

CardioSurve Newsletter

The Voice of U.S. Cardiologists



ISSUE HIGHLIGHTS

Challenges To Patient Self-Care

Practices Working To Ease Patient Financial Pains

Bridging The Gap In Care

Tools To Aid Patient Decision Making In Care

Patient Care: New Tools And Perspectives

Heart disease is America's deadliest and most costly health problem. Although there is an abundance of heart health and disease prevention information available, this information has not necessarily translated into healthier lifestyles

and risk reduction. Clearly, novel approaches are needed to better activate healthy behavior.

"Patient-centered care is the right thing to do, both in principle and in practice."¹

William A. Zoghbi MD, FACC,
President, American College of Cardiology

Under the Leadership of President William Zoghbi, MD, FACC, the ACC has spent the past year focused on incorporating patient-centered care – a style of care that emphasizes education and involvement of patients in

medical decision making, integration of medical care, and application of principles of disease prevention and behavioral change – into its core activities. One of the biggest accomplishments is the revamping of CardioSmart, the College's patient-centered initiative that is expanding both nationally and around the world.

This edition of the CardioSurve Newsletter is devoted to "all things patient" and explores a variety of issues related to patient care from the perspective of both clinicians and patients. ■ ¹ ACCinTouch Blog, May 2012

Challenges To Patient Self-Care

"The physician should look upon the patient as a besieged city and try to rescue him with every means that art and science place at his command."

- Alexander of Tralles

Among the most difficult challenges for CV professionals is working with patients who sincerely believe that they are taking better care of themselves than they actually are. Clearly it is difficult to rescue a "besieged city" that does not realize it is under capture.

In order to understand and compare patient attitudes with those of clinicians, the ACC conducted two online studies – one among 1,315 patients diagnosed with heart disease and the other with cardiovascular professionals – 547 U.S. cardiologists and 129 care team practitioners.

Heart patients rate themselves favorably on self-care. Three out of four cardiovascular patients believe that they are doing what they need to do for their health while only 24% of clinicians rate patients positively on

self-care. This contrast is possibly a function of denial or self-inflation. According to one patient, "I would give myself a 3 (on a 1-5 scale) and I know my cardiologist would give me a 2. My numbers are good, but every time I go I just lose enough weight so he won't yell at me."

For the most part, clinicians and patients are in agreement on the challenges to self-care. According to clinicians, the three biggest challenges to patient care are the inability to lose weight (92%), medication adherence (90%), and exercise (87%). Other patient challenges also cited by clinicians include diet, smoking

cessation, other co-morbidities, poor insurance coverage/access to care and lack of motivation. Similarly, patients name exercise (64%), diet (52%), and weight loss (51%) among their top struggles. Other barriers to self-care include medication costs, complexity of treatment, side effects and insurance coverage.

"Many times patients come in and their blood pressure isn't controlled and they swear they have been taking their medication," reports one cardiologist. "I am sure they are forgetting some. They are not as compliant as they should be." While health care professionals express frustration about medication adherence, almost all patients (89%) say they are extremely diligent about taking their prescribed medication.

While half (49%) of the patients who participated in this research rate their health as good or excellent, three-fourths (74%) are very concerned about their health.

When asked what type of patients are most in need of self-care information, more than four-in-five clinicians (85%)

Strongest Challenges to Patient Self-Care

Clinician View of Patient Self-Care Challenges

Inability to lose weight	92%
Medication adherence	90%
Exercise	87%

Patient View of Patient Self-Care Challenges

Exercise	64%
Diet	52%
Weight loss	51%

Q: What would you say are the primary challenges to patient self-care/treatment?
Clinician Study: n=320; Patient Study: n=650

continued on next page

Challenges to Patient Self-Care

continued from page 1

respond “all patients.” However, they do acknowledge that some audiences could use additional support, specifically those who suffer from more acute heart disease conditions (i.e. heart failure, cardiomyopathy) and co-morbid conditions (i.e. diabetes, COPD). Clinicians also advocate for materials targeted specifically to African Americans. According to the patient research, these groups also seem to be in more need for patient self-care resources than other patient groups.

A lack of information does not seem to be the problem as almost all clinicians report that their practice has a variety of tools and resources to inform and educate patients and families ranging from the more popular printed education materials such as brochures, pamphlets, and other printed material to the somewhat less utilized 3-dimensional visual aid models, practice websites, patient/family handbooks, risk calculators, desktop computers, live events and TV with video. Decision aids or shared decision tools and portable handheld tablets are used less often. Almost all patients (84%) report that they have received information and resources from their physician's practice.

The challenge seems to be in providing the right type of information, education, and of course, motivation. When asked if a need exists for a patient education resource that is developed by cardiologists and other cardiovascular specialists for their patients, clinicians respond with a resounding “YES”. Nearly all clinicians (97%) indicate a need for patient education developed by CV professionals and most (77%) of this sentiment is strong.

Cardiologists are well-poised to deliver this type of care information to their patients. They receive good marks from their patients with two-thirds (65%) rating the physician treating their heart disease as “excellent.” Patients favorably describe their cardiologists as knowledgeable (92%), treats me with courtesy and respect (91%), and having credentials/expertise in their field (88%). Cardiologists also receive good marks from patients on explaining things in a way that is easy to understand (85%), involving the patient in the decision process (83%), providing easy to understand instructions (82%), and caring about the patient (81%).

While clinicians are interested in materials developed by CV professionals, more than four out of five patients (82%) are looking for information that can help them manage expectations and concerns, namely

Practices Working To Ease Patient Financial Pains



With the ongoing changes in the health care environment impacting patient insurance coverage, eligibility and access to care due to the Affordable Care Act (ACA), the College sought to determine the access problems affecting cardiovascular patients and what can be done to provide assistance.

The October CardioSurve found that the three most common problems which cardiovascular patients face from their insurance plans are: denied pre-authorization of service, device or treatment (59%); high-cost deductible/co-insurance amount and/or high deductible plans (47%); and an inability to interpret plan benefits (35%).

Although the vast majority of patients have some form of insurance coverage, three out of four cardiologists say at least 25% or more of their patient populations are under-insured for their current plan and medical needs. Additionally, one out of two cardiologists indicate that half of their patients use Medicare as their insurance provider.

Nearly half of cardiologists (47%) believe that their patients are comfortable initiating and discussing cost/barrier issues with their cardiologists. In these discussions, cardiologists have learned that “patients are generally dissatisfied and frustrated with their insurance companies.” The top two out-of-pocket expenses that patients find most challenging are their co-pay for pharmaceuticals (65%) and their deductible

or co-insurance (57%). In addition, denied care due to preauthorization of services continues to be a key issue.

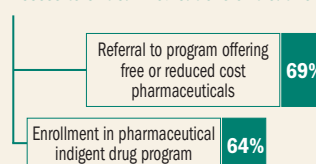
To help patients with these challenges, 92% of cardiologists' offices provide services to assist patients with accessing care, and nearly seven out of 10 (69%) practices are making referrals for patients to programs offering free or reduced cost pharmaceuticals or presenting enrollment to their patients in pharmaceutical indigent drug programs (64%). Almost half of practices are helping to reconcile coding and billing errors (47%), providing assistance with appealing a denied claim for services (46%) or making a referral to charity care (45%).

The majority of cardiologists note that they would like their offices to provide additional services (93%), including education on Medicare Part D and assistance selecting an appropriate plan (27%); patient education materials to better understand insurance (20%); and referral to co-pay relief program (17%).

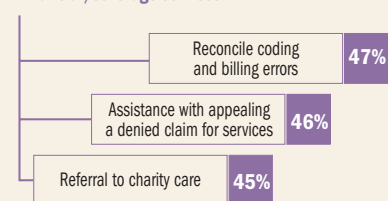
The ACC has been advocating for payment models that align payment incentives with evidence-based improvements in health care quality and outcomes. In addition, the ACC has long advocated for the use of appropriate use criteria and tools like Imaging in FOCUS, as an alternative to prior-authorization as prior-authorization is based on arbitrary criteria and denies access to care. As one cardiologist noted, “the focus needs to shift to maintaining wellness...prevention and good health should be rewarded.” ■

Most Common Services Practices Offer to Assist Patient Access to Care

Access to critical medications or treatments



Financial, coverage services



Q: Which of the following services does your office offer to assist patients with accessing care? (n=160)

– information about what to expect over time (58%), what is normal/not normal for a condition (57%), benefits and risks of various treatments (47%), “my responsibilities” (30%), explanatory videos (20%), condition-focused information (18%), expert commentary (16%), medication reminders (14%), and peer-to-peer support resources (13%) among others. ■

“I think there needs to be more education. It would help if they handed you a pamphlet ...these are the symptoms, this is what kind of things you should be expecting, this is how to deal with it, and this is what your body is going through.” – Cardiovascular patient

Bridging The Gap In Care: Implementing Patient-Centered Care In Practice



In response to the needs voiced by patients and clinicians, the ACC launched its premier patient centered care tool — the CardioSmart National Care Initiative — to assist heart patients and people at risk of heart disease in making better and more thoughtful choices in their everyday lives. The goal of the program is to make CardioSmart resources an extension of the clinician-patient interaction that is grounded in guideline-based CV care and prevention.

While research revealed that most clinicians and patients are less aware of CardioSmart, they are interested in the concept and the material. Two-thirds of health professionals (69%) report that they would like to receive more information on the CardioSmart program and half (49%) are likely to use CardioSmart at their practice. Clinicians working at independent solo or group practices are more likely to express stronger interest in the CardioSmart offering than are their counterparts at hospital-affiliated practices. Half of patients (47%) are very favorable toward the CardioSmart concept.

Clinicians and patients are aligned in what they find appealing about the CardioSmart offering, specifically: the CardioSmart website, disease state fact sheets, evidenced-based information about the available options and outcomes of procedures and treatments, risk assessments/calculators, lifestyle health coaching programs, written and audio education modules, and guideline-based goals.

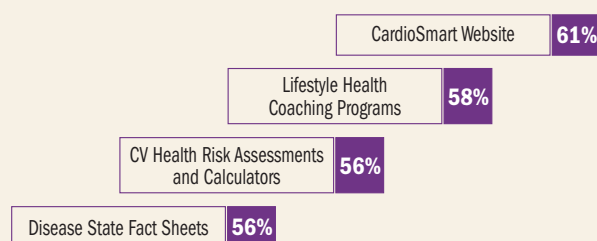
In February, the College rolled out its newly redesigned *CardioSmart.org*, a new digital and mobile platform to inform and inspire patients, caregivers, and consumers to make positive changes in their conditions and lives. The site includes more than 30 specialized condition centers, an online activity tracker, and much more, all of which are intended to help patients understand their condition, communicate with their doctor, make healthy lifestyle choices and understand the latest research. Given that most physicians in private practice (56%) indicate they rely more heavily on their practice website to communicate patient information than cardiologists in other practice settings (CardioSurve April 2012 survey among 170 cardiologists), it is hoped the new *CardioSmart.org* will serve as an extension of the office and office portal.

The College has also expanded and enhanced the CardioSmart “ecosystem” to include patient-centered tools such as text messaging, mobile apps, CardioSmartTV™, a CardioSmart Clinical Community and practice toolkits. Existing text messaging streams are focused on heart disease prevention tips (PREVENT)

with programs like the federal Electronic Health Record Incentive Program (Meaningful Use) potentially requiring measurement of patient satisfaction as a means of assessing physician payment. Currently, almost two-thirds (64%) of practices report having an instrument which captures a patient's experience

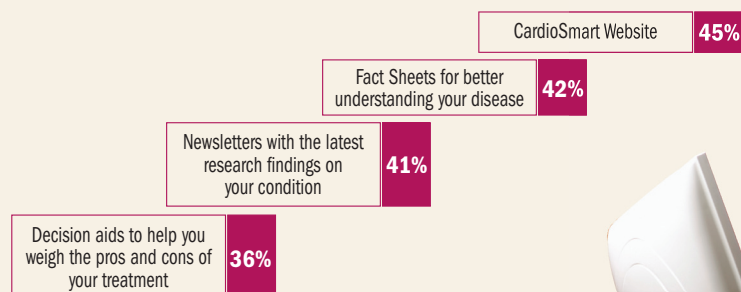
and feedback, and most cardiologists rate their practice highly on incorporating patient preferences/values in decision making (76%) and patient engagement (75%). However, only 52% are satisfied with the level of routine patient feedback to doctors. Further, the overall satisfaction of the patient feedback tools is lukewarm, with approximately four out of 10 having some level of satisfaction, while six out of 10 are neutral or not satisfied. With two out of three cardiologists indicating they would use an ACC patient experience measurement tool if available, the College has continued opportunities to fill a niche for its members. ■

Appeal of CardioSmart Offerings to Clinicians



Q: Which of the following CardioSmart resources do you find most appealing?
Clinician Study, n=676

Appeal of CardioSmart Offerings to Patients



Q: Which of the following CardioSmart resources do you find most appealing? Patient Study, n=2,805

and smoking cessation (QUIT/DEJA). The Heart Explorer App, which is available for free to ACC members, was also recently updated and serves as a point-of-care tool for visually educating patients about their disease and/or a procedure. In addition, the new CardioSource Clinical Community under the guidance of Editor Andrew Freeman, MD, FACC, introduces ACC members to ways in which CardioSmart can serve as their vehicle for facilitating more patient-centered care, while CardioSmartTV is aimed at providing educational programming around heart health for patients in a practice or hospital waiting room.

Moving forward, the College is committed to continuing to help foster the patient-provider relationship. This will be even more important in the coming years



CardioSurve™ is a unique, insightful panel of 300-350 cardiologists which provides an in-depth perspective of what U.S. cardiologists think.

For additional information about this report or CardioSurve™, please contact Paul Theriot at 202-375-6357 or ptheriot@acc.org.

Tools To Aid Patient Decision Making In Care



Patient decision aids are tools designed to help people participate in decision making about health care treatment options. They provide information in DVD, web or print format on different treatment options and outcomes as a way to help patients make informed decisions, based on their personal goals and preferences, with their practitioner.

The January CardioSurve explored the concept of shared decision making and patient decision aids with a focus on two patient treatment scenarios — atrial fibrillation and high cholesterol.

Overall, the majority of cardiologists support shared, collaborative decision making with patients. For example, when an atrial fibrillation patient with a CHADS2 score of zero is contemplating an aspirin regimen to lower stroke risk, then approximately half of cardiologists (49%) believe that this treatment decision is more evenly shared by the cardiologist and patient. However, in the case of an atrial fibrillation patient with a CHADS2 score of two or higher and the treatment consideration involves warfarin or a new oral anticoagulant to lower stroke risk, then nearly three out of four cardiologists (73%) say that the decision lies with the cardiologist; significantly fewer (25%) feel that the patient shares equally in owning the treatment decision in this particular scenario. Although cardiologists are much more likely to dictate the course of treatment as the gravity of the patient condition increases, they still recognize that patient input and co-ownership of the care decision are vital.

The same pattern emerges with high cholesterol. Sixty percent of cardiologists indicate that the physician should be the primary decision maker on whether a patient with high cholesterol should take a statin; two-in-five cardiologists believe that patients share equally in the treatment decision.

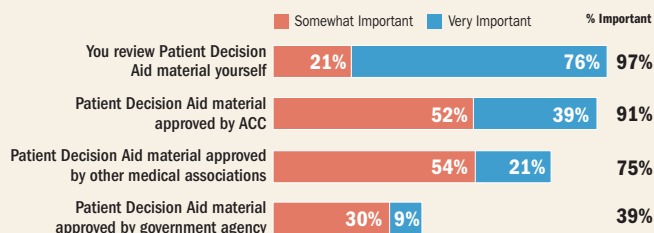
For the most part cardiologists are not regularly utilizing DVDs, specific websites, or print materials with information about treatment options to their patients with atrial fibrillation or high cholesterol. Less than one-third regularly offer decision information on atrial fibrillation (30%) or high cholesterol (25%) to their patients. However, almost all cardiologists (91%) indicate they

“Key to shared decision-making is the ability of patients to become acquainted with the options available, the risks of each option and the outcomes anticipated from treatment with each option.”

- William R. Lewis, MD, FACC

Source: “Shared Decision Making 101: Learn from an Expert”, CardioSmart Community, 01/08/2013

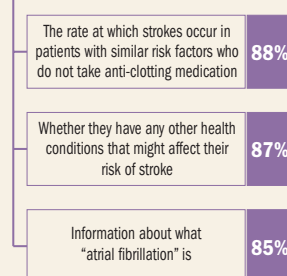
Cardiologist Criteria For Recommending Patient Decision Aids



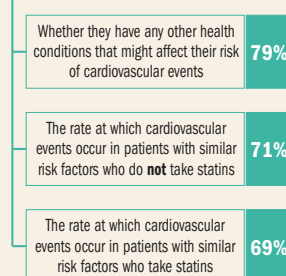
Q: In order for you to feel comfortable with recommending a patient decision aid to your patients, how important is it that...(n=161)

What Cardiologists Want Patients to Know Before Making a Treatment Decision

For Atrial Fibrillation Patients Considering Anti-Coagulation Medication



For High Cholesterol Patients Considering Statin Medication



Q: Please indicate how important it is for patients with...to know the following information before making a decision about taking...medication. (n=163)

would regularly recommend a decision aid that met their standards.

So, what are the qualities of an effective patient decision making tool for patients with atrial fibrillation or high cholesterol?

For atrial fibrillation patients making a decision about taking an anti-clotting medication, the most important information cardiologists would like for their patients to know is the rate at which strokes occur in patients with similar risk factors who do not take anti-clotting medication (88%), whether they have any other health conditions that might affect their risk of stroke (87%),

information about what “atrial fibrillation” is (85%), information about the steps they will need to take to monitor the effects of their anti-clotting medication (84%), the increase in the rate of major bleeding among patients taking anti-clotting medication (80%), and the rate at which strokes occur in patients with similar risk factors who take anti-clotting medication (80%).

For patients with high cholesterol considering a statin for primary prevention of cardiovascular events, cardiologists would primarily like for these patients to know whether they have any other health conditions that might affect their risk of cardiovascular events (79%), the rate at which cardiovascular events occur in patients with similar risk factors who do not take statins (71%), and the rate at which cardiovascular events occur in patients with similar risk factors who take statins (69%).

Not surprisingly, nearly all cardiologists (97%) believe that it is important for them to first view the patient decision aid material themselves before patient recommendation. Also important is ACC approval on patient decision aids (91%).

More than four out of five (84%) believe that patient decision aids should be created by an organization that has no ties to the pharmaceutical industry. While three-quarters (75%) value the approval of other national medical associations, significantly fewer (39%) find government agency approval important.

The ACC in conjunction with other healthcare organizations is pursuing initiatives that seek to develop through its *CardioSmart.org* patient portal shared-decision making tools for clinicians and patients that seek to transform the way health care is delivered. With the development of these tools, the College will continue to support patient decision making. ■