

## *Findings from a National Survey of Physicians*

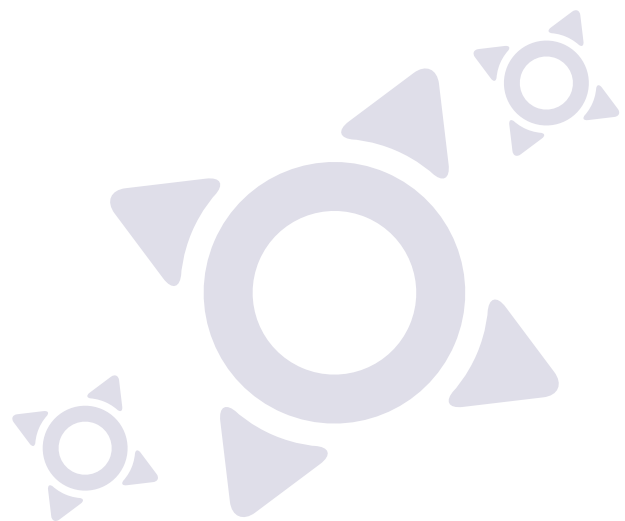
Conducted by Lake Research Partners

February 2009

### Introduction

Increasingly, patients are faced with medical decisions that have many options, uncertain outcomes, and benefits and harms that are valued differently by each individual. Shared decision-making (SDM) recognizes the importance of having patients and providers work together to select tests and treatments. Patients and providers bring different expertise to the decision. Providers are mainly responsible for assimilating and appropriately applying evidence-based information and patients are responsible for sharing their preferences. Using SDM, well informed patients and providers can determine which choice matches what is most important to patients – delivering high quality care that is both evidence-based and patient-centered.

The Foundation for Informed Medical Decision Making (FIMDM) commissioned Lake Research Partners (LRP) to conduct a survey among primary care physicians nationwide on the topic of SDM and patient decision aids. The purpose of the survey was to hear primary care physicians' perspectives on, experiences with, benefits of, and barriers to SDM. Specifically, the survey explores factors that determine when and if physicians engage patients in SDM, support for the process, their willingness to use informational decision aids with patients, and their reactions to specific ideas to further engage physicians in SDM.



## Research Methods

Prior to the survey, LRP conducted 11 in-depth interviews with primary care physicians in Bethesda, Maryland on the topic of SDM to help inform the survey instrument. Following the interviews, LRP conducted a survey among 402 primary care physicians nationwide, December 15 through 22, 2008 using Harris Interactive's physician panel. Harris Interactive built and maintains their online physician panel primarily from the American Medical Association's (AMA) database. Panelists were recruited mainly through postal mail letters inviting physicians to take a short online registration survey. This survey captures several details about physician activity such as specialties practiced and type of practice along with several standard demographics. Physicians are not provided with an incentive to join the panel. However, each survey does offer a cash incentive (\$50 for completion of our 15 minute survey). The margin of sampling error is  $\pm 4.9$  percentage points.

## Key Findings

### A. Context for Shared Decision-Making

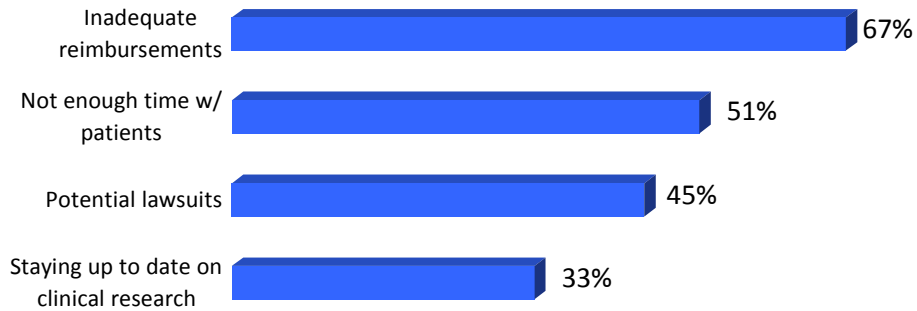
#### **Reimbursement Rates and Too Little Time with Patients Are Top Physician Concerns**

In the qualitative research phase, physicians repeatedly raised concerns about reimbursement rates and time spent with patients. These themes seemed to underlie use of and attitudes toward SDM. The survey quantifies these concerns, as well as allows deeper analysis of how these concerns relate to perceptions of SDM.

Two-thirds of physicians (67%) say they are very concerned about inadequate reimbursements – topping a list of issues physicians may face in their practices. One in two physicians (51%) says they are very concerned about not having enough time with patients. Other issues such as potential lawsuits (45%) and staying up to date on clinical research (33%) fall behind reimbursements and time. (See Figure 1.)

### Figure 1: Physicians' Concerns

Thinking about your own practice, how concerned are you about the following...  
% very concerned

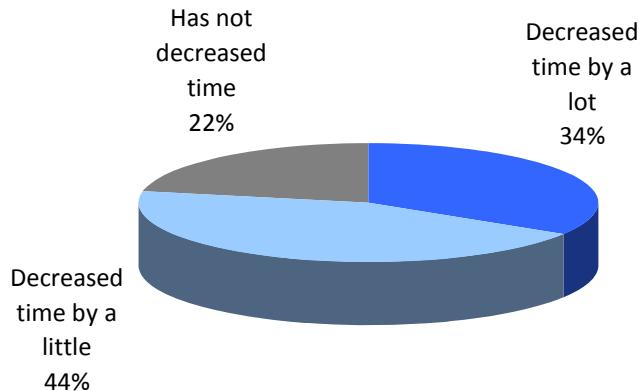


Primary care physicians who express the most concern about inadequate reimbursements include those in solo practices (70% very concerned) and single-specialty practices (73%), physicians whose current office visits average under 20 minutes (71%), and physicians in the Northeast (75%) and South (71%). Physicians most concerned about time with patients are those whose office visits currently average 10 minutes or less (61%). Although the mean office visit across physicians is 16 minutes, one in five primary care physicians (19%) says they average 10 minutes or less with patients.

Reimbursement rates and length of patient office visits are interrelated. More than three in four (78%) primary care physicians report that recent changes in reimbursement rates have decreased the time they can spend with each patient. One in three (34%) says these changes have decreased time with patients by a lot. (See Figure 2.)

### Figure 2: Reimbursement Changes Have Decreased Time with Patients

In recent years, how much have changes in reimbursement decreased the amount of time you spend with each patient?



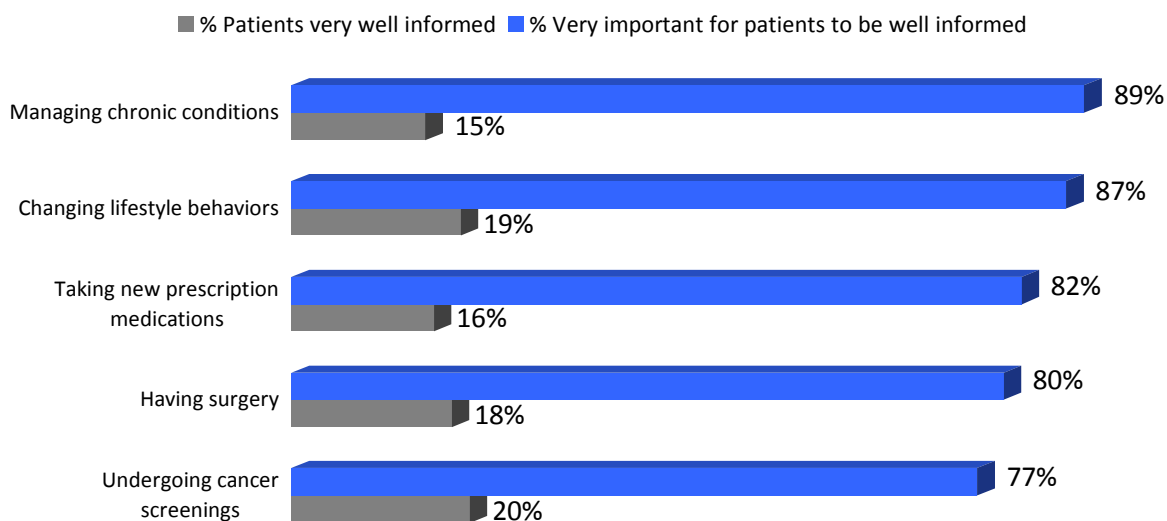
## B. Patients' Information Levels

### Physicians Value Well Informed Patients, But Say Most Patients Are Not

Large majorities of physicians value well informed patients when it comes to a number of medical treatments, tests, and procedures. Nearly nine in ten physicians say it is very important for patients to be well informed about managing chronic conditions (89%) and changing lifestyle behaviors (87%). About four in five say the same about patients taking new medications and having surgery (82% and 80%). More than three in four physicians (77%) say it is very important for patients to be well informed about undergoing cancer screening tests. However, 20% or less say most of their patients are very well informed about any of these treatments and procedures. (See Figure 3.)

#### Figure 3: Importance of Well Informed Patients vs. Reality of Most Patients

How important do you feel it is for patients to be well informed when making decisions about:  
In general, how well informed do you feel most of your patients are when making decisions about:



Primary care physicians who see a large proportion of patients on Medicaid (more than 20%) are much less likely to say their patients are very well informed about changing lifestyle behaviors (14% vs. 25% of those whose patient population is six percent or less with Medicaid), taking new prescription medications (5% vs. 23%), and managing chronic conditions (10% vs. 20%).

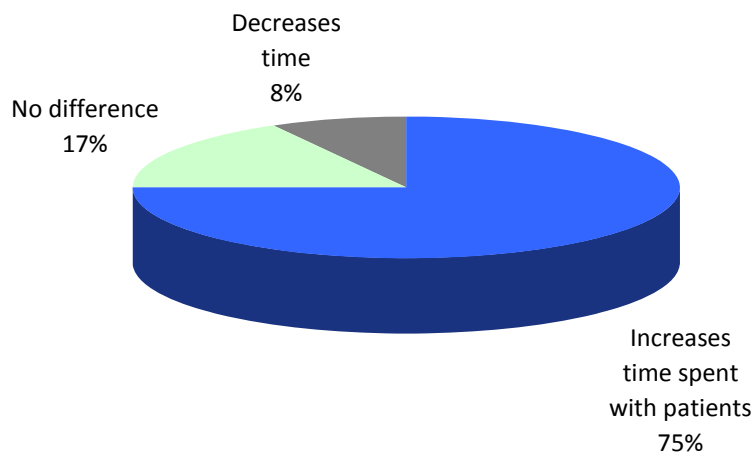
More generally, physicians were asked what proportion of their patient population is either misinformed or under-informed when it comes to making medical decisions about tests, prescription medications, and treatments. Nearly one in three (32%) says most of their patients are mis- or under-informed; 55% say some, and 12% say not many. Physicians most likely to see patients with Medicaid (more than 20% of patient population) are much more likely to say their patients tend to be mis- or under-informed. Forty-percent say most of their patients are mis- or under-informed, compared to 26% of those least likely to see patients receiving Medicaid (five percent or less).

## Physicians Perceive Some Problems with “Informed” Patients

Most primary care physicians (78%) say patients bring information they have gathered on their own into the office visit at least several times a week. Three in four physicians (75%) say this increases the amount of time they spend with patients, explaining with patients what they need to know. Only eight percent say patients who bring information into the visit decreases office visit time (See Figure 4.)

### Figure 4: Effect of Patients Bringing Information into Office Visit

When patients come to you with information they have gathered on their own, does it generally increase or decrease time you spend explaining what they need to know?



Four in ten primary care physicians (41%) say that when patients bring information into the office visit it makes their job harder, and 38% say it makes their job easier. One in five (21%) says it makes no difference. Primary care physicians most likely to say it makes their job harder include women (48%), those with fewer than ten years in practice (51%), and physicians in the South (50%).

In addition to increased office visit times, 63% of physicians say patients who bring in information are more likely to end up receiving unnecessary screenings, treatments, or interventions. Only seven percent say it leads to fewer unnecessary treatments and procedures, and 30% say it makes no difference.

## C. Support of Shared Decision-Making

### Principle of Shared Decision-Making Seen as Positive

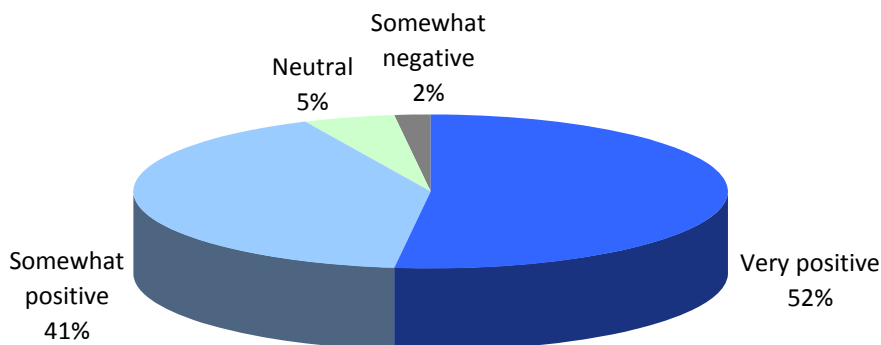
Prior to any questions directly relating to SDM, survey respondents were presented with the following:

*The rest of the survey is about “shared decision-making,” which describes a joint process between a patient and doctor that engages the patient in medical decision-making. In this process, the doctor provides the patient with balanced information about treatments options, and incorporates patient preferences and values into the medical plan.*

Immediately following this definition, physicians were asked whether SDM sounds like a positive, negative, or neutral process – gauging their overall reaction to the principle of SDM. More than nine in ten (93%) say SDM sounds like a positive process. About half (52%) says SDM sounds very positive, and 41% say somewhat positive. Five percent are neutral, and two percent say SDM sounds like a somewhat negative process. (See Figure 5.)

**Figure 5: Support for Principle of SDM**

In your view, does "shared decision-making" sound like a positive or negative process?



Primary care physicians most likely to say SDM sounds like a very positive process are those who currently spend an average of 20 minutes or more with their patients (58%). (See Table 1.)

**Table 1: Opinion of SDM by Average Length of Office Visit**

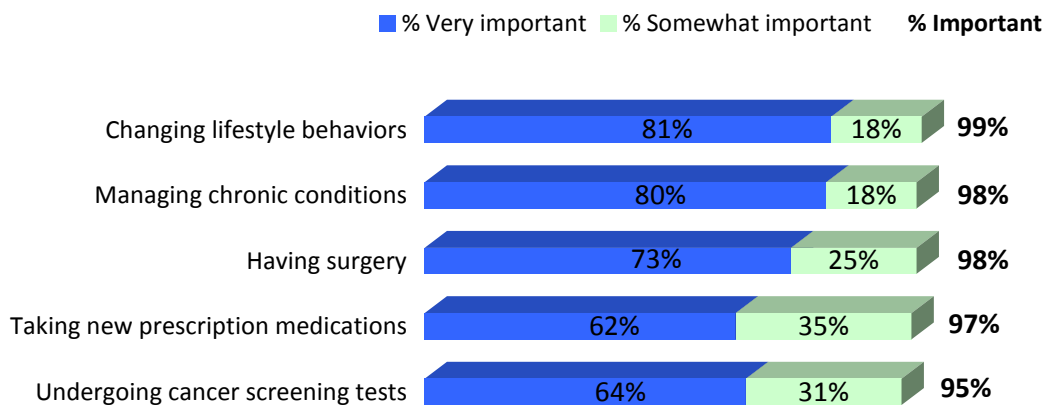
	10 min or less	11-19	20+
SDM sounds like a very positive process	47%	50%	58%
Somewhat positive	43	44	35
Neutral	3	5	6
Somewhat negative	7	-	1
Very negative	-	-	-

**Majorities Support SDM Across Types of Medical Decisions, Particularly Managing Chronic Conditions and Changing Lifestyle Behaviors**

Nearly all physicians say a SDM process is important across the types of medical decisions we tested. However, the intensity of importance – those who say SDM is very important – varies by type of medical decision. (See Figure 6.) Physicians are most likely to value SDM for changing lifestyle behaviors (81% say very important) and managing chronic conditions (80%). To a slightly lesser degree, physicians say SDM is very important for having surgery (73%), undergoing cancer screening and tests (64%), and taking new medications (62%).

**Figure 6: Importance of SDM by Type of Medical Decision**

In your own opinion, how important is a shared decision-making process in making decisions about:

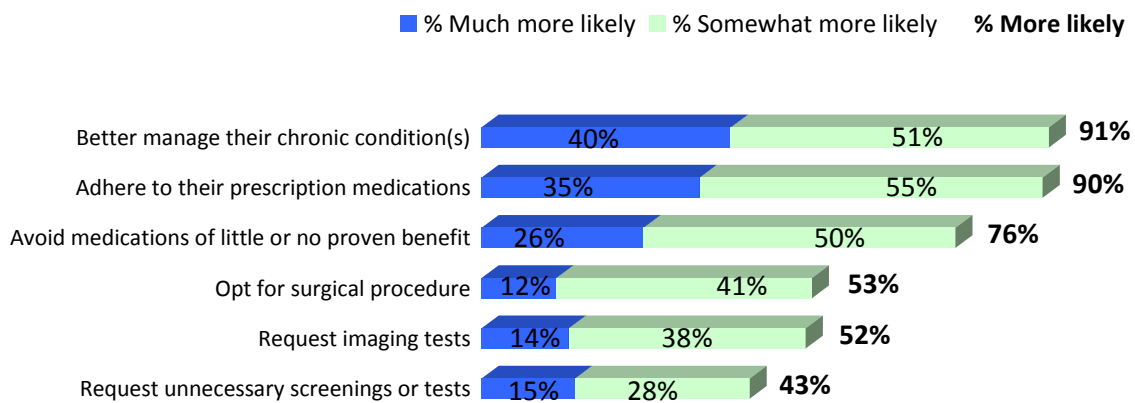


## Physicians See Several Benefits of SDM

The survey indicates primary care physicians value SDM because of its potential benefits. Majorities say SDM would result in patients being much more or somewhat more likely to better manage their chronic conditions (91%), adhere to their prescription medications (90%), and avoid medications of little or no proven benefit (76%). The intensity in these questions, however, shows a little hesitation. Less than half says patients would be much more likely to better manage their condition (40%), adhere to medications (35%), and avoid unnecessary prescription medications (26%). (See Figure 7.)

**Figure 7: Importance of SDM by Type of Medical Decision**

Do you think a shared decision-making process would result in patients being more or less likely to:



## D. Use of Shared Decision-Making

### Many Physicians Say They Currently Use Shared Decision-Making for Some Medical Decisions

Physicians were asked how often they use SDM in a number of types of medical decisions. Fifty-eight percent say they always use SDM when it comes to decisions around changing lifestyle behaviors. About half says the same for decisions about having surgery (51%) and managing chronic conditions (47%). Physicians tend to use a SDM process slightly less frequently for decisions about cancer screening tests (43%) and taking new prescription medications (42%). They are least likely to always use SDM in decisions involving referrals to specialists (33%) and imaging procedures (31%).

## Use of SDM Can Depend on Time and Attitudes Toward Own Role in Decisions

Data show that the time physicians currently have with patients in office visits correlates with likelihood to routinely use SDM. For example, primary care physicians who average 20 minutes or longer with patients are more likely than others to always use SDM for decisions about changing lifestyle behaviors, managing chronic conditions, undergoing cancer screening tests, new prescription medications, and seeing a specialist. (See Table 2.)

**Table 2: Always Use SDM by Average Length of Office Visit**

<b>% Always Use SDM</b>	<b>10 min or less</b>	<b>11-19</b>	<b>20+</b>
Involve patients in a SDM process for changing lifestyle behaviors	51%	55%	70%
Having surgery	55%	49%	53%
Managing chronic conditions	41%	44%	57%
Undergoing cancer screening tests	42%	39%	53%
Taking new Rx medications	38%	39%	50%
Going to a specialist	32%	30%	41%
Having imaging procedures	34%	27%	38%

Survey respondents were asked whether the following preference is a barrier to engaging patients in SDM: “I prefer patients rely on my recommendations.” Nearly three in four physicians (73%) admit this is at least a small barrier to using SDM, and 26% say this is not a barrier. Among those who already routinely use SDM, 40% say this preference is not a barrier – suggesting that those most likely to practice SDM are least likely to be wedded to the belief or preference that patients rely on physicians for medical decisions.

Additionally, those who always use SDM in medical decisions are also slightly more likely to say not many of their patients are misinformed or under-informed (20% vs. 12% overall).

### E. Barriers to Practicing Shared Decision-Making

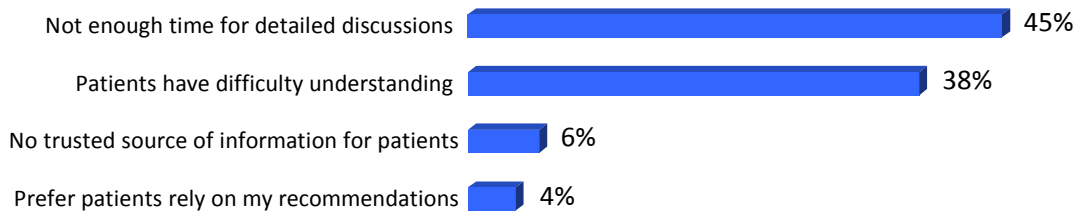
Survey respondents were asked directly about a number of potential barriers to engaging their patients in SDM. Data show that a number of challenges get in the way, particularly not having enough time with patients, lack of patient understanding, preference for patients to rely on physicians’ advice, and perceptions of SDM *increasing* unnecessary tests and treatments.

## Not Enough Time for SDM

Ninety-five percent of primary care physicians say a barrier to SDM is “there is not enough time for detailed discussions with patients.” Two in five (40%) say this is a large barrier, and another 42% say this is a moderate barrier. Women are much more likely to say time is a large barrier than men (52% vs. 36%). Additionally, when given a list of four barriers to SDM, time ranks as the biggest barrier. (See Figure 8.)

**Figure 8: Biggest Barrier to SDM**

For you personally, what is the number one barrier to engaging patients in a shared-decision making process?



Physicians who already spend an average of 20 minutes or more with patients are much more likely to say patients’ difficulty understanding is the top barrier (47% difficulty understanding vs. 34% time). Conversely, those averaging 10 minutes or less with each patient are much more likely to list time rather than patient understanding (53% time vs. 33% difficulty understanding) as the biggest barrier. The same is true for those averaging between 10 and 20 minutes (48% time vs. 35% difficulty understanding).

## Preferring Patients Rely on Physicians’ Recommendation

While only four percent of physicians say a preference for patients relying on their own advice is a large barrier, 73% say it is at least a small barrier to SDM (28% moderate and 41% small). Additionally, data show this barrier strongly correlates to perceptions of SDM. Those who say a preference for patients to rely on their advice is not a barrier are twice as likely to view SDM as very positive. (See Table 3.) Whereas physicians who say this is a large or moderate barrier to SDM are twice as likely to view SDM as only somewhat positive (51% vs. 26%).

**Table 3: Perception of SDM by Preference for Patients Relying on Own Advice**

How much of a barrier is each of the following to engaging patients in a shared decision-making process? *I prefer patients rely on my recommendations.*

	<b>Large/moderate barrier</b>	<b>Small barrier</b>	<b>Not a barrier</b>
SDM sounds very positive	37%	52%	70%
Somewhat positive	51	43	26
Neutral	8	5	1
Somewhat negative	3	-	3

Additional segmentation analysis suggests this attitudinal barrier may be more influential than physicians admit – those who routinely use SDM are most likely to say this preference is not a barrier (40% vs. 26% overall).

### **Perception that Patients Have Difficulty Understanding**

Nearly all physicians (96%) also say a barrier to SDM is “patients have difficulty understanding all they need to know.” Twenty-nine percent say this is a large barrier, and 49% say patient understanding is a moderate barrier. Again, physicians with longer office visits are most likely to say this is a top hurdle to using SDM.

### **Perception that SDM May Increase Unnecessary Tests and Treatments**

The data also suggest that a challenge for using SDM may be physicians’ perception that SDM could result in increased use of unnecessary tests and treatments. While most physicians say patient engagement in SDM could result in avoiding unnecessary prescription medications – a benefit of SDM - many say it could *increase* other types of unnecessary interventions and tests. About half says SDM would result in patients being more likely to opt for surgical procedures (53%) and request imaging tests (52%). Two in five (43%) say SDM could result in patients requesting unnecessary screenings or tests. Physicians may be projecting their current perceptions and experiences with patient information on the SDM process. Six in ten physicians (63%) say that when patients bring in information currently, they end up getting screenings, treatments, or interventions they do not need.

### **No Trusted Source of Information**

Eighty-four percent of physicians say a lack of trusted information for patients is a barrier to SDM. About one in five (13%) considers this a large barrier. One in three (33%) says it is a moderate barrier, and 38% consider it a small barrier.

### **Other Challenges**

Two in five (23%) survey respondents say other barriers to SDM exist that were not asked directly in the survey. In an open-ended item, respondents say patients’ access to “bad information” is a barrier to SDM (31%), as well as a lack of insurance coverage (22%) and the influence of family and friends (14%) on patients.

## F. Engaging Physicians in Using Patient Decision Aids

### **Some Currently Have Access to Patient Decision Aids**

After answering questions about SDM, survey respondents were presented with the following:

*Next, we'd like to get your feedback on patient decision aids, which are tools designed to help people participate in decision making about health care treatment options. They provide information in DVD, web, or print format on the options and help patients clarify and communicate the personal value they associate with different features of the options. Patient decision aids do not advise people to choose one treatment option over another, nor are they meant to replace practitioner consultation. Instead, they prepare patients to make informed, values-based decisions with their practitioner.*

Currently, 43% of physicians say they have access to these types of patient decision aids – either in DVD, website, or another form. Some physicians are more likely than others to have access to aids, including those in multi-specialty practices (55% vs. 41% in solo practices), physicians who average 20 minutes or more with each patient (47% vs. 37% of those averaging 10 minutes or less), and those in large cities and suburbs (48% vs. 37% in less populated areas).

### **Increasing Patient Comfort with Decisions is Top Perceived Benefit of Aids**

Survey respondents were presented with the statement that “research studies demonstrate several outcomes from using patient decision aids,” followed by a series of these outcomes to gauge how important each are to physicians generally. Outcomes most important to physicians include increasing patient comfort with medical decisions (60% say very important), providing more time to discuss patients’ goals and concerns (53%), and decreasing the use of unnecessary tests and treatments (53%). Less than half (40%) says increasing the extent to which patient preferences are reflected in decisions is very important.

## Many Express Willingness to Use Patient Decision Aids

Nearly all physicians (96%) show willingness to use decision aids in their practice if the aids met their standards. Close to half (48%) says they would use aids frequently and half (48%) says sometimes. Physicians most likely to say they would use decision aids frequently include:

- Those who say SDM sounds like a very positive process (61% vs. 38% of those who say somewhat positive);
- Those who say preferring patients rely on their own advice is not a barrier to SDM (59% vs. 42% who say this is a large or moderate barrier);
- Women (54% vs. 48% men); and
- Those with office visits averaging 20 minutes or more (52% vs. 43% averaging 10 minutes or less).

Preference for the type of decision aid varies. Close to half of physicians (45%) prefers to have high quality print or DVD aids in their office. About the same proportion (44%) prefers directing patients to high quality decision aids online. Eleven percent prefer accessing a service that would overnight mail high quality decision aids directly to patients.

Several demographic differences emerge in terms of these preferences. Physicians more likely to prefer print and DVD aids in their office over online aids include those:

- In solo practices (49% prefer aids in office; 36% prefer online aids);
- Whose patient population includes more than 20% with Medicaid (52%; 36%);
- In small cities, towns and rural areas (51%; 35%);
- In the Midwest (49%; 32%);
- In the West (53%; 40%);
- Who say SDM sounds very positive (52%; 38%);
- Who always use SDM (55%; 37%); and
- Who say preferring patients rely on their own recommendations is not a barrier to SDM (54%; 37%).

Physicians more likely to prefer directing patients online over having aids in their office include those:

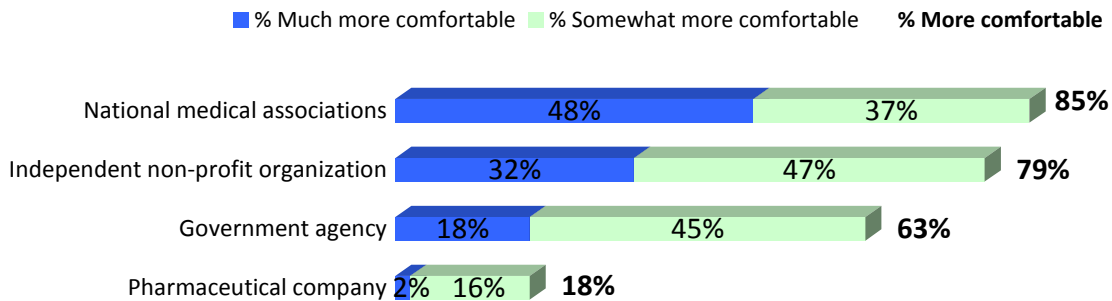
- Whose patient population includes five percent or less with Medicaid (51%; 41%)
- In large cities and suburbs (50%; 40%);
- In the South (53%; 40%);
- Who say SDM sounds somewhat positive (48%; 39%); and
- Who say preferring patients rely on their own recommendations is a large or moderate barrier to SDM (47%; 40%).

## Increasing Trust and Comfort with Decision Aids

Data clearly show that endorsement of decision aids is important for physicians. Close to half of physicians (48%) says they would be “much more” comfortable using decision aids that are approved by national medical associations. (See Figure 9.) One in three (32%) say endorsement by independent non-profits would make them much more comfortable. Government agencies and pharmaceutical companies are least likely to make physicians feel much more comfortable (18% and 2%).

**Figure 9: Aids Approved by Associations and Organizations Increase Comfort**

Would you be more comfortable or less comfortable using patient decision aids if they were approved by...

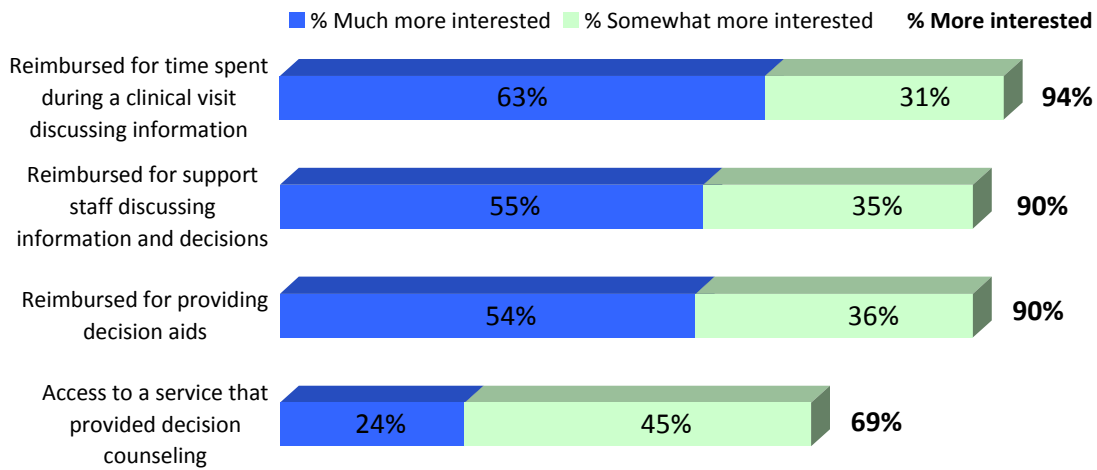


## Reimbursements for Patient Decision Aids Increase Interest

A majority of physicians (63%) says they would be much more interested in using decision aids if they were reimbursed for the time they spend discussing the information during a clinical visit. (See Figure 10.) A little over half says reimbursements for support staff time and for providing decision aids to patients would also make them much more interested in incorporating them into their practices (55% and 54%). One in four physicians (24%) says having access to a service that provides decision counseling by a qualified health coach would make them much more interested.

### Figure 10: Reimbursements for Using Decision Aids

Would the following make you more or less interested in using patient decision aids in your practice?



A few differences emerge by subgroups of physicians. Those who see more than 100 patients per week are more likely than others to be interested in reimbursements for providing aids to patients (59% much more vs. 49%). The same is true for physicians who average 10 minutes or less with each patient (63% vs. 46% of those with average visits 20+ minutes). Additionally, women express more interest in the counseling service than men (32% vs. 22%).

## **Appendix: Questionnaire with Response Totals**

# Topline Results from FIMDM Survey of Physicians

Conducted among n=402 physicians nationwide

December 15- 22, 2009

Margin of error:  $\pm 4.9$  percentage points

Percents may not add to 100% due to rounding

This survey is being sponsored by a national non-profit foundation that works on health care issues. Your responses to these questions are completely confidential.

1. Thinking about your own practice, how concerned are you about the following issues: (Very, somewhat, not too, not at all): RANDOMIZE

a. inadequate reimbursements

Very concerned .....	67
Somewhat concerned .....	27
Not too concerned .....	4
Not at all concerned .....	2

Concerned.....	94
Not concerned.....	6

b. not having enough time with patients

Very concerned .....	51
Somewhat concerned .....	38
Not too concerned .....	10
Not at all concerned .....	1

Concerned.....	89
Not concerned.....	11

c. staying up-to-date on clinical research

Very concerned .....	33
Somewhat concerned .....	48
Not too concerned .....	17
Not at all concerned .....	2

Concerned.....	81
Not concerned.....	19

d. potential lawsuits	
Very concerned .....	45
Somewhat concerned .....	37
Not too concerned .....	16
Not at all concerned .....	2
Concerned.....	82
Not concerned.....	18

2. In recent years, how much have changes in reimbursement decreased the amount of time you spend with each patient?

Decreased the time you can spend with each patient by a lot .....	34
Decreased time spent with each patient by a little .....	44
Has not decreased time spent with each patient .....	22

3. In general, how well informed do you feel most of your patients are when making decisions about: (Very, somewhat, not too, not at all) RANDOMIZE

a. changing lifestyle behaviors	
Very well informed .....	19
Somewhat well informed .....	51
Not very well informed .....	26
Not at all well informed .....	5

Well informed .....	69
Not well informed .....	31

b. taking new prescription medications	
Very well informed .....	16
Somewhat well informed .....	56
Not very well informed .....	26
Not at all well informed .....	2

Well informed .....	72
Not well informed .....	28

c. undergoing cancer screening tests	
Very well informed .....	20
Somewhat well informed .....	50
Not very well informed .....	27
Not at all well informed .....	2
Well informed .....	70
Not well informed .....	30

d. having surgery	
Very well informed .....	18
Somewhat well informed .....	52
Not very well informed .....	27
Not at all well informed .....	3
Well informed .....	70
Not well informed .....	30

e. managing chronic conditions	
Very well informed .....	15
Somewhat well informed .....	54
Not very well informed .....	28
Not at all well informed .....	3
Well informed .....	69
Not well informed .....	31

4. How important do you feel it is for patients to be well informed when making decisions about: (Very, somewhat, not too, not at all) RANDOMIZE

a. changing lifestyle behaviors	
Very important.....	87
Somewhat important .....	12
Not very important .....	1
Not at all important.....	0
Important.....	99
Not important .....	1

b. taking new prescription medications

Very important.....	82
Somewhat important .....	18
Not very important .....	0
Not at all important.....	0

Important.....	100
Not important .....	0

c. undergoing cancer screening tests

Very important.....	77
Somewhat important .....	22
Not very important .....	1
Not at all important.....	0

Important.....	99
Not important .....	1

d. having surgery

Very important.....	80
Somewhat important .....	19
Not very important .....	1
Not at all important.....	0

Important.....	99
Not important .....	1

e. managing chronic conditions

Very important.....	89
Somewhat important .....	10
Not very important .....	0
Not at all important.....	0

Important.....	100
Not important .....	0

5. What proportion of your patient population would you say is under-informed or misinformed when making medical decisions about tests, prescription medications, and treatments?

All .....	0
Most.....	32
Some .....	55
Not many .....	12
None .....	1

6. How often do you see patients who come to you with medical or health information they have gathered on their own?
- |                            |    |
|----------------------------|----|
| Everyday .....             | 17 |
| Almost everyday .....      | 38 |
| Several times a week ..... | 23 |
| Once or twice a week ..... | 14 |
| Less often than that ..... | 8  |
7. When patients come to you with information they gathered on their own, does it generally make your job:
- |                       |    |
|-----------------------|----|
| Much easier .....     | 3  |
| Somewhat easier ..... | 35 |
| No difference.....    | 21 |
| Somewhat harder ..... | 39 |
| Much harder.....      | 3  |
| Easier .....          | 38 |
| Harder .....          | 41 |
8. When patients come to you with information they have gathered on their own, does it generally increase or decrease time you spend explaining what they need to know?
- |                                  |    |
|----------------------------------|----|
| Increases time by a lot.....     | 18 |
| Increases time by a little ..... | 56 |
| No difference.....               | 17 |
| Decreases time by a little ..... | 8  |
| Decreases time by a lot .....    | 0  |
| Increases time.....              | 75 |
| Decreases time .....             | 8  |
9. When patients come to you with information they have gathered on their own, are they generally more likely or less likely to end up getting screenings, treatments, or interventions they don't really need?
- |                            |    |
|----------------------------|----|
| Much more likely.....      | 9  |
| Somewhat more likely ..... | 53 |
| No difference.....         | 30 |
| Somewhat less likely ..... | 6  |
| Much less likely .....     | 1  |
| More likely.....           | 63 |
| Less likely .....          | 7  |

10. Which of the following comes closest your general philosophy about involving patients in making medical decisions: ROTATE

It is better for patients to be involved in making decisions about treatments and interventions, even if this means they might not choose what I recommend ..... 92

It is better for patients to follow my Recommendations when faced with a medical decision, even if that means they are not very involved in making the decision ..... 8

ON SCREEN:

The rest of the survey is about “shared decision-making,” which describes a joint process between a patient and doctor that engages the patient in medical decision-making.

In this process, the doctor provides the patient with balanced information about treatments options, and incorporates patient preferences and values into the medical plan.

11. In your view, does “shared decision-making” sound like a positive or negative process?

Very positive ..... 52  
Somewhat positive ..... 41  
Neutral ..... 5  
Somewhat negative ..... 2  
Very negative ..... 0  
  
Positive..... 93  
Negative..... 2

12. In your own opinion, how important is a shared decision-making process in making medical decisions about: (Very, somewhat, not too, not at all) RANDOMIZE

a. changing lifestyle behaviors

Very important..... 81  
Somewhat important ..... 18  
Not very important ..... 1  
Not at all important..... 0  
  
Important..... 99  
Not important ..... 1

b. taking new prescription medications

Very important.....	62
Somewhat important .....	35
Not very important .....	3
Not at all important.....	0

Important.....	97
Not important .....	3

c. undergoing cancer screening tests

Very important.....	64
Somewhat important .....	31
Not very important .....	4
Not at all important.....	0

Important.....	95
Not important .....	5

d. having surgery

Very important.....	73
Somewhat important .....	25
Not very important .....	2
Not at all important.....	0

Important.....	98
Not important .....	2

e. managing chronic conditions

Very important.....	80
Somewhat important .....	18
Not very important .....	2
Not at all important.....	0

Important.....	98
Not important .....	2

13. How often, if at all, do you currently involve your patients in a [shared decision-making process](#) (as just described) in decisions about: (Always, frequently, sometimes, seldom, never) RANDOMIZE

a. changing lifestyle behaviors

Always .....	58
Frequently.....	34
Sometimes.....	6
Seldom.....	1
Never.....	0

b. taking new prescription medications	
Always .....	42
Frequently.....	45
Sometimes.....	12
Seldom.....	1
Never.....	0
c. undergoing cancer screening tests	
Always .....	43
Frequently.....	44
Sometimes.....	10
Seldom.....	3
Never.....	0
d. having surgery	
Always .....	51
Frequently.....	38
Sometimes.....	10
Seldom.....	1
Never.....	0
e. managing chronic conditions	
Always .....	47
Frequently.....	42
Sometimes.....	9
Seldom.....	1
Never.....	0
f. having imaging procedures	
Always .....	31
Frequently.....	44
Sometimes.....	21
Seldom.....	3
Never.....	0
g. going to a specialist	
Always .....	33
Frequently.....	47
Sometimes.....	18
Seldom.....	2
Never.....	0

14. How much of a barrier is each of the following to engaging patients in a [shared decision-making process](#)? (Large, moderate, small, not a barrier) RANDOMIZE

- a. There is not enough time for detailed discussions with patients.
  - Large barrier..... 40
  - Moderate barrier..... 42
  - Small barrier..... 13
  - Not a barrier..... 5
  
- b. Patients have difficulty understanding all they need to know.
  - Large barrier..... 29
  - Moderate barrier..... 49
  - Small barrier..... 18
  - Not a barrier..... 3
  
- c. There is no trusted source of information for patients.
  - Large barrier..... 13
  - Moderate barrier..... 33
  - Small barrier..... 38
  - Not a barrier..... 16
  
- d. I prefer patients rely on my recommendations.
  - Large barrier..... 4
  - Moderate barrier..... 28
  - Small barrier..... 41
  - Not a barrier..... 26

15. Is there anything else you see as a barrier to shared decision making? OPEN END
- |          |    |
|----------|----|
| Yes..... | 23 |
| No ..... | 77 |

*Among those who say "yes" (n=93): Please specify anything else you may see as a barrier to shared decision making:*

Patients have bad information.....	31
Patients' lack of education /understanding .....	28
Insurance companies - lack of coverage.....	22
Influence from patients' family & friends .....	14
"Cost" "economic burden" .....	10
Lack of reimbursement.....	2
Time constraints.....	9
DTC advertising .....	8
Lack of patient responsibility .....	6
Patient attitudes, beliefs, preconceptions.....	6
Cultural barriers .....	5
Language barriers.....	5
Patient expectations are too high .....	3
Patient not scientific/wanting unscientific therapies .....	3
Liability issues .....	3
Patients don't want SDM / want MD to make decision .....	3
Patient lack of trust.....	3
Will make patients demand things they don't need.....	2
Conflicting MD opinions on treatment .....	2
Miscellaneous.....	9

16. For you personally, what is the number one barrier to engaging patients in a [shared decision-making process](#)? (Only choose one) SAME ORDER

There is not enough time for detailed discussions with patients .....	45
Patients have difficulty understanding all they need to know.....	38
There is no trusted source of information for patients.....	6
I prefer patients rely on my recommendations.....	4
Other.....	7

17. Do you think a [shared decision-making process](#) would result in patients being more or less likely to: (Much more likely, somewhat more likely, somewhat less likely, much less likely, no difference) RANDOMIZE

- a. Better manage their chronic condition(s)
  - Much more likely..... 40
  - Somewhat more likely ..... 51
  - Somewhat less likely ..... 5
  - Much less likely ..... 2
  - No difference..... 2
  
  - More likely..... 91
  - Less likely ..... 7
  
- b. Adhere to their prescription medications
  - Much more likely..... 35
  - Somewhat more likely ..... 55
  - Somewhat less likely ..... 4
  - Much less likely ..... 2
  - No difference..... 3
  
  - More likely..... 90
  - Less likely ..... 6
  
- c. Avoid medications of little or no proven benefit
  - Much more likely..... 26
  - Somewhat more likely ..... 50
  - Somewhat less likely ..... 12
  - Much less likely ..... 8
  - No difference..... 4
  
  - More likely..... 76
  - Less likely ..... 20
  
- d. Request unnecessary screenings or tests
  - Much more likely..... 15
  - Somewhat more likely ..... 28
  - Somewhat less likely ..... 34
  - Much less likely ..... 17
  - No difference..... 6
  
  - More likely..... 43
  - Less likely ..... 51

e. Opt for surgical procedure	
Much more likely.....	12
Somewhat more likely .....	41
Somewhat less likely .....	23
Much less likely .....	4
No difference.....	19
More likely.....	53
Less likely .....	28
f. Request imaging tests	
Much more likely.....	14
Somewhat more likely .....	38
Somewhat less likely .....	31
Much less likely .....	8
No difference.....	9
More likely.....	52
Less likely .....	39

Next, we'd like to get your feedback on patient decision aids, which are tools designed to help people participate in decision making about health care treatment options. They provide information in DVD, web, or print format on the options and help patients clarify and communicate the personal value they associate with different features of the options. Patient decision aids do not advise people to choose one treatment option over another, nor are they meant to replace practitioner consultation. Instead, they prepare patients to make informed, values-based decisions with their practitioner.

18. Do you currently have access to any DVDs, specific websites, other kinds of patient decision aids?

Yes.....	43
No .....	57

19. Research studies demonstrate several outcomes from using patient decision aids. Please rate how important each of the following outcomes would be for you: (Very, somewhat, not too, not at all) RANDOMIZE

a. Provide more time for you to discuss patients' goals and concerns	
Very important.....	53
Somewhat important .....	41
Not too important.....	4
Not at all important.....	1
Important.....	94
Not important .....	6

b. Increase patient's comfort with medical decisions

Very important.....	60
Somewhat important .....	36
Not too important.....	4
Not at all important.....	0
Important.....	96
Not important .....	4

c. Decrease use of unnecessary tests and treatments

Very important.....	53
Somewhat important .....	40
Not too important.....	7
Not at all important.....	0
Important.....	93
Not important .....	7

d. Increase extent to which patient preferences are reflected in the decision

Very important.....	40
Somewhat important .....	53
Not too important.....	6
Not at all important.....	1
Important.....	93
Not important .....	7

20. Would you be more comfortable or less comfortable using [patient decision aids](#) if they were approved by... RANDOMIZE (much more comfortable, somewhat more comfortable, somewhat less comfortable, much less comfortable, no difference)

a. A government agency

Much more comfortable .....	18
Somewhat more comfortable.....	45
Somewhat less comfortable.....	17
Much less comfortable .....	7
No difference.....	14
More comfortable .....	62
Less comfortable .....	24

b. A pharmaceutical company

Much more comfortable .....	2
Somewhat more comfortable.....	16
Somewhat less comfortable.....	36
Much less comfortable .....	29
No difference.....	17
 More comfortable .....	 18
Less comfortable .....	65

c. An independent non-profit organization

Much more comfortable .....	32
Somewhat more comfortable.....	47
Somewhat less comfortable.....	8
Much less comfortable .....	2
No difference.....	11
 More comfortable .....	 78
Less comfortable .....	10

d. National medical associations

Much more comfortable .....	48
Somewhat more comfortable.....	37
Somewhat less comfortable.....	6
Much less comfortable .....	1
No difference.....	9
 More comfortable .....	 84
Less comfortable .....	7

21. If **patient decision aids** that meet your standards were available, how often would you use them in your practice?

Frequently.....	48
Sometimes.....	48
Seldom.....	4
Never.....	0

22. There are a variety of ways to make patient decision aids available. Which of the following do you prefer? (Select one)

Providing high quality print or DVD patient decision aids in your office .....	45
Directing patients to a website that provides high quality patient decision aids online .....	44
Accessing a service that would overnight mail high quality patient decision aids to patients .....	11

23. Would the following make you more or less interested in using [patient decision aids](#) in your practice? (Much more interested, somewhat more interested, somewhat less interested, much less interested, would not make a difference) RANDOMIZE

a. You were reimbursed for providing decision aids to your patients

Much more interested.....	54
Somewhat more interested .....	36
Somewhat less interested .....	4
Much less interested.....	0
No difference.....	5
More interested.....	90
Less interested.....	5

b. You were reimbursed for support staff time (nurse, PA, MA) to discuss the information and decisions with patients

Much more interested.....	55
Somewhat more interested .....	35
Somewhat less interested .....	4
Much less interested.....	1
No difference.....	5
More interested.....	90
Less interested.....	5

c. You had access to a service that provided decision counseling by a qualified health coach

Much more interested.....	24
Somewhat more interested .....	45
Somewhat less interested .....	12
Much less interested.....	8
No difference.....	10
More interested.....	70
Less interested.....	20

d. You were reimbursed for the time you spend during a clinical visit discussing the information with patients

Much more interested.....	63
Somewhat more interested .....	31
Somewhat less interested .....	2
Much less interested.....	0
No difference.....	3
More interested.....	94
Less interested.....	3

24. Are you...?	
Male .....	77
Female .....	23
25. In what year were you born? (Age collapsed)	
18-24.....	0
25-34.....	2
35-44.....	36
45-54.....	38
55-60.....	17
Over 60.....	7
26. How many years have you been in practice?	
Less than 2 .....	0
3-9.....	21
10-19.....	41
20-25.....	18
26+ .....	21
27. Which of the following best describes your medical practice?	
Mostly office- or clinic- based.....	88
Mostly hospital- or lab- based .....	4
Exclusively hospital- or lab- based .....	1
Equally hospital-based and office/clinic-based.....	6
Other.....	1
28. How would you describe your office or clinic?	
Solo practice .....	28
Single-specialty partnership or group (2+).....	45
Multi-specialty partnership or group (2+).....	27
29. IF IN PARTNERSHIP OR GROUP: How many physicians practice in your partnership or group?	
< 5 .....	43
5-9.....	25
10-19.....	13
20+ .....	19
30. Does the hospital with which you are mainly affiliated have a resident training program?	
Yes.....	45
No .....	55

31. On average, how many patients do you see in a typical week? If you are not sure, your best estimate will do. OPEN END

MEAN.....	123
75 or fewer .....	14
76 to 100 .....	34
101 to 150 .....	38
151 or more.....	14

32. What is your average length of a patient visit right now?

MEAN.....	16 MINUTES
10 minutes or less .....	19
11 thru 19 minutes .....	53
20 minutes or more.....	28

33. Which of the following best describes the ages of your patient population?

19 years to 64 years (adult).....	13
19 years and older (adult and geriatric) .....	41
65 years and older (geriatric) .....	6
All ages.....	40

34. Approximately, what percentage of your patients receive Medicaid?

<6% .....	41
6-10% .....	19
11-20% .....	19
21-40% .....	13
41-60% .....	5
61-80% .....	2
81% or more.....	1

35. Approximately, what proportion of your patients have chronic diseases? Your best estimate is fine...

0-20% .....	4
21-40% .....	27
41-60% .....	37
61-80% .....	23
81% or more.....	9

36. Is your practice located in a large city, a suburb outside of a large city, a small city, a town, or a rural area?

Large city .....	18
Suburb.....	38
Small city .....	24
Town.....	7
Rural area.....	12

37. Is English your first language?	
Yes.....	89
No .....	11

**Primary Medical Specialty**

Family practice.....	40
General practice .....	18
Internal medicine.....	42

**Region**

Northeast .....	29
Midwest .....	21
South.....	30
West.....	19