

Preliminary Impact of a Centralized Anticoagulation Management Service on Patients Prescribed a Direct Oral Anticoagulant (DOAC) at a Physician Group Ambulatory Practice

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INTRODUCTION

- Anticoagulants as a class are associated with a high incidence of adverse events and remain responsible for more emergency department visits than any other class of therapeutic medications¹.
- Anticoagulant Management Services (AMS) have been shown to reduce rates of poor outcomes in patients receiving warfarin, but the benefit in patients prescribed DOACs is less clear².
- A Veteran's Association (VA) study showed that sites with AMS involvement in DOAC management were more likely to show higher DOAC patient adherence³, which has been shown to be a surrogate endpoint for stroke in atrial fibrillation and mortality⁴.
- Atrius Health AMS implemented a program to expand services to include patients prescribed DOACs.

AIM

- Describe medication adherence rates with AMS Care and usual care (defined as management by primary care team)
- Describe initial findings including clinical issues identified with usual care at time of AMS enrollment and the effect of AMS Care on modifiable clinical issues

METHODS



- Chart Review**
 - Patient selection
 - Baseline labs
 - Duration of therapy
- Enrollment into AMS**
 - Patient education via telephone visit
 - Supplemental written educational materials sent electronically or mailed to patient
- Systematic Follow Up**
 - Creatinine monitoring with overdue patient alerts
 - Adherence counseling
 - Peri-procedural management
 - Adverse event monitoring
 - Transitions of care

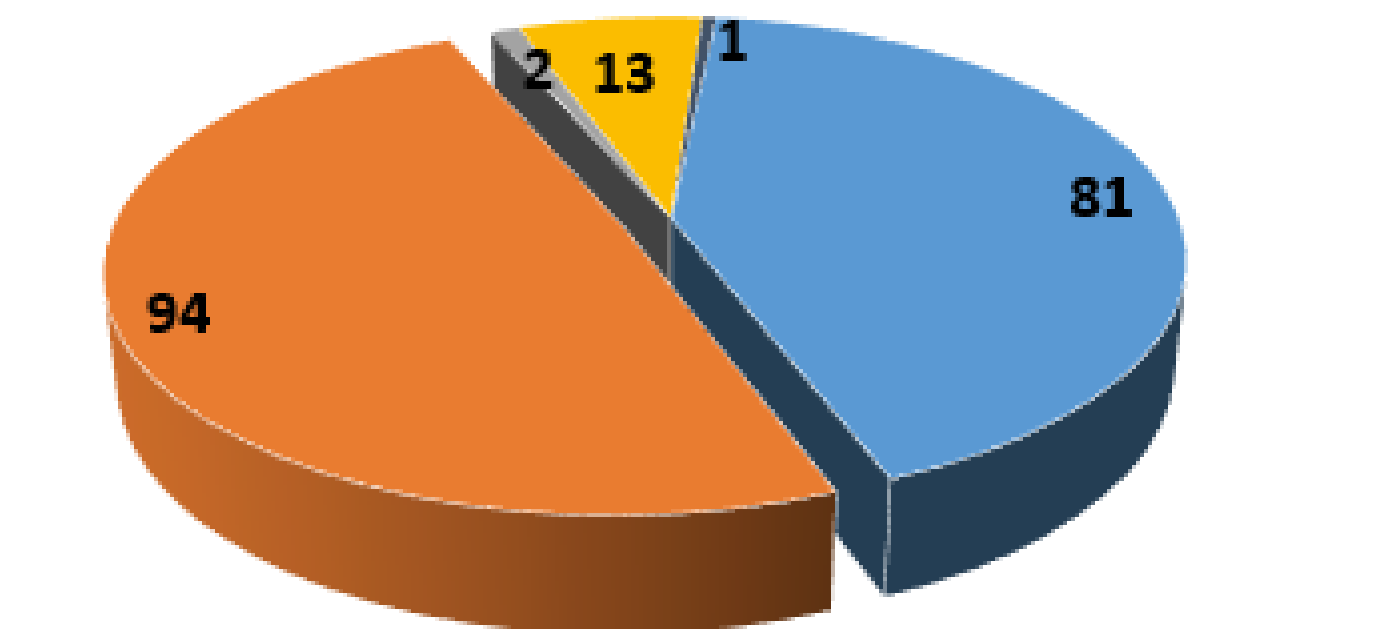
- Eligibility criteria: All patients with an Atrius Health primary care clinician prescribed a DOAC
- Reanalysis of modifiable clinical issues at pilot sites
- Missing or outdated labs included serum creatinine, complete blood count, alanine aminotransferase
- Weight parameters defined as 50 kg to 120 kg or BMI < 40 kg/m²
- Adherence measured as proportion of days covered (PDC) over 6 months

DOAC management by AMS numerically reduced the modifiable clinical issues for patients enrolled at pilot sites

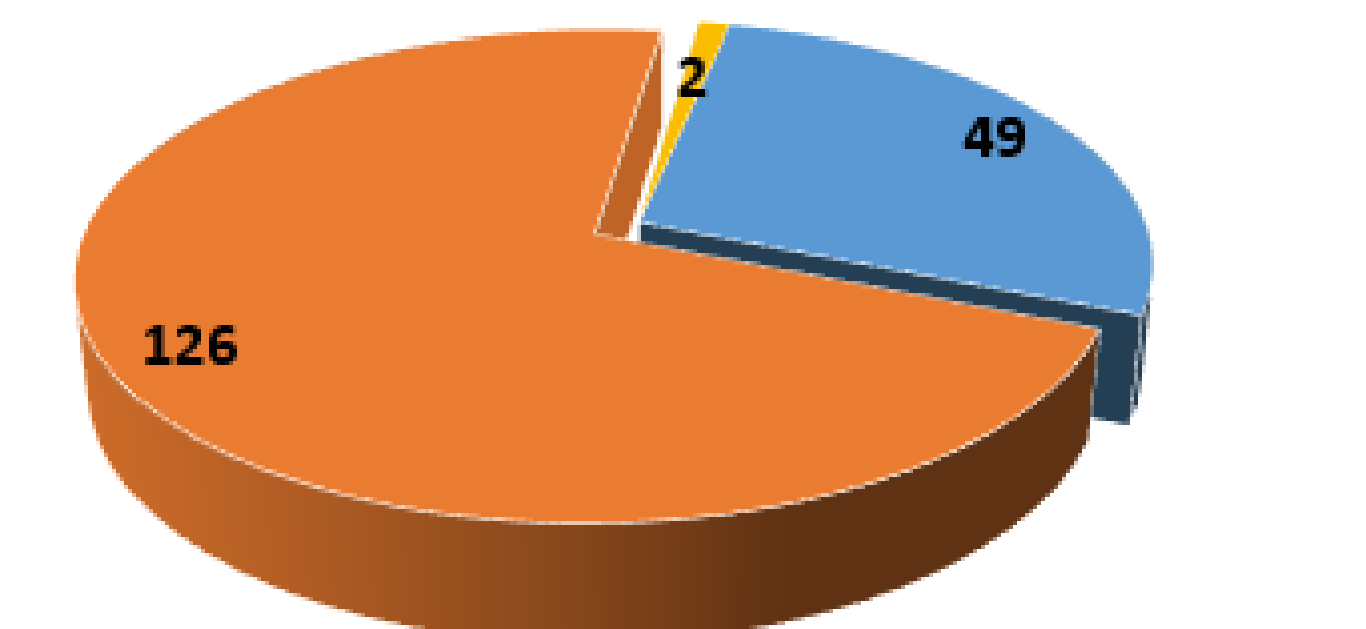
97 modifiable clinical issues identified in the usual care group at pilot sites were reduced to 51 at follow up after enrollment into AMS

Patients in the AMS Care group had numerically higher medication adherence compared to those in the usual care group (88% vs. 82%)

USUAL CARE ANALYSIS OF PILOT SITES (97 MODIFIABLE CLINICAL ISSUES IDENTIFIED)

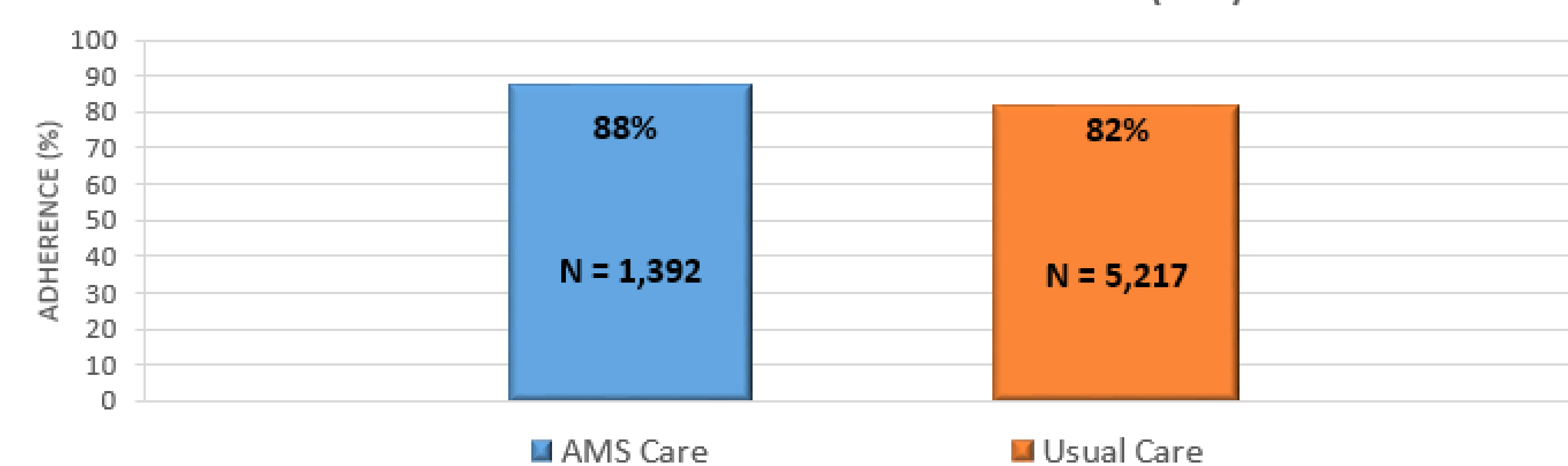


AMS CARE RE-ANALYSIS OF PILOT SITES AS OF 2/23/2021 (51 MODIFIABLE CLINICAL ISSUES IDENTIFIED)



DOAC ADHERENCE

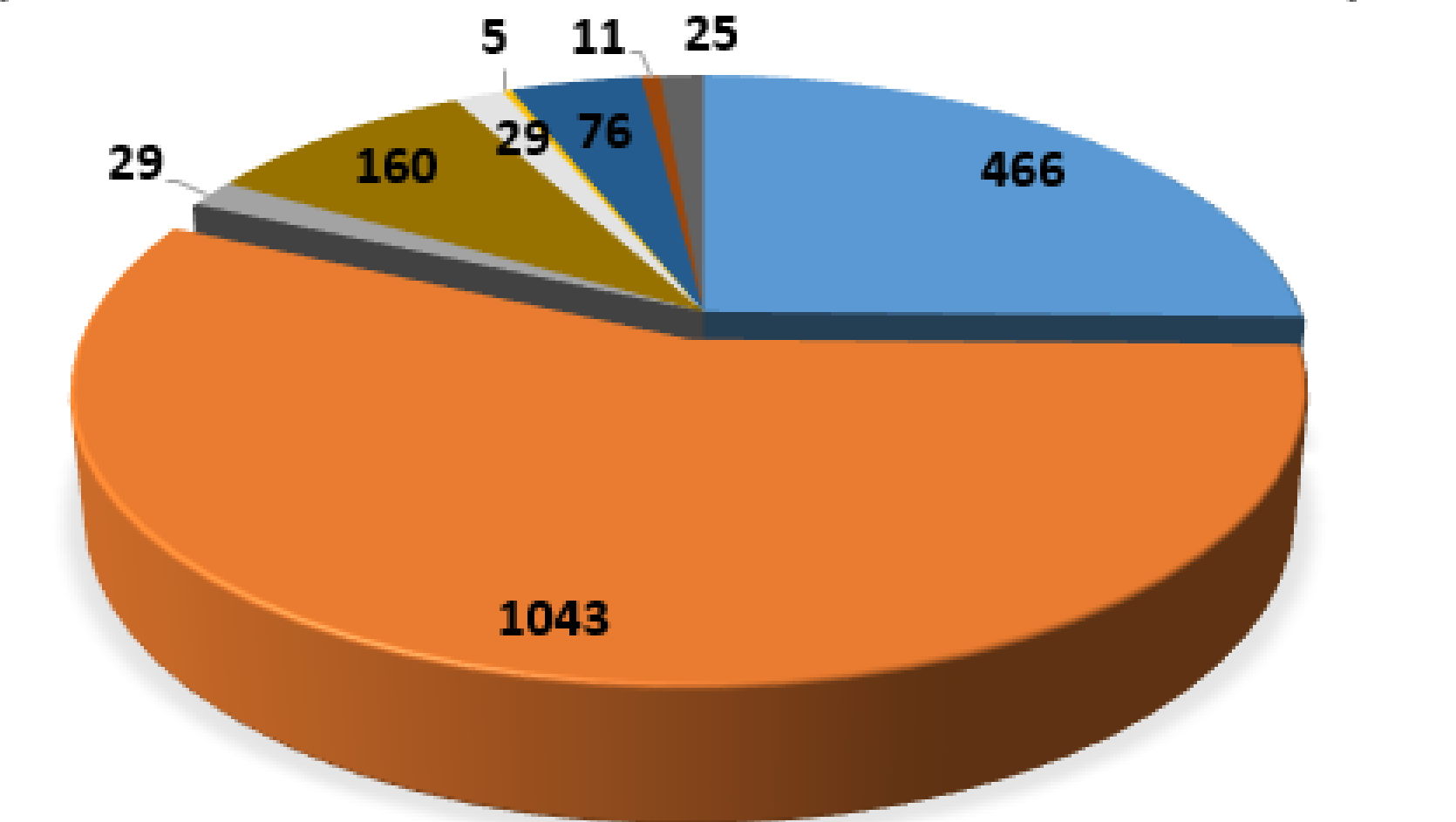
AS MEASURED BY PERCENTAGE OF DAYS COVERED (PDC) OVER 6 MONTHS



RESULTS

- As of August 18 of 2021, AMS has educated and enrolled 1,757 patients with 182 enrollments occurring at pilot sites
- 714 (40.6%) of 1,757 patients in the usual care group had at least 1 clinical issue
- 110 (48.3%) of 182 patients in the usual care group at pilot sites had at least 1 modifiable clinical issue
- 51 (28.0%) of 175 patients in the AMS Care group at pilot sites had at least 1 modifiable clinical issue
- Medication adherence was 88.0% within the total AMS DOAC enrollment population compared to 82.3% for usual care patients

USUAL CARE ANALYSIS OF TOTAL POPULATION (801 CLINICAL ISSUES IDENTIFIED IN 714 UNIQUE PATIENTS)

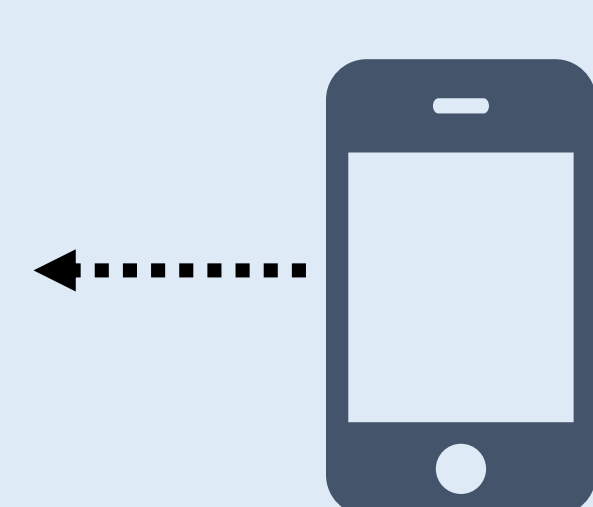


CONCLUSIONS

- AMS plays a key role in optimizing patient care through clinical interventions and systematic management of patients prescribed DOACs.
- Medication adherence was numerically higher for patients managed by AMS compared to usual care, which may have the potential to reduce adverse events as improved outcomes have been seen with each 10% improvement in adherence⁴.
- Centralized management of DOACs has the potential to improve important clinical outcomes.

References

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3. Shore S, Carey EP, Turakhia MP, et al. Adherence to dabigatran therapy and longitudinal patient outcomes: insights from the veterans health administration. *Am Heart J*. 2014;167(6):810-817.
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