

ASCVD Podcast: The Patient-Provider Relationship in the Office

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Intro

ASCVD Perspectives portrays the journey of a typical patient through their various care settings after a recent cardiac event and being diagnosed with clinical ASCVD. This podcast is intended to be a guide to educate patients on shared decision-making practices and provide examples of questions they can incorporate into their personal experience. It also serves as a model to help clinicians understand different ways they can empower their patients to become advocates and active leaders in their own disease management.

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The patients used in the series are paid actors, and any recommendations or information are not to be construed as a directive, endorsement, or medical advice. Always check with your provider before starting or changing your medications, diet, or exercise regimen.

00:46

Dr. Salazar: Hi. Good morning, Rob. I'm Dr. Salazar. I'm a cardiologist here to discuss your particular situation with you.

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Rob (patient): Good morning.

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Dr. Salazar: How are you doing today?

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Rob (patient): I'm well. Doing really, really, well.

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Dr. Salazar: And what brings you in to see a cardiologist today?

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Rob (patient): Well, you know, just kind of some checkups, and things like that. I'm just kind of wondering, "What is the typical patient health care journey look like for a patient like me, who's been diagnosed with ASCVD?"

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Dr. Salazar: OK, well first of all, what exactly happened to you that you were diagnosed with this condition, and do you know what it stands for?

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Rob (patient): Well, I don't. I had some initial chest pain and then things moved along from there.

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Dr. Salazar: I see.

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Rob (patient): I would like some more...

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Dr. Salazar: I see.

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Dr. Salazar: So, ASCVD is really an umbrella term that we use to refer to atherosclerotic cardiovascular disease. And it can mean a heart attack, non-fatal heart attack, coronary artery disease, or stroke. So, in your case, you probably had coronary artery disease as diagnosed by your previous physician. So, the main thing that we have to do moving forward is address your risk factors. What led you to this diagnosis? And the main contributing factor for this diagnosis is high cholesterol.

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Dr. Salazar: Do you know about your cholesterol?

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Rob (patient): Yeah, my cholesterol is definitely high.

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Dr. Salazar: And since your diagnosis, what have you done to address that, or what has any other health provider, or your primary care physician done to address that?

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Rob (patient): So, we've talked about changing my diet. We've talked about exercise. We've talked about, you know, really kind of a lifestyle change. Those are starting to move the needle. We feel they are a little bit. So, I feel fine. You know, I'm feeling fine. So, why do I need to follow up with another doctor?

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Dr. Salazar: Well, you mentioned some very important recommendations. And since you actually have the diagnosis of ASCVD, it is important to follow up with a cardiologist because you do have the diagnosis. And what a cardiologist can help you with is trying to curb or trying to decrease the chances of you experiencing another event or any other events associated with your diagnosis. The main thing that we have to do, is we have to talk about secondary prevention with use of statins, for example, which you have not mentioned yet.

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Ron (patient): Mm hmm.

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Rob (patient): What should I expect to happen in my specialist doctor's visit?

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Dr. Salazar: Well, they should be able to discuss with you, or... first of all, explain to you more about your specific diagnosis or the specific condition that led to your diagnosis. And then they should be able to show you the tools we have as cardiologists to show you what your risk is of experiencing a heart attack, or another heart attack, with your current condition and risk factors based on lab work, on your age, and other risk factors that we look for, including prescription drugs and habits. Weight is also very

important, and you should be able to understand exactly why you're taking the medications that you have been prescribed, especially why you meet criteria and why you should start taking what we call statins, which are cholesterol lowering medications.

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Rob (patient): And there are some statins that are in play...

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Dr. Salazar: Atorvastatin?

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Rob (patient): Yes, sir.

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Dr. Salazar: Atorvastatin. Perfect. Yes. Atorvastatin is one of the most popular statins prescribed, especially after someone has experienced an event.

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Rob (patient): What about my primary care doctor? I mean, can all of these doctors coordinate and share my progress and findings, or will that be my responsibility?

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Dr. Salazar: I think the answer is "yes" on both accounts. So, doctors and primary care physicians are great at reaching out to the specialists that they have referred their patients to, to obtain information and to communicate. And specialists are also really good at trying to get back to the primary care physicians with information. Having said that, it's really important for you as a patient to become your own advocate. It's very important for you to have access to your own labs, so for example in this visit, you would be able to share them with me faster.

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Dr. Salazar: It would be also important for you to know what comes next, and what are the next steps and what things you should be looking out for.

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Rob (patient): Mm-hmm. So, can I bring my family with me for these other visits to help me, you know, remember my instructions?

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Dr. Salazar: Yes, that is highly encouraged. However, we are currently experiencing a global pandemic. So different offices have different restrictions and that is based on either CDC or local health department recommendations, or also the size of the office. So just keep that in mind.

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Rob (patient): Right.

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Rob (patient): I've heard of televisits since COVID started. So, can I see my doctor from my own home to manage this?

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Dr. Salazar: I think most physicians are doing telemedicine in some shape or form. So, if you are unable to see your physician in person, then I think that's a great option for you; particularly because you already have the diagnosis, and there's data already out there based on data reflecting your cholesterol. For example, levels that don't necessarily need a physical visit because they are numbers that can be tracked through the computer. So in your case, I encourage you to have routine visits whether they be in person or telemedicine visits.

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Rob (patient): Speaking of the diagnosis, this ASCVD diagnosis is new for me. But what if I have strong beliefs or preferences for my treatment plan? Do I get a say in how my condition is managed?

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Dr. Salazar: Of course. I think medicine and we doctors are moving towards having our patients more involved in making certain decisions because what we know is that when the patients are involved, we have an increase in compliance. And we also have better outcomes when our patients are involved. So, the one barrier that I see with this, and it varies from practice to practice sometimes, is time constraints. I would suggest that you be patient with your doctor and perhaps help him or her guide you in trying to make a decision as to whether you should be on any drugs or any medications for your condition. And also, on which medication, understanding what the risks and side effects are, and the impact of that medication on your future health.

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Dr. Salazar: I think it will be very important for you to see that to illustrate why you need to be on a statin medication.

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Rob (patient): And what can patients do to be their best advocates across the coordination of care?

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Dr. Salazar: I think having access to their medical records, especially in your case. For example, your cholesterol panel is extremely helpful, knowing exactly who their doctors are and their contact information is also important. And also, we have a lot of resources online. So, going online and searching for specific terms or going to the American College of Cardiology or the American Heart Association websites are always a good place to start because they do have a lot of patient pamphlets and resources to help patients understand what's going on with them. The Internet is a wonderful thing, but I think it's always good to stick to websites that provide more specific and reliable information to our patients.

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Rob (patient): So, my whole family's reading everything they can after this diagnosis. And I mean, I really want to be involved in the decisions for my care. What are the top three things I can do to be proactive?

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Dr. Salazar: I think the one thing is you should understand what your risk is. So, we do have tools to show you, based specifically on your age and lipid profile, as to what's going on with you. And what your risk is ten years out of having another heart attack or another episode such as the one you had, for example. So, you should be able to understand that and you should be able to understand the impact that

potential treatment or intervention will have. We should be able to show you, if you are complying with your statin or with atorvastatin, as you mentioned, that this is what you should expect.

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Dr. Salazar: You know, you should expect your future risk of having a heart attack to go down by this much. I think that's something reasonable that could be discussed with you and shown to you.

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Rob (patient): Are there any other questions I should be asking you that I'm not thinking of? I don't really know. I don't really know, what I don't know at this point.

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Dr. Salazar: Right. I think you already mentioned that you want to be an active participant, actually, making the decision as to what medications to take and how your overall care will move forward. So that's a great thing because oftentimes patients leave it all up to the physician. But the one thing I would add, is going back to the resources that are available at the AHA and the ACC websites. As I said, the Internet is a wonderful place, but oftentimes what I see in my practice is my patients scare themselves by searching the wrong terms or they end up looking at things that they don't really have, and then they sometimes end up in the E.R. scared to death. So, I would advise you to talk to someone like me, a cardiologist, or your primary care and ask specifically what terms or what should I be searching for if I were to go on the Internet, you know. And I think that would be a very helpful thing for you to know.

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Rob (patient): Thank you very much.

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Dr. Salazar: Well, thank you, Rob. It was a pleasure meeting you and learning a little bit about you. And I hope I provided you with some answers to your questions, please don't hesitate to get in touch with me or my staff if you have further questions. Thank you so much again for coming.

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Rob (patient): Thank you. I appreciate your time.

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Dr. Salazar: You're welcome.