

006

INTERVENTIONS TO ADDRESS RISK-TREATMENT PARADOX IN PATIENTS AT RISK OF CARDIOVASCULAR EVENTS: A SYSTEMATIC REVIEW

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Introduction Cardiovascular (CV) disease is a leading cause of mortality worldwide. In the U.S., it accounts for one out of every three deaths, translating to over 700,000 deaths each year.^{1–3} The risk-treatment paradox, where individuals at lower risk receive more interventions than those at higher risk, is a significant concern in CV disease management⁴ that exposes low-risk individuals to unnecessary treatment side effects and costs, while high-risk individuals often remain undertreated. Addressing this paradox is crucial to optimize care and improve outcomes in patients at risk of CV events.

Objective To identify, assess, and synthesize interventions designed to mitigate the risk-treatment paradox in the context of CV care, focusing on the enhancement of risk-concordant therapy.

Methods We reviewed interventions targeting adult patients at risk of CV events. Our primary outcome was the effectiveness of these interventions in balancing treatment rates based on patient risk profiles.

Results An initial search yielded 913 papers, reduced to 114 after screening and 9 following full-text review. These studies spanned from 2003 to 2022 across the USA and Australia, used randomized trial and observational study designs, and were in varied healthcare environments. We assessed interventions including electronic support for clinicians and educational programs for adult patients. Results were mixed; certain strategies notably enhanced medication prescription and guideline adherence, while others showed minimal impact, reflecting the nuanced efficacy of such interventions in different clinical contexts.

Discussion Addressing the risk-treatment paradox is imperative not only for clinical appropriateness but for aligning care with patient needs. Our review is poised to provide insights into interventions that can rectify this imbalance, promoting a patient-centered approach in CV healthcare.

Conclusion This systematic review is an essential step in understanding how to better align CV treatments with patient risk profiles, thereby enhancing clinical efficacy and patient-centric care.

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007

NAVIGATING DIGITAL HEALTHCARE: A PATIENT-CENTERED EXPLORATION OF TECHNOLOGY'S IMPACT IN DIABETES MANAGEMENT

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Introduction Digital medical devices (e.g., continuous glucose monitors), healthcare apps, and electronic health record tools like patient portals have significantly altered patient self-management and treatment, particularly for patients with chronic conditions.^{1–3} Despite their prevalence, the extent to which digital tools affect cumulative treatment burden and impact quality of life remains unknown.⁴ Understanding the patient's experience with these tools, including the work that patients do to integrate them into their self-management routine, is pivotal in developing patient-centered, technology-integrated care plans.⁵

Objective This qualitative study aimed to understand the experiences of patients with diabetes using digital care tools for healthcare self-management.

Methods This study took place within the endocrinology division at Mayo Clinic. Semi-structured individual interviews were conducted in-person with diabetic patients. The interview guides queried experiences with digital tools, including topics related to patient treatment burden. Interviews were audio-recorded, transcribed, and analyzed using methods of content analysis.

Results Between September and October 2023, 20 interviews were completed. Preliminary findings indicate a range of patient attitudes toward digital healthcare tools, highlighting themes of technology integration, usability, and lifestyle and mobility constraints that affect quality of life. Factors such as age impacted technology adoption, and potential correlation between digital intensity use and the complexity and frequency of challenges was observed. Conversely, some patients reported that digital tools have enhanced the management of their health.

Discussion Our findings suggest digital tools may support self-management, but they may also add self-management burden for patients with chronic health challenges, especially among patients whose use several tools, including those that are more difficult to integrate into daily routines or require compatibility.

Conclusion Acknowledging the varied impacts of digital healthcare tools is essential for tailoring patient-centered approaches that facilitate shared decision making and optimize health outcomes.

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008

INTERFACES BETWEEN CLINICAL EMPATHY AND PATIENT-CENTERED CARE

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Introduction Clinical empathy and Patient-Centered Care (PCC) are closely linked, with the former being a key component of the latter.¹ The literature on this linked must be sufficiently investigated and in-depth.

Methods The aim of this theoretical study was to analyze the interfaces between clinical empathy and PPC based on the theoretical formulations of Hardman and Howick,² Hojat³ and Halpern⁴ on clinical empathy, and those of Russell⁵ about PCC.

Results Three modes of interaction between clinical empathy and PCC were identified: (i) PCC involves a partnership between healthcare professionals and patients, with equal value placed on the patient's perspective; (ii) PPC integrates the patient's needs, preferences, and values, which implies understanding of the patient's mental state; (iii) PCC aims to support the patient, promoting prosocial behaviors towards the patient.

Discussion PCC is a partnership between the patient and healthcare professionals; thus, for the patient to be understood as a partner, their perspective, needs, and other mental states need to be valued as an expression of their agency through clinical empathy. If PCC implies that decisions should respect patient's values, needs, and preferences, then only clinical empathy provides the understanding of the patient's perspective, as it is a unique epistemological function. Empathy is a predictor of prosocial behaviors, such as those involved in patient support, so empathy capacity may be an essential factor in promoting helping and supporting behaviors for patient's involvement in their care.

Conclusion PPC is ethically marked by the commitment of health professionals to consider the patient as an active agent endowed with their mental states and particular situations, which relates to clinical empathy, as the capacity that allows the professional to connect with the patient's world.

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009

I HAVE SOMETHING TO SAY

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Introduction Patient Initiated Actions (PIA) are patients' verbal initiatives that do not respond to a direct doctor inquiry/are not expected during the conversation.

Through PIA, patients provide their perspective of what is important (barriers, preferences, fears, values) when making decisions.

The purpose of the study is to describe how patients take verbal initiative during decision-making consultations in Primary Care settings.

Methodology Design: Mixed-methods observational study using videotaped real consultations where a decision must be made. (N=206) from Primary Care settings in Spain.

Participants: Pairs of doctor-patients

Analysis: Qualitative and quantitative methods. Conversation analysis. Observation, transcription. Elaboration of a coding manual with categories:

-PIA: Moment, opening strategies, content, decisional stage, form of expression

-Doctor's response (answering/not answering; types)

-Patient narrative: values, fears, concerns, preferences, needs, intentions & role in decision-making.

Results PIA identified in 75% of consultations; average n of PIAs = 4 First PIA is emitted at min 2,36 (0,10 to 9,22) 67% were emitted during face-to-face dialogue 51% without opening strategies 38% content related to symptoms or disease attributions 55% ideation stage, 27% planning, 18% action 34% were informative statements, 21% opinions, 15% expressions of concern Salient values are security, self-direction, personal achievement, and trust. Doctor's response: 44% listen to the patient's arguments; 33% also inquire about the PIA.

Discussion Patients display active behaviors early in the consultation. Through PIA, patients mostly inform and show concerns about symptoms and disease attributions. By introducing their perspective into the decision-making process, they contribute to the 'shared problem understanding' thus helping the doctor. Patients seem to show values and preferences to be validated by their physician before acting.

Conclusion Recognition and management of PIA should help clinicians identify patients' needs and provide context to the decision-making process.

010

DRIVING SHARED DECISION MAKING SUCCESS TOGETHER: EMPLOYEE INVOLVEMENT IN STRATEGIC DEVELOPMENT

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Introduction This abstract delves into the pivotal role of employee involvement within the Center for Shared Decision Making in the process of developing a new organizational strategy. In a unique initiative, all employees were invited to co-lead the formulation of the organization's comprehensive 5-