
POSTER ABSTRACT**Deployment of SHARE model in ADLIFE project to boost Shared Decision Making in a patient-centered approach.**23rd International Conference on Integrated Care, Antwerp, Flanders, 22-24 May 2023Irati Erreguerena Redondo¹, Ana Ortega-Gil¹, Dolores Verdoy¹, Anne Dichmann Sorknæs², Natassia Kamilla Juul², Søren Udbj², Esteban Manuel Keenoy¹

1: Kronikgune Institute For Health Service Research, Barakaldo, Spain

2: OUH, Svendborg Hospital, Oslo, Denmark

Introduction: Serious illness raises the stakes for engaging patients and families in healthcare decisions. They include those with critical life-threatening illnesses, advanced stages of major chronic diseases, or multi-morbidity and frailty. Patients confront debilitating symptoms and impending threats to function, decision-making capacity, and survival. Patients, caregivers, and health care practitioners identify communication and shared decision-making (SDM) as essential components of good care in serious illness. SDM is a process where clinicians and patients work together to clarify treatment, management, or self-management support goals, sharing information about options and preferred outcomes to reach a mutual agreement on the best course of action.

ADLIFE is an EU-funded project to improve the quality of life of older people with advanced chronic diseases by providing integrated intelligent personalized care via a digitally enabled holistic and integrated supportive care ICT Toolbox. ADLIFE care model aims to respond to the individual patient's situation and improve the relationship between patients, carers, and professionals. This patient-centred approach, in which the patient's values and preferences are incorporated, enables the definition of an individualized and personalized treatment for the patient.

Methods: The project seeks to promote, encourage, and offer the possibility of promptly integrating SDM through the Personalized Care Plan Management Platform (PCPMP). From more than 22 accepted definitions of shared decision-making, the project has implemented the adapted SHARE approach (<https://www.ahrq.gov/>) for exploring and comparing care options through meaningful dialogue about what matters most and benefits the patient. The model includes a five-task process:

- (i) Seeking the involvement of the patient (healthcare professional);
- (ii) Helping the patient explore and compare treatment options;
- (iii) Assessing the patient's values and preferences;
- (iv) Making a decision;
- (v) Evaluating the patient's decision after a period of time.

The SHARE approach proposes the involvement of patients and professionals in different tasks such as information transfer, risk communication, and preference elicitation, tailoring options, or broader decision-making. The model offered in ADLIFE to healthcare professionals includes information and evidence that supports the approach, establishing the relation and connection between the tasks and actors involved in the process.

Results: In ADLIFE the SDM process is suggested by the PCPMP. The suggestions appear in specific situations to engage in shared decision-making. Professionals can choose to engage in the process at any other moment. Based on the SHARE approach, professionals will be provided with quick help for each of the five tasks, including the definition of the task, aids for professionals and for patients, and support about how and when to carry out the task (information and materials).

Discussion and Conclusions: The SDM model implemented boosts in a useful way how professionals and patients can be involved in a clinical decision. ADLIFE focuses on motivating healthcare professionals to engage in SDM routinely and promote patient autonomy, involvement, voice, emotions, and trust. The project can ultimately create an SDM culture and encourage and improve the ability and skills of clinicians to perform SDM activities.

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