

Using the Primary Care Equity Dashboard to Support an Equity-Focused Quality Improvement Initiative

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Objectives

- Review the prevalence of cardiovascular (CV) disease
- Discuss the role of HMG-CoA Reductase Inhibitors, or “statins”, in preventing CV events
- Review the Primary Care Equity Dashboard (PCED)
- Identify the disparity in statin adherence amongst Black versus White Veterans
- Highlight the role of the PCED in supporting a quality improvement (QI) initiative to reduce racial disparities in statin adherence

Background – VA Pittsburgh Healthcare (VAPHS)



- Two Main Campuses
 - University Drive (UD)
- Five Community Based Outpatient Clinics
- UD campus: Large, urban, academic VA medical center
- Center for Health Equity Research and Promotion (CHERP) located on campus
- Provides primary care along with numerous other services
 - Patient aligned care teams (PACTs) provide primary care to Veterans
 - Teams include clinical pharmacy specialists (CPS)

Background

- Cardiovascular (CV) disease
 - Leading cause of death in the United States (US)
 - Responsible for 690,000 deaths in 2019
- HMG-CoA Reductase Inhibitors (“statins”)
 - Class of medications that lower cholesterol
 - Used to prevent CV events (primary prevention)
 - Used in patients with established CV disease to prevent additional CV events and death (secondary prevention)
 - Adherence is emphasized by the American College of Cardiology

Virani et al., 2020; Grundy et al., 2018

Background - Statin Adherence

- Adherence to statin therapy is problematic
 - US population with CV disease: 20.9% non-adherent (2014)
 - Veteran population with CV disease: 17% non-adherent (2021)
- Racial disparities exist between Black and White patients
 - Black Medicare beneficiaries are 24% more likely to be non-adherent (2009)
 - Black Veterans are 42% more likely to be non-adherent (2019)

Colantonio et al., 2019; Rodriguez et al., 2019;
Yang et al., 2009

Background – Statin Adherence at VAPHS

Primary Care Equity Dashboard

1.3.5

Home

Performance Snapshot

Equity Deep Dive

Equity QI Resources

Patient Outliers

Performance Trends

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Facility: (1V04) (646) Pittsburgh, PA HCS

Timeframe: FY2021 Q1

Distance from National Score by Facility and Division


Facility and Division Data by Measure	National	Preferred Direction	Score	Average Patients per Month	Absolute Difference from National
<input type="checkbox"/> Blood pressure less than 140/90 in patients with diabetes (dmg27h_ec*)	58.2 %	Higher	62.5 %	6581	4.1 %
<input type="checkbox"/> Renal testing in patients with diabetes (dmg34h_ec*)	89.8 %	Higher	89.2 %	6371	0.6 %
<input type="checkbox"/> Controlling high blood pressure in patients with hypertension (ihd53h_ec*)	68.2 %	Higher	69.0 %	12468	0.8 %
<input type="checkbox"/> Influenza immunizations 66 years of age and older (p28h_ec)	44.0 %	Higher	56.4 %	26979	12.5 %
<input type="checkbox"/> Influenza immunizations 19-65 years of age (p29h_ec)	23.2 %	Higher	27.0 %	18935	3.8 %
<input type="checkbox"/> Non-recommended PSA screening in men 70 years and older (psa1_ec)	23.9 %	Lower	9.5 %	18968	14.4 %
<input type="checkbox"/> Statin therapy for patients with cardiovascular disease (statn1_ec*)	85.1 %	Higher	82.1 %	2091	3.0 %
<input type="checkbox"/> Statin adherence for patients with cardiovascular disease (statn4_ec)	82.9 %	Higher	83.2 %	1566	0.2 %
(1V04) (646) Pittsburgh University Drive			80.3 %	351	2.6 %
(1V04) (646A4) Heinz, PA (H. John Heinz III)			82.9 %	325	0.1 %
(1V04) (646GA) Belmont County, OH			86.4 %	152	3.5 %
(1V04) (646GB) Westmoreland County, PA			85.0 %	274	2.1 %
(1V04) (646GC) Beaver County, PA			86.9 %	208	4.0 %
(1V04) (646GD) Washington County, PA			80.5 %	128	2.4 %
(1V04) (646GE) Fayette County, PA			80.4 %	131	2.5 %
<input type="checkbox"/> Statin therapy for patients with diabetes (statn7_ec*)	75.5 %	Higher	76.1 %	5159	0.7 %
<input type="checkbox"/> Statin adherence for patients with diabetes (statn8_ec)	78.8 %	Higher	79.9 %	3637	1.1 %

NOTE: eQM measures that affect SAIL are highlighted with an asterisk.

Background – Statin Adherence at VAPHS

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Primary Care Equity
Dashboard

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Facility

(1V04) (646) Pittsburgh, PA HCS

Division Refresh Data

(1V04) (646) Pittsburgh University Drive

Measure Details

Description: Statin adherence for patients with cardiovascular disease

National Score: 82.9%

Preferred Direction: Higher

Timeframe

FY2021 Q1

Measure

statn4_ec

Distance from National Score and Population Size by Patient Demographics

RACE/ETHNICITY

	Average Patients per Month	Score	Absolute Difference from National
Black	76	67.7 %	15.2 %
White	268	84.4 %	1.4 %

SEX

	Average Patients per Month	Score	Absolute Difference from National
Male	336	80.6 %	2.3 %
Female	15	75.1 %	7.9 %

GEOGRAPHICAL RESIDENCE

	Average Patients per Month	Score	Absolute Difference from National
Rural	32	77.1 %	5.8 %
Urban	319	80.7 %	2.3 %

NOTE: If the tables are blank, there were not sufficient observations for the Facility and Division you selected.

Background – Our Project

- Improve statin adherence rates among Black Veterans at VAPHS
- Reduce the disparity between our Black and White Veteran populations

Methods

Intervention – Identifying an Intervention

Primary Care Equity Dashboard

1.3.5

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Filter By Resource Category

Multiple selections

Health Equity Quality Improvement Resources

Category	Demographic Variable	Disease	Brief Description	Link to Additional Information
Patient Education	Race/Ethnicity	Heart Disease	Fact sheet for patients on risks and benefits of taking a statin. (2018, DHHS-Million Hearts)	https://millionhearts.hhs.gov/files/Scoop_on_Statin-508.pdf
Patient Education	Race/Ethnicity	Heart Disease	Fact sheet targeted to Latinos/Latinas with 4 key steps to heart health and blood pressure control. (2016, DHHS-Million Hearts)	https://millionhearts.hhs.gov/files/4_Steps_Forward_Englis h.PDF
Patient Education	Race/Ethnicity	Heart Disease	Fotonovela that depicts the story of a Latino family as they find ways to control fat and cholesterol to prevent heart disease. (2019, DHHS)	https://www.cdc.gov/cholesterol/docs/fotonovela_cholest erol.pdf
Patient Education	Race/Ethnicity	Heart Disease	Infographic targeted to African Americans on ways to reduce stress. (2020, AHA)	https://www.heart.org/-/media/aha/h4gm/pdf- files/stopstress_smaller.pdf?la=en
Patient Interventions	Race/Ethnicity	Heart Disease	Lower rates of cardiac procedures for minority patients (particularly African Americans) even when covered by equivalent insurance. (2018, Health Equity)	https://www.liebertpub.com/doi/10.1089/heaq.2018.0067
Patient Interventions	Race/Ethnicity	Heart Disease	Young African Americans live with diseases more common in whites at older ages, with tips for what can be done to address this disparity. (2017, CDC)	https://www.cdc.gov/vitalsigns/pdf/2017-05-vitalsigns.pdf
Patient Interventions	Race/Ethnicity	Hypertension	A multi-level hypertension control program tailored for Asian Americans. (2017, Trans Behav Med)	https://academic.oup.com/tbm/article/7/3/444/4644899
Patient Interventions	Race/Ethnicity	Hypertension	Addressing upstream determinants of cardiovascular health including income, education, employment, neighborhood factors and minority status. (2019, Curr HTN Rep)	https://pubmed.ncbi.nlm.nih.gov/31190099/
Patient Interventions	Race/Ethnicity	Hypertension	Association between perceived stress levels and incident hypertension among a study cohort of African Americans. (2019, JAHA)	https://www.ahajournals.org/doi/10.1161/JAHA.119.01213 9
Patient Interventions	Race/Ethnicity	Hypertension	Automated identification of at-risk patients from the health record, combined with a tailored m-health self-management intervention	https://www.jmir.org/2019/4/e12541/

Intervention – Identifying an Intervention

- Education by a pharmacist can have a positive impact on medication adherence
- Our team aimed to improve statin adherence rates among Black Veterans and reduce the disparity between our Black and White Veteran population

Nieuwkert et al., 2012; Ho et al., 2014

Intervention – Role of the Pharmacist

- 3 PACT Clinical Pharmacy Specialists (CPS) at VAPHS UD
- Developed an education consult template in the electronic medical record
- Conducted 30-minute phone education consults

Intervention – Role of the Pharmacist

- Education consult template was developed to provide answers to the following questions:
 - What is a statin?
 - How do statins help those with established CV disease?
 - How should patients take statins?
 - Importance of adherence and what to do if dose is missed
 - What are the common adverse effects and how should patients report these to providers?

Intervention – Educating Veterans

Hi! My name is Beth DeSanzo calling from VA Pittsburgh and I am one of the pharmacists in the primary care clinic. I was wondering if you had a moment to talk about one of your medications that is on your medication list called atorvastatin. I am calling to make sure that you understand why we have prescribed a statin for you. As someone with cardiovascular disease, statins help lower the bad cholesterol levels.....

Intervention – The Statin Education Consult

VistA CPRS in use by: Desanzo,Beth E (Vista.pittsburgh.med.va.gov)

File Edit View Action Options Tools Help

	ZZTEST,FATHER (OUTPATIENT) 000-00-2345	NONCOUN Sep 03,21 15:36 Aug 14,1941 (80) Provider: DESANZO,BETHE	No PACT assigned at any VA location	PDMP Query	Flag
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COVID-19 Not Tested

Last 250 Signed Notes (Total: 8)

- ✓ New Note in Progress
 - 📅 Sep 03,21 PHARMACY STATIN HEALTH EQU
- ✓ All signed notes
 - > Adverse React/Allergy
 - > Clinical Procedure- Pulmonary Function Test
 - > Teledermatology Imager Consult
 - > Tele-Eye Screening Consult

PHARMACY STATIN HEALTH EQUITY PROJECT

Vst: 09/03/21 NON COUNT-X Sep 03,2021@15:36

Subject:

Statin Education Phone Call

Reason for visit: XXXXXXXXXXXX was contacted as a participant in a health equity quality improvement project aimed at improving statin adherence. The following information was reviewed with the patient:

Objective Data

Medication List

Active and Recently Expired Outpatient Medications (including Supplies):

		Status	Issue Date
Active Outpatient Medications		Refills	Last Fill Expiration
1)	SIMVASTATIN 80MG TAB Qty: 45 for 90 days Sig: TAKE ONE-HALF TABLET BY MOUTH AT BEDTIME FOR CHOLESTEROL CONTROL	ACTIVE	Issu:06-02-21 Last:08-28-21 Expr:06-03-22

		Status	Last Fill
Inactive Outpatient Medications		Refills	Expiration

- < >
- Templates
- Reminders
- Encounter

Intervention – The Statin Education Consult

Vista CPKS in use by: Desanzo,Beth E (Vista.pittsburgh.med.va.gov)

File Edit View Action Options Tools Help

	ZZTEST,FATHER (OUTPATIENT) 000-00-2345	NONCOUN Sep 03,21 15:36 Aug 14,1941 (80) Provider: DESANZO,BETH E	No PACT assigned at any VA location	PDMP Query	Flag	JLV Remote I
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COVID-19 Not Tested

Last 250 Signed Notes (Total: 8)

- ✓ New Note in Progress
 - ☐ Sep 03,21 PHARMACY STATIN HEALTH EQU
- ✓ All signed notes
 - > Adverse React/Allergy
 - > Clinical Procedure- Pulmonary Function Test
 - > Teledermatology Imager Consult
 - > Tele-Eye Screening Consult

PHARMACY STATIN HEALTH EQUITY PROJECT

Des

Vst 09/03/21 NON COUNT-X

Sep 03,2021@15:36

Subject:

Pertinent Labs

CHOL:	151	(01/27/21 09:06)
HDL (A):	34	(01/27/21 09:06)
LDL (A):	92	(01/27/21 09:06)
TRIGLY.:	123	(01/27/21 09:06)

Discussion Points

- Discussed what a statin is and importance of taking statin each day
- Counseled patient on proper administration of statin including what to do in the event of a missed dose
- Reviewed common adverse events and provided clinic phone number for patient

Asked patient the following questions to determine if there any adherence barriers

1. "What do you find challenging when your providers ask you to remember to take your medication every day?"
2. "What can we do as a healthcare system that would be helpful for you to remember to take your statin?"

- ✓ Templates
- ✓ Reminders
- Encounter

Procedures – Eligible Veterans

- Prescribed a statin
- Had cardiovascular disease
- Had an established primary care provider at VAPHS UD

Procedures – Eligibility Definitions

- Prescribed a moderate or high intensity statin in the past year, age 21-75 (male) or age 40-74 (female), with at least one of the following during the prior year:
 - Myocardial Infarction (MI)
 - Coronary artery bypass graft procedure (CABG)
 - Percutaneous coronary intervention (PCI)
 - Other revascularization
 - Ischemic vascular disease diagnosis

Procedures – Eligibility Definitions

- Adherent: Patient is adherent for $\geq 80\%$ of the days in any 12-month period
- Non-adherent: Patient is adherent for $< 80\%$ of the days in any 12-month period

Procedures - Identifying Non-adherent Veterans

Reporting Month: APR 2020 | Facility: (1V04) (646) Pittsburgh, PA HCS | Division: (1V04) (646) Pittsburgh University Drive | Team: All | Measure: statn4_ec

Patient Outliers by Measure

Patient Name	SSN	Phone	Gender	Race	Geographical Location	Outlier Reason	Outlier Date	Next Primary Care Appointment	Primary Care Clinic Name	Provider Name
Lee, Jennifer	0123	412-555-1234	F	Asian	Urban	BP 142/84	06/15/20	NONE	A	George
Jefferson, Mary	4567	412-555-2345	F	Black	Urban	BP 141/68	01/28/20	None	C	George
Lewis, Jordan	8910	412-555-6789	F	Black	Urban	BP 142/70	01/22/20	12/15/20	F	George
Brown, Margaret	2345	412-555-0123	F	White	Urban	BP 140/89	11/06/19	02/15/21	D	George
Garcia, Susan	6789	412-555-4567	F	Hispanic	Urban	BP 150/85	11/08/19	None	A	George
Jones, Heather	3456	412-555-8901	F	White	Urban	BP 145/75	09/01/20	12/14/20	n/a	George
Smith, Rebecca	7890	412-555-9012	F	White	Rural	BP 143/78	02/12/20	None	n/a	George
Grant, Troy	1234	412-555-5432	M	White	Rural	BP 152/90	04/17/20	11/10/20	D	George
Smith, Ralph	5678	412-555-4321	M	White	Urban	BP 135/86	12/19/19	12/10/20	C	George
Wilson, David	9012	412-555-7890	M	White	Urban	BP 140/79	03/09/20	None	C	George
Williams, Terrance	0012	412-555-1230	M	Black	Urban	BP 146/83	04/27/20	12/14/20	F	George

NOT ACTUAL PATIENTS

Procedures – Scheduling and Educating Veterans

Timeframe: January – February 2021



Outcomes - Data Collected for Statin Refills

Statin Refills

- Electronic health record refill data
 - “Refilled”: Statin refilled at any point during the timeframe
- Date of refill
 - Before or after CPhT scheduling call
 - Before or after CPS education

Evaluated the effectiveness of our intervention by comparing the # of Black Veterans who received the intervention and the White control group who did not



Adherence

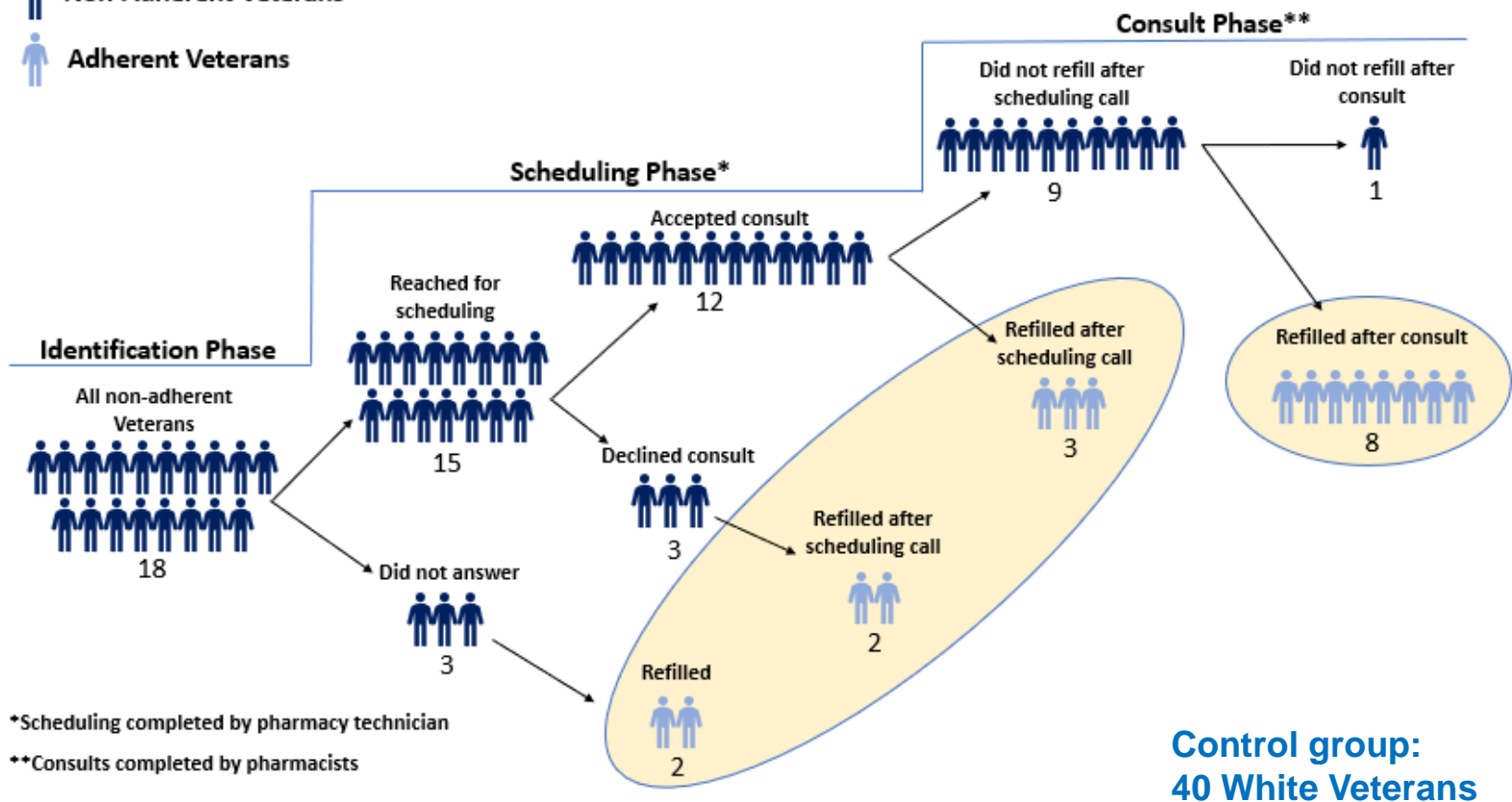
- Overall adherence rates for all VAPHS UD patients monthly
- Barriers to adherence
 - “What do you find challenging when your providers ask you to remember to take your medication every day?”
 - “What can we do as a healthcare system that would be helpful for you to remember to take your statin?”

Tracked the disparity in statin adherence between Black and White Veteran populations



Results

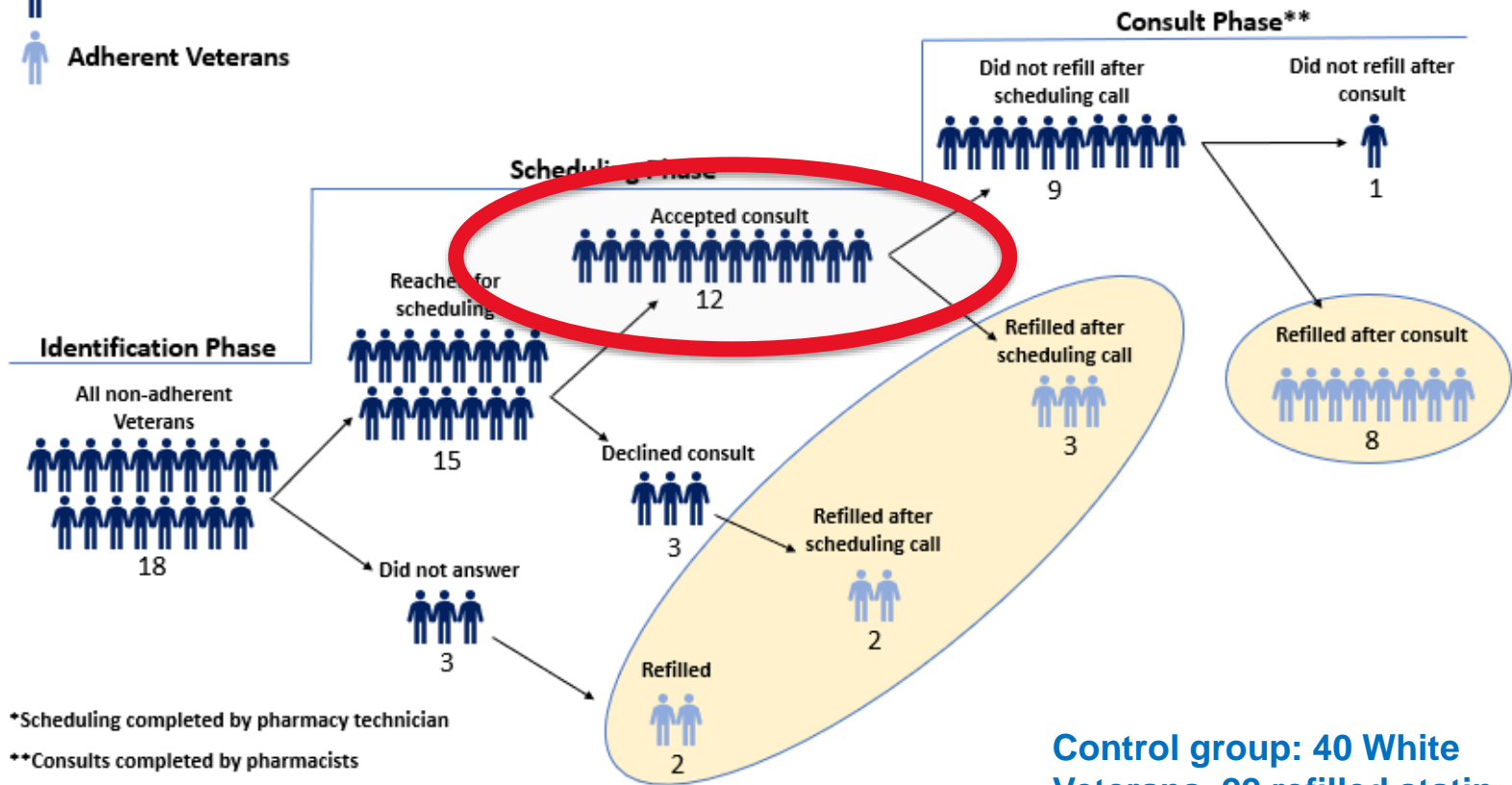
Results – Veterans Eligible for Intervention

 Non-Adherent Veterans
 Adherent Veterans



Results - Veterans Eligible for Intervention

 Non-Adherent Veterans
 Adherent Veterans

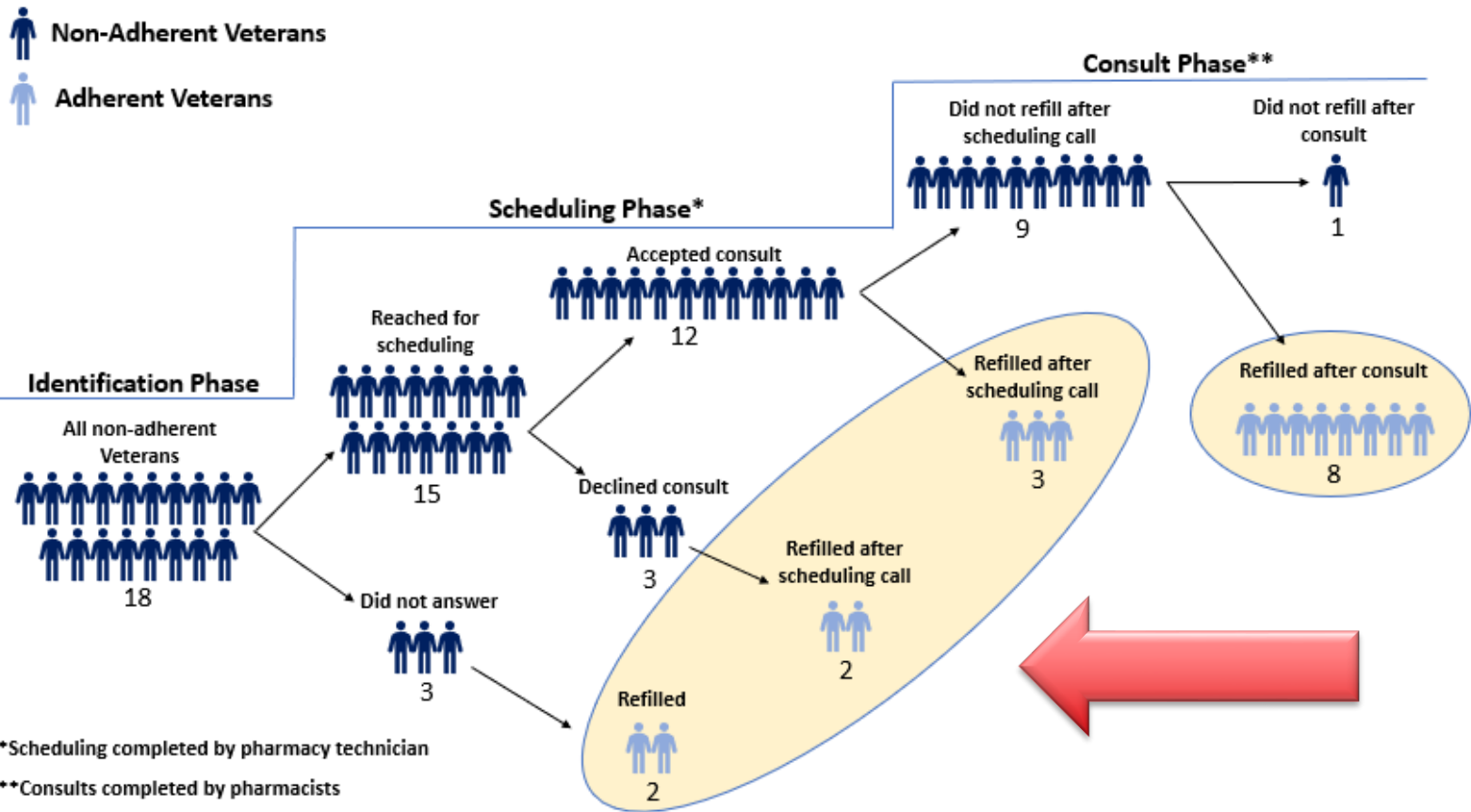


*Scheduling completed by pharmacy technician

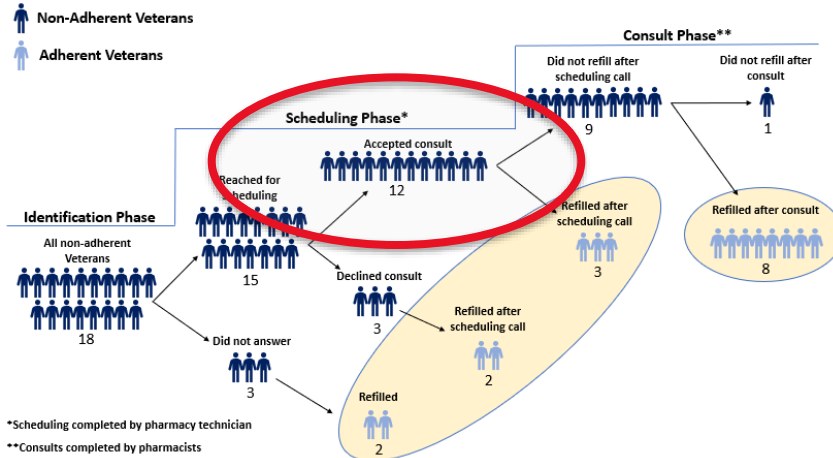
**Consults completed by pharmacists

Control group: 40 White Veterans, 22 refilled statin

Results - Veterans Eligible for Intervention



Results - Veteran Feedback



- Three Veterans learned important information about their statin therapy that they did not know before
- Four Veterans identified barriers to adherence

Results - Barriers to Adherence

Question asked to veteran:

“What do you find challenging when your providers ask you to remember to take your medication every day?”

“What can we do as a healthcare system that would be helpful for you to remember to take your statin?”

Veteran response:

Veteran 7: Remembering, falling asleep before taking statin, forgetting to order refills

Veteran 10: Overwhelmed, unaware of indication and importance of taking statin, unaware of proper time to take statin

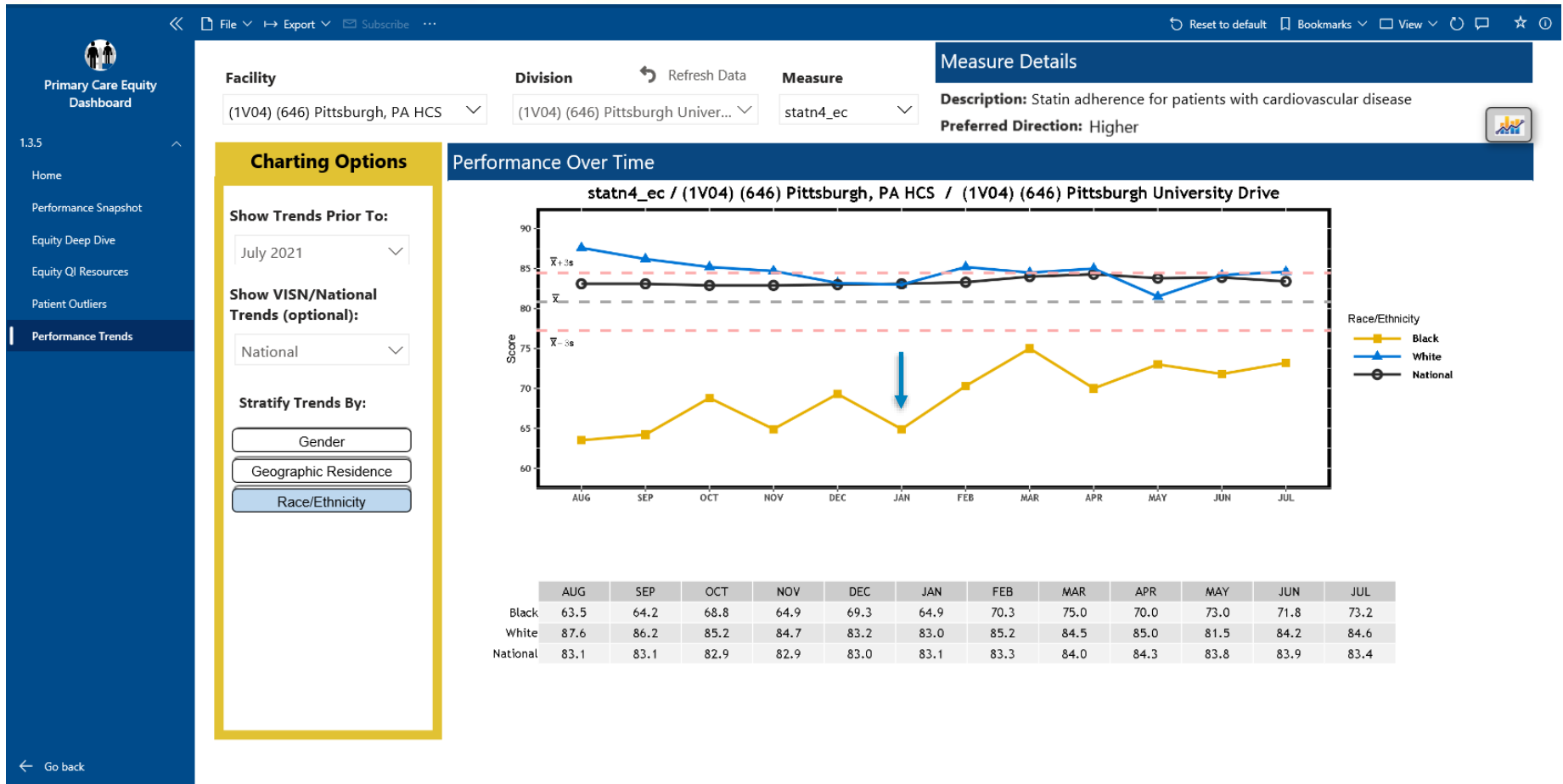
Veteran 5: Provide automatic refills for statin

Veteran 6: Allow cellular phone access to web-based healthcare system’s patient medication refill request portal

Veteran 7: Ensure prescriber allows for adequate refills on statin prescription

Veteran 10: Ensure prescriber educates veteran on the risks and benefits of statin

Results – Statin Adherence Rates



Discussion and Conclusions

Limitations

- Small sample size
- Limited to Black Veterans at VAPHS UD with CV disease and were non-adherent to statins
- Applicable to sites that have a CPS integrated in direct patient care activities
- CPS narrative did not explicitly highlight gaps in statin refills
- Primary outcome measure used in this project was statin refills
 - eQM measure pulls different timelines for refills
 - May be a delay for an intervention to have effect on a measure

Future directions

- The responses from Veterans who identified barriers are valuable information
 - Can help guide future interventions to help improve adherence
- Brief interaction with our CPhT resulted in Veterans refilling statins
 - Shorter, focused contact with Veterans may be effective in improving statin adherence
 - Short refill reminder calls utilizing nursing staff
- The PCED can be utilized to identify other disparities and track progress following an intervention
 - Statin adherence in Veterans with diabetes mellitus

Conclusions

- Pharmacist-led statin education appears to be an effective tool to improving statin adherence
- Any focused contact with Veterans regarding statin adherence was beneficial
- The Primary Care Equity Dashboard is a valuable tool that can help clinicians easily identify disparities in healthcare across populations

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References

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- American Society for Quality. (n.d.) Control Chart. <https://asq.org/quality-resources/control-chart>. Accessed 9/5/21.

How to request access to the Primary Care Equity Dashboard

1. Use [this link](#) to navigate to the Primary Care Equity Dashboard SharePoint Form.

*Note: You may have to copy and paste the link into your browser for it to work:
<https://dvagov.sharepoint.com/sites/VACOVHAOHE/SitePages/Test.aspx>*

2. Once at the landing page, click the “Request Access to the Primary Care Equity Dashboard” button.

The screenshot shows the SharePoint interface for the Office of Health Equity. The main heading is "Primary Care Equity Dashboard". Below the heading, there is a "Welcome to the Primary Care Equity Dashboard site" section. In the left-hand navigation menu, a red arrow points to the "Request Access to the Primary Care Equity Dashboard" button. The main content area includes a "Request Access to the Primary Care Equity Dashboard" button, a "Menu" section with links to Home, Equity QI Resources, Helpful Links, and Feedback Form, and a "Ready to get started?" section with a video player and a "Watch later" button.

3. Complete the SharePoint form to be granted access.

Request Access to the Primary Care Equity Dashboard

Thank you for reaching out about the Primary Care Equity Dashboard! It will allow you to examine disparities in a subset of quality metrics of interest to primary care, drill down to explore where and why disparities are happening, and access evidence-based strategies for reducing disparities in a range of clinical conditions and demographic groups.

The tool is intended to support VA Operational Activities, so access is restricted to individuals who have PHI/PII data privileges for operational purposes.

If you encounter technical difficulties or have questions, please notify Carolyn.Lamorte@va.gov or Kelly.Nestman@va.gov. We value your input as an early user of this tool and may reach out in the future to request feedback on your user experience.

Thank you!

Hi Kelly, when you submit this form, the owner will be able to see your name and email address.

* Required


1. First Name *

2. Last name *

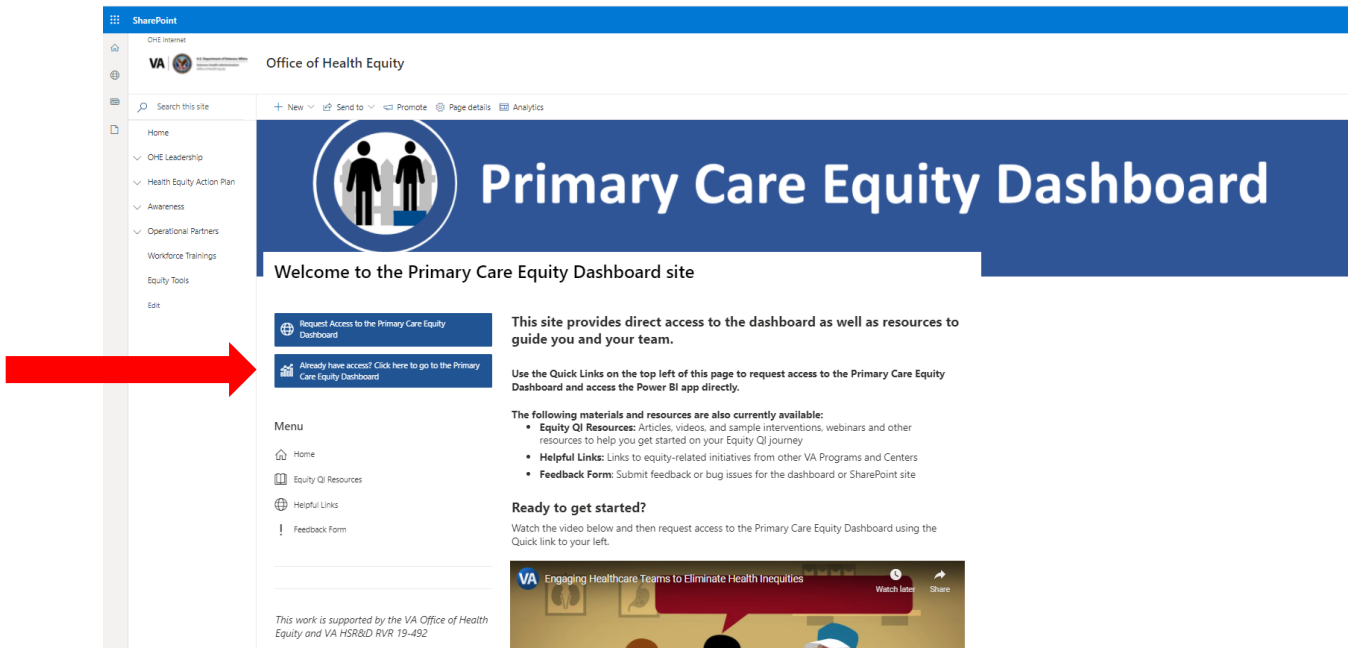
3. Once the form is complete, click the submit button at the bottom of the form.

6. How do you envision using the Primary Care Equity Dashboard *

7. How did you hear about the Primary Care Equity Dashboard? *

 [Submit](#)

4. Within 2-3 business days, you will receive an email confirming that permission has been granted. You can then access the dashboard through the Primary Care Equity Dashboard SharePoint site. It is important to bookmark the link for the SharePoint site for updates and for the most current link to the report.



The screenshot shows the SharePoint interface for the Office of Health Equity. The main heading is "Primary Care Equity Dashboard". Below the heading, there is a "Welcome to the Primary Care Equity Dashboard site" message. In the "Quick Links" section, there are two buttons: "Request Access to the Primary Care Equity Dashboard" and "Already have access? Click here to go to the Primary Care Equity Dashboard". A red arrow points to the first button. The "Menu" section on the left includes links for Home, Equity QI Resources, Helpful Links, and Feedback Form. The main content area provides information about the site's purpose and lists available resources: Equity QI Resources, Helpful Links, and a Feedback Form. At the bottom, there is a video player titled "Engaging Healthcare Teams to Eliminate Health Inequities".

Statin Education Call Template

Hi Mr/Mrs. ###,

My name is ### calling from VA Pittsburgh and I am one of the pharmacists in the primary care clinic. I was wondering if you had a moment to talk about one of your medications that is on your medication list called ###. If yes...

What is a statin and how is it helpful for CVD?

- I am calling to make sure that you understand why we have prescribed a statin for you.
- As someone with cardiovascular disease, statins help:
 - Lower the bad cholesterol levels and increase the good cholesterol levels in your blood.
 - Lower your risk of suffering from heart attacks, strokes, and death by 20-25 percent.

How should patients take statins?

To achieve these benefits, you have to:

- Take your statin once every day around the same time
- If you happen to miss a dose, take it as soon as you remember. If it has been more than 12 hours since the missed dose, skip the missed dose and take your next normally scheduled dose
- Never take two of your statin pills at the same time
- For simvastatin, make sure they know to take in the evening – **Can recommend switching to atorvastatin or rosuvastatin if they do have trouble remembering evening dose**

We know that some patients find it difficult to keep up on their statin.

1. “What do you find challenging when your providers ask you to remember to take your medication every day?” and
2. “What can we do as a healthcare system that would be helpful for you to remember to take your statin?”

What are some common adverse effects with statins?

While statins have many benefits, I wanted to make sure I discussed some of the common side effects so you can let us know if you have any of them.

- One common side effect is muscle pain. You may feel achy or fatigued because of this muscle pain. If you notice this, call us here in clinic. We have options available to help and may include switching to other types of statins that you may tolerate better
- Another side effect is a change in the color of your urine, specifically a dark red/brown color. If this happens, stop taking the statin and present to the nearest emergency room as soon as possible for the proper treatment. While this is very rare, it is also serious, and we want to make sure you are properly treated.

Leave time for any questions

Procedural outline for scheduling patients for Cycle 1

1. Pharmacy technician uses primary care dashboard and identifies 18 Black Veterans who are outliers according to the statn4_ec measure
2. Pharmacy technician schedules 30-minute appointments for each Veteran identified, attaching the following note: "appointment for statin health equity project"
3. Pharmacist enters dashboard/reviews CPRS chart prior to appointment with patient
4. Pharmacist calls patient and follows script

Statin Education Call Template

Reason for visit: Mr/Mrs. |PATIENT NAME| was contacted as a participant in a health equity quality improvement project aimed at improving statin adherence. The following information was reviewed with the patient:

Objective Data

=====
Medication List

|DETAILED RECENT MEDS|

Pertinent Labs

|LIPID PROFILE|

Discussion Points

- =====
- Discussed what a statin is and importance of taking statin each day
- Counseled patient on proper administration of statin including what to do in the event of a missed dose
- Reviewed common adverse events and provided clinic phone number for patient

Asked patient the following questions to determine if there any adherence barriers

1. "What do you find challenging when your providers ask you to remember to take your medication every day?"

Response:

2. "What can we do as a healthcare system that would be helpful for you to remember to take your statin?"

Response:

Other Patient specific questions/concerns:

Medication Changes: (###If patient was switched from simvastatin###)

Medications Refilled:

Pharmacist's time: