This study is currently being published in Vascular Medicine.

Featured Study: Safely Resuming Anticoagulants

This is an intervention study with a crossover design. Our aim is to determine whether a decision aid using an electronic health record (EHR) can help patients resume anticoagulation after stroke or intracerebral hemorrhage. We will assess whether the decision aid improves patient decision making, patient satisfaction, and the timing of when patients resume anticoagulation.

We hypothesize that the EHR-integrated decision aid will improve patient decision making compared to standard practice alone. We are also interested in whether the decision aid will increase time until restart among patients at high risk for recurrent bleeding events.

Study Design:
- Crossover design: patients will be randomized to either receive the decision aid or standard practice.
- Intervention group: patients will receive the EHR-integrated decision aid. The decision aid will provide decision support by estimating the risk of recurrent bleeding and providing recommendations for when to restart anticoagulation.
- Control group: patients will receive standard care. The standard care will not include the EHR-integrated decision aid.

Measures:
- Patient decision making: we will use the Net Clinical Benefit (NCB) measure to assess patient decision making. The NCB measure takes into account the potential benefits and harms of anticoagulation and provides a net benefit estimate.
- Patient satisfaction: we will use a validated patient satisfaction survey to assess patient satisfaction with the decision-making process.
- Timing of anticoagulation restart: we will track the timing of when patients resume anticoagulation after stroke or intracerebral hemorrhage.

Qualitative Analysis:
- Open-ended questions: we will include open-ended questions in the patient satisfaction survey to gather qualitative feedback on the decision aid.

Outcomes:
- Primary outcome: Net Clinical Benefit (NCB) measure
- Secondary outcomes: Patient satisfaction, Timing of anticoagulation restart

Participants:
- Consecutive patients with stroke or intracerebral hemorrhage who are eligible for anticoagulation

Methods:
- Randomization: patients will be randomized to either the intervention group or control group using a computer-generated randomization sequence.
- Blinding: patients, healthcare providers, and research staff will be blinded to group assignment.
- Data collection: data will be collected by trained research staff using an electronic data capture system.

Analysis:
- Intent-to-treat analysis will be used to analyze the primary and secondary outcomes.
- Multivariable regression analysis will be used to adjust for potential confounders.

Conclusion:
- If the decision aid improves patient decision making, patient satisfaction, and the timing of when patients resume anticoagulation, it will be a valuable tool for healthcare providers.

What conclusions were you able to determine, given the difficult nature of the study?

First, I think there's room for improvement in this particular decision. If we could more precisely estimate the risk of recurrent bleeding, we could personalize when to resume anticoagulation. If we could more precisely estimate the risk of recurrent bleeding, we could personalize when to resume anticoagulation.

Second, there are other kinds of intra- nal decisions that are really important. Decisions that have high potential benefit and high potential harm are important to get right.

What do you think are the next steps in these questions? How can the field make pro- gress?

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How did you change the study to account for those differ- ences?

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