

Studying how to help primary care teams personalize substantive, everyday decisions

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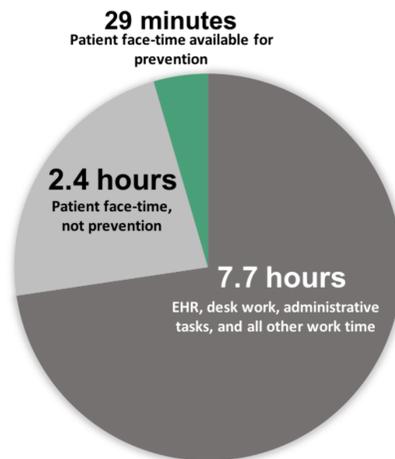
STUDY #1: Doctors have limited time for personalizing preventive care



BMJ. 2018; 363

On average, to carry out full shared decision making (SDM)* for all highly recommended preventive care services:

Doctors **HAVE**
29 OR **1-2**
 Mins per workday... Mins per appointment



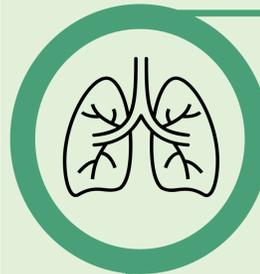
...But they **NEED**
6.1 OR **26**
 Hours per workday... Mins per appointment



*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



Lung Cancer Screening

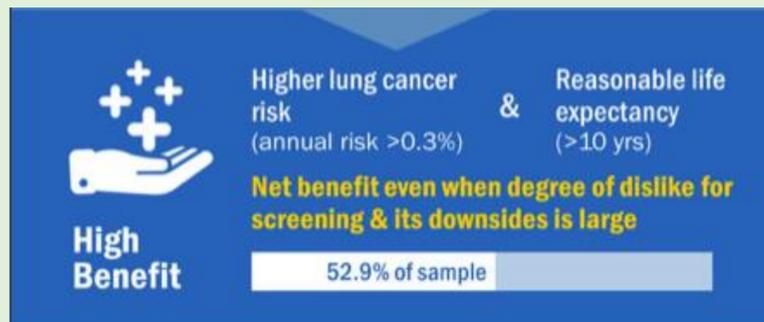
Annual scan where doctors use a low-dose computerized tomography (LDCT) scan of the lungs to look for lung cancer

Eligibility Criteria

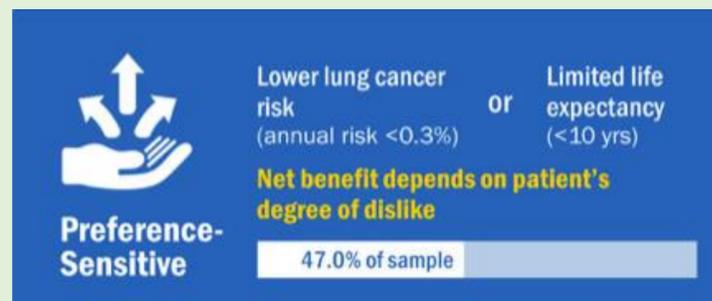
50-80 Years old; 30-pack-year smoking history; current smoker, or quit within the last 15 years

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?



For whom is it a TOUGH decision?



Ann Intern Med. 2018;169(1)

STUDY #3: We used that evidence to make a novel web tool... Lung Decision Precision



share.lungdecisionprecision.com

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

How do I 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 us 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.

This process should take about 1 minute, leaving a few minutes for the screening discussion. If you have more time and the patient desires more information, the tool also has features to help with shared decision making and to document the discussion.

How does the tool inform screening discussions?

"Yellow-zone patients"

- This person's risk of developing lung cancer is low enough 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

"Green-zone patients"

- This person's lung cancer risk is so high that screening is typically a good idea
- For these highest-risk patients, it is important for PCPs to recommend screening

