**Discussing Uncertainty and Risk in Primary Care: Recommendations of a Multi-Disciplinary Panel Regarding Communication around Prostate Cancer Screening**

**Online Appendix 1: Expanded two-part model of elements influencing medical decisions around complex medical decisions**

**B**

**C**

Physician

Patient

**C**

**A**

**Step 2: Patient-Physician interactions around decision-making, partially nested in larger societal and health system context**

**Step 1: Patient-Physician interaction elements in medical decision-making**

**Health System**

**G**

**J**

**D**

**E**

**F**

**H**

**IC**

**C**

**A**

**B**

**C**

**Physician**

**Patient**

**Society**

**K**

**Legend, Step 1:**

**A: Patient Influences on Medical Decision-Making:**

• Health literacy

• Prior knowledge and personal experience with condition

• Biases about the condition

• Motivation/willingness to participate in health behavior decisions/change

• Value placed on disease and health

• Competing interests (finances, other health conditions, time constraints, etc)

**B: Physician Influences on Medical Decision-Making**

• Prior knowledge, personal, professional experience with the condition

• Likelihood of benefit and harm

• Exemplar clinical cases which personalize clinical condition

• Biases about the condition

• Time and ability to engage patient in health behavior decision-making

• Competing interests (other health conditions, other professional duties)

**C: Patient-Physician Interaction around Medical Decision-Making**

• Trust in physician-patient relationship

• Opportunity to discuss condition (time, focus)

• Method of discussing condition (directive or shared decision-making)

• Explain medical content

• Contextualize risk-reward

• Elicit patient values

• Discussion and medical recommendations

• Reaching medical decision

**Legend, Step 2:**

**D: Societal Influences on Medical Decision-Making**

• General awareness of medical condition

• Fear/harm/benefit messages about medical condition

• Value placed on participation in change/decisions for this health condition

• Patient advocacy groups involved in promoting condition awareness/funding

**E: Health System Influences on Medical Decision-Making**

• Value placed on improving care for this condition

• Available resources for addressing/improving this condition vs other conditions

**F: Patient-Society Interactions**

• Patient values concordance/discordance with their personal group’s norms

• Expectations of personal group for patient participation in care

• Personal group’s lifestyle choices

**G: Patient-Health System Interactions:**

• Access to health system for care and resources

• Trust in health system

• Patient financial, personal and resource limitations to participate in care

**H. Physician-Health System Interactions**

• Value placed on outcomes for disease condition (cultural, reimbursement)

• Encounter time, scheduling flexibility

• Non-physician/nursing support and resources for condition

• Competing interests created by health system (Relative value units) turnover, quality metrics)

• Training and feedback for counseling techniques

• Health system provision of responsibility and authority for improving care for this condition

**I. Physician-Society Interactions**

• Societal expectations for quality and access to care

• Societal value for counseling vs acute care management

**J. Health System-Society**

• Health system public benchmarks for quality indicators for this condition

• Willingness to fund condition and condition consequences

• Tradeoffs in funding this condition/consequences, relative to other conditions

• Societal expectations for health system in improving patient health/well-being

• Societal provision of responsibility and authority for improving care for this condition

1. **Patient-Physician-Health System-Society**

• Convergence of all preceding factors, influencing final physician-patient decision making