Clinical Pharmacist-Led Intervention to Improve Statin Metric for Secondary Prevention at Providence Medical Group – Southern Oregon Region

Chloe Nguyen
*Providence Medical Group, Oregon*, Chloe.Nguyen@providence.org

Judy Wong
*Providence Medical Group, Oregon*, Judy.Wong@providence.org

Karen White
*Providence Medical Group, Oregon*, Karen.White2@providence.org

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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

POURPOSE
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:
1. Academic detailing
2. Providing recommendations to provider

RESULTS

Intervention 1: Academic Detailing

<table>
<thead>
<tr>
<th>Questions</th>
<th>Pre-survey (n=8)</th>
<th>Post-survey (n=7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td>Often: 38%</td>
<td>Very often: 71%</td>
</tr>
<tr>
<td>Indicate whether statins cause liver injury based on your experience and scientific literature</td>
<td>Yes: 62%</td>
<td>Yes: 57%</td>
</tr>
<tr>
<td>Indicate whether statins cause myopathy based on your experience and scientific literature</td>
<td>Yes: 88%</td>
<td>Yes: 71%</td>
</tr>
<tr>
<td>Indicate whether that statins cause rhabdomyolysis based on your experience and scientific literature</td>
<td>No: 12%</td>
<td>No: 14%</td>
</tr>
<tr>
<td>Indicate whether statins cause cognitive impairment based on your experience and scientific literature</td>
<td>Yes: 25%</td>
<td>Yes: 0%</td>
</tr>
<tr>
<td>Indicate whether statins cause incident diabetes based on your experience and scientific literature</td>
<td>No: 25%</td>
<td>No: 29%</td>
</tr>
</tbody>
</table>

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

Intervention 2: Providing Recommendation to Providers

Baseline therapy status (n=35):

- 20% not prescribed statin therapy
- 7% had documented statin intolerance
- 3% not candidates for high intensity statin
- 5% on sub-optimal statin

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:

<table>
<thead>
<tr>
<th>Intervention Strategy</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic detailing</td>
<td>85.7%</td>
</tr>
<tr>
<td>Providing recommendation to providers</td>
<td>51.4%</td>
</tr>
</tbody>
</table>

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, incident diabetes, cognitive impairment and rhabdomyolysis

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

REFERENCES

DISCLOSURE: Authors of this presentation have the following to disclose concerning possible financial or personal relationships with commercial entities that may have a direct or indirect interest in the subject matter of this presentation:
- Chloe Nguyen: Nothing to disclose
- Judy Wong: Nothing to disclose
- Karen White: Nothing to disclose