

Improving Outcomes for Patients with AFib





This webinar is made possible by the national supporter of My AFib Experience®







American Heart WELCOME



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Heart WELCONE Sociation®



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on WELCOME



Mellanie True Hills

Atrial Fibrillation Patient & Heart Disease Survivor Founder & CEO, StopAfib.org



Webinar Objectives

- Recognize AFib Patient Values
- Learn about the Value of My AFib Experience® an online portal for patients & clinicians
- Understand Multi-Disciplinary Approaches to Treating AFib
- Discuss the importance of Shared Decision Making in Treating AFib





Recognize AFib Patient Values

Mellanie True Hills

How AFib Affects Patients

- Many clinicians may underestimate how dramatically AFib affects patients' lives.
- AFib patients have reported feeling:
 - Like they're running a marathon 24 hours/day
 - Their hearts racing with difficulty breathing, even while sleeping
 - Like a fish is flopping in their chests
- AFib can be completely debilitating, leaving those with the condition feeling drained of energy all day.





The Disconnect Between Patients & Clinicians

"Compared with CAD & HF, AF is not typically seen by clinicians as a complex cardiac condition that adversely affects quality of life. Therefore, clinicians may minimize the significance of AF to the person & may fail to provide the level of support & information needed for self-management of recurrent symptomatic AF."

Pamela McCabe, PhD, RN





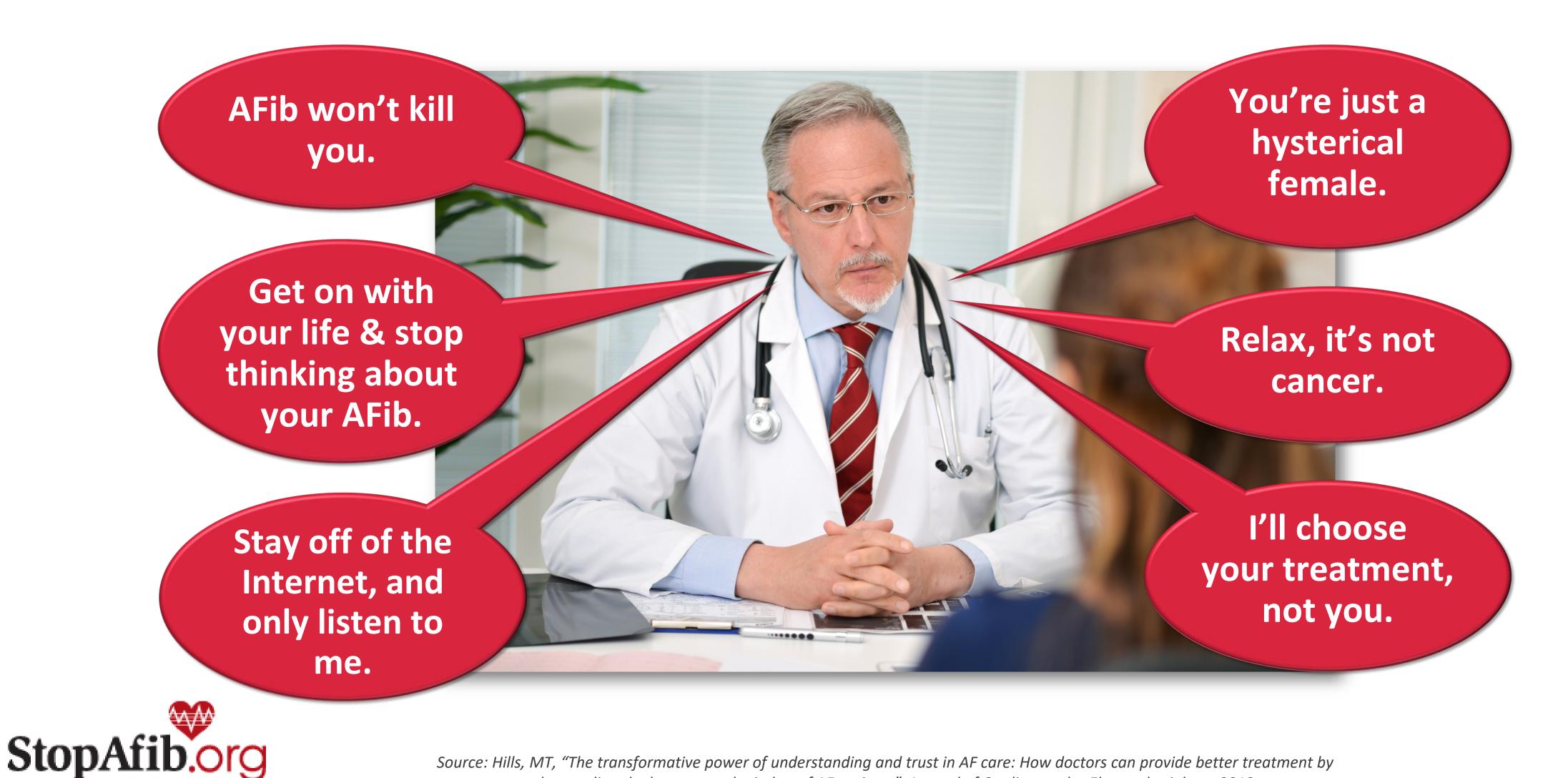
AFib Patient Values

- Around 1,000 AFib patients from around the globe responded in online forums to the question:
 - "What would you tell your healthcare providers about living with AFib?"
- The recurring theme through all responses:
 - Atrial fibrillation is complex & adversely affects quality of life
 - When providers understand what it's like to live with the condition, communication between doctors & AFib patients can optimize care





What AFib Patients DON'T Want to Hear





What AFib Patients <u>DO</u> Want







What You Can Do for AFib Patients

 Providing better treatment for AFib patients means listening more closely & responding a little differently.

 Healthcare providers who acknowledge the serious effects AFib has on patients can forge meaningful & productive relationships.







The Value of My AFib Experience®

Mellanie True Hills

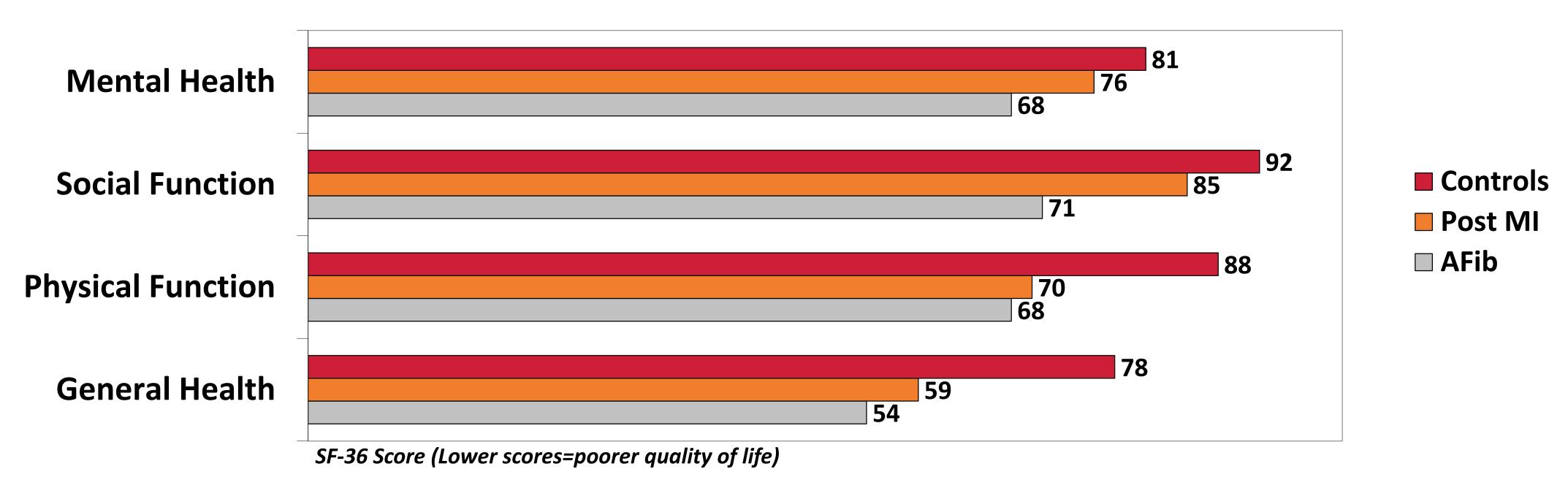
- A collaboration between the American Heart Association & StopAfib.org
- An online platform on the Support Network for AFib patients, caregivers & healthcare professionals that provides:
 - Evidence-based information on AFib
 - Useful interactive tools & resources to help patients manage AFib
 - A community for those living with AFib to connect with one another for emotional support





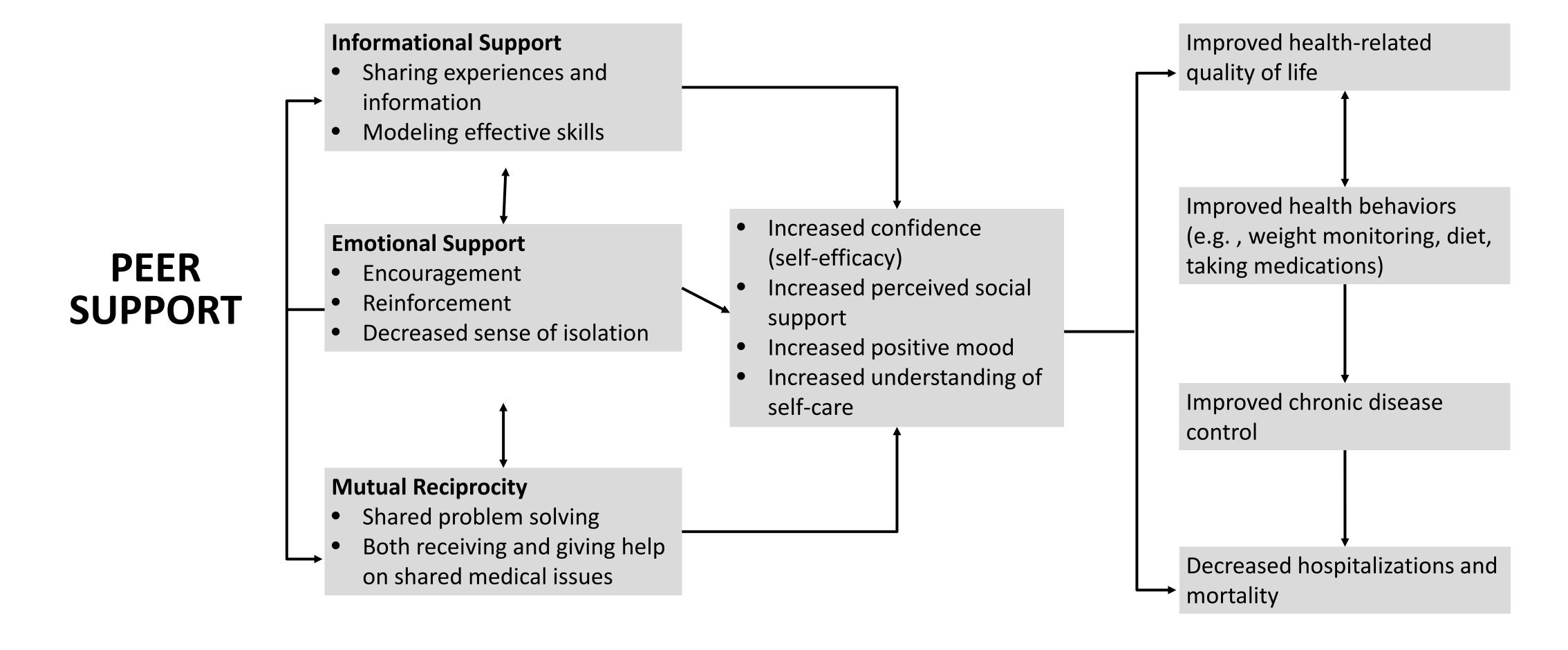
AFib Patient Quality of Life

Atrial Fibrillation Adversely Affects Quality of Life Adapted from Dorian et al. Study





How Peer Support Can Improve Chronic Disease Outcomes



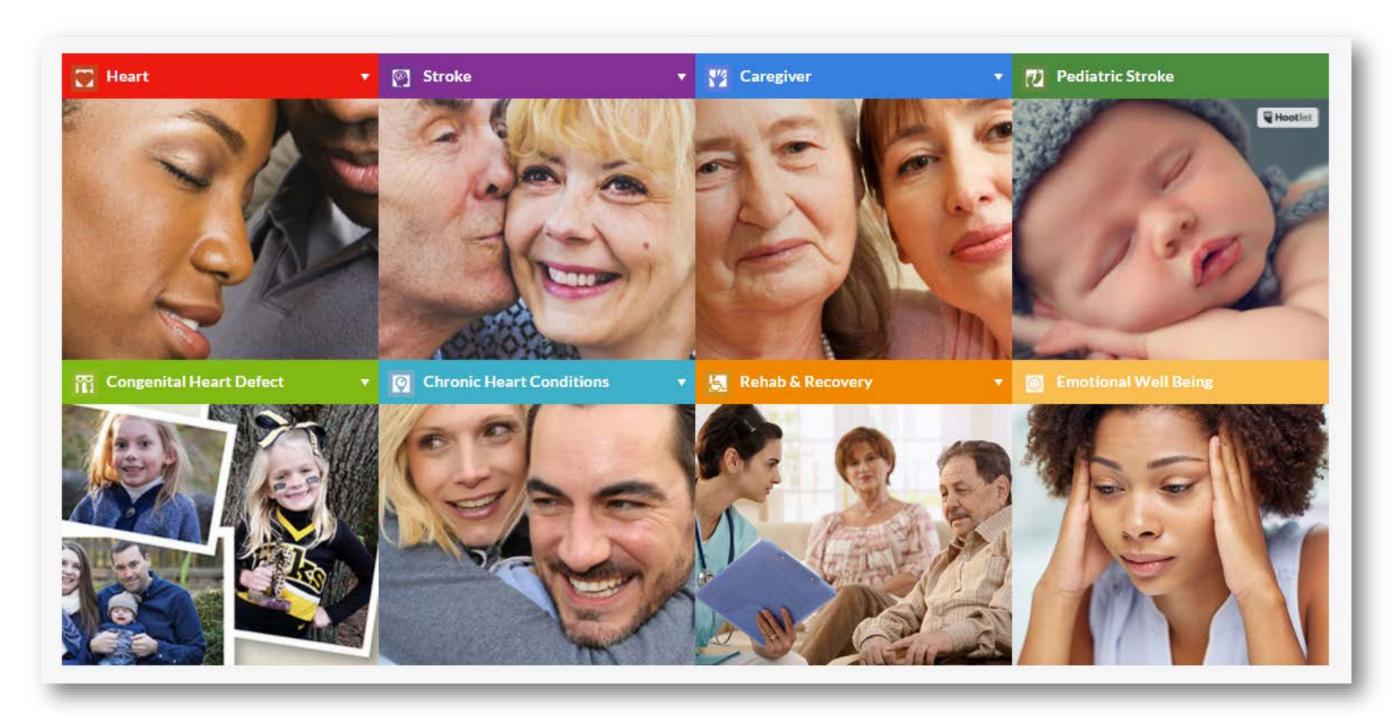


Resources & Support for Comorbid Conditions

The 10 most common comorbid chronic conditions among Medicare beneficiaries with AFib.

Beneficiaries ≥ 65	yrs.	Beneficiaries < 65 yrs.		
	%		%	
Hypertension	83.0	Hypertension	81.1	
Ischemic heart disease	63.8	Ischemic heart disease	64.5	
Hyperlipidemia	62.1	Hyperlipidemia	60.6	
HF	51.4	HF	59.3	
Anemia	42.3	Diabetes mellitus	53.1	
Arthritis	39.8	Anemia	45.6	
Diabetes mellitus	36.5	CKD	40.3	
CKD	32.3	Arthritis	33.0	
COPD	23.2	Depression	33.0	
Cataracts	22.5	COPD	31.4	

Integration with Support Network now gives patients access to resources on comorbid conditions.





My Afib Experience® Users

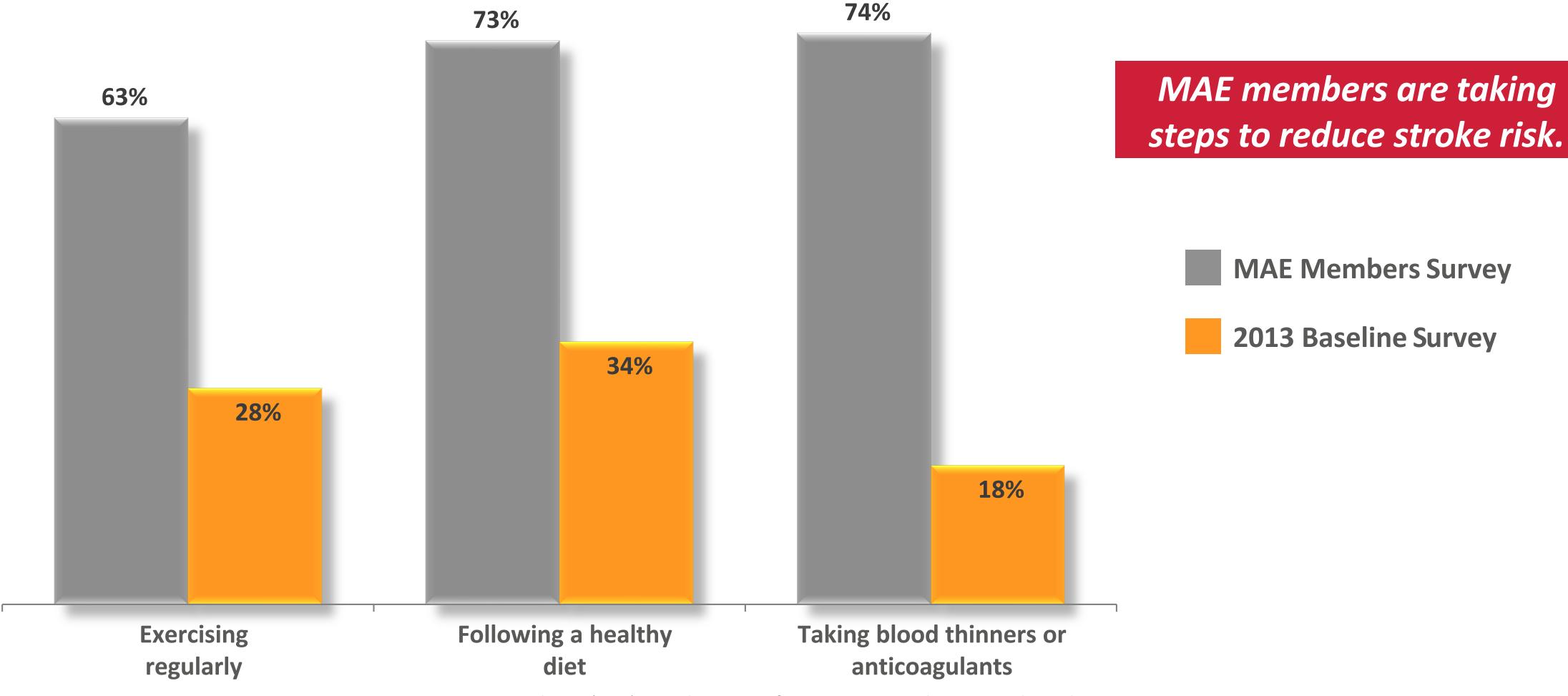
A recent survey done on 493 community members revealed the following:

- My AFib Experience® (MAE) was cited as the second most valuable source of information, second only to their doctors/cardiologists
- 75% would recommend MAE to other patients, & 47% would recommend the site to their doctor
- 96% knew that AFib puts you at an increased risk for stroke, even if you do not have any symptoms
- 72% of those that knew the correct meaning of CHA₂DS₂-VASc, know their personal score
- MAE members are **adherent to their medication**: **90%** of AFib patients 65+ rarely or never forget to take their medication

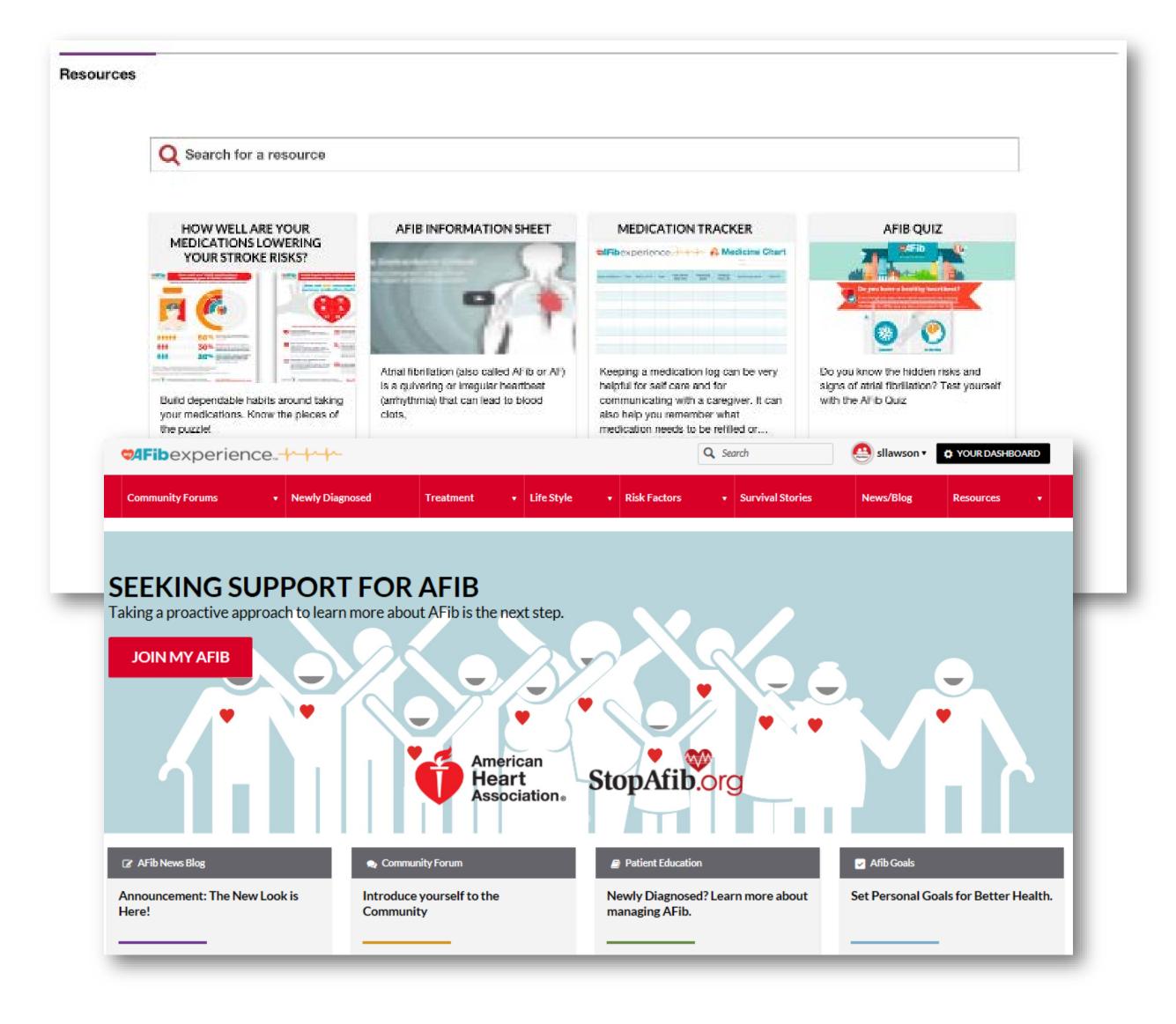


My Afib Experience® Users

MAE Members vs. 2013 Survey of 508 AFib Patients







Patients have access to numerous resources in My AFib Experience® such as:

- Medication Trackers
- Downloadable Information Sheets
- Interactive Risk Calculators
- Personal Goals Tracking
- Food Diaries



Reducing an overly high heart rate (called rate control)

· Some additional considerations may include:

Managing other contributing risk factors for stroke

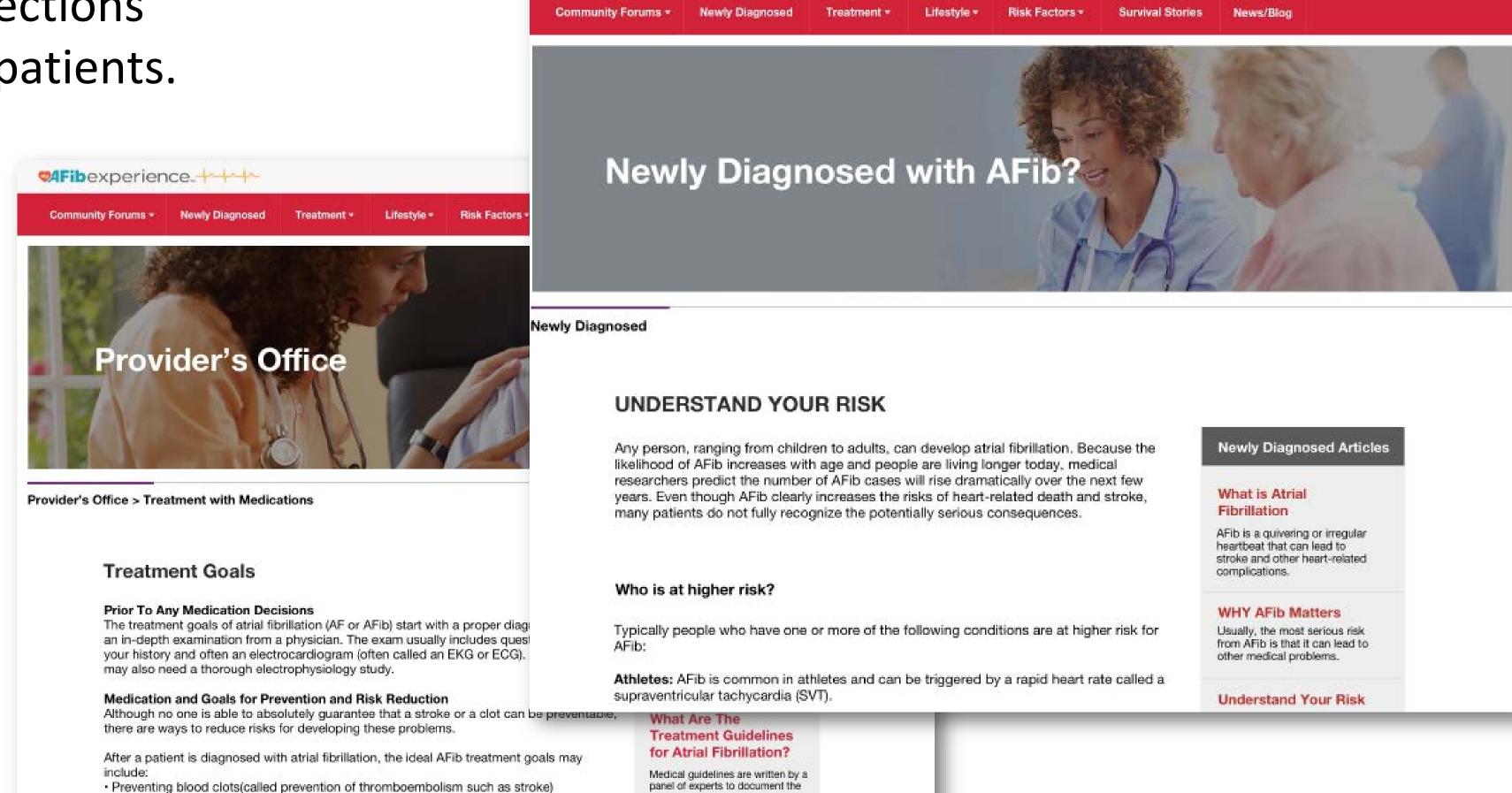
Restoring the heart to a normal rhythm(called rhythm control)

· Tracking any other potential heart rhythm problems, like a valve that may need to be

Managing the heart's workload to avoid the development of heart failure

Features 12 informational sections tailored specifically to AFib patients.

- Newly Diagnosed
- Treatment
 - At The Hospital
 - At The Lab
 - Provider's Office
- Life Style
 - Exercise
 - Nutrition & Dining
 - At Home
 - At Work
 - Travel & Leisure
- Risk Factors
 - Lower Stroke Risk
 - AFib Goals



science that helps healthcare

treatments. Here's a simplified

version of the atrial fibrillation guidelines, which were written by a

panel of experts who reviewed the

providers choose the right

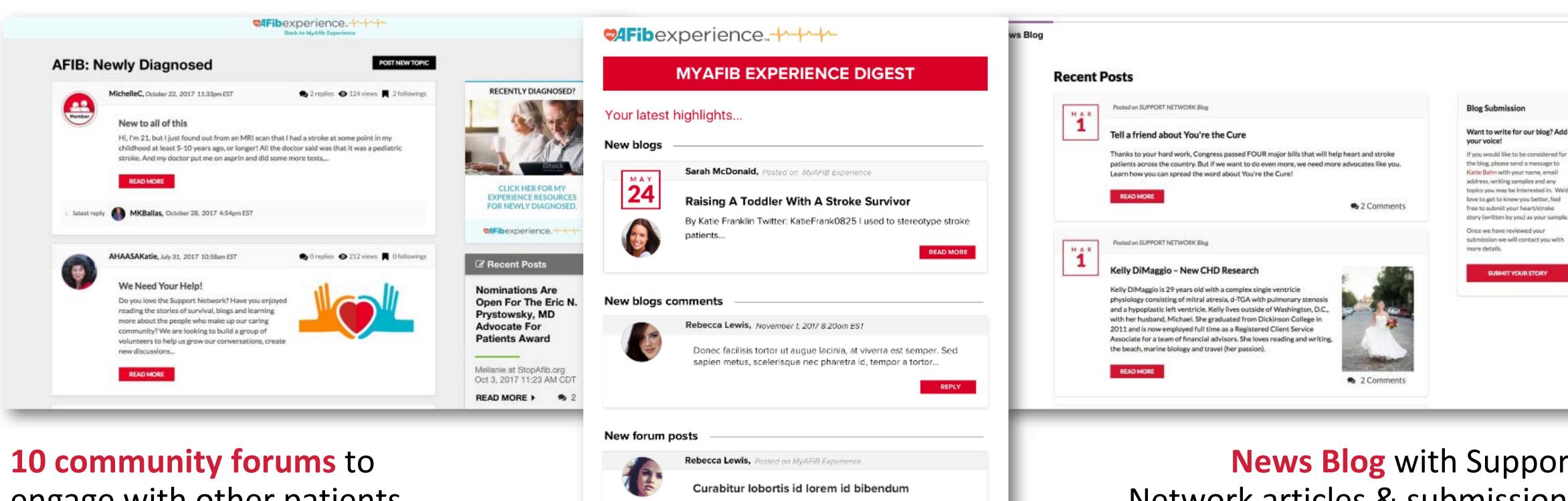
science guiding treatment decisions for AFib patients.

MFibexperience.



Hello, Username 🌋

Q. Search



10 community forums to engage with other patients, caregivers, professionals.

Personalized "Highlights" page displaying the most recent & relevant content

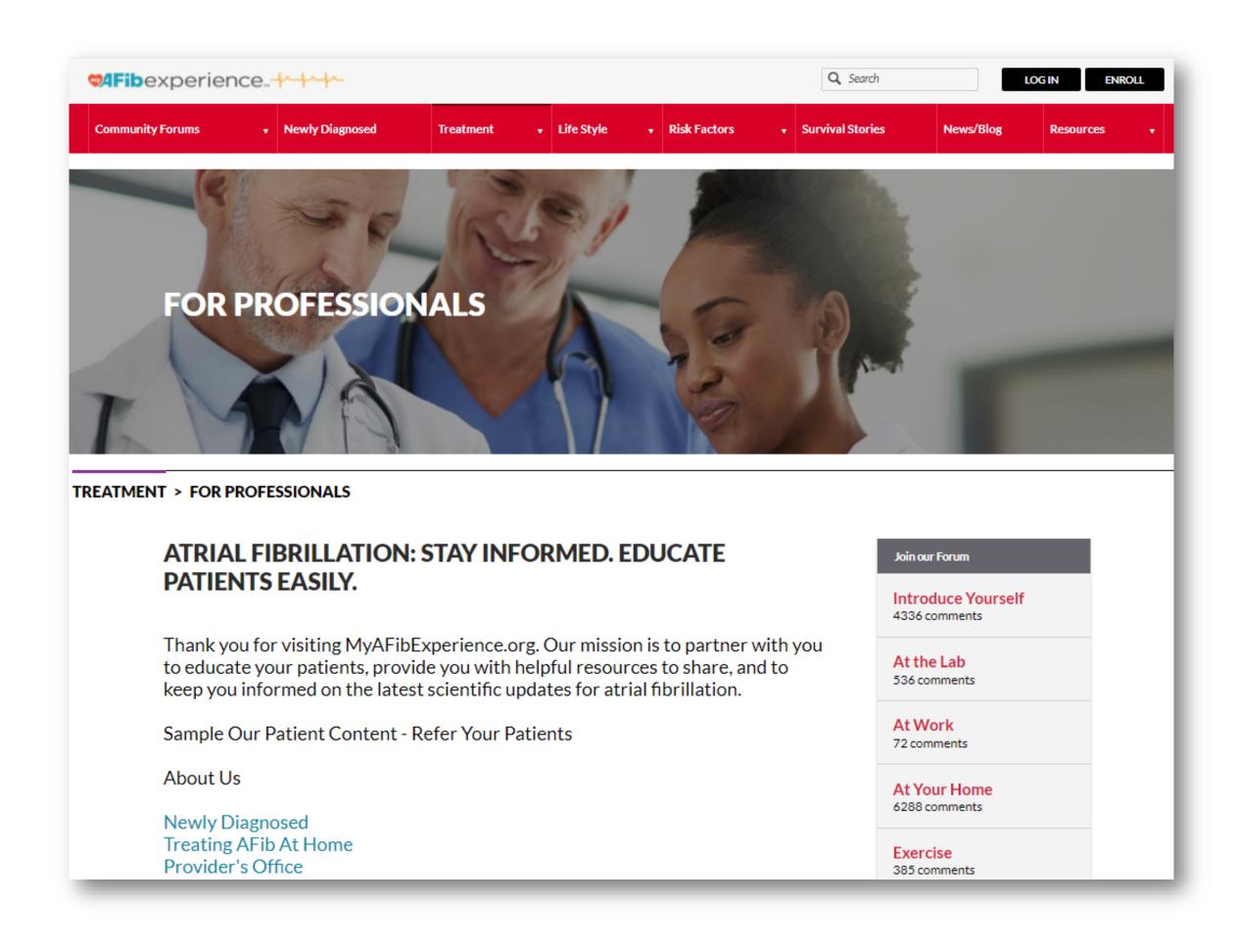
Donec facilisis tortor ut augue lacinia, at viverra est semper. Sed

sapien metus, scelerisque nec pharetra id...

News Blog with Support Network articles & submissions from other patients, caregivers



My AFib Experience® for Healthcare Providers



My AFib Experience® offers a variety of resources for healthcare providers.

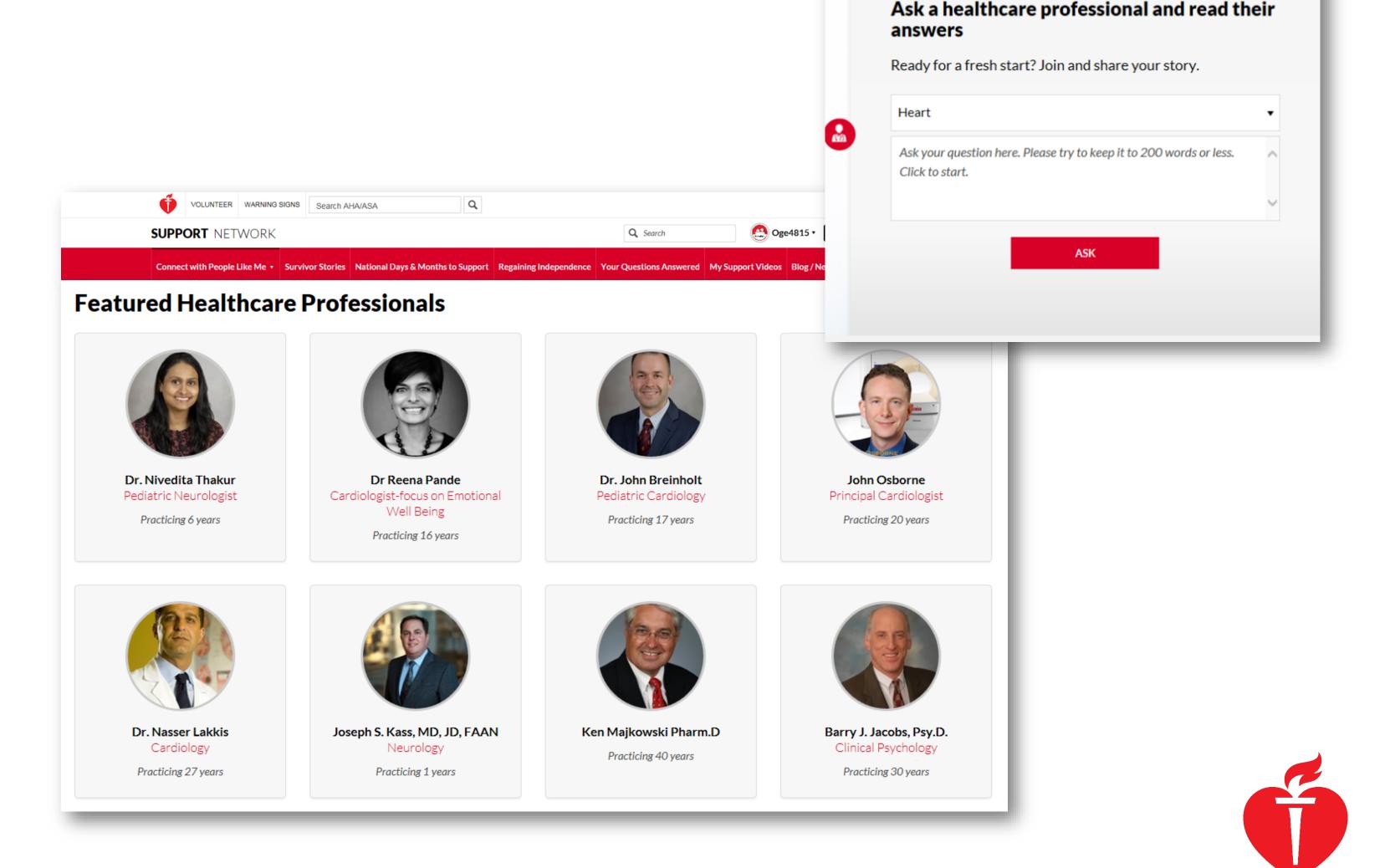
- Updates on AFib treatment guidelines & research findings
- Professional Education opportunities such as CME courses & webinars
- Informational & clinical tools to help in educating your patients
- Community forum to better understand patient perspectives



Healthcare Provider Engagement on the Support Network

The integration of My AFib Experience® & Support Network now allows healthcare providers to:

- See the types of questions patients are asking healthcare professionals in "Your Question Answered"
- Gain insight into multi-disciplinary approaches to treating AFib & comorbid conditions
- Learn more about patient preferences
 & perspectives regarding healthcare

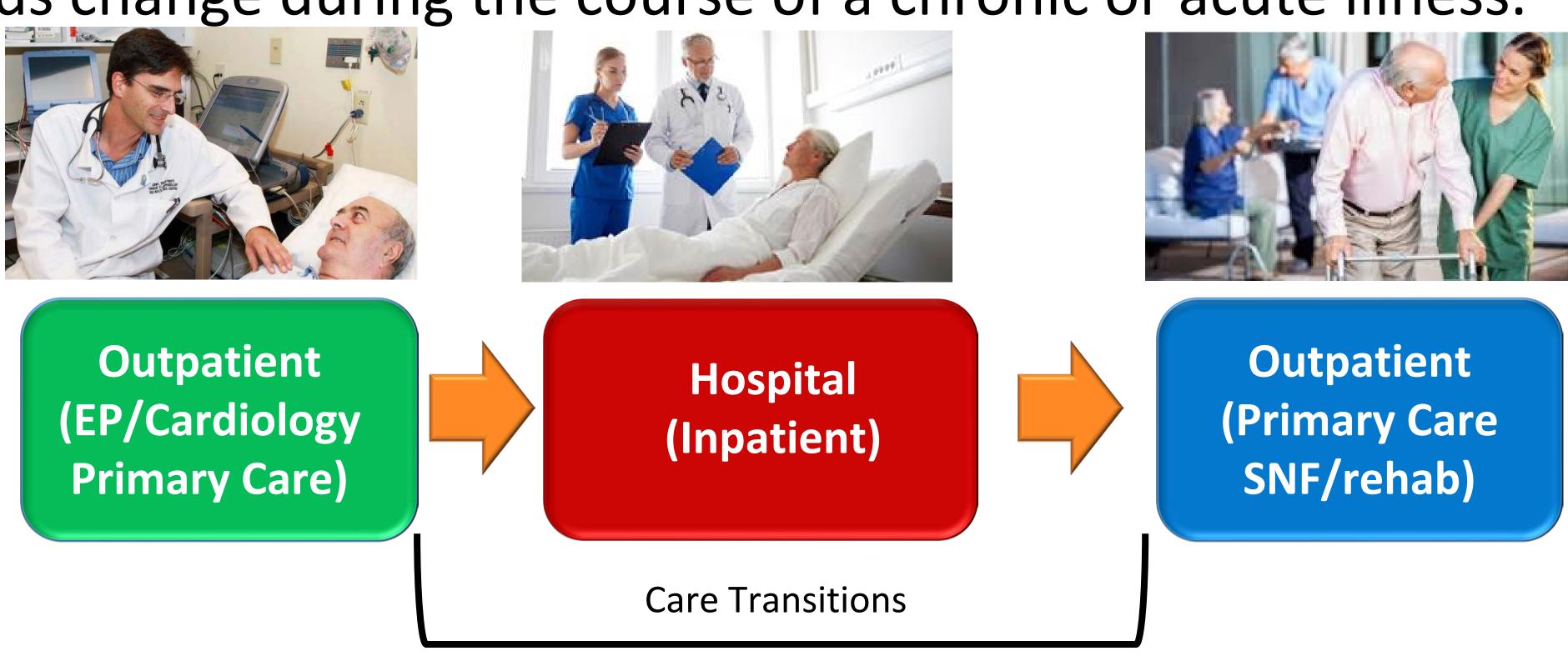




Understand Multi-Disciplinary Approaches to Treating AFib

Robert Page, PharmD, MSPH

• The term "care transitions" refers to the movement patients make between care practitioners and settings as their condition and care needs change during the course of a chronic or acute illness.



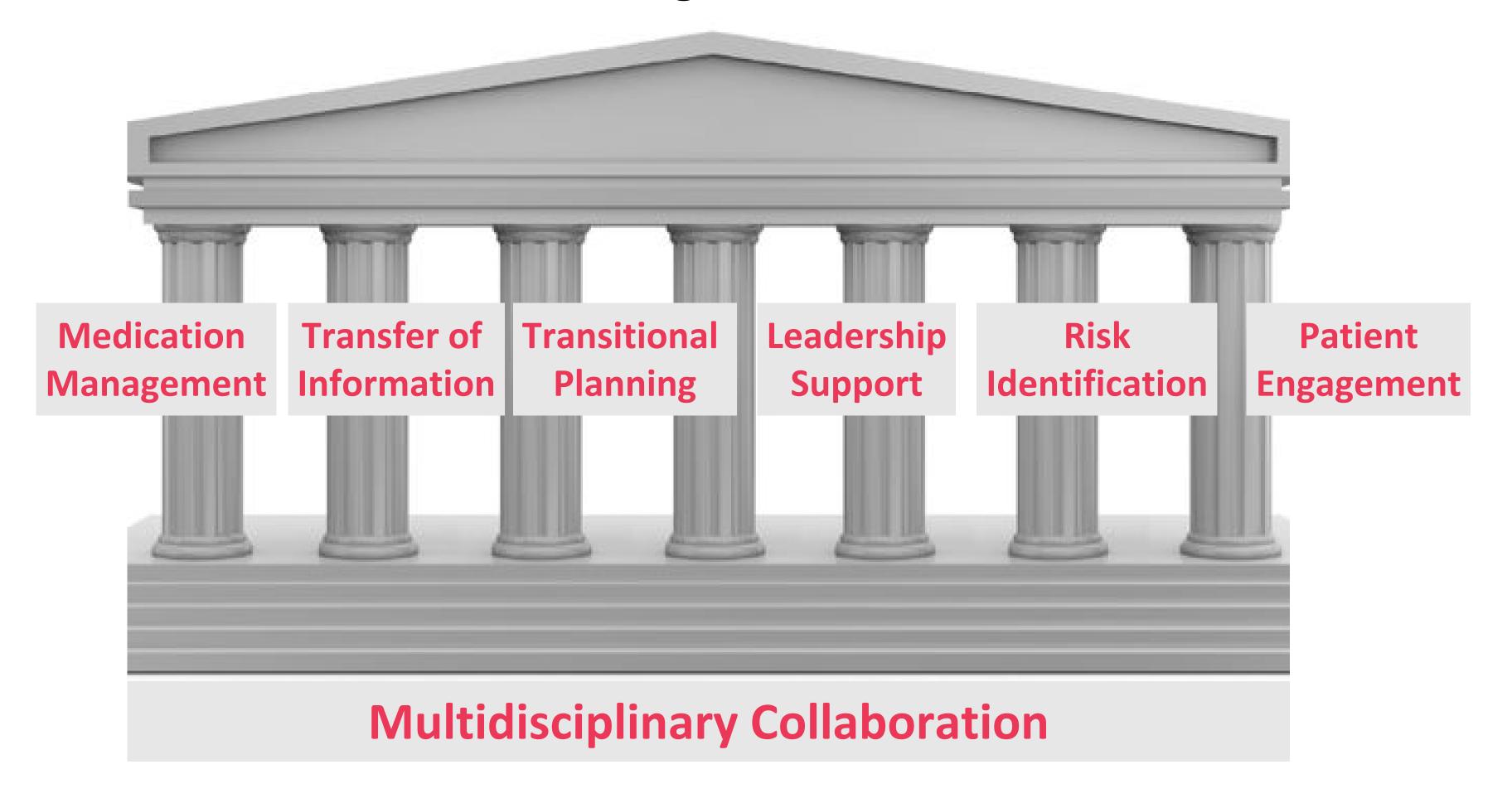
At each of these time points, a patient can "fall through the cracks"



- Poorly coordinated care transitions have a direct impact on the quality and costs associated with health care delivery.
 - Inefficiencies and duplication of services and medications
 - Unnecessary/avoidable increases in utilization of health care resources (e.g, physician visits, emergency room visits, hospitalizations)
 - Poor clinical outcomes
- Poor transitions of care is EXPENSIVE: \$25-45 Billion
 - ~50% of patients experience a medical error after hospital discharge
 - Almost one-quarter experience adverse events, a substantial proportion of which are drug related
 - 50% of drug-related adverse events could be either prevented or lessened



The Seven Pillars/Building Blocks for Transitions of Care



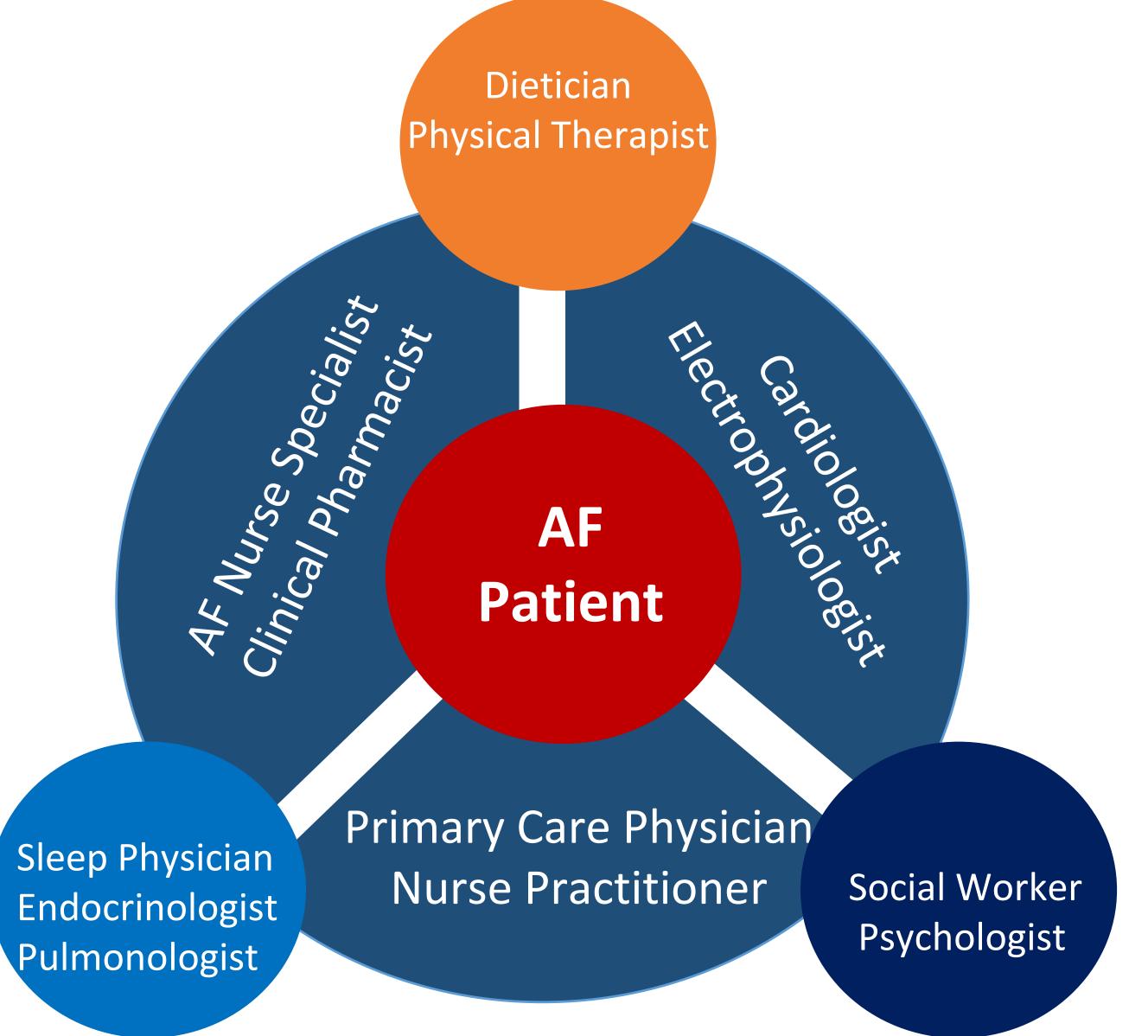


Specific Elements of Effective Transitions of Care

- Clinician involvement & shared accountability at transition points
- Comprehensive planning & risk assessment throughout hospitalization
- Standardized transition plans, procedures & forms
- Standardized training
- Timely follow-up, support & coordination after the patient leaves a care setting
- If patient is re-admitted within 30 days, get to the root cause
- Multidisciplinary communication, collaboration & coordination



Multidisciplinary Approach: Roles





Multidisciplinary Approach: Outcomes

Outcome

All Cause Mortality

	Experim	ental	Conti	rol		Odds Ratio	Odds Ratio
Study or Subgroup	Events	Total	Events	Total	Weight	M-H, Random, 95% CI	M-H, Random, 95% CI
Hendriks et al	13	356	29	356	46.0%	0.43 [0.22, 0.84]	
Stewart et al	19	168	30	167	54.0%	0.58 [0.31, 1.08]	
Total (95% CI)		524		523	100.0%	0.51 [0.32, 0.80]	
Total events	32		59				
Heterogeneity: $Tau^2 = 0.00$; $Chi^2 = 0.44$, $df = 1$ ($P = 0.51$); $I^2 = 0\%$				= 0.51)	; I² = 0%		0.1 0.2 0.5 1 2 5 10
Test for overall effect: $Z = 2.94$ (P = 0.003)							Favours integrated care Favours usual care

CV Hospitalizations

	Integrated	care	Conti	rol		Odds Ratio	Odds Ratio	
Study or Subgroup	Events	Total	Events	Total	Weight	M-H, Random, 95% CI	M-H, Random, 95% CI	
Carter et al	10	168	16	168	11.8%	0.60 [0.26, 1.37]		
Hendriks et al	48	356	88	356	48.9%	0.47 [0.32, 0.70]		
Stewart et al	93	168	105	167	39.3%	0.73 [0.47, 1.13]		
Total (95% CI)		692		691	100.0%	0.58 [0.44, 0.77]	•	
Total events	151		209					
Heterogeneity: Tau ² = 0.00; Chi ² = 2.12, df = 2 (P = 0.35); $I^2 = 6\%$								10 100
Test for overall effect: $Z = 3.76$ (P = 0.0002)						0.01 0.1 1 Favours integrated care Favours usi	10 100 ual care	





Importance of Shared Decision Making in Treating AFib

Pamela McCabe, PhD, APRN-CNS

Recognizing patients' values and preferences

- Patient activation
 - Knowledge, confidence, and skill to self-manage health¹
- Shared decision making (SDM)
 - Engaging with patients to come to an informed and values-based choice regarding reasonable treatment options²

¹Hibbard JH, Stockard J, Mahoney ER, Tusler M. Development of the Patient Activation Measure (PAM): Conceptualizing and Measuring Activation in Patients and Consumers. *Health Services Research*. 2004;39(4 Pt 1):1005-1026.

² Brindle R, Spertus J. Employing shared decision-making models to improve care and patient value: a cardiovascular professional initiative. *J Am Coll Cardiol*. 2010;56(24):2046-2048.



Why promote activation and shared decision making?

- Ethical practice
- Health policy
- Third party payers
- Patient satisfaction
- Clinical outcomes
- Cost











What does patient activation look like?

- Knowledge
 - Understanding of the nature and cause of illness, medications, and options available for treatment
- Skill for:
 - Decision making, changing behaviors, maintaining healthy lifestyle
- Confidence to:
 - Take actions to minimize adverse effects of illness, follow recommendations, seek care, communicate with provider

Assessing patient activation

- Level 1-see themselves as passive recipient of care
- Level 2-lack knowledge about illness and treatment
- Level 3-posssess essential facts, beginning to take action
- Level 4-adopted new behaviors, can problem solve
- 13-item Patient Activation Measure used to assess level
- Interventions to increase level



Outcomes of patient activation

- Uptake of screening behaviors
- Lower rates of obesity and tobacco use
- Improved clinical indicators (BP, lipids, glucose)
- Reduced ED visits and hospitalization

Greene J, Hibbard J. Why does patient activation matter? An examination of the relationships between patient activation and health-related outcomes. *J Gen Int Med*. 2011;27(5):520-526



What does shared decision making look like?

- Acknowledge problem
- Note that decision needs to be made
- There are treatment options to consider
- Ascertain patient's preference for receiving information and decision making

Elwyn G, Hutchings H, Edwards A et al. The OPTION Scale: measuring the extent that clinicians involve patients in decision-making tasks. *Health Expectations*. 2005;8:34-42



What does shared decision making look like?

- Discuss options and pros and cons
- Elicit patient expectations, fears, concerns
- Check understanding
- What questions do you have?

Elwyn G, Hutchings H, Edwards A et al. The OPTION Scale: measuring the extent that clinicians involve patients in decision-making tasks. *Health Expectations*. 2005;8:34-42





Outcomes of SDM

- Increased patient-reported physical and mental health¹
- Patient understanding²
- Reduced healthcare utilization^{1,3}
- Patient satisfaction¹

¹Hughes T, Merath K, Chen Q et al. Association of shared decision-making on patient-reported health outcomes and healthcare utilization. *Am J Surg*. 2018:1-6

³Langseth M, Shepherd E, Thompson R, Lord S. Quality of decision making is related to decision outcome for patients with cardiac arrhythmia. *Patient Education and Counseling*. 2012;87:49-53



²Kashaf McGill E, Berger Z. Shared decision-making and outcomes in type 2 diabetes: a systematic review and meta-analysis. *Patient Education and Counseling*. 2017;100:2159-2117

Myths about SDM

- SDM takes too much time
- Patients don't always want to make decisions
- Clinical guidelines don't allow for SDM
- The SDM approach costs more money

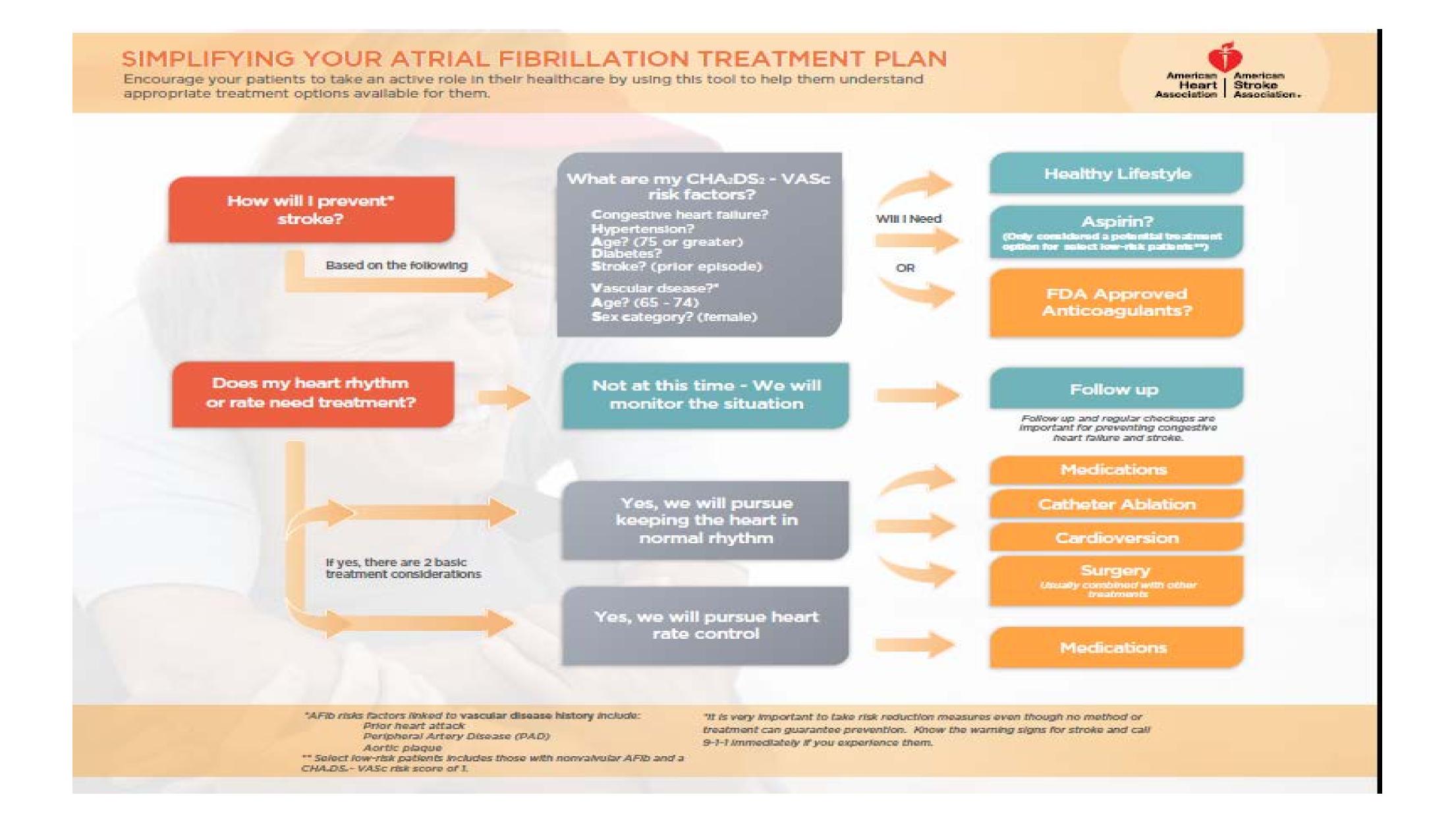
Legare F, Thompson-Leduc P. Twelve myths abut shared decision making. *Patient Education and Counseling*. 2014; 96:281-286



Why are patient activation & SDM important for AFib Care?

- There are options for AFib management
- No one size fits all treatment
- Treatment is directed to maintain/improve quality of life
- Patient characteristics and values are important
- Long-term management of risk factors is critical





AFib: Partnering in Your Treatment

Bring this sheet with you to your appointment and discuss the following with your doctor.



How serious is my AFib?	What are my medication options?	
In what ways does AFIb Increase my health risks?	Should I be taking a medication for AFIb?	What will happen if I don't take it?
Do I have other health concerns that may increase my risks?	What should I expect from it?	Notes:
Are there other treatment options?	Do I need to make lifestyle changes?	What are my treatment goals?
What are my other possible options?	Should I change any of the following to reduce my risks? Eating habits? Physical activity?	With my treatment plan, what should I expect to see?
When should they be considered?	A plan to stop smoking? My weight? Other:	We will know we are making progress when
	Notes:	© 2011, American Heart Association

https://www.heart.org/idc/groups/heart-public/@wcm/@hcm/documents/downloadable/ucm_423745.pdf



Questions



