Patient Education and Counseling xxx (2016) xxx–xxx

Contents lists available at ScienceDirect

Patient Education and Counseling

journal homepage: www.elsevier.com/locate/pateducou

Research Paper

PCI Choice: Cardiovascular clinicians' perceptions of shared decision making in stable coronary artery disease

Megan Coylewright[a,b,*], Elizabeth S. O'Neill[b], Sara Dick[c], Stuart W. Grande[a]

[a] The Preference Laboratory, The Dartmouth Institute for Health Policy and Clinical Practice, Geisel School of Medicine at Dartmouth, Lebanon, USA
[b] Section of Cardiovascular Medicine, Heart and Vascular Center, Dartmouth-Hitchcock Medical Center, Lebanon, USA
[c] Knowledge and Evaluation Research Unit, Mayo Clinic, Rochester, USA

ARTICLE INFO

Article history:
Received 10 March 2016
Received in revised form 4 January 2017
Accepted 13 January 2017

Keywords:
Decision aid
Shared decision making
Patient preference
Stable angina
Stable coronary artery disease
Percutaneous coronary intervention

ABSTRACT

Objective: Describe cardiovascular clinicians' perceptions of Shared Decision Making following use of a decision aid (DA) for stable coronary artery disease (CAD) "PCI Choice", in a randomized controlled trial.
Methods: We conducted a semi-structured qualitative interview study with cardiologists and physician extenders (n = 13) after using PCI Choice in practice. Interviews were transcribed then coded. Codes were organized into salient themes. Final themes were determined by consensus with all authors.
Results: Most clinicians (70%) had no prior knowledge of SDM or DAs. Mixed views about the role of the DA in the visit were related to misconceptions of how patient education differed from SDM. Qualitative assessment of clinician perceptions generated three themes: 1) Gaps exist in clinician knowledge around SDM; 2) Clinicians are often uncomfortable with modifying baseline practice; and 3) Clinicians express interest in using DAs after initial exposure within a research setting.
Conclusions: Use of DAs by clinicians during clinic visits may improve understanding of SDM. Initial use is marked by a reluctance to modify established practice patterns.
Practice implications: As clinicians explore new approaches to benefit their patients, there is an opportunity for DAs that provide clinician instruction on core elements of SDM to lead to enhanced SDM in clinical practice.

1. Introduction

Nearly nine out of 10 patients with stable coronary artery disease (CAD) falsely believe that an invasive procedure will save their lives [1,2]. Stable CAD may be treated with optimal medical therapy (OMT) alone, with a stent placed in the coronary vessel via percutaneous coronary intervention (PCI), or with coronary artery bypass grafting. Although PCI improves quality of life and relieves symptoms more quickly than OMT [3], there is no difference in the risk of heart attack or death between the two therapies [4].

Shared decision making (SDM) is a communication strategy where clinicians and patients make treatment decisions together using the best clinical evidence and guided by patient preferences [5]. Many clinicians believe they involve their patients in decision making, yet evidence identifies discussions between cardiologists and patients with stable CAD as insufficient for patient involvement in decisions [6]. Based on a validated process measure of SDM called Observer OPTION[5], a SDM visit should include the establishment of a partnership, the introduction and description of treatment options, a deliberation of risks and benefits, and the integration of patient preferences into the final decision [7,8]. Evidence shows that while clinicians routinely share information and describe treatment options to patients, the elicitation and integration of preferences into decision making is inconsistent [9–11].

Decision aids (DA) are tools that improve patient knowledge about treatment options, reduce decisional conflict, promote a more active role for patients in decision making, and improve patient perceptions of risk [12]. Despite recommendations for their use by professional guidelines [13], implementation remains limited [14,15]. Reviews of barriers to effective SDM implementation demonstrate a need for further research on successful methods to engage clinicians in SDM [14,16,17].

"PCI Choice," a DA designed to help cardiovascular clinicians deliberate treatment options with patients surrounding treatment for stable CAD, was tested in a single-center randomized controlled trial. Following the trial, clinicians who used the DA were interviewed. The purpose of this study was to explore clinician

* Corresponding author at: The Section of Cardiovascular Medicine, Heart and Vascular Center, Dartmouth-Hitchcock Medical Center, Lebanon, New Hampshire, 03756, USA.
E-mail address: Megan.Coylewright@Dartmouth.edu (M. Coylewright).

http://dx.doi.org/10.1016/j.pec.2017.01.010
0738-3991/

(a)

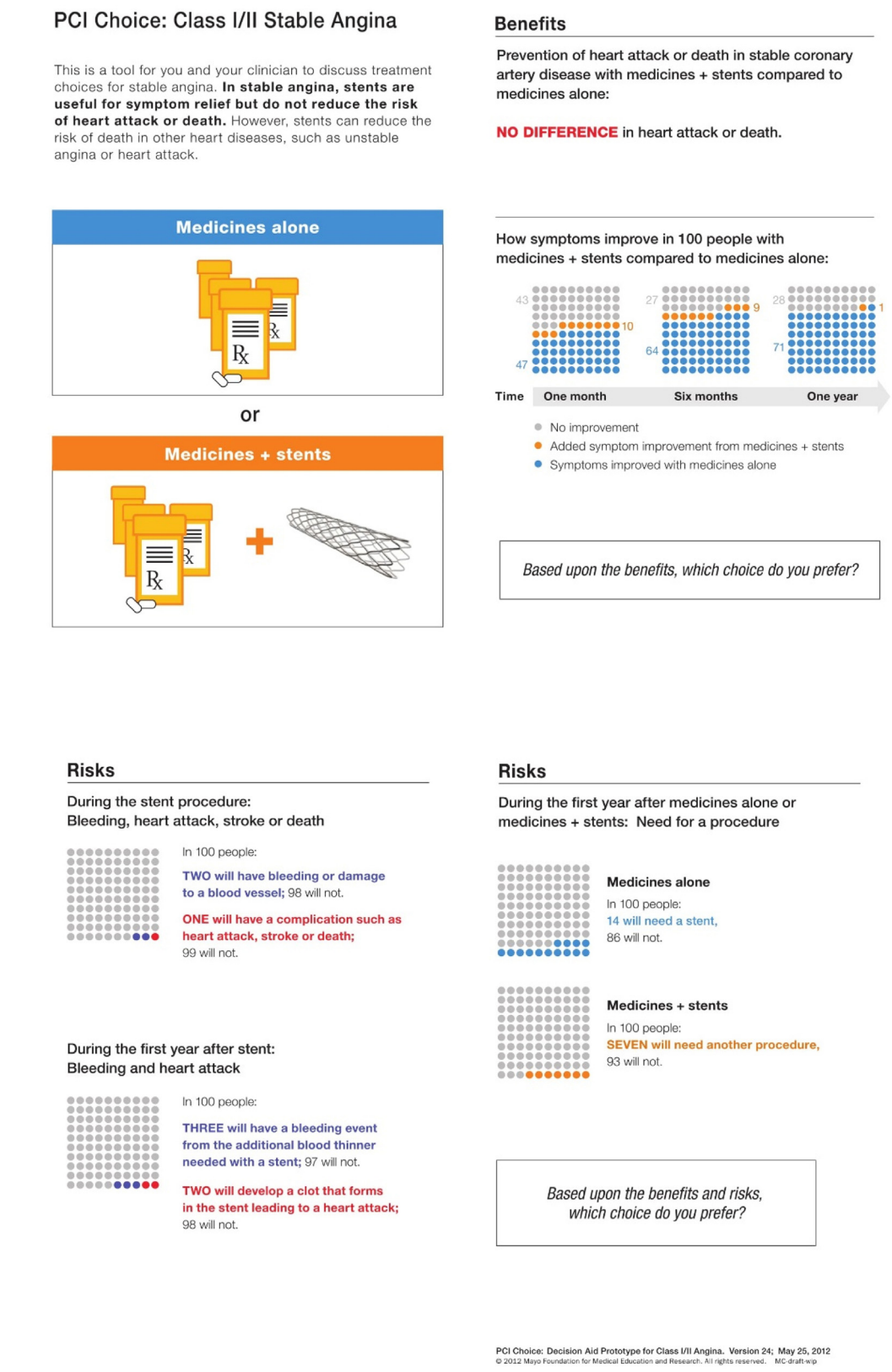

Fig. 1. (a) PaCI Choice decision aid for Canadian Cardiovascular Society class I–II angina. (b) PbCI Choice decision aid for Canadian Cardiovascular Society class III angina.

Please cite this article in press as: M. Coylewright, et al., PCI Choice: Cardiovascular clinicians' perceptions of shared decision making in stable coronary artery disease, Patient Educ Couns (2017), http://dx.doi.org/10.1016/j.pec.2017.01.010