Statewide Implementation of Prostate Cancer Treatment Decision Aid in Michigan: A Qualitative Study
Roshan Paudel*, Ann Arbor, MI, Stephanie Ferrante, Ann Arbor, MI, Donna Berry, Seattle, WA, Jessica Woodford, Ann Arbor, MI, Conrad Maitland, Detroit, MI, Thomas Maatman, Grand Rapids, MI, James Montie, for the Michigan Urological Surgery Improvement Collaborative, Ann Arbor, MI

INTRODUCTION AND OBJECTIVE: The American Urological Association White Paper on Implementation of Shared Decision Making (SDM) into Urological Practice suggests SDM represents the state of the art in counseling for patients who are faced with difficult or uncertain medical decisions, while acknowledging that SDM is underutilized in clinical practice. The Michigan Urological Surgery Improvement Collaborative (MUSIC) implemented a decision aid, Personal Patient Profile-Prostate (P3P), in 2018 to help newly diagnosed prostate cancer patients make shared decisions with their clinicians. We conducted a qualitative study to assess statewide implementation of P3P.

METHODS: We recruited urologists and staff from 17 MUSIC practices to understand how practices were engaging patients on treatment discussions, and to assess facilitators and barriers to implementing P3P. Interview guides were developed based on the Tailored Interventions for Chronic Disease (TICD) Framework. Interviews were transcribed for analysis and coded independently by two investigators in NVivo, PRO 12. Additionally, quantitative program data were recorded and integrated into thematic analyses.

RESULTS: We interviewed 15 urologists and 11 staff from 8 implementation and 9 comparator practices. Thematic analysis of interview transcripts indicated three key themes including: (i) P3P is compatible as a shared decision-making tool as over 85% of implementation urologists asked patients to complete P3P questionnaire routinely, and used P3P reports during treatment discussions; (ii) patient receptivity was high, 370 (50%) of newly diagnosed patients (n=737) from 8 practices were enrolled in P3P with 78% completion rate, which accounts for 39% of all newly diagnosed patients in these practices (iii) urologists' attitudes towards SDM varied as over a third of implementation practices stated they give patients enough information with or without a decision-aid. Comparator practices indicated habit, inertia or concerns about clinic flow as reasons for not adopting P3P and some were unconvinced a decision aid is needed in their practice.

CONCLUSIONS: Urologists and staff affiliated with implementation sites indicated that P3P focuses treatment discussion on items that are important to patients. Experiences of implementation practices indicate that there were no negative effects on clinic flow and urologists indicated P3P saves time during patient counseling, as patients were better prepared for focused discussions.

Source of Funding: Blue Cross Blue Shield of Michigan