BE THERE SAN DIEGO
Preventing Heart Attacks & Strokes

ORGANIZATIONAL APPROACHES TO EQUITABLE CARE FOR ATRIAL FIBRILLATION (AF)

An organizational approach to the diagnosis and management of AF through an equity lens

Be There San Diego's mission is to eliminate heart attacks and strokes through broad population efforts to improve the health of all San Diegans while also deploying specific efforts to alleviate disparities in health outcomes. The purpose of this Recommendation is to outline effective strategies to address disparities around AF*.

Despite the diagnostic strategies and effective therapy options for AF, racial and ethnic inequities exist in the diagnosis of AF and therapy initiation. Racial and ethnic minorities with AF have higher rates of stroke and mortality than Caucasian populations. Strategies for equity must include education for healthcare teams and patients, enhanced diagnostic approaches and treatment guidelines, and data approaches that all seek to reduce disparities.

Education for Healthcare Team

Studies suggest that racial/ethnic and socioeconomic inequities may be present in the management of AF in the United States.[1] Racial and ethnic differences in AF management, although recognized, are poorly understood.[2] Therefore, we recommend organizations do the following:

- Provide education for care team members on disparities, implicit bias, and trauma-informed care generally and the potential impact on diagnosis and treatment of AF, including what is referred to as the paradox of AF in African Americans.[3]
- Provide education for care team members on the unique aspects of the importance of risk factors, screening, treatment guidelines, and outcome monitoring in high risk in AF.

Notable Study: Researchers at the University of Massachusetts have developed a trial to assess a novel education program called the COmmuNity-engaged SimULation Training for Blood Pressure Control (CONSULT-BP).[4] The purpose of CONSULT-BP is to provide a more structured and practical approach to implicit bias training for graduate students in medical and nursing programs. This intensive curriculum integrates bias awareness and the practice of bias mitigation using encounter simulations with racially/ethnically diverse standardized patients. The trial is then evaluated on patient BP, patient-reported medication adherence, patient-reported

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[1] https://jamanetwork.com/journals/jamanetworkopen/fullarticle/277691
[2] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8712595/
[3] https://pubmed.ncbi.nlm.nih.gov/25112176/
[4] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7870252/#:~:text=The%20CONSULT%2DBP%20intervention%20combines,racially%2Fethnically%20diverse%20standardized%20patients.

satisfaction of provider communication, and trainee bias awareness. By incorporating an approach such as CONSULT-BP, healthcare disparities would be reduced, and health outcomes, particularly in diverse populations, would improve.

Education for At-Risk Patient Populations

African Americans are less likely than whites to be aware of having AF.[5] African American and Latino patients have been shown to have higher rates of non-adherence to AF medications.[6] Therefore, we recommend organizations take action to raise awareness among patients of both the signs and symptoms of AF as well as the importance of adherence to treatments.

- Provide patient education focused on at-risk African American and Latino patients to raise awareness of the risk factors, signs, and symptoms of AF.
- Utilize digital health platforms for more targeted and tailored messaging for adherence to treatment.[7]
- Identify common themes and challenges experienced by African Americans with AF and be responsive to felt needs.[8]
- Provide patient education on treatments and the importance of treatment plan adherence for African American and Latino patients.

Example: A Federally Qualified Health Center (FQHC) in North Carolina recently implemented an effective program for hypertension self-management using group-based classes.[9] The Lincoln FQHC held weekly information sessions relating to hypertension management led by variety of healthcare providers. There were four major topics covered: an explanation of hypertension, the impacts of hypertension, dietary changes for improving BP, and a chance for patients to ask experts any outstanding questions. Patients who attended multiple sessions saw an average BP reduction of 19.1/14.8 mm Hg, with most of the attendees being Black men.

Disparities in Diagnosis

Racial disparities in AF are frequently recognized but poorly understood.[10] Potential factors that impact these disparities include social drivers of health, genetics, and impacts of structural racism in institutions. We recommend that organizations take action to identify and address disparities in AF diagnosis in sub-populations. These

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[5] https://www.ahajournals.org/doi/10.1161/strokeaha.109.573907
[6] https://link.springer.com/article/10.1186/s12872-019-1019-1
[7] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7452738/
[8] https://www.sciencedirect.com/science/article/pii/S2666602223000459
[9] https://www.cdc.gov/pcd/issues/2021/20_0628.htm
[10] https://link.springer.com/article/10.1007/s12170-013-0327-8

best practices may include reaching into the community and developing partnerships with community organizations that have trusted relationships with community members.

> *Example: The Los Angeles Barbershop Blood Pressure Study (LABBPS) serves as a successful example of this type of community-based intervention.[11] In this study, clinical pharmacists collaborated with local Black-owned barbershops in LA County to provide cost-effective blood pressure control in Black men. Researchers concluded that this intervention was a low-cost method to reduce the morbidity and mortality associated with cardiovascular disease among non-Hispanic Black men. Additionally, researchers used a discrete event simulation to project an average of $42,717 per QALY gained over ten years.*

Disparities in Treatments including Oral Anticoagulation, Medication Management of Heart Rate, Medical and Electrical Cardioversion, and Surgical Ablation

AF management involves pharmacologic therapy and/or interventional procedures to control rate and rhythm, as well as anticoagulation for stroke prevention. Different populations may respond differently to distinct management strategies.[12]

- While data-validated best practices may be hard to identify, some possibilities include workforce composition, equitable clinical trial enrollment, and educational efforts previously referenced.[13]
- Under-representation of minorities in major AF clinical trials.[14] An example of best practice would be recruiting minority populations for clinical trials from practices that prioritize their care, like FQHCs.[15]
- Institute of Medicine recommendations for reducing healthcare disparities appropriate for consideration include:
    - Recommendation 5-6: Promote the consistency and equity of care through evidence-based guidelines.
    - Recommendation 5-7: Structure payment systems to ensure an adequate supply of services to minority patients and limit provider incentives that may promote disparities.

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[11] https://www.ahajournals.org/doi/10.1161/CIRCULATIONAHA.120.051683
[12] https://pubmed.ncbi.nlm.nih.gov/36224481/
[13] https://uofuhealth.utah.edu/internal-medicine/cardiovascular-medicine/news/2022/11/racial-disparities-persist-atrial
[14] https://www.jacc.org/doi/full/10.1016/j.jacep.2020.03.001
[15] https://link.springer.com/article/10.1186/s12913-022-08399-z

- Recommendation 5-8: Enhance patient-provided communication and trust by providing financial incentives for practices that reduce barriers and encourage evidence-based practice.
- Recommendation 5-9: Support the use of interpretation services where community needs exist.
- Recommendation 5-10: Support the use of community health workers.
- Recommendation 5-11: Implement multidisciplinary treatment and preventive care teams.[16]

Using Data for Monitoring and Impacting Disparities in AF

The pursuit of health equity in AF has to be a data-driven process, including the capacity to quantify the impact of any interventions targeting AF.[17] This aligns with national efforts such as NCQA's just announced new HEDIS measures for measuring health equity, including alignment of data with other Federal Health and Financing Agencies.[18]

- Identify specific HEDIS measures and physician performance metrics that support addressing disparities in AF.
- Conduct data analysis to identify trends in disparities in diagnosis and treatment of AF in high risk groups, including African-American and Latino populations.
- Education emphasizing the priority of data collection/sharing and the importance of measuring the impact and outcomes of educational outreach and other recommendations.

[16] https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/public/public-health/iom_1.pdf
[17] https://www.ncqa.org/blog/driving-health-equity-it-starts-with-the-data/
[18] https://www.ncqa.org/health-equity/data-and-measurement/