

STATIN IN DIABETES

The Gaps In DiabEtes Care – Statin (GuIDE-S) Study

The University of Washington School of Pharmacy and Fred Meyer Pharmacy are excited to announce a new initiative to improve statin use in diabetes starting the summer of 2018 in our Southwest Washington community.

Why?

To improve primary and secondary prevention of atherosclerotic disease in patients with diabetes through statin therapy:

- Statin therapy in patients with diabetes has shown significant primary and secondary prevention of atherosclerotic cardiovascular disease events and coronary heart disease deaths as well as reductions in all-cause and vascular mortality.
- Of patients receiving a prescription for statin therapy, 25% never fill their medication for the first time.¹ Of those who fill their medication 7-84% of people end up stopping statin therapy.²
- Statin therapy in patients with diabetes is a HEDIS measure and a Star Rating measure on which health plans, prescribers, and pharmacies are evaluated for quality.
- Community pharmacists' intervention may close this gap in care and improve population and public health outcomes, particularly for patients previously prescribed statin therapy who have poor medication adherence or were lost to follow-up.
- The current standard of practice is for community pharmacists to send a recommendation for statin initiation via telephone or fax to the patient's prescriber upon identification of a gap in care. Reviewing these requests presents a significant burden to prescribers.
- Engagement of community pharmacists with expanded scope of practice via a collaborative drug therapy agreement (CDTA) could facilitate faster resolution of these gaps in patient care, improve communication between healthcare providers, streamline care, and promote linkage to primary care for patients who have fallen through the cracks. Fred Meyer pharmacists in Washington currently provide patient care services for 19 other minor ailments and acute needs through CDTAs.

What?

A collaborative approach between Fred Meyer pharmacists, prescribers and patients to help close gaps in care with statin prescriptions:

Community pharmacist-directed public health promotion and initiation including monitoring of statin therapy and coordination of care whereby the pharmacists:

- Proactively identify potential gaps in statin care, including patients with poor adherence to statins due to common statin-related myths or other concerns;
- Assess individual patient's cardiovascular risks and benefits of statin therapy;
- Perform guideline supported screenings, including evaluation of necessary lab values;
- Initiate, continue, or modify statin therapy through a CDTA;
- Dispense the prescription with counseling and education including patient's individualized risks and benefits of statin therapy;
- Provide continuous side effect management and adherence support; and,
- Document and coordinate care with each patient's primary care and/or diabetes care provider.

The above services will take place within the Fred Meyer pharmacies in the Vancouver/Longview area.

What can I expect as a prescriber in the Vancouver/ Longview area?

Extensive collaboration and communication between Fred Meyer pharmacists and prescribers to prevent fragmentation of care:

- Providers will receive messages via one of two ways:
 - Fax communications titled: "Statin in Diabetes: Provider Communications" which may list:
 - Baseline ALT and lipid panel results and the statin drug and dose prescribed
 - Reasons for modifications to pharmacist initiated statin therapy and/or statins discontinued
 - Notification via EPIC, where planned as part of this collaboration (e.g. The Vancouver Clinic)
 - Documentation will occur as an encounter note in EPIC with the information listed above

- Increased coordination with office visit referrals for patients who require a higher level of care
- Thorough and ongoing assessments of the patients risks for adverse events, and adherence barriers

I have prescribed a statin for my patient. Why are they a part of this study?

- As stated above, some patients are not adherent to their medications or may even fail to fill their statin prescriptions due to misconceptions about the medication's benefit and/or safety.
- Pharmacists can help patients by clarifying misinformation and providing education to reinforce the benefits of and prevention of side effects with this important treatment.
- GuIDE-S will provide frequent follow-up and support for patients with adherence challenges or a history of poor adherence to statins and recommend alternative statin therapies if adverse events occur.

Collaborations: This initiative was designed in collaboration with University of Washington School of Pharmacy, Fred Meyer pharmacy, and The Vancouver Clinic (TVC). Our collaborating physician for protocols and program development is Dr. Jeremy Chrisman, Medical Director of Care Transformation, of TVC.

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Citations:

1. Cheetham TC, Niu F, Green K, et al. Primary nonadherence to statin medication in a managed care organizations. *J Manag Care Pharm.* 2013; 19(5): 367-73.
2. Deshpande S, Quek RGW, Forbes CA, et al. A systematic review to assess adherence and persistence with statins. *Curr Med Res Opin.* 2017;33(4):769-778.