**BACKGROUND**

**BACKGROUND:** In cardiovascular disease (CVD) prevention, the risk of heart attack or stroke is now a core determinant of treatment for every class of drug.

**PROBLEM:** Despite clinical guidelines calling for clinicians to use risk prediction for years, not many clinicians do.

**AIM:** Explore providers’ facilitators and barriers to incorporating risk prediction into their regular clinical practice.

**METHODS**

**Data Collection**
- June-October 2018
- 9 VA sites: 5 VAMCs and 4 CBOCs
- 36 semi-structured interviews (30-60 min) with primary care providers with clinical scenarios and introduction of risk-based CVD prevention

**Data Analysis**
- Inductive content analysis and matrix analysis of interview transcripts.

**RESULTS**

**Does risk prediction for CVD prevention fit into your clinical practice?**

<table>
<thead>
<tr>
<th>Yes! (13)</th>
<th>Maybe (14)</th>
<th>No! (6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior exposure to risk-based approach</td>
<td>Model enhances patient communication and reduces cognitive burden; But, doubts about work flow and risk calculation</td>
<td>Accustomed to individual targets Individual targets easier to understand Doubts about work flow and risk calculation</td>
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**Is quantified medicine at odds with holistic practice?**

| “1+1 does not always add up to 2” | “…it takes away from...patient-centered care and it’s not just a science sometimes” | “…every person is so individualistic that you can’t treat a person just on the basis of numbers” |

**Can I trust the output?**

- What are the inputs, population, and studies?
- Is there an authorizing institution?
- Isn’t this just another “flavor of the month”?
- What about patient compliance?
- What about outcomes besides heart attack and stroke?

**Does it fit with workflow?**

| Can prioritize patients | One measure rather than multiple | Will use if precalculated and easy to access |
|…“We do not need another task” “Don’t give me another reminder!”
| |

**Does it add value?**

- Reduce unnecessary fallouts
- Benefits of treatment clearer
- Tied to meaningful outcomes
- It’s a more meaningful measure
- Gives patients a “visual”
- Motivates patients

| Same issues as current PMs Too technical for patients Redundant Useful for research only |

**CONCLUSION**

Providers generally welcomed risk prediction in CVD prevention. However, resistance by some must be addressed, as Big Data increasingly drives more quantified medicine.