

# Improving Care Disparities for Black Americans in Mississippi with Venous Thromboembolism



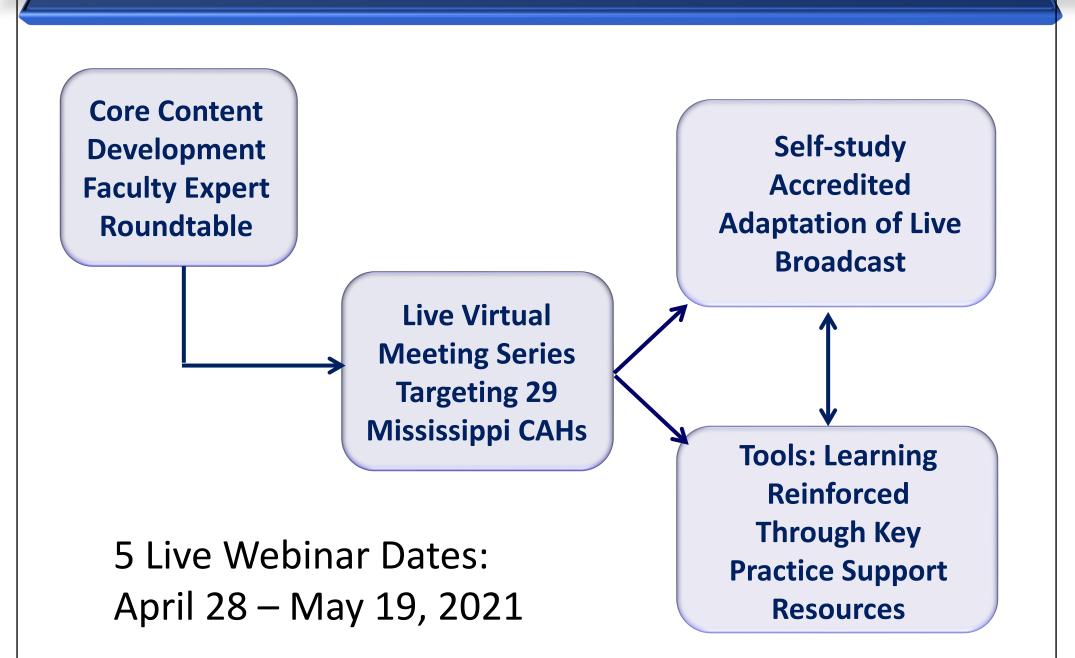
Presenter: Isabelle Vacher

# The Clinical Challenge

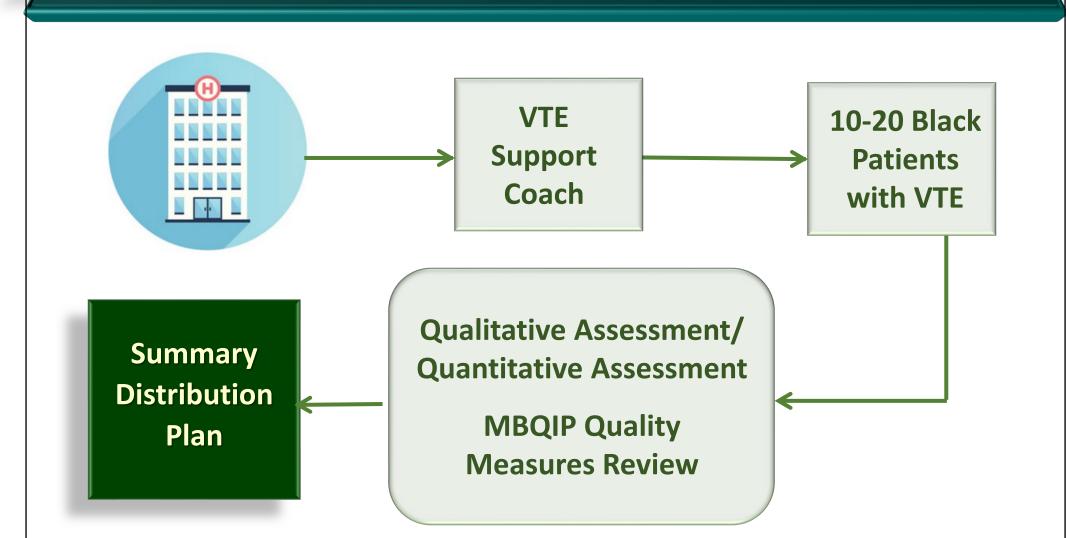
- DVT occurs differently by race
- Blacks have 30% 60% higher rates of DVT + PE than Whites<sup>1</sup> Blacks have significantly higher odds of 30-day mortality<sup>2</sup>
- Blacks in the rural Southeast have a significantly higher rate of VTE than Blacks in other parts of the US<sup>3</sup>
- Critical Access Hospitals (CAHs), often the primary source of healthcare for these patients, do not perform as well as urban hospitals on care transitions/post-hospitalization follow-up care<sup>4</sup>
- Ratings are lowest for medication explanations and understanding post-discharge care<sup>4</sup>

# **Improving Care Disparities:** Phase I & II

#### PHASE 1: LIVE WEBINAR



## PHASE 2: QI INITIATIVE



Anticipated Phase 2 Study Dates: August 2021 – January 2022

> Dissemination of Findings: April 2022 – August 2022

### **Collaborative Partners**



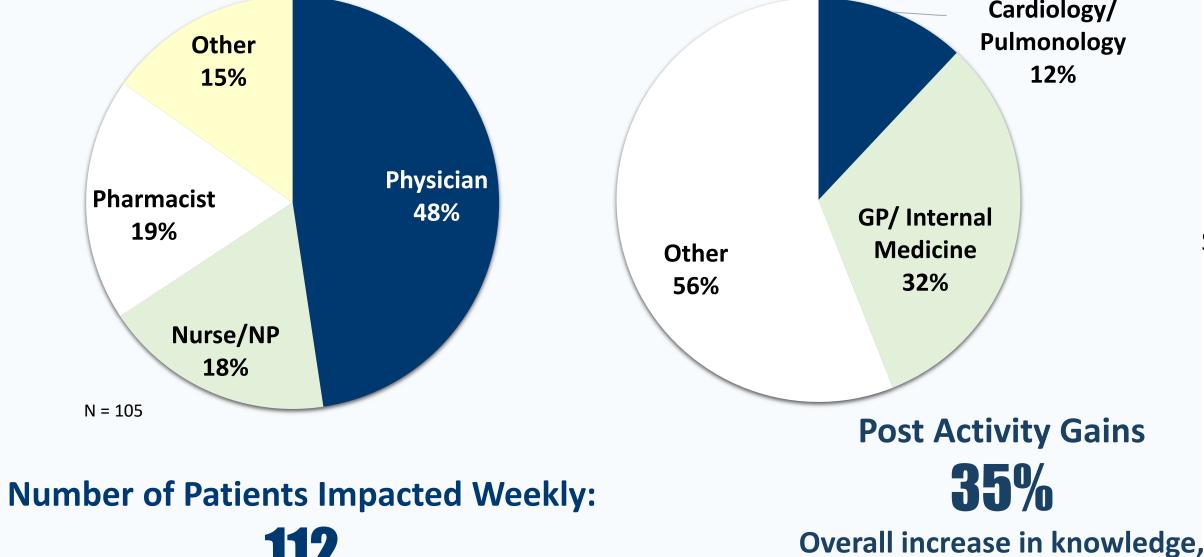




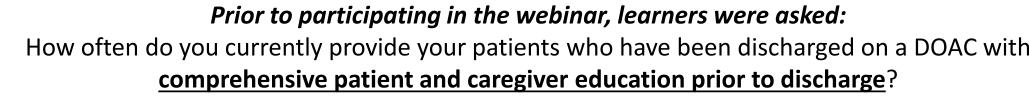


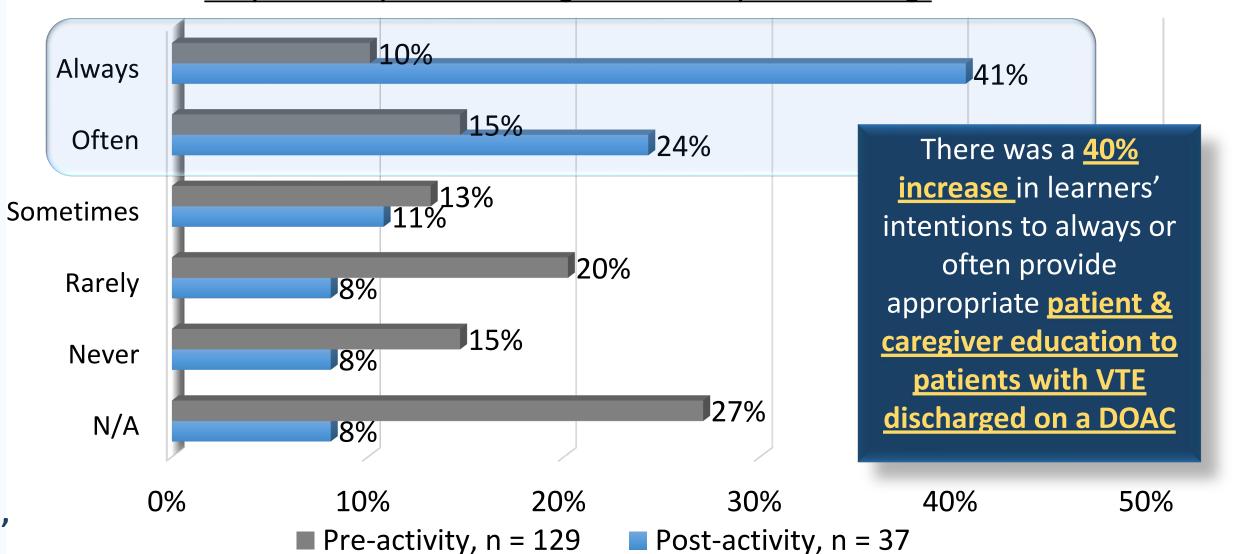
# Key Results, Phase I: CAH Education

# **Learners Were Multidisciplinary with Physicians Comprising Almost Half of the Audience**



**Learners Identified Planned Changes in Practice Strategies** 





#### Learners Demonstrate Significant Knowledge Increases Post-Activity

**Questions Asked By Learners During the Live Webinar Series** 

How should apixaban be used in patients with impaired renal function? Which DOAC is the most effective and which is the safest in patients

How should DOACs be initiated for VTE treatment? Heparin lead-in?

How to manage patients who have stroke while on DOAC?

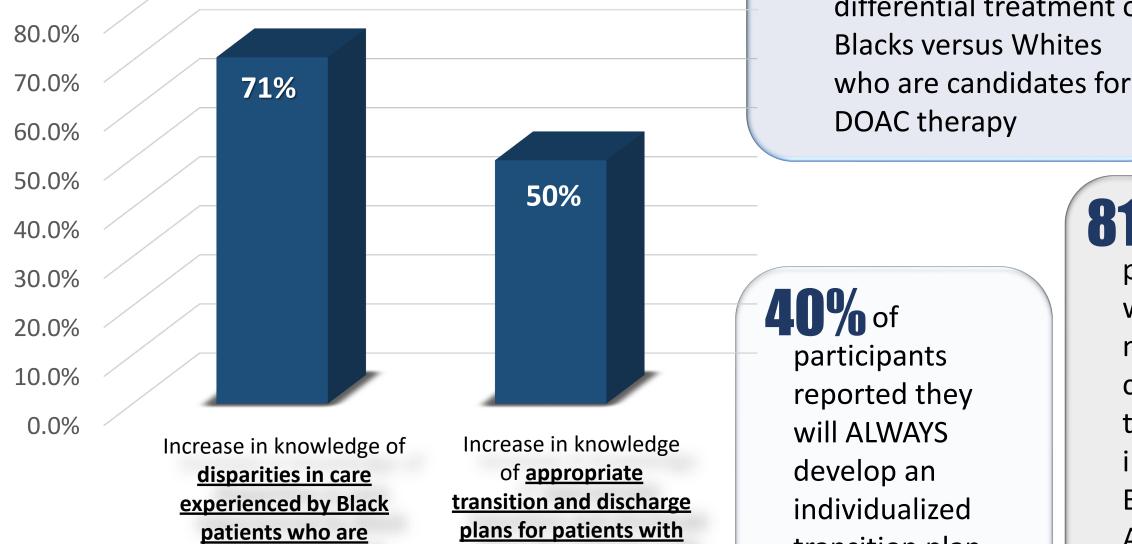
with AF?

Can you provide any insights to tips in stressing to patients the importance of adherence especially when it comes to preventing a secondary occurrence?

For patients who are obese or have undergone gastric bypass, optimal DOAC dosing is still somewhat unclear. It is not clear whether these patients need higher doses; do you have any anecdotal experience you can share?

#### **Learners Demonstrated Significant Knowledge Increases Post-Activity**





appropriate candidates for

**DOAC therapy** 

new DVT who are

treated in the ED

Improve communication with multidisciplinary

team focused on patient centered care (n=20)

Improve communication with patients receiving

Modify treatment plans based on patient challenges and/or barriers to

Develop action plans in my clinical area to reduce racial/ethnic health

disparities & recognize the impact disparities have on quality of care and

Proactively develop a discharge plan including a comprehensive assessment

of the patients' needs & support systems when returning to home (n=11)

maintain medication access and adherence in the outpatient setting (n=16)

direct-acting oral anticoagulants (n=19)

Post-activity, Learners Planned to Change Multiple Practices

Learners Planned on Changing Practice as a Result of Participating in This Activity

QoL of my patients (n=12)

reported they individualized transition plan when discharging patients on a DOAC

19%

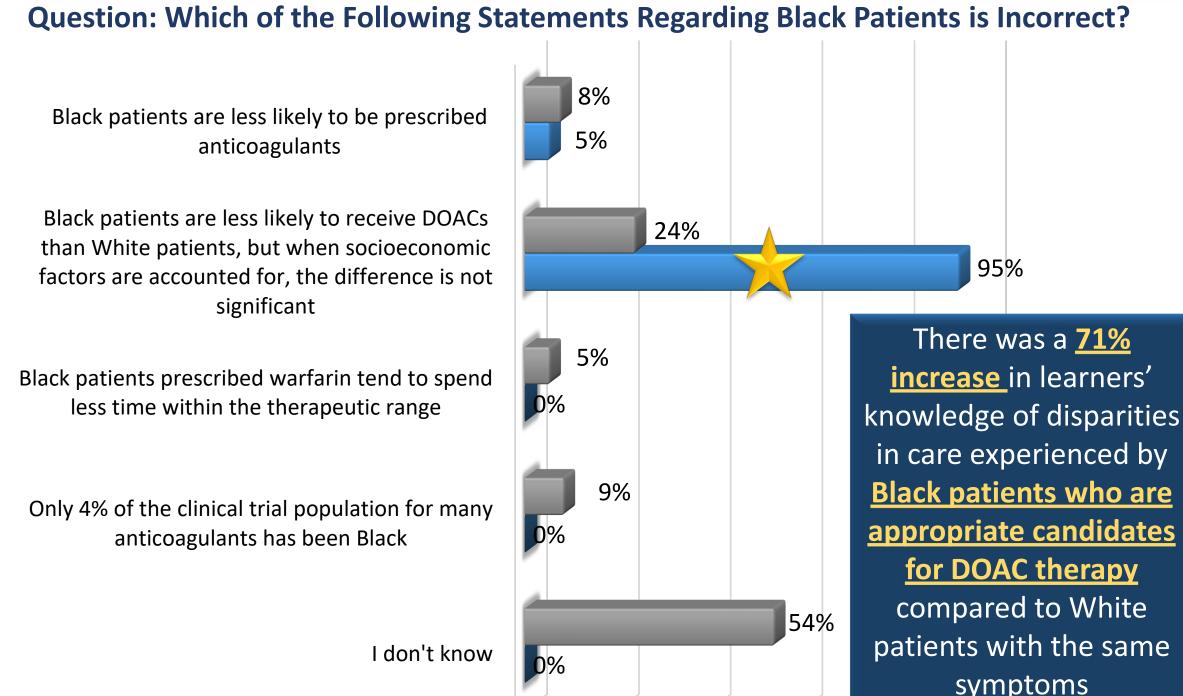
were at least moderately confident in their ability to impact care of Black Americans with VTE in their clinical setting

participants

**81%** of

competence, confidence

#### Learners Demonstrated Increased Knowledge in **Practice-Focused Questions**



# symptoms

#### □ Pre-Activity, n = 129 □ Post-Activity, n = 37

# Phase I Conclusion

Clinicians practicing in rural Mississippi improved knowledge & competence translatable to improved care for Black patients with a VTE diagnosis.

I may possibly make changes, but I need more

practice and I will not make any changes (n=1)

N = 37. Learners could make more than one selection

No, the content affirms my current behavior/ 3%

These learners reported they were committed to changing practice by employing strategies to appropriately diagnose, manage and address patientcentered care.

# **Phase II: Quality Improvement**

**MediCom is Currently Working with** Collaborators, Faculty to Perform a Focused **Phase 2 Quality Improvement Study** 

To evaluate the effectiveness of the education, MediCom is implementing a VTE Care Transitions program in the North Sunflower **Medical Center (NSMC) in** Ruleville, Mississippi.

- Study period: 6 months
- Study group: minimum of 10, maximum of 20, black patients discharged from either the ER or in-patient admission with a first-time diagnosis of VTE, with a matched control group

# Study Goal

Qualitative and quantitative level 6 outcomes and quality improvement study

- To determine if a VTE Care Transitions support coach working with community physicians and a CAH in Mississippi can:
- ✓ Reduce VTE readmissions to both the ER and in-patient settings in the critical 30-day post-discharge period
- ✓ Increase VTE medication adherence/ compliance
- ✓ Improve continuity of care with primary care providers and pharmacists
- ✓ Improve quantifiable patient activation and health outcome measures for black patients with a VTE diagnosis discharged on a direct oral anticoagulant

## **Qualitative Assessment**

- Identify provider and patient experiences/outcomes parameters, including but not limited to the following:
- ✓ Patient and provider perceptions of care transitions and the VTE journey
- ✓ Patient understandings of VTE and its components
- ✓ Patient experiences of communication concerning VTE prophylaxis
- ✓ Provider perspectives on their role in the prevention of hospital readmission

# Funding

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