

## Summary of MMS 11/07 Warfarin Survey

Joseph Dorsey, MD, March 10, 2007

In 11/07 MMS partnered with MA Coalition in the Physician Warfarin Survey to determine the current state of Massachusetts physician practices related to the monitoring and management of patients who might be candidates for long term anticoagulation.

To Summarize the Survey:

1. Physicians sent the Survey were MMS members in the specialties we judged most likely to write warfarin prescription:

- Cardiology
- Family Practice
- Geriatrics
- Internal Medicine
- Neurology
- Oncology
- Orthopedics

2. The total number who received the survey was 1508 of whom 185 responded (a 12.3% response rate). We do have concerns about the representativeness of the respondent sample. We have to believe that they come more from large group, and hospital-based, practices than solo or small group practices

3. PCP's (Family Medicine, Geriatrics, and Internal Medicine) accounted for 73% of the patients on warfarin, with the other specialties together accounting for only 27%.

4. 72% of the respondents had >10 patients in their practice on warfarin.

5. Atrial Fibrillation (AF), Deep Vein Thrombosis/Pulmonary Embolism (DVT/PE) and mechanical heart valve (MHV) were the three most common clinical indications for warfarin. These three together accounted for >75% of the patients on warfarin.

6. 35% of the patients with "a history of a CVA and/or TIA but without a documented history of AF" were reported to be on warfarin. (This is not considered a valid indication for warfarin. Aspirin is the drug of choice for these patients)

7. The % of patients with chronic or paroxysmal AF reported to be warfarin (76.7%) is far higher than the usually reported national experience. (45-55%).

8. 23.2% of the respondents said they maintained <2/3 of their patients with AF on warfarin.

9. Of the patients maintained on long term warfarin therapy, 78.1% reported using point-of-care (POC) testing, but that was mostly done in their office (29.4%) of their lab (48.6%), while very few (only 6.6%) reported using it in their patients' homes.

10. 100% of those using an Anticoagulation Management and Monitoring System (AMMS) said it included specification of the targeted therapeutic range.

11. Still some 15-20% using an AMMS lacked one or more of the desired elements of a well run AMMS.

12. Reason given for not treating all patients with clinical indications for the use of warfarin included:

- a) History or risk of falls
- b) High risk for ICH
- c) History of poor compliance

13. Actions requested of MMS

- a) Work with payors to improve reimbursement
- b) Provide opportunities to learn about “best practices” in MA
- c) Identify an AMMS in my practice region to which I could refer my patients
- d) Provide me instructions (a toolkit) to enable me to set up an AMMS within my current practice setting.

14. Use web-based learning and written materials in preference o conferences held away from practices.

These responses are helping guide MA Coalition and MMS in the design and implementation of an educational strategy. We are working through CMS and the MAHP (MA Association of Health Plans) to eliminate, or reduce, the perceived coverage barriers.