**DRAFT INTERACTIVE TABLE DISCUSSION QUESTIONS**

The following questions have been developed to guide the interactive discussion at the individual tables. Each session will begin with brief introductory presentations followed by a 60-minute discussion using the questions below. Individual tables will then report back to the full group with a topline summary of the key issues discussed. Please select a representative from your table for each session to take notes and report back to the full group at the end of discussion.

**Session 1: Economic and Societal Factors: Understanding the Value of Stroke Prevention in Relation to High Costs and Negative Advertisements**

**Presentations:**

* High Cost of Anticoagulants: Other Important Considerations beyond Drug Prices
* Negative Impact of 1-800-Bad Drugs Influencing Patient Fear of Bleeding

**Discussion Questions**:

1. Are there best practices that can be shared to address cost/payer barriers? What do you do when your patient enters the donut hole or just doesn’t fill their prescription because it is too expensive?
2. When formularies become a barrier for non-medical switching, how can members of the care team assist with navigating costs and ensuring appropriate care? Include examples for hospital initiation, clinical administration and patient change of insurance.
3. How do we communicate the importance of stroke prevention to patients and counter the fear created by lawyer ads?
4. What is the best approach clinicians can take to minimize impact of the 1800-Bad Drug ads? Is it a fact sheet to hand out or specific points for clinicians to convey to their patients?
5. Additional question if time permits: How can the ACC work towards improving patients’ understanding of the value of stroke prevention, addressing financial issues, and countering misleading advertisements?

**Session 2: Personnel/Time/Health System Resources: Improving Initiation of Anticoagulation Therapy**

**Presentations:**

* Identifying Patients for Anticoagulation: While Many Patients Remain Untreated, Who Should NOT be Anticoagulated?
* Using a Multidisciplinary Team in the ED for Initiation of Anticoagulation: A Study to Reduce Stroke at ED Discharge
* Coordination of Anticoagulation Care: The Evolving Role of Anticoag Clinics

**Discussion Questions**:

**Questions 1 and 2 will be asked to all tables**

1. Why are clinicians failing to prescribe anticoagulants for so many patients that are at high risk for stroke?
	1. Are some of the missing patients due to contraindication? How do we know?
2. As we create tools to use at the point of care, how can we enhance these tools to incorporate them at the systems level to improve ease of use and impact?

**Question 3 will be asked to tables 1-3 only**

1. Once a patient is identified for anticoagulation therapy, who should lead ongoing treatment and how?
	1. What is the process flow after initiation?
	2. How can we improve coordination among various providers to

**Question 4 will be asked to tables 4-6 only**

1. As patients experience events (afib related or other, e.g., MI, bleed, surgery, etc), how can we ensure appropriate coordination among providers so patients are properly managed for comorbidities?
	1. Consider the role of what the anticoag clinic should be in the future?
	2. Outside of the anticoag clinic, consider the role of a pharmacist or NP in coordinating meds?

**Session 3: Patients and Caregivers: Patient Engagement at Initiation and Beyond**

**Presentations:**

* The Patient’s Role in Initiation of Therapy: Improved Engagement Leading to Improved Adherence
* Improving Patient Adherence: Engagement and Critical Resources for Long-Term Management

**Discussion Questions**:

1. What can we do to guide the clinician’s discussion with a patient at initiation to ensure they cover the important issues in the limited amount of time available? Of the ideas your group discusses, prioritize the need and potential impact.
2. How can we encourage patients to take a more active role in managing anticoag therapy as they move between specialists and episodes of care (e.g., surgery, bleeding episodes, change in providers, warfarin to DOAC, etc)?
	1. How can we arm patients with information to help coordinate their clinicians, AC clinics, pharmacists, etc (like the ESC medication card)?
3. What key messages need to be communicated to patients related to ongoing management issues and how can we ensure that message gets across?
	1. How can we better educate patients on small but important details of therapies without overwhelming them?
	2. Are there simple tools or factsheets we can develop and how can we disseminate them to increase awareness

**Session 4: Panel Session on Successful Anticoagulation Management – Best Practices from Integrated Systems and other Chronic Disease Paradigms**

**Discussion Questions**:

1. Based on what you’ve heard from the panel, what best practices might you borrow to improve anticoagulation management?
2. After hearing today’s discussion, what are the essential elements of a care plan to help with anticoagulation management?
3. How do we obtain buy-in for incorporation of a care plan into the management of anticoagulation? From patients? With the care team?