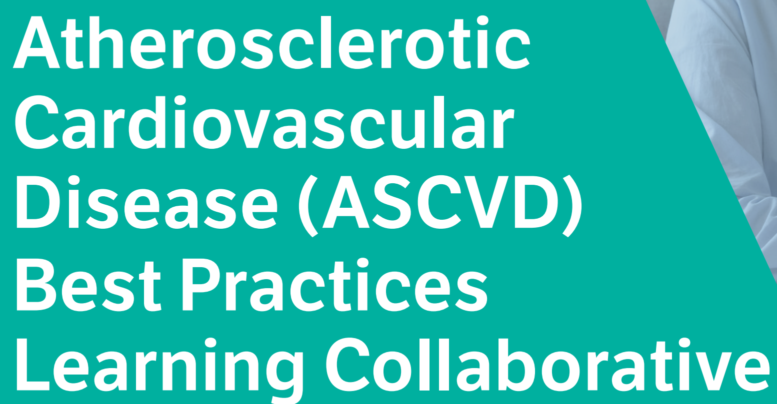


Atherosclerotic Cardiovascular Disease (ASCVD) Best Practices Learning Collaborative

September 13, 2022 / Virtual Event

Meeting Summary

One person dies every 34 seconds in the United States from cardiovascular disease, according to the Centers for Disease Control and Prevention (CDC).[1]
Every 40 seconds, someone in this country has a stroke.[2]

*A contributor to many of these health events is **atherosclerotic cardiovascular disease (ASCVD)**, thickening and loss of elasticity in the arterial wall exacerbated by risk factors such as high blood pressure, smoking, diabetes, and high cholesterol.*

On September 13, 2022, AMGA Foundation launched a new effort to address ASCVD care—"a really timely and important topic that is near and dear to many of us," in the words of Nihar Desai, vice chief of cardiology at Yale School of Medicine.

The ASCVD Best Practices Learning Collaborative joins a long list of initiatives by AMGA Foundation to help medical groups improve the care of patients with chronic conditions and preventable illnesses. Participants describe challenges they have faced and overcome, ways to share and scale solutions, and tactics for developing potential innovations. By compiling evidence of best practices, these initiatives seek to establish standards for optimal care.

The ASCVD Collaborative, in collaboration with Novartis and Amgen, is designed to provide a platform for participating organizations to improve their clinical performance in the treatment of established ASCVD through the development and implementation of quality improvement projects, best practice sharing, and peer-to-peer learning.

The ASCVD Collaborative launched with a 90-minute virtual discussion forum. This meeting was the first of many activities in this 15-month program focused on helping medical groups develop strategies to improve the management and treatment of patients with established ASCVD.

ASCVD Collaborative Participants

Organization	Number of FTE Physicians
Baptist Medical Group, Memphis, TN	600
Baylor Scott & White Health, Dallas, TX	2,272
Coastal Carolina Health Care, P.A., New Bern, NC	43
Cooper University Health Care, Cherry Hill, NJ	700
Hattiesburg Clinic, Hattiesburg, MS	230
Ochsner Health, New Orleans, LA	1,500
Premier Medical Associates, Monroeville, PA	76
Prevea Health, Green Bay, WI	230
PriMed Physicians, Centerville, OH	48
Privia Medical Group, North Texas, Fort Worth, TX	235
Quincy Medical Group, Quincy, IL	120
SIMEDHealth, Gainesville, FL	84
Southwest Medical, Part of Optum, Las Vegas, NV	164
UC San Diego Health, San Diego, CA	500
Village MD San Antonio, San Antonio, TX	5

1. Centers for Disease Control and Prevention. 2022. Heart Disease Facts. cdc.gov/heartdisease/facts.htm
2. Centers for Disease Control and Prevention. 2022. Stroke Facts. cdc.gov/stroke/facts.htm

ASCVD Existing Programs

Moderator Desai started the event on a positive note, with introductions and a "lightning round" of participant achievements. "Share your successes and things you're most proud of," he encouraged.

Baylor Scott & White Health: Baylor has system-wide goals for reducing the number of serious events and providing optimum care. Toward these goals, the organization has been looking at benchmarks for leading indicators for heart failure and coronary artery disease, "really being registry-focused." Yet this involves significant chart work and other "tedious" administrative tasks, so participants welcome ways to make the process smoother and more efficient.

Cooper University Health Care: Cooper has been integrating population health into multiple initiatives, from launching a digital remote patient monitoring program to having nurse practitioners conduct home visits with a social worker. For patients at high risk of diabetes, cardiovascular disease, and heart failure, the organization has dedicated teams looking at readmissions rates during transitions and post-acute care and has been building a program focused on diabetes.

Coastal Carolina Health Care: Coastal Carolina recently launched a nurse practitioner-run heart failure clinic that has been "working pretty well." The next step: convincing primary care doctors to use it. The organization is also focusing on the hospital side of care, "which is particularly important in the cardiovascular realm." Efforts such as a partnership with a hospitalist group have been working well to reduce readmissions.

Hattiesburg Clinic: Hattiesburg's many activities include registries, ASCVD calculators, and an organization-wide focus on blood pressure management and diabetes medications for risk reduction. One intervention site has been using decision support tools to foster point-of-care decisions, "so patients really understand the potential benefits" of various treatments.

Ochsner Health: With 47 hospitals and more than 300 health and urgent care centers across Louisiana, Mississippi, Alabama, and the Gulf South, Ochsner has been looking at the role of care integration—across locations and touchpoints—in ASCVD management and outcomes. This has involved "taking a multidisciplinary approach to care" and piloting a transitional care clinic.

Premier Medical Associates: As a participant in AMGA's national campaign, Together 2 Goal® CVD Innovator Track, Premier was able to increase the percentage of patients on high-intensity statins. Now the organization is looking at LDL cholesterol as the next opportunity to drive improvement—citing this multidimensional aspect of ASCVD care as "something that is going to pertain to all of us."

Prevea Health: What does comprehensive care really look like? Who are all the professionals who need to be involved? To address questions like these, Prevea has been focusing on end care management, talking to patients about SDOH-related barriers to medication adherence and "amping up the team" behind these conversations.

PriMed: PriMed discussed how medication choices have gotten more complicated over the years, expanding from diet and exercise and statins to "dozens of variables that calculate in innumerable ways across a wide variety of treatments." The organization has created an artificial intelligence (AI) tool adjacent to its electronic health record (EHR) which "tells the doctor exactly what the end goal should be," then advances therapy. PriMed has also been seeing success in its blood pressure control efforts.

Privia Health: Like Premier Medical Associates, Privia also participated in Together 2 Goal® and is continuing its work in diabetes care. In addition, the organization has invested in standard blood pressure equipment and training across its clinics and specialties and has started to conduct reporting around these efforts.

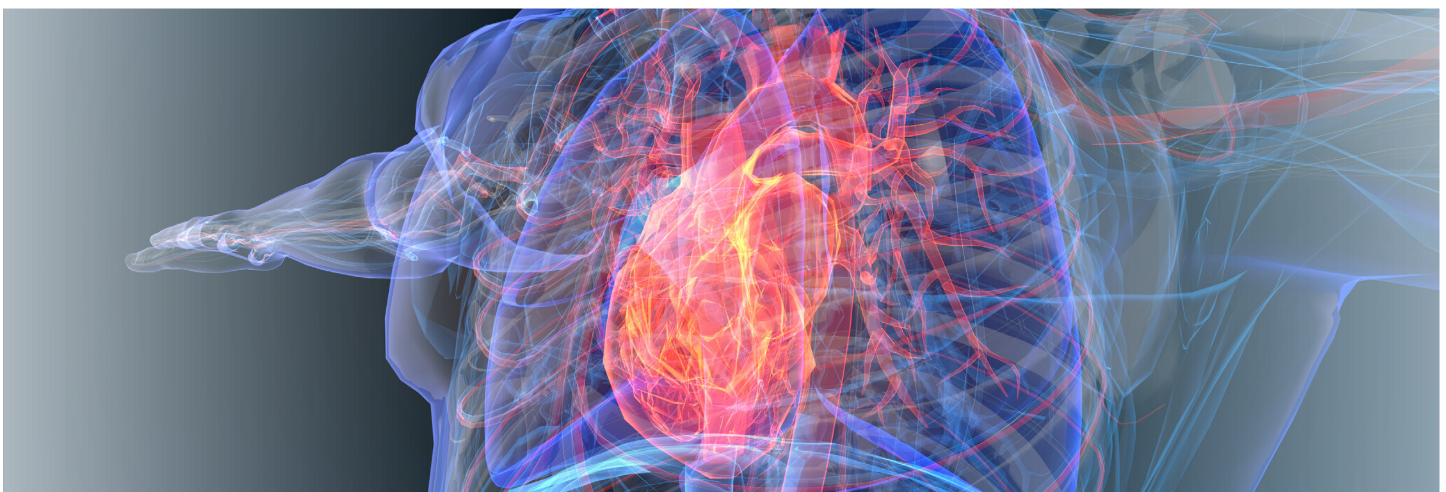
Quincy Medical Group: Quincy's 155-plus doctors, nurse practitioners, and physician assistants have been partnering up to "manage ASCVD care in the best way possible" across Illinois, Iowa, and Missouri. They've been working closely with cardiologists and care management teams to ensure medication adherence and testing when appropriate and with social workers and specialists like dietitians for follow up as needed.

SIMEDHealth: Many ASCVD-related activities here have centered on medication adherence, specifically in the area of statins. The organization has been analyzing payer data to identify gaps, so they can be discussed at a patient's next appointment. Equipped with this information, primary care physicians have been able to both look at percentages across the board for specific populations and drill down to individual patients who have been in chronic noncompliance.

Southwest Medical Associates: Southwest has embedded tools into its electronic medical record (EMR) to advance population health, quality measures, and medication adherence. One uses data from pharmacy claims to let providers see at the point of care whether a patient is taking prescribed medications. As the organization develops these tools and syncs them up with pharmacy systems, care teams are addressing information gaps in a low-tech fashion: asking patients to bring medication bottles to their visits.

UC San Diego Health: This participating group highlighted data-driven efforts for ASCVD care, including digital monitors that integrate blood pressure data directly into Epic and a dashboard for titration medications. UC San Diego has also been sending patients free blood pressure cuffs for home monitoring, making a push to increase statin treatment, and implementing a heart failure program with guideline-directed therapy.

Village MD San Antonio: As part of Village Medical's approach to integrated behavioral health, social workers are available at every clinic to visit with patients, particularly those with heart failure and coronary artery disease, to identify barriers related to social determinants of health (SDOH). This helps care teams identify SDOH-related vulnerabilities and connect patients with resources like transportation, housing assistance, and access to healthy food.



Identifying the Top ASCVD Challenges

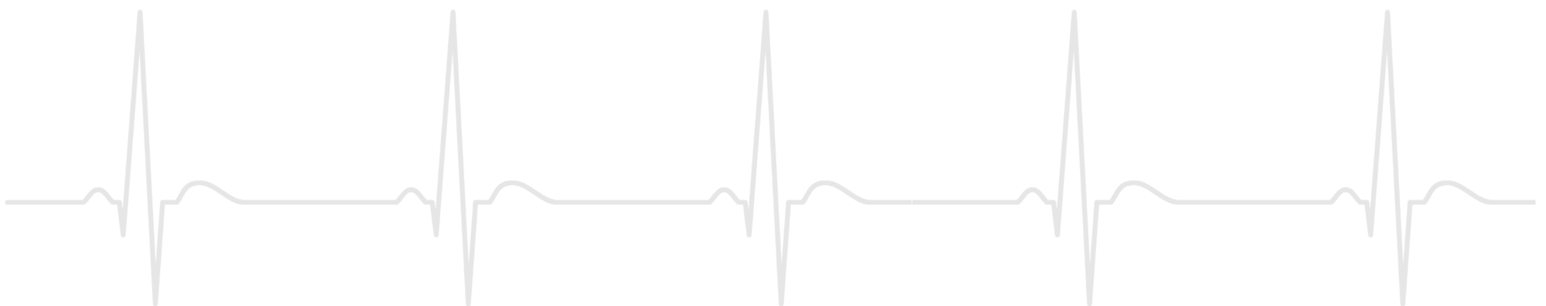
The ASCVD Collaborative actually began weeks before the September 13 virtual meeting, with pre-meeting "homework." Participants received a list of problems or motivating needs associated with ASCVD work, based on what's believed to be the most important aspects to successful ASCVD care.

Here's how organizations ranked these problems in order of importance:

1. Lack of patient awareness and education about secondary ASCVD
2. Lack of affordable treatment for patients with high-risk ASCVD who are not responding to statins
3. Lack of care coordination for patients with ASCVD
4. Disparities in care for patients with clinical ASCVD
5. Lack of adequate treatment of very high-risk patients with clinical ASCVD
6. Knowledge deficit (provider/staff) about patients' need for secondary ASCVD prevention
7. Inadequate clinical support work

Diving Deeper into the Rankings

Top ASCVD Challenges	Collaborative Participant Organization
Patient awareness and education	Coastal Carolina Health Care, Cooper University Health Care, Ochsner Health, and Southwest Medical Associates
Affordable treatment for high-risk,	Prevea Health, SIMEDHealth, and Village MD San Antonio
Care coordination	Privia Health and UC San Diego Health
Disparities in care	Hattiesburg Clinic and PriMed



Sharing Obstacles, Ideas, and Best Practices

After walking through the problems participants identified in their pre-work, Desai moderated a more granular discussion of the top four challenges.

1. Lack of patient awareness and education about secondary ASCVD

Organizations of all types, from large systems to individual practitioners, have been struggling to engage patients in their own care. They're tackling this challenge in a variety of ways: Leveraging the power of telemedicine for one-on-one conversations, keeping patients focused on the overall goal rather than the numbers, and congratulating patients for ongoing maintenance and preventative care.

Across such tactics, participants agreed that patient communications need to be crisp and resonate across socioeconomic, education, and language levels. Don't assume literacy, one participant pointed out. "A lot of times we assume that patients can read down to kind of a fundamental level, and they can't."

How can a care team make sure their message gets through, especially if they're only able to see a patient for 15 minutes? One organization is using built-in Epic tools to screen for social determinants of health, to "meet patients where they are" during the visit. Another participant advised trimming any spoken messages down to one minute or less. "If we give doctors something that's two minutes, there's zero chance the doctors will repeat it."

A patient's culture may influence how they perceive health and illness and how much they participate in treatment. One organization is exploring these complexities through their work in trauma-informed care. "It's helping us understand that when engaging with patients, we have to remember that they're people first—they've got histories, they've got relationships. It's an important part of just building trust and getting to a different kind of place as you establish a relationship with a patient going forward."

The Collaborative also talked about the power of educating through stories and illustrating these stories visually, on the EMR screen for physicians and through printouts that patients can take home with them. "We hold the view that people don't do things for logical reasons. Very often they do things for emotional reasons," one participant noted.

2. Lack of affordable treatments for patients with high-risk ASCVD who are not responding to statins

Therapeutic options for ASCVD have evolved beyond statins, but for too many patients, even a copay is a barrier. On the provider side, busy staff are often overwhelmed by paperwork for approvals and prior authorizations.

Furthermore, with the proliferation of new treatments, ASCVD patients can end up with half a dozen or more medications before they know it. If they don't have Medicaid or other coverage, this can become a big cumulative drug burden, especially if there's misalignment among stakeholders such as pharmacists, insurers, health systems, and hospitals.

Check a patient's coverage before prescribing, so they don't end up with a prescription they can't afford. One organization is integrating Cover My Meds into Epic so providers automatically see medications and coverage.

Be extra vigilant when a patient is getting testing done at a hospital, as this incurs significant expenses. One participant talked about efforts to connect hospitals with a population health team to address any gaps in information or coverage. Another is enlisting pharmacists in the effort to inform and educate patients.

3. Lack of care coordination for patients with ASCVD

Delivering care across a complex system is easier said than done, especially when this mission also involves managing information and providing wraparound services for ASCVD patients.

Several participants cited the power of checklists across touch points and conditions, particularly during transitions and discharge. Strive to see patients as soon as possible afterward, sign them up for services like a chronic care management program or behavioral intervention, and schedule follow-ups as needed, participants advised. This all helps improve medication adherence and awareness of the disease while decreasing the risk of readmission—a particular concern amid the continuing COVID-19 concerns.

Organizations related their experiences "reimagining what care looks like." Examples included home visits and care-at-home programs. They also shared their challenges sharing documentation and data among specialists, hospitals, and pharmacies.

4. Disparities in care for patients with clinical ASCVD

Desai introduced this final challenge as "a timely and important way to close out."

"What have you seen?" he asked. "What have you been working on?"

One organization operating in an area with "a lot of financial and social challenges" sees ASCVD as an opportunity for population health management, especially for patients with chronic conditions. But addressing disparities in care is "an uphill battle."

Participants shared tactics they've been using to make this battle easier, including:

- Using research-informed questionnaires to help connect patients with resources for caregiver fatigue, housing instability, and food insecurity
- Leveraging electronic tools for the same purpose, "because the public health team only has so many staff"
- Training behavioral health consultants and care coordinators to research available resources
- Analyzing registries and U.S. Census data to better understand the social vulnerabilities of patients in a specific ZIP code or area
- "Scrubbing charts" to flag patient issues 24-48 hours before an appointment to "make that appointment as efficient as possible addressing as many things as we can"

What's Next?

Participants, who found the day's exchange "very robust and helpful," briefly discussed the areas they're looking forward to exploring more, such as tackling the gap between hospital discharge and provider appointments, working with patients on medications and lifestyle changes, and gathering data and making it easier for providers to use. "It all comes down to time and clicks," one participant noted.

"Thank you for being so open and engaged in the discussion. I think that always makes it more fun and enriching," Desai concluded. "Looking forward to continuing to work together!"

Mission:

AMGA advances multispecialty medical groups and integrated systems of care as the preeminent model to deliver high performance health care.

Vision:

We are leading the transformation that results in healthier people.

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