

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

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Funding: unrestricted grant from Bristol-Myers Squibb Company

Vanderbilt Health
Affiliated Network

Acknowledgements:

Kemberlee Bonnett and David Schlundt of Vanderbilt University Medical Center's Qualitative Research Core provided expertise and support for the design, data collection, and analysis of the qualitative interviews with patients and providers.

Tara Barber and Vivian Yeh for project management.

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 $\text{CHA}_2\text{DS}_2\text{-VASc} \geq 2$
- 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

Identification

>18yo

Afib visit/claim within 2 years

CHA₂DS₂-VASC ≥ 2

No anticoagulant within 4 months

Verification

Pharmacist chart review

Excluded if: diagnosis not confirmed, current anticoagulation, restricted chart access, deceased, CHA₂DS₂-VASC < 2

Documented reasons for no anticoagulation collected

Protocol

Patient & provider focus group driven

Scripted chart message

Offer of pharmacist assistance

Reporting

Patient characteristics

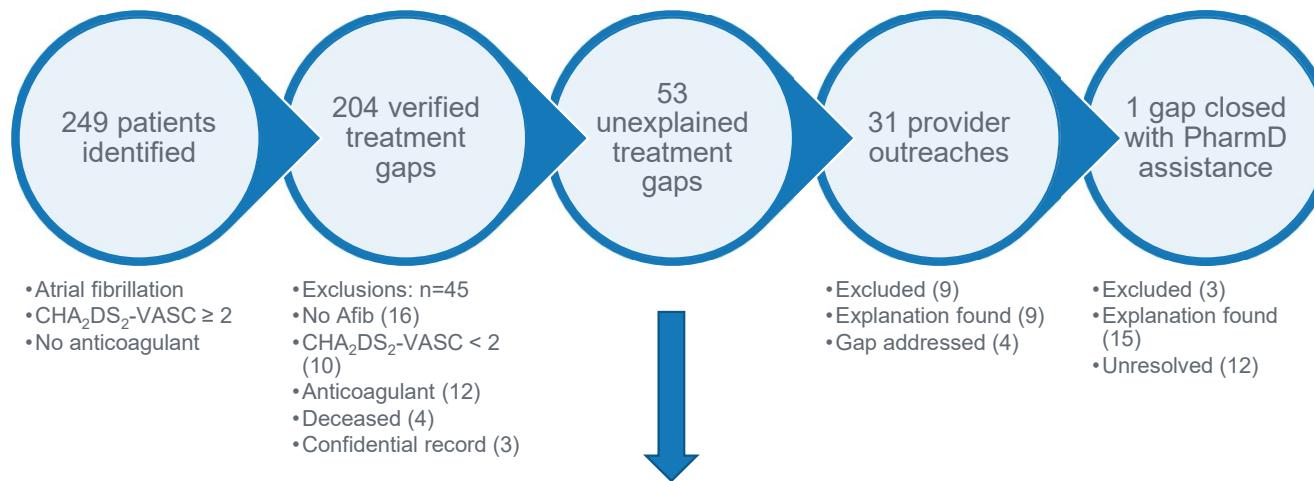
Accuracy of algorithm identification

Treatment gap explanations

Resolution of treatment gaps



Results



Descriptive Statistics	
N	242
Female (%)	115 (48%)
Age in years, mean (SD)	70.0 (12.9)
$\text{CHA}_2\text{DS}_2\text{-VASC}$, mean (SD)	3.1 (1.4)

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

*Patients may have more than one treatment gap explanation
¹Procedures include: Ablation, cardioversion, left atrial appendage closure (e.g. Lariat, Watchman, etc.)
²Other 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