

Training Primary Care Physicians In Shared Decision Making For Colorectal Cancer Screening: Insights From A Statewide Organized Colorectal Cancer Screening Program In Switzerland

Kevin Selby, MD¹, Jacques Cornuz, MD, MAS¹, David Gachoud, MD², Jean-Luc Bulliard, MD, MPH³, Cristina Nichita, MD⁴, Gian Dorta, MD⁴, Cyril Ducros, MD⁵, Reto Auer, MD, MAS^{1,6}

¹ Department of Community Medicine and Ambulatory care -, ² Department of Internal Medicine -, ³ Institute of Social and Preventive Medicine -,

⁴ Department of Gastroenterology - University of Lausanne, ⁵ Foundation for Cancer Screening of the state of Vaud, Lausanne -, ⁶ Institute of Primary Health Care (BIHAM), Bern, Switzerland

Background

- An organized screening program in Vaud, Switzerland aims to offer the choice of fecal-immunological testing (FIT) and colonoscopy for colorectal cancer (CRC) screening
- At baseline, wide variations between primary care physicians (PCPs) in prescription of FIT and colonoscopy.
- Shared decision making (SDM) might reduce variations in care.

Aim

- Increase the proportion of PCPs who intend to offer their patients FIT and colonoscopy on an equal basis

Methods

- Training program in 2015 with before and after survey
- Parallel comparison through mailed survey to PCPs not attending
- Training program: 2 hour seminar with interactive quizzes, 8-minute video of SDM consultation, and distribution a decision aid and evidence synopsis.

Primary outcome: PCP intention of having their patients screened with FIT and colonoscopy in equal proportions (i.e. between 40 and 60% each).

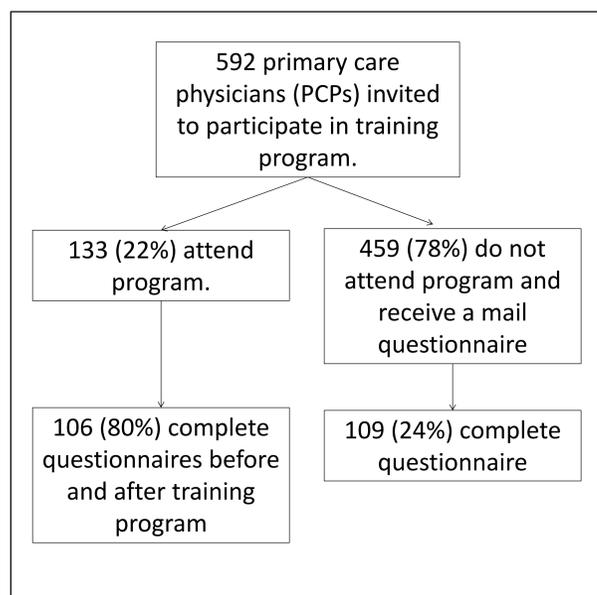
Secondary outcomes: A. Perceived role of physicians in the decision (active/collaborative (SDM)/passive). B. Appropriate use of screening in a clinical vignette.

Results

Participants:

- Of 592 eligible PCPs, 133(22%) attended one of 6 seminar sessions held throughout the state, of which 106 filled the surveys (Figure 1).
- 109(24%) PCPs who did not attend the seminars returned the survey.

Figure 1: Flow of participants in the study



Results

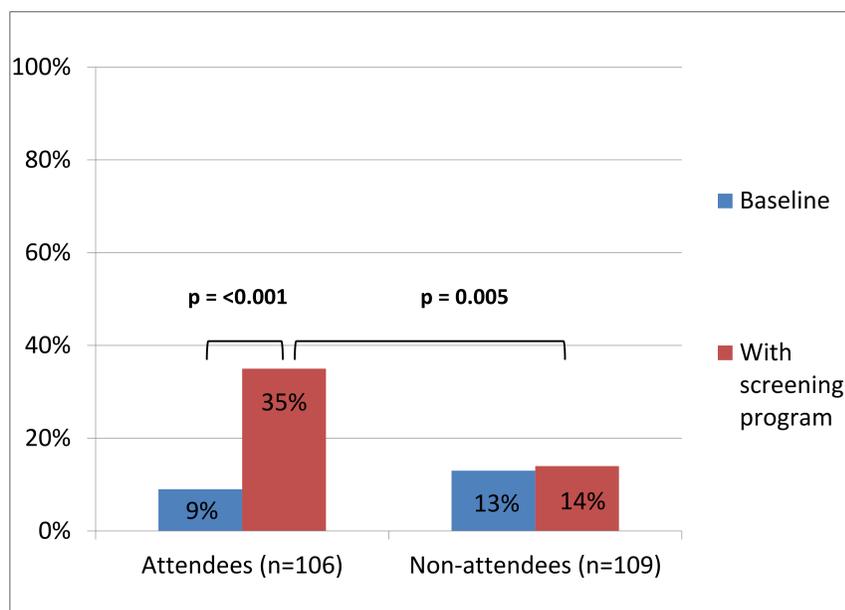
Table : Characteristics of primary care physician participants and non-participants in training programs

	Participants (n=106)	Non-participants (n=109)	p-value
Demographic characteristics			
Women (%)	38 (36%)	23 (21%)	0.014
Age less than 50 (%)	34 (32%)	31 (28%)	0.589
Year of professional diploma (±SD)	1989 (±10)	1985 (±10)	0.021
Practice characteristics			
Solo practice	16 (15%)	51 (47%)	<0.001
2 or more physicians in practice	57 (54%)	28 (26%)	
Missing	33 (31%)	30 (28%)	
Practice location			
Urban	91 (88%)	80 (83%)	0.384
Rural	12 (12%)	16 (17%)	

Primary outcome, Figure 2:

- Before the seminars, 9% of physicians reported that they had equal proportions of their patients screened for CRC by FIT and colonoscopy.
- After the seminar, 36% foresaw having their patients screened in equal proportions (absolute difference 27%, p<0.001).
- Among those not attending, there was no change (13% vs 14%).

Figure 2: Proportion of physicians prescribing stool-based testing and colonoscopy in equal proportions at baseline and intended future prescribing stratified by those attending and not attending the training program.



Results

Secondary outcomes, Figure 4:

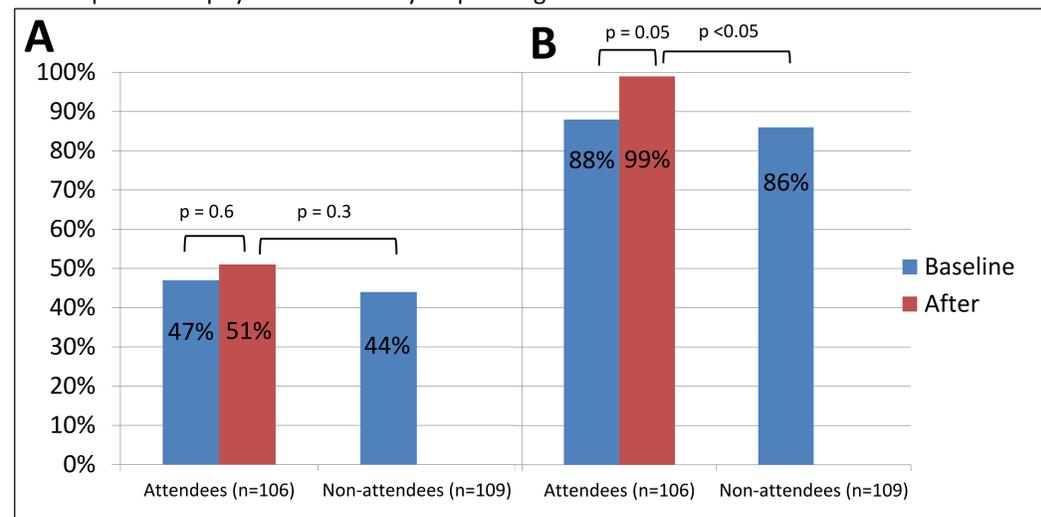
A. The proportion reporting SDM as their communication style did not significantly change before and after the training (47% vs 51%, p=0.6) and compared to those not attending (44%, p=0.3).

B. Of those attending, the proportion adequately offering CRC screening in a clinical vignette increased from 88% to 99% (p=0.04; 86% in those not attending).

Figures 4 A and B:

A. Proportion of physicians who report taking decisions with their patients on an equal basis.

B. Proportion of physicians correctly responding to a clinical scenario



Conclusion

An interactive training seminar:

- Increased the proportion of physicians with the intention to prescribe FIT and colonoscopy in equal proportions.
- Was not associated with a change in self-reported SDM communication style
- Increased the percentage of PCPs correctly answering a clinical vignette on the indications for CRC screening.

Next Steps

We are in the process of describing PCP's prescription practices in 50-100 PCPs throughout Switzerland. This work will enable us to further explore the possible impact of the training program on actual PCP behavior over time.

We are also adapting and testing the training program to the format of quality circles of physicians.

For more details:

Selby K, Cornuz J, Gachoud D, Bulliard JL, Nichita C, Dorta G, Ducros C, Auer R. Training primary care physicians to offer their patients faecal occult blood testing and colonoscopy for colorectal cancer screening on an equal basis: a pilot intervention with before-after and parallel group surveys. *BMJ Open*. 2016;6:e011086.