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### **Shared doctor-patient orthopaedic treatment decisions improve outcomes, patient experience**

**SAN DIEGO, Calif.** (March 14, 2017)—Well-informed patients who decide with their orthopaedic surgeon what treatment is best for them have better outcomes and higher patient satisfaction rates, according to new study presented today at the [2017 Annual Meeting of the American Academy of Orthopaedic Surgeons \(AAOS\)](#).

Shared decision making (SDM), a key component of patient-centered health care, is a process in which doctors and patients work together to make decisions and select tests, treatments and care plans based on clinical evidence (imaging and test results) that balances risks and expected outcomes with patient preferences and values.

Researchers surveyed more than 550 patients with [hip](#) or knee [osteoarthritis](#); a [slipped or ruptured \(herniated\) disc](#) in the lower back; or [lumbar spinal stenosis](#), a narrowing of the space around the spinal cord. An initial survey assessed the patient's knowledge of their condition, preferred treatment (surgical or nonsurgical), baseline quality of life, physical movement capabilities and level of pain. A follow-up survey was administered six months after the initial office visit to patients who had nonsurgical treatment, and six months after surgery for those who had surgery. The follow-up questionnaires focused on treatment, quality of life, regret over their treatment choice and treatment outcomes. Patients with a good understanding of their condition who received their preferred treatment were considered to have made informed patient-centered (IPC) decisions.

The average age of the patients in the study was 63.9. Nearly 53 percent of the patients were female, more than 92 percent were white and 62.6 percent had a college degree. About half of the patients underwent surgery within six months of their initial office visit.

One-third of the patients were deemed "IPC," and at the follow-up assessment these patients had higher scores related to overall and disease-specific quality of life outcomes. These patients also were more likely to be extremely satisfied with their pain management plan (76.7 percent versus 41.9 percent), very or extremely satisfied with their treatment (70.7 percent versus 34.7 percent), and had less regret with their treatment decision (5.2 percent versus 15 percent).

"This study is unique in its evaluation of the implementation of a shared decision making process as part of a real world orthopaedic elective surgical practice," said co-study author Thomas Cha, MD, MBA, assistant chief of surgery at the Orthopaedic Spine Center at Massachusetts General Hospital, and an instructor at Harvard Medical School. "Shared decision making did not just result in better patient experience ratings, but also improved patient outcomes."

"We are committed to improving outcomes after surgical procedures," said co-author Harry Rubash, MD, emeritus chief of the Department of Orthopaedic Surgery at Massachusetts General Hospital and the Edith M. Ashley professor of orthopaedic surgery at Harvard Medical School. "This study found that surgical patients, who are more informed and have a clear preference for surgery, have better outcomes. It highlights the need to focus further on decision making prior to elective surgeries and other treatments."

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[Study abstract](#)

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