The Health eHeart Alliance

Patient Perspectives on Primary Statin Nonadherence

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Background and Study Description

Cardiovascular disease (CVD) is the United States' leading cause of morbidity, mortality, and health care costs, but proven CVD risk reduction strategies are often not fully used. Medications such as HMGCoA reductase inhibitors, commonly referred to as "statins," can reduce CVD risks. Medical society guidelines and physician-directed national quality performance measures encouraging CVD risk reduction have increased statin prescribing. But medications are effective only when patients take them. Secondary nonadherence (when patients start and then stop or take a medication differently than prescribed) is a big problem, but patients first need to fill their initial prescriptions before this even becomes an issue. Studies show that up to 34% of patients never fill a newly prescribed statin (primary nonadherence), making primary nonadherence a major obstacle to reducing CVD in a significant fraction of the at-risk American public.

This study's overall aim is to develop survey instruments and obtain pilot data to achieve an initial understanding of how patients' reasons for primary statin nonadherence differ by race/ethnicity and age. We will conduct focus group and semi-structured interviews with black, white, and Spanish- and English-speaking Hispanic/Latino primary nonadherent patients to identify patients' comprehensive reasons for primary nonadherence, focusing on factors such as health beliefs, which are inaccessible through administrative databases and medical records. Results from these analyses will inform subsequent English- and Spanish-language survey instruments. We will pilot-test the surveys to demonstrate the feasibility of a novel methodology that uses large database queries to identify and survey eligible patients.

How this study meets Health eHeart Alliance criteria for sponsorship

1. Cardiovascular-related research.

Statin medications are used to reduce cardiovascular disease risks.

2. At least one Health eHeart Alliance member is participating as a patient-leader in a decision-making role and getting compensated for that role.
Jon Turner is our lead patient partner. He worked closely with the investigators to develop and refine the grant proposal, and will take an active role in all aspects of the study, including formulating focus group and interview protocols, conducting focus groups, analyzing and interpreting data, and reviewing manuscripts. Alan Weiss and Mary Plovenic are other patient collaborators who will provide feedback on focus group, interview, and other study materials. All of the patient partners will be compensated for 20 hours of time in each year of the study.

3. Accountability reporting on study progress and results back to the Health eHeart Alliance Community and the Steering Committee.
Jon Turner will assist the team in reporting results back to the Health eHeart Alliance community in patient-friendly language. Results will be reported at least yearly to the community, and more frequently as determined by Jon Turner.

4. Co-authorship for at least one Alliance patient-leader on final results paper.
Jon Turner will be one of our co-authors

5. Acknowledgement of the Health eHeart Alliance in the final results paper.
The Health eHeart Alliance will be acknowledged in manuscripts resulting from this study

6. Adequate funding.
This is an NIH grant proposal for an R21.