

Phase 1: 2016-17

Two qualitative studies to understand the experiences of patients with CKD who have recently made decisions about heart tests and treatments following a heart attack and to identify the decision support needs of patients and healthcare providers in this setting.



Phase 2: 2018-19

Explore attributes of treatment decision making that are important to patients and measure the value they place on them. Development and validation of risk prediction models for important clinical outcomes identified by patients and care providers.



Phase 3: 2020-21

Incorporation of risk information and strategies to identify patient preferences within a decision-aid. This will be followed by testing of the decision-aid with patients and care providers.



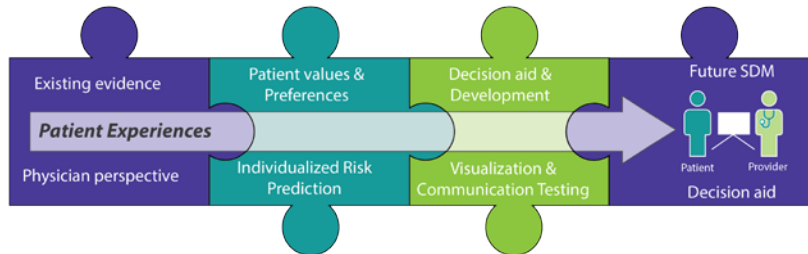
Background

Heat disease is common in people with chronic kidney disease (CKD), and leads to hospitalization and shorten survival.

People with CKD are less likely to receive tests and treatments for their heart disease than those without CKD.

We will develop tools that can help doctors share personalized information on the benefits versus risks of having a heart procedure.

Project Goal



Did you know?

- Patients and physicians describe complexities with bidirectional information exchange needed for shared decision making in cardiac care.
- Both believed that processes and tools to facilitate these decisions required personalization to reflect variability of risks and patient preferences.



For more information visit:
www.cansolveckd.ca/research/theme-1/approach