Studying how to help primary care teams personalize substantive, everyday decisions
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**STUDY #1:** Doctors have limited time for personalizing preventive care
On average, to carry out full shared decision making (SDM)* for all highly recommended preventive care services:

- **29 Mins** per workday...
- **2-2 Mins** per appointment

...But they **NEED**
- **6.1 Hours** per workday...
- **26 Mins** per appointment

*SDM = Shared decision making, the conversation that happens between a patient and their healthcare professional to reach a health care choice together*

How can we increase primary care team ability to personalize care?

**STUDY #2:** We developed evidence that doctors can use to personalize...
**Lung Cancer Screening**

- **29 minutes** Patient face-time available for prevention
- **2.4 hours** Patient face-time needed for prevention
- **7.7 hours** EMR, task work, administrative tasks, and all other work time

**Lung Cancer Screening**
Annual scan where doctors use a low-dose computerized tomography (LDCT) scan of the lungs to look for lung cancer

**Eligibility Criteria**
- 50-80 Years old; 30-pack-year smoking history; current smoker, or quit within the last 15 years
- Pack-year smoking history = # packs of cigarettes per day * # years of smoking

**For whom are the health benefits so large that we should REGULARLY RECOMMEND?**

- **52.9%** of sample

**For whom is it a TOUGH decision?**

**Preference-Sensitive**

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<thead>
<tr>
<th>Lower lung cancer risk (annual risk &lt;0.3%)</th>
<th>Limited life expectancy (&lt;10 yrs)</th>
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<tbody>
<tr>
<td>Net benefit depends on patient’s degree of dislike</td>
<td>47.0% of sample</td>
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**STUDY #3:** We used that evidence to make a novel web tool...
**Lung Decision Precision**

We are studying how this tool can help teams quickly personalize screening

How do we use the tool in clinic, when there is typically <5 minutes to discuss screening? The link to Lung Decision Precision has been added to the initial Lung CA Screen (Provider clinical reminder in CPRS).

- Click on the box in the clinical reminder. Use the link to go to the tool.
- This helps you track how the tool impacts screening decisions.
- Answer 5 questions about your patient.
- These factors are highly predictive of risk of developing lung cancer.
- View the risk line to see how to discuss screening based on your patient’s lung cancer risk.

How does the tool inform screening discussions?

**"Green zone patients"**
- This person’s lung cancer risk is so high that screening is typically a good idea.
- For those highest-risk patients, it is important for PCPs to recommend screening

**"Yellow zone patients"**
- This person’s lung cancer risk is too low that the benefits and harms of screening are finely balanced.
- It is important for PCPs to convey to these patients that whether screening is appropriate depends highly on the patient’s views about the pros and cons of screening.

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