A systems engineering approach for disseminating and implementing shared decision making around breast and lung cancer screening using decision aids embedded in electronic health records

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Background
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Value of SDM

Shared Decision Making (SDM) • Comprehensive training curriculum developed by a multidisciplinary team • Training incorporates CD model (Choice Talk, Option Talk, Decision Talk) • Curriculum uses contemporary care clinics (one urban and one rural family medicine clinic, one urban and one rural general internal medicine clinic). One family medicine site is a Federally Qualified Health Center. • Includes use of benefits and barriers to clinic staff through practice facilitation meetings and tailored for each clinic based on their needs • Implementation is in progress for all four sites

Results to date • Clinic change team used Nominal Group Brainstorm Technique characterized by research team members to identify and rank top ideas for • Top ranked methods are used to inform a workflow change or interventions for each individual clinic

Common barrier themes across 4 pilot clinics: • Lack of time • Patients have other priorities during clinic visit • Patients may have low preference about cancer screening (positive or negative) • Patients may call for mammograms without a clinic visit, circumventing the opportunity for SDM • Clinicians and not familiar with and/or comfortable using DAs • The lung cancer DA is more difficult to find in the UW Health EHR (whereas the mammography DA is included in the health maintenance section) • Unfairly with lung cancer screening guidelines • Smoking history may be unclear or not up to date in EHR

Examples from 4 pilot clinics: • Medical assistants identify patients eligible for cancer screening and leave laminated cards to flag clinician to initiate SDM • Expand pre-visit planning to identify patients eligible for screening • Use questionnaires about cancer screening to patients to prepare them for a SDM conversation • Place patient education materials in room (handouts, posters, etc.) • Incorporate SDM and DA training into everyday workflow • Develop workflows to collect accurate smoking histories • Work with EHR vendor to include lung cancer screening in health maintenance listing

Conclusions and next steps • Primary care clinicians see value in SDM, but <10% consistently use DAs available in their EHR • Use of DAs increased after a SDM training workshop, but the increase was temporary • Use of the DA for lung cancer screening was more challenging than for mammography, possibly due to inaccessibility of the lung cancer screening DA in the EHR and less familiarity with lung cancer screening • The clinic implementation phase will conclude in 2019 with development of dissemination and implantation strategies to follow • Results will inform development of a tool kit summarizing best practices for SDM, which can be applicable to any clinical encounter requiring a decision

References
*Available at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5334467/
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