

NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

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**Title**

*Physicians' Perspectives on the Atherosclerotic Cardiovascular Disease (ASCVD) Risk Calculator.*

**Priority 1 (Research Category)**

Cardiovascular disease

**Presenters**

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**Abstract**

Context: The ASCVD risk calculator includes race as a variable in its risk estimation. Using race to guide clinical decision-making is a controversial practice and efforts to revise medical equations incorporating race are underway. However, to appropriately envision this calculator, more needs to be known about how clinicians perceive and use it.

Objective: We sought to explore how clinicians viewed the ASCVD risk calculator.

Study design: Qualitative descriptive study conducted using ten 45-minute semi-structured interviews with primary care physicians in North Carolina (recruited via purposive, snowball, and convenience sampling) between March and April 2022. Interview questions focused on ASCVD risk counseling and perceptions of the ASCVD risk calculator. Responses were analyzed using both deductive and inductive approaches to identify primary topics.

Setting: Video interviews, audio recorded and transcribed.

Population studied: Actively practicing North Carolina internal medicine and family medicine physicians.

Results: Five men and five women participated in the study. Of these, six identified as White, two as Black, and two as Asian. Seven used the calculator regularly, while three did not. Two main topics emerged: concerns with the ASCVD risk calculator and its role as a conversational tool. Participants disliked how age was used in the model, advocated for the inclusion of social risk factors, expressed concern about the utilization of race within the tool, held varied perspectives regarding its validity, and felt that it overemphasized statin treatment. Concerns regarding the inclusion of race and the lack of social factors were sometimes interlinked. Despite these concerns, all participants—even persons who did not use it regularly—found value in using the ASCVD risk calculator for motivating behavior change, engaging in shared decision-making, and gaining a better understanding of patients' desires. Perceptions of accuracy were not related to engagement with the calculator.

Conclusions: Participants consistently viewed the ASCVD risk calculator as beneficial for counseling patients, despite having concerns about its structure and assumptions. Although current efforts to improve this calculator have focused on increasing predictive accuracy, increasing its perceived value by integrating social factors and reexamining the use of race could enhance clinician acceptance and therefore use of the tool in shared decision-making.

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