

## Health Policy Forums

### Changing Patient and Physician Behavior: Moving Toward Informed and Shared Decision-Making

**Ronald E. Myers, PhD, DSW**

*Director, Division of Population Science  
Professor, Department of Medical Oncology  
Thomas Jefferson University*

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Dr. Myers spoke to a standing room only audience at a recent Health Policy Forum where he discussed the impact of decision aids and decision support interventions used to facilitate informed decision-making in cancer care. Dr. Myers has dedicated much of his career to cancer control and prevention. He is currently Director of the Division of Population Science in the Department of Medical Oncology at Thomas Jefferson University.

Myers started with an explanation of the basic elements and definitions of patient-centered care and decision support interventions. Decision support interventions are designed to help people think about choices and why a choice exists; they can be used for a one way-delivery of information to patients (non-mediated) or in a context of a two-way interaction between a patient and provider. Decision support interventions may include print materials, audiovisual recordings, computer-based applications, oral or scripted presentations, and decision counseling.

Myers went on to highlight criteria described in the International Patient Decision Aids Standards (IPDAS). For example, patient decision aids should: provide information about options in sufficient detail; present probabilities in an unbiased understandable way; include structured guidance in deliberation and communication; use up-to-date scientific information; disclose conflict of interest; and use plain language. Although many clinicians are aware of patient decision aids, few currently use them. The main barriers identified are lack of awareness and resources.

In order to help the audience understand current research and implementation of patient decision aids, Myers used the example of informed decision-making in prostate cancer screening. In general, most primary care physicians do not engage in a discussion with patients when recommending or performing screening for prostate cancer; therefore, many men do not make an informed or shared decision. A recent study revealed that men who received informed decision counseling in primary care settings

increased their knowledge about prostate cancer and screening; increased the completeness of informed decision-making in physician-patient encounters; and lowered screening use. This intervention however, had no effect on patient decisional conflict.

In summary, Myers shared his thoughts on the implications for the future, which include the development of new support methods and clarification of appropriate measures of success, along with research related to patient-centered outcomes. He stressed that health care reform legislation may facilitate decision support research, implementation and dissemination.

***For information on the Center for Health Decisions visit: [http://www.jefferson.edu/jmc/medical\\_oncology/divisions/population\\_science/chd/index.cfm](http://www.jefferson.edu/jmc/medical_oncology/divisions/population_science/chd/index.cfm)***

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