HealthManagement
Promoting Management and Leadership

Shared Decision Making and Cardiovascular Care

As the focus on patient-centred care increases, healthcare authorities are trying their best to establish progressive programmes and policies that encourage clinicians to integrate approaches that consider patient needs first. For example, US Centers for Medicare and Medicaid have embedded policies in 2019 that offer incentives to healthcare providers who promote better engagement of patients and families in shared decision making (SDM) and who focus on improving care coordination for high-risk patient populations with serious medical conditions such as heart failure. At the same time, those who fail to consider these elements may have to face penalties.

Shared decision making is a key element of patient-centred care, especially in high-risk patients who face major challenges related to social determinants of health (SDoH). SDoH refers to the conditions in which people are born, grow, work, live and age and the underlying causes of their conditions such as their economic status, education, social and community context, access, neighbourhood, and environment that could have an impact on their health outcomes. Social determinants of health can limit a person's ability to make beneficial health-related choices.

In heart failure patients, major risk factors include hypertension, diabetes, obesity, and coronary artery disease. Outcomes in these patients are greatly affected by SDoH as they can shape medical knowledge, beliefs, abilities, behaviours, and access to resources. A patient who is not financially well-off may face problems keeping appointments or adhering to prescriptions. Or patients who do not have access to healthy foods or outdoor spaces may not be able to implement the lifestyle changes that are required for their condition to improve. Hence, SDoH can have an impact on outcomes and can put certain patients at greater risk of adverse outcomes compared to others. This, in turn, can have an impact on the rate of hospitalisation, quality of life, and mortality.

While it is understood that most SDoH are outside the control of clinicians, it is still important to understand the way these factors can influence the shared decision-making process, treatment choices, and treatment adherence. If clinicians are able to engage patients and promote shared decision making, these patients will be more informed and will be able to take an active role in decisions related to their health and treatment options. SDM thus encompasses the core principles of patient-centred care, which primarily focuses on patient preferences, values, and needs in all clinical decisions.

There are many benefits of shared decision making, including increased knowledge, accurate risk perception, improved values clarification, and better patient-clinician communication. This leads to greater patient satisfaction and reduced conflict and regret. As far as heart failure patients are concerned, shared decision making is associated with reduced symptom burden, improved quality of life, reduced readmission rates, and enhanced patient engagement.

The problem is that heart failure clinicians are very busy and have limited access to resources, training, or time to implement shared decision making in the clinical setting. It becomes even more challenging for them as they often have to work with medically complex disadvantaged patient populations who face multiple SDoH barriers. But it will help that major healthcare authorities are encouraging population health-focused interventions and are offering value-based payment models to promote shared decision making and patient-centred care.

Source: JAMA
Image Credit: iStock

Published on : Thu, 20 Jun 2019