



National Survey of Attitudes Toward Cardiovascular Treatment & Access

An attitudinal survey of more than 350 heart disease patients, providers, caregivers and stakeholders revealed widespread concerns about how health plans delay access to life-saving medication. The issue affects a broad swath of the country. One-third of Americans have high LDL cholesterol, putting them at increased risk for heart disease, the leading cause of death in the United States.¹ Meanwhile, one American has a heart attack every 40 seconds.² For these people, unreasonable medication delays caused by prior authorization or step therapy can be serious, even life threatening.

The survey, conducted online from August to September 2018, also found that, while patients may not fully understand the impact of cardiovascular disease risks or treatment options, nearly all respondents agreed that physicians, not health insurers, should determine patients' course of care.

KEY FINDINGS

Impact & Treatment

About 71 million Americans have high LDL or “bad” cholesterol, yet only one-third of them have it under control.¹ High LDL cholesterol doubles one’s risk of having heart disease.

Treatment options are available. Doctors traditionally prescribed statins to lower cholesterol. But they don’t work for everyone, even with changes to diet and physical activity, as most survey respondents recognize. A new class of drugs called PCSK9 inhibitors can help these patients,³ especially if their high LDL cholesterol is genetic.⁴

RESPONDENTS AGREE THAT:



80%

Changing diet and exercise patterns isn’t enough to lower some people’s LDL cholesterol to a safe level.

82%

For some people, statins alone don’t lower LDL cholesterol enough.

80%

People with genetic high cholesterol need innovative medicine specifically targeted to their condition.

Access

Health plan barriers can block heart patients from accessing innovative medicine, a point not lost on survey participants. Responses overwhelming indicated concern about step therapy, which delays care by making patients fail first on insurer-preferred medications.

A vast majority of respondents also affirmed that prior authorization is dangerous. Working through the time-intensive process of requests and appeals leaves patients unnecessarily vulnerable to a cardiac event. Without timely access to their cholesterol-lowering medication, patients are at increased risk for heart attack and stroke.



RESPONDENTS AGREE THAT:

84%

Health plans' prior authorizations dangerously delay patients' medicine that could prevent a heart attack or stroke.

74%

Step therapy, or "fail first," risks heart patients' health by making them fail on a cheaper drug before getting the medicine their physician prescribed.

88%

It is unreasonable for health plans to use prior authorization to delay high-risk patients' access to medicine that could prevent a heart attack or stroke.

Approach

Respondents also took issue with health insurers' one-size-fits-all approach and almost unanimously agreed that physician, instead of health insurers, should guide patient care.



RESPONDENTS AGREE THAT:

79%

Health insurers take a one-size-fits-all approach to cardiovascular health.

97%

Physicians, not health insurers, should decide which prescription medications patients need.

Education & Treatment Awareness

Cardiovascular disease may be pervasive, but knowledge about risk and treatment options may not be. Respondents acknowledged that patients lack full understanding of treatment options. Low awareness about how few treatment options exist for heart attack or stroke survivors further illustrates that lack of understanding. More education about cholesterol-lowering medications could empower patients in the battle to overcome health plan barriers.



RESPONDENTS AGREE THAT:

89%

Not all patients fully understand their cholesterol risk or treatment options.

29%

People who have already experienced a heart attack or stroke have few treatment options for preventing another attack.

Survey Demographic Breakdown



Male (20%)
Female (80%)

Northeast (30%)
Midwest (23%)
South (36%)
West (11%)

Under 21 (0%)
21-35 (1%)
36-49 (7%)
50-64 (30%)
65+ (62%)

Medicaid (5%)
Medicare (58%)
Commercial coverage (26%)
Exchange plan (2%)
Tricare (3%)
Uninsured (2%)
Other (4%)



References

1. Centers for Disease Control and Prevention. (2015, April 30). Cholesterol fact sheet. Retrieved from https://www.cdc.gov/dhdsdp/data_statistics/fact_sheets/fs_cholesterol.htm
2. Centers for Disease Control and Prevention. (2017, August 18). Heart attack. Retrieved from https://www.cdc.gov/heartdisease/heart_attack.htm
3. American College of Cardiology. (2018, March 10). ODYSSEY outcomes: Results suggest use of PCSK9 inhibitor reduces CV events, LDL-C in ACS patients. Retrieved from <https://www.acc.org/latest-in-cardiology/articles/2018/03/05/15/53/sat-9am-odyssey-outcomes-cv-outcomes-with-alirocumab-after-accs-acc-2018>
4. Amgen. (2017, March 17). Landmark outcomes study shows that Repatha® (Evolocumab) decreases LDL-C to unprecedented low levels and reduces risk of cardiovascular events with no new safety issues [press release]. Retrieved from <https://www.amgen.com/media/news-releases/2017/03/landmark-outcomes-study-shows-that-repatha-evolocumab-decreases-ldlc-to-unprecedented-low-levels-and-reduces-risk-of-cardiovascular-events-with-no-new-safety-issues/>



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