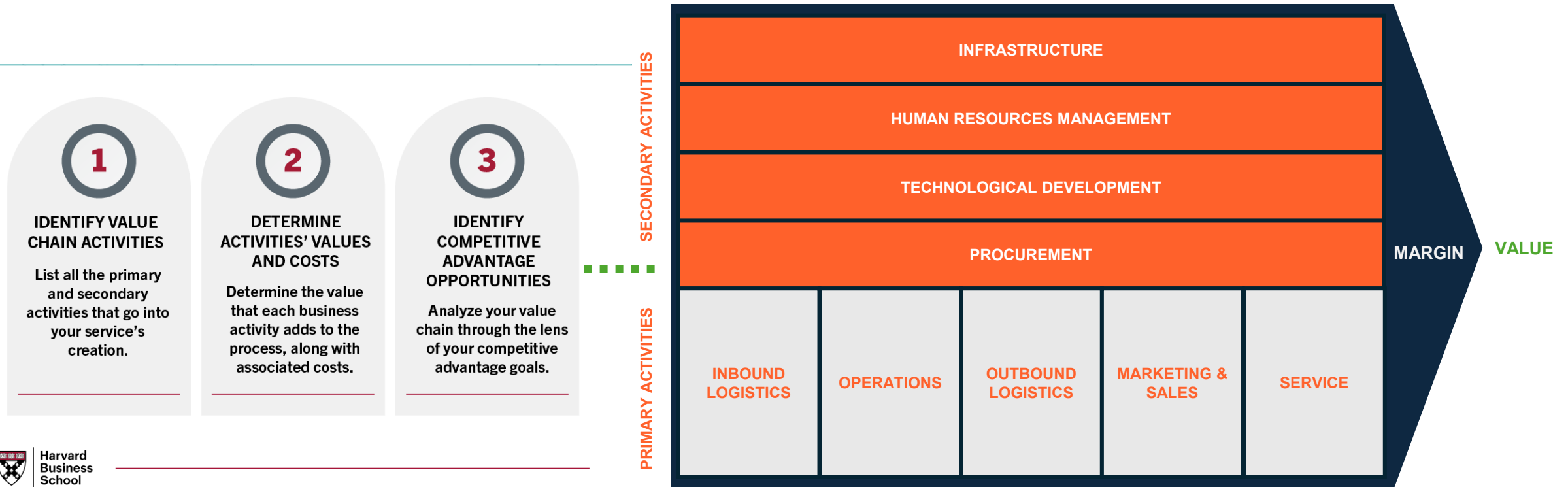
<sup>1</sup> Shi S et al., 2025. Patient Educ Couns. PMID: 40120465

<sup>2</sup> Denysyuk HV et al., 2025 Peer J. PMID: 39224824

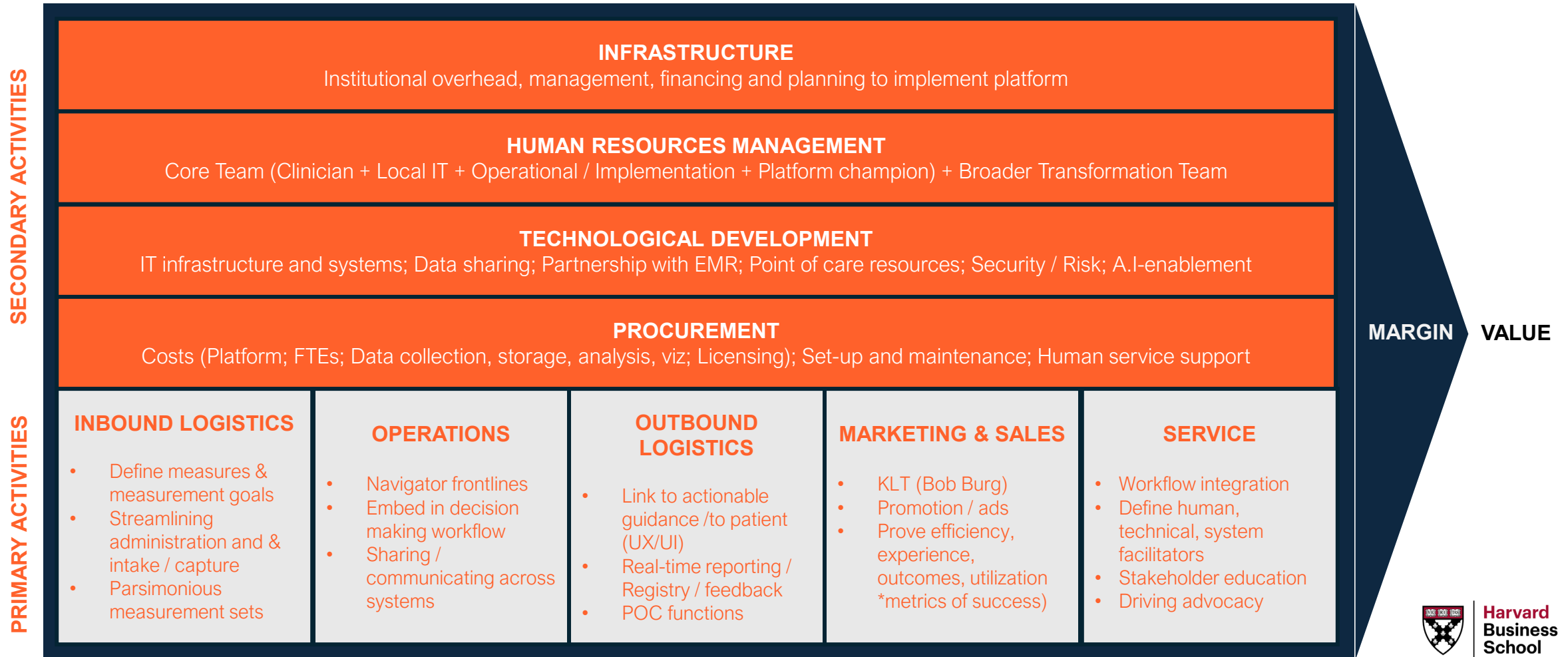
<sup>3</sup> Cartwright C et al., 2024 PMID: 39334231

<sup>4</sup> Omaki E et al., 2024 PMID: 39264720

# How can we optimize the implementation of SDM?

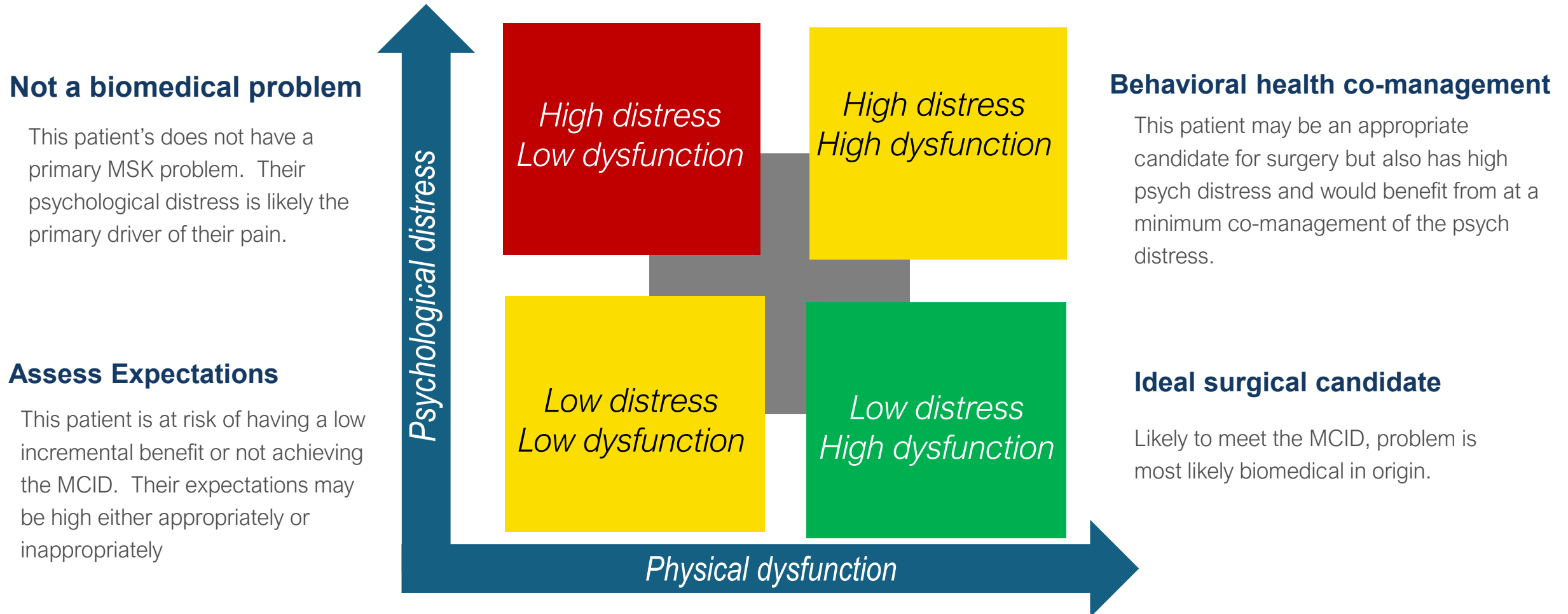


# Defining a value chain to accelerate SDM implementation



# Shared Decision Making with PROs

Can be simplified along the two domains of physical function and psychological distress



# What are the domains of psychological distress?

More heterogeneous, and more specific than mood disorders

## Negative Mood

Constructs measured:

- Depression
- Anxiety
- Anger

## Fear Avoidance

Constructs measured

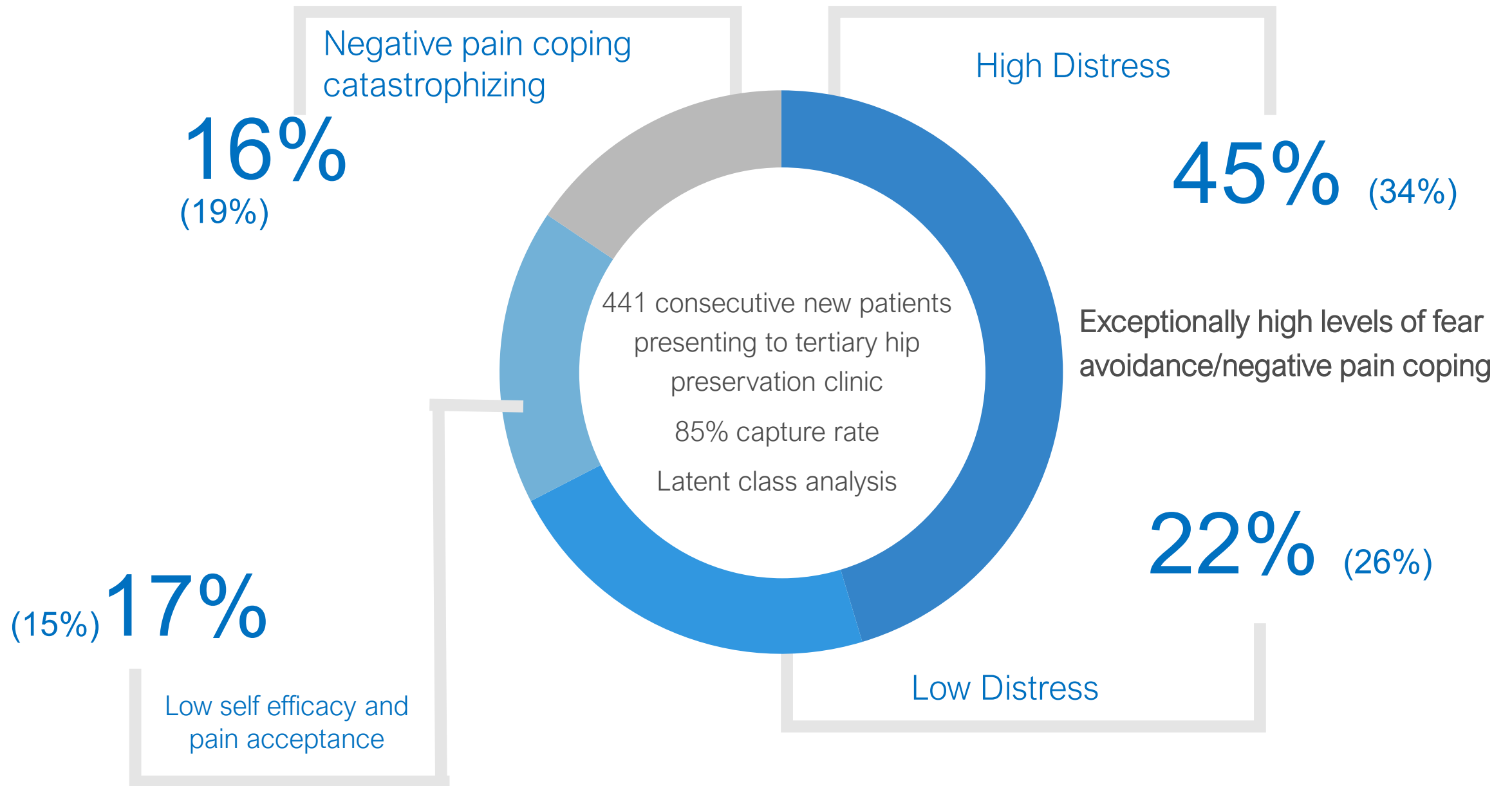
- Fear avoidance
- Pain Catastrophizing
- Fear of movement
- Pain Anxiety

## Negative Pain Coping

Constructs measured:

- Self-Efficacy for managing pain
- Self Efficacy for participating in Rehab
- Chronic Pain Acceptance





16%

Negative pain coping  
fear avoidance

“What about the tear” (MRI disease)

“Will I develop OA”

Address what pain means, risk of injury, etc.

Avoid MRI when possible – not benign but  
harmful as it allows for biomedical fixation

“When will I be pain-free/100%/perfect?”

Important to highlight pain is expected part of  
life, use personal stories

Talk about sleep

Understand barriers to care

17%

Low self efficacy &  
pain acceptance

High Distress

45%

Longitudinal management

Co-management

**Talking about  
psych distress**

Talk less but say more

Catch your breath

Low Distress

22%

Negative pain coping  
fear avoidance



High Distress

Lean heavier on non-op/rehab

Incorporating psychological  
distress into decision  
making



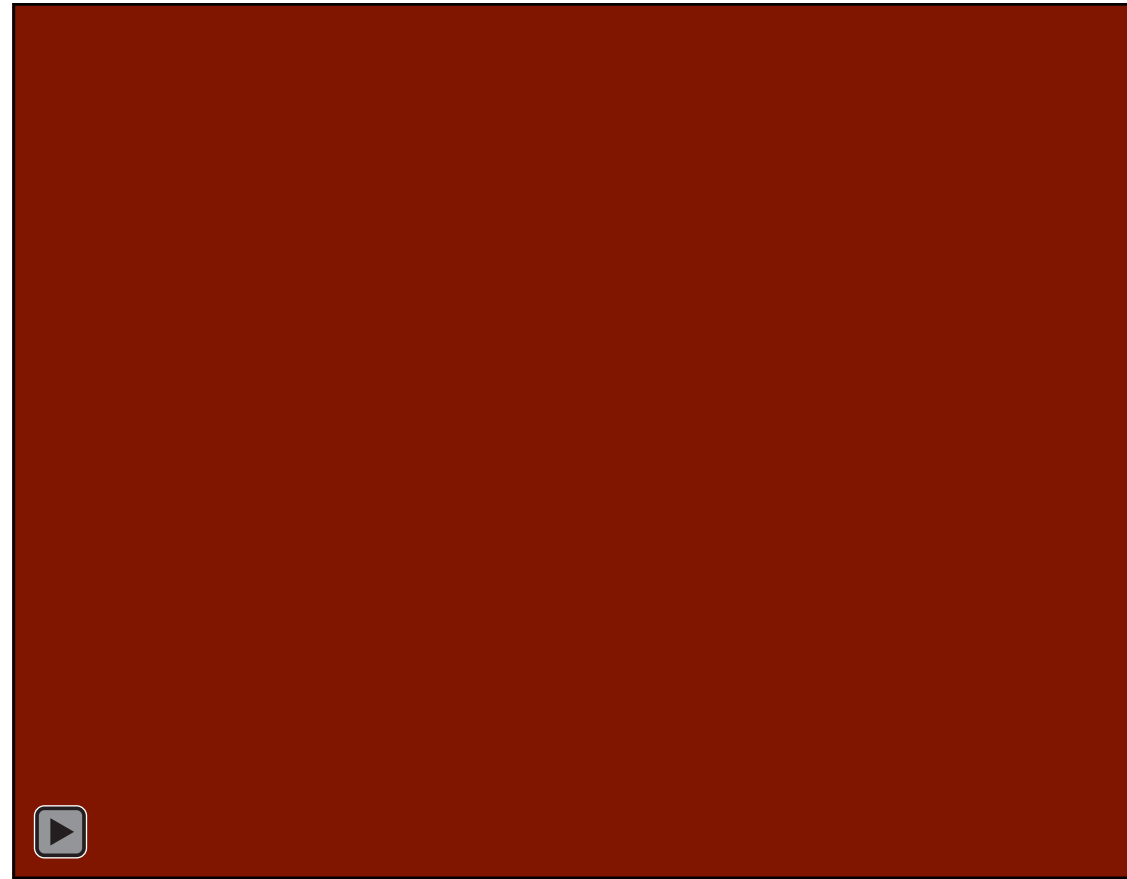
Low Distress

Low self efficacy &  
pain acceptance



# Case example

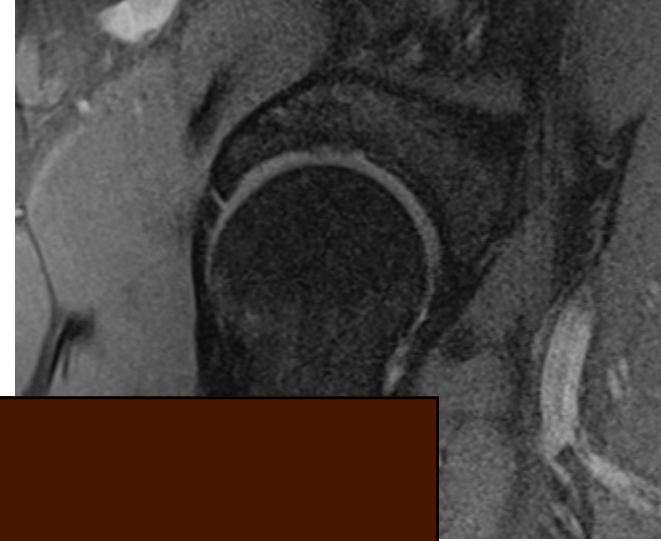
- 59 yo woman
- Referred by respected TJA partner
- 1 year of symptoms
- Multiple PT sessions over a few months
- 30 BMI
- No significant medical comorbidities
- Good social support





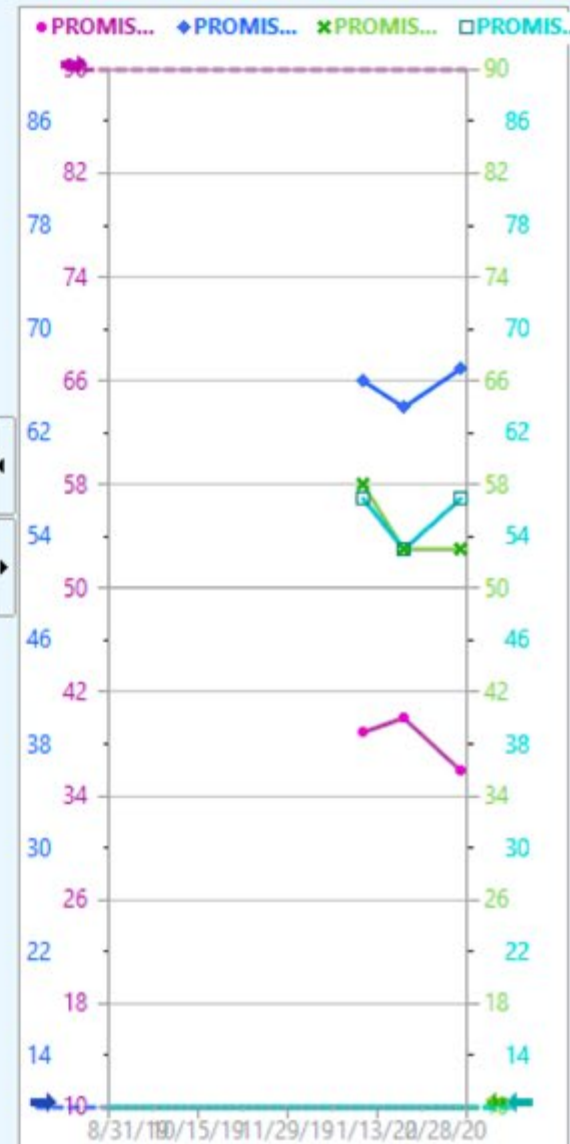
# Case Example

- 38 yo F
- 35 BMI
- Evaluated and treated by my PA for FAIS
- Failed non-operative treatment
- Here for surgical evaluation and discussion





Interference ...



r 10 - Certain I can do it

Filed on: 2/25/2020

# Summary score trap

**Duke Orthopaedic Surgery**

**HIP SURVEY**

Quality of Life Survey: Please answer all questions using a 0-100 scale, with 0 being the worst hip related quality of life and 100 being normal hip related quality of life. Please CIRCLE the number that represents your condition best.

- Overall, how much pain do you have in your hip/groin?  
0(worst) 10 20 30 40 50 60 70 80 90 100(normal)
- How difficult is it for you to get up and down off the floor/ground?  
0(worst) 10 20 30 40 50 60 70 80 90 100(normal)
- How difficult is it for you to walk long distances?  
0(worst) 10 20 30 40 50 60 70 80 90 100(normal)
- How much trouble do you have with grinding, catching or clicking in your hip?  
0(worst) 10 20 30 40 50 60 70 80 90 100(normal)
- How much trouble do you have pushing, pulling, lifting, or carrying heavy objects at work?  
0(worst) 10 20 30 40 50 60 70 80 90 100(normal)
- How concerned are you about cutting/changing directions during your sport or recreational activities?  
0(worst) 10 20 30 40 50 60 70 80 90 100(normal)
- How much pain do you experience in your hip after activity?  
0(worst) 10 20 30 40 50 60 70 80 90 100(normal)
- How concerned are you about picking up or carrying children because of your hip?  
0(worst) 10 20 30 40 50 60 70 80 90 100(normal)
- How much trouble do you have with sexual activity because of your hip?  
0(worst) 10 20 30 40 50 60 70 80 90 100(normal)
- How much of the time are you aware of the disability in your hip?  
0(worst) 10 20 30 40 50 60 70 80 90 100(normal)
- How concerned are you about your ability to maintain your desired fitness level?  
0(worst) 10 20 30 40 50 60 70 80 90 100(normal)
- How much of a distraction is your hip problem?  
0(worst) 10 20 30 40 50 60 70 80 90 100(normal)

**Duke Orthopaedic Surgery** *6mths*

**POST-OP HIP SURVEY**

Quality of Life Survey: Please answer all questions using a 0-100 scale, with 0 being the worst hip related quality of life and 100 being normal hip related quality of life. Please CIRCLE the number that represents your condition best.

- Overall, how much pain do you have in your hip/groin?  
0 (Worst) 10 20 30 40 50 60 70 80 90 100 (Normal)
- How difficult is it for you to get up and down off the floor/ground?  
0 (Worst) 10 20 30 40 50 60 70 80 90 100 (Normal)
- How difficult is it for you to walk long distances?  
0 (Worst) 10 20 30 40 50 60 70 80 90 100 (Normal)
- How much trouble do you have with grinding, catching or clicking in your hip?  
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- How much trouble do you have pushing, pulling, lifting, or carrying heavy objects at work?  
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- How much pain do you experience in your hip after activity?  
0 (Worst) 10 20 30 40 50 60 70 80 90 100 (Normal)
- How concerned are you about picking up or carrying children because of your hip?  
*I don't have kids*  
0 (Worst) 10 20 30 40 50 60 70 80 90 100 (Normal)
- How much trouble do you have with sexual activity because of your hip?  
0 (Worst) 10 20 30 40 50 60 70 80 90 100 (Normal)
- How much of the time are you aware of the disability in your hip?  
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- How concerned are you about your ability to maintain your desired fitness level?  
0 (Worst) 10 20 30 40 50 60 70 80 90 100 (Normal)
- How much of a distraction is your hip problem?  
0 (Worst) 10 20 30 40 50 60 70 80 90 100 (Normal)

Current score = 60  
Rescaled preop = 52

Current score = 78 (18 point gain)  
Rescaled gain = 26  
Worst preop scores = 50 & 70 point gains

Feeling extremely Thankful for my health. The last time I did the Murphy WOD was in 2013. Since 2013, I've had (5) surgeries. Until I found Dr. Richard Mather/Duke, I thought my days of Crossfit were over. In July 2017, I had major reconstructive hip surgery. Dr. Mather worked a miracle for me. Full disclosure, for my cash-in and cash-out I did 5 miles on the assault bike. I didn't want to push my hip too much. In case anyone is looking for a great hip surgeon check out this link:  
<https://www.dukehealth.org/find-doc.../richard-c-mather-iii-md>  
Feeling blessed and I wish everyone a great day!!!!



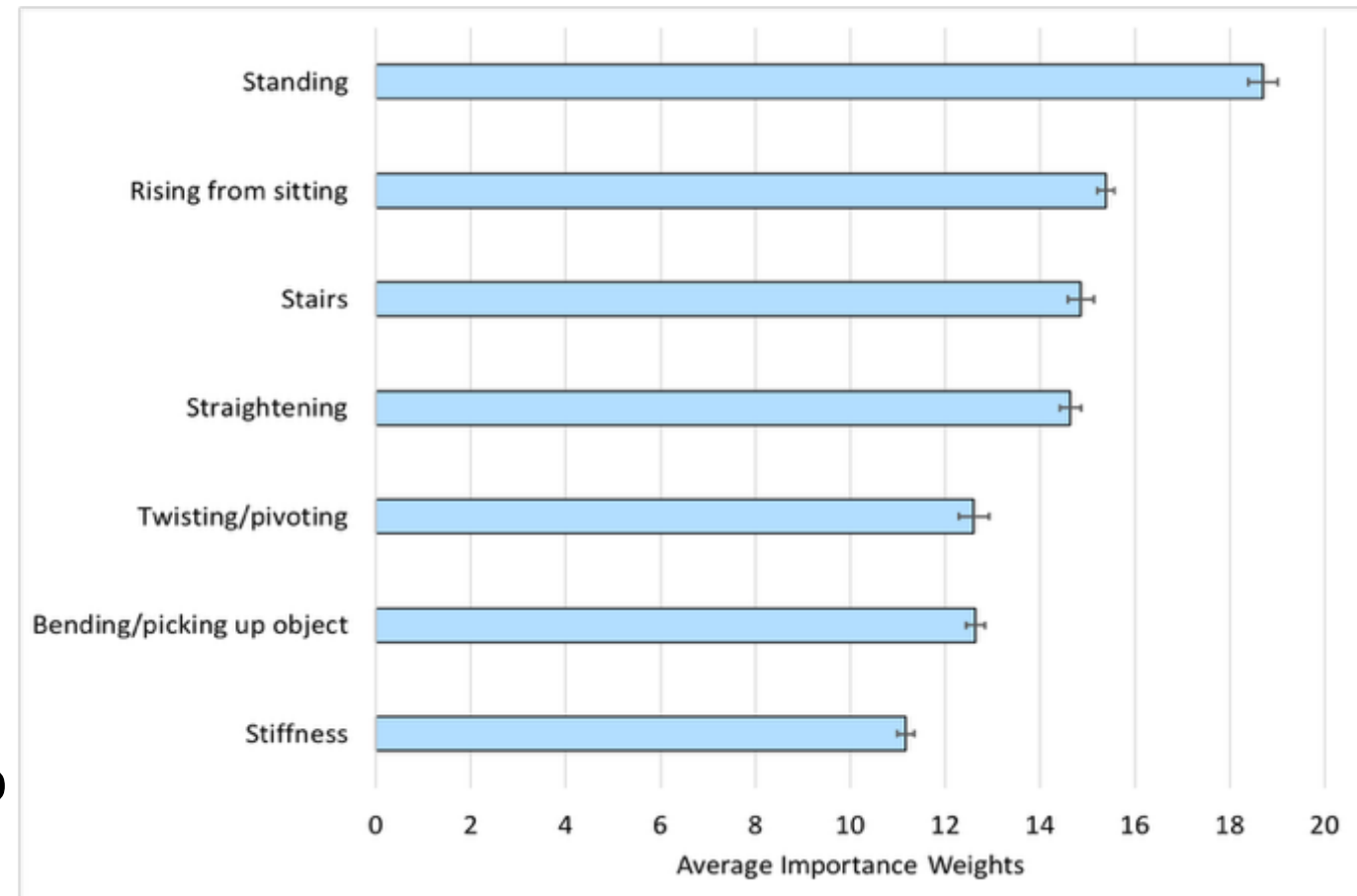
Alison Owen Foster, Delaney Register and 72 others 13 Comments

# Preference weighting - KOOS Jr

Standing almost twice as important as stiffness

Patients value gains when starting from low functional levels more

**P**reference **E**valuation **R**esearch Group



Work in progress

# Synopsis

- Strong evidence for SDM enabling high value across the care continuum
- Primary care and PCPs are well-positioned to engage in SDM
- Upstreaming offers several benefits to patients and all HCPs across episodes of care
- Implementation is the key and workflow integration critical for success
- SDM is all about trust and PDAs are the tools that can augment the process