Improving Provider Confidence in Prostate Cancer Screening

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Background
- With a lifetime risk of 11% and a mortality risk of 2.5% many medical professionals are beginning to re-assess the risk/benefit ratio of widespread PSA screening for prostate cancer. Increasing attention has been focused on using a shared decision making (SDM) model to help patients make better informed decisions.

Objectives
- To improve provider confidence and comfort with shared decision making for PSA by using an educational intervention.

Methodology
- Primary care providers (MDs, NPs, residents) at the West Haven VA received a 30-minute educational intervention on guidelines and risk factors for prostate cancer, as well as an introduction to SDM tools for facilitating provider-patient discussions.
- Prior to the education session, providers filled out a knowledge assessment on guidelines and evaluation of their current use of SDM for PSA screening. Following the educational session, providers completed a survey rating whether their comfort with PSA counseling and SDM increased post-intervention.

Knowledge Assessment

Provider Guideline Accuracy:

- USPTF Guidelines
  - Recommendation between ages of 50-69: 93.5%
  - Recommendation over age 75: 58.1%

- Risk Factors
  - African American Race: 96.8%
  - Family History: 100.0%
  - Ager-related Change Exposure: 87.1%

Impact of Shared Decision Making on Screening

- Averages based on 5 point Likert Scale
  - Total
  - Currently Use SDM
  - Do Not Use SDM

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<thead>
<tr>
<th>Screening Comfort Level</th>
<th>SDM Comfort Level</th>
<th>Frequency of Patient Conversation</th>
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<tbody>
<tr>
<td>3.79</td>
<td>3.78</td>
<td>3.52</td>
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<td>3.72</td>
<td>3.69</td>
<td>3.56</td>
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Clinician Educational Session Intervention

Of 1,000 Men Offered PSA-Based Screening

Benefits
- 1 man avoids death from prostate cancer
- 3 men avoid metastatic disease
- Reduces anxiety

Harms of Screening
- False Positives: 240 men have positive PSA → 100 have positive biopsy
- Biopsy Side Effects: 13 men get infections, 10 have bleeding, 4 are hospitalized, 4 have urination problems
- Overdiagnosis: 20-50% of these men will be diagnosed with a cancer that will never hurt or kill them
- Treatment Side Effects: 80 men undergo treatment/surgery → 48 experience erectile dysfunction, 16 leak urine

Findings
- Pre-intervention screening showed knowledge deficit about guidelines and majority not using SDM.
- Most commonly identified barriers to screening:
  - Time constraints in primary care
  - Counseling patients on risks and benefits
- Education increased likelihood of providers to use SDM to discuss prostate cancer.
- Providers who graduated in the last 5 years (n=14) showed lower confidence with screening and SDM, but more frequent patient conversation regarding prostate cancer.

Limitations
- Not able to address full breadth of decision aids including take home materials including booklets, videos
- Small sample size

Future Directions
- Repeat survey after 3-6 months to assess for actual changes in practice
  - Frequency of conversations
  - Provider confidence
  - Use of SDMs
  - Effect on PSA screening trends

References