

Using PSYCKES to Support Shared Decision making in New York State: Exploring Stakeholder Information Needs

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Engagement of consumers as active participants in health care has been established as an effective method for improving quality (von Korff et al., 1997; Von Korff et al., 1998; Lorig et al., 1999; Bodenheimer et al., 2002; Clark, 2003) and offers measurable cost savings (Glasgow et al., 2002). Shared decision making (SDM) is an approach designed to empower consumers to be active participants in making decisions regarding the course of their healthcare (Kaplan, 2004). Studies have shown that consumers who were instrumentally involved in their treatment choices show better psychological adjustment and health related quality of life, whereas consumers who feel that they have little control over their illness and treatment have a poorer psychosocial adjustment (Leigh et al., 2004). Decision aids (DAs) are tools that assist consumers in making decisions. The potential benefits of DAs include enhanced patient understanding, reduced decisional conflict, and greater patient involvement with decision making (O'Connor et al., 1999).

New York State is in the process of adapting the Psychiatric Clinical Knowledge Enhancement System (PSYCKES) to support shared decision making around medication management. The PSYCKES software currently offers inpatient clinicians and administrators 15 years of patient level data, and vertical quality measures aggregated at the physician, ward, hospital and state levels. PSYCKES adaptations needed to support shared decision making in the outpatient setting include: 1) identifying information needs of consumers, families and outpatient providers, 2) addition of outpatient Medicaid prescribing and utilization data, and 3) offering PSYCKES access to consumers.

To identify the information needs of all stakeholders in a medication focused shared decision making process we conducted a series of focus groups with consumers, families, and outpatient providers. Goals for each stakeholder group included: 1) to identify current sources of medication information, their advantages and limitations, 2) to explore information needs regarding medications, including what stakeholders do and do not know about medications and medication histories, 3) to explore attitudes towards access to and use of administrative data, and 4) to identify advantages and limitations of PSYCKES as an information resource.

This presentation will review the key themes that emerged from the focus groups. Stakeholders identified their current practices in obtaining, maintain and using information about medications, and described short comings of these methods. Novel solutions for addressing unmet information needs were identified, and implications for using PSYCKES to support shared decision making were discussed. Important differences emerged between

stakeholder groups in sources of information, information needs, barriers to shared decision making, and security concerns. Findings will be used to expand PSYCKES to the outpatient setting and may be of particular interest to those considering ways to improve shared decision making in mental health.