Increasing Patient Engagement in Breast Cancer Surgery Decision Making

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Background

- Socioeconomic disparities exist in the receipt of definitive local-regional treatment of breast cancer
- Quality of patient-provider communication contributes as socioeconomically disadvantaged describe:
  - Less understanding of treatment choice
  - Less likely to recall discussing a choice between options
  - Less active participation in decision-making
- A shared decision making intervention can improve quality of care in these vulnerable patients by
  1) imparting knowledge
  2) empowering patients to participate

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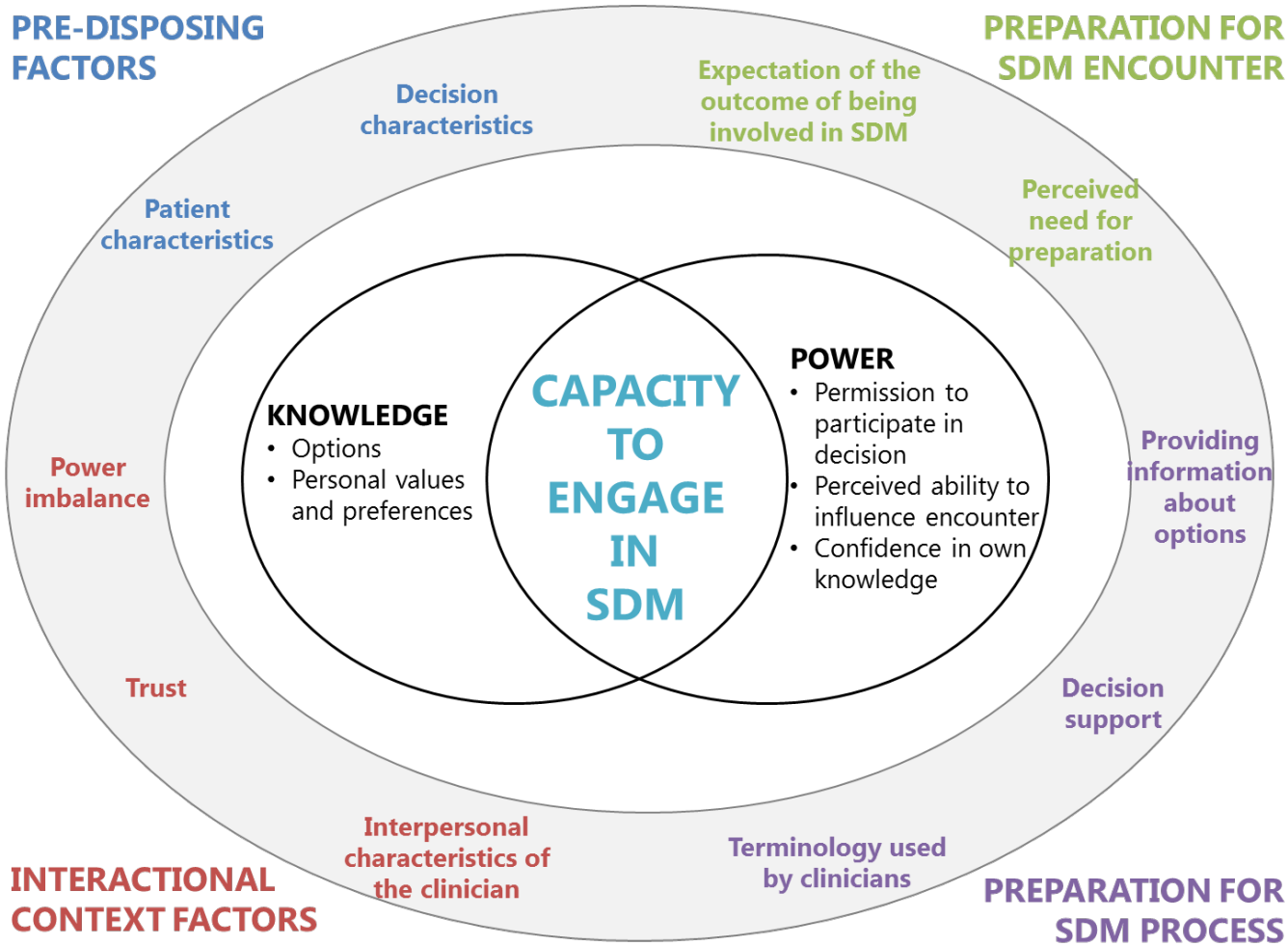
Conceptual Model



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Specific Aims

1. To evaluate the effectiveness of an intervention to provide a breast cancer surgery decision aid on the extent of patients' engagement in decision making in clinics with a high proportion of socioeconomically disadvantaged patients
2. To identify characteristics of patients for whom the intervention to provide a decision aid is ineffective for increasing engagement and identify areas for future intervention in these most vulnerable patients
3. To determine the proportion of patients reached by the implementation of a decision aid in clinics with a high proportion of socioeconomically disadvantaged patients and determine clinic contextual characteristics associated with high and low reach.

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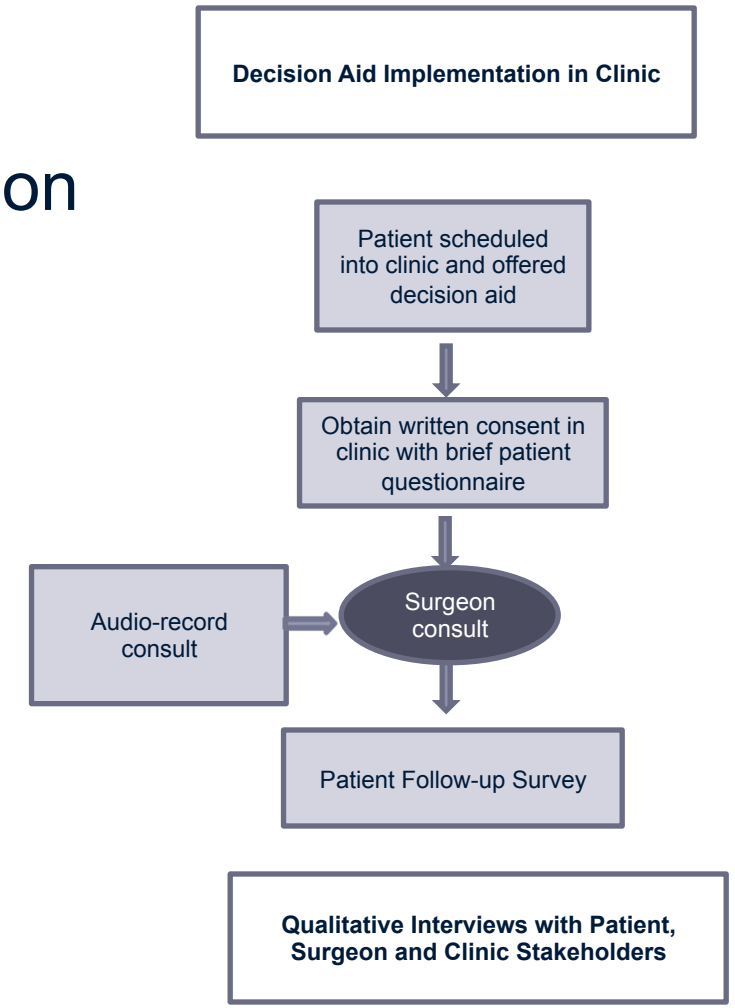
Study Overview

- Hybrid effectiveness-implementation study within NCORP
  - 4 NCORP sites
  - 10 surgical practices, 10-30 surgeons
- Stepped wedge (pre-post) design



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Study Outcomes

- Effectiveness Outcomes (Aim 1)
  - Power (primary)
    - Perceived Efficacy in Patient-Physician Interactions Questionnaire (PEPPI-5)
    - Street Patient Activation Coding System
  - Knowledge (secondary)
    - Breast cancer surgery options
    - Values & preferences
- Heterogeneity of Treatment Effect Analysis (Aim 2)

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Study Outcomes

- Implementation Outcome- Reach (Aim 3)
  - Proportion of patients who accept the decision aid
  - Proportion of patients who review the decision aid
- Regression model to identify contextual characteristics associated with high and low reach
  - Patient mix, surgeon characteristics, clinic resources, etc.

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Design Considerations

- Standard decision aid
- Will surgeons accept a decision aid?
  - UW pilot study
- Web-based platform

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Anticipated Study Outcomes

- Develop a tailored approach to shared decision making that channels clinic resources to those most vulnerable patients
  - Identify contextual characteristics associated with the highest reach
  - Identify characteristics of patients for whom the decision aid alone is ineffective
  - Identify additional areas for future intervention that can be combined with the decision aid to improve engagement

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Questions

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