

SHARED DECISION MAKING AND CARDIOVASCULAR RISK ASSESSMENT AND MANAGEMENT

POSITION STATEMENT

What is the Heart Foundation's position on shared decision making in the context of cardiovascular risk assessment and management?

The Heart Foundation supports the New Zealand Primary Care Handbook Update, 2013 recommendation that shared decision making form the basis of managing cardiovascular risk for all people and considers that shared decision making is appropriate for any healthcare decisions throughout the cardiovascular risk assessment and management process, where options and choices are available.

Cardiovascular risk is impacted by personal lifestyles and behaviour, therefore cardiovascular risk assessment and management necessitates a behavioural approach to support lifestyle change and concordance with treatments. The Heart Foundation believe that person-centred care incorporating shared decision making as part of an overall behavioural approach is paramount to achieving positive health outcomes from cardiovascular risk assessment and management.

What is shared decision making?

Shared decision making is at the core of person-centred care; where people are supported to make informed decisions about and effectively manage their own health and care, and where their individual needs, values, preferences, abilities and goals are respected.

Shared decision making involves a *"health professional and person working together to consider evidence-based clinical information about tests, treatment options, likely benefits and outcomes, and potential risks and then choosing, in collaboration, the course of treatment, management or support that best fits the person's informed preferences"*ⁱ. It recognises and brings together both the clinical knowledge, skills and experience of the health professional, and the person's own knowledge, health related experience, values and preferences.

Shared Decision Making

Person learns about their options

Health professional learns about person's values and preferences

Together they deliberate and figure out the best option.

What are the benefits of shared decision making?

Evidence suggests that shared decision making improves health professionals' communication with people. It also improves people's overall experience of care, including improving knowledge about their condition and treatment options, involvement in care and self-confidence in their own knowledge and self-care skillsⁱⁱ.

However, there is mixed evidence around whether it improves concordance with treatmentⁱⁱⁱ unless a behaviour modification component and robust follow-up is included^{iv}.

What enables shared decision making?

Shared decision making is not a new concept; health professionals have frequent shared decision making conversations with people about care and treatment. There are many positive examples within the health system where shared decision making is embedded and accepted as best practice, maternity services is one example.

Shared decision making is at the heart of person-centred care **and shares the philosophy that underpins** long term condition management. Therefore continuing to build greater health promotion and prevention capability within primary care^{v vi}, creating the right leadership and culture, and designing systems and new models of care remain critical. Health professional education/training, and resource development to support a shared decision making conversation, can also help to support the implementation of shared decision making^{viiiii}.

Why is the Heart Foundation interested in shared decision making?

The Heart Foundation is committed to ensuring that all eligible people are cardiovascular risk assessed and managed appropriately in order to reduce health loss and stop premature deaths from heart disease^{ix}.

Evidence-based best practice guidelines for cardiovascular risk assessment and management are outlined in the New Zealand Primary Care Handbook, 2012 and subsequent Update, 2013. A fundamental change in the Update, 2013 is the recommendation that shared decision making forms the basis of managing cardiovascular risk for all people, particularly for those with a moderate combined CV risk (10-20%)^x.

The Heart Foundation will actively support implementation of shared decision making as part of an overall behavioural approach through ongoing advocacy, health professional education/training and resource development.

ⁱ **Newcastle Magic Team.** Overview of Shared Decision Making V1.3 19.4.12– based on material from The Health Foundation MAGIC resource centre.

ⁱⁱ **The Health Foundation.** *Helping people share decision making.* The Health Foundation, 2012.

ⁱⁱⁱ *The Diabetes Mellitus Medication Choice Decision Aid.* **Mullans, R. et al.** 2009, Archives of Internal Medicine/vol 169, p. no. 17.

^{iv} **King, E. et al.** *The MAGIC programme Evaluation.* London : The Health Foundation, 2013.

^v **McManus, A** *Health Promotion Innovation in Primary Health Care.*, Australasian Medical Journal, pp. 6,1, 15-18. 2013

^{vi} **Politi, M. et al.** *Implementing Clinical Practice Guidelines about Health Promotion and Disease Prevention through Shared Decision Making.* Journal General Internal Medicine, 2013.

^{vii} **Royal College of Physicians.** *Shared Decision Making; a Summary of Learning from the Event.* London : Royal College of Physicians, 2011.

^{viii} **King, E. et al.** *The MAGIC programme Evaluation.* London: The Health Foundation, 2013.

^{ix} **The Heart Foundation.** *Strategic Plan, 2012-2015.*

^x **CVDRA Steering Group.** *New Zealand Primary Care Handbook - Cardiovascular Disease Risk Assessment.* Wellington : Ministry of Health New Zealand, 2012 updated 2013.