

Implementation of Shared Decision Making in Advanced Heart Failure

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Adult and Child Consortium for Outcomes Research and Delivery Science



**Colorado Program for
Patient Centered Decisions**



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Conflicts of Interest

FINANCIAL DISCLOSURE:

- Grant support from the ACC Foundation, NIH, PCORI, AFAR, the Hartford Foundation, the Colorado Health Foundation
- I have no financial relationships with commercial interests to disclose

UNLABELED/UNAPPROVED USES DISCLOSURE:

- My presentation does/does not include discussion of off-label or investigational use. (If so, please describe



AMERICAN
COLLEGE *of*
CARDIOLOGY

AFFILIATE APPLICATION

Residents in the US, US Territories and Canada
Application must be completed in its entirety. "See CV" is not acceptable.
Additional forms can be found at Cardiosource.org

PERSONAL DATA

I am applying as a: ☐ CV Veterinarian ☒ Geriatrician

Imagine two 60-year-old men with
end stage heart failure

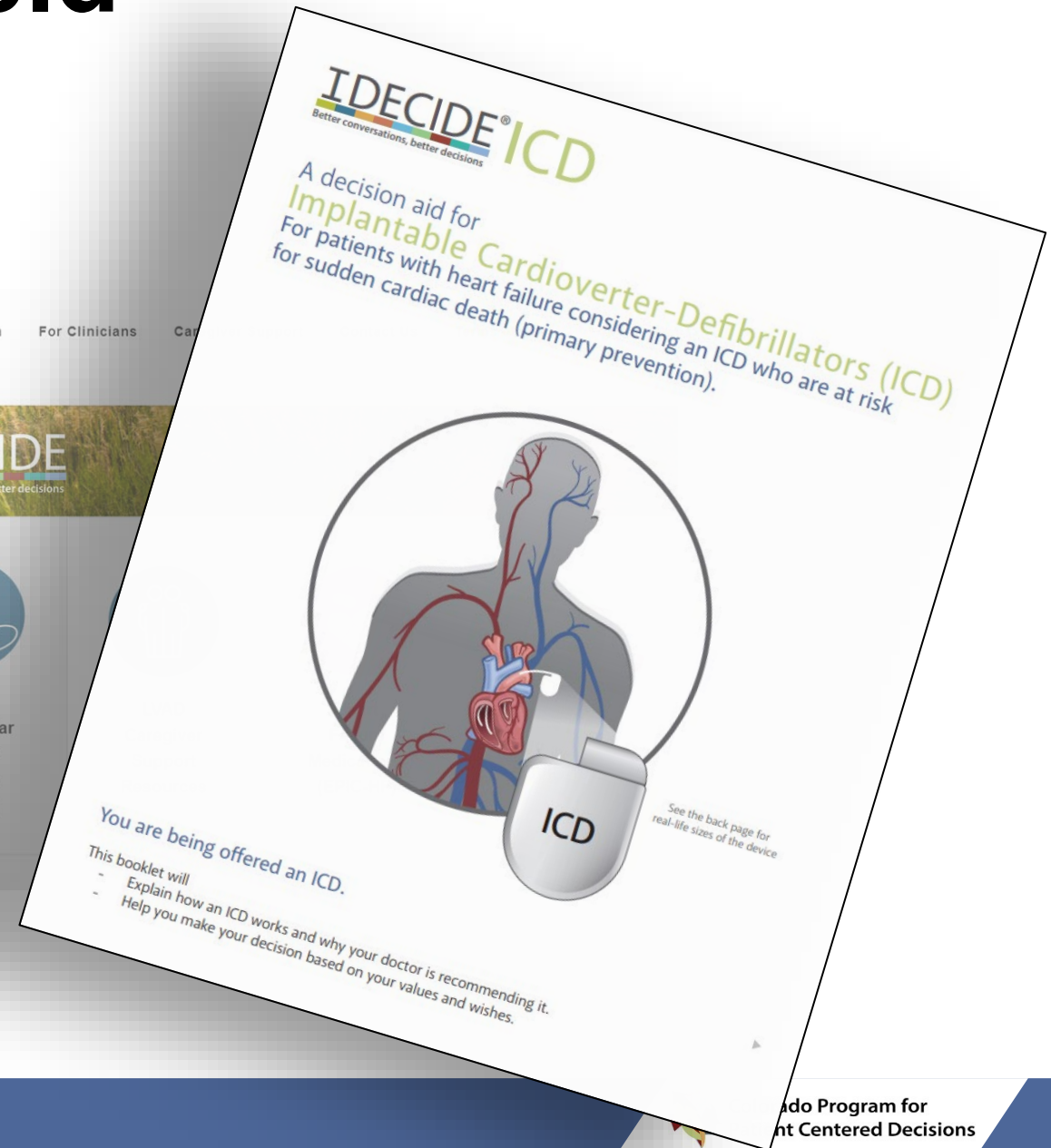
Cliff



Don



Examples from the field



Medicare Mandate



Decision Memo for Implantable Cardioverter Defibrillators (CAG-00157R4)

For these patients identified in B4, a formal shared decision making encounter must occur between the patient and a physician (as defined in Section 1861(r)(1)) or qualified non-physician practitioner (meaning a physician assistant, nurse practitioner, or clinical nurse specialist as defined in §1861(aa)(5)) using an evidence-based decision tool on ICDs prior to initial ICD implantation. The shared decision making encounter may occur at a separate visit.

“For these patients identified in B4, a [formal shared decision making](#) encounter must occur between the patient and a physician (as defined in Section 1861(r)(1)) or qualified non-physician practitioner (meaning a physician assistant, nurse practitioner, or clinical nurse specialist as defined in §1861(aa)(5)) using an [evidence-based decision tool on ICDs prior to initial ICD implantation](#). The shared decision making encounter may occur at a separate visit.”

Parts of an LVAD

Driveline

A cord that connects the pump to the outside. This passes through the skin and holds important electrical wires.

Batteries

A power source for the pump. The pump must always be plugged into either batteries or an electrical wall outlet.

Controller

A computer that operates the pump. The controller displays messages and sounds alarms about the device.

Pump

A motor placed inside the chest. It pushes blood from the heart to the body.



DECIDE-LVAD Trial – Effective Decision Aid

JAMA Internal Medicine | Original Investigation

Effectiveness of an Intervention Supporting Shared Decision Making for Destination Therapy Left Ventricular Assist Device
The DECIDE-LVAD Randomized Clinical Trial

Left Ventricular Assist Device (LVAD)
for Destination Therapy

A decision aid for
Left Ventricular Assist Device (LVAD)
for Destination Therapy
A device for patients with advanced heart failure

Exploring
Options

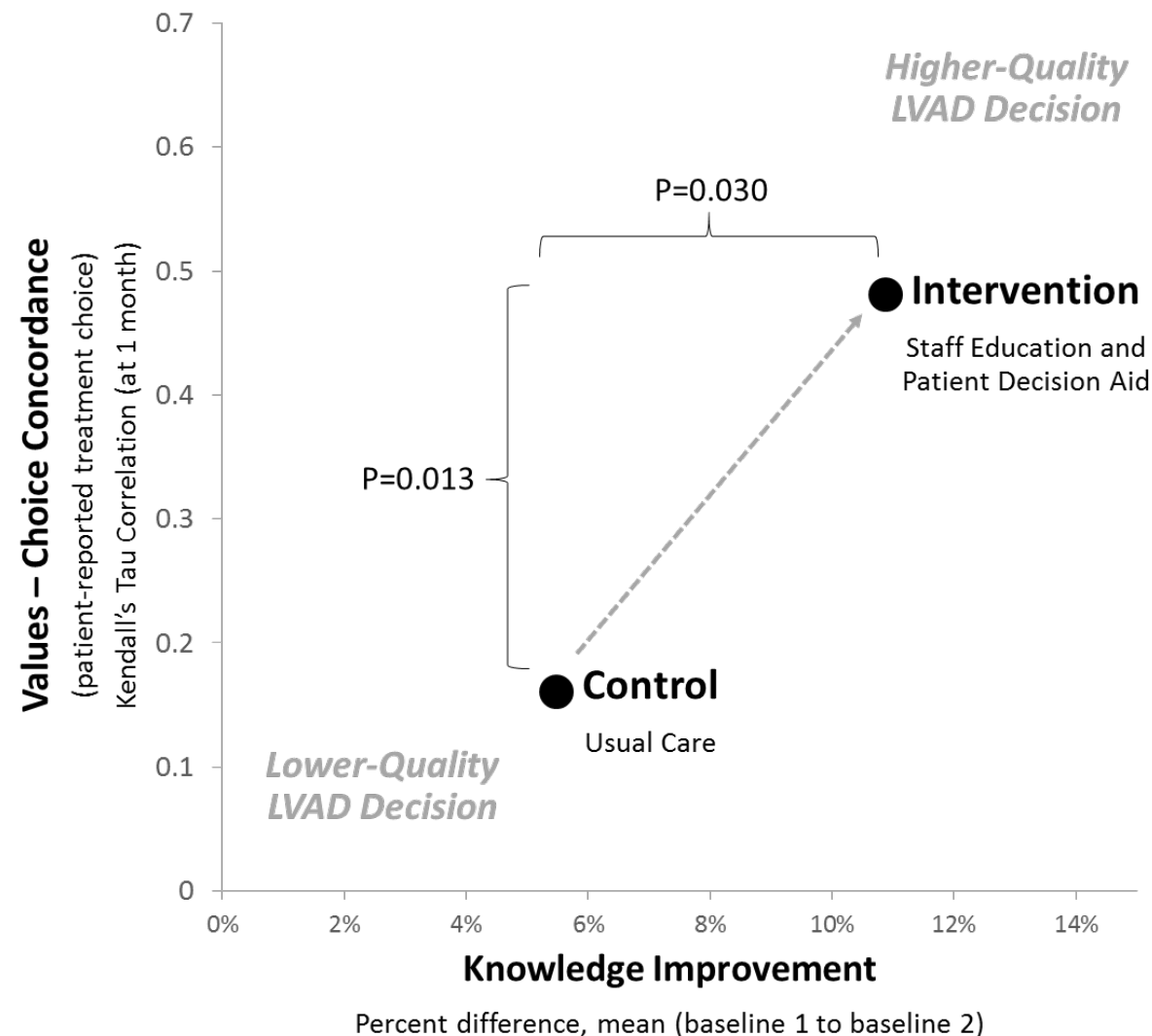
You are being considered for an LVAD. This booklet is designed to help you understand what an LVAD is and to help you, your family, and your doctors think about what is best for you. Your values and goals are the most important factors in making a decision.

What are your current feelings about being considered for an LVAD?

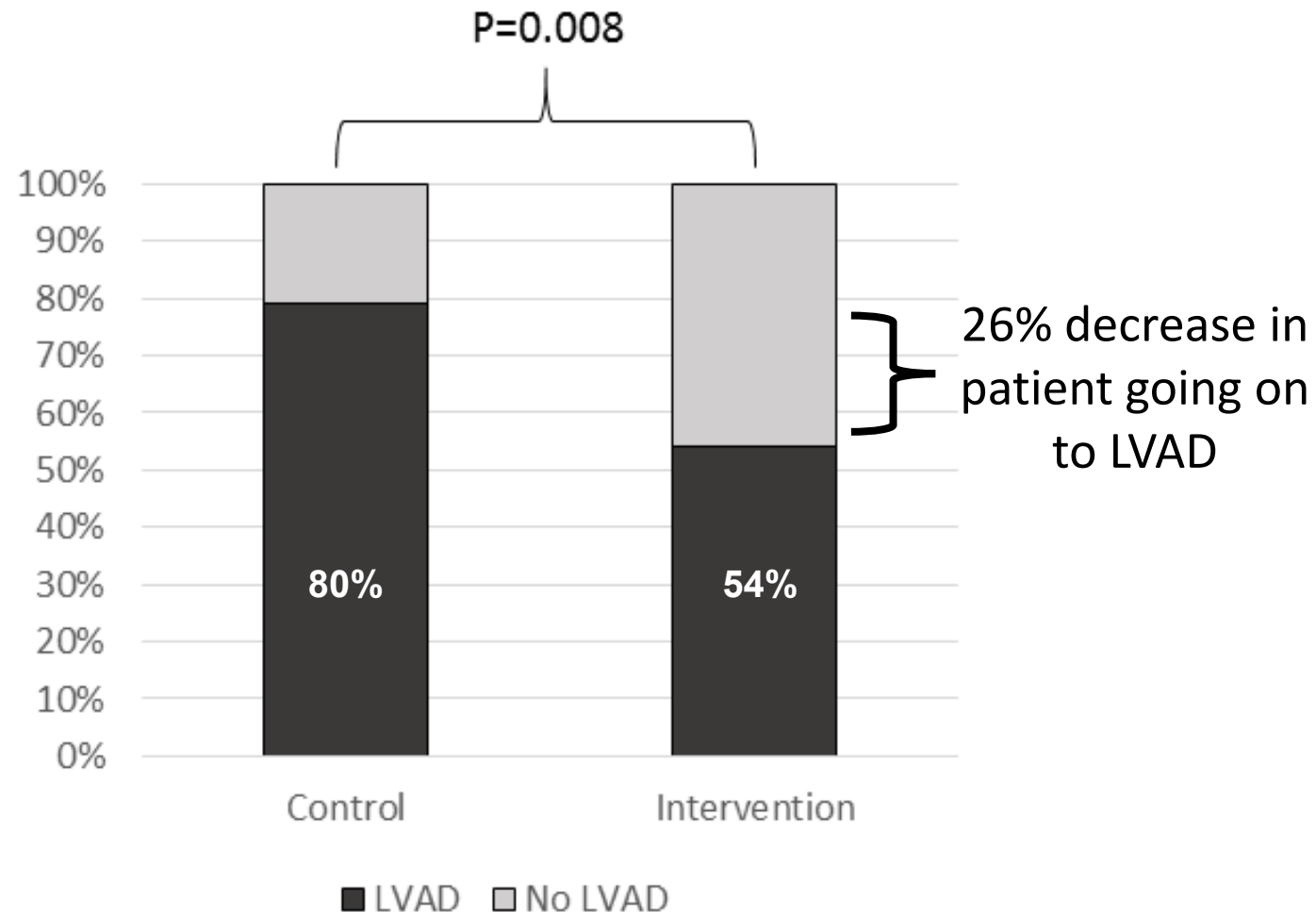
Think about...

- how you want to live the rest of your life
- your hopes and fears
- your biggest questions

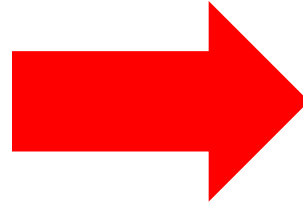
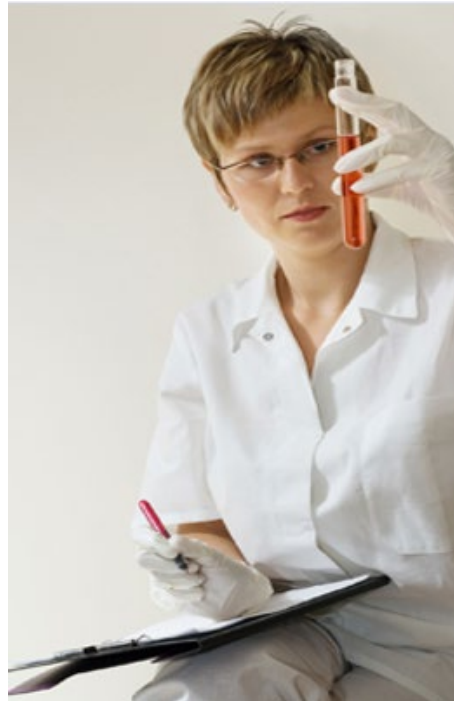
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Secondary Outcomes: 6-month implant



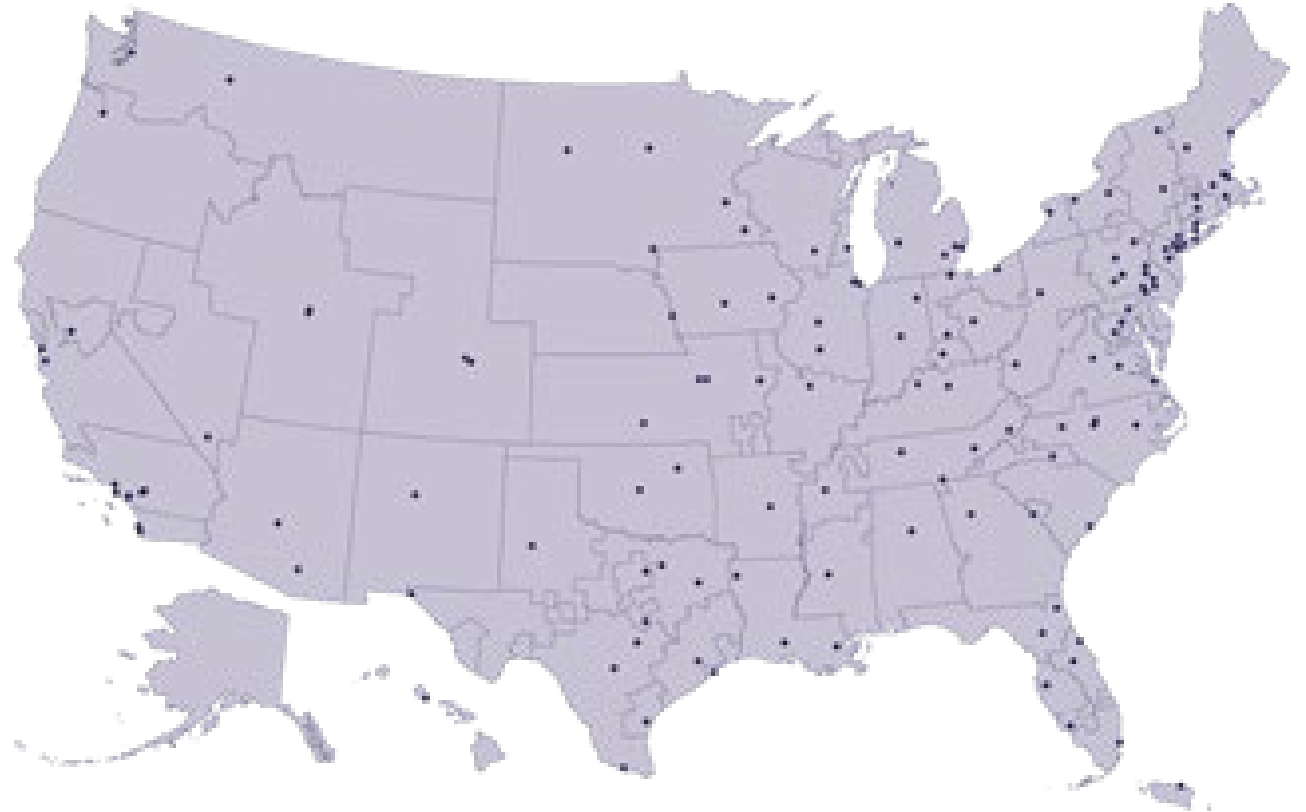
Implementation is hard!



I DECIDE: LVAD – Decision Aid Dissemination

Go BIG!

Implement the decision aid at **all**
175 CMS-certified LVAD programs
in the United States



I DECIDE LVAD
Better conversations, better decisions
patientdecisionaid.org

Adoption

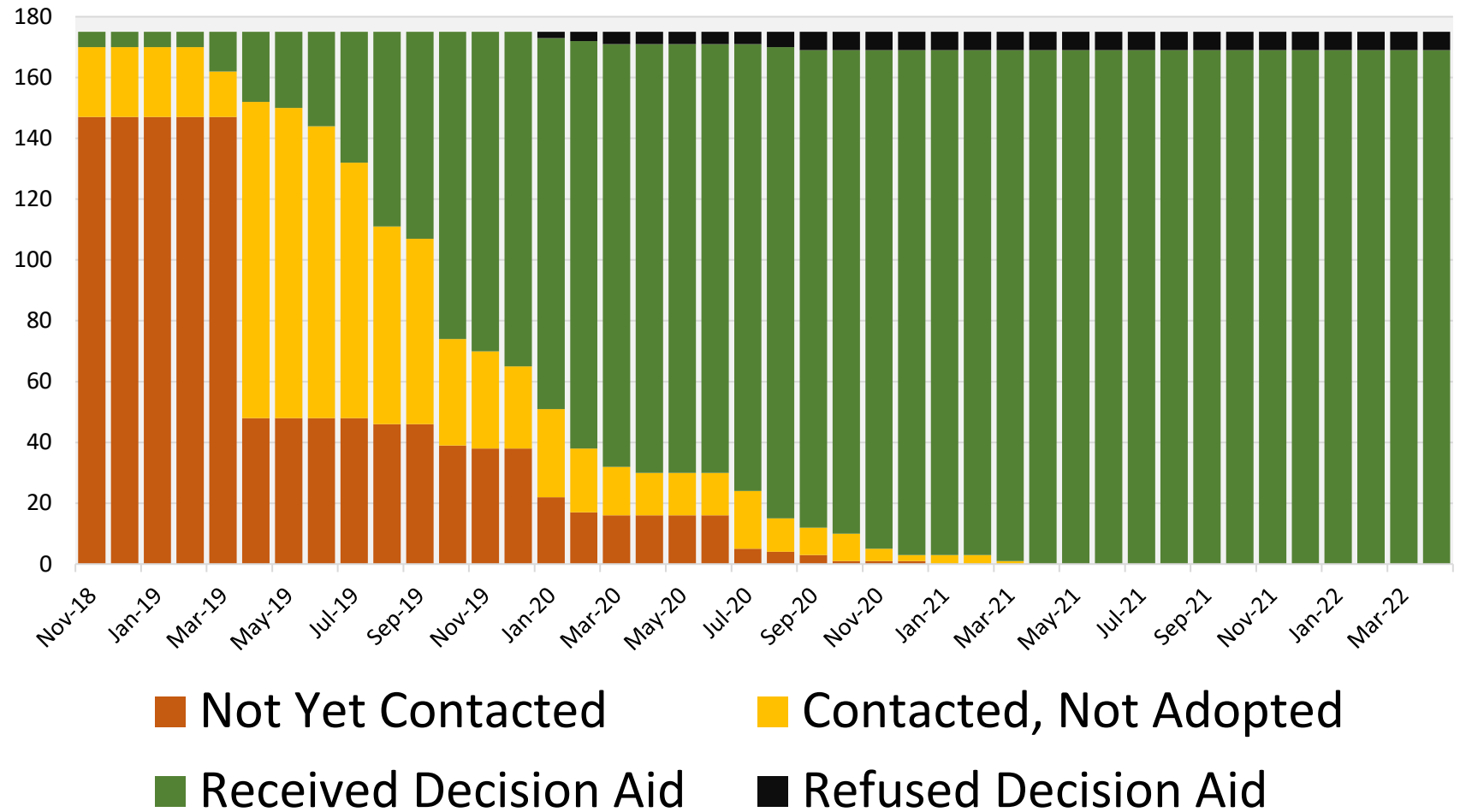
- *“The good about the [industry] video is it shows you all the things people can do. The bad thing is it looks like it was a vacation and everything is perfect.”
-LVAD coordinator*
- Identify a site contact
 - Surveys with four societies, networking at conferences, cold calls, “Academic detailing”
- Offered a box of ~50 LVAD decision aids with a “quick start” guide and some light swag
- Had several ways to support implementation – used minimally
- If they said yes, we considered them an “adopter”

Network Building + Adoption

Adoption

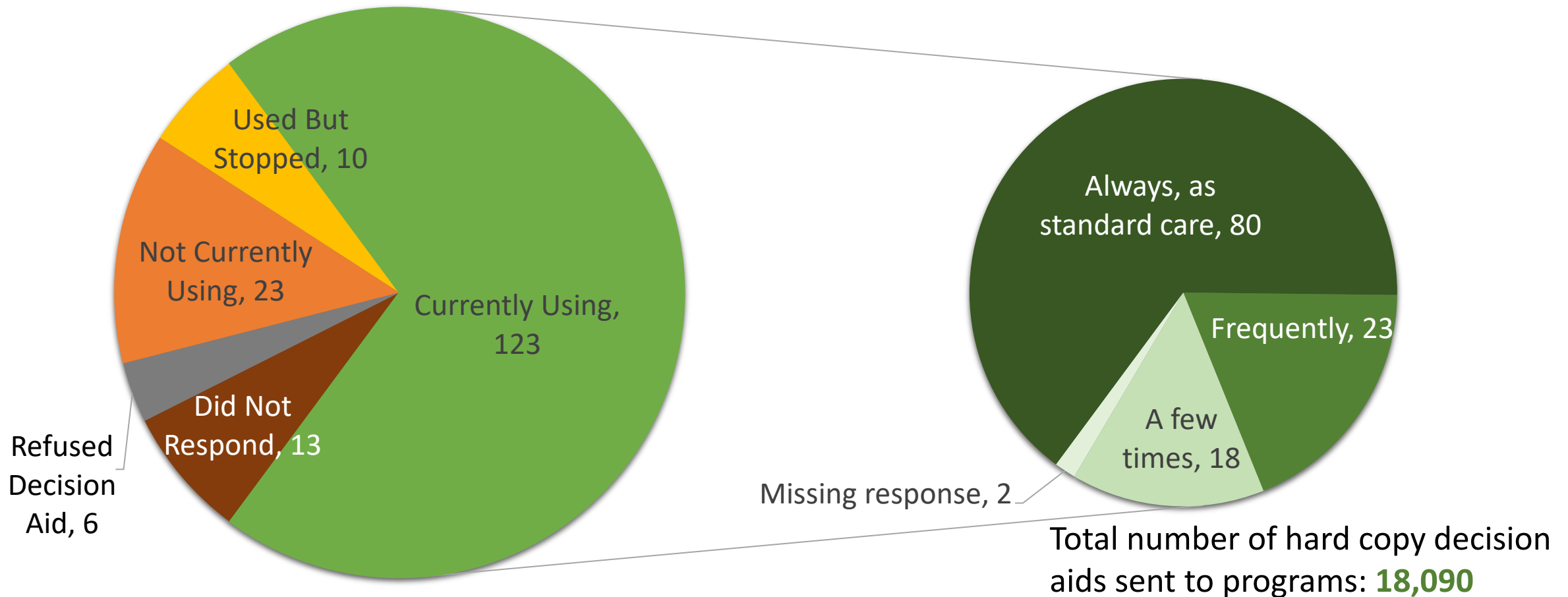
- Contacted every program
- **169 adopted decision aid**
(were interested in and received 50 free hard copies of decision aid)

Adoption Over Time



Implementation

Reported use of decision aid by primary clinician contact at each program every 4-6 months over project period.





ACCORDS

ADULT AND CHILD CONSORTIUM FOR HEALTH OUTCOMES
RESEARCH AND DELIVERY SCIENCE

UNIVERSITY OF COLORADO | CHILDREN'S HOSPITAL COLORADO



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Thank You



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www.patientdecisionaid.org



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What It Looks Like in Real Life:

- RN Coordinator's Experience with Shared Decision Making

-

Jessica Byrd, RN, BSN, VAD-C

Mechanical Circulatory Support (LVAD) Coordinator

13:34

-



*"Maybe a Used Car Salesman
isn't the best job for me."*



Why use a shared decision making tool?

- Not just facts → It's aligning with goals, values, and reality
- A collaboration, not a **persuasion**
- Patient + caregiver = experts in their lives
- We bring medical knowledge + compassion

Where We Struggle

- Limited time in consults
- Providers unsure how to use tool
- Skepticism about value
- No EMR integration
- **Fear of “slowing things down”**



Using iDecide in “Real Life”

• Making Shared Decision Tools Work in Practice

- **Give tool *EARLY***
- Use to ***guide*** conversations—not to *replace* them
- **Make it *EASY* (pre-built links in EHR)**
- Utilize many different team members (Bedside use, schedulers, ect)
- Include caregivers
- Revisit during follow-up: “Did this help clarify things?”
- Revisit regularly
- Normalize: “This is how we care for patients”
- Celebrate when it helps, including if there is negative feedback

Normalize: “This is how we care for patients”



Why Shared Decision Making Matters in LVAD Care

• Provides Clinician Support

- Treatment Cross Road: LVAD vs. Hospice care (*Life and Death Decision*)
- Conversation can be very emotionally charged and information about the realities of current options can get lost.
- iDecide lays out all the information, helps take emotional charge out
- Not just “do or don’t”—it’s “how do we live with this?”
- Decision aid helps clarify stressors and fears
- Lays information out for all treatment options

• Provides Patient and Caregiver Support

- Conversations have a strong emotional impact
- High complexity, often compressed into limited time
- Helpful near end-of-life (not just surgery survival, but living life with the device)
- Empowers caregivers to be advocates
- Reduces misinterpretations of the role of caregiver for the patient/caregiver/and team
- **Reduces decisional regret for ALL Parties**

