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Barriers to Anticoagulation in Atrial Fibrillation among Cardiologists, Internists and Family Physicians

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**BACKGROUND**

Stroke is the most common complication of atrial fibrillation (AF). Despite clinical guidelines recommending oral anticoagulation (AC) for stroke prevention in patients with AF at moderate-to-high risk for stroke, the literature still shows underutilization of AC irrespective of the type of practice.

**CURRENT PERFORMANCE**

The rates of AC in patients 18 years or older who visited general internists & family physicians not seen by cardiologists from 4/3/2013 to 4/30/2015, cardiologists from 11/29/2012 to 11/29/2014, and all 3 specialties from 1/30/2014 to 1/30/2016 were derived from the EHR. (Table 1)

A 12-question survey was shared using RedCap with these physicians to examine potential reasons for not prescribing AC. (Table 2)

**TAILORED PROPOSED INTERVENTIONS**

- For Cardiologists: create individualized performance reports indexed to their peers and include information regarding bleeding risk in patients who are at high risk for falls or have a history of ICH.
- For Family physicians and Internists: present a summarized 20 minutes presentation about novel agents, data about falls risk and introduce the ACC “Anticoag evaluator” smartphone application.

**IMPLEMENTATION PLAN**

- Deliver the presentations to the divisions of IM and FM during their faculty meeting and grand rounds respectively.
- Individualized performance reports for Cardiologists will be shared with them in a packet that also highlights the available literature on falls risk.
- Updated data on AC rates will be obtained on a monthly basis to track adoption patterns of AC agents.

**Challenges and Limitations**

- Presentations can have low impact in changing a culture of adopting AC whenever indicated.
- Interdepartmental data can not be reliably compared due to variation in resources available within each department to prescribe AC agents, and the population of patients are also variable.
- We did not explore patient outcomes data.

**References**


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**Table 1**

<table>
<thead>
<tr>
<th>Division</th>
<th>Cardiology (N=34)</th>
<th>General Internal Medicine (N=27)</th>
<th>Family and Community Medicine (N=44)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of MDs, NPs</td>
<td>33</td>
<td>21,164</td>
<td>3,516</td>
</tr>
<tr>
<td>Total patients seen</td>
<td>31</td>
<td>21,164</td>
<td>3,516</td>
</tr>
<tr>
<td>Patients with Atrial Fibrillation</td>
<td>199</td>
<td>20,022</td>
<td>324</td>
</tr>
<tr>
<td>Patients with CHA2DS2-VASc ≥1</td>
<td>21,164</td>
<td>20,022</td>
<td>324</td>
</tr>
<tr>
<td>Patients prescribed oral AC</td>
<td>2,505</td>
<td>2,726</td>
<td>229</td>
</tr>
<tr>
<td>Percent prescribed oral AC</td>
<td>75.7%</td>
<td>81%</td>
<td>74.9%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patients on DOACs (%)</th>
<th>902 (36%)</th>
<th>1,331 (49%)</th>
<th>112 (32%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients on Warfarin (%)</td>
<td>1,956 (78%)</td>
<td>1,860 (68%)</td>
<td>164 (44%)</td>
</tr>
</tbody>
</table>

**Table 2**

**OBSERVATIONS**

- Extraction of EHR data and formation of dashboards facilitate quality monitoring for AC in patients with AF.
- Physicians’ perception of barriers to AC differs by specialty.
- Cardiologists calculate stroke and bleeding risks more often.
- There was an increasing trend of increased DOAC adoption among all specialties, and increase in AC rates—even before any intervention— for Cardiologists.
- Shared decision-making is more common among cardiologists.

**AIM**

- To improve rates of AC in each department to at least 80% as part of their quality metrics and to ensure more patients with Atrial Fibrillation are on oral AC agents whenever indicated.