



Department  
of  
Health Economics  
**HUNHTA**

## Corvinus Health Policy and Health Economics Conference Series 2018/4

Department of Health Economics, Corvinus University of Budapest

*in cooperation with:*

Health and Health Care Economics Section of the Hungarian  
Economic Association

Health Economics Study Circle, Corvinus University of Budapest

## Shared decision making in the healthcare system

Prof. Peep Stalmeier, Radboud University Medical Centre,  
Nijmegen, The Netherlands

# INVITATION





**Corvinus Health Policy and Health Economics Conference Series 2018/4**

Corvinus University of Budapest, Faculty of Economics, Department of Health Economics,

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Health and Health Care Economics Section of the Hungarian Economic Association  
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**Shared decision making  
in the healthcare system**

**Corvinus University of Budapest**

**March 5, 2018**

**Room E.307**

**13:40-15:10**

Main Building, H-1093 Budapest, Fővám tér 8.

Evidence based medicine (EBM) requires the integration of 1) the best research evidence 2) clinical expertise 3) patient values 4) patient circumstances. The latter two issues have received relatively little attention in EBM. The research field of Shared Decision Making (SDM) employs interventions designed to help people and patients make specific and deliberative choices among options by providing information about the options and outcomes that are relevant to the person's health status. Therefore, SDM can be considered as a tool to help EBM with the integration of patient values and circumstances into decision making.

Practice variation argues in favour of the incorporation of SDM into clinical teaching and clinical practice. Practice variation is the finding that, despite the presence of clinical guidelines, still considerable practice variation exists in disease management. For instance, for women with breast cancer, hospital rates of breast conserving therapy varies from 20% to 90% in the Netherlands. This is probably caused by variation in preferences of surgeons, as such large variation in preferences is unlikely in sizeable patient samples. These findings led to a reconsideration of medical decision making. There are no good medical reasons for practice variation. This leads to suboptimal care, because patients may not get the treatment they would have preferred. This argues in favour of involving patients into treatment choices.

Thus, recognising patient values and circumstances is important from the viewpoint of EBM, and has practical clinical relevance. The difficulty of involving the patient viewpoint into decision making in turn argues for the use of SDM. It is believed that SDM can resolve to a large extent the difficulties encountered when involving patients in medical decision making. Additional reasons for SDM, for instance the rise of empowerment with an emphasis on informed choice rather than informed consent, meeting the standards for informed consent, the desire to bring evidence based practice to the patient, are given in O'Connor.

Shared decision making is now recognized as a key competence for medical education. The CanMEDS (Canadian Medical Education Directives for Specialists) framework describes a set of core competences for specialists, and is well known among medical educators. The framework is adopted by the Royal College of Physicians and Surgeons in Canada for accreditation, evaluation, examination, as well as objectives of training and standards of professional development. Shared decision making competencies play a central role in this framework.

This lecture will focus on the background sketched above, on practical tools to improve patient involvement, and research results.

## **Conference chairperson:**

**Prof. Márta Péntek**, Department of Health Economics, Faculty of Economics, Corvinus University of Budapest

## **Program**

### **13:40 – 13:50 Welcome**

**Prof. László Gulácsi**, Vice-rector for Research & Department of Health Economics, Corvinus University of Budapest

### **13:50 – 14:30**

**Dr. Peep Stalmeier**, Radboud University Medical Centre, Nijmegen, The Netherlands

**Shared decision making in the healthcare system: the patient decides**

### **14:30 – 15:00 Discussants and general discussion**

**Prof. Miklós Sárdy**, Department of Dermatology, Venereology and Dermatoooncology, Semmelweis University,

**Prof. Dániel Bereczki**, vice dean specialists doctor education, Department of Neurology, Semmelweis University of Budapest

**Prof. Péter Nyirády** Department of Urology, Semmelweis University, Semmelweis University of Budapest

**Prof. János Kálmán** Department of Psychiatry University of Szeged

**Dr. Éva Bodnár, PhD**, associate professor, Faculty of Social Sciences and International Relations, Institute of Behavioural Science and Communication Theory, Head of Teacher Training Centre

**Prof. Márta Péntek**, Department of Health Economics, Faculty of Economics, Corvinus University of Budapest

### **15:00 – 15:10 Take home message & Closing**

**Fanni Rencz, MD, PhD**, assistant professor, Department of Health Economics, Corvinus University of Budapest

## Dr. Peep Stalmeier



Dr. PFM Stalmeier is an assistant professor at the Radboud University Medical Centre in Nijmegen, the Netherlands. He graduated in experimental physics and received his PhD on topics in cognitive psychology and mathematical psychology.

My first interest is in patient involvement in medical decision making comprising patient decision aids, shared decision making, patient-doctor communication, and patient preferences, mostly in the area of oncology. My second line of study is utility assessment and Quality of Life, and related topics in human decision making and information processing.

My aim is to bring open, honest, and transparent information to patients facing medical decisions, and to facilitate patient involvement. Decision aids are instruments to achieve just that. Decision aids can be found at my site [www.Med-Decs.org](http://www.Med-Decs.org).

Dr. Stalmeier served as a consultant for European panels on patient empowerment. He was leader of the International Patient Decision Aids Standards (IPDAS) collaboration for the Chapter on 'Balancing the information of information and options'. He was participant of the IPDAS collaborative paper: Standards for UNiversal reporting of patient Decision Aid Evaluation studies: the development of SUNDAE Checklist.

Peep is a long-standing member of the steering committee of the platform Shared Decision Making in the Netherlands.

He published in clinical journals like the Journal of Clinical Oncology, Lancet Oncology, the New England Journal of Medicine, British Medical Journal, and Pain.

He published in methodological journals like Medical Care, Medical Decision Making, Health Economics, Journal of Health Economics, and Journal of Experimental Psychology: Human Perception and Performance.

### Selected publications

LJM Oostendorp, PFM Stalmeier, WTA van der Graaf, PB Ottevanger. Efficacy and safety of palliative chemotherapy for patients with locally advanced or metastatic breast cancer pretreated with anthracyclines and taxanes. A systematic review. *Lancet Oncology*, 2011;12:1053-61.

Stalmeier PFM, van Tol-Geerdink JJ, van Lin ENJTh, Schimmel EC, Huizenga H, van Daal WAJ, and Leer JW. Doctors' and patients' preferences for participation and treatment in curative prostate cancer radiotherapy. *Journal of Clinical Oncology*, 2007;25:3096-3100.

Stalmeier PFM, Lamers LM, Busschbach JJV, Krabbe PFM. On the Assessment of Preferences for Health and Duration: Maximal Endurable Time and Better Than Dead Preferences. *Medical Care* 2007;45:835-41.

van Tol-Geerdink JJ, Stalmeier PFM, ENJTh van Lin, EC Schimmel, H Huizenga, WAJ van Daal, JW Leer. Do patients with localized prostate cancer treatment really want more aggressive treatment? *Journal of Clinical Oncology*, 2006;24:4581-6.

van Roosmalen MS, Stalmeier PFM, Verhoef LCG, Hoekstra-Weebers JEHM, Oosterwijk JC, Hoogerbrugge N, Moog U, van Daal WAJ. Randomized trial of a Shared Decision Making Intervention consisting of trade-offs and individualized treatment information for BRCA1/2 mutation carriers. *Journal of Clinical Oncology*, 2004;22:3293-301.

Hulscher JBF, Van Sandick JW, De Boer AGEM, Wijnhoven BPL, Tijssen JGP, Fockens P, Stalmeier PFM, Ten Kate FJW, Van Dekken H, Obertop H, Tilanus HW, Van Lanschot JJB. Extended transthoracic resection compared with limited transhiatal resection for adenocarcinoma of the esophagus. *New England Journal of Medicine*, 2002;347:1662-9.

Glyn Elwyn, Marie Anne Durand, Julia Song, Johanna Aarts, Paul J Barr, Zackary Berger, Nan Cochran, Dominick Frosch, Dariusz Galasiński, Pål Gulbrandsen, Paul K J Han, Martin Härter, Paul Kinnersley, Amy Lloyd, Manish Mishra, Lilisbeth Perestelo-Perez, Isabelle Scholl, Kounosuke Tomori, A three-talk model for shared decision making: multistage consultation process, *BMJ* 2017;359:j4891 <http://dx.doi.org/10.1136/bmj.j4891>  
<http://www.bmj.com/content/bmj/359/bmj.j4891.full.pdf>