Variations and Deficiencies in Shared Decision Making Discussions & Documentation for CT Lung Cancer Screening:

A Survey of Patient Perspectives & Electronic Medical Records
Purpose

• Shared decision making incorporation into CT lung cancer screening poses a unique opportunity in aligning imaging with patient centered care.

• Demonstration of the impact this process has on patient satisfaction, engagement in care and outcomes has the potential to revolutionize oncology screening.

• However, the level of success in achieving true shared decision making prior to screening remains unknown.

• This study aims to examine the patient’s experience and evaluate provider documentation formats to ascertain our current baseline and potential improvement strategies.
Methods Used

• Utilized our institutional lung cancer screening database and separated participants into declined and enrolled groups. All participants were eligible for CT lung cancer screening.

• A telephone survey was conducted consisting of 20 questions regarding the shared decision making discussion with their provider for 85 patients who declined and 90 patients who enrolled.

• Questions addressed the use of decision aids, utility of information, smoking counseling, duration of discussion, patient engagement, treatment options and assessment of shared decision.

• Clinic notes were reviewed for 7 CMS required elements.
Most Influential Factors in Weighing Screening Decision for Patients

**Most Common Reasons to Enroll (%)**

- QUALITY OF LIFE: 9%
- PERCEIVED HIGH RISK: 21%
- EARLY DETECTION: 59%

**Most Common Reasons to Decline (%)**

- TOO MANY HEALTH ISSUES: 5%
- CONCERN ABOUT RISKS: 9%
- DOCTOR’S INSISTENCE/DECISION: 13%
- NOT INTERESTED IN KNOWING: 47%
Deficient Use of Decision Aid(s)

CT Lung Cancer Screening Enrollees: Use of decision aid(s) during shared decision conversation

- 85% No Decision Aid
- 15% Used Decision Aid

Declined CT Lung Cancer Screening: Use of decision aid(s) during shared decision conversation

- 89% No Decision Aid
- 11% Used Decision Aid
CT Lung Cancer Screening Enrollees: Do you feel it was a shared decision with your provider?

- Yes: 38%
- No: 62%

Declined CT Lung Cancer Screening: Do you feel it was a shared decision with your provider?

- Yes: 39%
- No: 61%
Deficiency of Shared Decision Making Components from the Patient’s Perspective

Patient Recall of Screening Discussion Elements with Provider (in %)

- BENEFITS: 35%
- HARMs-OVERDIAGNOSIS/False +/- Radiation: 14%
- Impact of Comorbidities: 0%
- Willingness to Undergo Treatment: 14%
- Cigarette Smoking Counseling: 78%
Despite specific minimum requirements for documentation in the medical record only one of the elements was recorded more than 50% of the time.

None of the clinic notes listed the decision aid(s) utilized.

No counseling documentation listed a specific cessation specialist referral.
EMR Documentation of Shared Decision Making

- **45%** No documentation
- **25%** EMR Template
- **30%** Personalized documentation

- Despite the availability of a recommended EMR template and best practice reminders, it was not utilized.
- Lack of standardization and universal knowledge of the required CMS elements limited successful discussion and documentation.
Potential Role for Radiologists as Educators

• Radiologists should be integral in selecting the decision aid and tailoring it to the institutional experience based on our database.
• As experts we should empower our referring providers by educating them about the harms, benefits, protocol and expected patient experience/follow up.
• Direct patient communication via informational seminars, patient portals or webinars can be impactful way to ensure optimal education.
• Post-enrollment contact via telephone, email or electronic medical record may be essential for a patient outlet for discussions.
Reformat CT Lung Cancer Screening Requisition

- Re-design requisition to include all of the CMS elements.
- Require specific selection of eligibility criteria, the decision aid used and potential impactful comorbidities.
- Order set to include institutional/local/state tobacco cessation interventions and referrals.
87% of patients wanted a decision aid to review prior to their clinic visit.

Potential to expand and expedite screening information to eligible patients via identification from querying electronic record.

Deliver via snail mail, patient portals, email, phone/tablet applications or information sessions.

Incorporate with pre-visit paperwork.
Final Thoughts

- Shared decision making requires rigorous application of a standardized process by invested and knowledge providers.
- Our analysis suggests wide variation and effectiveness of these discussions.
- Despite radiologists focal point on imaging interpretation, it is imperative we ensure the integrity of radiologic cancer screening.
- We need to augment our role in pre-screening information and referral collaboration.