

Speaker 1:

The 2018 American Heart Association, American College of Cardiology Guidelines, on the Management of Blood Cholesterol, set a new emphasis on patients at very high risk for future atherosclerotic cardiovascular disease or ASCVD events and appropriate guideline directed therapies based on risk. We aim to have constructive conversations about caring for these patients throughout the continuum of care for longer healthier lives. Through support of Amgen, the American Heart Association has created a three part podcast series that discusses models for treating to guidelines and patient experiences, as they are diagnosed with ASCVD. This series elaborates on helping all members of the care team to properly manage and support their patients from all socioeconomic backgrounds diagnosed with ASCVD.

Dr. Howard Haft:

Hi, everyone. My name is Dr. Howard Haft and I'm the senior medical advisor for the Maryland Department of Health and chair of the American Heart Association's Outpatient Quality Improvement Advisory Committee. I'll be hosting a series of conversations with special guests, focused on patients with diagnosed atherosclerotic cardiovascular disease, better known as ASCVD, and the barriers and challenges healthcare providers face when supporting their patients. Today's topic is going to be looking ahead in ASCVD care. I'm really happy to be here today with Dr. Michelle Chu. Michelle is Assistant Professor of Clinical Pharmacy at the University of Southern California School of Pharmacy. She's also a program director for the pharmacy residency there. She practices at a primary care clinic at the Los Angeles County Medical Center, where she provides chronic disease management. Her primary academic interest is in the expanded role of clinical pharmacists in their impact on patients health outcomes. Hi, Michelle, and thank you for joining us today. And I'm eager to talk to you about the importance of medication adherence and your experience with working with these newly diagnosed patients.

Dr. Michelle Chu:

Thanks so much, Dr. Haft, for having me on and thank you to the American Heart Association for inviting me to this discussion.

Dr. Howard Haft:

Let's get started with just some basics. Can you walk me through how you support newly diagnosed patients and how do you bring their families into the conversation?

Dr. Michelle Chu:

Yeah. So I want to just mention that when we, as a pharmacy, to see the patients at a primary care clinics, usually the patients are diagnosed already, and then they are referred to us for further management. So when we meet with the patients for the first time and when their diagnosis are pretty recent, we usually assess their understanding of their diagnosis and what it means to them, including consequences. And when we do so, we would use the visual images and then clips of the videos so that they can understand it better. And also we talk a lot about what needs to be done to stay in control. So such as lifestyle change, including diet, exercise, and especially the medication, the role of medication, what they do and how they should be taking it.

Dr. Michelle Chu:

So in terms of bringing their families into the conversation. So prior to our initial appointment, what we do is we would ask them if we have a permission to speak to their family as well, so they can either bring their families to the appointment, or they can be on the call with them, if they feel comfortable with it. Then we would go over all the information that we would go over with the patients, with the family members present. But in addition to that, we would probably talk about, what it means to the family members, what can they do to help the patients in terms of controlling the disease state and the medication, and more importantly, really the lifestyle changes. So that's how we would involve the dear patient and the family members into the conversation.

Dr. Howard Haft:

Yeah. Well, it's a lot more complicated than just simply writing a prescription and hoping all goes well. I think what you said is really, really makes good sense, and it really points to the complexity of what it takes to get from a patient who has a condition diagnosing that condition and treating it in a continuous way. So along those lines, how do you make sure that the patients understand the importance of adhering to the medication prescription, the guidelines or the way it's supposed to be taken?

Dr. Michelle Chu:

Yeah. So that's always a million dollar question because we say one thing, while we as the healthcare providers, in general, say one thing and then patient might understand it differently, or a patient might interpret it differently. And then they might do the things that they think that's the right way. And if we don't check back with the patient often, then we're basically letting the patients do some harm in the end. So I think it's important to really assess their knowledge, beliefs, or behaviors on their medications. So what do they feel about just taking medication in general? What do they know about the disease state? Have they been taking medications and had a bad experience or reactions, and how did a healthcare provider react to that? Sometimes there might be some instances where healthcare providers might not exactly school them, but they might put some emphasis on, you should have done a little bit differently, right?

Dr. Michelle Chu:

Instead of kind of understanding and trying to understand where the patients are coming from. So I think assessing where they are is really important and then understanding the factors that might contribute to the non-adherence. CDC has a million hearts. They publish some of the factors that could contribute to non-adherence. And those could be the limited English language proficiency, low literacy, maybe patient might have a history of mental health issues that may prevent them to taking medications every day, or prevent them to have a better understanding why they have to do that. Patient might not even believe in the benefits of the treatment. They believe medications are unnecessary or harmful. They may have a concern about the side effects or the cause, and they're just tired of taking medications. So I think it's important to address all these issues at every patient interaction that we have, whether it's at the clinic at level, whether it's at the pharmacy level, whenever they have an interaction with the providers, we really need to focus on that.

Dr. Howard Haft:

Well, thank you. I think you're exactly right again, is that, for so many years, I think we took a more or less paternalistic view that if we prescribe something that people would take it and adherence was on them, and we didn't need to worry about that, but you point to a really, really important feature of being able to reach patients where they are in their disease state and their level of understanding, if we

want to really get good compliance and adherence to whatever the regimen is. Do you use techniques like teach-back techniques that have the patient repeat to you and show you what they learn from these interactions?

Dr. Michelle Chu:

Yes. Yes, definitely. So every single time at the end of the appointment, we would use the teach-back method. If there was a medication changes, we would ask them to repeat what the new instructions would be. If we focused on the education of the disease state, then we would ask them to repeat what they understood so far about the disease state in their own words. So that way we can just target where there is a gap in terms of their knowledge and the instructions.

Dr. Howard Haft:

Yeah. No, that's an excellent way to approach it. And I'm sure that really, really helps in terms of getting adherence and compliance. Michelle, I know you work at the Los Angeles County Medical Center and Los Angeles County, like a lot of other urban areas are highly diverse and they see inhabitants who go from the richest to the poorest and of all races and ethnicities. And many of the people that you serve probably have social needs that are unmet. Is that something that you take into consideration as you're doing your counseling with patients?

Dr. Michelle Chu:

Yeah, definitely. And I am very lucky and fortunate enough to work at the Los Angeles County Medical Center because this is the hub of all the different resources available. So when we recognize that the patient is having issues with the medication, picking up the medication from the pharmacy, then we have a pharmacy right downstairs and I would be able to check their system to see what the issues are and immediately connect the patients with a pharmacy so that we can fix the issues. If they are having issues with the food, getting the food or the places to stay, they have unreliable sources of income, all of this financial issues that's preventing them from trying to take care of themselves in a health wise, then we do have a resources that we work closely with.

Dr. Michelle Chu:

So social workers, the financial assistant offices that we connect the patients directly. So when all this conversation always come up and then number one reason is really the unreliable financial income and also lots of family issues with it. So the primary method is to connect them to various resources that are available. And then while they are being connected, they'll check in with the patient, make sure that they are really taking the medications and their situation is actually getting better.

Dr. Howard Haft:

Yeah. That's wonderful. I mean, that's exactly the way that we should be taking care of patients, that attending to not only their medical conditions and their pharmacologic needs, but to the extent that we can to filling in those gaps in their social needs, because that really helps in terms of compliance overall and improves outcomes. Michelle, let me just change gears here a little bit and just ask you about, looking a little bit over the horizon at, what do you think might be coming down the road in terms of new therapeutics that really sparks your interests?

Dr. Michelle Chu:

I think we've now had probably PCSK9 inhibitors for a few years. Unfortunately, at county, we have not seen it used at a primary care level, but I think I would really love to have that used in the primary care clinic level. I think it definitely will address the issue of the non-adherence of having to take the medications every day. But also those patients who might have a very difficult time controlling their cholesterols. So specifically lowering LDL levels, even with the statin therapy, I think the PCSK9 inhibitors would greatly be helpful. Also, there is the new medication called the valproic acid, which is a oral. So, which is actually a plus. We don't have to worry about the injection reactions to that. I think we are waiting for the cardiovascular outcomes for this medications, but I think if there are patients who are at high risk for the ASCVD and they are having difficulties of lowering LDL with the statin therapy and xeromorph, and I think adding the valproic acid would be a great choice as well.

Dr. Howard Haft:

Yeah. I think that those are great directions to go in. Also, as you address patients with these, even though you said that it's just in its early stages now of uptake, I know one of the barriers of necessity going to be insurance coverage, how do you navigate that through this very complex issue of what's covered, what isn't, what copays exist and how patients have to deal with pre-authorizations, pre-approvals and those kinds of things?

Dr. Michelle Chu:

Yeah. It's really difficult. And then, each commercial insurance or health plans will have a different criteria for the PA or the pre-authorization requirements. And even so until recently, in California, our state Medicaid programs or the managed care programs had a different formulary from each other until recently. So I think it's really nice to know a pharmacist, if you are a physician, to probably have a better connection with the health plan and how the health plan works in terms of the pharmacy benefit department and looking at the pre-authorization requirements, especially for the non-statin therapy. So I think being a friend with a pharmacist might be one of the solutions, but also, these requirements and the formulary constantly change, right? Based on their contract and everything. So I think having a good information system with the different commercial insurance would be really helpful for all the providers.

Dr. Howard Haft:

I couldn't agree with you more and having a pharmacist as a friend is always a good thing. And more and more, I think we understand that delivering high value, high quality healthcare is really a team based sport now, and it takes pharmacists and physicians and many, many others working together to really make sure that we deliver the best healthcare for the populations that we serve. There is so much more that we could say today about a management of ASCVD, pharmacologically in other ways, but our time is limited. Michelle, is there anything that we didn't touch on that you'd like to comment on here before our time lines to an end?

Dr. Michelle Chu:

Well, I just wanted to mention that the one thing that's very challenging for the patient and also for the providers in general is that patients who had side effects with one of the statin therapy. But I think as for providers knowing the different statins have a different sort of side effects profiles and the Drug-Drug Interaction profiles, and also educating the patients that even though they are in the same class of a statin therapy, not every statin therapy is the same and not every statin therapy has the same pharmacokinetic, pharmacodynamic profiles. So I think educating that, knowing that those facts and

having patients to try different type of statin therapy before just giving up on all statin therapy, that would be really, really important.

Dr. Howard Haft:

Yeah, exactly. True. Again, I recall many times in my clinical practice having to change from one statin to another before finding the one that's comfortable for the patients, and sometimes it's hard to predict, it's not necessarily physiologic. It could be also what they've heard from other people that colors how they feel about a particular therapy.

Dr. Michelle Chu:

Right.

Dr. Howard Haft:

So anyway, I am glad we had the opportunity today to discuss such an important topic as lipid care, Michelle. It's been a pleasure, absolutely chatting with you and can't thank you enough for sharing your experience and your expertise around this really important topic of Lipid Management. Thank you for all the work that you do for all those people in Los Angeles County also.

Dr. Michelle Chu:

Well, thank you, Dr. Haft. I enjoyed the discussion and I was very honored to be interviewed by you.

Dr. Howard Haft:

It's been my pleasure and thank you all for joining us. And remember to share this show with someone who may need it to learn more about the American Heart Association and its quality improvement efforts. You can visit www.heart.org/changecholesterol. By visiting the website and joining Check, Change, Control, Cholesterol initiative, you'll gain access to informative resources and timely updates about cholesterol, are easy to follow, treatment algorithms. You can also receive special recognition for your efforts in supporting evidence based care. So thank you all and see you again next time.

Speaker 1:

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