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Clinician Perspectives on Factors Affecting Shared Decision Making about Lung Cancer Screening

Mohammad Abubaker-Sharif
Thomas Jefferson University

Melissa DiCarlo, MPH, MS
Thomas Jefferson University

Ronald E. Myers, PhD, DSW
Thomas Jefferson University

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Mohammad Abubaker-Sharif
SKMC Class of 2021
SI PHR Abstract
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Clinician Perspectives on Factors Affecting Shared Decision Making about Lung Cancer Screening

Background/Objective. In 2015, the Centers for Medicare and Medicaid Services (CMS) announced coverage for annual lung cancer screening (LCS) with low dose computed tomography (LDCT) for individuals who are 55 to 77 years of age, have ≥ 30 pack years of smoking history, and undergo shared decision making (SDM) prior to screening. Most referrals for LCS are initiated in primary care. Currently, little is known about how primary care physicians view SDM and barriers in practice to SDM about LCS. This study aimed to gather information to help fill these knowledge gaps.

Methods. I worked with senior leadership in the Department of Medicine to identify a set of internal medicine physicians at Thomas Jefferson University (TJU) and contacted them via email requesting their participation in an interview about SDM in LCS. I developed an interview guide that included questions about the following: understanding of SDM, perceptions about SDM in LCS, and receptivity to use of an online decision support intervention (DSI). I completed in-person, audio recorded interviews, which were transcribed for analysis. I then analyzed the interview transcripts using NVivo qualitative analysis software.

Results. Nine physicians were interviewed from a pool of twenty-three physicians over a period of three weeks. With regards to understanding of SDM, physicians were in agreement that SDM is a joint decision based on a discussion about the risks and benefits of an intervention that considers patient values and medical status. Physician perceptions of SDM in LCS was influenced by patient comorbidities, LCS controversies and complexity, and limited office time.

Receptivity to using an online DSI was generally positive and particularly favored its patient education component and easing of physician workload.

Conclusions. Observations from this study highlight a common general understanding of SDM, yet mixed approaches to SDM in LCS. Strong support also exists for a DSI that educates patients about LCS and saves physicians time. Future steps include interviewing a set of family medicine physicians to investigate potential differences in viewpoints compared to internal medicine physicians.