

Conversations in Cardiology: September 28, 2019

Reducing Cardiovascular Risk: Making Sense of the Latest Data and Guidelines

Supporter: Sanofi Grant: IME-2019-13920

February 3, 2020

Executive Summary

- ❖ This curriculum focused on helping cardiologists, nurse practitioners, physician assistants and other clinicians that care for patients with cardiovascular disease, incorporate the latest guidelines and clinical data into the care of their patients at the highest cardiovascular risk.
- ❖ Significant improvement across all learning objectives with increased: awareness of the 2018 ACC/AHA Blood Cholesterol guidelines, recognition of the current data surrounding non-statin therapy in the management of patients with the highest cardiovascular risk, and confidence in the ability to provide the necessary documentation to obtain prior approval for PCSK9 inhibitors for appropriate patients. These changes persisted at 4 weeks after the program in nearly all areas



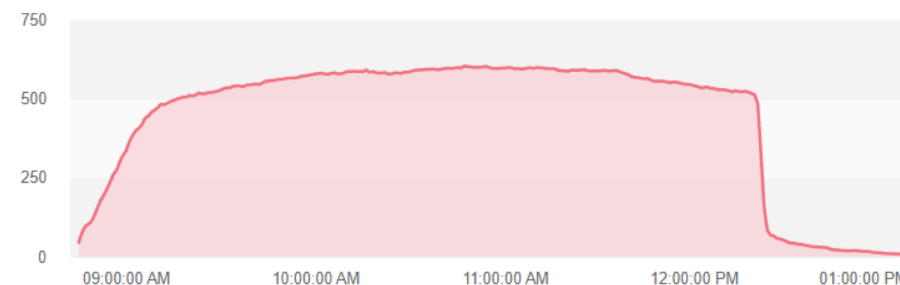
788
Total
Attendees



One Live
Online
Broadcast

Engagement Per Meeting

Average Live Duration:	204 min
Questions Asked by Attendees:	152
# of Pre/Post Questions:	22
# of Pre/Post Responses:	6950



Persistent Gaps

Across all learning objectives, some score slippage from Post-Test to the PCA occurred, reinforcing the need for continued education on the management lipids and cardiovascular risk.

Though improvements were observed, learners demonstrated persistent gaps in the several areas including:

- ❖ 60% still unable to recognize patients at very high ASCVD risk according to the 2018 ACC/AHA Blood Cholesterol Guidelines
- ❖ 58% still unclear on the clinical impact of PCSK9 inhibitor therapy on risk of cardiovascular events in patients with peripheral arterial/polyvascular disease
- ❖ 56% still unclear on the documentation requirements to increase approval rates for PCSK9 inhibitor therapy
- ❖ 57% still lack the competence to implement secondary prevention strategies for patients at very high cardiovascular risk according to the 2018 ACC/AHA Blood Cholesterol Guidelines

The post-test scores, and self reported confidence and practice changes in the care of patients with cardiovascular disease, signifies a clear gap in knowledge and an unmet need among clinicians. It continues to be an important area for future educational programs.



Curriculum Overview

- ❖ Accredited Live Virtual Symposia, Date: September 28, 2019
- ❖ Non-accredited “Clinical Highlights” - The program content was reinforced to participants with a document containing key teaching points from the program and is distributed 1 week after the live broadcast.
- ❖ Enduring Symposium Webcast, Launch Date: October 15, 2019 End Date: October 14, 2019
- ❖ <https://www.naceonline.com/courses/reducing-cardiovascular-risk-making-sense-of-the-latest-data-and-guidelines-1>

Learning Objectives

1. Discuss the latest 2018 ACC/AHA Multi-society Guideline on the Management of Blood Cholesterol to reduce the risk of cardiovascular disease.
2. Incorporate current data surrounding non-statin therapy into secondary prevention treatment strategies for patients with the highest cardiovascular risk.
3. Overcome barriers to access for PCSK9 monoclonal antibody therapy.

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Levels of Evaluation

Consistent with the policies of the ACCME, NACE evaluates the effectiveness of all CME activities using a systematic process based on Moore's model. This outcome study reaches Level 5.

Level 1: Participation

Level 2: Satisfaction

Level 3: Declarative and Procedural Knowledge

Level 4: Competence

Level 5: Performance

Level 6: Patient Health

Level 7: Community Health

Moore DE Jr, Green JS, Gallis HA. Achieving desired results and improved outcomes: integrating planning and assessment throughout learning activities. J Contin. Educ. Health Prof. 2009 Winter;29(1):1-15

Level 1 (Audience Engagement for Entire Program)

Average Live Duration: 204 min

Questions Asked by Attendees: 152

of Pre/Post Questions: 22

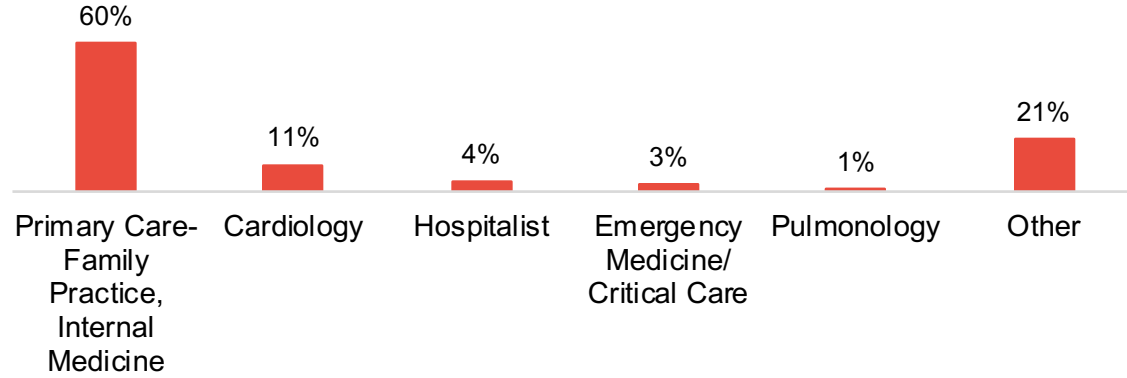
of Pre/Post Responses: 6950

Attendance Live:

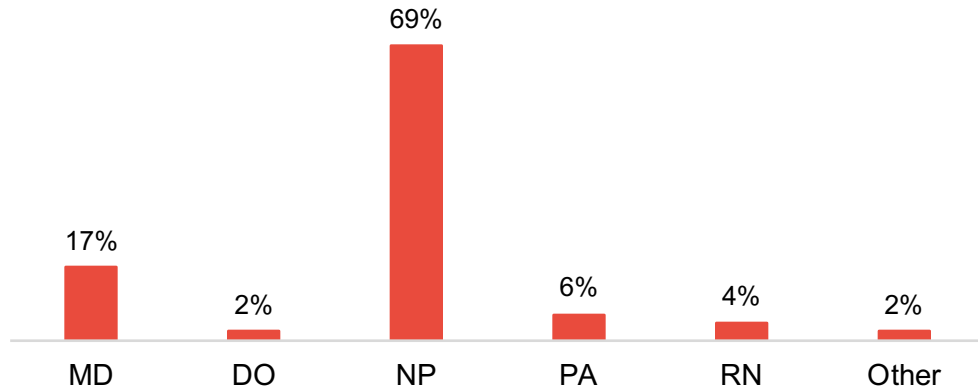


Level 1: Participation

Specialty



Profession



788

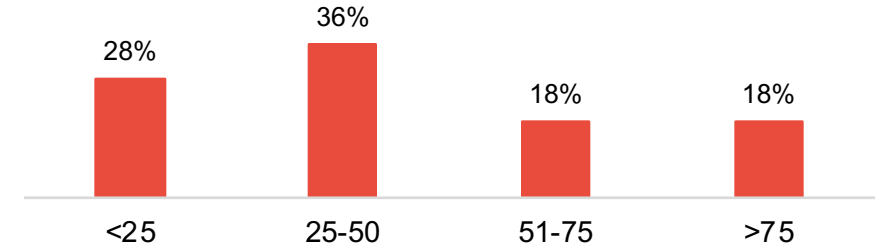
total attendees



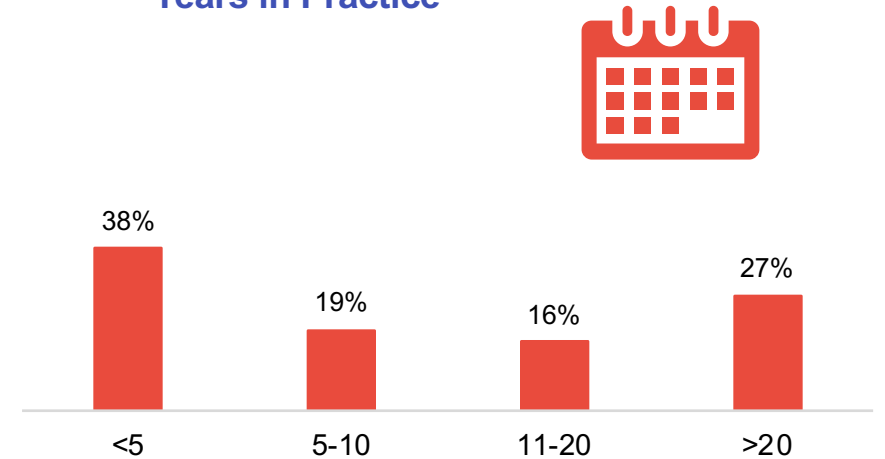
93%

Provide direct patient care

Patients each week, in any clinical setting:



Years in Practice





Level 2-5:
Outcomes Metrics

Level 2 (Satisfaction)



99% rated the activity as excellent



99% indicated the activity improved their knowledge



97% stated that they learned new and useful strategies for patient care

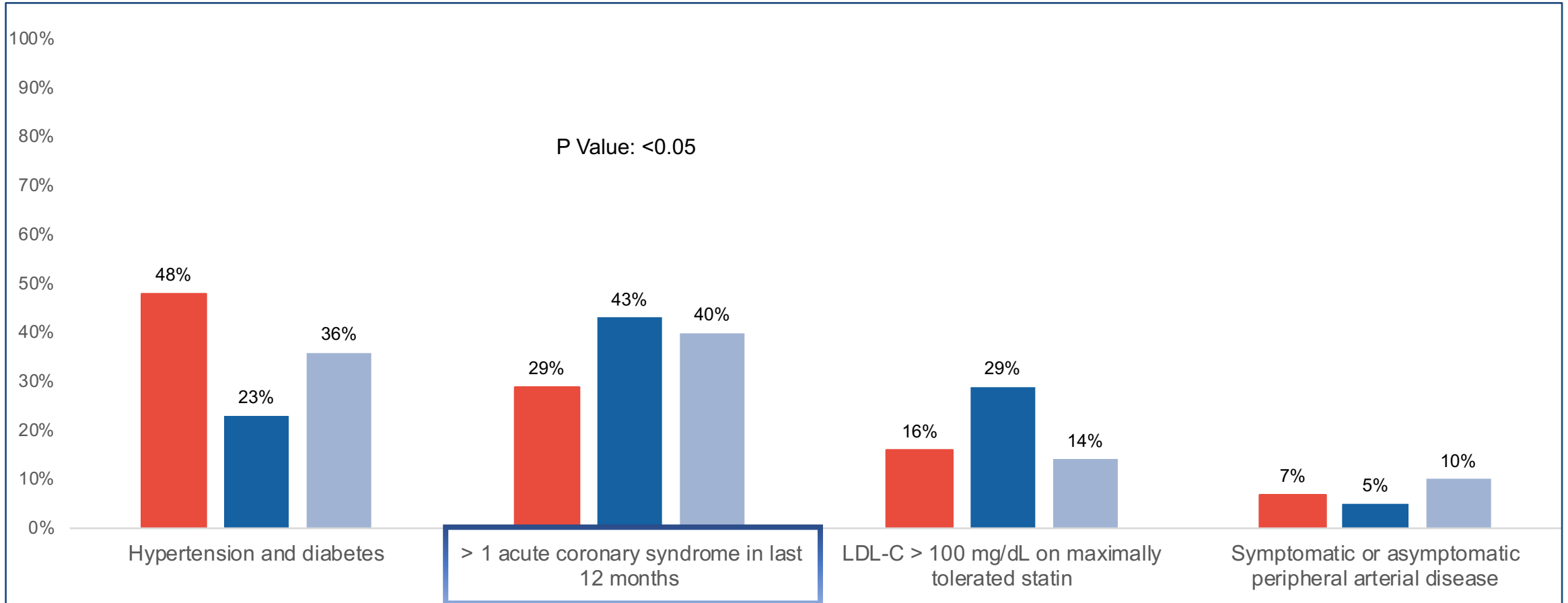


91% said they would implement new strategies that they learned



96% said the program was fair-balanced and unbiased

According to the 2018 Blood Cholesterol guidelines, a patient with which of the following is considered to have very high ASCVD risk? (Learning Objective 1)

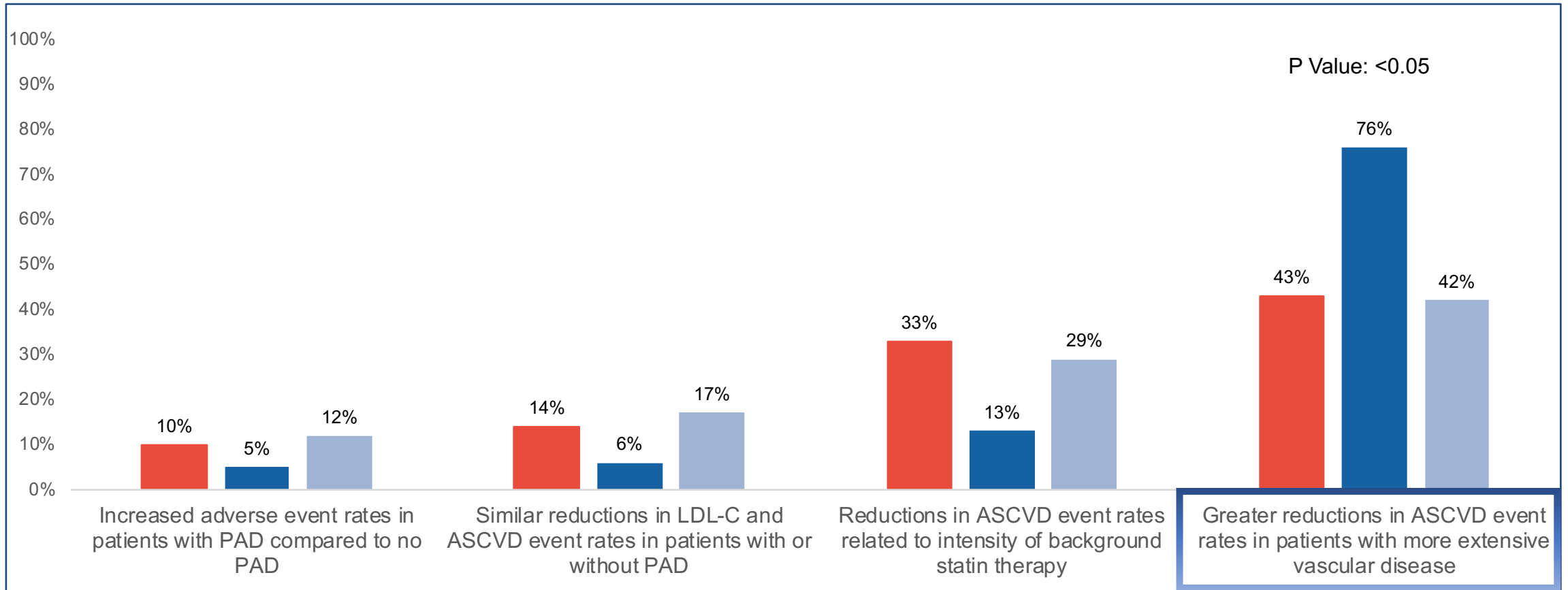


Pre = 318 Post = 278 PCA = 302

Pre-Post Change	48%
Pre-PCA Change	38%

Clinical outcomes studies of PCSK9 inhibitors have reported which of the following in patients with peripheral arterial disease (PAD) / polyvascular disease?

(Learning Objective 2)

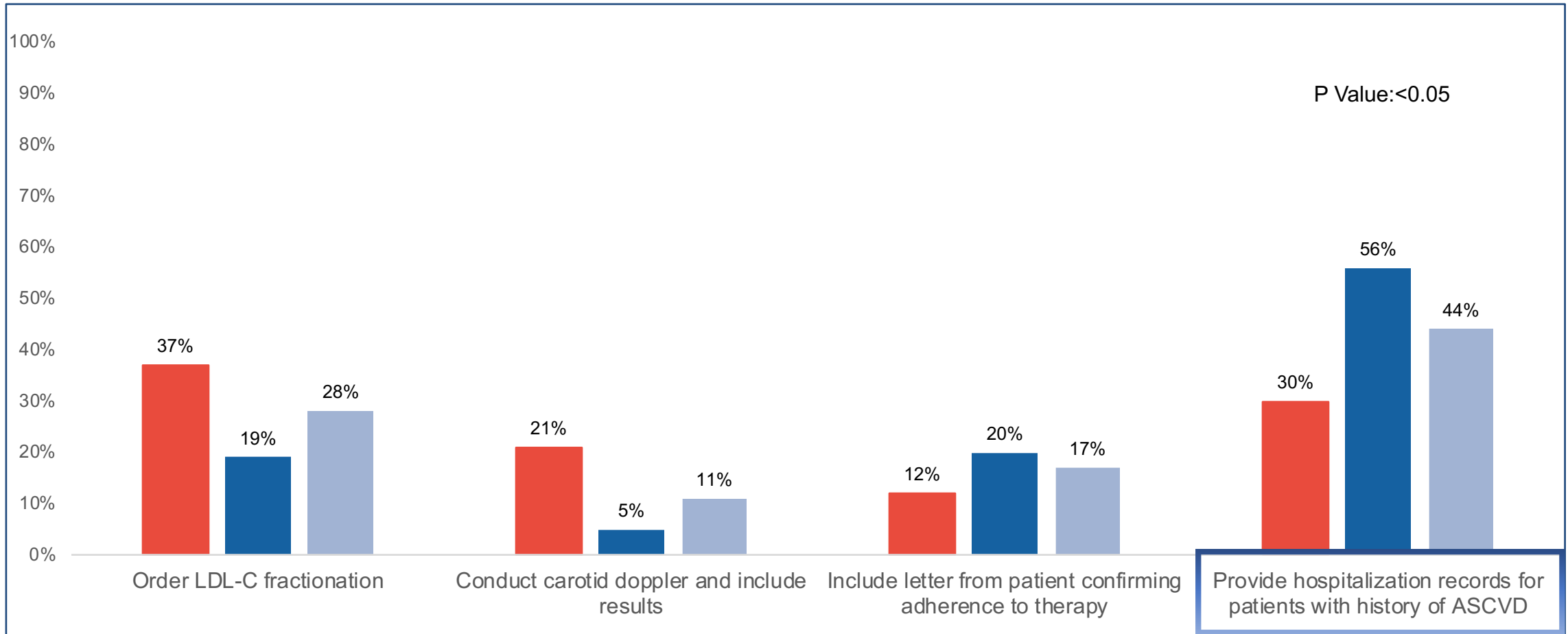


Pre = 320 Post = 119 PCA = 302

Pre-Post Change 77%

Pre-PCA Change -2%

Doing which of the following may improve the chances of prior authorization for PCSK9 inhibitor therapy? (Learning Objective 3)

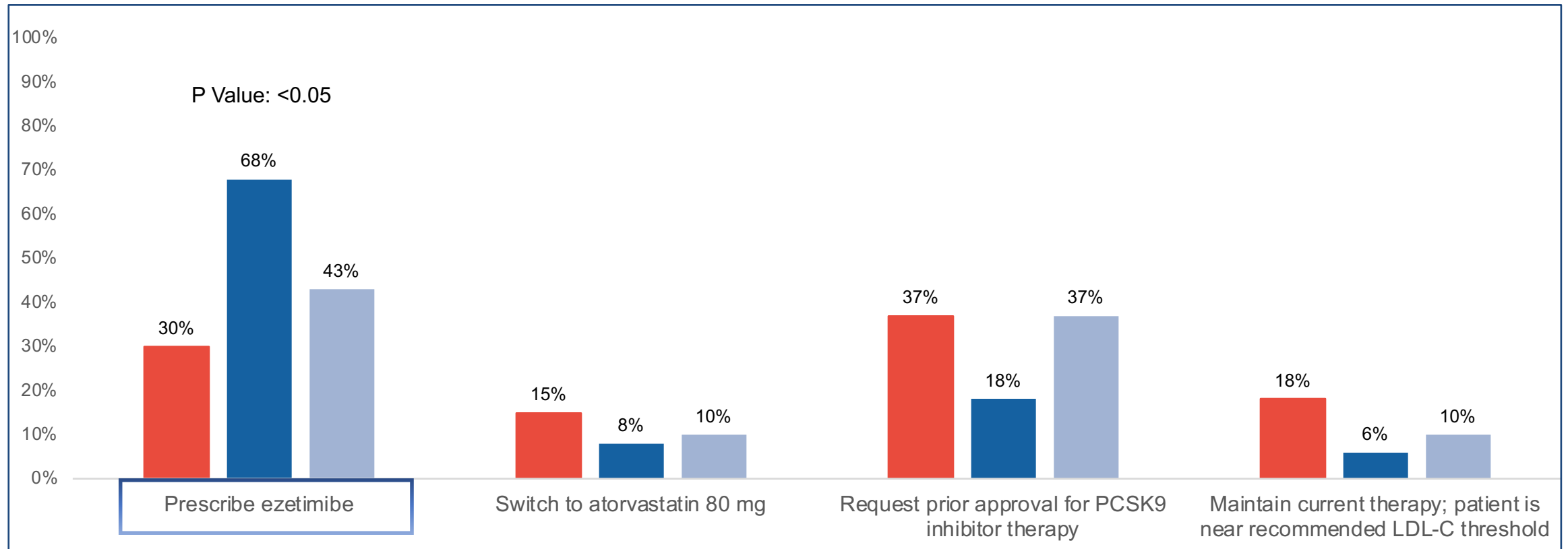


Pre = 334 Post = 304 PCA = 302

Pre-Post Change	87%
Pre-PCA Change	47%

70 y/o man, PMH: peripheral arterial disease with claudication in right lower leg and ABI of 0.75, hypertension, type 2 diabetes, LDL-C 82 mg/dL. Medications: rosuvastatin 40 mg
Which of the following would be appropriate at this time?

(Learning Objective 1,2)



Pre = 344 Post = 313 PCA = 302

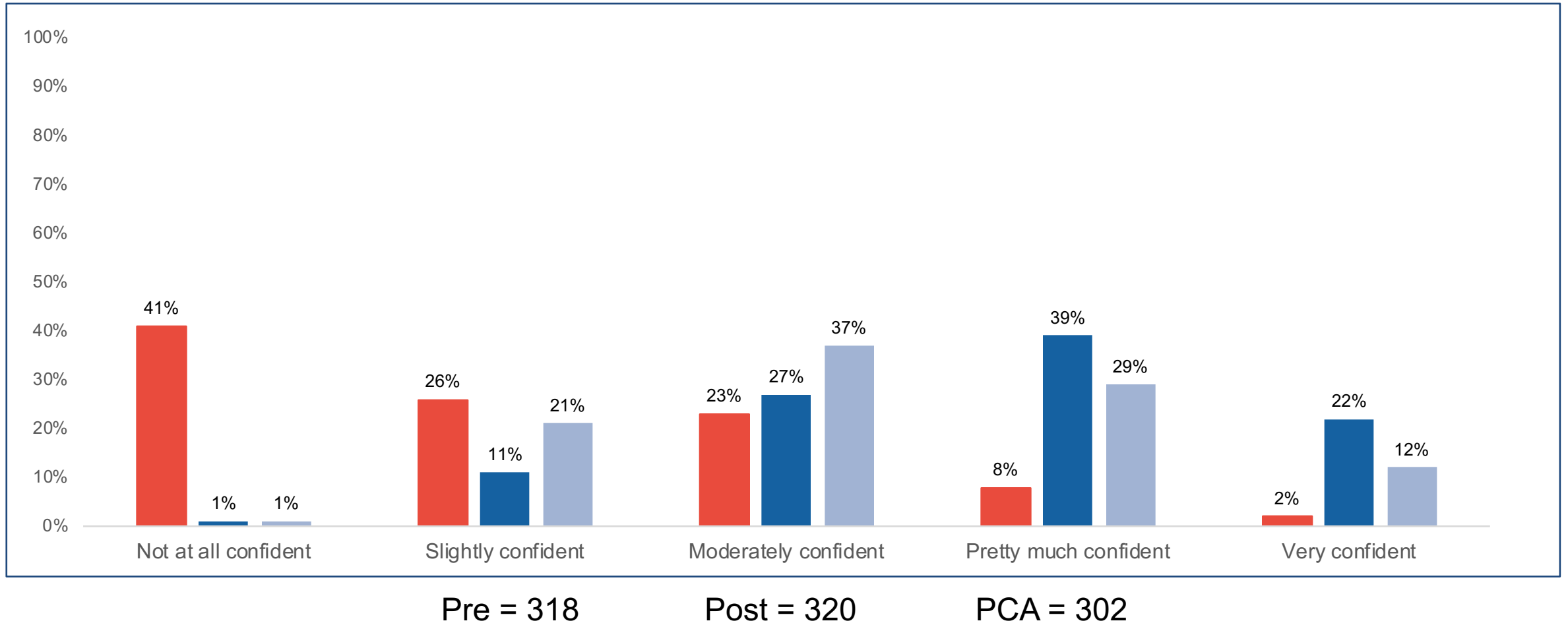
Pre-Post Change 126%

Pre-PCA Change 43%

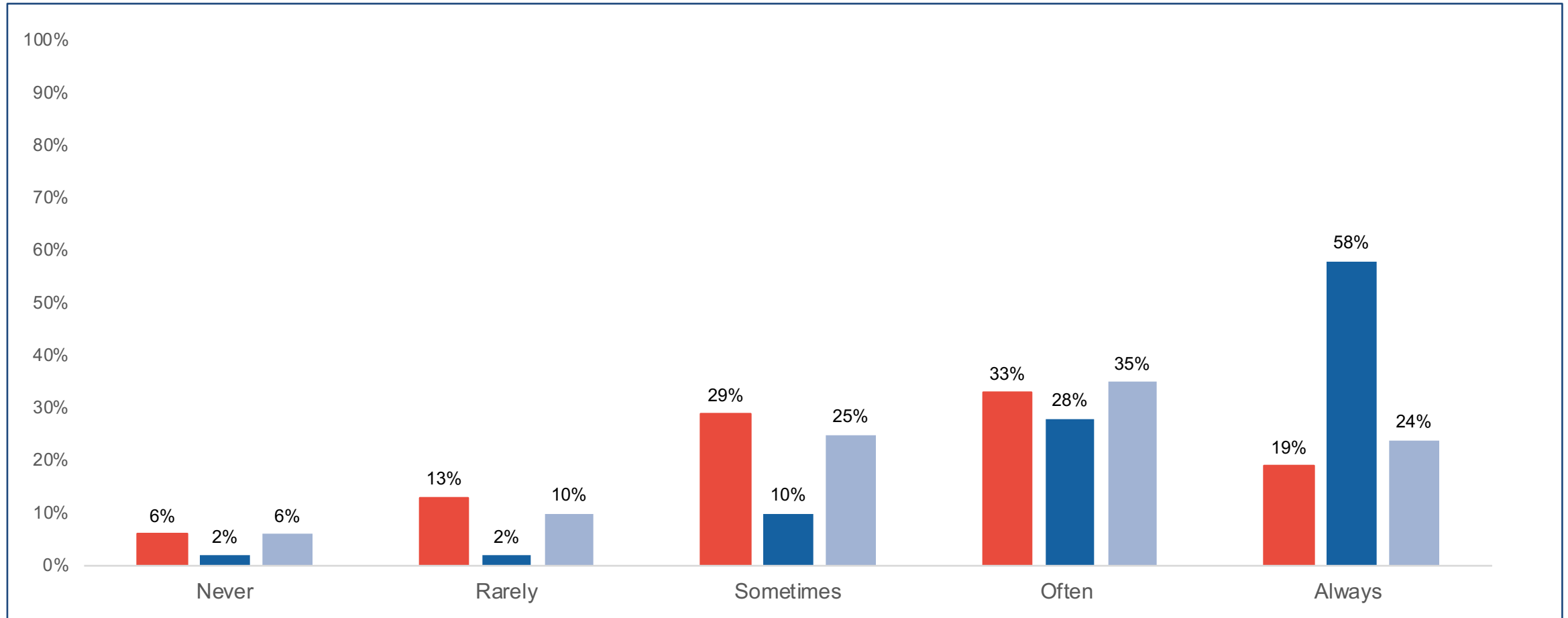
Confidence Assessment

How confident are you in your ability to provide the necessary documentation to obtain prior approval for PCSK9 inhibitors for appropriate patients?

(Learning Objective 1,2,3)



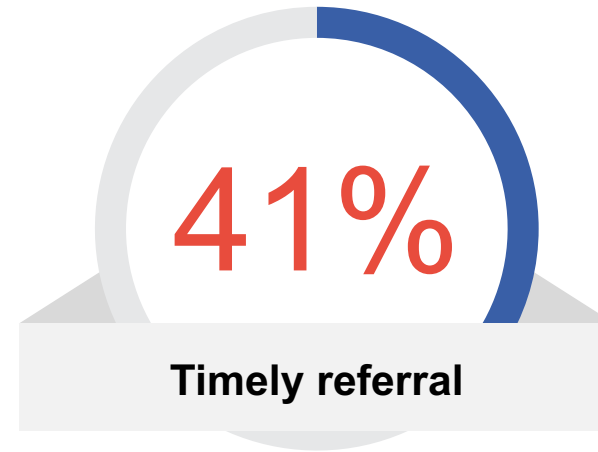
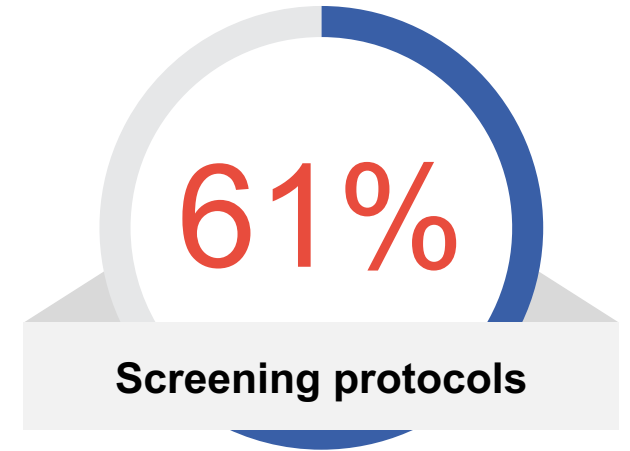
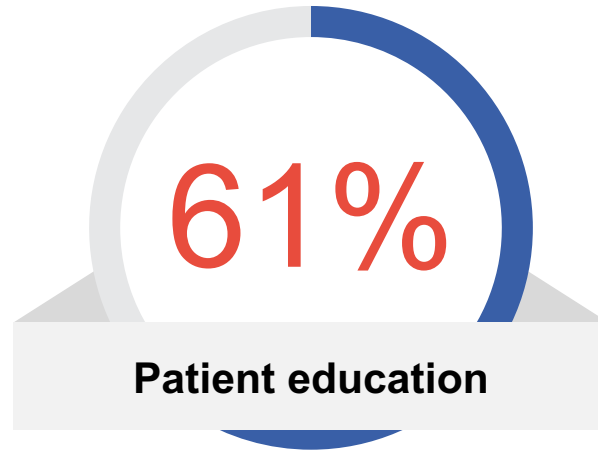
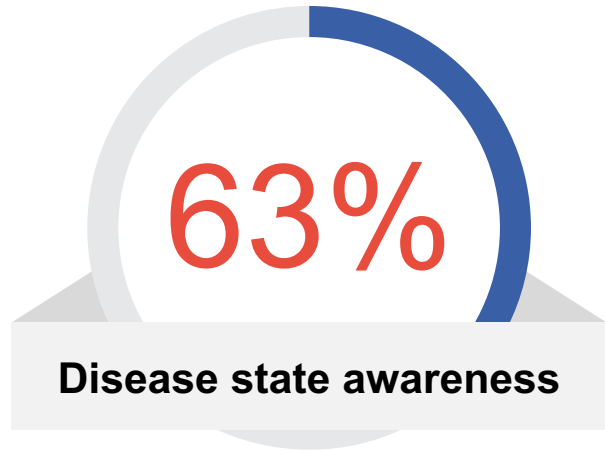
How often do you intensify lipid-lowering therapy to a threshold of LDL-C <70 mg/dL for patients with very high ASCVD risk? (Learning Objective 2,3)



Pre = 342 Post = 305 PCA = 302

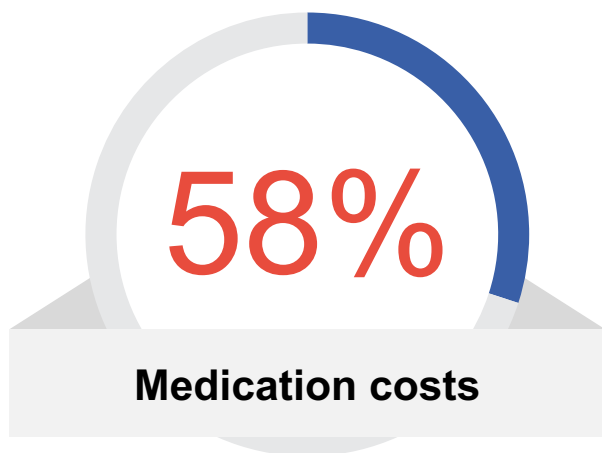
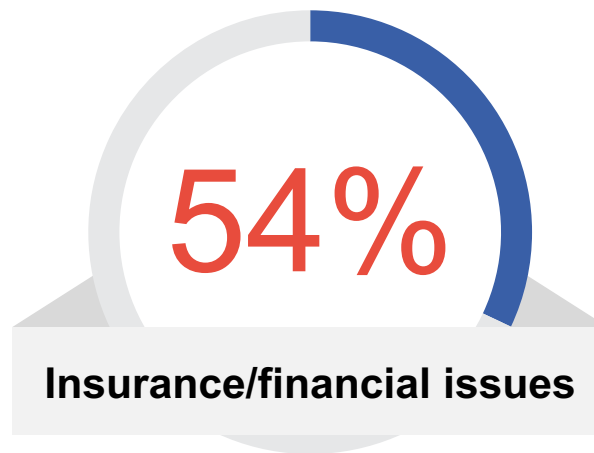
(4-week Post Assessment N = 302)

Please select the specific areas of skills, or practice behaviors, you have improved regarding the care of patients with hypercholesterolemia and increased cardiovascular risk since this CME activity. (Select all that apply.)



(4-week Post Assessment N=302)

What specific barriers have you encountered that may have prevented you from successfully implementing strategies for patients with hypercholesterolemia and increased cardiovascular risk since this CME activity? (Select all that apply)



Data Interpretation

48% increased awareness of the criteria for very high ASCVD risk according to the 2018 ACC/AHA Blood Cholesterol guidelines

77% increased awareness of the data demonstrating the impact of PCSK9 therapy on patients with PAD/polyvascular disease



87% more aware of the need and type of documentation to provide to improve the chances of prior authorization for PCSK9 inhibitor therapy

128% more competent at incorporating the 2018 ACC/AHA Blood Cholesterol guidelines and non-statin therapy into secondary prevention for patients at the highest cardiovascular risk

Persistent Educational Gaps After 4 Weeks

Recognition of patients at very high ASCVD risk according to the 2018 ACC/AHA Blood Cholesterol Guidelines

Clinical impact of PCSK9 inhibitor therapy on risk of cardiovascular events

Documentation requirements to increase approval rates for PCSK9 inhibitor therapy

Indications and secondary prevention strategies for patients at very high cardiovascular risk



Key Take-home Points

Significantly increased confidence in the ability to provide the necessary documentation to obtain prior approval for PCSK9 inhibitors for appropriate patients

Participants reported to be more likely to intensify lipid-lowering therapy to a threshold of LDL-C <70 mg/dL for patients with very high ASCVD risk



After 4 weeks, participants reported the following improved skills, or practice behaviors, regarding the care of patients with hypercholesterolemia and increased cardiovascular risk: 63% disease state awareness, 61% patient education, and 61% screening protocols

After 4 weeks, participants reported the following barriers regarding the care of patients with hypercholesterolemia and increased cardiovascular risk: 58% medication costs, 54% insurance/financial issues, 50% patient adherence/compliance