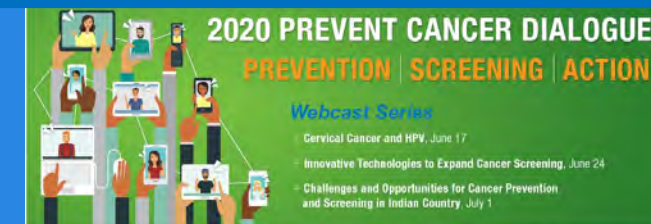


# Primary Care Physicians' Perceptions of an Electronic Medical Record-Embedded Decision Support Tool for Prostate Cancer Screening - A focus group study



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## Introduction

When used properly, **prostate-specific antigen (PSA) screening** can **reduce prostate cancer mortality**.

- However, screening remains underused in younger, healthy men, and overused in older, less healthy men.
- **Hypothesis:** the failure to follow PSA-screening guidelines is due to the **complexity** of recommended algorithms. Primary care physicians (PCPs) lack tools to efficiently employ shared decision-making procedures.
- **Study Objective:** To **assess PCPs' attitudes** toward PSA-screening algorithms, **perceptions** of using decision support tools, and the **feasibility** of implementing such tools in clinic.

## Methods

- We assembled a research team comprising experts in: primary care and urology, behavioral sciences, and bioinformatics and developed **version 1** of the decision support tool.
- The tool was presented to a **focus group of 10 PCPs**, which was audio-recorded and transcribed verbatim.
- Transcriptions were coded by two independent researchers.
- Notes and transcripts were analyzed inductively to develop codes and themes.

## Results

Three overarching themes arose from the data:

Overarching Themes	
<b>Attitudes regarding discrepant recommendations from various guideline groups that cause confusion</b>	<i>Physicians appreciated that the tool would allow documentation of shared decision making. The tool allows for flexibility for clinical judgment. "The clinician's judgment should be able to override or ignore whatever the tool tells" Most clinicians agreed with the recommended ages to start and stop screening but described that 1 family history and African-American race pushed for starting screening earlier. There was a 50:50 split between whether or not clinicians also included digital rectal examination as a primary screening test in conjunction with the PSA-test.</i>
<b>Issues around implementation and application of tool in clinic workflow and physicians' own clinical bias</b>	<i>PCPs had issues with incorporating the decision support tool in clinic workflow. Physicians' own clinical bias influenced conversations. "My grandfather and father had prostate cancer, they both had really awful side-effects from treatment...and I try to get rid of that bias."</i>
<b>Confirmatory reactions regarding the innovation and unmet need for a decision support tool embedded in the EHR.</b>	<i>Positive reactions from the focus group confirmed the need for a decision support tool embedded in the EHR. "Having this guideline makes me feel more comfortable with ordering the initial PSA"</i>

## Conclusion

- There was **overwhelmingly positive support** for the need of a provider-facing decision support tool to assist with PSA screening decisions in primary care.
- The next step is the incorporation of the PCPs' suggestions into a **version 2** of the tool, which will be used in subsequent pilot testing in clinic.

## TAKE HOME MESSAGE

The EMR-embedded decision support tool for PSA-screening was well-received, and it proved helpful to the PCPs from the focus group.

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