

Barriers & Solutions Reported by Coordinators

Barrier	Solution
<ul style="list-style-type: none"> Forgetting to use the decision aid 	<ul style="list-style-type: none"> Physicians remind coordinators to use it and of their support for it Physicians ask coordinators to describe how they are using it Store decision aids in a visible place or with consent documents Add decision aid to institutional checklists/procedures
<ul style="list-style-type: none"> Forgetting to complete all steps of the Implementation Checklist 	<ul style="list-style-type: none"> Include checklist with institutional forms that coordinators already fill out
<ul style="list-style-type: none"> Integrating decision aid with institutional materials 	<ul style="list-style-type: none"> Identify areas of overlap to reduce redundant information Clinicians can then delete extraneous pages from our decision aid PDF or remove parts of their own materials
<ul style="list-style-type: none"> Getting patients to complete knowledge scale 	<ul style="list-style-type: none"> Coordinators review several questions with patient before having them work independently Engage caregivers in the process

How to Use MINDSPACE Strategies when Implementing a Decision Aid (DA)

“Nudges,” which draw on behavioral economics and target automatic thinking processes, are used by policy makers to influence population-level behavior change. Though the concept of nudges is new to the context of SDM interventions, they have the potential to influence clinician motivation, a primary barrier to long-term adoption of SDM tools.

Tool	Recommendations
Messenger	<ul style="list-style-type: none">• Enlist individuals with not only status and influence over key actors involved in implementation, but also with <i>regular</i> contact and <i>direct</i> oversight over their activities<ul style="list-style-type: none">○ In clinical settings, this person is typically a physician○ The messengers need to have the time, willingness, and commitment to directly and consistently liaison between key actors.
Incentives	<ul style="list-style-type: none">• Allow key actors to adapt the implementation process to their site’s specific context<ul style="list-style-type: none">○ This may involve trade-offs between “perfect” implementation and routinization of the DA, which is okay!○ Allowing implementors to problem-solve and use the decision aid how it works for them encourages ownership• Conduct formative research or early discussions with key actors to identify feasible incentives
Norms	<ul style="list-style-type: none">• Highlight key “exemplary” actors (with their permission) to establish positive norms<ul style="list-style-type: none">○ Identify when info about implementation metrics should be shared anonymously or using identifiers.○ While not appropriate in every case, identifiers may strategically reward top performers as well as motivate under-performers to meet normative goals
Defaults	<ul style="list-style-type: none">• In cases where key actors are invested in their current approach, focus with them on <i>integration</i> (rather than replacement) of the new intervention with their current approach• Where actors are <i>not</i> attached to existing defaults, efforts should focus more on “routinization” of the new intervention (e.g., timing of delivery) so that actors need not make conscious choices to engage or “opt in” to new procedures.
Salience	<ul style="list-style-type: none">• From the very beginning of implementation, ensure that intervention materials (e.g., a decision aid) are highly visible and easy to find by implementors<ul style="list-style-type: none">○ Even small problems like searching for 5 minutes to find the materials can act as deal-breaking disincentives.• Identify which aspects of an intervention (e.g. sections of a decision aid) matter most to key actors. Their utility should then be highlighted regularly in communications between key actors and messengers and/or implementers. Accept partial implementation as a potential step toward full fidelity.

Priming	<ul style="list-style-type: none"> • Identify important terms or images that remind actors of key aims or principles of an intervention. Communicate them regularly and consistently. • Terms or images may be associated heuristically with earlier talking points during initial trainings, so that brief references to them (e.g. patient-centeredness) evoke a larger corpus of learned relevant associations (e.g. shared decision making practices).
Affect	<ul style="list-style-type: none"> • Associate positive emotions like joy, contentment, gratitude, pride or empowerment with enacting key elements of an intervention to internally motivate key actors to engage in implementation • Identify (through formative research or early discussions with key actors) which emotions are motivational in their target activities as a first step to associating affect with intervention features (e.g., feeling “empowered” as a patient educator when using a decision aid that conveys patient-preferred information) • Create opportunities for actors to share their experiences so others might be similarly motivated
Commitments	<ul style="list-style-type: none"> • Create forums in which key actors express commitments to participate in implementation in front of peers and/or other influential partners in implementation • Identify (early) key actors’ expectations for <i>reciprocity</i> for their commitments. While some actors participate expecting nothing in return, others’ participation may be contingent on reciprocal commitments from the implementation team (e.g., for training, certification, credit or recognition, etc.) • Reinforce commitments regularly in <i>both</i> private meetings and peer-to-peer forums
Ego	<ul style="list-style-type: none"> • To motivate pro-implementation behaviors, it may be useful to create a (limited) sense of ego-driven competition among key actors. Where appropriate, publicly share actor- or site-level performance in order to institute meritocracy and accountability (see “Norms”) • Identify early (even small) accomplishments to foster a self-image of capability and positive performance among key actors and/or sites

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 For more information about our LVAD Decision Aid, *Deciding Together*, go to
lvaddecisionaid.com.

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