Title: ***"The Decision Diner"***
Client: Veterans Administration

VIDEO	AUDIO
Fade up on the exterior of the diner with the name of the diner clearly readable in the window. *Dissolve slowly to diner interior. The cook is at the order window He's a big burley guy similar to "Mel" in the sitcom "Alice," but instead of being in a white t-shirt, he's in a lab coat.*	
	DOC DECISION *(to the clinician/waiters)***:** Kidney pie up. Hold the dialysis.
Cut to inside kitchen as Doc notices camera	*(To Camera)* Oh, hello. Welcome to the Decision Diner. I'm Doc Decision, the Chief of Staff here. I bought this place a few years back when healthcare really started to change.
Camera reveals a menu with two or three options to include: *-Inpatient hospitalization* *-Invasive procedures*	*(references menu)* Our menu didn't offer many choices back then but most of our patrons didn't complain. They pretty much left healthcare decisions up to us anyway.
Doc steps before a dinner food option that offers many options - perhaps a variety of bread choices that a customer could make. Doc has a little difficulty locating the rye bread he needs.	But then the healthcare paradigm began to change. Today, patient rights like informed consent, and advanced directives mean that we have a legal and ethical obligation to our patients to help them understand <u>all</u> of their options and then respect their final choice.

The way we deliver services to our patients has changed too. We used to deliver service in a hospital inpatient setting. Our job was to find the problem and fix it. Kinda like a mechanic.

Doc taste-tests a vat of soup only to discover a very large car spring in the vat. He reacts, discards the spring and continues his monologue.
B-roll of diner with clinicians juggling Rx bottles

Today we're managing illnesses more than curing disease, usually in an outpatient setting. A lot of the folks we see in here are long-time patients with chronic illnesses.

People are much more informed about healthcare today too. I mean, how could they not be? There's more information about healthcare on the news, in the paper, even on primetime television.

Cut to Doc in monitor. Pull out to reveal Doc in the shot, doing a "take" of himself in the monitor.

Sad thing is, some of my staff are having a hard time learning how to share decision making responsibilities with their patients. Take good old Doc Pat Ernalist over at table seven. You'll see what I mean.

Cut to a booth where an older woman is reviewing a menu. The doctor is towering over the table looking down at the patient. It is clear from the clinician's presence, and in everything that is said that the clinician is in control.

DR. PAT ERNALIST: Well, Mrs. Rogers, the best way to treat your bladder control problem, is to use Depends.

MRS. ROGERS *(not hearing him)***:** What?
DR. PAT ERNALIST *(louder)***:** Use Depends. Bladder control is just a symptom of old age.

MRS. ROGERS *(obviously confused)***:** Oh, well, if you say so Dr. Pat. But my daughter was saying something about some kind of other treatment, or maybe even surgery could help me with my problem.

DR. PAT ERNALIST *(smiling smugly):* Now Mrs. Rogers, you let me worry about all of that medical stuff. I've been your doctor for 25 years. I really know what's best for you, don't you think?

Cut to Mrs. Rogers

MRS. ROGERS *(embarrassed to have doubted him)***:** Well, of course Dr. Pat. I'll go buy some <u>*hens*</u> like you suggested, but I really don't understand how they will help me with my bladder problem.

Cut to Dr. Pat as he realizes, Mrs. Rogers hasn't heard him clearly.

(DR. PAT ERNALIST reacts with surprise):

Cuts to Doc Decision "working" in the kitchen (actually, he's building a house with tongue depressors.)

DOC DECISION *(shaking his head as if he's been listening in on the previous scene):* Yea, that's good ole' Pat Ernalist. He has a hard time with this new paradigm of <u>shared</u> decision making.

On the other hand, there are clinicians like Justine Facts out there. She's gone to the other side of the decision-making paradigm.

Cut to a table where we see a grossly over-

weight man. The remnants of a greasy burger and fries are sitting before Mr. Clot.
Justine Facts is in a lab coat. She is holding an order pad, and pulls a number of props from her coat pockets to demonstrate the various treatment options:

Justine fills a helium balloon as she explains this procedure
Justine releases the balloon on the last line and it flies around the diner as it deflates.
Justine pulls a drill with bit, or a hand-held egg beater from her coat pocket and demonstrates the "rotor" motion.

Justine pulls out two Alkacelsor and drops them in a glass of water on the table.

JUSTINE FACTS: Well Mr. Clot, your tests indicate that your coronary arteries are occluding. At this time your treatment options are:

- Balloon Angioplasty—An outpatient procedure in which an expandable balloon is inserted into the occluded artery allowing the blood to flow more freely. The risks include a potential heart attack if a clot is dislodged during the procedure.

- Rotoblade or Artherectomy-- With this procedure, plaque that is blocking the artery is removed through a drilling or scrapping procedure. Again, the risk is that a clot could break loose and trigger an attack.

- We also have drug therapy that you might consider using, where the clot could potentially be dissolved.

For maximum effectiveness with any of these option you will need to quit smoking and dramatically reduce you daily fat intake.

So, what'll it be?

(Patient scratches his head)
MR. CLOT: Gee Doctor Facts, I don't know.

I mean, this stuff sounds pretty risky. What do you think?

(SFX: time-out buzzer sounds)

JUSTINE FACTS: I'm sorry Mr. Clot. I'm afraid the decision is really up to you. You're the one that's going to have to live with the results.

(The patient reacts in shock.)

Cut back to kitchen. Doc Decision is flipping pancakes as he talks to us.

DOC DECISION: Yea, that's Justine Facts. She gives the patient a lot of clinical information, but wants no part of actually making the final treatment decision. Justine really doesn't believe in shared decision making either.

Doc flips a pancake off screen. It seemingly sticks to the ceiling of the kitchen, as Doc reacts, trying to figure out what happened, and how he's going to get this dough off of his ceiling. He continues to the camera…

So exactly what does it take to create a shared decision making model?

Graphic lists the elements of shared decision making:

- *Requires at least the patient and the clinician*

Well, first of all, shared decision making takes at least two people – the clinician and the patient. But most of the time, there are other people that influence our patient's final treatment decision. Patients get all kinds of advice, suggestions and opinions from friends and family members who play a number of different roles in the decision making process.

Cut to Doc Decision in the kitchen. He is taking rolls out of the oven.

The clinician has to remember that treatment decisions are often the result of input from these people. During the assessment and communication process, the individual patient, the family and the whole support system need to be considered.

Dissolve to graphic and build

- *Information must be shared by both the clinician and the patient*

Second, there must be information sharing…that's giving and taking information from both the clinician and the patient.

- *Both clinician and patient are responsible for moving toward a more collaborative model*

And finally, both the clinician and the patient must take responsibility for taking steps toward participating in the decision making process.

Cut to Doc working in the kitchen

Doc moves something heavy, such as a refrigerator

Ultimately, the clinician leads the discussion with the patient, so it's the clinician's responsibility to help move the patient to a more collaborative decision making model.

Fortunately for my business, Pat and Justine are extreme cases. Still, very few of my staff really understood what it takes to adopt a shared decision making philosophy.

That is until Dr. Cole LaBorate came along. He brought a new, collaborative style of communicating with patients. Well, let me tell you, people are waiting in line to be served by Dr. Cole LaBorate. And his clinical outcomes,

well, let's just say no one else on my staff, or anywhere else in town can match his record.

Cut to the counter where a patient is seated, looking rather worried. Dr. LaBorate approaches and leans on the end of the counter, looking eye to eye with Mr. Sweet. LaBorate's body language is relaxed, casual and open.

He's over at the counter. Take a look for yourself.

DR. COLE LABORATE: Hi Mr. Sweet, did you get that garden in yet?

MR. SWEET: Yea, Dr. LaBorate. Just got the tomatoes in last week. The beets, carrots and cucumbers are coming along great.

DR. LABORATE: Well, there's really nothing like a home-grown tomato in my book. So, what can we help you with today?

MR. SWEET: Ah, I don't know Doctor. I've just not been myself lately. I'm eatin' like a horse, but I keep loosing weight. And I can't seem to quench my thirst. My wife thinks it could be diabetes. She's pretty worried about it.

DR. LABORATE *(matching Sweet's tone and affect)***:** A disease like diabetes can be pretty scary, at first. Is there anything else that you've noticed that's not exactly normal for you?

MR. SWEET: Well, now that you mention it.

CU of Mr. Sweet

I have been urinating more than usual. But I just thought that was because I've been drinking so much.

DR. LABORATE *(nodding his head)***:** Sure.

Cut to two shot

Is there anything else?

MR. SWEET: Nothing that comes to mind.

DR. LABORATE: OK. Well, I know you're worried that this could be diabetes. But to know for sure, we'll need to do some tests including a blood test. If the sugar in your blood is above a certain level, it means that symptoms you've been experiencing are the symptoms of diabetes.

Until we know for sure, it's a little early to talk about specific treatments. But I'm curious, what is it that worries you about the possibility of having diabetes?

Cut to MS of Mr. Sweet

MR. SWEET: Well, my uncle has diabetes. He had to have his foot amputated, and now he's confined to a wheelchair. I don't think I could handle that.

Cut to 2-shot

DR. LABORATE: I can understand your concern. But if you take care of your feet and follow some easy precautions, even if you do

have diabetes, it doesn't mean you will loose your foot.

LaBorate hands Sweet brochures

Tell you what. I've got some brochures here on what diabetes is and how it effects the body.

Karen walks into frame with syringe, blood vials, and tourniquet.

We'll have Karen here take a little of your blood and help you schedule those other tests. She'll tell you about the tests and explain what you need to do to get ready for them.

Cut to reverse angle of Dr. Laborate showing Mr. Sweet the section of the brochure to which he is referring.

Since you mentioned that you were concerned about how you have been eating, you may want to look at this section on food choices in the brochures I gave you. It will explain what happens to your food after you eat it. Our dietitian, Sherry Decision is also available to talk with you about your diet. Would you like to meet with her today, or schedule a meeting at another time?

Cut to CU of Mr. Sweet

MR. SWEET: I could meet with her today, I suppose. As long as it's not going to take too long.

Cut to 3-shot

DR. LABORATE: Great. Karen can meet with you first to draw the blood and discuss the other tests. Then you can talk with Sherry Decision. When you go home, you and your wife can discuss the tests and look over the brochures. If it turns out that you do have

Karen begins to prepare Sweets arm for blood

test

diabetes, we can talk about what we can do together to manage it.

If you don't have diabetes, you and your wife will have a little bit more information about the disease and will know more about what to look for in the future. How does that sound?

MR. SWEET: That sounds great, Doctor LaBorate. You've really helped put my mind at ease.

DR. LABORATE: I'm glad I could help. I'll call you when I get the results of your tests.

Cut back to Doc in the kitchen. He's pouring a cup of coffee. He adds cream to the coffee from an IV bag filled with cream.

DOC DECISION *(to the camera):* Now that's the way it ought to be. Healthcare treatment decisions should be a collaborative effort between the healthcare providers, the patient and the patient's support system.

Pull to a wide shot revealing a small fire in a pan on the stove. Doc reaches for a fire extinguisher only to have difficulty removing the pin.

Dissolve to graphic:

- *Engage*
- *Empathize*
- *Educate, and*
- *Enlist*

Doctor LaBorate and his team have a fail-safe communication technique that he uses with all of his patients. It's called "the 4-Es." That's:

- Engage
- Empathize
- Educate, and
- Enlist

Cut to Doc through the order window

DOC DECISION *(through the window to the*

	clinicians as he puts on rubber gloves) Physical up. Administer rectal exam.
Cut to Doc inside the kitchen	*(to camera)* Remember when Mr. Sweet was in earlier? LaBorate went out of his way to engage, or connect with the guy.
Dissolve to clip from earlier role-play of Dr. LaBorate with Mr. Sweet.	*(SOT: "…got the garden in yet…nothing like home grown tomatoes")*
Cut to Doc in the kitchen- *Doc catches a glimpse of himself in the chrome, or in a mirror, stands up tall and pulls in his gut.*	**DOC DECISION** *(to camera)***:** Then LaBorate let Sweet tell his story while he listened. LaBorate matched the patient's body language, and he empathized with what Mr. Sweet <u>didn't</u> say.
Dissolve to earlier role-play with Dr. LaBorate and Mr. Sweet.	*(SOT: "… Something like diabetes can be scary…)*
Cut to Doc in the kitchen. He is in a commencement cap, hood and gown. He pulls down an "anatomy" poster with a stick figure illustration and arrows pointing to obvious appendages such as the nose, ears, etc.	**DOC DECISION** *(to camera)***:** The next step LaBorate takes is to educate the patient. Education is more than providing information. It requires the clinician to assess the patients' ***understanding*** of the information, and then assume that there are questions that the patient isn't asking…well, like Cole LaBorate did.
Dissolve to the role-play with Dr. LaBorate and Mr. Sweet	*(SOT: "…to know for sure…blood test…sugar level is high…here are some brochures on diabetes…)*

Cut to Doc Decision through the order window. He is holding a covered dish at the window.

DOC DECISION *(to the diner)***:** Hemorrhoids up. Hold the surgery.

(to the camera) And throughout the interaction, Cole LaBorate worked to enlist Mr. Sweet in the decision making process.

Dissolve to role-play of Dr. LaBorate and Mr. Sweet

(SOT: "…what worries you most about diabetes?… we can do together to manage...")

Cut to Doc in the kitchen. The pancake for that stuck to the ceiling in an earlier scene now drops into frame and on the grill. Doc does a take before we go to the role-play.

And finally, LaBorate works to get adherence from Mr. Sweet.

Dissolve to role-play of Dr. LaBorate and Mr. Sweet

(SOT: "…you and your wife can read the brochures…learn more about the disease.")

Cut to Doc in the kitchen doing dishes in a frilly, feminine apron

DOC DECISION: Yep, Cole LaBorate is a master at serving up the 4-Es. But he always remembers to do his homework too.

Cut to B-roll of Dr. Cole LaBorate in the diner observing a patron that is sitting in one of his stations.

Before he ever approaches the table, he sizes up the patient:

What is this patient's history in making treatment decisions?

Graphic lists homework points:

- *Patient's decision making history*
- *Cultural or physical barriers*

Are there any cultural or physical barriers, or

religious practices that may keep him or her from really being a partner in the treatment decision?

Dr. LaBorate approaches a booth with a new patron and sits down across from her (we only see the back of the patron's head.)

With this information, Dr. LaBorate is prepared to help move the patient to a more collaborative partnership in making healthcare treatment choices.

Cut to Doc in the kitchen. He's getting ready to use a meat clever on a roast.
On this last line, he comes down with the clever on his hand. He stares at the audience before the impact of the pain hits him (ala Wyle Coyote)
Cut to a montage of shots of Dr. LaBorate working with Mr. Sweet in a collaborative style

Now, of course there are times, like medical emergencies, when the patient can't participate in treatment decision making.

And you can't push a passive patron into a fully collaborative decision-making relationship if that's not what she wants.

But you can help the patient take smaller steps toward a more collaborative relationship.

When patients are involved in the decision-making process, they are more inclined to do <u>their</u> part, no matter how simple, or how life-changing an illness, or procedure may be.

Doc Decision in the front of the diner. His hand is bandaged and he is cleaning-up and preparing to leave.

On his last line, Doc is at the door, holding his

Helping our patients make the best healthcare choices for <u>their lives</u>, and successfully administering the patient's treatment choice improves quality of life. Hey, isn't that what healthcare is suppose to do anyway?

lab coat over his shoulder. He turns down the light switch, walks out locking the door behind him. The camera pulls out as we see Doc walk past the window of the diner.

Think about it.

Audio and video fade to black.