

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/heart-matters/improving-lipid-management-through-equity-focused-clinical-strategies/37598/>

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Improving Lipid Management Through Equity-Focused Clinical Strategies

Announcer:

You're listening to *Heart Matters* on ReachMD. On this episode, we'll hear from Dr. Keith Ferdinand, who's a Professor of Medicine as well as the Gerald S. Berenson Chair in Preventative Cardiology and Director of Preventative Cardiology at Tulane University School of Medicine in New Orleans. He'll be discussing how we can improve outcomes through equitable care in hyperlipidemia. Here's Dr. Ferdinand now.

Dr. Ferdinand:

We know in patients with and without cardiovascular disease there tends to be delayed diagnosis and underdiagnosis of dyslipidemia or hyperlipidemia in non-Hispanic Black and Hispanic populations. These are people who either have not had care, or even within care or services, tend to have less use of lipid lowering medicines.

The social determinants of health where people work, live, play, and pray can have a profound effect. I actually like to use the more modern term of the "social drivers of health" since "social determinants" suggests that it's something that cannot be modified, and "social driver" suggests there are things that we can do.

And when we look inside of clinical practices, non-Hispanic black patients and many Hispanic patients have worse outcomes not driven simply by race or ethnicity, but by those social drivers. These disparities are real. There are real increases in heart attack, strokes, and peripheral arterial disease in certain populations based on race and ethnicity. But these disparities are not simply just race and ethnicity—they're also seen across sex, gender, socioeconomic status, geography, ability, and disability.

First, there is the problem of access. Patients who are uninsured tend not to have primary sources of care and have less referral to specialists. Uninsured status, unfortunately, is increasing in the United States—highest in Hispanic populations and secondly in non-Hispanic black populations. Many people who are employed may have an insurance which is substandard, especially in terms of getting access to some of the newer medications that are needed for intensive LDL reduction, such as PCSK9 inhibitors and inclisiran. But even for those more expensive branded medications, even generic medicines are often unavailable for patients who can't afford routine ongoing care because of being uninsured.

In general, for patients who are uninsured, it is difficult for them to maintain care at the highest level. Within systems, however, we can make sure that we communicate with our patients appropriately. Sit down at eye level; use literacy appropriate and culturally appropriate language; use models, figures, and drawings to show the patient their condition; and then participate in what is called shared decision making, where you work with the patient in order to make decisions about his or her care.

This is different from simply typing a note into the electronic health record or standing over the patient and speaking to them in this Latin-based language that we use in medicine, at which time the patient may patiently sit and receive your messaging but not really understand the need to adhere. Patients who do shared decision making are more likely to adhere, and adherence is one of the best pathways to outcomes.

There are multiple factors that come into play, all of which can't be solved by the clinician. But within the clinical care setting, if we appropriately communicate and partner with our patients, we can increase adherence and the likelihood that they will have long-term benefits of LDL reduction.

Announcer:

That was Dr. Keith Ferdinand talking about how we can address disparities in the management of hyperlipidemia. To access this and

other episodes in our series, visit *Heart Matters* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!