

# Anticoagulation for Atrial Fibrillation: A Pharmacist-Led Approach to Closing the Gap Between Evidence and Practice

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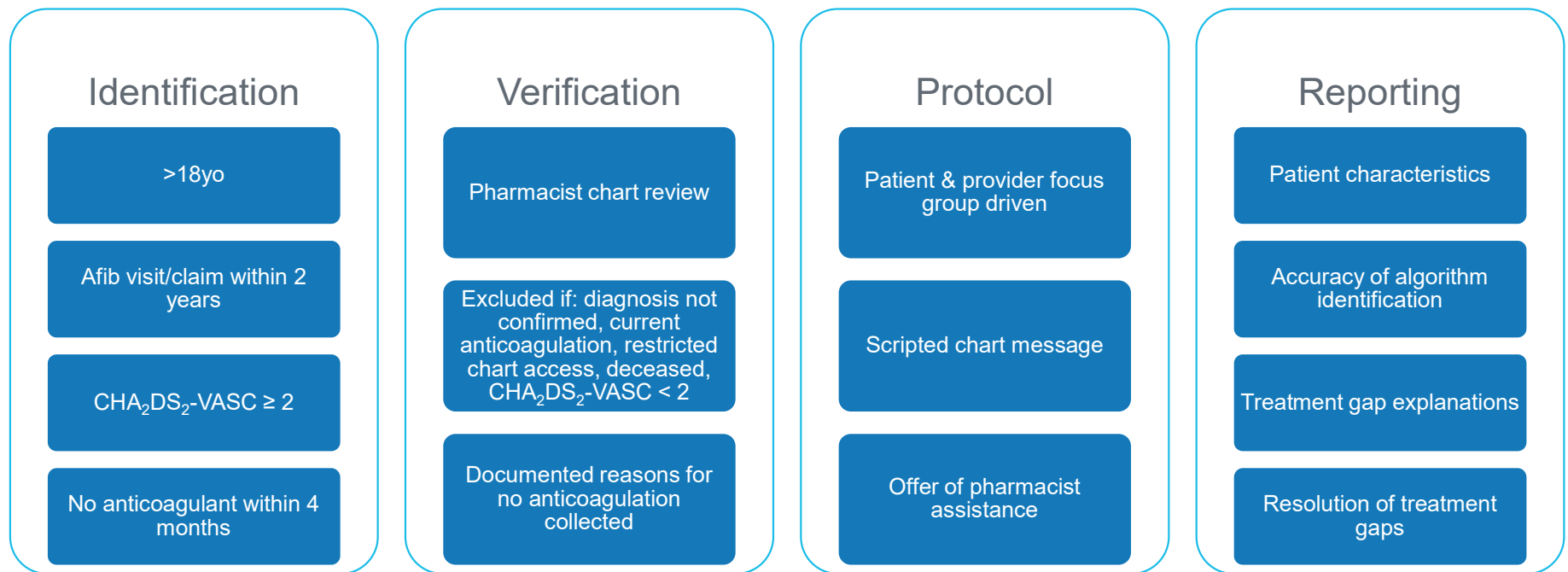
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## Background

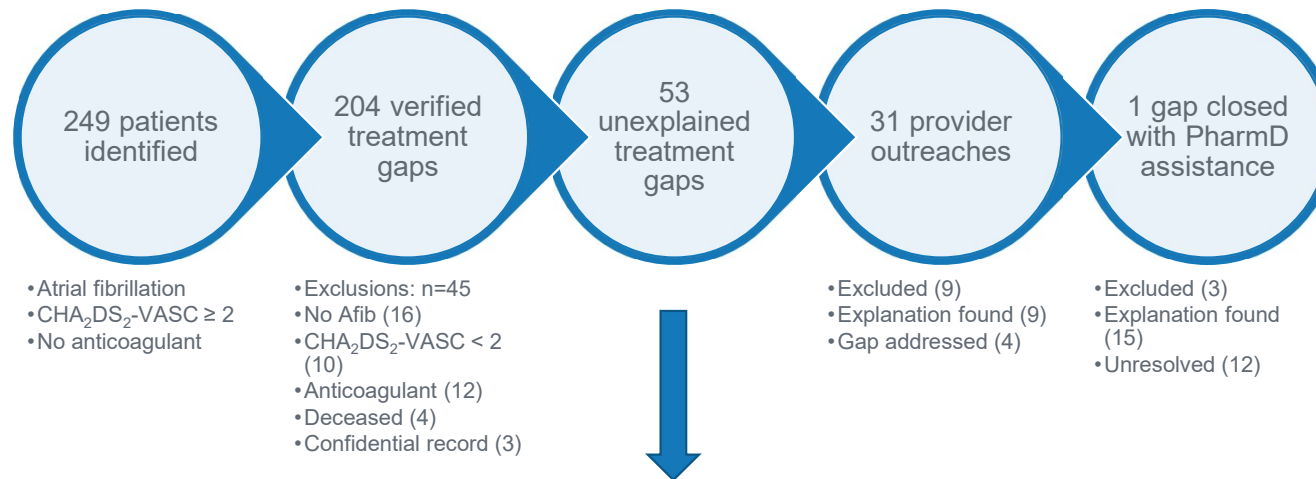
- Atrial fibrillation accounts for 10-15% of strokes
- Stroke risk is 5x greater in atrial fibrillation vs sinus rhythm
- Anticoagulation can decrease risk of stroke by > 50%
- Guidelines recommend anticoagulation when CHA<sub>2</sub>DS<sub>2</sub>-VASc ≥ 2
- 40-50% of eligible patients are not prescribed anticoagulation
- Pharmacists have improved outcomes across disease states and patient populations

*We developed and implemented a population-health based approach to identify and resolve anticoagulation gaps using pharmacists*

# Methods



# Results



Descriptive Statistics	
N	242
Female (%)	115 (48%)
Age in years, mean (SD)	70.0 (12.9)
CHA <sub>2</sub> DS <sub>2</sub> -VASC, mean (SD)	3.1 (1.4)

Treatment Gap Explanations	
Explanation for Treatment Gap	N=175*
Atrial Fibrillation Spontaneously Resolved	77
Invasive Procedure <sup>1</sup>	46
High Bleeding Risk	36
Patient Declined	25
Low Thromboembolic Risk	11
Other <sup>2</sup>	8

\*Patients may have more than one treatment gap explanation  
<sup>1</sup>Procedures include: Ablation, cardioversion, left atrial appendage closure (e.g. Lariat, Watchman, etc.)  
<sup>2</sup>Other includes: Patient has dementia and/or is a nursing home resident

## Conclusions

- Claims and EHR-based algorithm requires significant verification
- Evidence-practice gap is smaller than previously reported due to explanations
- Opportunity for provider/patient tools to navigate patient-specific, nuanced risk/benefit considerations
- Need for improved documentation and clinical decision support for addressing clinical gaps