What do providers think about shared decision-making regarding hypospadias surgery?

Katherine H Chan, Rosalia Misseri, Mark P. Cain, Benjamin Whittam, Konrad Szymanski, Martin Kaefer, Richard Rink, Brandon Cockrum, Courtney Moore and Sarah Wiehe

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Katherine H. Chan, MD MPH
Hypospadias Decision-making

- Evidence of decisional conflict and regret in some parents
- Parental anxiety and uncertainty
  - Lack of credible information
Shared Decision-making

Clinician

PATERNALISTIC:
Information and recommendations

INFORMED MEDICAL DECISION MAKING:
Information

SHARED DECISION MAKING:
Information and recommendations
Values and preferences

Patient

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Objective

- To facilitate a discussion with providers about shared decision-making regarding hypospadias surgery
Methods

- Two focus groups (Nov 2018, Jan 2018):
  - Pediatric urology (n=7)
  - General pediatricians (n=10)

- Guided discussion → shared decision-making
- Audio recorded, professionally transcribed
- Qualitative content analysis → affinity diagram
Focus group demographics

- Median age: 47.5 years
- 83.3% Caucasian
- 58.3% Male
- 58.3% MDs, 41.7% Nurse Practitioners
Provider Perspectives: Shared Decision-making

Components

Shared decision-making

Clinical applications

Barriers to adoption
What is Shared Decision-making?

- Engaging families
- Facilitating discussion
  - treatment options, risks/benefits
- Eliciting:
  - values/preferences
  - concerns and goals of care
How might Shared Decision-making be useful?

- Discussing preference-sensitive conditions
- Affirming “no intervention”
- Encouraging parental compliance
- Pediatricians: avoiding unnecessary referrals to specialists
Barriers to Adoption of SDM

- Parental factors
  - Lack of interest
  - Misconceptions about medical evidence
  - Anxiety
  - Decision already finalized

- Provider factors
  - Time constraints
  - Productivity pressure
  - Bias/opinion
Conclusions

- Providers are knowledgeable about shared decision-making and its clinical applications
- To address potential barriers to SDM:
  - Make decision aids adaptable for use PRIOR to the clinical visit
  - Introduce decision aids EARLY in decision-making process
  - Consider provider orientation
THANK YOU

kchubert@iupui.edu