

Health Law: Quality & Liability

Prof. Thaddeus Pope

Patient Decision Aids



Evidence based educational tools







THAI CUISINE

SOUP

1. **Tom Yum**
Chicken or Vegetable (S) 2.95 (L) 4.95
Seafood or Shrimp (S) 3.95 (L) 6.95
Thai hot & sour soup with pepper, lime juice, mushroom, onion, lemongrass.
2. **Tom Kar**
Chicken or Vegetable (S) 2.95 (L) 4.95
Seafood or Shrimp (S) 3.95 (L) 6.95
Thai hot & sour soup in coconut milk, lime juice, lemongrass, mushroom, onion & pepper.
3. **Thai Spring Roll (4)** 4.95
Crispy Siamese spring roll with vegetable filling, served with unique sweet sour dipping sauce
4. **Satay Chicken (4)** 6.95
Grilled chicken skewered fillets accompanied by peanut dipping sauce and mini salad of cucumber and onion in vinaigrette dressing
5. **Duck Salad** 9.95
Roast duck in Thai salad sauce (pineapple, red onion, asafetida, green pepper)
6. **Beef Salad** 9.95
Grilled beef, red onion, tomatoes, cucumber, lime juice and special Thai sauce

APPETIZER

STIR FRIED

Traditional dishes, seasoned and herb dressed

CURRY ENTREES

Traditional Thai curry each one: Unique each one can be ordered mild, medium or hot

Shrimp or Beef \$11.95
Chicken, Vegetable or Tofu \$9.95

11. **Green Curry**
Green chili paste in coconut milk, pepper, basil, and eggplant.
12. **Red Curry**
Red curry paste in coconut milk, pepper, basil, and eggplant.
13. **Panang Curry**
Panang curry paste in coconut milk, string beans, basil, pepper
14. **Yellow Curry**
Yellow curry paste in coconut milk, potatoes and onion
15. **Massaman Curry**
Massaman curry paste in coconut milk, potatoes and onion & peanuts

NOODLES

The most famous dish in Thailand

Shrimp or Beef \$9.95 / Chicken or Vegetables \$8.95

16. **1 Pad Thai**
Sautéed rice noodles with eggs, bean sprouts, scallions and ground peanuts



The Signature
(Mici)

*Washin Green Food Awards 2012 Winner - Best Pad Thai
2013 Winner - Best Hot Dish

MASAMAN Curry Beef
Authentic Thai Pad Thai Concept
Specialized Asian Hot Spots
Come with Yunnan Cucumber Juice



Massaman Beef
(Mici)

*Washin Green Food Awards 2012 Winner - Best Hot Dish

MASAMAN Curry Beef
Authentic Thai Pad Thai Concept
Specialized Asian Hot Spots
Cucumber Juice



Classic Pad Thai
(Mici)

Though known for their mild and spicy flavors, the "Pad Thai" in Thailand is quite different. Authentic Pad Thai is a mix of sweet, sour, and spicy with extra bits of chicken and shrimp.

Having Classic Pad Thai really comes a long way!



Toasted Sweet Chili
(Mici/Medium)

Combination of Thai flavors of bitter, spicy, salty and sweet made this dish perfect for our fried



Red Curry
(Medium)

One of the most popular dishes in Thailand. Creamy sauce made with authentic blend of Thai Chili Pepper, Galangal, Lemongrass and Shrimp in coconut milk.



Green Curry
(Medium)

The name "Green Curry" derives from the color of the dish, it is always very tangy with some types of ingredients from Green Chili Peppers, Thai Chiles, Lemongrass, Galangal, and a few coconut milk which give it a unique and satisfying aroma



Tiger Tear Salad
(Mici)

Spicy Grilled Top sirloin beef Steak with Specialty sauce, cucumber, lettuce and red onion



Basil Stir Fried
(Mici)

Traditional brisket steak. Offering flavors tingling beautiful with fresh Thai basil



Spring Rolls

Housemade Crispy spring rolls made with fresh vegetable filling of shrimp, carrot, cabbage and bean thread, topped and back pepper mushrooms, served with chili sauce



Thai Ice Tea/Coffee

Brew it Star

Clearer idea of what ordering



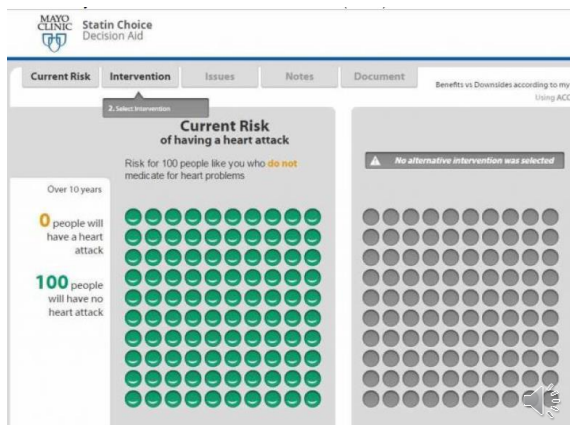


Hearing loss: hearing technology options

Use this Option Grid™ decision aid to help you and your healthcare professional talk about hearing technology options. This decision aid is for adults with hearing loss.

Frequently Asked Questions ↓	Hearing aids	Assistive listening devices	Managing without hearing technology
What does this involve?	Being fitted with hearing aids and wearing them regularly. You can choose when to wear your hearing aids. Most people say that the more they wear their hearing aids, the more they benefit.	Using assistive listening devices such as a TV amplifier, a telephone with a volume control, a loop system or a loud doorbell. You can try out and use assistive listening devices to hear specific sounds that are important to you.	Not having hearing aids. You can monitor your hearing and discuss any changes with your audiologist. You can also learn ways to manage your hearing loss, such as communication training and lipreading.
How will this help my hearing?	Using hearing aids may improve your hearing, particularly when talking face-to-face and when watching television.	Using assistive listening devices may improve your ability to hear specific sounds. For example, the television might be clearer.	This will not help your hearing.





PDA's Work



Robust evidence
shows PDA's are
highly effective



> 130
RCTs



30,000 patients

50 conditions





Improve knowledge

Feel better informed

Clearer about values

More accurate expectations

Value congruent choice



Lower decisional conflict

(state of uncertainty about course of action)



UMT

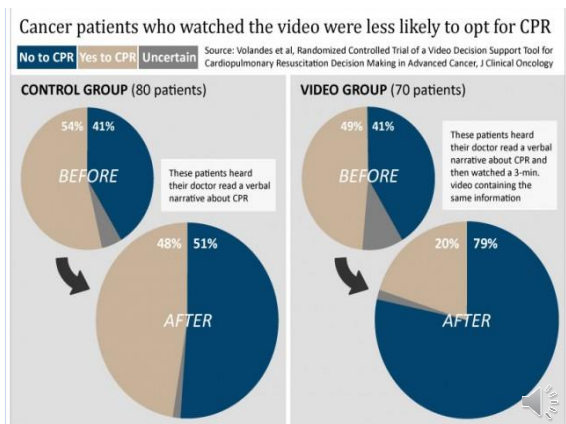


Informed patients request **less** aggressive treatment









PDA's
reduce
UMT



“paradigmatic
change in
healthcare
delivery”



On January 24th,
Apple Computer will introduce
Macintosh.
And you'll see why 1984
won't be like "1984"





More graphic
More user friendly
More accessible
More useable

PDA's
underused

Great evidence



But **little** clinical usage



“Promise remains elusive”





Move PDAs
from research
to practice



From lab
to clinic



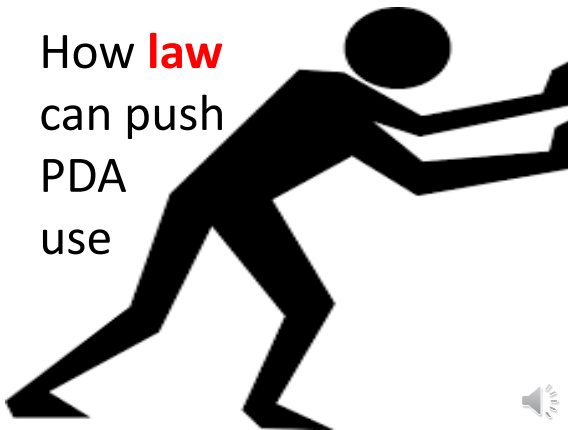
Promoting PDAs



Current law:
little incentive
to use PDA



How **law**
can push
PDA
use



“comprehensive
strategy is required
to promote wider
uptake of SDM”

Coulter - World Psychiatry 16:2 - June 2017





Liability tools
Payment tools
Mandates



Liability tools







PDA
as
shield





Safe harbor
for using PDA



Use PDA →
presumption that
fulfilled informed
consent duty



Rebuttable only
with **clear &
convincing**
evidence





PDA
as
sword





6/28/2017

Texas Medical Disclosure Panel

Figure: 25 TAC §601.8(1)

DISCLOSURE AND CONSENT FOR HYSTERECTOMY

***TO THE PATIENT:** You have the right, as a patient, to be informed about your condition and the recommended surgical, medical, or diagnostic procedure to be used so that you may make the decision whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you; it is simply an effort to make you better informed so you may give or withhold your consent to the procedure.*

NOTICE: Refusal to consent to a hysterectomy will not result in the withdrawal or withholding of any benefits provided by programs or projects receiving federal funds or otherwise affect your right to future care or treatment.

I (we) voluntarily request Dr. _____ as my physician, and such associates, technical assistants and other health care providers as they may deem necessary, to treat my condition which has been explained to me (us) as:

I (we) understand that the following surgical, medical, and/or diagnostic procedures are planned for me and I (we) voluntarily consent and authorize these procedures:

I (we) understand that a hysterectomy is a removal of the uterus through an incision in the lower abdomen or vagina. I (we) also understand that additional surgery may be necessary to remove or repair other organs, including an ovary, tube, appendix, bladder, rectum, or vagina.

I (we) understand that the hysterectomy is permanent and not reversible. I (we) understand that I will not be able to become pregnant or bear children. I (we) understand that I have the right to seek a consultation from a second physician.

I (we) understand that my physician may discover other or different conditions which require additional, different procedures than those planned. I (we) authorize my physician, and such associates, technical assistants and other health care providers to perform such other procedures, which are advisable in their

No form →
presumption that
violated duty

Could use
PDAs instead
of “forms”

Carrots	Sticks
Enhanced malpractice protection for using SDM	Expanded malpractice exposure for failing to use SDM

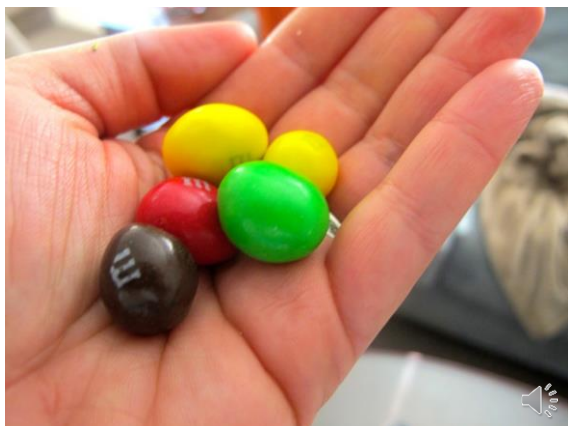


Payment tools



No PDA







56,000,000

PDA use =
condition
for payment



Proposed Decision Memo for Screening for Lung Cancer with Low Dose Computed Tomography (LDCT) (CAG-00439N)

Shared decision making, including the use of one or more **decision aids**, include benefits, harms, follow-up diagnostic testing, over-diagnosis, false positive rate, and total radiation exposure;



Proposed Decision Memo for Percutaneous Left Atrial Appendage (LAA) Closure Therapy (CAG-00445N)

A formal shared decision-making interaction between the patient and provider using an evidence-based **decision tool** on anticoagulation in patients with NVAF must occur prior to LAAC, must be documented in the medical records, must include a discussion of the benefits and harms, must





30% citizens

Medicaid - 1.8m

Employees - 350k



2,200,000



~10
procedures



State as
purchaser



State as
first mover



New standard of care



Mandates



a Woman's Guide to Breast Cancer Treatment

Developed by the
Cancer Detection Section
California Department of Public Health
January, 2010



Could use PDAs instead of “booklets”



Few tools deployed





Obstacle



PDAAs widely **varying** quality



Advance Care Planning Decisions
Decision Box
Healthwise
Informed Medical Decisions Foundation
Mayo Clinic
Option Grid Collaborative
University of Sydney
Dialog Medical
Emmi Solutions
Health Dialog
Krames StayWell
Patient Education Institute
Welvie



Cannot attach legal consequences



Assure PDA
quality



Certification



Accurate
Complete
Understandable



No bias

No COI



Assist to clarify
values &
preferences



2010







§ 3056

Contract with an entity to “synthesize evidence” and establish “consensus based standards”



Certify PDAs



Use PDAs



Less UMT




2017



No criteria

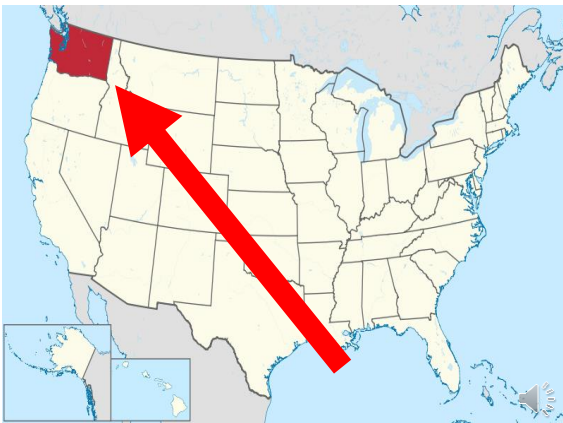
No process

No entity

for certification 

BUT





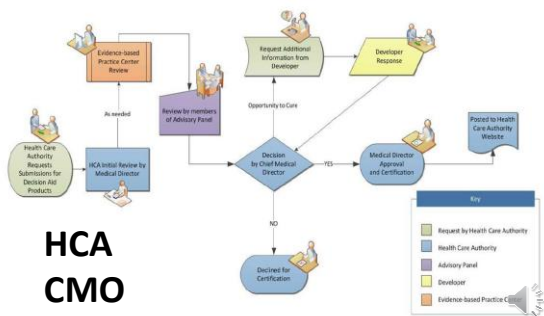


Final Set of Certification Criteria

Does the patient decision aid adequately:	Additional Criteria for Screening and/Testing, if applicable:
<ol style="list-style-type: none"> 1. Describe the health condition or problem 2. Explicitly state the decision under consideration 3. Identify the eligible or target audience 4. Describe the options available for the decision, including non-treatment 5. Describe the positive features of each option (benefits) 6. Describe the negative features of each option (harms, side effects, disadvantages) 7. Help patients clarify their values for outcomes of options by a) asking patients to consider or rate which positive and negative features matter most to them AND/OR b) describing each option to help patients imagine the physical, social (e.g. impact on personal, family, or work life), and/or psychological effects 8. Make it possible to compare features of available options 9. Show positive and negative features of options with balanced detail 10. Provide information about the funding sources for development 11. Report whether authors or their affiliates stand to gain or lose by choices patients make using the PDA 12. Include authors/developers' credentials or qualifications 13. Provide date of most recent revision (or production) 	<ol style="list-style-type: none"> 14. Describe what the test is designed to measure 15. Describe next steps taken if test detects a condition/problem 16. Describe next steps if no condition/problem detected 17. Describe consequences of detection that would not have caused problems if the screen was not done 18. Include information about chances of true positive result 19. Include information about chances of false positive result 20. Include information about chances of true negative result 21. Include information about chances of false negative result <p>Does the Patient Decision Aid and/or the accompanying external documentation (including responses to the application for certification) adequately:</p> <ul style="list-style-type: none"> • Disclose and describe actual or potential financial or professional conflicts of interest? • Fully describe the efforts used to eliminate bias in the decision aid content and presentation? • Demonstrate developer entities and personnel are free from listed disqualifications in Attachment A? • Demonstrate that the Patient Decision Aid has been developed and updated (if applicable) using high quality evidence in a systematic and unbiased fashion? • Demonstrate that the developer tested its decision aid with patients and incorporated these learnings into its tool?

Certification Process

Visual Framework for Process to Certify Decision Aids



**HCA
CMO**

In use



2016



Labor &
Delivery



3 prenatal testing

2 birth options
(VBAC, big baby)



2017





Joint
replacement
& spine



2018





End of life



Washington State paving the way

