The New Lipid Guidelines: What Do Primary Care Clinicians Think?

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Sina Jamé, MD,[a] Eve Wittenberg, PhD,[b] Michael B. Potter, MD,[c] Kirsten E. Fleischmann, MD, MPH[a,d]

[a]Department of Medicine, University of California, San Francisco (UCSF), San Francisco; [b]Center for Health Decision Science, Harvard School of Public Health, Boston, Mass; [c]Department of Family and Community Medicine and [d]Division of Cardiology, Department of Medicine, UCSF, San Francisco.

ABSTRACT

BACKGROUND: Little is known about the opinions of primary care clinicians regarding the newly released 2013 American College of Cardiology/American Heart Association (ACC/AHA) Guidelines for the Prevention of Primary and Secondary Atherosclerotic Disease. This survey was created to assess the awareness, attitudes, and practices of primary care clinicians on adoption of the new guidelines and to explore obstacles to implementation and suggestions for improving shared decision-making.

METHODS: Six hundred practicing clinicians within the San Francisco Bay Area Collaborative Research Network were invited to participate in this cross-sectional, Internet-based pilot survey of primary care clinicians. These survey data were collected in March 2014, approximately 4 months after the release of the new guidelines and 1 month after the release of the ACC/AHA risk estimator application.

RESULTS: One hundred eighty-three clinicians responded to the survey. Of those respondents, 176 (96%) were aware of the guidelines. The majority (64%) reported implementing the new guidelines with at least some of their patients, while a minority (25%) reported adopting the guidelines for many of their patients. Disagreeing with the guidelines was the main hindrance to adoption.

CONCLUSIONS: While many primary care clinicians are aware of the new guidelines, a substantial proportion has yet to implement them into their clinical practice, and obstacles remain for full adoption. Further understanding of clinicians' views, opinions, and needs is necessary to optimize the approach to lipid management and ensure integration into current practice.

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The American College of Cardiology (ACC) and American Heart Association (AHA) released updated guidelines for prevention of primary and secondary atherosclerotic disease in late 2013.[1] The new guidelines emphasized treatment decisions based on risk stratification for atherosclerotic cardiovascular disease rather than lipid targets for cholesterol management, and lowered the threshold for

consideration of drug therapy for primary prevention of vascular events. These changes have attracted controversy–ranging from concerns about the accuracy of the published 10-year risk calculator for atherosclerotic cardiovascular disease, to the absence of lipid treatment targets, to the anticipated expansion of statin usage in the general population. In response, subsequent publications have reported reassuring performance characteristics for the risk calculator and emphasized the importance of shared decision-making and ensuring the effectiveness of treatment with statin or nonstatin agents, as outlined in the guidelines.[2-10]

Outside of academic discourse about the changes, limited information is available on the overall reception to the new guidelines by primary care clinicians. The perspective of primary care physicians and their evolving adoption of the new guidelines are important, as these clinicians are on the forefront of lipid management. The

purpose of this pilot study was to gauge awareness, practices, and attitudes of primary care clinicians participating in the San Francisco Bay Area Collaborative Research Network on the implementation of the new guidelines in clinical practice. This study is a first step in the broader understanding of the reception of the new guidelines by primary care clinicians.

METHODS

The San Francisco Bay Area Collaborative Research Network is a University of California, San Francisco-supported practice-based research network that includes over 1500 researchers, clinicians, and health care organization leaders working in more than 200 public, private, and academic settings across the greater San Francisco Bay Area and Northern California. The network's mission is to facilitate practice-based research partnerships between academic researchers and community-based clinical teams that can lead to improved primary care clinical outcomes.[11]

Six hundred actively practicing adult primary care clinicians within this network were invited via e-mail to participate in an anonymous online survey in March of 2014, approximately 4 months after the debut of the cholesterol guidelines. Survey questions assessed respondents' familiarity with the guidelines, their current or future plans for implementation, and barriers to adoption in clinical practice. Additional questions gauged respondents' views on the online risk calculator and tools for shared decision-making. Response options were categorical and included multiple choices; one qualitative, explanatory question inviting free text responses was also included. Age and sex were collected from all respondents. The Committee of Human Research at the University of California, San Francisco approved the study, and the survey instrument is included in the **Supplementary Table** (available online) in the Appendix.

Categorical responses were analyzed using chi-squared as appropriate. Categorical responses by age were further analyzed by chi-squared for the trend. To further explore age and sex differences in the reception of the new guidelines, responders were stratified into 3 age groups (21-39, 40-55, and $\geq$ 56 years of age) and also by sex. A *P*-value of < .05 was considered significant for all tests. Qualitative responses were thematically coded based on themes that emerged from the data. Representative quotations from respondents that illustrate the main themes identified are included in the Results section.

CLINICAL SIGNIFICANCE

- Little is known about opinions of primary care clinicians regarding the 2013 American College of Cardiology/American Heart Association Guidelines for the Prevention of Primary and Secondary Atherosclerotic Disease.

- This survey suggests that a majority of primary care clinicians are aware of the new guidelines and many have begun to implement them in their clinical practice.

- However, barriers to implementation ranging from disagreement with recommendations to concerns about the accompanying risk calculator will need to be addressed.

RESULTS

Of the 600 primary care clinicians invited, 183 (31%) completed the survey. Based on available data of those invited to participate, 52% were female. The majority (79%) of invited clinicians practiced in nonacademic centers such as community health centers or private practice. Additionally, approximately 13% were nurse practitioners or physician assistants, with 60% of physicians practicing family medicine and the remainder general internal medicine. Of the 183 respondents, most were female (n = 108, 59%) and 40-55 years of age (n = 74, 40%) (**Table 1**). The remainder were divided equally into younger (21-39 years; n = 52, 28%) or older ($\geq$ 56 years; n = 51, 28%) age groups.

Familiarity with the Updated Guidelines

The majority of respondents (n = 176, 96%) reported being aware of the 2013 ACC/AHA cholesterol guidelines and their main tenets, either by reading them in detail or by hearing about them in other venues. Guideline familiarity did not vary by the age or sex of clinicians (**Figure 1**) (**Table 2A**).

Implementation of the Guidelines

The majority of respondents (63%) reported implementing the new guidelines with at least some of their patients; 46 (25%) reported implementing the guidelines for many patients, while 69 (38%) reported implementing the guidelines for a few. Only 68 (37%) reported they had not yet done so with any of their patients. Younger clinicians reported the highest rate of implementation of the new guidelines with many of their adult patients (35%) in comparison with

Table 1	Demographics
	Number: 183 (%)
Age, y	
21-39	52 (28.4)
40-55	74 (40.4)
56-70	49 (26.8)
71+	2 (1.1)
No age specified	6 (3.3)
Sex	
Male	70 (38.3)
Female	108 (59.0)
No sex specified	5 (2.7)