Impact of clinical pharmacist interventions within an accountable care organization to increase statin utilization in patients with diabetes

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Background
The 2016 American Diabetes Association (ADA) Standards of Care and the 2013 American College of Cardiology/American Heart Association Guidelines (ATP IV) both encourage statin treatment in patients with diabetes aged 40-75 years.\(^1\) In addition to the recommendations from the ADA and ACC/AHA, the Centers for Medicare and Medicaid Services (CMS) 2016 Medicare Shared Savings Program (MSSP) quality measures include the reporting of the percentage of all patients considered at high risk of cardiovascular events prescribed statin therapy.\(^2\) In 2018, the MSSP quality measure that tracks the percentage of patients at high risk for cardiovascular events who are prescribed a statin will become a pay for performance measure for our health system’s Accountable Care Organization, Duke Connected Care (DCC).

Statistical Considerations
Sample Size
- It is estimated >200 patients will meet inclusion criteria

Statistical analysis
- The percent change in statin utilization following pharmacist interventions will be calculated
- Continuous variables, such as LDL level, will be summarized with mean/medians, standard deviation and ranges
- Chi-squared/Fisher’s exact test will be used to determine if there is a difference between different categories, if applicable.
- Significance of the tests will be assessed at alpha = 0.05

Methods

**Primary Objective**
- To evaluate the effectiveness of clinical pharmacist interventions to increase the utilization of statin medications for eligible DCC patients with diabetes

**Secondary Objectives**
- To investigate the primary reason for patients not having a prescribed statin medication
- To evaluate the impact of the pharmacist intervention for patients with no documented intolerance to a statin medication
- To evaluate the impact of the pharmacist intervention for patients with a documented intolerance to 1 statin medication
- To evaluate the impact of patients prescribed a statin medication following a staff message alone
- To evaluate the impact of patients prescribed a statin medication after a clinical pharmacist seeks clarity from the patient through a telephonic encounter to patients and additionally sends a staff message
- To evaluate the effect on statin prescribing following pharmacist intervention when a patient does not attend an upcoming appointment


Disclosures
Disclosures: The authors of this presentation have no disclosures to provide concerning possible financial or personal relationships with commercial entities that may have direct or indirect interest in the subject matter of this presentation.

References

**Inclusion Criteria**
- MSSP patients attributed to Duke Connected Care
- Age 40-75 years old
- Diagnosis of diabetes
- Future appointment scheduled with primary care provider or endocrinology provider

**Exclusion Criteria**
- Currently prescribed a statin
- Statin listed in EMR allergy tab
- Intolerance to ≥ 2 statin medications
- Most recent LDL-C <70 mg/dL
- Pregnancy or breastfeeding
- Palliative care
- Active liver disease, hepatic disease, or end-stage renal disease (ESRD)
- Suspected rhabdomyolysis due to a statin medication

<table>
<thead>
<tr>
<th>Patients with diabetes</th>
<th>LDL-C 70-189 mg/dL</th>
<th>Age 40-75 years old</th>
<th>Moderate or high-intensity statin</th>
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<tbody>
<tr>
<td>History of statin use?</td>
<td>Send EMR staff message to provider prior to upcoming visit</td>
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<td>Yes</td>
<td>Phone call to patient</td>
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<td>No</td>
<td>Talk to patient and document encounter</td>
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<td>Yes</td>
<td>Send EMR staff message to provider</td>
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<tr>
<td>No</td>
<td>If patient will not consider trying a statin, staff message to provider will not be sent</td>
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Table of measures and their definitions: DCC patients with diabetes and no statin | History of statin use? | Send EMR staff message to provider prior to upcoming visit | Phone call to patient | Answer? |
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**Statistical Measures**
- The percent change in statin utilization following pharmacist interventions will be calculated
- Continuous variables, such as LDL level, will be summarized with mean/medians, standard deviation and ranges
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- Significance of the tests will be assessed at alpha = 0.05