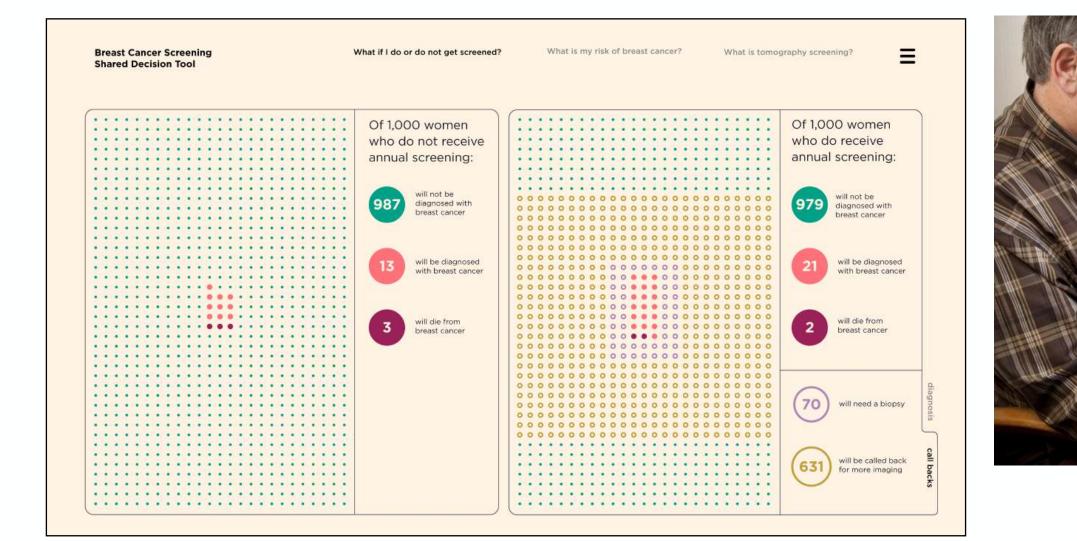


Designing for Conversations Shared Decision Making in Practice

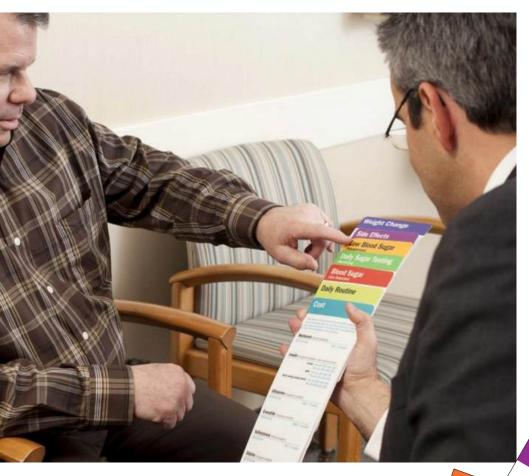
Maggie Breslin MDes Creative & Program Director, The Patient Revolution 29 July 2025 patientrevolution.org maggie@patientrevolution.org

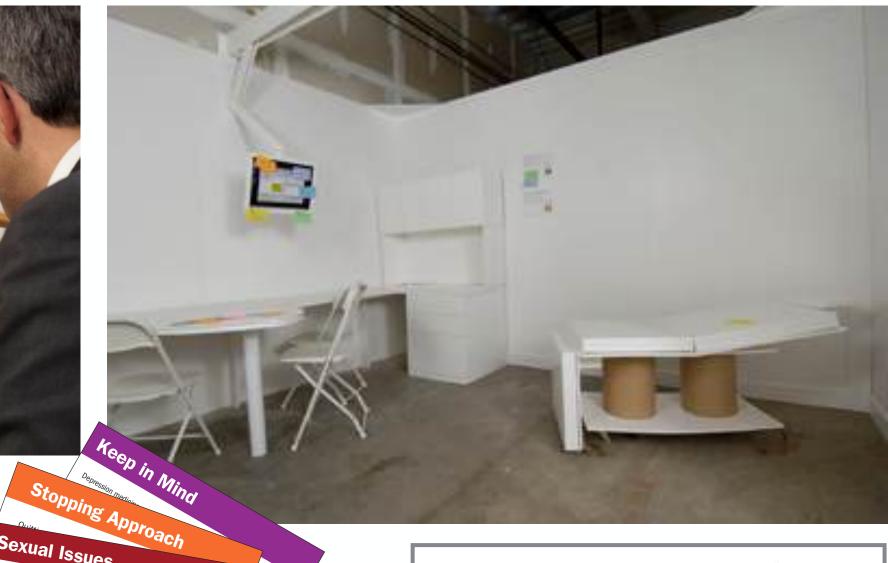






Designer & Researcher





Cost

Change

Parox

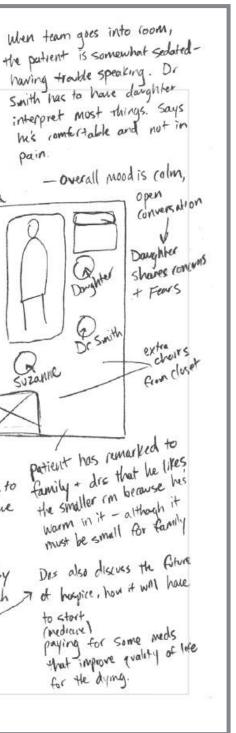
These figures are estimates and are for comparative reference only. Actual out-of-pocket costs vary over time, by pharmacy, insurance plan coverage, preparation and dosage.

		Less 🔶 More	
SRIs	Citalopram (Celexa®)	- • • • • • • • • •	\$4 / month – Super- stores drug program
S	Escitalopram (Lexapro®)		\$113 / month – No generic available
	Fluoxetine (Prozac®)	-	\$4 / month – Super- stores drug program
	Fluvoxamine (Luvox®)	-	\$80 / month
	Paroxetine (Paxil®)	-	\$4 / month – Super- stores drug program
	Sertraline (Zoloft®)	-	\$29 / month
NRIS	Desvenlafaxine (Pristiq®)		\$147 / month – No generic available
S	Duloxetine (Cymbalta®)	-	\$154 / month – No generic available
	Venlafaxine (Effexor®)		\$130 / month
thers	Bupropion (Wellbutrin®)		\$100 / month
٥	Mirtazapine (Remeron®)		\$50 / month
TCAs	Amiptriptyline or Nortriptyline (Elavil® or Aventyl HCI®)	- •••••••	\$4 / month – Super- stores drug program
HCle)	© 2011 Mayo Foundation for N	Nedical Education and Research. All rights reserved.	MC-draft-wip
	edical Education and Research. All rights reserved.	MC-draft.slip	© 2011 Mayo Foundation for Med
	TCAs Others SNRIs SSRI	Citaliprim (Celexa®) Escitalopram (Lexapro®) Fluoxetine (Prozac®) Fluoxamine (Luvox®) Paroxetine (Paxil®) Sertraline (Zoloft®) Desvenlafaxine (Paxil®) Duloxetine (Cymbalta®) Venlafaxine (Effexor®) Set Set Composition (Wellbutrin®) Mirtazapine (Remeron®) Set Cavil® or Aventyl HCl®)	Sector Citalopram (Celexa®) -<

Sexual Issues Devuine may experience ross of server uesite 3) or loss of ability to reach orgasm because air antidepresent 2000 **|** 99' -----

122 343344 +

EXAMPLE	the patient is some having trade speak
152 Visit Sutanne (2000 -	smith has to have interpret most this hus comfortable and pain. — Overall MOO
Hospital room - Aprox. 12 (could averlaur talking in hollowan	A Durghter Durghter Dr. Smith Suzanne
Vpon criting the room team g to call heart failure dr He happ be coming down the hall Thy dicuscion about stopping the drip upping morphine Remarks about family being you the cright of tremors, delerium i can come w/ death. - Son seems disengaged, repeated checks cell phone	there the smaller rm k the smaller rm k t warm in it - a must be small they Dis also discuss which 7 of huspice, how to stort (mediane) paying for so



COLLABORATORS some partners in development and research







Yale School of Medicine Endocrinology





Diabetes Issue Cards: A short case study (2005)



most decision making in practice





hypothesis

Prototype 1: baseball cards

Metformin

FORM Pill

USED WITH Alone or with Sulfonylureas

EFFECTIVENESS able to lower A1c by 1-2%

WHEN TAKEN twice (2) daily with meals ideally but not absolutely necessary

> WEIGHT SIDE EFFECTS minimal to no weight gain

OTHER SIDE EFFECTS some nausea, dyspepsia and diarrhea possible in the first two (2) weeks. Then most people can get used to it.

SEVERE HYPOGLYCEMIA 0 in 100 (within year of use)

MINOR HYPOGLYCEMIA 1-2 in 100 (within year of use)

MONITORING NEEDS none when used alone

+ Sulfonytureas 2-5 times/week initially

+ Insulin daily

Exenati

FORM Injectable medication

USED WITH Metformin or Sulfonylureas

EFFECTIVENESS able to lower A1c by 0.5-1%

Sulforyhareas

+ Matfannia

+ Metformin and

Suttonylureas

+ Metfannin

+ Metformin

+ Mettormin and

Suttorphreas

WHEN TAKEN twice (2) daily in the 1 hour before breakfast and dinner

WEIGHT SIDE EFFECTS loss of 1.5-3kg (3-6 lbs) + Metfannia after 6-7 months

+ Metformin and loss of about 1.5kg (3 lbs)

> OTHER SIDE EFFECTS initial nausea; about 40 in 100 persistent nauses; about 15 in severe nausea; 3 in 100 diambea: 12-16 in 100

SEVERE HYPOGLYCEMIA none

1 in 400

MINOR HYPOGLYCEMIA 5 in 100

+ Metformin and 30 in 100 Sulfonylureas (within 30 weeks of use)

MONITORING NEEDS

initially 2-5 times/week, less when stable occasionally 2-3 hours after eating

initially daily and after eating, then 2-5 times/week or less when stable

FORM Pill

USED WITH Alone or with Sulfonylureas

EFFECTIVENESS able to lower A1c by 1-2%

WHEN TAKEN twice (2) daily

+ Sulfonylureas

+ Insulin

Metformin

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SEVERE HYPOGLYCEMIA 0 in 100 (within year of use)

MINOR HYPOGLYCEMIA 1-2 in 100 (within year of use)

MONITORING NEEDS

none when used alone

2-5 times/week initially

daily

Sulfonylureas

with Metformin

INESS ower Aic by 1-2%

used twice a day ninutes before breakfast (meal)

> WEIGHT SIDE EFFECTS gain of 2-3kg (4-6lbs)

OTHER SIDE EFFECTS nausea; about 1-2 in 100 diamtea; about 1-2 in 100 rash; about 1-2 in 100

SEVERE HYPOGLYCEMIA 6 in 1000 (within year of use)

MINOR HYPOGLYCEMIA 21 in 100 (within year of use)

MONITORING NEEDS initially 2-5 times/week. less when stable

glomeperide or Ameryl: gliplaide or Glucotrol

FORM Injectable medication

USED WITH Alone or with Metformin and/or Sulfonylureas

EFFECTIVENESS no limit to A1c reduction

WHEN TAKEN once (1) or twice (2) daily

> WEIGHT SIDE EFFECTS gain of about 4kg (8-9lbs)

SEVERE HYPOGLYCEMIA 1-3 in 100 (within year of use)

MINOR HYPOSLYCEMIA 30-40 in 100 (within year of use)

MONITORING NEEDS daily; once (1) or twice (2)/day



Prototype 2: narrative cards

Exenatide (Bretta)

FORM

Injectable medication

TYPICALLY USED WITH Metformin or Sulfonylureas

EFFECTIVENESS

Exenatide typically lowers A1c by 0.5-1%.

WEIGHT EFFECTS

Exenatide has been shown to promote weight loss, an area of concern among many people with diabetes. If you are currently taking Metformin, you may lose 3 to 6 pounds after 6-7 months of taking Exenatide. If you are taking Metformin and Sulfonylureas, the weight loss will be less because Sulfonylureas have the side effect of weight gain. Still, you may experience a loss of about 3 pounds on Exenatide.

WHEN TAKEN

Twice (2) daily; in the morning and evening before eating MONITORING

If taking Sulfonylurees, monitor daily after meals. Once stable, you can monitor less often.

HYPOGLYCEMIA

When used with Metformin, there is no risk of severe hypoglycemia and the chance of minor hypoglycemia is about 5 in 100. When used with Metformin and Sulfonylureas, the risk of severe hypoglycernia is less than 1 in 100 and for minor hypoglycemia 30 in 100 (within 30 weeks).

OTHER SIDE EFFECTS

Other side effects of Exenatide may include nausea and diarrhea. Of 100 people like you, 40 will experience initial nausea with 15 of those experiencing persistent nausea and 3 experiencing severe nausea. Between 12-16 of 100 people will have some form of diarrhea.

Insulin

FORM

Injectable medication

TYPICALLY USED WITH

Alone or with Metformin and/or Sulfonylureas

EFFECTIVENESS

There is no limit to the amount of A1c reduction you can receive with Insulin.

WEIGHT EFFECTS

Insulin is often associated with weight gain. On average, most people who use insulin will see a weight gain of around 8-9 pounds.

WHEN TAKEN

Once (1) or twice (2) daily

MONITORING

Initially once (1) or twice (2) per day. Once stable, you can monitor less often.

HYPOGLYCEMIA

Of 100 people like yourself who use insulin, between 1 and 3 will experience severe hypoglycemia within a year of use. The risk of minor hypoglycemia is greater with between 30 and 40 people out of every 100 exhibiting some symptoms within a year of use.

OTHER SIDE EFFECTS

There are no other significant side effects associated with Insulin.

Sulfonylureas (glimeperide or Ameryl; glipizide or Glucotrol)

FORM Pitt

TYPICALLY USED WITH Alone or with Metformin

EFFECTIVENESS

Sulfonylureas typically lower A1c by 1-2%.

WEIGHT EFFECTS

A common effect of Sulfonylureas is weight gain. The average gain is between 4-6 pounds although it should be noted that some people don't gain any weight at all and others may gain more than the average.

WHEN TAKEN Once (1) or twice (2) daily, 30 minutes before a meal

MONITORING

Initially 2-5 times per week. Once stable, you can monitor less often.

HYPOGLYCEMIA

The risk of severe hypoglycemia with Sulfonylureas is less than 1 in 100 within a year of use. Within the same time frame (a year), the likelihood of experiencing minor hypoglycemia is 21 out of 100.

OTHER SIDE EFFECTS

Other side effects of Sulfonylureas include nausea, rash and diarrhea. In studies of people like you, the likelihood of experiencing nausea, rash or diarrhea is about 1-2 in 100.

Glitazones (pioglit

FORM Pill

TYPICALLY USED WITH Alone or with Metformi

EFFECTIVENESS

With Metformin, Glitazon With Metformin and Sulfe able to lower A1c by 1-2

WEIGHT EFFECTS

A common effect of Glita paired with Metformin, w a weight gain effect, the pounds. When combined have a weight gain effect gain can be between 2-1

FORM Pill

TYPICALLY USED Alone or with S

EFFECTIVENESS

1-2%.

WEIGHT EFFECTS

Metformin use has not been associated with significant changes in weight so you can expect minimal to no weight gain.

	WHEN TAKEN Once (1) daily
and/or Sulfonylureas	MONITORING Occasionally with Metformin; 3-5 times per week with Sulfonylureas. Once stable, you can monitor less often.
nes typically lower A1c by 1%, fonylureas, Glitazones may be 2%.	HYPOGLYCEMIA Glitazones cause no risk of severe hypoglycemia. The risk of minor hypoglycemia shows 2 of 100 people like yourself experiencing some symptoms within one year of use.
azones is weight gain. When which does not typically have average weight gain is 2–6 d with Sulfonylureas, which do ct, the combined average weight 13 pounds.	OTHER SIDE EFFECTS The primary side effect of Glitazones is edema, fluid retention. Approximately 10 out of every 100 people like you may experience some swelling of the ankles. If you have heart failure, fluid retention may affect your breathing.



WITH	
Sulfonylureas	

Metformin has shown an ability to lower your A1c by

WHEN TAKEN

Twice (2) daily; with meals ideally

MONITORING

Initially 2-5 times per week. Once stable, you can monitor less often.

HYPOGLYCEMIA

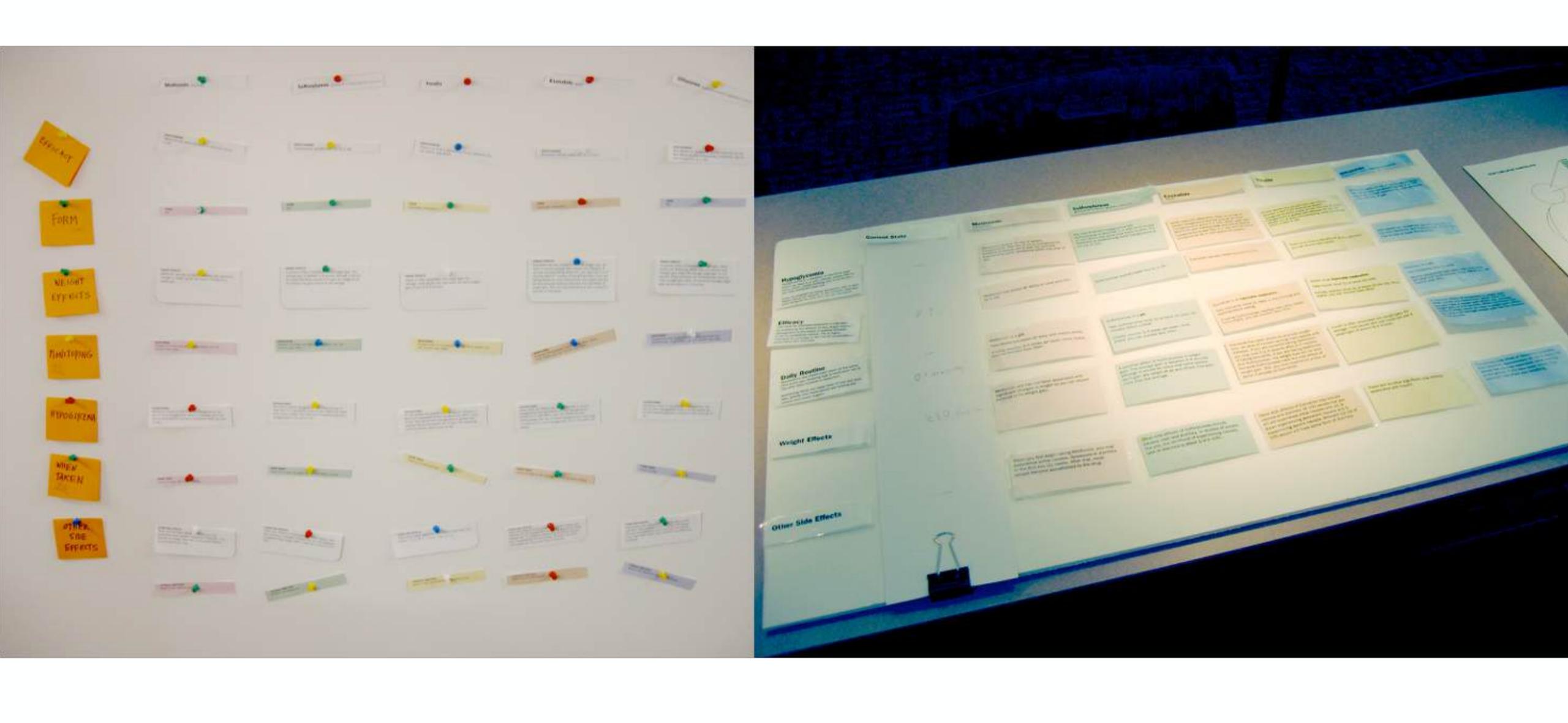
Metformin causes no risk of severe hypoglycemia. The risk of minor hypoglycemia shows 1–2 people out of 100 like yourself experiencing some symptoms within one year of use.

OTHER SIDE EFFECTS

When you first begin taking Metformin, you may experience some nausea, dyspepsia or diarrhea in the first two (2) weeks. After that, most people become accustomed to the drug.



Prototype 3: decision board



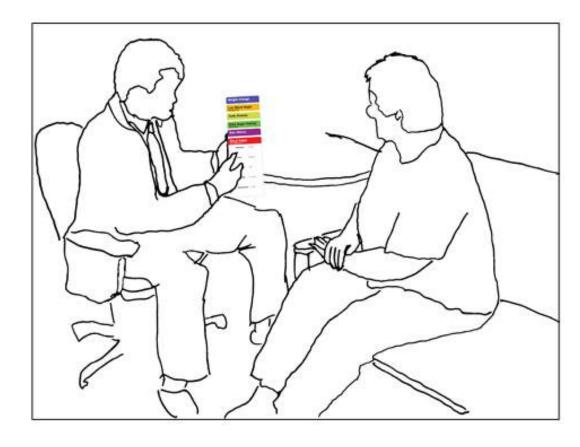


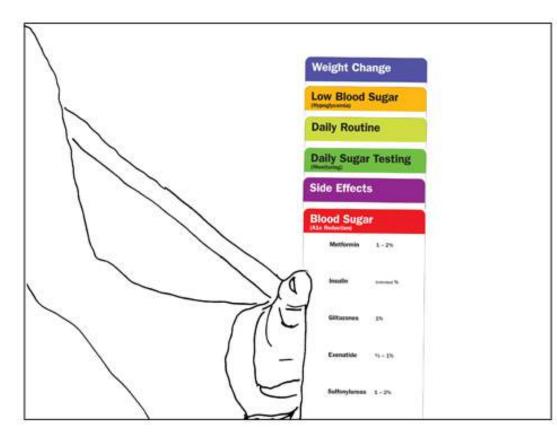
Learnings and Advice

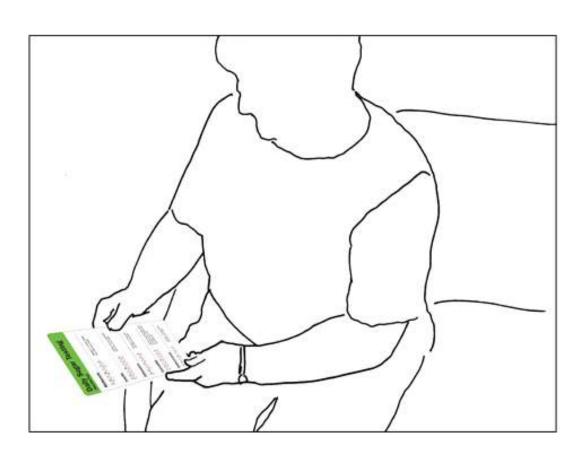
- Care happens in conversation
- Success is a care plan for this patient \neq patients like this
- Evaluate tools by gathering stories + measurable data
- Good interventions aim to create the conditions for care

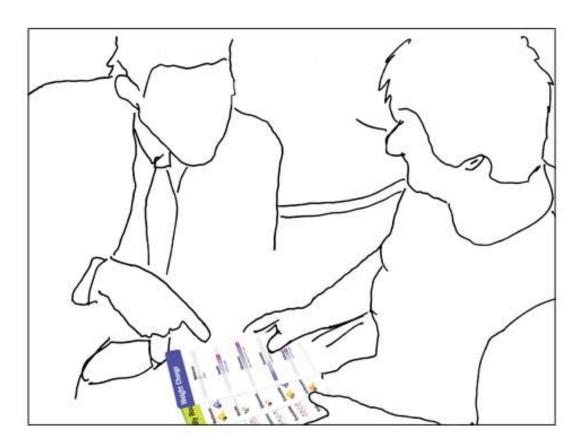


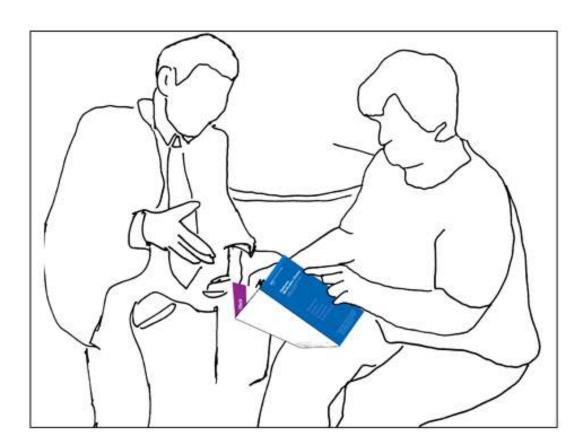
Care happens in conversation.

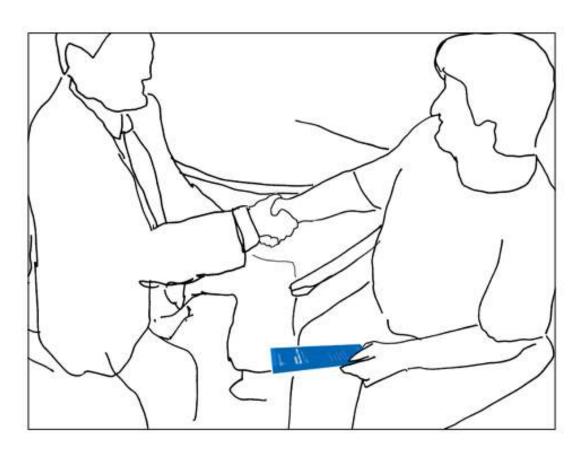


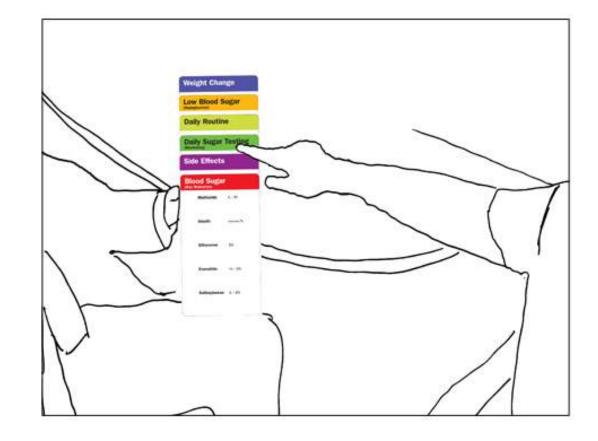


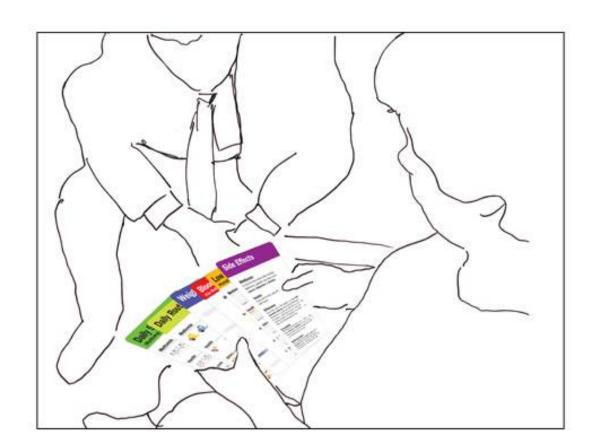














NOTICE

Looking at & engaging

Recognizing each other as people

> Looking for strengths





RESPOND

Creating a productive plan

Drawing from best-available knowledge and research

Commitment to work together

> Showing compassion







SETTING Enough time Necessary resources Few disruptions





Success is a care plan for this patient *≠* patients like this







HbA1c < 7%

4 Statin Benefit Groups

Clinical ASCVD* • LDL-C \geq 190 mg/dL, Age \geq 21 years • Primary prevention-Diabetes: age 40-75 years, LDL-C 70-189 mg/dL

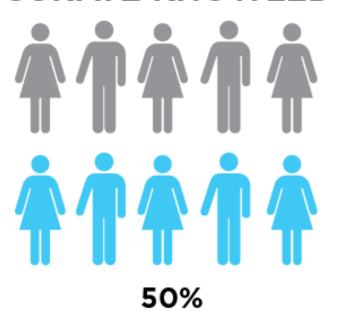
• Primary prevention - no diabetes \geq 7.5% 10 year



Maria Luisa ≠ People like Maria Luisa

Evaluate tools by gathering stories + measurable data.

ACCURATE KNOWLEDGE



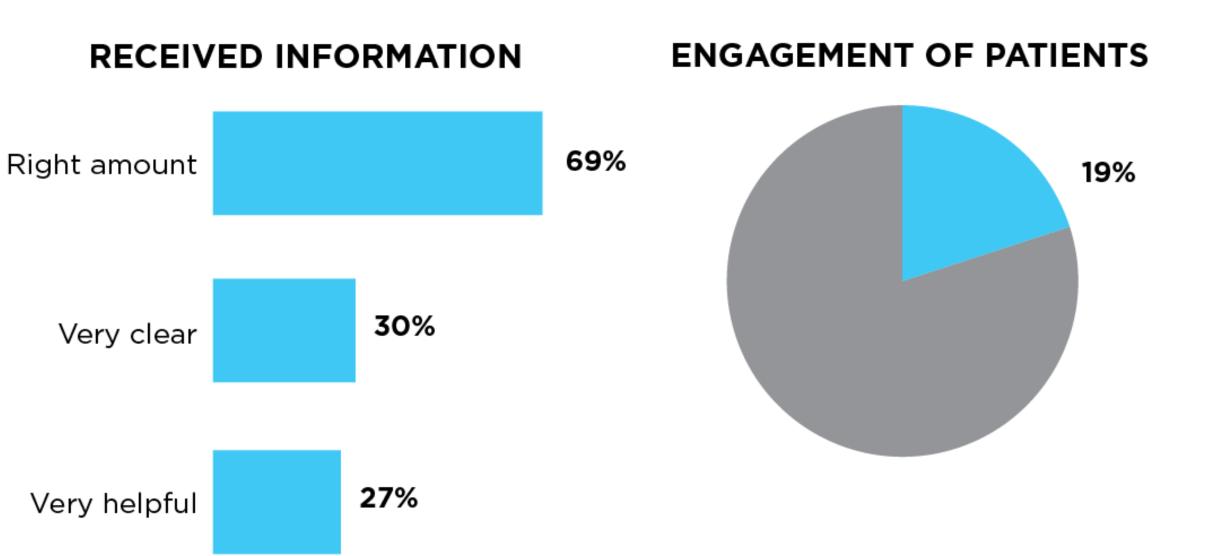
Very clear

Very helpful

ESTIMATED RISK CORRECTLY

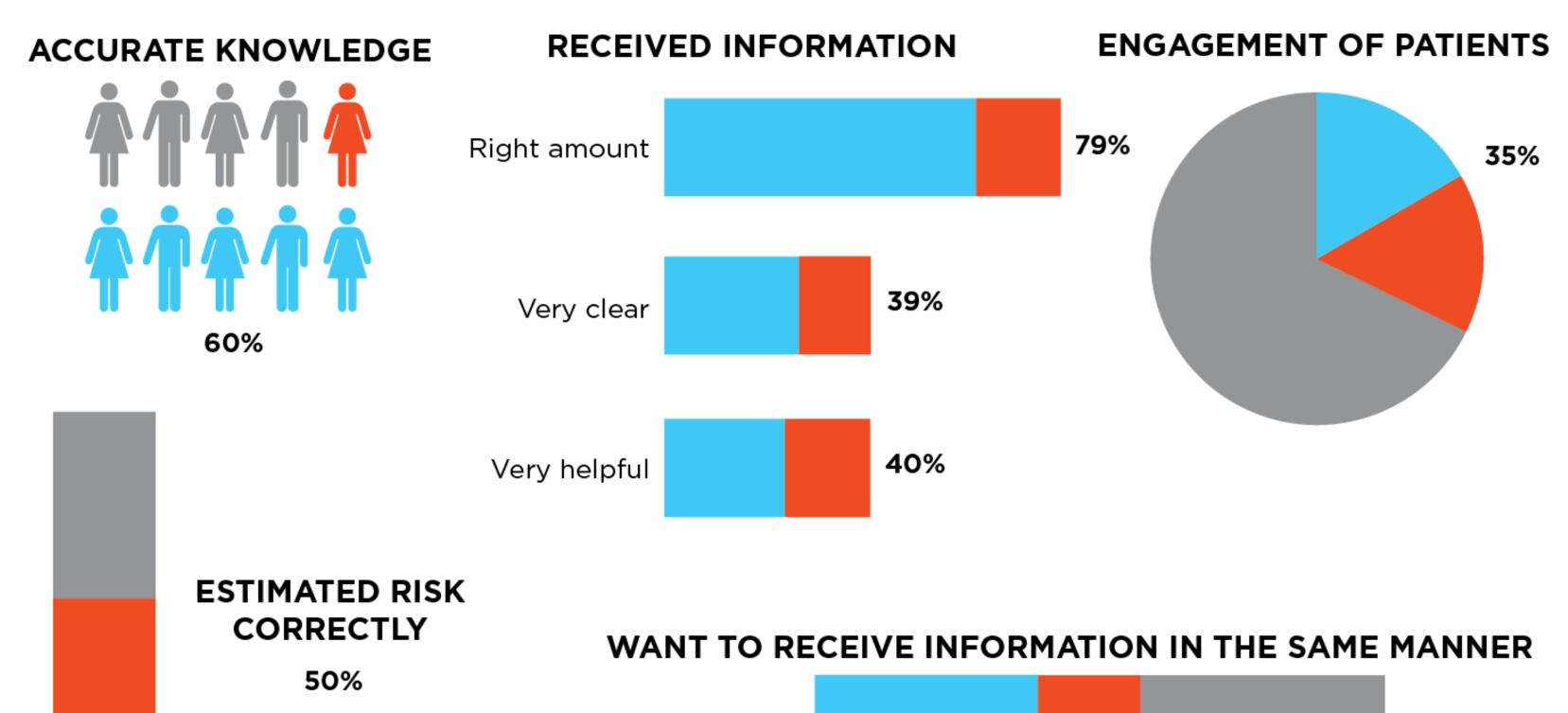
12%

Usual Care



WANT TO RECEIVE INFORMATION IN THE SAME MANNER





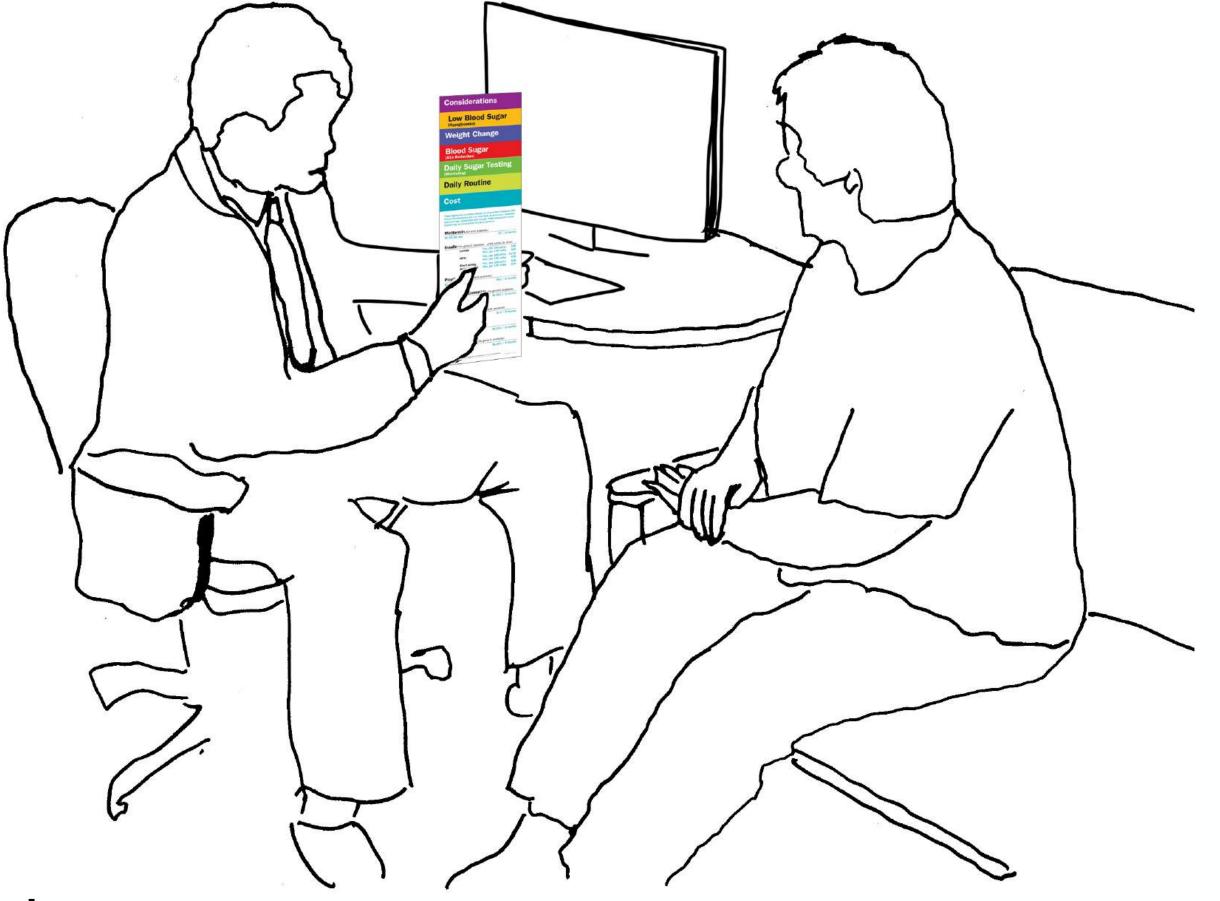
with Intervention



Summary

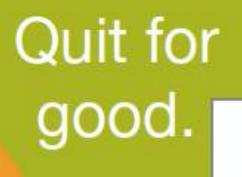
- Age: 40-92 (avg 65)
- · Primary Care, ED, hospital, specialty care
- 74-90% of clinicians want to use the tools again
- Adds ~3 minutes to the consultation
- · 58% fidelity without training
- Effects on shared decision making are similar in vulnerable populations
- Variable effect on clinical outcomes and cost

ialty care the tools again ation



92 year old patient story

Good interventions aim to create the conditions for care



Reasons you might

choose to quit for gd

Good things about quitting for good

- Having surgery increases the chances I will succeed in quitting
- I will heal better after surgery
- · I will add years to my life

Bad things about quitting for good

- I enjoy cigarettes
- It can be hard to quit

If you have thought about quitting for good, there is no better time than now that you are having surgery.

Quit for a bit.

Reasons you might choose to quit smokin around the time of sur

Smoking Cessation around Surgery

Good things about quitting for a bit

- Better healing after surgery
- Helps circulation
- No or mild cigarette cravings before and after surgery

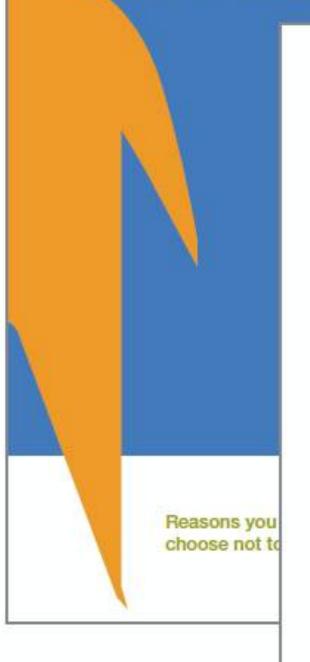
Bad things about quitting for a bit around the time of surgery

- Cigarettes may help me cope with surgery
- I have other things to worry about
- Quitting can be hard

Continue Quit smoking Smoking

Just like you don't eat on the morning of surgery, don't smoke — and stay off cigarettes for at least one week after your surgery.

Continue to smoke.



Good things about continuing to smoke

- I enjoy it
- It relaxes me
- · It helps me cope

Bad things about smoking around the time of surgery

- Healing problems after surgery
- Breathing problems during surgery
- Circulation problems during and after surgery

You may choose to keep smoking, but remember that you cannot smoke while you are in the hospital for your surgery.





What impacts the ability to notice and respond? to have a conversation?





Conditions for care are the product of: CULTURE POLICIES PROCESSES SPACES





CULTURE

Shared ways of thinking and shared assumptions

POLICIES

Laws, regulations, and incentives

PROCESSES

Detailed actions and steps to achieve a particular end

SPACES

Physical and virtual environments





Point of Care

Organization





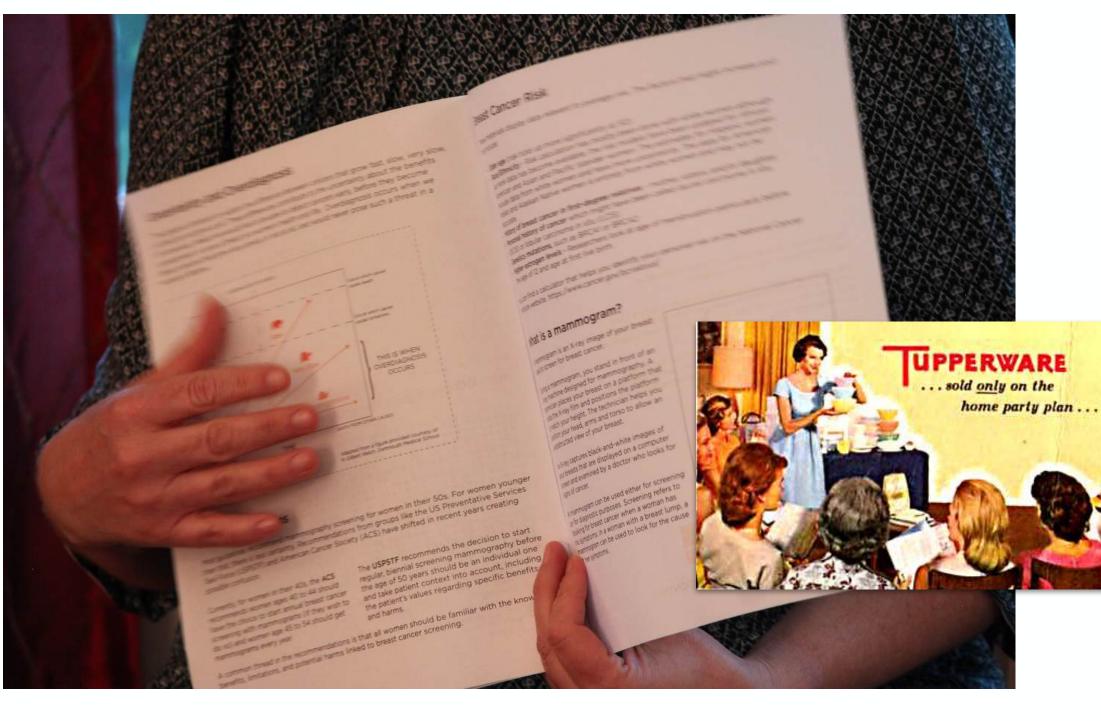


Space design Visit requirements **Documentation requirements** Lack of continuity

Strategic priorities Payor contracts Assessment policies Performance improvement expectations

> Billing and payment policies Regulation Market expectations Malpractice and liability





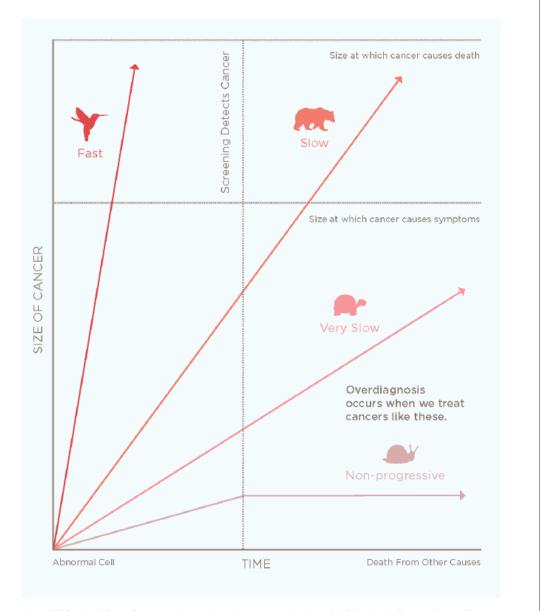


Uncertainty and Overdiagnosis

This graphic attempts to show the difference between cancers that grow fast, slow, very slow, or that do not grow at all. These differences contribute to the uncertainty about the benefits of screening.

Ideally, we would like to be able to detect cancers early, before they become symptomatic or pose a threat to a woman's health and life. Overdiagnosis occurs when we detect cancers that grow very slowly, or not at all, and would never pose such a threat in a woman's lifetime.

What's Best for Me and My Family? – A Patient Revolution Event



Source: NCI Division of Cancer Prevention. Adapted from a figure provided courtesy of H. Gilbert Welch, Dartmouth Medical School

Shared Decision Making as a method of care

"Anytime, a patient and clinician figure out together what to do about the patient's situation, they are doing SDM.

Therefore, we believe SDM is not 'another thing clinicians must do', that is, to help patients select the best evidence-based option given their preferences, but that it is a method of care, as central to the clinician's art as history taking, the physical examination, the selection and interpretation of diagnostic tests, and patient education and counseling."

Montori VM, Ruissen MM, Hargraves IG, et al Shared decision-making as a method of care BMJ Evidence-Based Medicine 2023;28:213-217.

Find more ways to get involved...

patientrevolution.org

maggie@patientrevolution.org

Foundations of Care course

