



Heart Failure and Cardiomyopathies

BARRIERS TO ADOPTION AND MONITORING OF MINERALOCORTICOID RECEPTOR ANTAGONISTS IN A VA MEDICAL CENTER

Poster Contributions
Poster Hall B1
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Background: Poor adoption of mineralocorticoid receptor antagonist therapy (MRA) is a major gap in evidence-based care in the treatment of heart failure (HF). In order to improve care, the medical community needs a better understanding of the barriers experienced by providers.

Methods: We conducted focus groups of providers (n=42) from five populations: outpatient primary care, hospital medicine, cardiology, and pharmacy staff, and internal medicine residents. Focus groups entailed a mix of open-ended question and answer discussion, freewriting and brainstorming exercises, and polling. Focus group transcripts were analyzed with NVivo qualitative analysis software using iterative coding techniques that tagged between consideration of past research and emergent data.

Results: Eight categories of barriers, centered at the provider, system, and patient levels, emerged as salient for understanding gaps in MRA prescription and monitoring (Table).

Summary of Major Themes Identified by Providers as Limiting MRA Adoption	
	Additional findings
Provider-centered barriers	
Lack of familiarity or experience	Knowledge of eplerenone was especially poor among non-cardiology providers
Unclear provider roles and responsibilities	Non-cardiologists deferred to cardiology for management.
Poor transitions of care	Providers were hesitant to start patients on a new drug requiring additional monitoring.
System-centered barriers	
System overload	Time constraints, , limited appointment availability
Lack of systematic monitoring protocols	No facility-wide standards, no reminders for incomplete labs, inadequate follow-up post-hospitalization
Patient-centered barriers	
Perceived non adherence	Social and behavioral factors were noted as limitations to therapy
Potential for side effects	Possible impact on kidney function, potassium
Polypharmacy, comorbidities	Patients on complex medical regimens

Conclusion: Providers experience a diversity of barriers. The study confirmed and strengthened certain barriers noted in past research, such as lack of knowledge/experience, concern for side effects and nonadherence. However, we also discovered unexpected barriers related to transitions of care, provider role confusion, system overload, and inadequate management tools. Given the multiple levels of barriers identified, multimodal intervention strategies may be required to improve MRA adoption in clinical practice.