

Table 1: Primary Care Decision Aid Distribution Timing

Decision Aid Type	Pre-Visit	Post-Visit
Screening	Prostate Cancer Colon Cancer	Prostate Cancer Colon Cancer
Acute	N/A	Herniated Disc (Lumbar) Acute Low Back Pain Depression
Chronic	Living With Heart Failure Living With Diabetes Advanced Directives	Knee Osteoarthritis Hip Osteoarthritis Herniated Disc (Lumbar) Spinal Stenosis (Lumbar) Depression Advanced Directives Chronic Low Back Pain Benign Prostatic Hypertrophy Menopause Living With Diabetes Coronary Artery Disease: Treatment Choices Living With Coronary Heart Disease Living With Heart Failure Living With Chronic Pain Weight Loss Surgery

Table 2: Pros (+) and Cons (-) of Decision Aid Distribution Timing

	Pre-Visit +	Pre-Visit -	Post-Visit +	Post-Visit -
Screening	<p>Population-based so not dependent on clinician to prescribe.</p> <p>Patient comes to visit informed about options and values.</p> <p>May take less time if clinicians are able to focus directly on patient concerns.</p>	<p>Staff time & mailing cost</p> <p>Requires distribution strategy and process change to identify eligible pts, esp. if tied to an appt.</p> <p>Need enticing cover letter to encourage DA use, pt. buy-in for screening is more difficult</p> <p>Patients get frustrated if clinicians have not viewed the video.</p>	<p>Helpful if use of DAs not supported by all clinicians.</p> <p>Better patient buy-in if clinician prescribes.</p>	<p>Harder to 'close the loop' - pt. must return DA, must make next steps known.</p> <p>Clinicians needs to/ may not remember to prescribe; or other staff need to fill this role</p>
Acute	N/A	N/A	<p>Diagnosis driven</p> <p>Clinician encouragement</p>	<p>Harder to 'close the loop' - pt. must return DA, must make next steps known.</p> <p>Clinicians needs to/ may not remember to prescribe; or other staff need to fill this role</p>
Chronic	<p>With appropriate "advertising", can be requested by patient; Improves quality of discussion at appt.</p> <p>May get better pt. buy-in from those with the diagnosis</p> <p>May decrease unnecessary specialty referrals</p> <p>May increase patient involvement in self management</p>	<p>Staff time & mailing cost</p> <p>Requires distribution strategy and process change to identify eligible pts, esp. if tied to an appt.</p> <p>Patients get frustrated if clinicians have not viewed the video.</p>	<p>May decrease unnecessary specialty referrals</p> <p>May increase patient involvement in self management</p>	<p>Harder to 'close the loop' - pt. must return DA, must make next steps known.</p> <p>Clinicians needs to/ may not remember to prescribe; or other staff need to fill this role</p>