**Focus Groups for BRCTs and SDM**

We conducted 3 focus groups in March 2016 to determine general perceptions about shared decision making and specific opinions regarding BRCTs. We sent out and distributed an invitation to join one of the groups to patients of Personal Physician Care (an adult and geriatric medical practice) and Vantage House Continuing Care Retirement Community. A total of 26 people attended the groups, many of whom were invited by other invitees.

We distributed a group of pre-session questions (attached), and after we completed the session we distributed post-discussion questions (attached). Erik Rifkin and Andy Lazris conducted the sessions, which were typically an hour and a half in duration. The power-point agenda of the focus group is attached. All participants had a copy of the agenda.

Overall the participants overwhelmingly believed that shared decision making was important and that patients need to be involved in decision making. They also felt that overtreatment was a problem and many (but not all) believed that often too many medicines and treatments could impair health care outcome. When we showed them health care information using relative risk/benefit information (including actual newspaper headlines and articles, as well as pharmaceutical ads), they had little understanding of what those numbers really meant, but often believed that they showed some benefit of interventions when the percentages were high. When we later showed them the same information using NNT (number needed to treat) and BRCTs, the majority of participants better understood the risks and benefits of treatments/tests, and were more reluctant to think that such interventions were beneficial. Many participants actually believed that some of the interventions that seemed effective using relative risk numbers were frankly dangerous using NNT and BRCTs.

Overall most of the participants were confused by the NNT numbers and had to have them explained several times. However, the vast majority of participants immediately understood the BRCTs and felt that they were a very effective means of presenting health data. Many took the BRCT examples we gave them during the session and said that they planned to show them to their doctors.

Salient results of pre and post discussion questions are shown in the next pages. The full results of the data are on the attached question forms:

**Pre-Session Questions:**

**Post-Discussion Questions:**

**Pre-SessionQuestions**

**YES NO MAYBE**

**Are you familiar with the term over-treatment when used**

**to describe medical intervention (screening tests,**

**drugs, surgery?).** 23 1 2

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**Do you believe patients should make the**

**final decision in determining a course of action?** 21 1 4

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**Do you think doctors and patients should make decisions**

**jointly? 23 0 3**

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**Would you prefer it if doctors made the decisions without**

**your involvement? 0 26 0**

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**Do you know the difference between relative and absolute**

**risks and benefits? 13 6 6**

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**Do you know what the ‘number needed to treat’ refers to? 1 19 6**

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**If you read a newspaper headline that states 'there is a**

**23% benefit for women who have annual mammograms',**

**would you understand what that means? 10 10 6**

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**If you asked your doctor, do you think she would**

**understand what that means? 17 0 9**

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**Do you think the press presents clear and objective**

**Information about health benefits and risks?**

**What about pharmaceutical companies? 0 21 5**

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**Are you reluctant to question your doctor? 1 23 2**

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**Do you think doctors know all the answers, or is it just an**

**illusion of certainty? 4 16 5**

**Post Discussion Questions**

**YES NO MAYBE**

**Do you think using BRCTs would empower you to**

**make a more informed decision re: medical intervention? 21 1 4**

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**Do you think the use of a familiar setting (a theater) to**

**characterize health benefits and risks is important? 20 1 5**

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**Would you ask your physician to use BRCTs to explain**

**the appropriateness of medical intervention? 19 1 6**

**If so, do you think your doctor would agree? 13 3 9**

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**Would you look to BRCTs to help you make a decision to**

**take drug(s) or have a screening test? 18 1 7**

**Do you think the use of BRCTs and the NNT would be**

**more helpful than the BRCT alone? 16 2 8**

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**Powerpoint Presentation for March 2016 Focus Groups**

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