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Clinical Pharmacist-Led Intervention to Improve Statin Metric for Secondary Prevention in Providence Medical Group

Chloe Nguyen, PharmD, Judy Wong, PharmD, BCACP, and Karen White, PharmD, BCACP



PURPOSE

The purpose of this study is to identify intervention strategies to improve the statin metric for secondary prevention among patients with clinical atherosclerotic cardiovascular disease (ASCVD) in the primary care setting at Providence Medical Group (PMG).

BACKGROUND

- Per the Centers for Disease and Control Prevention, cardiovascular disease is the leading cause of morbidity and mortality in United States. Nearly one in three American dies of stroke or heart disease.
- According to the 2018 American College of Cardiology/American Heart Association guideline, high-intensity statin therapy or maximally tolerated statin therapy is recommended for patients with clinical ASCVD.
- Common barriers for initiating statin therapy include previous intolerance or side effects, lack of perceived benefits versus risks, and financial burden.
- Currently, there is a gap in meeting the statin metric in PMG Southern Oregon region.
- As of October 2019, 667 patients were identified as either not being prescribed statin therapy or not on optimized statin therapy among 8 clinics in the PMG Southern Oregon region.

METHODS

- Different strategies will be implemented at a single clinic, Central Point Family Medicine Clinic, in the Southern Oregon region to demonstrate metric improvement

Inclusion Criteria:

- Patients aged ≥ 18 years old with diagnosis of clinical ASCVD who are either not prescribed statin therapy or are prescribed sub-optimal statin therapy

Exclusion Criteria:

- Pregnant women and nursing mothers

Primary Endpoints:

- Impact of academic detailing intervention on perceived barriers on statin initiation or optimization via pre- and post-intervention surveys
- Percentage of approved recommendation from providers

Secondary Endpoint:

- Percentage of statins prescribed per each intervention strategy

Two interventions:

- Academic detailing
 - Pre- and post-surveys were collected to assess the effectiveness of the presentation given during providers meeting
- Providing recommendations to provider
 - Chart review for patients who met inclusion criteria via Epic encounters

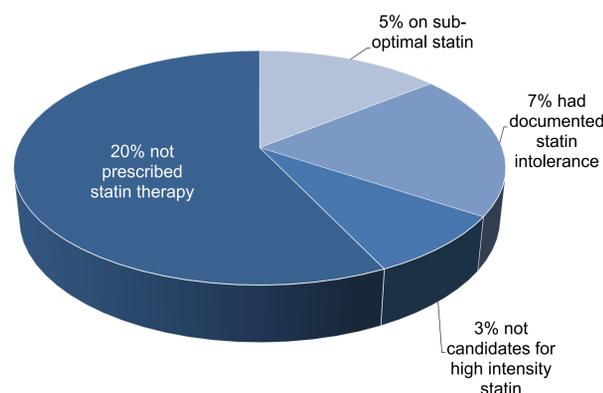
RESULTS

Intervention 1: Academic Detailing

Pre/Post Survey		
Questions	Pre-survey (n=8)	Post-survey (n=7)
If a patient has a documented intolerance to statin therapy in the past (e.g. myopathy, myalgia), how likely patient will be re-challenged with a different statin or at a lower dose for ASCVD secondary prevention?	Often: 38%	Very often: 71%
	Sometimes: 50%	Sometimes: 14%
Indicate whether statins causes liver injury based on your experience and scientific literature	Yes: 62%	Yes: 57%
	No: 38%	No: 29%
	Evidence not definitive/not sure: 0%	Evidence not definitive/not sure: 14%
Indicate whether statins cause myopathy based on your experience and scientific literature	Yes: 88%	Yes: 71%
	No: 0%	No: 0%
	Evidence not definitive/not sure: 12%	Evidence not definitive/not sure: 29%
Indicate whether that statins cause rhabdomyolysis based on your experience and scientific literature	Yes: 88%	Yes: 71%
	No: 12%	No: 14%
	Evidence not definitive/not sure: 0%	Evidence not definitive/not sure: 14%
Indicate whether statins cause cognitive impairment based on your experience and scientific literature	Yes: 25%	Yes: 0%
	No: 12%	No: 29%
	Evidence not definite/not sure: 62%	Evidence not definitive/not sure: 72%
Indicate whether statins cause incident diabetes based on your experience and scientific literature	Yes: 50%	Yes: 29%
	No: 25%	No: 29%
	Evidence not definitive/not sure: 25%	Evidence not definitive/not sure: 43%
For ASCVD secondary prevention, how often (in percentage %) a statin needs to be discontinued (including drug holidays), given patient complaints of adverse medical events?	5-50%	10-15%

Intervention 2: Providing Recommendation to Providers

Baseline therapy status (n=35):



Results:

- 85.7% of all recommendations was approved by primary care providers (PCP)
- 51.4% of patients will discuss statin initiation and optimization in upcoming appointments with PCP.
- 28.5% of patients received referral to clinical pharmacy services for ASCVD management

Percentage of statins prescribed per each intervention strategy:

Referral to clinical pharmacy for ASCVD collaborative management (n=10):

- One patient was successfully started in statin therapy via pharmacy management
- 50% of patients declined statin initiation
- 40% of patients were unable to be reached

Discuss statin initiation/optimization in upcoming PCP appointments (n=18):

- No changes observed

DISCUSSION

Academic Detailing

- Comparing pre- and post-surveys, there was an increased percentage of providers who are willing to re-challenge a different statin/lower dose for patient with documented statin intolerance
- Survey results showed changes in providers' beliefs when comparing pre and post survey
- Slight decrease in provider belief that statins cause myopathy, liver injury, incidental diabetes, cognitive impairment and rhabdomyolysis

Limitations:

- Unable to observe the content of provider discussion with patients or frequency of shared decision making

Providing Recommendation to Providers

- Majority of recommendations were approved by providers. However, no specific intervention has proven to be the most effective at increasing statin initiation or optimization
- Very little changes were observed across all intervention strategy selected by PCP

Limitations:

- Providers' engagement level is variable and may have a large impact on the results of the study
- Due to COVID-19, patients may cancel health maintenance appointments to limit health care exposure postponing statin discussions beyond the timeframe of the project
- Difficult to track changes in statin prescribing if PCP selects options to discuss therapy during upcoming visits (3-6 months out)
- Many referred patients were unreachable thus making it challenging for pharmacist to follow-up appropriately

NEXT STEPS

- Propose to have statin assessment as part of annual health maintenance visits in the future for patients with clinical ASCVD
- Implement education tools like videos, handouts, or applications that can help to provide education and address concerns or questions on statin therapy

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