

# Shared Decision Making in Cancer Screening

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# Pre-activity assessment

- Please open the manila folder in front of you and take a few minutes to fill out the YELLOW-banded side of the form.
- When you are done, please close the folder and push it slightly to the center of the table, keeping it in front of you.

# Disclosures

- **Sarina Schrager:** Nothing to disclose
- **Toby Campbell:** Nothing to disclose

Additional planning committee members:

- **Jon Keevil:** Founder and CEO of HealthDecision, LLC
- **Marianna Shershneva:** Forefront Collaborative employee
- **Regina Vidaver:** Nothing to disclose
  
- **Project funding:** UW Health Innovations Grant program

# Objectives

- Review how cancer screening recommendations provide an opportunity for a shared decision making (SDM) conversation
- Demonstrate shared decision making using breast and lung cancer screening decision aids
- Practice different techniques for engaging patients in the decision making process

# USPSTF Grading

Grade	Definition	Suggestions for Practice
<b>A</b>	The USPSTF recommends the service. There is high certainty that the net benefit is substantial.	Offer or provide this service.
<b>B</b>	The USPSTF recommends the service. There is a high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.	Offer or provide this service.
<b>C</b>	The USPSTF recommends selectively offering or providing this service to individual patients based on professional judgment and patient preferences. There is at least moderate certainty that the net benefit is small.	Offer or provide this service for selected patients depending on individual circumstances.
<b>D</b>	The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits.	Discourage the use of this service.
<b>I</b> Statement	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.	Read the clinical considerations section of the USPSTF Recommendation Statement. If the service is offered, patients should understand the uncertainty about the balance of benefits and harms.

# Lung Cancer Screening

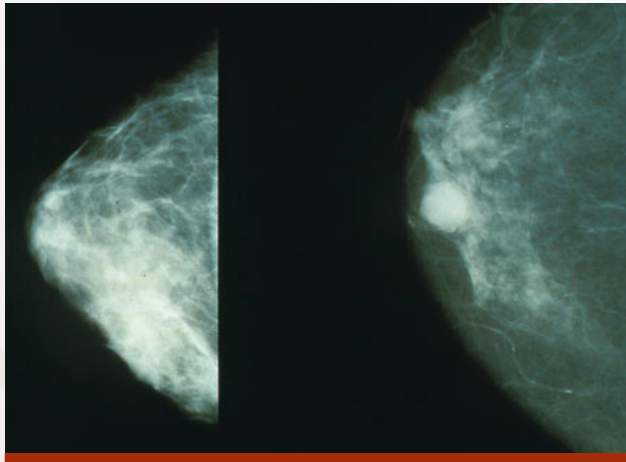
- USPSTF “B” recommendation
- CMS requires SDM conversation in order for it to be covered



**Age 55-80 years  
30+ pack-year smoking history  
Currently smoking or  
quit within the last 15 years**

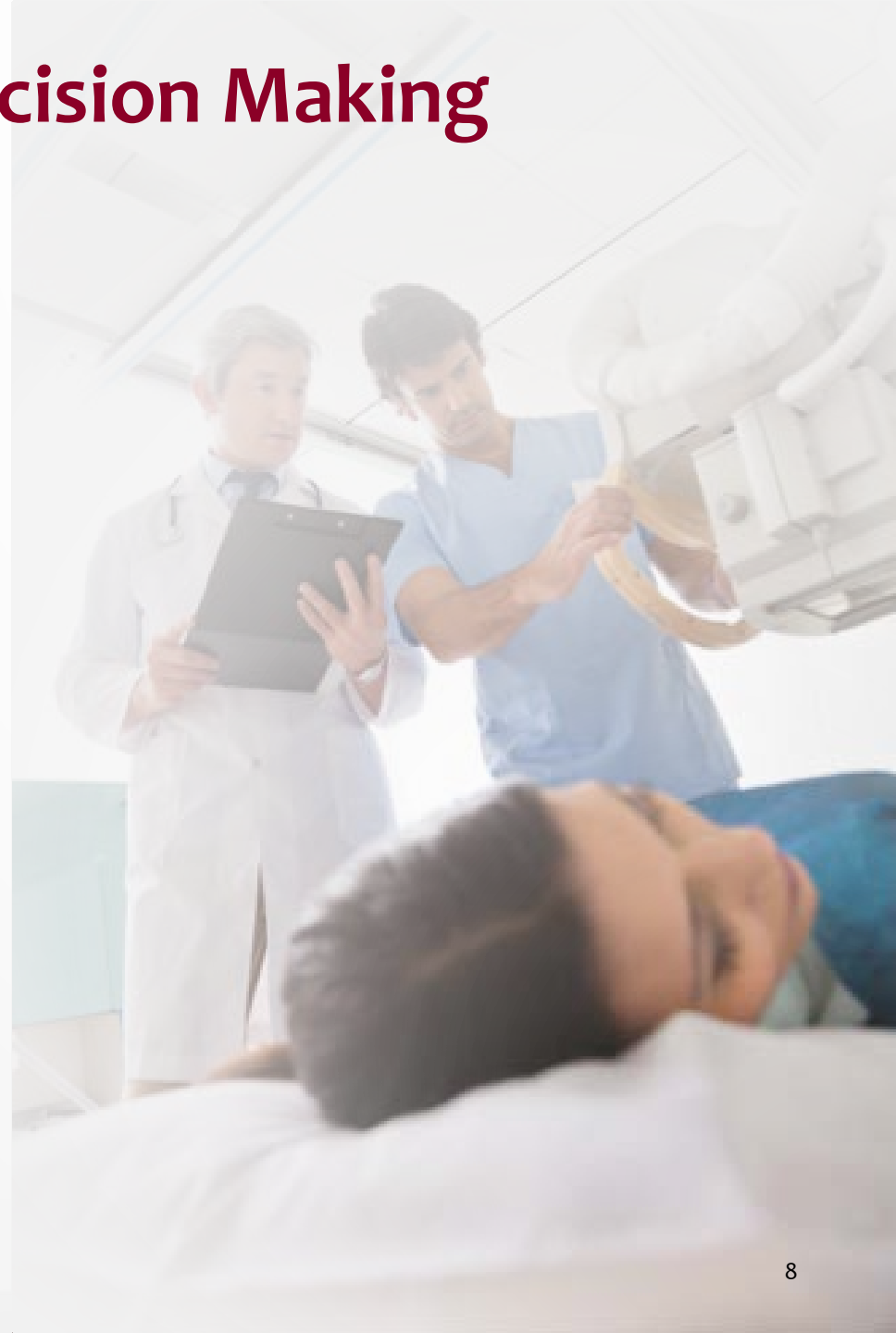
# Breast Cancer Screening

- For women <50:
  - USPSTF “C” recommendation
  - Recommend SDM to discuss individual preferences
- For women 50-74:
  - USPSTF “B” recommendation for biennial exams



# Barriers to Shared Decision Making

- Patient values
- Clinician values
- Availability of resources
- Previous experience
- Potential harms

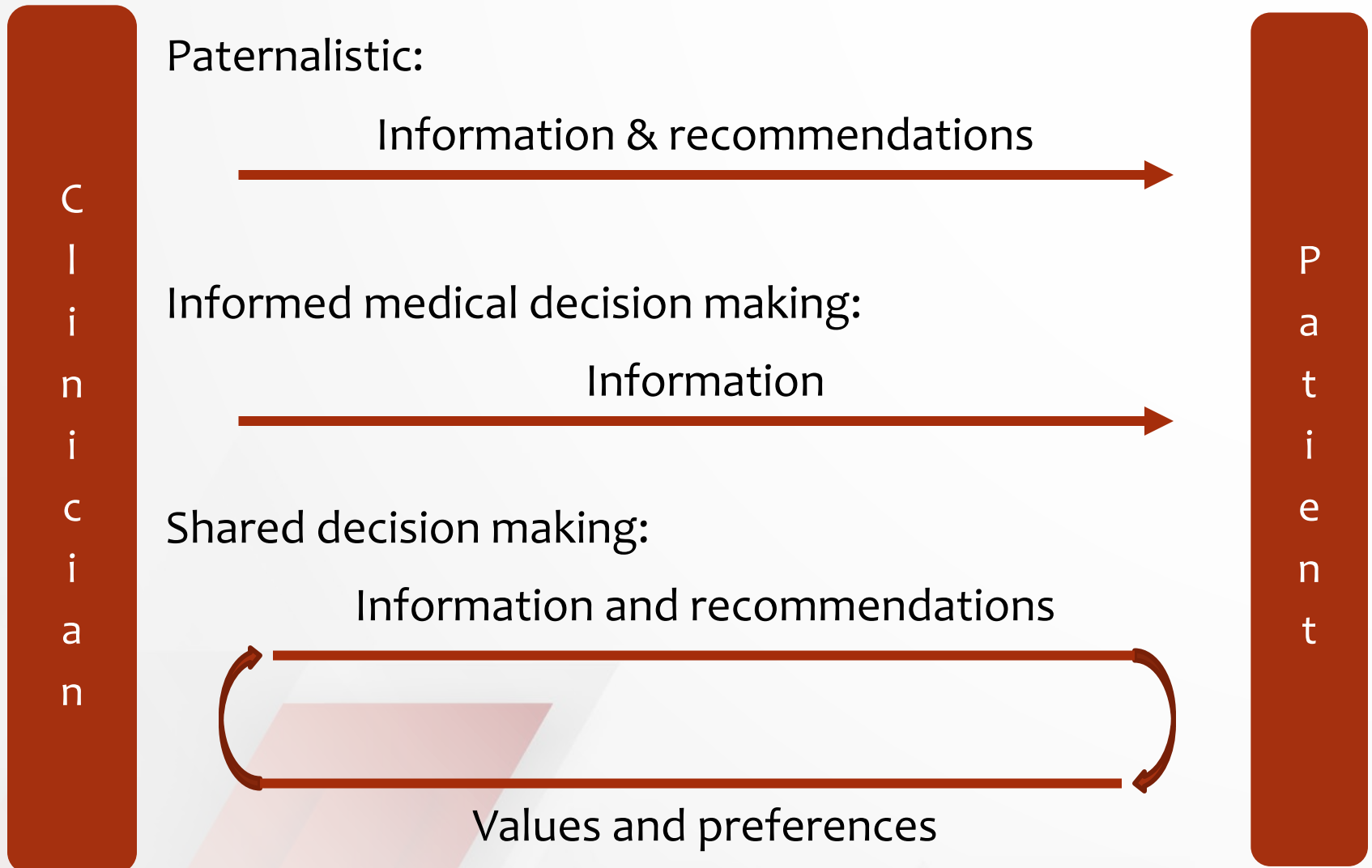




# Role of Communication Training



# What Is Shared Decision Making?

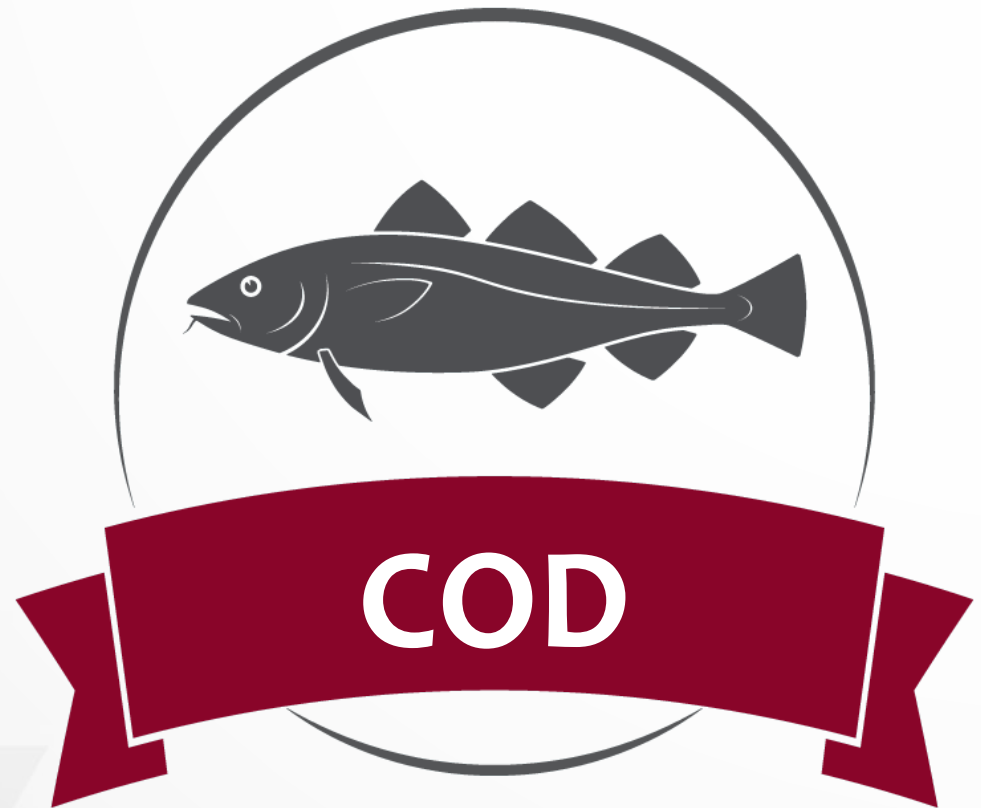


# Why Should We Do Shared Decision Making ?

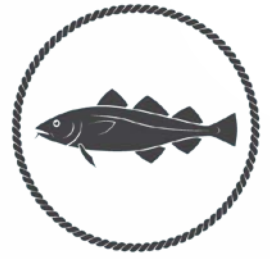
- Increases patients' knowledge
- Increases the proportion of people who have an accurate risk perception of the disease
- Increases the proportion of people who choose an option that is in line with their values
- Decreases decisional conflict
- Has a positive effect on clinician-patient communication (may improve satisfaction)
- Has a variable effect on length of visit (from -8 minutes to +23 minutes, with a median increase of 2.5 minutes per visit)

# Essential Shared Decision Making Elements

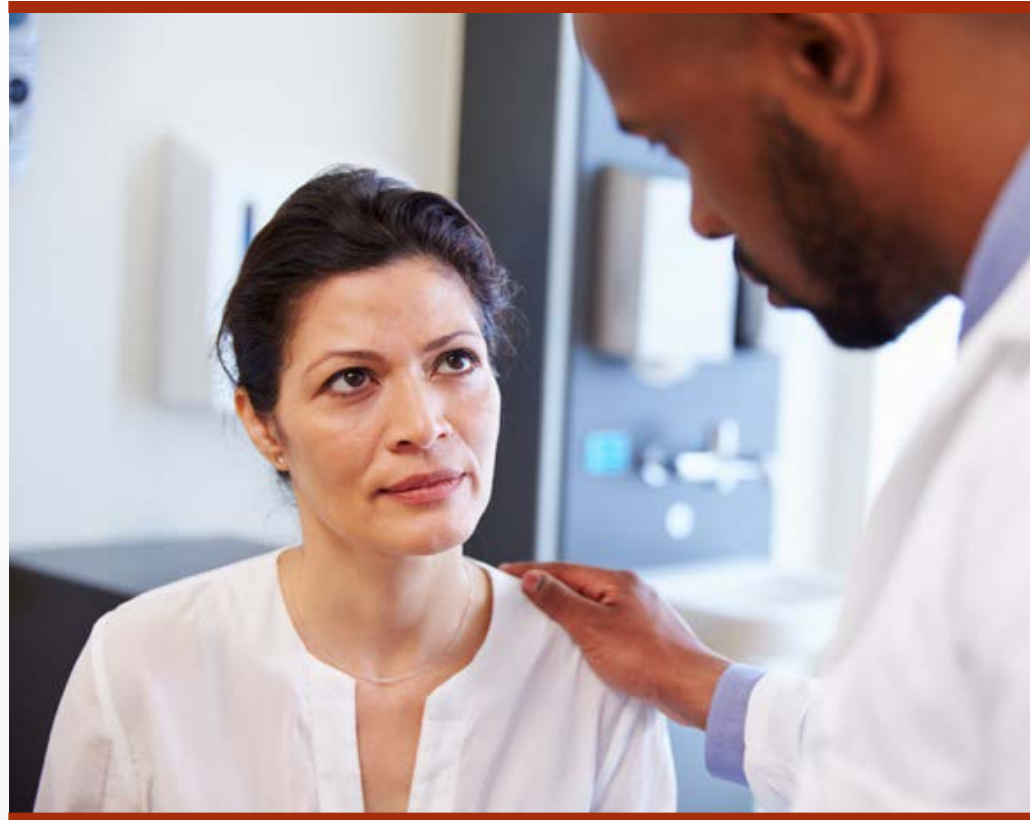
1. **C**hoice talk
2. **O**ption talk
3. **D**ecision talk



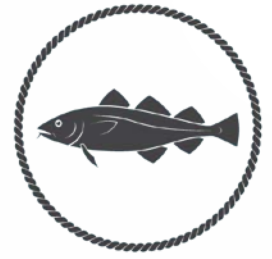
# C: Choice Talk



- Invite the patient to the choice
- We're going to do this together



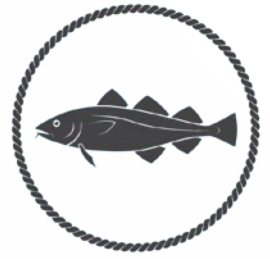
# O: Option Talk



- Provide pros and cons
- Use the patient decision aid tool!
- Check understanding



# D: Decision Talk



- Elicit patient preferences
- Arrange next steps



# Potential Shared Decision Making Scenarios

Fixed Opinion



“I know what to do!”

Doctor Knows Best



“Tell me what to do!”

Open to Options



“Let’s talk about it.”



# Video

- Use of the patient decision aid tool in action

[CLICK HERE FOR VIDEO](#)

# Small Group Work

- Arrange into groups of 5-6
- Your instruction packet is in the manila envelope in the center of the table

# Evaluation

- Please open the manila folder in front of you, turn the sheet over and fill out the PURPLE-banded side of the form.
- When you are done, please close your folder. Staff will collect them.
- Next, we want to hear from you!