American Heart Association.

TRANSCRIPT

Episode 3 - Primary Prevention Insights into Patient Reported ASCVD Barriers

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Narrator: Cholesterol is one of the primary causal risk factors for the development of atherosclerosis. As we know, managing atherosclerotic cardiovascular disease or ASCVD, requires a holistic approach across multiple disciplines working together to achieve guideline-directed lipid management. Through the support of Novartis Pharmaceuticals Corporation, the American Heart Association has created a podcast series that explores multiple perspectives of ASCVD care with clinical subject matter experts from across the country.

00:38-00:42

Narrator: Let us take you on a journey through the patient care pathway to understanding ASCVD.

00:43-01:25

Liz Olson: A healthy lifestyle, including the management of lipids, is a key component to reducing ASCVD risk. For those with ASCVD, medication is an important part of managing and treating the disease. On today's podcast, we look at ASCVD from the primary care provider and a patient perspective. I'm Liz Olson with the American Heart Association and with me today to discuss primary prevention insights into patient reported ASCVD barriers is Dr. Kevin Hwang, Associate Professor of internal medicine at McGovern Medical School, part of the University of Texas Health Science Center at Houston, Medical Director of U.T. General Internal Medicine Clinic in the Texas Medical Center. Dr. Hwang, thank you so much for joining us today. How are you?

01:26-01:54

Dr. Hwang: I'm doing great, thanks. I'm glad to join you all and talk about this important subject. A little bit about myself, my colleagues and I in the clinic, we see a diverse patient population who struggle with all types of chronic disease, and we do our best to help them, to come alongside them. And obviously, prevention of ASCVD and treatment is an important part of what we do. I teach residents and students to do

a little bit of research and quality improvement and spend a lot of time in the outpatient clinic. So, thank you. I'm glad to be here.

01:55-02:15

Liz Olson: Fantastic. It's great to have you. Let's start with some of the most common barriers. I'm curious. In your work in the clinic, what are some of the most common barriers that you see from patients when it comes to adhering to their medication or perhaps even understanding what could be a very challenging new diagnosis of ASCVD?

02:16-02:46

Dr. Hwang: Yeah, that's a great question. And you know, in a lot of ways, I think really the deck is stacked against us when we're trying to help our patients. And my patients are trying to do their best and adhere to medications, particularly when it comes to statins, because there are a couple of things here that make it somewhat unique in my mind. So, when people are high risk for cardiovascular disease, they might not have any symptoms at all. So what we're doing as health care providers, we're asking them to take a medication every day that doesn't change how they feel.

02:47-03:26

Dr. Hwang: It doesn't change how they function. And we're trying to prevent something like a heart attack that may or may not happen in five or ten years. And then the only positive feedback that the patient may get is they may see their LDL go down a little bit when we check labs, but that type of feedback really isn't that frequent or may not be very meaningful to a lot of patients. And then you add the concern for side effects that a lot of people are concerned about because they hear about it in the media or from their friends and family. And it's pretty easy to see why many people, they might not ever fill their first prescription for statins, or even if they do, they might not take them as they're prescribed.

03:26-03:57

Dr. Hwang: So, when we compare it to things like treating high blood pressure, where you can measure blood pressure every day and see an improvement, or you're treating diabetes where you can see the A1C and the glucose go down fairly quickly, asking someone to take a statin to prevent a heart attack sometimes is a tough sell. So it's a challenge. In terms of the barriers that the patients are facing, or at least what

they tell us about, comes in a whole variety of things. So a lot of them simply just don't like the idea of being on a chronic medication.

03:58-04:32

Dr. Hwang: Just philosophically, they try to resist that. And they ask things like, "Will I have to stay on it forever?" And obviously a lot of them are concerned about side effects. And another unique thing with statins, it's almost like a, you know, this urban legend. A lot of people have heard about statins' side effects even before they're even recommended to start one. So it's like the boogie man hiding under the bed. They hear about it from their friends and family. They see reports about it in the media or maybe in social media. And they come in already thinking that statins are going to cause muscle pain or liver damage.

04:33-05:37

Dr. Hwang: And obviously, there is a potential for side effects for any medication, including statins. But it seems to be overblown in a lot of people's minds. And so that's a barrier. So I mean, the research studies show that people report muscle pain or weakness much more frequently, you know, when they're taking statins. Much more frequently than we would expect based on research studies. And that's probably this nocebo effect where they believe they're taking a statin, even if they aren't. If they're taking a sugar pill or something, not a sugar pill, a placebo they report muscle pain. And they think it's because of the statin, but they aren't even taking one. And the other thing is just because you have muscle pain when you're on a statin, that doesn't mean it's caused by the statin. But it can be very hard to convince a patient to try it or stick with something, if they think that it's not improving their health. Or if it's causing side effects. And then some people have tried statins before. They may have tried it a couple of years ago, and they had symptoms, and they stopped, and they just don't want to try it again. Another thing that goes along with all this is that a lot of people, they just prefer to lower their cholesterol with diet and exercise.

05:38- 06:12:21

Dr. Hwang: They feel that that's a more natural way, and obviously it is a more natural way. But they think that, you know, they've “failed” if they can't improve things with diet and exercise. And taking a statin represents some qualitative thing that's happened in their life. They can no longer do it on their own. Now they need a medication. They don't really want to be in that state. So there's resistance there. Some people are okay with taking it, but they just forget to take them. You know, they understand the idea. They understand the concept, but they just forget. Or they're

dealing with so many other medications that statins will move back to like, at the bottom of the list, or the back of the line in terms of their own priorities.

06:13-06:34

Dr. Hwang: And then, like I said again, the feedback is not very frequent. They take a statin, and they may feel muscle pain, or they may feel nothing at all. There's not much positive feedback. And yeah, I think those are the things that I've heard and seen in the literature. Those are some of the conversations I've had with my patients about statins.

06:35-07:00

Liz Olson: I'm curious. Statins is the first step, more or less, in starting to treat with medication. I'm wondering, do you see similar barriers or maybe more pushback as the disease progresses and maybe they need to be escalated to a different class of medication, maybe all the way up to a PCSK9? Are there, are there additional barriers that come as the disease gets worse, or are they more resistant to statins?

07:01-07:41

Dr. Hwang: Well, we see it both ways. I mean, in terms of disease getting worse, I think the thing that we can track is the cholesterol levels and the LDL. And we can show that to patients. And so that in one sense, is disease getting worse. Or they may develop diabetes, and they start accumulating more risk factors for ASCVD. So, sometimes bringing that in and showing patients the benefit of taking statins as they have more and more risk factors, sometimes that's helpful. But if you're talking about the disease getting worse as in finally manifesting itself as unfortunately a heart attack or a stroke, then we're moving into secondary prevention.

07:42-08:19

Dr. Hwang: And, you know, I think that patients are a little bit more amenable to taking things if we are trying to prevent a second event from happening. I hope that answers the question. I think...I have had the experience where let's say they try diet and exercise and the LDL is not improving, and the HDL is not improving. Then some patients do understand. Yes, it's something that they probably are not realistically going to be able to improve on their own. Maybe there's a big genetic factor. There is a limitation to what diet and exercise can do. And some people do understand that. And they finally say, "Yes, I'll take the statin now."

08:20-08:47

Liz Olson: Great. Thank you. I want to talk a little bit about health literacy, and maybe how that impacts a patient's understanding of their condition. If you could just give us a brief overview of what health literacy is, for anyone, if we have any patients listening. What that is, and why that might be important to understanding your condition and complying with recommended lifestyle modifications and medication.

08:48-09:19

Dr. Hwang: Yeah. So, this is always a challenge, health literacy. We see patients of varying health literacy. And that health literacy basically means just their capacity to understand their own health, general health conditions—the risks and benefits of either preventive measures or interventions that their health care providers may provide and may recommend. And we as providers need to be always aware of the health literacy of our patients and not make assumptions.

09:20-09:57

Dr. Hwang: And some people understand some things very well, but they don't understand other things unless we sit down and spend some time discussing with them. So I think as it relates to ASCVD, I think the challenge is looking at the whole patient, you know, the patient as a whole person. Not just looking at the LDL. Not just the blood pressure, the glucose, not just their BMI or family history. We are putting it all together and helping them understand that when we're recommending medications like statins, we're trying to incorporate all of those risk factors and see if someone is at high enough risk to benefit from taking a statin.

09:58-10:28

Dr. Hwang: It can be a little bit of a tricky conversation when you tell a patient that, yes, their LDL is 90 and that number is good, but you should still be on a statin for reasons X, Y or Z. They have diabetes or things like that. And that takes some extra kind of time to discuss and explain. But patients will understand. Not everyone, but a lot of will understand that. And they might appreciate that we're not just treating a number. So it does require some time and effort to go through these things with the patients.

10:39-11:01

Liz Olson: So thinking from the provider's perspective, how can you set up your office and your systems so that patients are supported as they go through this lifestyle modification? Are there certain types of patient education that are beneficial to put together? Are there certain triggers that should happen to make sure when a patient is diagnosed with ASCVD that they receive certain follow up? Can you talk a little bit about what processes might be beneficial to have as a primary care provider?

11:02-11:35

Dr. Hwang: Yeah, great question. I think it is challenging for primary care provider to keep on top of everything that we are "asked to do." There're studies that show that it might take a PCP eight and a half hours just to address the preventive care measures for a standard panel of patients without even getting into the real reason why they showed up to the appointment. So, I think it's all about a systems approach. I, as a primary care doctor, can have the best of intentions, but it's very easy that something would slip as I'm talking with the patients about something else.

11:36-12:15

Dr. Hwang: So something we've implemented here, and I think other organizations are doing as well, are things like registries, or you know, flow sheets or dashboards that that can take advantage of the data in the EHR to identify groups of patients who have ASCVD, or have the risk factors for it, and that have been prescribed statins. So I think from a systems standpoint, if we can start depending less and less on each individual patient-doctor interaction and start looking at our whole group of patients, that's population health management, basically. Then we'll be able to find, you know, the patients who are at the highest risk and proactively reach out to them.

12:16-13:30

Dr. Hwang: We've had some success with that at our institution, and also even payers are starting to look at this. Payers recognize that it's cheaper to pay for a statin than pay for treatment of a heart attack. And so they'll send us information on their patients who have been diagnosed with certain things but don't have any pharmacy claims for statins. So participating in those programs, working with payers, working with IT folks to pull data from the EHR, I think is a really good way to do it if you have the means. And then, based on a one-on-one interaction with patients, it's a similar

thing. I mean, we don't have really that much time in an average primary care visit to do extensive counseling on diet and exercise. So, if there is a health coach or a nurse case manager or dietician, somebody else who can step in, even if it's a phone call after the clinic or give some printed information; I think that really helps. Because really, when we're trying to help patients make lifestyle changes, I often feel like, you know, a word from the doctor may help, but some people need a little bit more support and education. More than we can provide in a 15-minute primary care visit when we're trying to address other things as well.

12:31-13:44

Liz Olson: So in that same train of thought, how might you incorporate in your processes, patients who were referred from the ER who had received a diagnosis of ASCVD or elevated LDL?

13:45-14:15

Dr. Hwang: Well, good question. If we're talking about patients that we weren't aware that they had a high LDL, you know, maybe they're new to the clinic and referred only after an ER visit, then it's best if we have some type of system in place where we can get the information rapidly from the ER, from hospital discharges where we're being referred patients who need primary care. If we're aware of them, we can get them into clinic. Start some education, treatment, referral to a specialist, if need be.

14:16-14:53

Dr. Hwang: This whole area of transitions of care is really important. The ERs are also overloaded, and they can't really be expected to do chronic care management. And even if someone's been in the hospital for something, you know, the follow-up care is really important. So we need to have systems in place where there's people communicating or electronic systems communicating back and forth between the inpatient setting and the outpatient setting to make sure that people who are identified as high risk are plugged in with primary care. That can be challenging in systems where they're not integrated, where we have many different hospitals in a city, like in Houston, many different hospital systems.

14:54-15:02

Dr. Hwang: If we're not all in the same EHR, it could be challenging to make sure that patients get appropriate follow-up care after an inpatient or ER visit. But it's very important.

15:03-15:30

Liz Olson: So you mentioned the cost of medication. What kind of external factors might impact adherence or prescription of these medications, both from the patient side and the provider side, when we think about general insurance coverage and availability, cost of medications, and then, of course, social factors like availability to come to visits ongoing and maintain care? Can you talk about some of the external factors that we might need to consider when thinking about adherence?

15:31-16:42

Dr. Hwang: Sure. A very important challenge that patients deal with. So, if I step back and look at ASCVD management and prevention as a whole, and not just taking statins, then we can start looking at things like hypertension, diabetes, smoking, diet, physical activity and all these other risk factors. So particularly with things like diabetes medications and the new ones that have been shown to be beneficial for reducing cardiovascular risk. You know, I've been struck by how challenging it can be to find coverage for these new diabetes medications, either as a new prescription or even for a patient who's been taking one and they just need to renew it. Sometimes the formulary will change without anybody knowing until we just try to get a medication filled. And all of a sudden, we're told well, what that person was taking last month is no longer covered. And so we've got to scramble and try to find a reasonable alternative. The need for prior authorization is a burden on the clinic staff. It represents the delays, so the patients aren't getting their medications on time. And even if something is covered, sometimes there is just a very high out-of-pocket cost, maybe second tier or third tier so the patient still can't afford it, even though it's "covered."

16:43-17:14

Dr. Hwang: And I find this very, very challenging to deal with. Where we finally have a lot of medications that have been shown in good, randomized trials to reduce risk for heart disease, but it's hard to get coverage for those. When we're talking about blood pressure meds, a lot of these are available as low-cost generics. But when you start adding a second or third antihypertensive agent, then sometimes the costs can pile up. Statins, fortunately, tend not to be that expensive. But still, I mean, they're not always free. So some patients still have difficulties paying for them.

17:15-17:45

Dr. Hwang: You know, if someone's juggling ten or 12 copays for medications, it'll be all too easy for them to skip the statin if they're trying to pay for other medications as well. With regards to transportation, that's always been a challenge, especially for the older folks. They have to rely on caregivers, family members, community resources to get them in and out of clinic. If there's any blessing that comes out of the COVID pandemic, maybe one of them is that doctors and clinics have learned how to do telemedicine.

17:46-18:16

Dr. Hwang: And a lot of us have been forced now to offer that. We've always wanted to, but now the timeline accelerated. And a lot of us have been able to do that. And it's been great for patients who know they don't necessarily need to come in just for a visit. They can talk with a doctor over video, and it does alleviate that transportation burden. So I'm hoping that that continues in the long run, even after COVID passes through. Another thing is just deductibles, especially at this time of year. Sometimes the deductibles are pretty high.

18:17-18:53

Dr. Hwang: So we face unique challenges in the January and February months compared to the other times of the year. And if you're talking about lifestyle changes, unfortunately it costs more to buy and prepare healthy food than junk food. So when patients are already struggling with finances or they're busy with their job and taking care of a lot of kids, the path of least resistance is to go get that highly processed fast food that's hot and tasty, but not necessarily good for you. Taking time to get fresh fruits and vegetables, sometimes it's just not something that they can manage, or they feel like they can't manage without extra help.

18:54-19:14

Liz Olson: Really great point. So when we think about our takeaway thoughts from today's conversation, what would you suggest for providers, staff, caregivers and patients and this shared decision making around their care to become active participants in the treatment and management of their ASCVD diagnosis?

19:15-20:32

Dr. Hwang: Right. So, I think the one thing that I try to stress, you know, when I'm talking with my residents —and I always, always try to do a better job myself —is to make sure I'm asking, first of all, about medication adherence in a way that makes sense. So, I think the easy way, easy thing, for me to do is just say, "Are you taking your meds?" But that's not really enough. You know, if we ask patients, "Are you taking your meds?" a lot of them are just going to say, "Yes." But they may really not understand what you're asking. I've had a lot of patients say, yes, they're taking their meds and when I really, kind of, probe with different questions, it turns out they're really not. So they'll say that they're taking their meds when they have the refills. Then you ask, "Well, when's the last time you refilled your statin?" Well, it was four months ago. So four months ago when they had it, they were taking them. But now, since they don't have the meds at home, it doesn't "count." They can't possibly take them if they don't have them. So, they'll answer "yes," they're taking their meds, and they're not trying to necessarily deceive the doctor, but they're just answering in a different way. So, I try to get better about asking these questions in a different way, like saying, "When did your last pick up your refill? Are you having any trouble paying or getting your refills?" I may even just flat out ask, "How many times have you skipped the medication in the past few weeks? Is there anything that's making it hard for you to take the medications?" and "Are you having any side effects or concerns or cost issues?"

20:33-21:08

Dr. Hwang: So just taking the time to drill down a little bit further a lot of times will reveal the things that we really need to deal with. We don't want to necessarily add on or change medications if they're not taking the ones that we originally prescribed if we can help them with that. So, I think just asking in reasonable ways is the first thing. And then in helping and working with the patient, I think establishing a trusting relationship is really important. It takes time. I want my patients to understand that I have their best interests at heart, and also that we don't always need to do everything all at once.

21:09-21:48

Dr. Hwang: So, you know, a patient comes in. Let's say it is the patient who was diagnosed with a very high LDL, or they were in the E.R. for chest pain. And they're found to have ASCVD or very high risk. And they're now getting primary care for the first time. Maybe they were diagnosed also with diabetes and hypertension, dyslipidemia, all at the same time, very common. We don't necessarily need to pile on everything at that first visit. It can be really overwhelming with the patient. And so, in terms of shared decision making, I like to ask them, "What are the things that are most important to you?" What are the things that we can work with now? Then we can save the other things for later on. So maybe I'll start the metformin and a statin, but not the blood pressure medication or vice versa.

21:49-22:18

Dr. Hwang: Metformin now, blood pressure medications later and a statin at the third visit, something like that. So just working with them on their priorities, understanding that we don't have to do everything at once, and we can work with them on that. Just very practical things. If they are agreeing to take a medication, you know, simple things like sending in 90-day refills through mail order is helpful for a lot of patients. So they don't have to drive to the pharmacy every 30 days to get the meds. They'll just arrive at their doorstep every 90 days.

22:19-23:08

Dr. Hwang: Some patients appreciate and respond to more frequent feedback. So if you want to get the lipids a little more frequently than usual, maybe every three months for a while, to show them that they're improving, some patients will appreciate that. And that'll be positive reinforcement. If they are having side effects or perceiving side effects, I do like to work through it with them, and ask them, you know, "Could there be anything else that could be causing your muscle pain?" It's not necessarily statins, and we could try this kind of an A, B, A, B approach where we ask the patient to stop the statin if they haven't already. Stop it, see if the symptoms go away. And then restart it. Restart that same statin and see if it comes back. And then stop it again, and then put it back on— this trial on and off the statins.

23:09-23:58

Dr. Hwang: A lot of people will find that their symptoms don't really correlate really with statin use once they try a couple of cycles on and off. Not everyone's really willing to do that, but for those that are, that can be helpful. And researchers have done this too, in a more formal way in these N-of-1 trials. And what they found is that a lot of patients, if they go through this, they can successfully restart the statin with

no side effects. Once they understand that, and they experience for themselves that it wasn't causing the side effects that they thought they were. But if the patient and doctors decided together that that statin is not the right thing for them, for whatever reason, switching to another one can help—ones that are metabolized differently, that might have a lower risk of side effects or lowering the dose going every other day.

23:59-24:42

Dr. Hwang: Those are all good strategies. And then some people, they just, you know, you just end up determining with them that the statin is just, any statin, is not going to work. And so then we start talking about other medications to lower cholesterol. They may or may not lower cardiovascular risk. You know, there's more research to be done, but at least they do lower cholesterol in some patients. So those are things, I think, that are helpful when we're trying to work with the patient as a team to lower the ASCVD risk. So about lifestyle, one thing that's interesting is that research has shown that when people do start blood pressure medications or statins, some of them do tend to slack off on lifestyle issues like diet and exercise.

24:43-25:14

Dr. Hwang: They may feel like, well, they've got a medication now, so they're "protected." And they can kind of slack off. I mean, it it's not too hard to understand that type of reasoning. I think it's just basically human nature. But there are a couple of studies that have shown that. For example, one study showed that people were started on these BP or statins, BP meds or statins. They started to gain weight, and they slacked off on their physical activity. Whereas people who weren't prescribed statins, they maintained those things.

25:15-25:26

Dr. Hwang: So that's always something to keep in mind. We still want to help the patients stick with their lifestyle management even after they start a statin.

25:27-25:33

Liz Olson: Well, Dr. Hwang, thank you so much for this very interesting and important conversation. I really appreciate speaking with you today.

25:34-25:35

Dr. Hwang: Thank you. My pleasure.

25:36-25:53

Liz Olson: This has been ASCVD perspectives. To learn more about managing ASCVD for yourself, a loved one, your patients, you can visit the American Heart Association's website at heart.org/quality for tools, resources and more. I'm Liz Olson with the American Heart Association. Thank you for listening.

25:54-26:30

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