



CARDI•OH

Ohio Cardiovascular Health Collaborative



In partnership with:



Cardi-OH ECHO Hypertension

Thursday, April 25, 2019

Disclosure Statements



The following planners, speakers, moderators, and/or panelists of the CME activity have financial relationships with commercial interests to disclose:

- Adam T. Perzynski, PhD reports being co-founder of Global Health Metrics LLC, a Cleveland-based software company and royalty agreements for forthcoming books with Springer publishing and Taylor Francis publishing.
- Siran M. Koroukian, PhD reports ownership interests in American Renal Associates, and Research Investigator subcontract support from Celgene Corporation.
- George L. Bakris, MD reports partial salary from Bayer as FIDELIO PI, partial salary from Janssen as CREDENCE Steering Committee, partial salary from Vascular Dynamics as Calm-2 Steering Committee, and receiving honorarium as a consultant to Merck, NovoNordisk.
- Luke J. Laffin, MD reports being a member of the Hypertension Committee for the CALM-2 Trial of endovascular baroreceptor amplification (EVBA) procedure from Vascular Dynamics.
- These financial relationships are outside the presented work.

All other planners, speakers, moderators, and/or panelists of the CME activity have no financial relationships with commercial interests to disclose.

Shared Decision Making in Hypertension Management



Dean Bricker, MD

Associate Program Director
Internal Medicine Residency
Miami Valley Hospital
Dayton, OH

Associate Professor
Internal Medicine

Division Director
General Internal Medicine

Wright State University
Boonshoft School of Medicine

Objectives



- Define “shared decision making”
- Describe a rational approach to shared decision making when selecting pharmacologic treatment of hypertension
- Describe the potential benefits of shared decision making

What is shared decision making?



- An approach where clinicians and patients share the best available evidence when faced with the task of making decisions
- Patients are supported to consider options and to achieve informed preferences.

Why shared decision making?



Decision aids for people facing health treatment or screening decisions (Review)

Stacey D, Légaré F, Lewis K, Barry MJ, Bennett CL, Eden KB, Holmes-Rovner M, Llewellyn-Thomas H, Lyddiatt A, Thomson R, Trevena L

Stacey D, Légaré F, Lewis K, Barry MJ, Bennett CL, Eden KB, Holmes-Rovner M, Llewellyn-Thomas H, Lyddiatt A, Thomson R, Trevena L.
Decision aids for people facing health treatment or screening decisions.
Cochrane Database of Systematic Reviews 2017, Issue 4. Art. No.: CD001431.
DOI: 10.1002/14651858.CD001431.pub5.
www.cochranelibrary.com

- Ethical imperative – self-determination
- Supported by evidence from Cochrane of 86 randomized trials
 - better knowledge gained
 - more confident in decisions
 - more active patient involvement

What is shared decision making?



- Providers often promote specific treatments rather than consider patient's preferences during the decision-making process
- Many medical problems have multiple acceptable options for treatment
- The physician may wish to promote a specific medication but would be willing to prescribe a different, even less effective medication if it resulted in increased likelihood of better adherence



Provider Doubts



- Patients don't want to be involved in decisions
- Patients lack ability
- Might make bad decisions
- Not practical
- Time pressure
- Already doing it



3 Step Model

Elwyn G, et.al. Shared Decision Making: A Model for Clinical Practice. JGIM. 2012; 27(10):1361-7.



Choice talk

- Step back
- Offer choice
- Justify choice-preferences matter
- Check reaction
- Defer closure

Option talk

- Check knowledge
- List options
- Describe options-check preferences
- Harms and benefits
- Provide decision support
- Summarize

Decision talk

- Focus on preferences
- Elicit preferences
- Move to a decision
- Offer review



Hypertension Options



1. No treatment

2. Lifestyle changes

- weight loss
- low sodium
- DASH
- exercise
- smoking
- alcohol
- stress

3. Medications

- Diuretics
- Beta blockers
- Central alpha 2 agonist
- Alpha 1 blockers
- Calcium channel blockers
- ACE inhibitors
- ARBs



Decision Aid



Drug Class

- Diuretics
- Beta blockers
- Central alpha 2
- Alpha 1 blockers
- Calcium channel blockers
- ACE inhibitors
- ARBs

Quality of life

- ED, decreased libido, dizziness, lethargy, constipation, nausea
- Dizziness, fatigue, insomnia, nausea, anorexia, depression, vivid dreams
- ED, fatigue, diarrhea, dry mouth, sleep disturbance, depression, sedation, vivid dreams
- Orthostasis, headache
- Edema, constipation, flushing, headache, nausea, dizziness
- Cough, rash, taste disturbance, angioedema
- Dizziness, rash, taste disturbance

Decision Analysis

- Relative risk reduction of CVE with antihypertensive drug treatment...**33%**
- Risk of treatment side effects...**10%**
- Risk of death after CVE...**30%**
- Risk of being affected if survive CVE...**30%**
- Relative risk reduction of CVE with lifestyle changes...**10-20%**

A to Z Inventory - Patient Decision Aids | High Blood Pressure: Should I Take... | +

https://decisionaid.ohri.ca/azlist.html

The Ottawa Hospital | L'Hôpital d'Ottawa
RESEARCH INSTITUTE | INSTITUT DE RECHERCHE

Patient Decision Aids

For specific conditions
For any decision
Developed in Ottawa

Other KT Tools

Decision Coaching

Conceptual Frameworks

Development Toolkit
Development Methods
International Standards
Systematic Review
Decision Aid Library Inventory

Evaluation Measures

Implementation Toolkit
Step 1: Identify the decision
Step 2: Find patient decision aids
Step 3: Identify barriers
Step 4.1: Implementation
Step 4.2: Provide training
Step 5: Monitor use and outcomes

About Us
Mission & History
People
Funding
Website Statistics

News & Events

Search this site

Google Search

Franglais

Alphabetical List of Decision Aids by Health Topic

Click on the **title** below to view a summary of the decision aid and a link for getting access to it. The developer is listed after each title.

Acne

- [Acne Decision Aid](#) Windsor Clinical Research Inc.
- [Acne: Should I see my doctor?](#) Healthwise
- [Acne: Should I take isotretinoin for severe acne?](#) Healthwise

Allergy

- [Allergies: Should I Take Allergy Shots?](#) Healthwise
- [Allergies: Should I Take Shots for Insect Sting Allergies?](#) Healthwise
- [Environmental Allergies: Should my child get allergy shots?](#) Nemours Children's Clinic

Alternative Medicine

- [Complementary Medicine: Should I Use Complementary Medicine?](#) Healthwise

Alzheimer's Disease

- [Alzheimer's disease: Should I take medicines?](#) Healthwise
- [Alzheimer's or other dementia: Should I move my relative into long-term care?](#) Healthwise
- [Alzheimer's: Consider options for long-term care](#) Mayo Clinic
- [Cholinesterase inhibitors to reduce the symptoms of Alzheimer's disease; Les inhibiteurs de la cholinestérase pour réduire les symptômes de la maladie d'Alzheimer](#) Université Laval
- [Gene Test or Not: An online tool to help you decide whether or not to get tested to learn your genetic risk for late-onset Alzheimer's disease](#) Virginia Tech

Angina

- [Angina treatment: Stents, drugs, lifestyle changes - What's best?](#) Mayo Clinic

Ankle Injuries and Disorders

- [Achilles tendon rupture: Should I have surgery?](#) Healthwise

Aortic Aneurysm

- [Abdominal Aortic Aneurysm: Should I Get a Screening Test?](#) Healthwise

Arrhythmia

- [Heart Rate Problems: Should I Get a Pacemaker?](#) Healthwise
- [Heart Rhythm Problems: Should I Get an Implantable Cardioverter-Defibrillator \(ICD\)?](#) Healthwise
- [Supraventricular tachycardia: Should I have catheter ablation?](#) Healthwise

Arthritis

- [I have never taken medication for rheumatoid arthritis before. Should I take methotrexate \(Rheumatrex®\) alone or with other disease modifying anti-rheumatic drugs for rheumatoid arthritis?](#) Cochrane Musculoskeletal Group
- [Should I take abatacept \(Orencia®\) for rheumatoid arthritis?](#) Cochrane Musculoskeletal Group
- [Intercept \(Enbrel®\) for rheumatoid arthritis?](#) Cochrane Musculoskeletal Group

https://decisionaid.ohri.ca/Azsumm.php?ID=1566

12:54 PM 4/15/2019



Decision Aids

Ottawa Personal Decision Guide 
For People Making Health or Social Decisions 

1 Clarify your decision.

What decision do you face?

What are your reasons for making this decision?

When do you need to make a choice?

How far along are you with making a choice? Not thought about it Close to choosing
 Thinking about it Made a choice

2 Explore your decision.

 **Knowledge**

List the options and benefits and risks you know.

 **Values**

Rate each benefit and risk using stars (★) to show how much each one matters to you.

 **Certainty**

Choose the option with the benefits that matter most to you. Avoid the options with the risks that matter most to you.

	Reasons to Choose this Option <small>Benefits / Advantages / Pros</small>	How much it matters to you: <small>0★ not at all 5★ a great deal</small>	Reasons to Avoid this Option <small>Risks / Disadvantages / Cons</small>	How much it matters to you: <small>0★ not at all 5★ a great deal</small>
Option #1				
Option #2				
Option #3				

Which option do you prefer? Option #1 Option #2 Option #3 Unsure

Support 

Who else is involved?				
Which option do they prefer?				
Is this person pressuring you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
How can they support you?				
What role do you prefer in making the choice?	<input type="checkbox"/> Share the decision with... <input type="checkbox"/> Decide myself after hearing views of... <input type="checkbox"/> Someone else decides...			

Decision Aids/Decision Support



- http://tools.acc.org/ldl/ascvd_risk_estimator/index.html#!/calculate/estimator/
- <https://cccccalculator.ccctracker.com/>
- <https://decisionaid.ohri.ca/AZlist.html>
- <https://www.healthwise.net/ohridecisionaid/Content/StdDocument.aspx?DOCHWID=zx1768>
- <https://www.healthdecision.org/tool#/tool/hypertension>



Prioritization

Hoffmann T, Jansen J, Glasziou P. The importance and challenges of shared decision making in older people with multimorbidity. PLOS Med 2018. 15(3):1-4



- Half of older adults have 3 or more chronic diseases
- Consider burden of treatment
- Polypharmacy

Should a patient in with late-stage cancer continue statins?

When is an implantable defibrillator appropriate in a patient with dementia?

Are beta blockers mandatory in a patient who is depressed after myocardial infarction?

Shared Decision Making for Hypertension



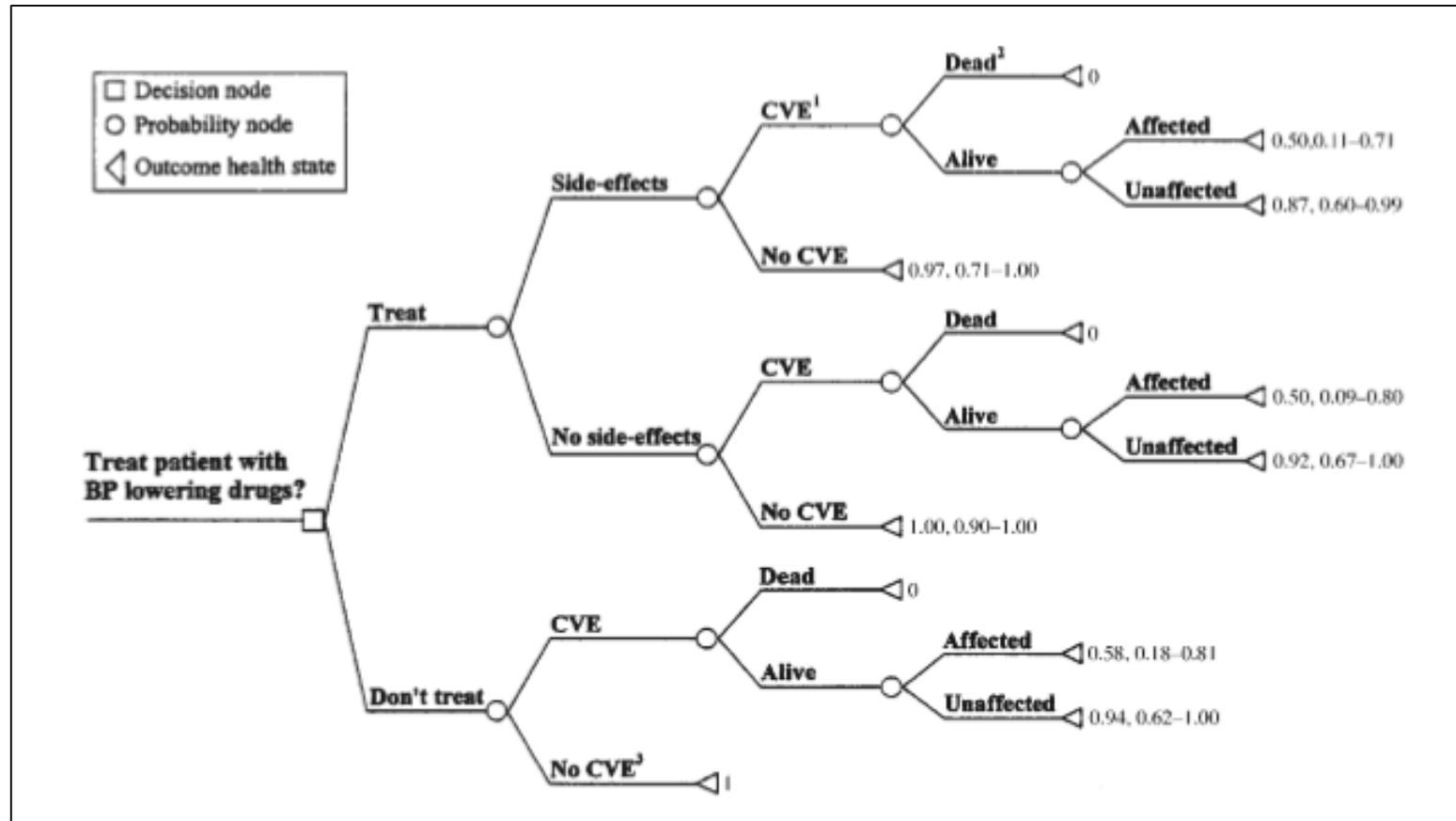
Johnson RA, et. al. Interventions to support shared decision making for hypertension: A systematic review of controlled studies. *Health Expectations*. 2018; 21:119-1207

Interventions focused on training for health-care professionals, decision aids, patient coaching and a patient leaflet.

Results: No difference in blood pressure between intervention and control.

Conclusions: Despite widespread calls for shared decision making to be embedded in health care, there is little evidence to inform shared decision making for hypertension, one of the most common conditions managed in primary care.

Decision Analysis in Hypertensive Patients



Montgomery A, et al. Shared Decision Making In Hypertension: the Impact of Patient Preferences on Treatment Choice. Family Practice. 2001; 18:309-313.

Who's doing the work?

Provider work: diagnosis, determining treatment options (including medications/dosing, referrals, etc.)

Patient work: decisions about treatment options, adherence, health behaviors

Motivational Interviewing is an *approach* to patient work.

Motivational Interviewing



A collaborative conversational style for strengthening a person's own motivation and commitment to change that involves addressing the common problem of *ambivalence* about change.

approach vs technique

MI is characterized by a spirit of...

- Collaboration (vs confrontation)
- Acceptance (vs judgment)
- Compassion/Empathy
- Evocation (vs education)



MI Skills

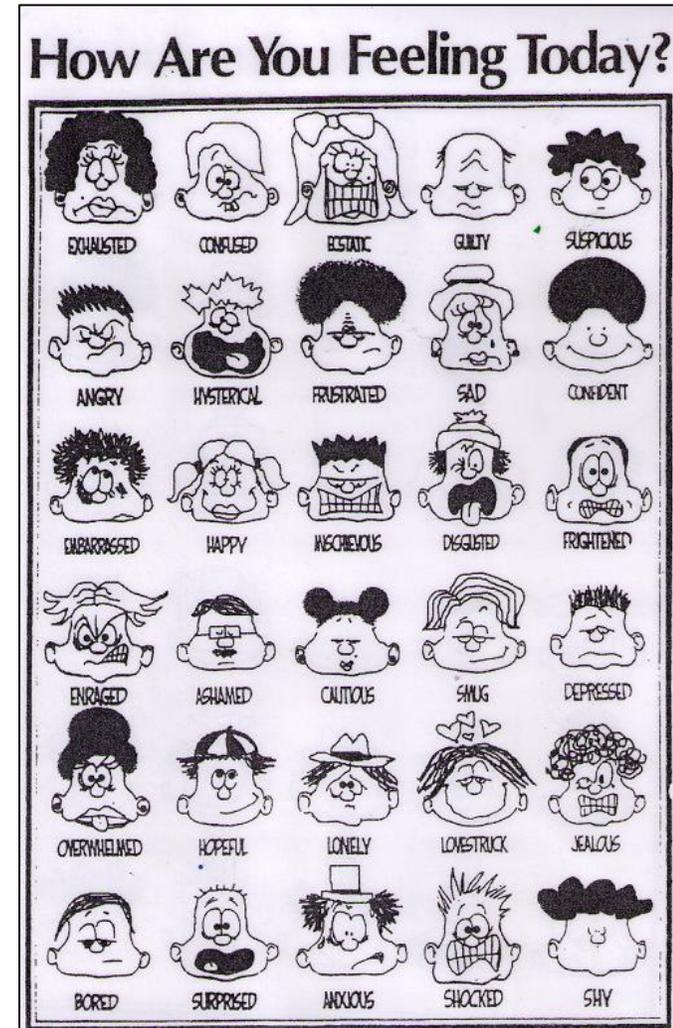
- **O**pen-ended questions
 - **A**ffirmations
 - **R**eflective **L**istening
 - **S**ummarizing
-
- Informing and advising (only done with patient request or permission)

Emotion

Pay particular attention to patient content that carries emotion (e.g., "I'm afraid of..." "I really want to be able to...").



CARDI•OH
Ohio Cardiovascular Health Collaborative



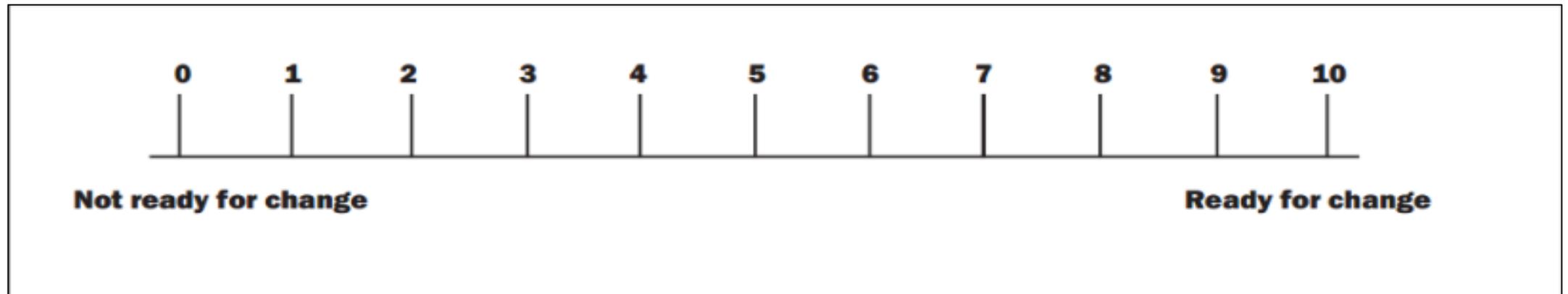
Ambivalence

- Ambivalence is about the “buts.”
- “I know I should exercise more, **but** I just don’t have the time.”
- Explore both sides of the “but.”
- “Sustain talk” is about the status quo whereas “Change talk” is about reasons for change.
- Develop the **discrepancy** between what the patient says is important to her/him, and what he/she is currently doing.

The Readiness Ruler



“On a scale of 0 to 10, how ready are you to quit smoking?”



Score	Readiness	Stage of Change
0-3	Not Ready	Pre-contemplation; Early Contemplation
4-7	Unsure	Contemplation
8-10	Ready	Preparation; Action



Emphasize



Open-ended questions



Affirmations



Reflective Listening



Summaries



Listen for ambivalence



Develop discrepancy



Listen for emotion



Educate only with permission or when patient asks for it



"Change talk"

Avoid



Being judgemental



Advice-giving



Debate

When you feel stuck



Listen and reflect.



Listen and reflect **some more**.



Summarize.

Ask the patient what else you need to know.

Ask the patient how she/he would like to proceed.



What is most important to the patient? What factors seem to be associated with the most emotion?



Consider whether there is sufficient discrepancy between the patient's values/goal and current behavior to drive motivation for change.



Consider whether you are trying to do "patient work" that is the patient's responsibility (i.e., patient choices, behavior, etc.)

Thank you!

Questions/Discussion

dean.bricker@wright.edu