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Title: Decision Aids for Cardiovascular Risk Management in Primary Care

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Introduction:
Cardiovascular disease risk (CVDR) management is an important part of primary care. Managing CVDR involves estimating a patient's risk of CVDR, presenting the risk to the patient, and discussing ways to reduce the risk. This process requires the clinician to present numerical information clearly to the patient and then engage the patient in a discussion about potential interventions. This is a complex task and the outcome of these consultations will vary between patients due to differences in individual patients' circumstances and preferences. Clinicians are therefore encouraged to adopt a shared decision making (SDM) approach.

"SDM is a collaborative process that allows patients and their providers to make health care decisions together, taking into account the best scientific evidence available, as well as the patient's values and preferences." SDM helps achieve person-centered medicine and supports patients' ability to make informed choices about their treatment. Decision aids are tools that are designed to promote SDM in consultations. They have been shown to better inform patients of their management options and reduce conflict between patients and clinicians in making these decisions. Additionally, they have been shown to reduce inappropriate use of tests and treatments. Both patients and clinicians can benefit when effective and time efficient tools are available and used to assist a shared decision making (SDM) discussion

Little is known about how Pegasus Health general practitioners (GPs) and practice nurses (PNs) approach the task of CVDR management, how decision aids are used in these consultations, how useful they and their patients find them, nor how they influence management decisions.

Aim:
To explore Pegasus Health clinicians' approach to CVDR management and their use of and attitudes towards SDM and decision aids. We also sought to identify GPs' and PNs' preferences for decision aid format and barriers to their use.

Method:

Phase 1: One-to-one interviews with six GPs and six PNs in Pegasus health.
Phase 2: A questionnaire was designed based on the information gathered in Phase 1. The questionnaire was sent via email to all Pegasus Health GPs (278) and PNs (383)

Results:
270 surveys were completed, 118 GPs and 152 PNs, (response rates of 42% GPs and 39% PNs, overall 41%). 90% of respondents believe they use a SDM approach to CVDR discussions sometimes/often. 29% of respondents answered that they currently use a decision aid when discussing CVDR. 40% of those who do not currently use a

decision aid said they would use one often/frequently if an ideal one was available (47% GPs and 42% PNs). Furthermore, 90% of respondents, regardless of whether or not they currently use a decision aid, believe that decision aids are effective in assisting both a SDM process and patient understanding.

Significant findings in regards to barriers encountered to decision aid use were that decision aids are hard to find, they are time consuming to use, they do not auto-populate with patient data, and that some practitioners do not always have access to a computer.

The top five preferences from the respondents in regards to their ideal decision aid are:
- Auto-populating with patient data
- Able to print individualized information for patients to take home
- CVDR estimates based on New Zealand specific data
- Interactive [can manually change risk factors to communicate with the patient]
- Available to patients online at home

Conclusion:
This study reveals both good practice and an opportunity to better support Canterbury's primary care workforce in managing their patients' CVDR. Our results indicate that most clinicians currently use a SDM approach to CVDR management and that they recognise the potential benefits of using a CVDR decision aid. However decision aids are not widely used. We identified a range of barriers to their use and a number of desirable features of a CVDR decision aid. We believe these findings could be used to inform the development of a decision aid tailored to the needs of the local primary care workforce and that such a tool will improve CVDR management in Canterbury.

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