

October 2024

Improving Patient Outcomes: Back to the Basics

Please note, this communication applies to Healthy Blue + MedicareSM (HMO-POS D-SNP) offered by Blue Cross and Blue Shield of North Carolina (Blue Cross NC).

Enhanced adherence mitigates healthcare costs and improves patient outcomes and quality of life. Promoting medication adherence and advocating for statin use among diabetes patients is critical.

Statin Use in Diabetes:

- Diabetics are two to four times more likely to die from heart disease (American Heart Association).
- Statins lower LDL cholesterol, reducing cardiovascular events by 25 to 60%.
- Statin use is low, particularly in younger, female, and black individuals.
- Delayed statin use increases cardiovascular disease risk in diabetic patients.
- National guidelines recommend statin therapy for diabetics ages 40 to 75, regardless of LDL levels.
- CMS has adopted the Statin Use in Persons with Diabetes (SUPD) measure to combat cardiovascular death in diabetic patients.

Medication Adherence:

- Poor adherence increases morbidity and mortality, causing more than 125,000 deaths and 10% of hospitalizations annually in the United States.
- Forty-five percent of U.S. adults have hypertension and only 24% manage it effectively, largely due to non-adherence.
- High adherence in diabetic patients reduces hospitalization risks by 30%.
- Improved adherence can save \$1,200 to \$8,000 per patient annually.

Supporting Patients:

- Simplify the regimen: Prescribe medications with fewer daily doses.
- Regular follow-ups: Ensure correct medication use and adjust doses as needed.
- Clear communication: Explain medication benefits, risks of non-compliance, and side effects.
- Extended prescriptions: Provide 90 to 100 days' supply and sufficient refills.
- Home delivery: Eliminate transportation barriers.
- Address statin hesitancy: Discuss pros and cons and involve family in decisions.

https://www.bluecrossnc.com/providers/networks-programs/blue-medicare/healthy-blue-medicare

Blue Cross and Blue Shield of North Carolina Senior Health, DBA Blue Cross and Blue Shield of North Carolina, is an HMO-POS D-SNP plan with a Medicare contract and a NC State Medicaid Agency Contract (SMAC). Enrollment in Blue Cross and Blue Shield of North Carolina Senior Health depends upon contract renewal.

®, SM are marks of the Blue Cross Blue Shield Association, an association of independent Blue Cross and Blue Shield plans. All other marks and names are property of their respective owners. Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross Blue Shield Association. NCBCBS-CR-069865-24-CPN69806 October 2024

- Use technology: Set up reminders through mobile apps, SMS, email, or pill containers.
- Address cost issues: Prescribe affordable options and explore assistance programs.
- Personalized care: Tailor medication plans to the patient's lifestyle and needs.

References:

- American Diabetes Association Professional Practice Committee. 10. Cardiovascular disease and risk management: Standards of Care in Diabetes—2024. Diabetes Care 2024;47(Suppl. 1):S179–S218
- Bradley CK, Wang TY, Li S, et al. Patient-Reported Reasons for Declining or Discontinuing Statin Therapy: Insights From the PALM Registry. Journal of the American Heart Association. 2019;8(7). doi: https://doi.org/10.1161/jaha.118.011765
- Wall HK, Ritchey MD, Gillespie C, Omura JD, Jamal A, George MG. *Vital Signs*: Prevalence of Key Cardiovascular Disease Risk Factors for Million Hearts 2022 — United States, 2011–2016. MMWR Morb Mortal Wkly Rep 2018;67:983–991. doi: http://dx.doi.org/10.15585/mmwr.mm6735a4
- 4. 2 Tarn DM, Barrientos M, Pletcher MJ, et al. Perceptions of Patients with Primary Nonadherence to Statin Medications. The Journal of the American Board of Family Medicine. 2021;34(1):123-131. doi: https://doi.org/10.3122/jabfm.2021.01.200262
- CDC. Statins and Diabetes: What You Should Know. Centers for Disease Control and Prevention. Published January 30, 2023. https://www.cdc.gov/diabetes/library/features/Statins Diabetes.html
- Kearney PM, Blackwell L, Collins R, et al.; Cholesterol Treatment Trialists' (CTT) Collaborators. Efficacy of cholesterol-lowering therapy in 18,686 people with diabetes in 14 randomised trials of statins: a meta-analysis. Lancet 2008; 371:117–125
- Arnett DK, Blumenthal RS, Albert MA, et al. 2019 ACC/AHA Guideline on the Primary Prevention of Cardiovascular Disease. Circulation. 2019;140(11). doi: https://doi.org/10.1161/cir.000000000000678
- Collins R, Reith C, Emberson J, et al. The Lancet. 2016;388(10059):2532-2561Interpretation of the evidence for the efficacy and safety of statin therapy. doi: https://doi.org/10.1016/S0140-6736(16)31357-5
- Hla D, Jones R, Blumenthal RS, et al. Assessing severity of statin side effects: Fact vs fiction. American College of Cardiology. April 09, 2018. Accessed May 17, 2023. https://www.acc.org/latest-in-cardiology/articles/2018/04/09/13/25/assessingseverity-of-statin-side-effects
- 10. Reston JT, Buelt A, Donahue MP, Neubauer B, Vagichev E, McShea K. Interventions to Improve Statin Tolerance and Adherence in Patients at Risk for Cardiovascular

Disease. Annals of Internal Medicine. 2020;173(10):806-812. doi: https://doi.org/10.7326/m20-4680

- 11. Brown M, Sinsky CA. Medication Adherence. Improve Patient Outcomes and Reduce Costs. American Medical Association Steps Forward. 5 June 2015. https://edhub.amaassn.org/steps-forward/module/2702595. Accessed 16 May 2023
- 12. Eight reasons patients don't take their medications. American Medication Association. Feb 22, 2023. Accessed May 17, 2023. https://www.ama-assn.org/deliveringcare/patient-support-advocacy/8-reasons-patients-dont-take-their-medications
- 13. El Halabi J, Minteer W, Boehmer KR. Identifying and Managing Treatment Nonadherence. Medical Clinics of North America. 2022;106(4):615-626. doi: https://doi.org/10.1016/j.mcna.2022.02.003