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Crossing Home Plate – Building a Winning Team Culture

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Dr. Englert:
Hi. I'm Dr. Randy Englert. Joining me today is my colleague, Dr. Matt Malachowski. Today, we will discuss system-based strategies for secondary prevention in ASCVD.

So, Matt, how can we streamline patient access to lipid-lowering therapy so that more patients can reach their treatment goals?

Dr. Malachowski:
It's a great question, Randy. Thank you. Streamlining access to therapies for the patients is really important to be able to obtain these LDL-C levels that we need to ensure appropriate outcomes. The goal is to remove as much friction from the system as possible and make it easier for the entire care team and for the patient to ultimately do the right thing.

Having collaborative relationships with pharmacies, both retail and specialty, is really important to ensure that the patient has access to those treatments that they need and that we can work with the clinical care team and the patient's insurance to ensure that they have cost-effective access to these treatments.

There are a lot of different entry points where these patients can be identified, and so ensuring that there are workflows that can connect all of the clinical resources at your health system and the surrounding care environment with the pharmacies so that that clinical information is available when necessary to complete the prior authorizations and ensure that the patient can have a safe and successful journey.

This is generally done in sequence, which has been mentioned in previous episodes, and so being able to explain that escalation in care, being able to have a timeline associated with that, and ensuring that the entire team understands that process is instrumental in making sure that the patient also does not become confused or does not understand what is the appropriate next step in this care delivery.

There are multiple processes that many health systems utilize to remove this friction from the system. Many practitioners have heard of Lean Six Sigma, and there are different quality processes such as iterative PDSA cycles that can continue to improve opportunities to remove friction between the patient and that care. Starting with our HEDIS measures and statin therapies, progressing to injectables such as PCSK9s, and in certain patients, it may be as nuanced as switching between medications within the same class to get that

appropriate effect.

Here in Louisiana, we have some very specific genetic abnormalities, such as primary familial hyperlipidemia, specifically in our Arcadian populations.

And so identifying these patients that are at high risk of ASCVD events and then being able to get appropriate treatment that may be some sophisticated movement approved through the patient's insurance will increase the patient's chance of a likely perfect outcome. And that is going to require care coordination. That's going to require communication between the pharmacy and the care delivery team, and that's going to require that the patient understands why these pivots are occurring and that they're also bought in.

By escalating this therapy, driving those LDL-C outcomes in the primary care department in order to avoid primary ASCVD events and following a possible ASCVD event to minimize those secondary events, that can really help your patients, your organization, and likely your quality metrics and shared savings contracts as well.

Dr. Englert:
Those are all great points and ideas. And the big takeaway I'm getting from this is that what we're really trying to do is make this easier on the patient and easier on the clinicians to help provide optimal care for our patients with ASCVD.

And so when I'm trying to think of what are some actionable items that can we can work on to try and improve that, I'm thinking about increasing lipid testing. Give us the datapoints to ensure that we act, develop the point-of-care tools that we can use at the bedside to make clinicians jobs easier, create longitudinal programs for better control of those cardiovascular risk factors. The cardiology clinics and the primary care clinics are busy enough; take some of that workload and help get more touch points that actually provide better care for those risk factors. And then lean on our specialty pharmacies for assistance with those newer agents and help create pharmacy protocols that really help develop that collaborative team effort for the care of our patients with ASCVD.

Matt, any other comments that you'd like to make about building a culture of teamwork regarding this to care for our patients with ASCVD?

Dr. Malachowski:
It's a great question, Randy. And I think that upstream in our primary care departments, the more we can do to make it easy to access the right things, the more successful our patient is going to be. The more that we can build into our EMR and have a buffet of options for our clinicians to choose from, that's going to decrease the decision fatigue, and it's going to help expedite those laboratory values that we know are really important.

And again, embedding as much as we can in the EMR, hardcoding it so that this exists both across geographies, across geographic regions, and across time. As new clinicians come to your organization, as residents graduate from practice, the more that you can standardize and build into the EMR and the easier it is for you to serve those options up to your clinicians and ultimately to your patients, the better, more standardized long-term outcomes you'll be able to produce. By pulling variations in care out of the system, you also pull out variations in outcome. And if you're selecting out best practice, you're also going to be selecting out those best outcomes.

And there are lots of different population health and quality-improvement teams around the country that can support you in those change-management efforts and set you and your team up for success.

Dr. Englert:
So those are more great points. And so my big takeaway from all this is, involve our pharmacists, involve our nurses, involve the cardiologists, the primary care docs, involve all the members of the ASCVD care team, as this is where we're going to provide the most optimal care for our patients with ASCVD.

Well, with that, I will conclude our discussion. So keep in mind that with the right systems and the teamwork in place, we can help more patients achieve their goals. Thank you for joining us today.

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