

Beyond the Ivory Tower: Implementing patient decision aids in community-based primary care

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Setting

- Efforts focused on community-based primary care practices in underserved neighborhoods of Los Angeles.
- Most were solo-practitioner offices.
- Most had limited infrastructure and staff.
- Practice organization and management ranged from well-run to total chaos.

Implementation Models

- Consultation-based review of decision aids in 12 practices:
 - » Phase I – Pamphlets about prostate and colon cancer screening
 - » Phase II – Video decision aids about prostate and colon cancer screening

Greatest Success

- Two practices were able to work completely independently in implementing patient review of decision aids immediately prior to a consultation.
- More capable practices:
 - » Had adequate infrastructure to support use of decision aids.
 - » Had predictable clinical workflow.
 - » Had collaborative work environments.
 - » Had enthusiastic support from physician, staff or both.

Implementation Models

- Prescription-based implementation model in 4 practices:
 - » Phase III – Weekly academic detailing
 - » Phase IV – Academic detailing and modest financial incentive (\$15) for each decision aid prescribed

Greatest Success

- Successful implementation of prescription-based model in 3 of 4 clinics.
- Success being defined as:
 - » Continuous prescribing of decision aids to patients over 12-14 months.
- Making decision aids available to disadvantaged patient populations, who valued the tools as much as other patients.

Mnemonics & Promotional Material

AVAILABLE VIDEO PROGRAMS

- a. Colon cancer screening – Deciding what's right for you**
- b. Ovarian cancer – Reducing your risks**
- c. Acute lower back pain – Managing your pain through self-care**
- d. Early stage breast cancer – Choosing your surgery**
- e. Early breast cancer – Hormone therapy and chemotherapy – Are they right for you? **
- f. Managing menopause – Choosing treatments for menopause symptoms**
- g. Living with heart failure – Helping your heart day-to-day
- h. Peace of mind – Personal stories about Advanced Directives**
- i. Diabetes – Making lifestyle changes to last a lifetime
- j. Chronic Pain – Living better with chronic pain
- k. Knee Osteoarthritis
- l. Hip Osteoarthritis

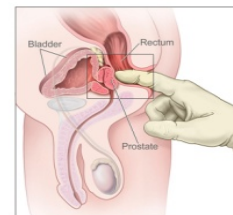
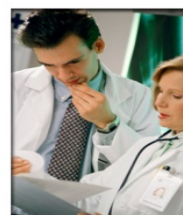
PSA TEST

IS IT RIGHT FOR YOU?



This shared decision-making® video is for men who are over 45-50 years old and are considering a PSA test for prostate cancer screening. The video discusses:

- The nature of prostate cancer
- Complications that may occur during treatment
- Tests used to detect prostate cancer:
 - Biopsy
 - Digital rectal exam
 - PSA test
- Treatment choices for prostate cancer: surgery, watchful waiting, hormone treatment, and radiation
- Pros and Cons of PSA testing



Please ask your doctor for information and a free video.

A SHARED DECISION MAKING® PROGRAM

Prescription Trends

| Practice | Phase III | Phase VI | Change |
|---------------|-----------|----------|--------|
| 1- South LA | 6.7 | 10.2 | ↑ 52% |
| 2- East LA I | 9.2 | 3.5 | ↓ 62% |
| 3- East LA II | 5.7 | 8.0 | ↑ 40% |
| 4- Carson | 4.2 | 17.8 | ↑ 353% |
| Mean | 6.5 | 9.9 | ↑ 53% |

Greatest Disappointments

- Overall, limited interest in decision aid implementation among community physicians.
- 201 practices were contacted to identify 12 who agreed to participate (6%).
- Financial incentive produced modest overall increase in decision aid prescribing.
- Practice that showed the greatest impact allowed the financial incentive to go to staff.
- But, staff were more interested in \$ than patient eligibility for programs. Significant number of programs were given to patients without clear indication.

Next steps

- Implementing patient decision aids in small community-based practices in the face of competing demands and limited resources is challenging.
- Current efforts are focused on a large multi-specialty physicians group with significant infrastructure support, ongoing quality improvement efforts and EMR.