

# UTILIZATION OF ACADEMIC DETAILING TO OPTIMIZE SYSTOLIC HEART FAILURE MEDICATION PRESCRIBING ACROSS A VETERANS AFFAIRS NETWORK OF MEDICAL CENTERS

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The author has no relevant financial or nonfinancial relationships to disclose. During the development, analysis, and preparation of this presentation, the author was an employee of the US Veterans Health Administration, Department of Veterans Affairs.

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# Outline

VISN 7 AD  
Program

Why HF?

Interventions

Results

Discussion

# VISN 7 Academic Detailing (AD) Program



AD Program  
Director

5 Academic  
Detailers

0.25 Informatics  
Pharmacist

375,000 Patients  
Receiving  
Medications

# Why Focus on Heart Failure?

- Evidenced-based Guideline Directed Medical Therapy (GDMT) can prolong life and reduce hospital admissions for Heart Failure Reduced Ejection Fraction (HFrEF)
- Heart Failure (HF) was the leading cause of hospital admissions in VISN 7 in 2016
- Individual medical center leadership ranked HF as the number 1 priority for academic detailing intervention

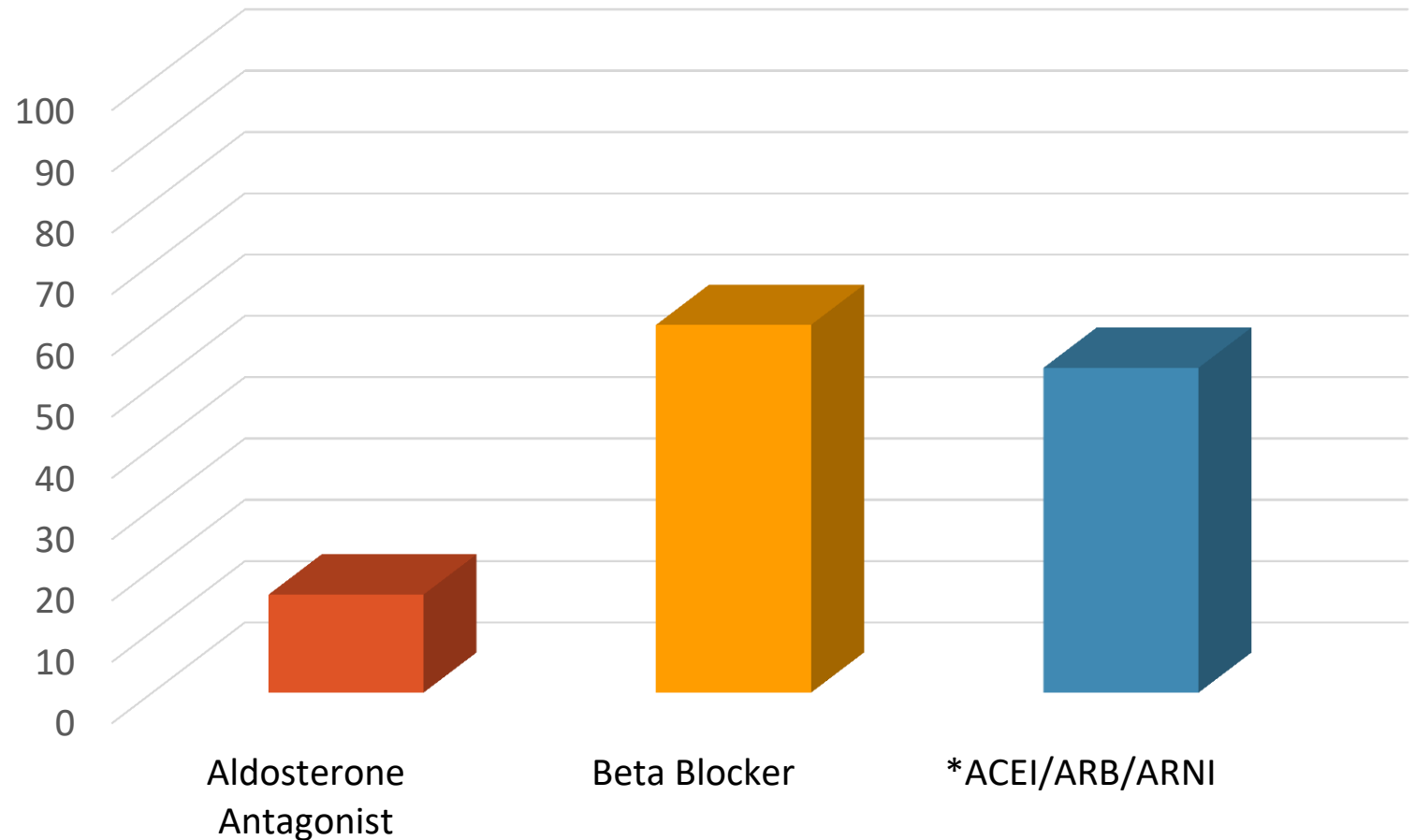
Yancy, C.W., et al., 2017 ACC/AHA/HFSA Focused Update of the 2013 ACCF/AHA Guideline for the Management of Heart Failure. *J Am Coll Cardiol*, 2017. 70(6): p. 776-803.

# Why Focus on Heart Failure?

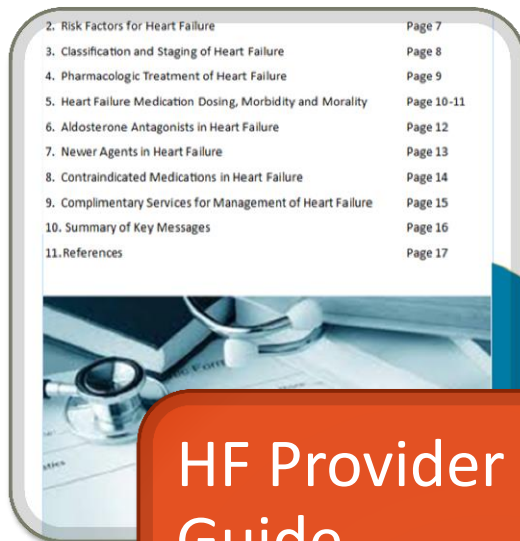
Less than 25%  
of all HFrEF  
patients were  
achieving  
target doses

\*Angiotensin-Converting Enzyme Inhibitors (ACEIs), Angiotensin Receptor Blocker (ARBs), or Angiotensin Receptor Blocker plus Neprilysin Inhibitor (ARNI)

Percent of VISN 7 HFrEF Patients on GDMT



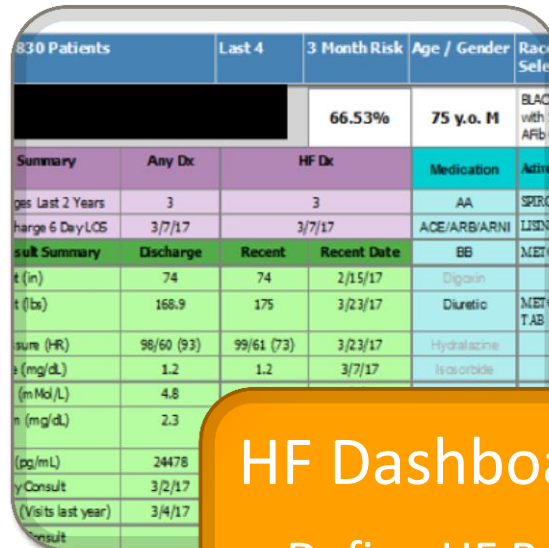
# AD Interventions



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## HF Provider Guide

- Key Messages



830 Patients	Last 4	3 Month Risk	Age / Gender	Race	
		66.53%	75 y.o. M	BLACK with S AFB C	
Summary	Any Dx	HF Dx	Medication	Active	
Diagnoses Last 2 Years	3	3	AA	SPIRONOLONE	
Charge 6 Day/LOS	3/7/17	3/7/17	ACE/ARB/ARNI	LISINP	
Result Summary	Discharge	Recent	Recent Date	BB	METOPROLOL
Weight (lb)	74	74	2/15/17	Digoxin	METOPROLOL
Weight (kg)	166.9	175	3/23/17	Diuretic	METOPROLOL
Blood Pressure (mmHg)	98/60 (93)	99/61 (73)	3/23/17	Hydrochlorothiazide	
Serum Potassium (mg/dL)	1.2	1.2	3/7/17	Isosorbide	
Serum Sodium (mEq/L)	4.8				
Serum Creatinine (mg/dL)	2.3				
Cholesterol (mg/dL)	24478				
Primary Care Consult	3/2/17				
Specialty Consult (Visits last year)	3/4/17				

## HF Dashboard

- Define HF Patient Cohort
- Identify Priority Providers



## Outreach Visits

- Stakeholders
- Primary Care Providers
- Clinical Pharmacists

# Methods

## Design

- Retrospective, repeated measures cohort study that evaluated the impact of Academic Detailing on achieving target doses of HF medications

## Outcomes

- **Primary:** Average number of patients/month/provider who were at 50% and 100% of optimal dosing for HF GDMT



# Methods

## Sample

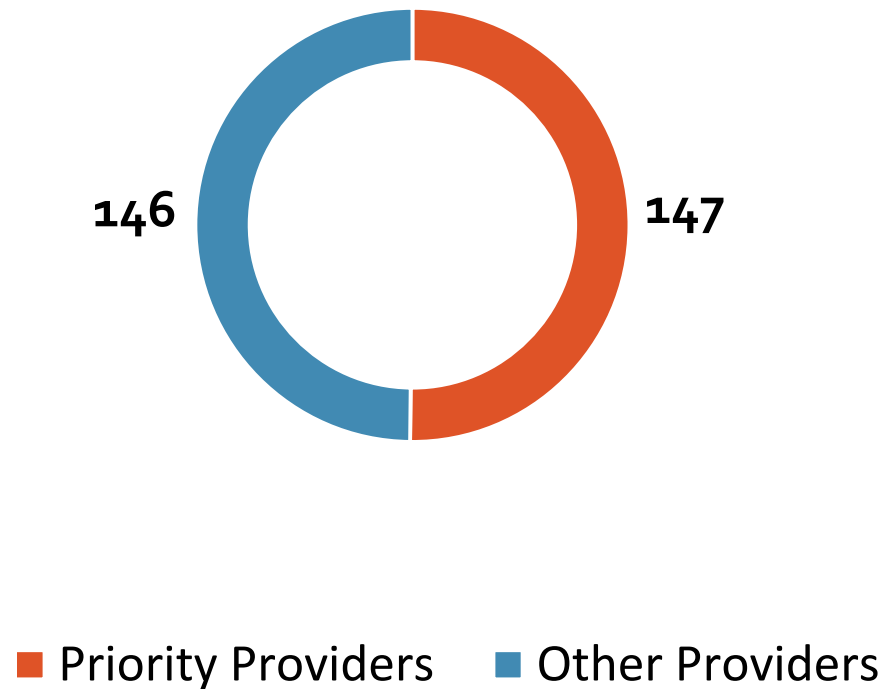
- **Priority providers** were identified using a composite ranking system
- Other providers received an outreach visit based on proximity, availability, and leadership requests
- **Patient population** evaluated had a diagnosis of systolic heart failure on 2 encounters within last 2 years

## Analysis

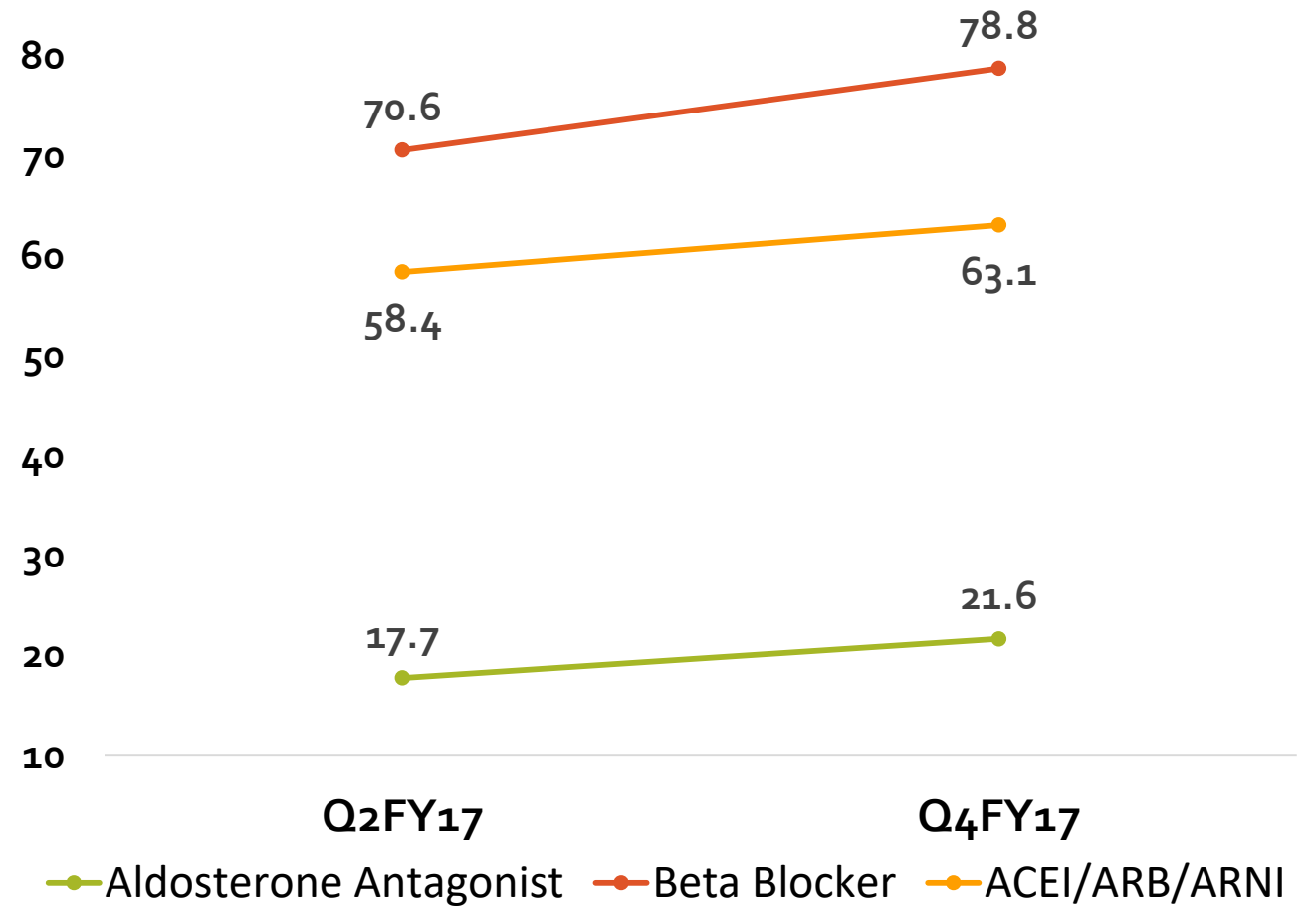
- **Difference-in-differences** estimate was calculated to represent the changes in the rates of patients who were at different levels of optimal dosing between providers exposed and unexposed to academic detailing

# Interim Results

## Provider Outreach Visits for HF

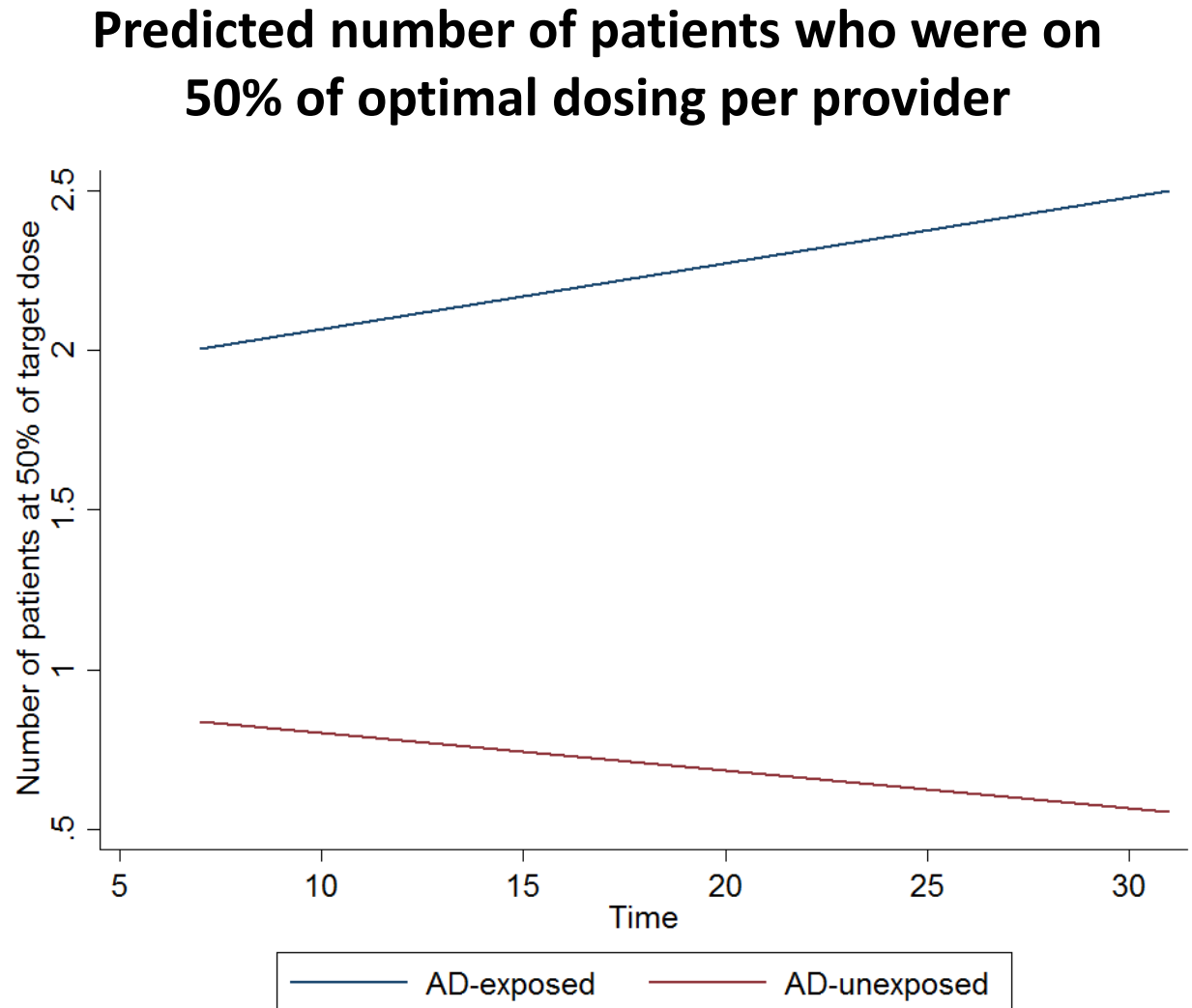


## Percent of VISN 7 HFrEF Patients in VISN 7 on GDMT



# Interim Results

AD-exposed providers had a 24.7% increase in the number of patients per provider on optimal treatment compared AD-unexposed providers who had a 33.3% decrease (P=0.012).



# Discussion

This interim analysis demonstrates Academic Detailing can positively impact the prescribing trends around GDMT for systolic heart failure patients

The ability for providers to more easily increase GDMT to 50% of optimal dosing compared to 100% of optimal dosing was expected

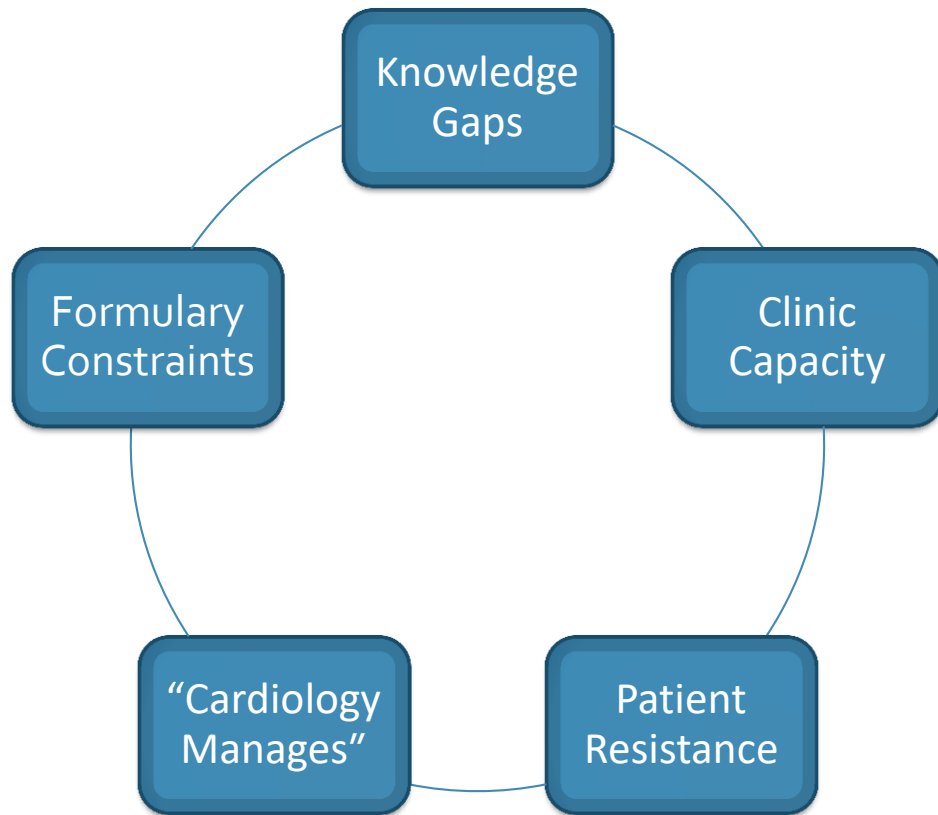
## Limitations

- Short post AD-exposure period
- Potential selection bias

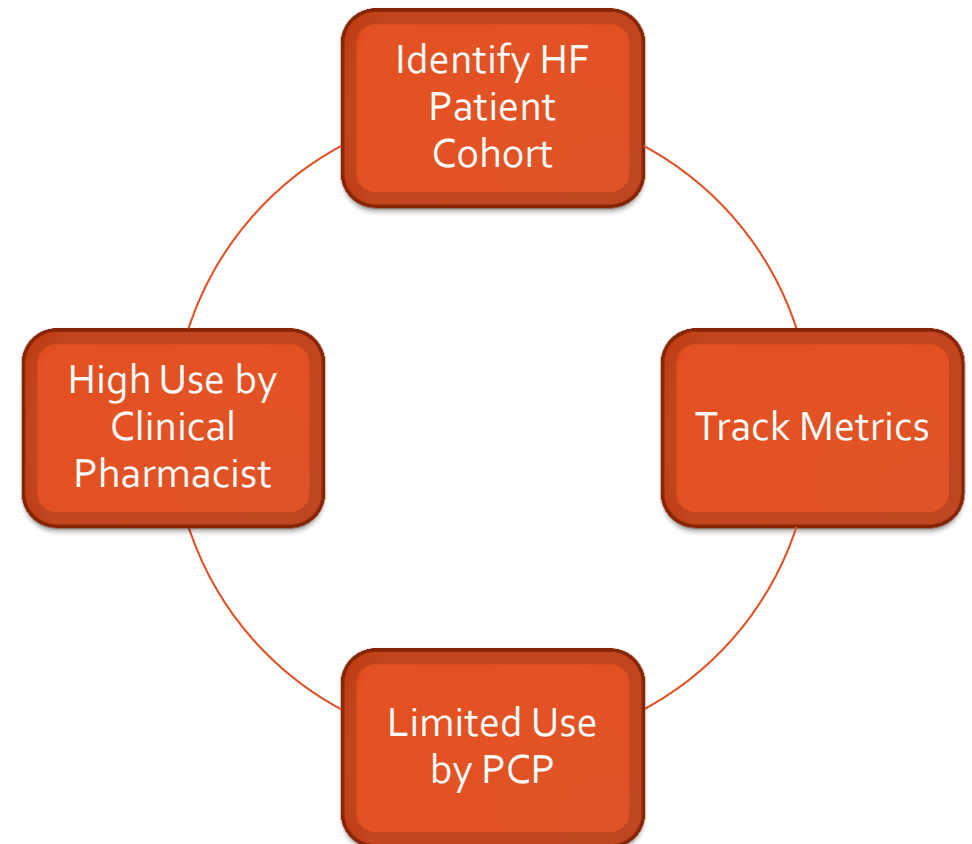
Can AD impact HF Admissions and Mortality Rates?

# Lessons Learned

## Barriers to Prescribing Change



## HF Dashboard Pearls





Questions?



# Acknowledgements

## VISN 7 Academic Detailing Service:

- Bridget Roop
- Heidi Cantrell
- Callie Lavinghousez
- Heather Tanner
- Anishka Walker
- Kevin Brittain
- Garrett Aikens

## VA PBM AD Program Office:

- Mark Bounthavong
- Melissa Christopher
- Sarah Popish
- Chad Kay

## VISN 7 Pharmacy Executive

- Joette Lowe