



Incorporating CVD risk prediction into clinical practice

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BACKGROUND

BACKGROUND: In cardiovascular disease (CVD) prevention, the risk of heart attack or stroke is now a core determinant of treatment for every class of drug.

PROBLEM: Despite clinical guidelines calling for clinicians to use risk prediction for years, not many clinicians do.

AIM: Explore providers' facilitators and barriers to incorporating risk prediction into their regular clinical practice.

METHODS

Data Collection

June-October 2018

9 VA sites: 5 VAMCs and 4 CBOCs

36 semi-structured interviews (30-60 min) with primary care providers with clinical scenarios and introduction of risk-based CVD prevention

Data Analysis

Inductive content analysis and matrix analysis of interview transcripts.

RESULTS

Does risk prediction for CVD prevention fit into your clinical practice?



Yes! (13)

Prior exposure to risk-based approach
Already uses prediction tools



Maybe (14)

Model enhances patient communication and reduces cognitive burden;
But, doubts about work flow and risk calculation



No! (6)

Accustomed to individual targets
Individual targets easier to understand
Doubts about work flow and risk calculation

Is quantified medicine at odds with holistic practice?

"1+1 does not always add up to 2"
"...it takes away from...patient-centered care and it's not just a science sometimes"
"...every person is so individualistic that you can't treat a person just on the basis of numbers"

Can I trust the output?

What are the inputs, population, and studies?
Is there an authorizing institution?
Isn't this just another "flavor of the month"?
What about patient compliance?
What about outcomes besides heart attack and stroke?

Most providers welcome risk prediction, but...

Does it fit with workflow?



Can prioritize patients
One measure rather than multiple
Will use if precalculated and easy to access



"We do not need another task"
"Don't give me another reminder!"

Does it add value?



Reduce unnecessary fallouts
Benefits of treatment clearer
Tied to meaningful outcomes
It's a more meaningful measure
Gives patients a "visual"
Motivates patients



Same issues as current PMs
Too technical for patients
Redundant
Useful for research only

CONCLUSION

Providers generally welcomed risk prediction in CVD prevention. However, resistance by some must be addressed, as Big Data increasingly drives more quantified medicine.