GLP-1 Agonist Use in Outpatient Cardiology at Thomas Jefferson University Hospital

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Background

Problem Statement: Glucagon-like peptide-1 receptor agonist (GLP-1) medications are well understood in the realm of diabetes management as a well-tolerated medicine with excellent A1c-lowering effects in addition to weight loss. More recently data has come out showing that there is a significant reduction in major adverse cardiac events (MACE) in patients with known cardiovascular disease (CVD) and type 2 diabetes (T2M)[1]. Despite this evidence, GLP-1s are far underutilized in patients with cardiovascular disease and type 2 diabetes. Cardiologists account for a very small minority of GLP-1 prescriptions. TJUH and Jefferson Heart Institute (JHI) could be better serving our patients with increased indicated prescription and access.

- Project AIM: Increase GLP-1 use in patient seen at JHI with CVD and T2DM to ~30% by end of 2023.

Baseline Metrics

- In 2021, **4,995** patients with both T2DM and CVD were seen at the 925 Chestnut offices of JHI. Out of those patients, **only 685 were actively prescribed a GLP-1 --> only 14% of patients with clear indication were appropriately prescribed GLP-1's.**
- The rates in 2022 were very similar.

Criteria	2021	Percentage of patients with given diagnosis	2022	Percentage of patients with given diagnosis
Total Appointments at 925 Chestnut (Cardio)	22,519	-	23,945	-
With CVD & seen at 925 Chestnut	12,809	57%	12,867	54%
With Type II Diabetes & seen at 925 Chestnut	6,740	30%	6,751	28%
With Both CVD & T2DM & seen at 925 Chestnut	4,995	22%	4,941	21%
With Both, seen at 925 Chestnut, & on a GLP-1	685	3%	713	3%
Rate of Patients with CVD & T2DM seen at 925 Chestnut that are on a GLP-1	14%	-	14%	-

Interventions

Our interventions are aimed at increasing education of cardiologist about GLP-1s and their indications and **increasing the number of prescriptions for appropriately indicated patients**.

These include:

- Survey cardiologists if they have and are comfortable prescribing GLP-1s, and if not, the reasons why
- **Best practice advisory** or **alternative seamless way to contact providers** when patients meet indications, like that of guideline directed medical therapy for heart failure
- GLP-1 educational information distribution
- **Office staff education** regarding prior authorizations
- Program with **pharmacy** regarding training and dosing
- Multidisciplinary outpatient team consisting of pharmacists, providers, nursing staff, and office staff to continue conversations about increasing usage of GLP-1s

References

1. Marx N, Husain M, Lehrke M, Verma S, Sattar N. GLP-1 receptor agonists for the reduction of atherosclerotic cardiovascular risk in patients with type 2 diabetes. *Circulation*. 2022;146(24):1882-1894. doi:10.1161/circulationaha.122.059595
2. Qiu M, Ding L, Wei X, Wei W, Zhou H. Effects of glucagon-like peptide 1 receptor agonists and sodium glucose cotransporter 2 inhibitors on major adverse cardiovascular events in type 2 diabetes by race, ethnicity, and region: A meta-analysis. Medicine (Baltimore). 2020 Dec 4;99(49):e23489. doi: 10.1097/MD.0000000000023489. PMID: 33285754; PMCID: PMC7717767.

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Challenges and Lessons Learned

- Medication access for underserved and uninsured populations
- Information overload on busy clinicians
- Interprofessional collaboration in outpatient setting
- Motivation for participation in survey
- Evolving clinicians practice habits and preferences
- Narrowing/defining patient population, collaborating with community partners, partnering with larger teams while working towards specific goals, engaging stakeholders, etc.
- Cost and insurance coverage
- Patient adherence to medication

Future Directions

- Distribute data on under-prescriptions to cardiology
- Education on use of GLP-1s
- BPA advisory or other provider reminders to increase their use

Linkage to Healthcare Disparities

- CVD and T2DM adversely affects underserved populations
- GLP-1s are helpful treatments for both, plus obesity benefits and ease of use when once weekly
- CVD, T2DM, Obesity are linked to poverty and lifestyle challenges
- GLP-1s can help slow and reverse disease
- Biggest challenge: Access to GLP-1's due to cost and insurance barriers

Goal: Create a joint program with social work, pharmacy, and community health workers specifically for patients identified as underserved and who'd benefit from GLP-1.

- For example, outreach program post visit to help with insurance auth, pen needle training, cost attainment.