Title:
Achieving Cholesterol Management Goals: Identifying Clinician-Centered Challenges to Optimal Patient Care

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Session Title:
Global Cardiovascular Health
Slot:
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2:45 PM

Keywords:
Cholesterol management, Clinician's adherence and Guidelines

References:


Abstract Summary:
Optimal cholesterol lowering is still a challenge and many clinicians are unsuccessful in achieving this target. This study examined the practices of clinicians in regard to their adherence to nationally recognized guidelines for decreasing cardiovascular risk. A great percentage of high risk patients failed to achieve the cholesterol goal.

Learning Activity:

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<tr>
<th>LEARNING OBJECTIVES</th>
<th>EXPANDED CONTENT OUTLINE</th>
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<tr>
<td>Describe data analysis results of this study</td>
<td>Around 37% of patients achieved the guideline recommendations</td>
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Discuss possible reasons clinicians failed to achieve guideline recommendations

Medical chart review revealed that patients were intolerant to statins. Patients did not know the benefits of statins

Discuss options clinicians need to follow to optimally manage cholesterol as per guideline recommendations

Clinicians awareness of the most up to date guideline recommendations might contribute to optimal care delivery. Patient education is key in achieving guideline recommendations as many patients do not understand the benefits of statins.

Abstract Text:

Purpose: The purpose of this study was to examine the practices of clinicians at a large university hospital in Northeastern United States in regard to their adherence to nationally recognized recommendations, specifically, the 2013 American Heart Association/American College of Cardiology (ACC/AHA) guidelines and those of the National Lipid Association (NLA).

Methods: Investigators performed a query of the hospital's large database, restricting our efforts to examination of data housed in the Electronic Health Record (EPIC version 2014; Verona, WI).

Results: We found a total of 172,962 patients who met the NLA guidelines for lipid lowering therapy and 101,604 patients who met the ACC/AHA criteria for statin therapy; of those 36% and 38%, respectively, achieved the guideline recommendations. A sub-analysis conducted by specialty demonstrated that 35% of patients (n=41,389) treated by Internal Medicine clinicians met ACC/AHA goals while 38% (n = 82,800) met NLA goals. For patients treated in the cardiology department, 49% and 40% (n = 37,008, n=42,224, respectively) met the ACC/AHA and NLA goals. Finally, in the preventive department, 52% and 44% (n = 961, n = 1332 respectively) achieved ACC/AHA and NLA goals. Of the high and very high risk patients who did not meet the guidelines, the mean low density lipoprotein (LDL-c) levels were 135 and 106 mg/dl—alarmingly far from the nationally recognized optimal goal of < 70 mg/dl. A limited medical chart review of a total of 100 charts demonstrated that the main factor behind poor adherence to either guidelines was patients’ reporting of intolerance to the statin medications. However, there were many other reasons that patients stopped their statin therapy beyond intolerance. This included patients’ lacking the appreciation and awareness of the benefits of statin medications and fear of harm specifically, irreversible damage related to the use of statin medications, which is a known myth among patients.

Conclusion: In summary, findings from our database analysis suggest that patients considered to be at high and very high cardiovascular risk are being undertreated through clinicians’ failure to follow ACC/AHA and NLA guidelines. Lowering patients’ LDL-c levels to goal contributes to a decrease in the cardiac event hazard ratio from 0.46 to 0.37, reducing cardiovascular event rate from 16.7% to 10.9%. Findings from our analysis are in line with the national PINNACLE registry data. The consistency between the local and national level data suggest less than optimal clinician adherence to Guidelines and Recommendations, nationally. This finding suggest significant, broad scale, provider-initiated barriers to achieving optimal patient outcomes. The results of the medical chart review reinforces the need for increasing the efforts targeting patient education and increasing awareness of the benefits of statins. Modification of patient risk factors is complex, even when evidence-based, national level guidelines provide clear and straightforward recommendations for clinical practice. Our findings suggest that contributing to the issues emerging from generalized patient non-adherence and patient misconceptions regarding statin therapy, health care provider practices in cardiovascular risk reduction may challenge optimal patient care.