

Executive Summary of Findings from a National Survey of Physicians

Conducted by Lake Research Partners
February 2009

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 research with primary care physicians about SDM and patient decision aids. The research began in November 2008 with in-depth interviews with eleven primary care physicians in Bethesda, Maryland to inform drafting a survey instrument. Following the interviews, LRP conducted a survey among 402 primary care physicians nationwide, December 12 through 30, 2008 using Harris Interactive's physician panel.

The research was designed to hear the perspectives of primary care physicians on experiences, benefits, 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.

Key Findings

Overall, the survey shows primary care physicians support the principle of SDM, and majorities value SDM in a variety of medical decisions. They see a number of benefits of SDM, particularly empowering patients to better manage their chronic conditions and adhere to medication regimens. Nevertheless, a number of barriers interfere with practicing SDM. Time is the largest challenge, followed by the perception that patients do not understand all they need to know and preferring patients rely on physician advice for medical decisions. Despite these barriers, primary care physicians express a willingness to engage patients in SDM and to use decision aids (such as DVDs and online resources) as part of this process. Educating physicians about how SDM affects office visit times and reimbursing them for time can lead to more physicians engaging in SDM.

Specific findings include:

- Inadequate reimbursement rates and shrinking office visit times are top concerns for physicians – both affecting the use of SDM. Nearly four in five physicians (78%) say recent changes in reimbursements have decreased the time they can spend with each patient. Both of these concerns – reimbursements and office visit time – are top concerns among physicians. These issues relate to barriers to engaging in SDM, but they also provide direction for openings.
- Large majorities of physicians value well informed patients around number of medical decisions, yet small minorities say most of their patients are currently well informed. For example, 82% say it is “very” important for patients to be informed about taking new prescription medications, but only 16% say most of their patients are well informed in this area.

- Nearly all primary care physicians support the principle of SDM. Ninety-three percent say SDM sounds like a positive process, with 52% saying SDM sounds like a “very” positive process.
 - Additionally, large majorities of physicians value SDM in a number of specific types of medical decisions. Physicians most value SDM in decisions around changing lifestyle behaviors (81% say SDM is “very” important) and managing chronic conditions (80%). To a slightly lesser degree, they value the process in decisions about having surgery (73%), undergoing cancer screening and tests (64%), and taking new medications (62%).
 - Physicians recognize benefits of SDM, particularly patient outcomes involving behaviors. The primary perceived benefits are better management of chronic conditions and medications – half of physicians say patients would be “much” more likely to improve in these areas as a result of SDM. Many also see avoiding medications of little or no proven benefit as a positive outcome of SDM.
 - However, several barriers prevent physicians from engaging in SDM – first and foremost, a lack of time. “Not enough time with patients for detailed discussions” tops a list of several barriers to SDM. Analysis of those who already routinely use SDM supports this finding – these physicians have the longest patient office visit times (20 minutes or longer). Those who practice SDM less frequently are more likely to have shorter office visits.
 - Lack of patient understanding is also a barrier. Second to the time barrier, physicians say a major challenge to SDM is that “patients have difficulty understanding all they need to know.” This is not surprising, given 87% of physicians say “most” or “some” of their patients are currently under or misinformed.
 - Another challenge for some physicians is the preference for “patients to rely on my advice.” While only four percent admit to this preference being a “large barrier,” 69% say it is at least a small barrier to engaging SDM. Further, physicians who already routinely use SDM are most likely to say this preference is not a barrier to engaging in shared decision-making.
 - Nearly all physicians show willingness to use patient decision aids if they met physicians’ standards. Nearly half (48%) says they would use patient decision aids frequently; and half (48%) says sometimes. Those with longer office visits are most likely to say they would frequently use decision aids.
 - Decision aids that are approved by national medical associations are much more likely to facilitate trust and comfort among physicians. One in two physicians (48%) says these endorsements would make them “much more” comfortable using decision aids. One in three (32%) says the same about aids approved by independent non-profit organizations.
 - Reimbursements increase interest in using decision aids. A majority of primary care physicians (63%) says they would be “much more” interested in using decision aids if they were reimbursed for the time spent discussing information with patients. Physicians also say reimbursements for support staff time, and for providing decision aids would make them much more interested (55% and 54%).
 - With the exception of length of office visit, attitudes toward SDM are very consistent across subgroups of physicians. Attitudes do not vary significantly by years physicians have been in practice. Data show only a few gender differences, as well as just a few regional differences. Most subgroup differences emerge only in preference for the preferred format of patient decision aids – online versus print/DVD in physician offices.
- For more details about these and other survey findings, please refer to our white paper.