



Partnering With Health Education to Improve Statin Adherence

Health Management Partners (HMP) of South Dakota is an independent provider of innovative health management and comprehensive wellness programs that are tailored to individuals and customized to companies.

Learn how they partnered with Healthwise to improve statin adherence and create better outcomes for patients with diabetes.



Reaching High-LDL Patients Through Meaningful Conversations

Statins have been shown to reliably reduce LDL levels and act as an anti-inflammatory, reducing the risk of blood clots, heart attack, and stroke.¹ Research indicates statins can also lower triglyceride levels and improve HDL levels, further improving a patient's cardiovascular health.²

Statins are a critical part of therapy for patients with diabetes who have elevated LDL and triglycerides without clinical ASCVD.*³

But despite the evidence of statins' efficacy, only a minority of patients receive their full benefits. 80% of high-risk patients fail to reach LDL targets.^{4,5,6}

Given this information, it is vital to engage your program participants in conversations about statins.

Only **30%** of people who are given a statin prescription without other interventions adhere to the medication.

Another **20%** of patients don't take the statins as directed, even after interventions.⁷

While these numbers may seem bleak, they also reveal an opportunity for healthcare providers:

The **50%** of patients who might adhere to their prescription when supported by the right interventions.⁸

*Atherosclerotic cardiovascular disease



Because coaches can't prescribe statins, HMP was unsure how well an intervention program aimed at improving statin use among its members would work.

But the coaches had one thing on their side that many clinicians don't: the time to talk extensively one-on-one with people.

HMP knew its coaches could address the importance of statins and address member concerns in ways other healthcare providers might not be able to.

HMP's Intervention Goals

HMP had several goals for the organization and its participants when it decided to put an intervention program in place:

- Fulfill the Utilization Review Accreditation Commission (URAC) requirement to complete a quality-improvement project for Disease Management Accreditation¹⁰
- Help high-risk participants (people with LDL levels of 70 or higher) manage their cholesterol



Partnering With Patient Education

All participants in the intervention were ages 40 to 75 and enrolled in a diabetes program, and all participants who were candidates for statins had received a statin prescription in the previous year.

HMP decided to partner with Healthwise to explore how patient education could help increase statin adherence and medication updates.

- Healthwise met with HMP each month to analyze the workflow and help HMP interpret their data.
- HMP created a standard outreach that incorporated patient education on statin use and adherence, and coaches worked to increase the number of eligible participants receiving intervention.
- HMP also used National Quality Forum Measurement 2712 (NQF 2712) to steer the project design in part.⁹

The structured quality improvement project resulted in greater staff buy-in and gave HMP a playbook to follow, which helped coaches better engage participants.

NQF 2712
measures the
percentage of
patients with
diabetes ages 40
to 75 years who
receive statins.

Before HMP started the quality improvement project, only

34%

of the participants with an LDL level of 70 or higher had documented interventions to reduce their cholesterol.



By the end of the program, that number climbed to

95%.



Results

Clinical Outcomes

Over the year, the targeted participants saw an overall reduction of LDL levels.

Participant LDL Levels Before and After Intervention

	Before	After (1 year)
LDL under 70	45%	57%
Average LDL†	96	51

†Average LDL in participants who started with a baseline of >70

Adherence rates also went up after intervention.

Statin Adherence‡

	Before	After (1 year)
All participants	77%	86%
With baseline of 70+	62%	75%

‡Percent of participants who filled two or more statin prescriptions

In addition, the number of participants who refilled their medication as often as expected (proportion of days covered, or PDC) increased overall by 5%. The number of high-risk individuals (LDL >70) who met PDC increased by 12%. By the end of the study, participants meeting PDC reached 90%.

The results show that you can reach far more people through coaching and a program that uses engaging patient education.

Results

Participant Engagement

HMP tracked the “open rate”—the number of people who viewed the digital patient education they were sent—to gauge whether the content correlated with the clinical outcomes. By monitoring the open rate, HMP was able to make changes to the intervention aimed at improving patient activation.

Among participants in the diabetes program who received content, those who moved from an uncontrolled LDL to a controlled LDL were more likely to have opened the educational content sent to them. This showed that engagement and education played a factor in their adherence rates and cholesterol outcomes.

Two health education topics were used to measure open and view rates:

- **Diabetes: Cholesterol Levels**
- **Diabetes: Lower Your Risk for Heart Attack and Stroke**





Create Your Own Opportunities for Better Health Outcomes

The right health education can go a long way toward helping people achieve better outcomes:

- Engage participants through plain language, visually appealing graphics, and entertaining videos.
- Teach about conditions, treatments, and medications.
- Highlight the importance of managing conditions.
- Answer questions and address concerns.
- Explain the pros and cons so people can make decisions that are best for them.

Sources

- ¹ <https://www.ncbi.nlm.nih.gov/books/NBK395573>
- ² <https://www.heart.org/en/health-topics/cholesterol/prevention-and-treatment-of-high-cholesterol-hyperlipidemia/cholesterol-medications>
- ³ <https://www.ncqa.org/hedis/measures/statin-therapy-for-patients-with-cardiovascular-disease-and-diabetes/>
- ⁴ Vonbank A, Agewall S, Kjeldsen KP, et al. Comprehensive efforts to increase adherence to statin therapy. *Eur Heart J.* 2017;38(32):2473–2479.
- ⁵ Yan AT, Yan RT, Tan M, et al. Vascular Protection (VP) and Guidelines Oriented Approach to Lipid Lowering (GOALL) Registries Investigators Contemporary management of dyslipidemia in high-risk patients: targets still not met. *Am J Med.* 2006;119(8):676–683.
- ⁶ Vonbank A, Saely CH, Rein P, Sturn D, Drexel H. Current cholesterol guidelines and clinical reality: a comparison of two cohorts of coronary artery disease patients. *Swiss Med Wkly.* 2013;143:w13828.
- ⁷ Third Report of the National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III) final report. *Circulation.* 2002;106(25):3143–3421.
- ⁸ Maningat P, Gordon BR, Breslow JL. How do we improve patient compliance and adherence to long-term statin therapy? *Curr Atheroscler Rep.* 2013;15(1):291–291.
- ⁹ <http://www.qualityforum.org/QPS/2712>
- ¹⁰ <https://www.urac.org/programs/health-utilization-management-accreditation>





www.healthwise.org | 1.800.706.9646



Share this story with your colleagues

©2020 Healthwise, Incorporated. Healthwise, Healthwise for every health decision, and the Healthwise logo are trademarks of Healthwise.
2091-111220