



Evaluation of ACE inhibitors and ARBs in patients with CAD and diabetes mellitus or LVSD within an accountable care organization

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BACKGROUND

SUMMARY

- Triad HealthCare Network (THN) is a provider-led collaboration between community physicians and Cone Health with the mission to improve healthcare in the Triad region of North Carolina.
- THN Care Management is comprised of nurse case managers, pharmacists, and licensed clinical social workers.
- Pharmacists in this setting are looking for more opportunities to provide care in order to improve quality metrics scores within the ACO.

THN METRICS

Medication-Related Metric	CMS 90 th Percentile	4 th Quarter 2015
Ischemic vascular disease (IVD): use of aspirin or another antithrombotic	90%	89%
Heart failure: beta blocker therapy for left ventricular systolic dysfunction (LVSD)	90%	85.4%
Coronary artery disease (CAD) composite: ACE inhibitor or ARB for patients with CAD and diabetes and/or LVSD	91.7%	75.4%

PURPOSE

- The goal of the study was to fulfill the unmet quality metric and improve patients outcomes by increasing the use of ACE inhibitors and ARBs in patients with CAD and diabetes or LVSD.

METHODS

STUDY DESIGN

- Using a patient database, patient were identified within the ACO who did not meet the medication-related quality metric and were targeted for intervention.

DATA COLLECTION

- Patient charts were reviewed primarily from the EPIC electronic health record system which maintains all patient records from providers in the Cone Health network.
- Recommendations were faxed to the THN provider.
- The response to recommendations were monitored.

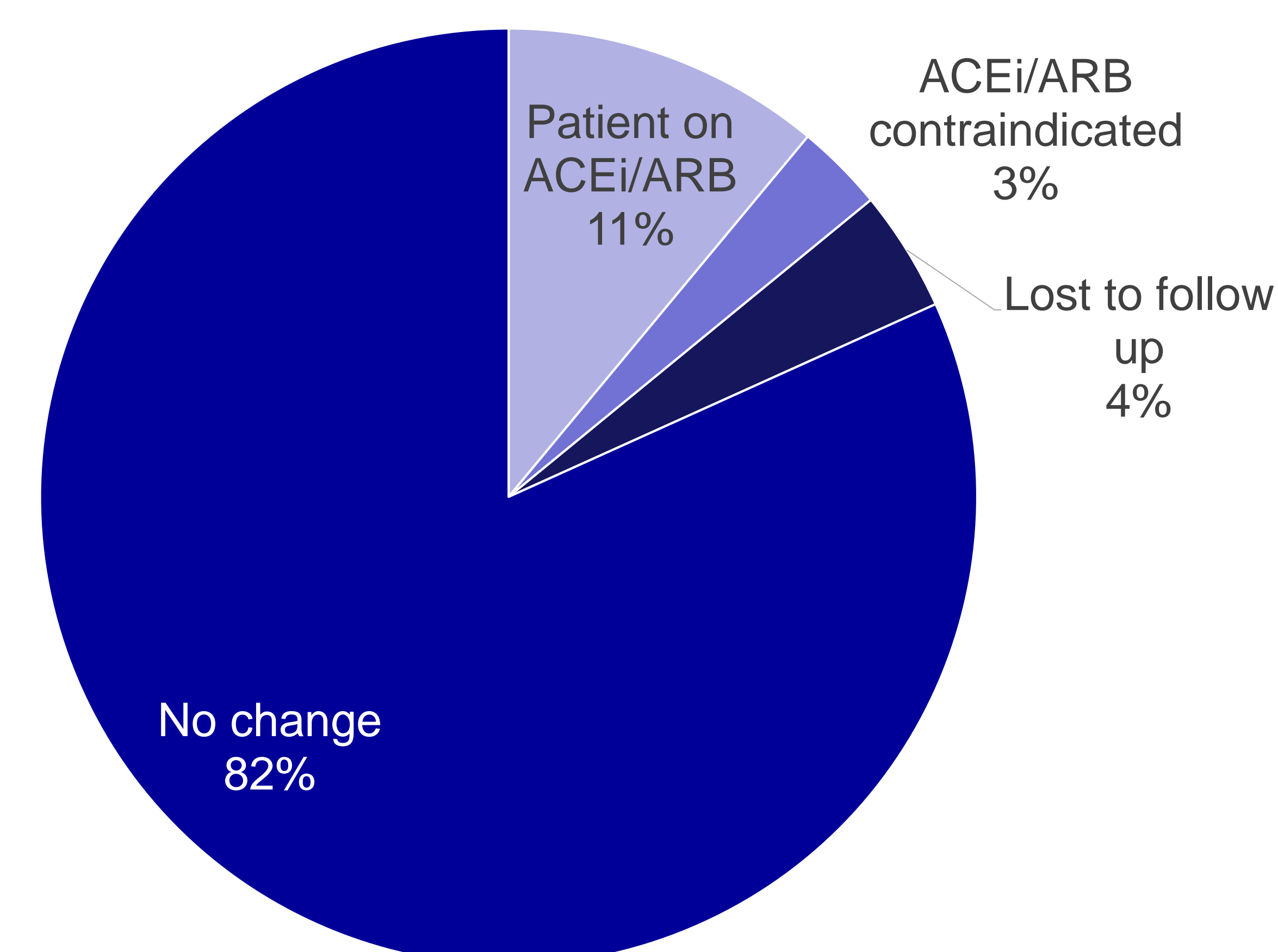
DATA ANALYSIS

- Patients were identified and information was documented using the following categories:
 - ACEi or ARB prescribed pre-intervention
 - ACEi or ARB prescribed post-intervention
 - ACEi or ARB a historical medication
 - Lost to follow-up
 - Contraindicated (documented/not documented)

RESULTS

Time Period: October 2015 – March 2016

Patients (N = 263)



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ACEi or ARB prescribed pre-intervention	7 (3%)
ACEi or ARB prescribed post-intervention	17 (7%)
ACEi or ARB historical medication	5 (2%)
Deceased	10 (4%)
Moved	1
Contraindication – documented	1
Contraindication – not documented	7 (3%)

DISCUSSION

Physician Engagement	<ul style="list-style-type: none">• Most physicians were not receptive to faxed communications• Those who responded mostly faxed back, with one physician calling the pharmacist
Limitations	<ul style="list-style-type: none">• Incorrect data• Ability to contact THN providers• Ability to follow up on the acceptance of recommendations for patients who electronic medical record is not Epic• Access to practices
Future Directions	<ul style="list-style-type: none">• THN has moved to the Next Generation ACO Model and no longer is working with the MSSP population• This means that our ACO will assume a higher level of financial risk and reward• It will be even more important for the ACO to identify ways to improve our metrics

CONCLUSIONS

- Many patients have an indication for an ACE inhibitor or ARB but are not on one
- Pharmacists can assist in educating physicians about gaps in care and the initiation of indicated medications
- Faxed letters may not be the most influential method of education or communication with health care providers
- THN pharmacists will work to build professional relationships with area providers in order to develop rapport and therefore, improved uptake of recommendations

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