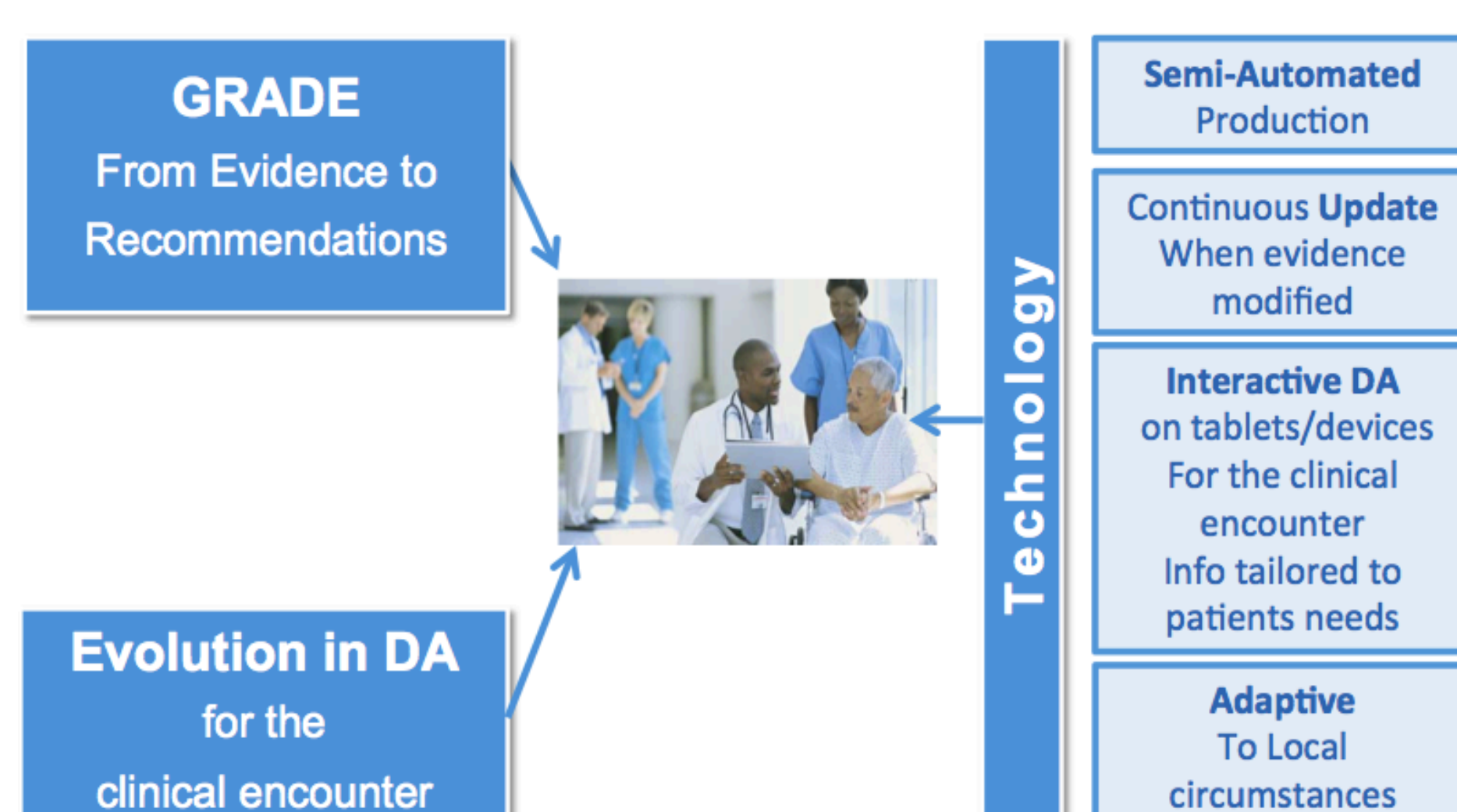


# SHARE-IT : Generic Decision Aids from Guidelines for the Clinical Encounter

## Background

- **Limitations of current DA (N>500)**
  - Production is time-consuming
  - Often not based on current best evidence, or rapidly outdated
  - Most not for the clinical encounter
  - Have not had the desired uptake
- **Generically linking DA to current recommendations using the GRADE framework**, could both
  - ✓ Overcome these limitations
  - ✓ Enhance dissemination and use of the recommendations and their underlying appraised evidence at the point of care

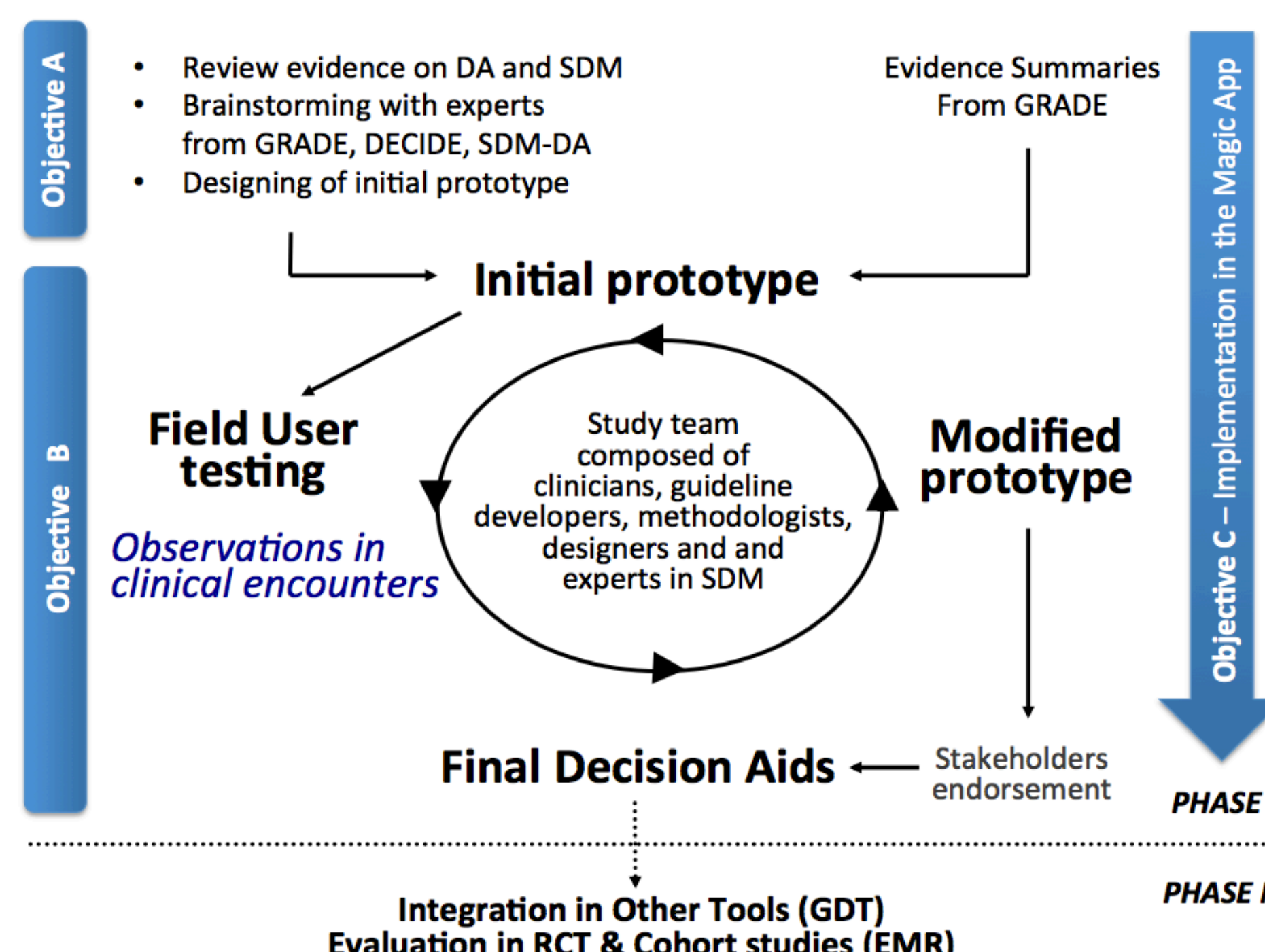
## A combination of opportunities



## Objectives

- Develop a **framework** for the production of generic DA directly from evidence summaries from systematic reviews using GRADE methodology.
- Design a set of interactive and adaptable **presentation formats** for these DA to be used by clinicians and patients in the clinical encounter to facilitate shared-decision making.
- To **test the feasibility** of automatically translating evidence summaries into such interactive DA.

## Methods



- We developed a framework consistent with the **International Patient Decision Aid Standards (IPDAS)** for translating evidence summaries into DA.
- We are currently refining the presentation formats for the DA in an **iterative process** of brainstorming, stakeholder feedback and user-testing in real clinician-patient decision making.
- We are testing the feasibility of a generic and automatic production of such DA by implementing our framework in the **MAGIC App**, an online guideline authoring tool and publication platform ([www.magicproject.org](http://www.magicproject.org)) that can automatically display GRADE recommendations in multilayered formats.

→ Next steps include:

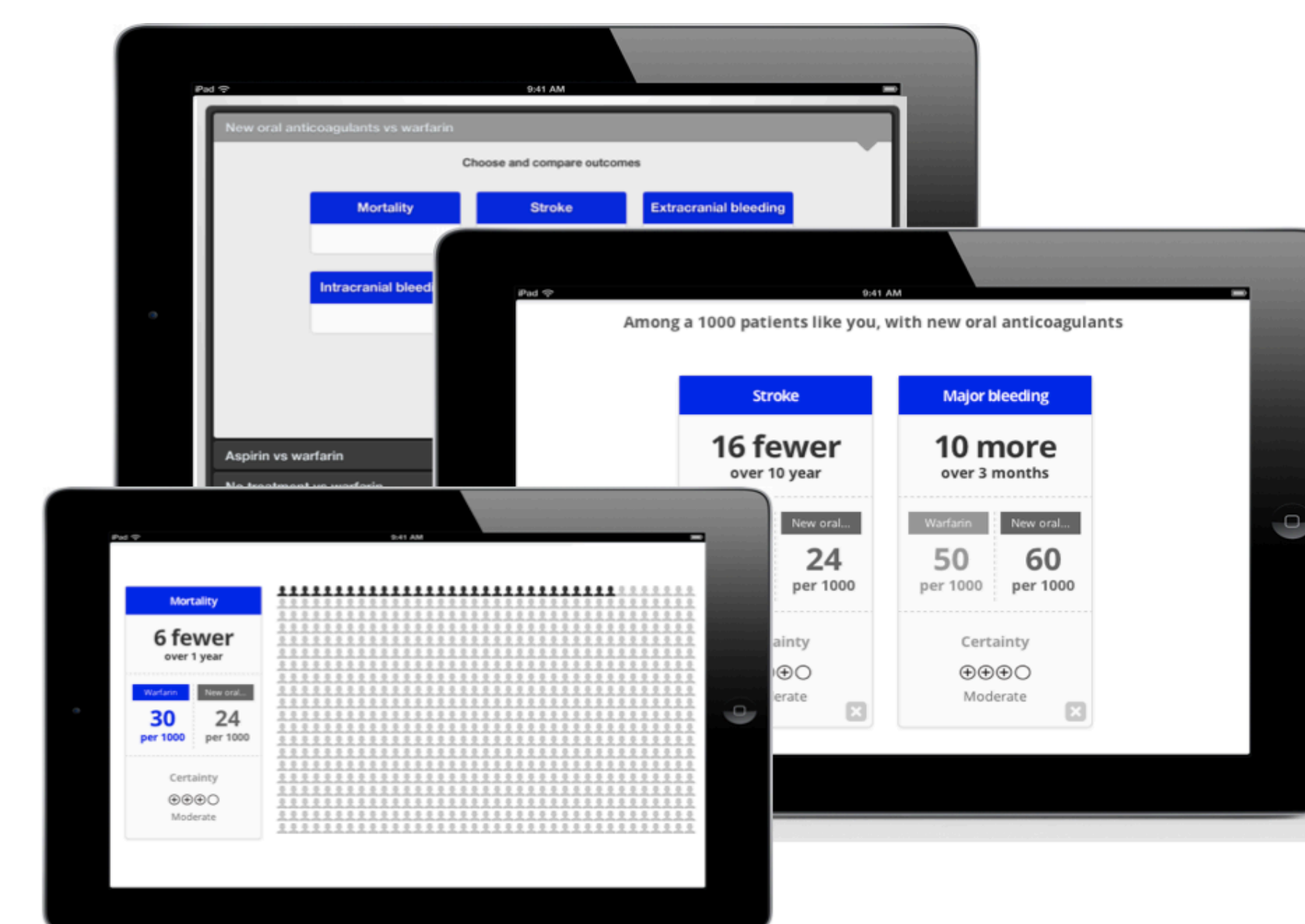
- the implementation of DA in other tools, such as the GDT ([www.guidelinedevelopment.org](http://www.guidelinedevelopment.org)),
- The evaluation of the DA in RCTs and cohort studies.

## Acknowledgements

We thank Frankie Achille (interaction designer) and Deno Vichas and Chris Degiere (programmers) for their contributions in development of the online authoring and publication platform prototype. We also thank the Sykehuset Innlandet HF (Innlandet Hospital Trust) for research grants and The Norwegian Directorate of Health and Den norske legeforening (the Norwegian Medical Association) for grants to allow development of the tools created in MAGIC.

## Results

- Our framework and prototype can translate GRADE recommendations into electronic and interactive DA.
- So far, user-testing on 12 DA has led to 3 major iterations including 22 changes, tested in 2 countries.
- The current prototype is **organized in 3 layers** designed for shared-decision making by displaying:
  - ✓ the list of patient important outcomes
  - ✓ estimates of treatment effects, both as numbers and interactive risk pictographs
  - ✓ Level of certainty (i.e. GRADE confidence in the estimates)
  - ✓ Practical consequences
- The display can be **adapted** to the needs of patients and clinicians, to promote a conversation about treatment alternatives in the **clinical encounter**.



## Conclusion

- ✓ Proof-of-concept that recommendations using GRADE can be translated into interactive DA for the clinical encounter.
- ✓ We are undergoing further user testing.
- ✓ These tools offer innovative methods for enhancing shared decision-making using best current evidence from guidelines.

## Contact Us

Thomas Agoritsas: [thomas.agoritsas@gmail.com](mailto:thomas.agoritsas@gmail.com)



This project has received funding from the European Union's Seventh Framework Programme for research, technological development and demonstration under grant agreement no 258583.

