

**Canadian Cardiovascular Society (CCS)
Abstracts — Education**

P058

**AWARENESS OF LIPID GUIDELINE
RECOMMENDATIONS FOR HIGH-RISK PATIENTS
AMONGST PRIMARY CARE PHYSICIANS IN
CANADA**

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BACKGROUND: Lipid guidelines for cardiovascular (CV) risk reduction have evolved in recent years, particularly since the introduction of PCSK9 inhibitors. In many jurisdictions, CV risk management is provided by primary care physicians (PCPs). We surveyed Canadian PCPs regarding their awareness and implementation of the 2021 Canadian Cardiovascular Society (CCS) lipid guideline recommendations for patients following an acute coronary syndrome (ACS) or for those with diabetes but without CV disease.

METHODS AND RESULTS: From a national database of PCPs with interest and/or experience in CV medicine, we invited PCPs to complete a survey regarding lipid management in high-risk patients. A committee of PCPs and specialists with lipid expertise including several co-authors of the 2021 CCS lipid guidelines had designed the survey to probe awareness and practice patterns. A total of 250 PCPs from across Canada completed the survey between January and April 2022. 23.6% of respondents had previously prescribed a PCSK9 inhibitor. Almost all (97.2%) PCPs concurred that a post-ACS patient should be seen by their PCP within 4 weeks of hospital discharge (81.2% within 2 weeks). Almost half (44.4%) responded that discharge summaries provided inadequate information relevant for PCPs, and 41.6% felt that lipid management post-ACS was the primary responsibility of specialists. More than half (58.4%) articulated challenges when seeing a post-ACS patient, related to inadequate discharge information, complexities of polypharmacy and duration of therapies, and managing perceived or real statin intolerance. 63.2% correctly identified the LDL-C intensification threshold of 1.8 mmol/L in post-ACS patients, while 81.4% considered that PCSK9 inhibitors were indicated only for those patients who were already receiving statins plus ezetimibe or who had substantially elevated LDL-C levels. 53.6% were able to correctly identify clinical features associated with greatest absolute benefit of PCSK9 inhibitors in post-ACS patients. For patients with diabetes but without ASCVD, 81.2% of PCPs incorrectly believed that PCSK9 inhibitors were indicated for LDL-C levels above threshold despite statin therapy, and only 43.6% correctly identified the LDL-C threshold for treatment intensification of 2.0 mmol/L.

CONCLUSION: While PCPs are aware of the urgency regarding lipid management in post-ACS patients, many encounter

challenges after hospital discharge, frequently deferring lipid management to specialists. Thus, one year following publication of the 2021 CCS lipid guidelines, substantial knowledge gaps remain regarding intensification thresholds and treatment options for patients post-ACS or for those with diabetes. Innovative and effective knowledge translation programs are urgently required.

Amgen Inc.

P059

**COMPETENCY-BASED CARDIOLOGY TRAINING:
A SIMPLE APPROACH TO IMPROVE
SUPERVISOR COMPLETION OF EPAS**

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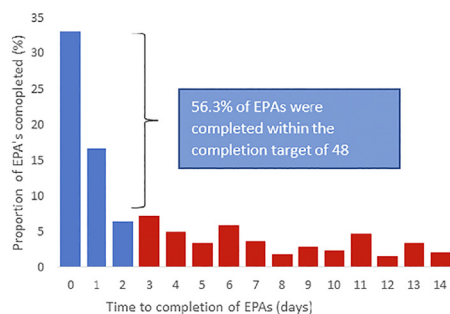
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BACKGROUND: Adult Cardiology Residency Training Programs across the country made the formal transition to Competency By Design (CBD) in July 2021, with some programs launching earlier, including Dalhousie University. The overarching goal of CBD is to ensure physicians complete their training with competencies deemed necessary to meet evolving health care needs. CBD was designed to establish clear learning expectations and increased opportunities for coaching. However, cited challenges include an increased administrative burden for residents, inconsistent participation by staff, and variable timelines for receiving feedback. The goal of this project is to implement a simple intervention to improve completion rates and timelines of Entrustable Professional Activities (EPAs).

METHODS AND RESULTS: EPAs triggered by cardiology residents at Dalhousie University between July 1, 2020 and Dec 31, 2021 were reviewed in the one45 software program. Data including number of EPAs triggered, completed, expired, and time to completion were collected according to supervisor. The intervention was the distribution of a personalized data set to each staff supervisor with individual statistics for collected data points, along with group averages for comparison. The outcomes of interest include average number of EPAs completed per staff, average time to completion and percentage of expired EPAs, evaluated at 6- and 18-months post-intervention. Between July 1, 2020 to Dec 31, 2021, a total of 568 EPAs were triggered, 385 (67.78%) completed and 183 (32.22%) expired. The average number of EPAs completed per staff was 9.14 ± 11.80 . The average time to completion was 7.32 ± 5.98 days, which is above the 48-hour targeted timeline for completion. A higher percentage of EPAs were completed in the first 7 days after being triggered, with 33.1% and 16.7% of EPAs being completed on day 0 and 1 respectively, and only 18.8% of EPAs completed between 8-14 days.

CONCLUSION: Next steps include data collection at 6- and 18-months post-intervention. We hope this simple intervention will increase supervisor awareness of and participation in CBD, as timely completion of EPAs is necessary for good quality and actionable feedback. Findings will be helpful to implement further CBD-related curriculum changes, which may include continuing this strategy annually.

Figure 1: Supervisor completion of EPAs as a function of time after the EPA is triggered.



**P060
EVALUATION OF WRITTEN MEDICATION
EDUCATIONAL RESOURCES FOR PEOPLE LIVING
WITH HEART FAILURE**

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BACKGROUND: Patient educational resources on heart failure (HF) medications may improve patient understanding, which is critical for informed decision-making and patient self-efficacy. The purpose of our study was to evaluate the quality and readability of written HF medication educational resources available online.

METHODS AND RESULTS: Two investigators searched Google, Yahoo and Bing for written patient educational resources that addressed at least one HF medication using search queries that emulate realistic searches of people looking for health information. Search queries included: (1) “heart failure medication patient information”; (2) “heart failure medications patient information”; (3) “heart failure medication patient handout”; (4) “heart failure medications patient handout”; (5) “heart failure drugs patient information”; and (6) “heart failure drugs patient handout”. Educational quality was assessed using the Ensuring Quality Information for Patients (EQIP) tool (range 0 [worst] to 100 [best]). Secondary outcomes included readability and usability of the resources as

decision aids, as people typically use information found on the internet to make health decisions. Readability was assessed using the Flesch-Kincaid Grade Level and decision aid quality was assessed using the modified International Patient Decision Aids Standard (mIPDAS) tool (range 1 [worst] to 6 [best]). Resource eligibility criteria included: (1) written resources directed at patients; (2) written in English; (3) ≥10 sentences about HF medications to ensure inclusion of resources with substantive content on medications; (4) free to access (no registration or payment required); (5) described ≥1 different HF medication treatment option (i.e., individual medication or drug class); and (6) provided medication information specific to their use in HF. From 693 identified webpages, 39 HF medication educational resources met eligibility criteria. Among included resources, the median EQIP score was 61 (interquartile range [IQR] 54-68), with 2 (5%) rated as high quality (score ≥75). Accordingly, the median Flesch-Kincaid Grade Level was 8 (IQR 8-12), with four (10%) resources meeting the recommended 6th grade reading level. The median overall mIPDAS score was 1.4 (IQR 1.3-1.7), with similarly low scores in all sub-domains. The single resource self-classified as a decision aid had an overall mIPDAS score of 4.4.

CONCLUSION: Most HF medication educational resources available online are of acceptable educational quality, but could readily be improved. Most resources were beyond the recommended reading grade level for educational resources, limiting their utility for people with low literacy. Only one formal decision aid was identified, while other educational resources lacked the necessary information to serve as decision aids.

Table 1: Heart failure medication educational resource characteristics and outcomes (n=39)

Characteristic	Median or frequency (%)	Interquartile Range
Format, n (%)		
Webpage	25 (64)	-
PDF	14 (36)	-
Country of origin, (%)		
United States	22 (56)	-
United Kingdom	7 (18)	-
Canada	9 (23)	-
Australia	1 (3)	-
EQIP, median	61	54 to 69
High quality, n (%)	2 (5)	-
Good quality, minor problems, n (%)	30 (77)	-
Serious problems, n (%)	7 (18)	-
Severe problems, n	0	-
mIPDAS, median	1.4	1.3 to 1.7
Content domain, median	1.4	1.3 to 1.8
Development domain, median	1.6	1.4 to 2.0
Effectiveness domain, median	1.0	1.0 to 1.3
Readability		
Flesch-Kincaid Grade Level, median	8	8 to 10
≤6 th grade, n (%)	4 (10)	-

EQIP: Ensuring Quality Information for Patients; mIPDAS: modified International Patient Decision Aids Standards; PDF: Portable Document Format.