

Cancer Screening. Abubaker-Sharif M, Shusted C, Myers P, and Myers R Thomas Jefferson University, Philadelphia, PA

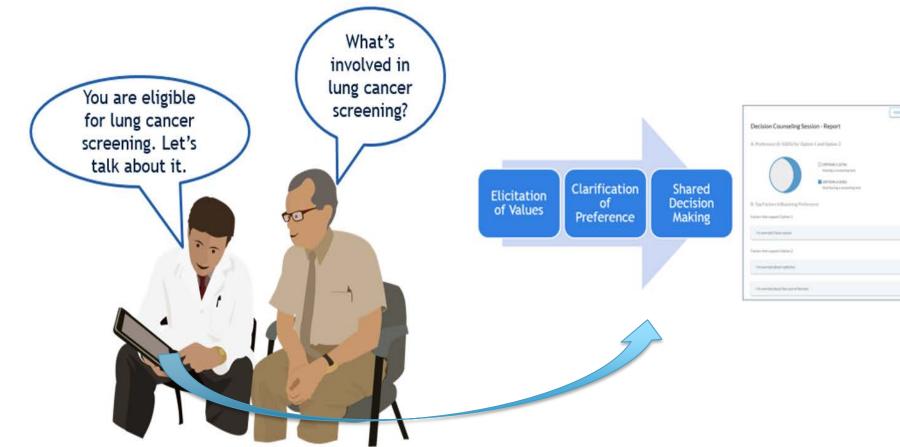
Background

- In 2015, the Centers for Medicare and Medicaid Services (CMS) announced coverage for annual lung cancer screening (LCS) with LDCT for healthy patients who satisfy defined eligibility criteria and undergo shared decision making (SDM)
- SDM occurs when patients are informed about options, patient values and preferences are expressed, there is deliberation about the best choice, and a decision is made
- Reports in the literature indicate that SDM about LCS is infrequent and suboptimal
- We aimed to gain insights into how physicians feel about SDM in LCS and their receptivity to an online decision support tool designed to facilitate SDM (Figure 1)

Methods

- In 2018-2019, research staff conducted 45-60 minute semistructured interviews with primary care physicians who see patients who are eligible for LCS
- The interviews were organized to elicit information about:
 - Perceptions of SDM about LCS in clinical care
 - Impressions of an online software application to facilitate SDM, called the Decision Counseling Program[©] (DCP)
- Interviews were audio-recorded, transcribed, and coded using direct content analysis in NVivo 12

Figure 1. Shared Decision Making and the Decision Counseling Program[©]



This work was supported by a grant from Bristol-Myers Squibb Foundation, *Engaging a Learning Community to* Increase Lung Cancer Screening in Vulnerable Populations

Results

Table 1. Demogr

Gender

Female

Male

Race

Asian **Black**

White

Mean Years in **Practice ± SD**

Perceptions of Shared Decision Making about Lung Cancer Screening

"It (LCS) is still a relatively new test and reminding people (physicians) is needed to reduce the incidence of lung cancer."

"A lot of them (patients) will say, well I'll do whatever you tell me."

"So I don't tell them what they should do. I tell them if you were my father, this is what I would tell you what to do."

Primary Care Physicians' Perspectives on Shared Decision Making about Lung

aphic	aphics of Interviewed Physicians			
	Internal Medicine (n = 9)	Family and Community Medicine (n = 7)	Total (n = 16)	
	5 (55.6%)	3 (42.9%)	8 (50.0%)	
	4 (44.4%)	4 (57.1%)	8 (50.0%)	
	1 (11.1%)	0 (0.0%)	1 (6.3%)	
	0 (0.0%)	1 (14.3%)	1 (6.3%)	
	8 (88.9%)	6 (85.7%)	14 (87.5%)	
	14.78 ± 11.41	18.71 ± 13.38	16.50 ± 12.04	

• Physicians and Patients Have Limited Information **About Lung Cancer Screening and Related Guidelines**

> "I very rarely have patients come in and say that they want lung cancer screening compared to other screenings..."

Patients Rely on Physicians to Guide Them Through **Decision Making About Lung Cancer Screening**

Physicians Believe They Provide Guidance that is **Comparable to Shared Decision Making**

Results (Continued)

• Physicians Report Time as a Barrier to Shared Decision Making

"....it's about picking and choosing the battles that you want to fight at each visit....I'm not gonna spend all my energy convincing them to get lung cancer screening if I can't get them to take their medicine for diabetes..."

Perceptions of the Decision Counseling Program ©

• Physicians Feel the Decision Counseling Program[©] Can Standardize the Shared Decision Making Process

> "I think it (the DCP) standardizes the process and eliminates some bias."

Physicians Feel it is Important to Tailor the Decision Counseling Program[©] to Meet Patient Language, Cultural, and Health Literacy Needs

"I think you need to make sure it's at a low literacy level for people to understand...I would probably use pictures."

• Physicians are Receptive to Integrating the Decision Counseling Program[©] into the Clinical Workflow

> "I think figuring out how to move people like you (researcher) into settings where....you and your peers can provide decision support would be helpful."

Conclusions

- Physicians and patients have limited information about LCS
- Physicians feel as though they provide useful guidance to patients about LCS
- Physician SDM performance is limited due to time constraints in the clinical workflow
- Physicians are receptive to a decision support tool that meets patient needs and can be incorporated into the clinical workflow
- Further research is needed to determine how health systems can facilitate SDM about LCS to reach vulnerable populations

