

Attachment F: Background on Patient Shared Decision Making for Colorectal Cancer Screening

Shared decision making is a key component of patient centered health care. It is a process in which clinicians and patients work together to make decisions and select tests, treatments, and care plans based on clinical evidence that balances risks and expected outcomes with patient preferences and values. Provider recommendation for Colorectal Cancer Screening, (CRC) may improve screening adherence. Early detection of CRC can reduce CRC incidence and mortality and increase survival.

When patients engage in shared decision making, they:

- learn about their health and understand their health conditions
- recognize that a decision needs to be made and are informed about the options
- understand the pros and cons of different options
- have the information and tools needed to evaluate their options
- are better prepared to talk with their health care provider
- are more likely to follow through on their decision
- have a trusting relationship with their provider

The importance of presenting CRC screening options to patients cannot be overstated. A [2012 study](#) profiled a clinical trial in which 997 patients in a primary care setting were offered either a colonoscopy, an FOBT (stool-based test) or a choice of an FOBT or colonoscopy. The percentage of patients that were screened when offered an FOBT instead of just the colonoscopy increased dramatically from 38% to 67%. When offered a choice, that rate increased even more. The graph illustrates that if patient preference is not considered, CRC screening may not occur.

