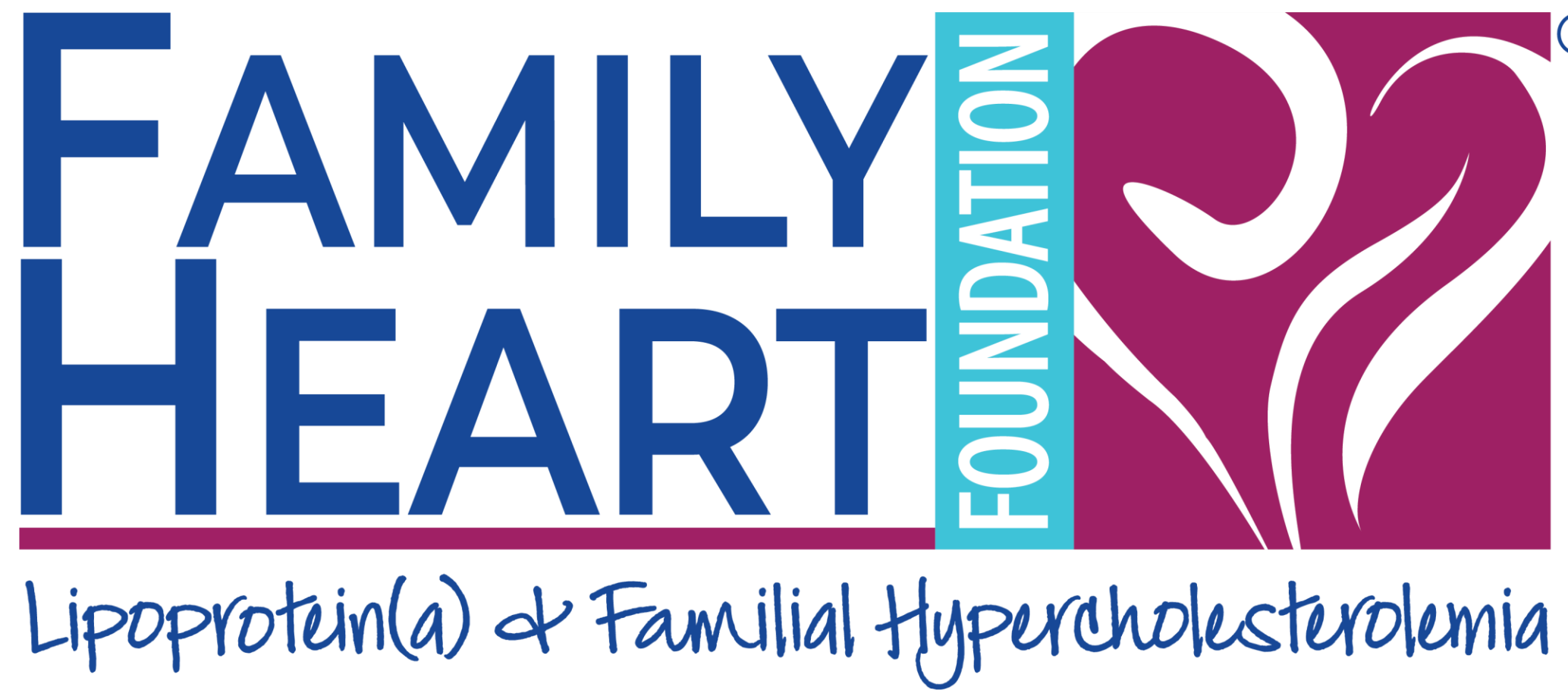


Payor analysis of cholesterol management in US individuals with atherosclerotic cardiovascular disease during 2023: A study from the Family Heart Database®

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Background

- Individuals living with atherosclerotic cardiovascular disease (ASCVD) need optimized LDL-C lowering therapy to achieve evidence-based LDL-C goals.
- The current NCQA/HEDIS cholesterol quality measure focuses only on statin use which is insufficient to ensure appropriate LDL-C goal achievement.
- Payer type may impact achievement of LDL-C targets in this population at increased risk for recurrent events.

Aim

- To measure payer-specific population-based LDL-C goal achievement to elucidate gaps in care providing clinically meaningful information beyond the current statin-based quality measure.

Methods

- Retrospective cohort study of the Family Heart Database of individuals with ASCVD prior to January 2023 with at least one medical claim (including paid, abandoned or rejected) and LDL-C measurement within 2023.
- Primary measures included mean LDL-C and percent of treated population at goal LDL-C of < 70 and < 55 mg/dL across payers.
- Major payment categories (Commercial, Medicare, Managed Medicaid, Medicaid, Assistance Programs, and Cash) and plans were identified from relevant medication claim(s) occurring on, prior to, or alternatively after, the LDL-C measure.
- If multiple relevant medication claims indicated more than one payment category, the individual was represented in both categories.

Results

Table 1. Sample Demographics, n=3,217,634

Adults with ASCVD	N (%)
Age, yrs	67.4
Women	1,550,741 (48.2)
Race/Ethnicity	
Black	342,415 (10.6)
White	1,721,571 (53.5)
Hispanic	357,263 (11.1)
Other	151,997 (4.7)
Unknown	644,388 (20.0)

Table 2. Payment Type Distribution

Payment Type	N (%)
Medicare	1,708,254 (53%)
Assistance Programs	277,027 (9%)
Cash	81,068 (3%)
Commercial	1,064,032 (33%)
Managed Medicaid	192,424 (6%)
Medicaid	107,127 (3%)

Note: Percentages total>100% because patients can have more than one payment type.

Figure 1. Percentage Reaching LDL-C Goal Status by Payment Type

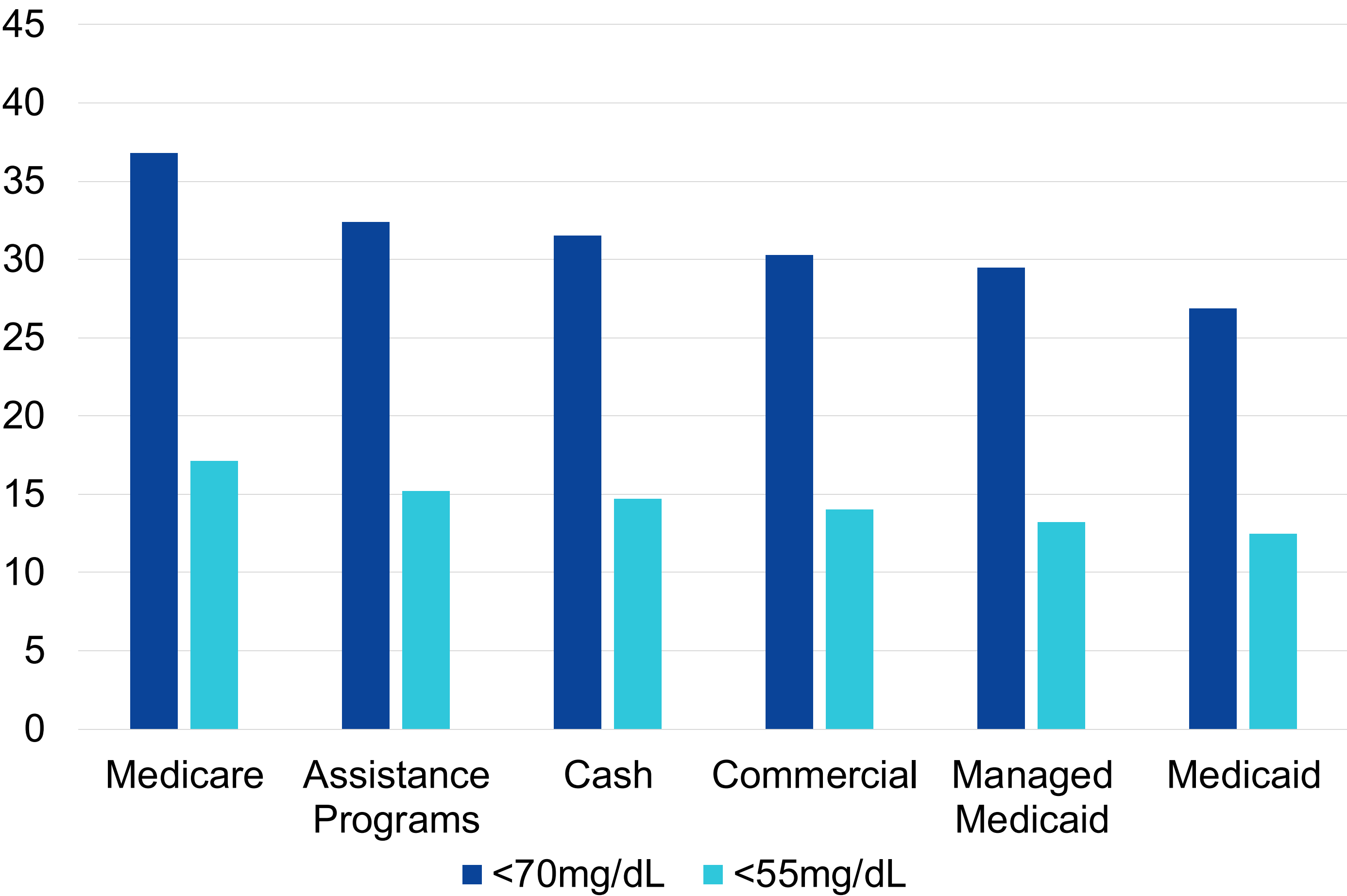


Table 3. LDL-C Goal Achievement Among Top 10 Commercial Plans by Volume of ASCVD Patients

Goal Status – % Goal Achievement	AO CLIENTS OF EXPRESS SCRIPTS (n=124,954)	UNITED HEALTHCARE (n=113,117)	AO CLIENTS OF CVS CAREMARK PBM (n=91,926)	FEDERAL EMPLOYEES (n=59,142)	FLORIDA BLUE (n=48,447)	TRICARE EAST REGION HUMANA MILITARY (n=48,155)	AETNA (n=37,112)	BCBS (n=25,878)	ANTHEM BCBS (n=23,271)
<70mg/dL	28.0%	32.8%	33.7%	36.6%	25.5%	38.3%	26.7%	29.9%	28.7%
<55mg/dL	12.8%	15.2%	15.4%	17.0%	11.5%	18.2%	12.2%	14.1%	13.2%

Table 4. LDL-C Goal Achievement Among Top 10 Medicare Plans by Volume of ASCVD Patients

Goal Status – % Goal Achievement	HUMANA HEALTH PLAN (n=296,725)	UNITED HEALTHCARE (n=240,721)	SILVERSCRIPT (n=154,769)	UNITED HEALTH RX AARP (n=143,610)	WELLCARE (n=143,152)	AETNA (n=113,250)	AO MEDICARE EXPRESS SCRIPTS (n=82,934)	CIGNA-HEALTHSPRING (n=80,154)	ANTHEM BCBS (n=44,665)
<70mg/dL	36.9%	35.3%	37.7%	40.1%	36.2%	35.6%	38.1%	37.4%	36.5%
<55mg/dL	17.3%	16.5%	17.6%	19.0%	16.5%	16.2%	17.3%	17.7%	17.5%

Conclusions

- In this cohort of 3.2 million US individuals with ASCVD achievement of evidence-based LDL-C goals remains suboptimal.
- There is notable variability in these measures across payer types and across specific health plans within each category.
- Identifying payer-specific variability of goal achievement, gaps in care, as well as establishment of a specific LDL-C goal-based quality measure may provide opportunities to reduce event rates in this at-risk population.



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