Improving Medication Adherence to Anticoagulants

AMGA
Advancing High Performance Health

ASPIRE
Accelerating System Progress with Implementation Research and Education

Addressing primary and secondary non-adherence of anticoagulants in patients with non-valvular atrial fibrillation in U.S. Health Systems

About the Study

Primary non-adherence, defined as not filling an initial prescription, and secondary non-adherence, defined as filling only the first prescription and none subsequently, is a particular issue for anticoagulants used to treat conditions like venous thromboembolism (VTE) and non-valvular atrial fibrillation (NVAF).

Secondary non-adherence has been shown to lead to poor outcomes. In another study of patients with NVAF and prescribed a DOAC, the probability of ischemic stroke or systemic embolism was 1.4% in patients who only filled their first DOAC prescription compared with 1.0% in those who continued DOAC use beyond the first fill ($p<0.0001$).[1] In one study, 3-month VTE recurrence was 7.7% in patients who did not fill their first prescription of a direct oral anticoagulant (DOAC) compared with 4.7% among those who did fill their prescription, which translates to a risk of recurrence 72% higher in the non-adherent cohort.[2]

During this study, each participating health care organization, in collaboration with the research team, will develop and implement intervention(s) to increase primary and secondary adherence to anticoagulants for patients with NVAF.

Implementation of the developed intervention(s) will be evaluated using pre-defined adherence measures and results will be disseminated with a lens on how the learnings might increase adherence more broadly. Following the study period, health care organizations may apply the processes used for developing study intervention(s) as well as the study learnings to primary and secondary adherence in other disease areas.

[1] Alberts, 2023a; [2] Alberts, 2023b

Benefits to Health Systems/Practices

- Improved outcomes for patients with NVAF.
- Learnings to improve primary and secondary adherence that can be disseminated across the system.
- Honorarium to recognize participant time and effort.

Participant Eligibility & Responsibilities

AMGA member health system will be recruited to participate. Eligibility requirements include the ability and willingness to:

- Identify patients with NVAF.
- Develop strategies, tools, or resources to increase primary and secondary adherence to anticoagulants for patients with NVAF.
- Implement developed intervention(s) for 6 months.
- Capture and report primary and secondary adherence to anticoagulants from EHR data pre- and post-implementation of intervention(s).

Estimated Timeline

March 2024- June 2024	Recruitment of Participants
June 2024- July 2024	Kickoff Meeting
June 2024- July 2024	Baseline Data Submission
June 2024–July 2024	Intervention Development
Aug 2024 –Feb 2025	Intervention Period
Feb 2025 –March 2025	Data Collection & Evaluation

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