

The Development and Evaluation of a Lung Cancer Screening Decision Aid

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Purpose

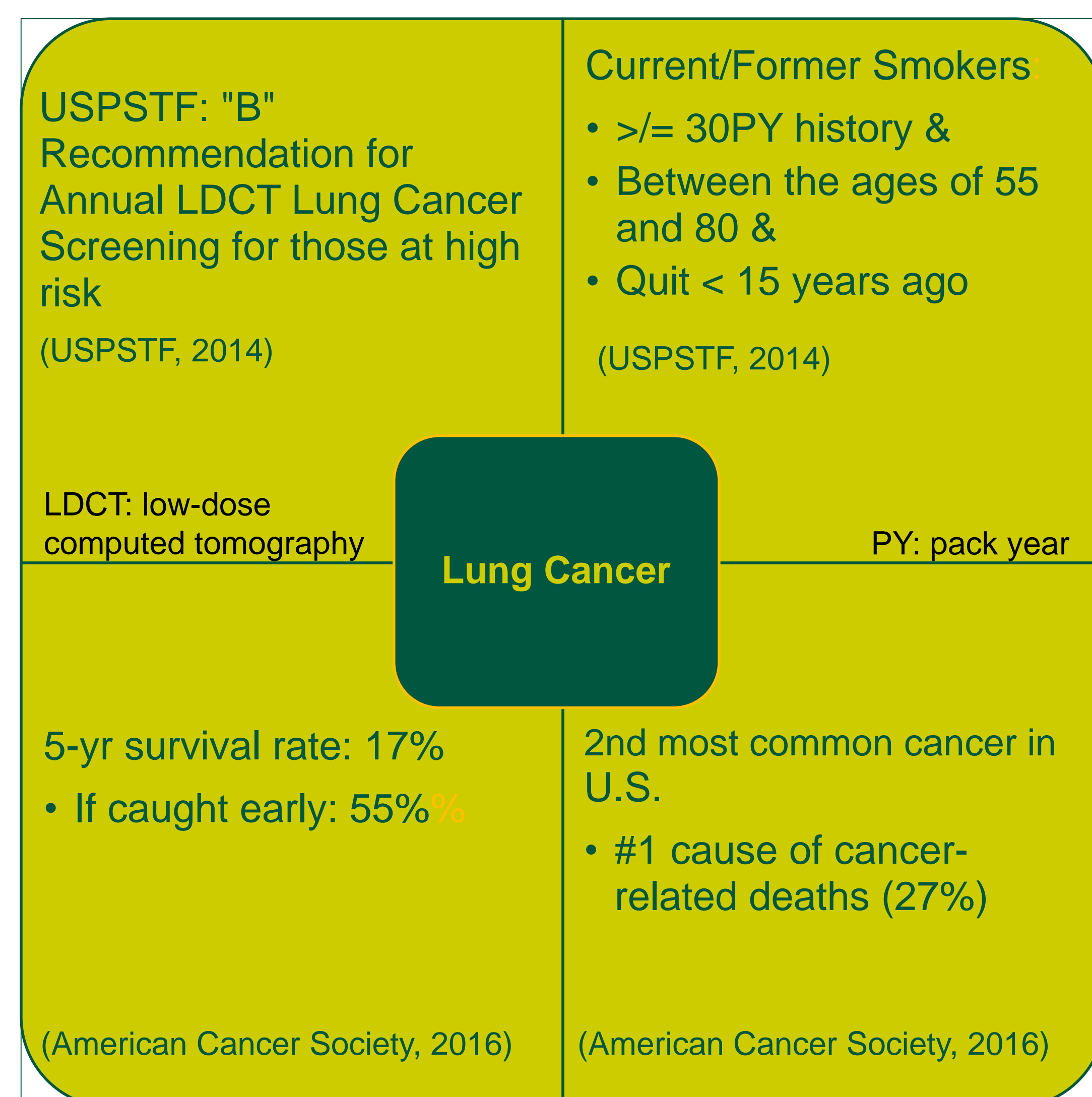
To develop an evidence-based decision-aid directed towards those eligible for lung cancer screening that is accepted and adopted by healthcare providers that will:

- ❖ Increase patient knowledge of lung cancer and screening
- ❖ Decrease decisional conflict/anxiety,
- ❖ Help the patient come to an informed decision about lung cancer screening.

Clinical question developed using PICO:

- ❖ Is a decision aid to promote lung cancer screening acceptable among healthcare providers?

Background



Literature Review

Two Separate Searches were Conducted using USFs Shimborg Health Science Library:

- ❖ Lung Cancer Screening found three major topics:
 1. Effects of LDCT on lung cancer mortality
 2. Potential harms of screening
 3. Importance of shared-decision making
- ❖ Decision-aid based search found that their use has shown to increase the patients:
 - ❖ Knowledge
 - ❖ Sense of empowerment
 - ❖ Ability to make an informed decision
 - ❖ Accurate risk perception
 - ❖ Prescriber satisfaction

Theoretical Framework

Dr. Everett Rogers: Diffusion of Innovation

Dr. Everett Rogers developed the Diffusion of Innovation in 1962 which focuses on engaging the community on innovative practices. Since screening for lung cancer is a relatively new practice guideline, increasing community awareness and adoption is critical.

Stages of Adopting Innovation

1. Awareness: Identifying the need for change
2. Decision: Accept/reject change or innovation
3. Initial Use: Testing phase
4. Continued Use: Adopting

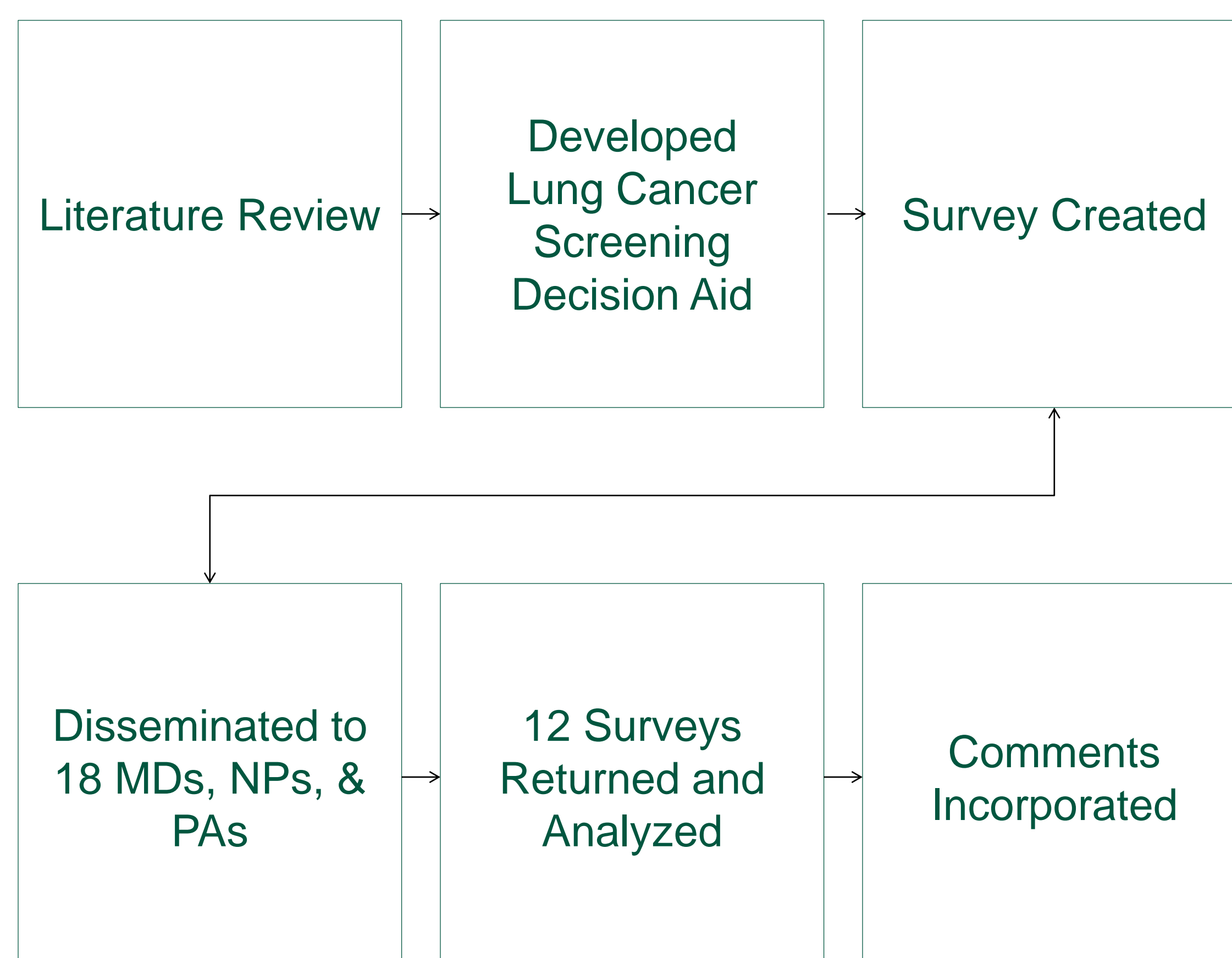
Five Main Factors of Adopting Innovation

1. Five Main Factors of Adopting Innovation
2. Relative Advantage: the degree of improvement from the new method versus the current/old method
3. Compatibility: how well the new method flows with the population
4. Complexity: how hard the new method is to implement and use
5. Triability: the extent to which the new method can be tested before it is completely adopted or declined
6. Observability: the magnitude of results

(Boston University College of Public Health, 2016)

Methods

Two-Phase Cross-Sectional Design Involving Clinical Prescribers to Provide Expert Opinion on Developed Decision Aid



Survey Results

Of the 18 surveys, 12 were returned that were eligible for inclusion in the project.

Current Use of LCS:

- ❖ 41.7% currently recommend screening while 58.3% do not currently recommend screening

Table 4: Review of the Decision Aid Survey Results

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
Likes appearance	0	0	0	41.7% (5)	58.3% (7)
Easy to understand	0	8.3% (1)	0	41.7% (5)	50% (6)
Needs more information on risks of screening	0	33.3% (4)	25% (3)	16.7% (2)	16.7% (2)
Needs more information on benefits of screening	0	50% (6)	25% (3)	25% (3)	0
My patients will use this decision aid	0	0	33.3% (4)	25% (3)	41.7% (5)
This will help patients make an informed choice	0	0	8.3% (1)	41.7% (5)	50% (6)
This will help start a conversation with my patients	0	0	0	41.7% (5)	58.3% (7)
I could use this regularly in practice	0	0	8.3% (1)	41.7% (5)	50% (6)
This will increase participation in screening	0	0	8.3% (1)	33.3% (4)	58.3% (7)

- ❖ 100% agree that lung cancer screening is beneficial to those eligible
- ❖ 75% believe that they have many patients that are eligible for screening in their practice

Recommendations Focused On:

- ❖ Clarifying eligibility statements
- ❖ Changing color scheme of Testing VS no testing table

Discussion

The recommended edits were incorporated: see highlight portion of edited decision aid

- ❖ Interestingly, results showed only 41.7% currently recommend screening yet 100% agreed it would be beneficial
- ❖ 91.6% believe using this decision aid will help increase the # of patients participating in screening and 91.7% could see themselves using this aid on a regular basis
- ❖ Future projects should be done analyzing the use of the aid on a regular basis with patients