

Screening for Atrial Fibrillation during Primary Care Office Visits – Fact Sheet –

What is the research study's goal? To identify older patients who may have a previously undetected irregular heart beat, called atrial fibrillation (also known as “AFib” or “AF”) during a primary care office visit. Atrial fibrillation, the most common irregular heart beat, may cause few if any symptoms. Atrial fibrillation can increase the risk of having a stroke. In patients in whom atrial fibrillation is diagnosed, medicine may be prescribed to prevent such strokes.

How did you get my name? We are contacting all patients aged 65 years or older with upcoming appointments to inform them of this screening. Your primary care practice was selected by chance to be in this research study.

What is involved? The screening will take place prior to seeing your doctor at the same time that things like your weight and blood pressure are checked. The test involves placing your fingers on a small device for 30-seconds that checks your heart beat. If needed, the test may be repeated once. Your doctor will be given the results of this screening test.



What happens if I screen positive? If the test finds atrial fibrillation, you may have a standard electrical test of your heart, called an electrocardiogram (EKG), to confirm this finding. Your doctor will be provided these results and will decide with you what further tests or treatment is needed.

Do I have to participate? No, your participation is completely voluntary. You have the right to decline the screening and it will not impact the care you receive from your primary care doctor or practice in any way.

What are the risks and possible discomforts? The screening test does not cause pain or discomfort. It is possible that the screening test may be falsely positive. This may cause distress until an EKG is performed. It is possible you may still have atrial fibrillation even if you screen negative, if you are not having the irregular heart beat at the time of screening or if the screening test does not detect it. Your doctor will decide if you should have an EKG.

What are the benefits to me? There is no cost for the screening test. You may benefit from the screening program if it finds previously undetected atrial fibrillation. All treatment decisions will be made in discussion with your doctor.

Who is doing the study? Dr. Steven Lubitz from Massachusetts General Hospital is leading this study. The study is funded by Bristol-Myers Squibb. For questions about the study or your rights as a study participant, please contact Dr. Lubitz at 617-xxx-xxxx. If you want to speak to someone not directly involved in this study, contact the Mass General Brigham IRB at 857-282-1900.

We are required by the Health Insurance Portability and Accountability Act (HIPAA) to protect the privacy of health information obtained for research. This is an abbreviated notice, and does not describe all details of this requirement (see Mass General Brigham Privacy Notice). During this study, identifiable information about you or your health will be collected and shared with the researchers conducting the research. In general, under federal law, identifiable health information is private. However, there are exceptions to this rule. In some cases, others may see your identifiable health information for purposes of research oversight, quality control, public health and safety, or law enforcement. We share your health information only when we must, and we ask anyone who receives it from us to protect your privacy.*

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