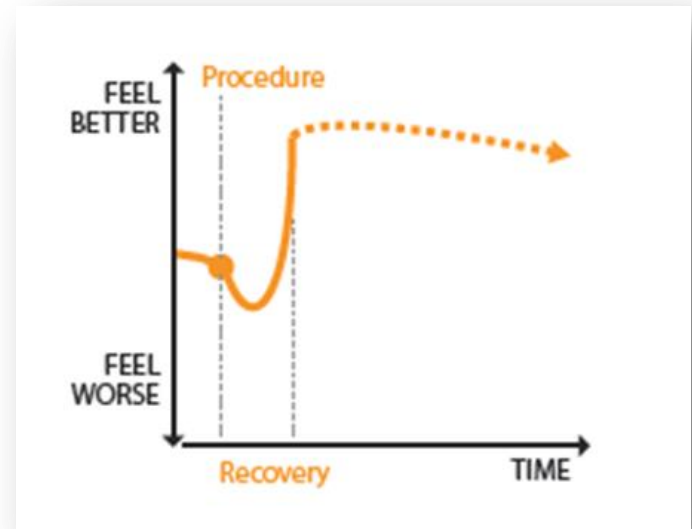


Shared decision making and implementation

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Disclosures

- No financial disclosures
- All patients and clinicians provided consent for photo/video



2014 AHA/ACC Guideline for the Management of Patients With Valvular Heart Disease: Executive Summary



The Heart Valve Team should optimize patient selection for available procedures through a comprehensive understanding of the risk–benefit ratio of different treatment strategies. This is particularly beneficial in patients in whom there are several options for treatment, such as the elderly high-risk patient with severe symptomatic aortic stenosis (AS) being considered for transcatheter aortic valve replacement (TAVR) or surgical aortic valve replacement (AVR). The patient and family should be sufficiently educated by the Heart Valve Team about all alternatives for treatment so that their expectations can be met as fully as possible using a shared decision-making approach.



Table 23. Summary of Recommendations for Prosthetic Valve Choice

Recommendations	COR	LOE	References
Choice of valve intervention and prosthetic valve type should be a shared decision process	I	C	N/A
A bioprosthesis is recommended in patients of any age for whom anticoagulant therapy is contraindicated, cannot be managed appropriately, or is not desired	I	C	N/A
A mechanical prosthesis is reasonable for AVR or MVR in patients <60 y of age who do not have a contraindication to anticoagulation	Ila	B	(534-536)
A bioprosthesis is reasonable in patients >70 y of age	Ila	B	(537-540)
Either a bioprosthetic or mechanical valve is reasonable in patients between 60 y and 70 y of age	Ila	B	(541,542)

COR

LOE

References

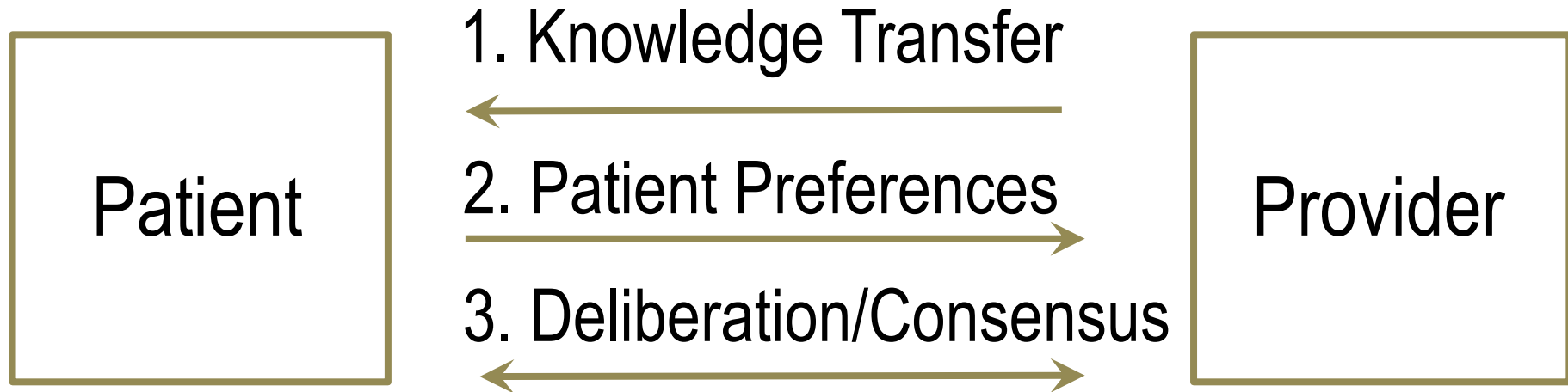
I

C

N/A

What is a
“shared decision process”?

Shared decision making is not just patient education



Charles, et al. *Social Science and Medicine* 1999;
Spatz ES, Spertus JA. *Circ Cardiovasc Qual Outcomes* 2012.

Shared decision making



Types of decisions

Preference-sensitive

- Alternative, valid treatment options
- Trade-offs or requires patient motivation

Non-preference sensitive

- Weight of evidence favors one option
- Technical decisions

Wennberg et al. *Health Affairs* 2002; Coylewright et al. *Am J Med* 2012.

medical regimens and lifestyles. In addition, patients should be informed of the risks, benefits, and alternatives to a particular treatment and should be involved in shared decision making whenever feasible, particularly for COR IIa and IIb, for which the benefit-to-risk ratio may be lower.

Aortic stenosis

- AVR before symptoms (IIa)
- Choice of therapy for intermediate risk patients (future)

Primary mitral regurgitation

- Early surgical repair before symptoms or LV dysfunction (IIa)
- Transcatheter repair if prohibitive surgical risk (IIb)

Secondary mitral regurgitation

- Surgery, if symptoms are severe (IIb)
- Transcatheter repair if prohibitive surgical risk (future)

What do you hope to accomplish?







**“DANCING IS A BAROMETER FOR ME.
IF I CAN DO FIVE TO SEVEN DANCES
AND I'M NOT HUFFING AND PUFFING,
I'M DOING ALRIGHT.”**



What are the barriers?



MAVIC

SIEMENS





REVIEW TOPIC OF THE WEEK

A Call for an Evidence-Based Approach to the Heart Team for Patients With Severe Aortic Stenosis



Megan Coylewright, MD, MPH,* Michael J. Mack, MD,† David R. Holmes, Jr, MD,‡ Patrick T. O’Gara, MD§

ABSTRACT

Application of a Heart Team approach is now a central concept in the care of patients with severe aortic stenosis. It has Class I recommendations from American and European professional societies and is required for reimbursement for transcatheter aortic valve replacement in the United States. The rationale for changing traditional practice models is to improve patient selection, procedural planning, and management of patients at high or prohibitive surgical risk, thus improving outcomes. Although the concept is intuitive, a clear definition of the Heart Team, and data supporting its effectiveness, are lacking. Other specialties, including oncology, provide a precedent for investigation of the use of a multidisciplinary team and its impact on patient care. We highlight the need for clear definitions and shared metrics to advance our understanding of an optimal Heart Team approach, focusing on patient, clinician, and health system outcomes. (J Am Coll Cardiol 2015;65:1472-80) © 2015 by the American College of Cardiology Foundation.

Common thoughts

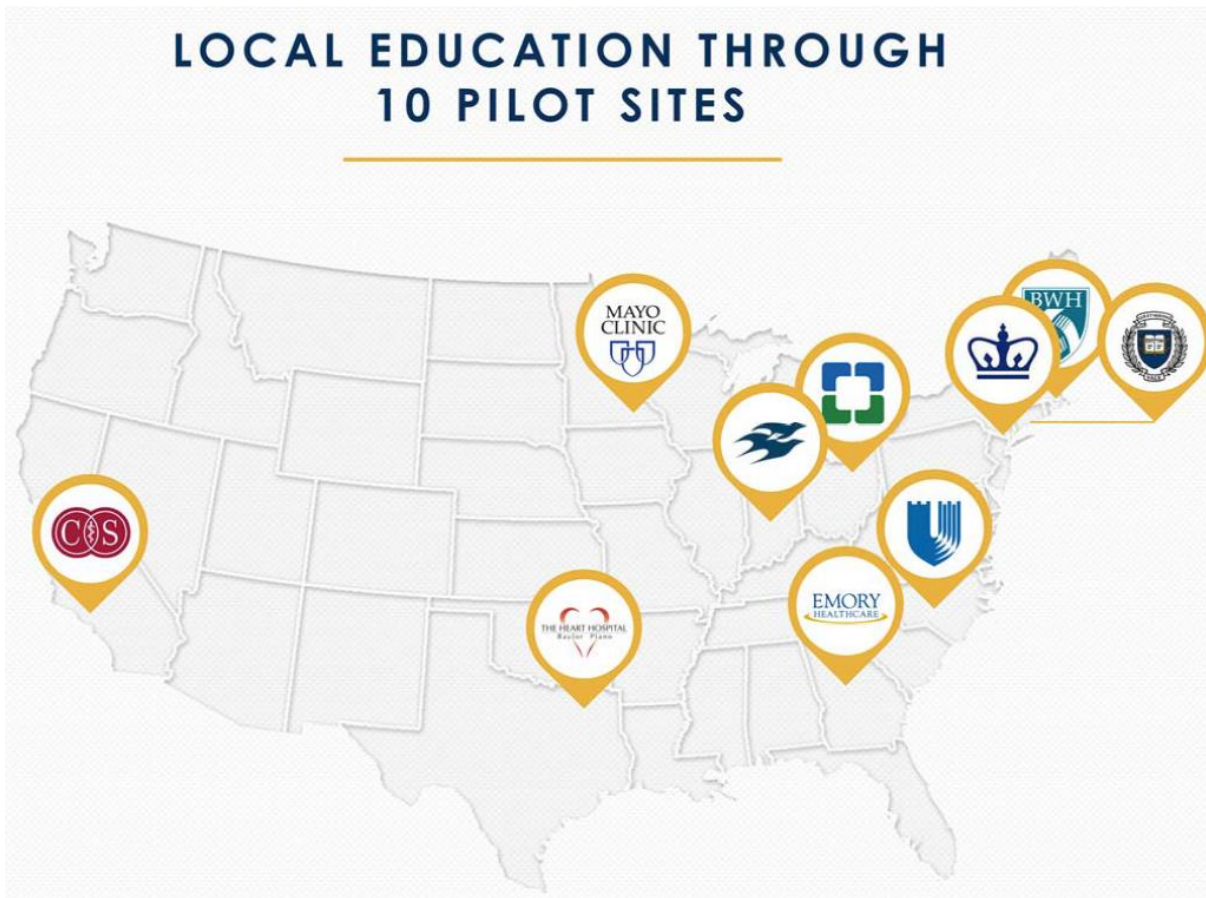
- I already do this
- My nurse can do this for me
- My patients prefer that I decide
 - Deliberation (values/preferences) vs. determination (making a choice)
- A decision aid? The data is not perfect
- It is the heart team's role to decide



Championing Care

FOR THE PATIENT WITH AORTIC STENOSIS

LOCAL EDUCATION THROUGH 10 PILOT SITES



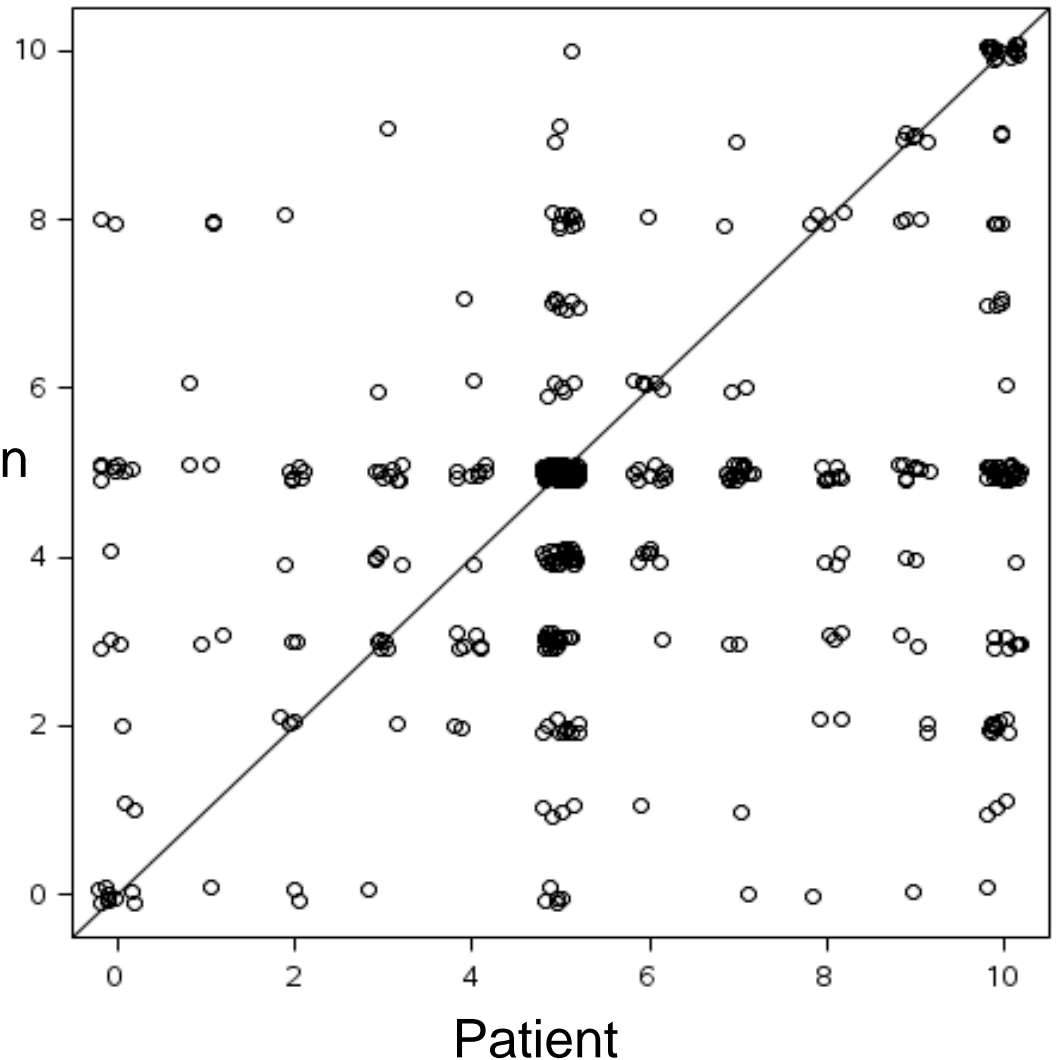
Shared decision making: Defining baseline practice patterns

- Patient and clinician surveys to assess perceptions of SDM
- 454 patients: mean age 78 years, mean STS 7%
- 50% TAVR, 25% SAVR, 25% med therapy

“How was the final treatment decision determined?”

Patients and physicians don't agree

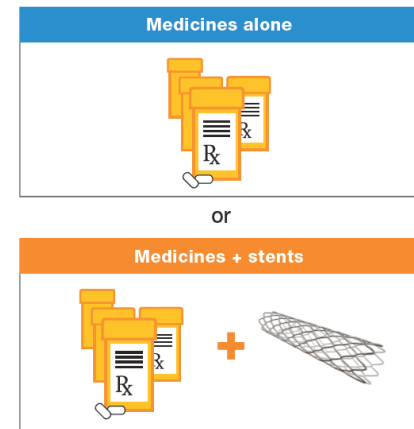
Physician



Clinicians' feedback

- Clinicians recognize a gap in knowledge around shared decision making
- Patient education is perceived as shared decision making
- Decision aids are initially disruptive and uncomfortable

Coylewright, O'Neill, et al. *in submission*



Shared decision making: 'a meeting of experts'





What are the next steps to
bring shared decision
making to our patients with
valvular heart disease?

Proposed National Coverage Decision by CMS for LAA closure

Formal shared decision making visit between patient and provider must include:

- Use of an “evidence-based decision aid”
- Documentation in the medical record
- Description of how patient preferences informed decision (“rationale”)



Patient-defined goals for the treatment of severe aortic stenosis: a qualitative analysis

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John F. Robb MD¶ and Terri R. Fried MD**††

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Abstract

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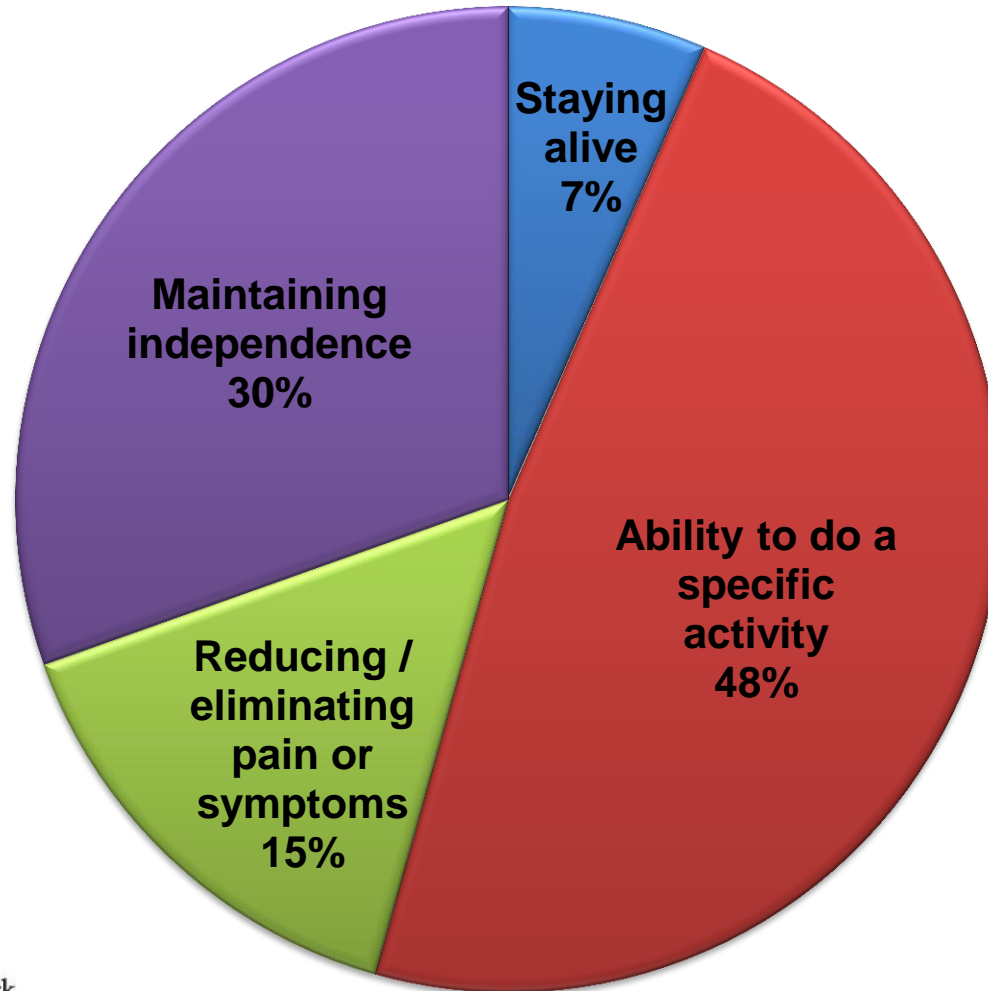
Accepted for publication

21 July 2015

Keywords: aortic stenosis, aortic valve replacement, elderly, patient-centred care, shared decision making

Background Patients with severe aortic stenosis (AS) at high risk for aortic valve replacement are a unique population with multiple treatment options, including medical therapy, surgical aortic valve replacement and transcatheter aortic valve replacement (TAVR). Traditionally, in elderly populations, goals of treatment may favour quality of life over survival. Professional guidelines recommend that clinicians engage patients in shared decision making, a process that may lead to decisions more aligned with patient-defined goals of care. Goals of care for high-risk patients with AS are not well defined in the literature, and patient-reported barriers to shared decision making highlight the need for explicit encouragement from

Results



Severe Aortic Stenosis Decision Aid

SYMPTOM MANAGEMENT / TAVR

Shared decision making: Your Heart Team shares information on choices, you share information on your values and preferences, and together a decision is made.

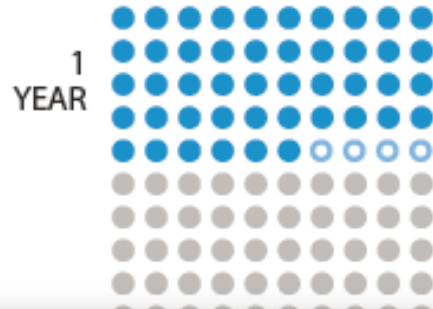
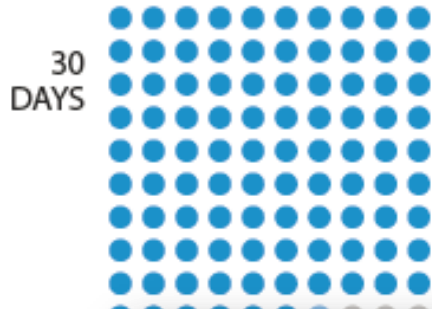
This serves as a guide for discussion. Ask your Heart Team for more specific information on estimates for you at your hospital.

What are my choices?

Will I feel better?

What are the major risks?

What other complications may happen?

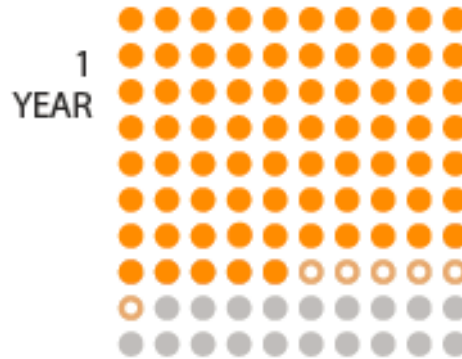
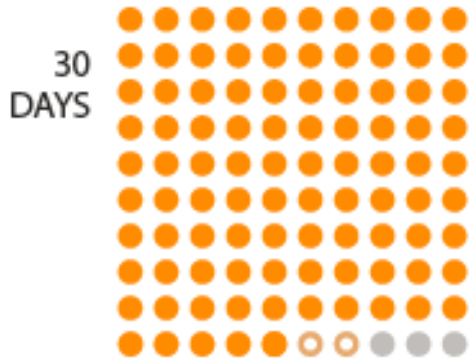


SYMPTOM MANAGEMENT

Palliative care may include:
diuretics (water pills),
oxygen, morphine,
balloon valvuloplasty

SYMPTOM MANAGEMENT

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TRANSCATHETER

- Leaky valve 3-9%
- Pacemaker 13-20%
- Blood vessel damage 5-6%
- Irregular heart rhythm 6-12%
- Repeat valve procedure 1%

95 people will live
3 people will die
2 people will live with
disability after stroke

75 people will live
19 people will die
6 people will live with
disability after stroke

What m



'I don't call that life'





Shared Decision Checklist

1. Name the choices: “We have a choice to make today.”
2. Explain shared decision making: “I am the expert on the choices and you are the expert in how you weigh those choices.”
3. Describe the choices using the decision aid: “Tell me what you understand.”

Shared Decision Checklist

4. Listen to what matters most to the patient:
“What do you hope to do that you cannot do now?”
5. Make a decision together using patient preferences: “What I hear you saying is..., and it sounds like *option X* matches your goals.”

What matters most to you?





Engagement: what is needed

- Physician incentives
 - Guidelines
 - Pay for performance
- Skills in shared decision making
- Availability of decision aids

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