Cost of Anticoagulation Management: Describing Current Anticoagulation Clinic Models

Start of Block: Basic Survey for ALL AC Forum Members

Q1 We are seeking to better understand how anticoagulation clinics/services across the United States are structured and function. We will be raffling off four \$50 gift cards to survey respondents as a thank you for participating! Based on the survey results, select participants will be invited to short interviews during the AC Forum meeting to further explore how different anticoagulation clinic/services are structured and function (with an additional \$50 gift card as a thank you).

All survey responses are ANONYMOUS and will not be linked to any identifying information used for the raffle. None of the survey questions ask about individual clinical cases or treatment, and no patient identifying information should be entered into the survey. This survey will take no longer than 10-15 minutes.

This project is being sponsored by Pfizer. The project is being conducted and analyzed by the Michigan Clinical Outcomes Research and Reporting Program (MCORRP) at the University of Michigan.

The University of Michigan IRB has reviewed this project, which is endorsed by the AC Forum Board of Directors. Any questions can be directed to Dr. Geoffrey Barnes at <u>gbarnes@umich.edu</u>.

Q2 Is your anticoagulation clinic/service based in the United States or outside of the United States?

O United States (1)

Outside United States (2)

Q3 In what setting does your anticoagulation clinic/service provide care to anticoagulated patients?

O Inpatient only (1)
Outpatient only (2)
\bigcirc Both inpatient and outpatient (3)
*
Q4 What is the zipcode for your anticoagulation clinic/service location?
Q5 Is your anticoagulation clinic/service affiliated with a university?
○ Yes (1)
O No (2)
O Unsure (3)

		Advanced Practitioner (e.g. NP, PA) (1)			
		Nursing (e.g. RN, LPN) (2)			
		Pharmacy (e.g. PharmD or BS Pharm) (3)			
		Medical Assistants (4)			
		Managerial (5)			
		Administrative (e.g. administrative assistant or clerk) (6)			
		Other (7)			
Q7	What is yo	our anticoagulation clinic/service staff model?			
	\bigcirc Patients have a dedicated staff or team to manage their care (Primary care model) (1)				
	\bigcirc All staff share in the management of all patients (2)				
	Other (3)				
Q8	Q8 Does your anticoagulation clinic/service care for patients taking warfarin therapy?				
	○ Yes (1)				
	O No (2)			
		e (3)			

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Q6 Which types of providers work in your anticoagulation clinic/service? (select all that apply)

Q9 Does your anticoagulation clinic/service care for patients taking the direct oral anticoagulants (DOACs, e.g. apixaban/Eliquis, dabigatran/Pradaxa, edoxaban/Savaysa, rivaroxaban/Xarelto)?

○ Yes (1) O No (2) \bigcirc Unsure (3)

Q10 Which of the following <u>initial</u> anticoagulation-related (warfarin and/or DOAC) treatment decisions does your anticoagulation clinic participate in? (select all that apply, even if only for a minority of patients)

Anticoagulant drug selection (1)
Anticoagulant dose selection (2)
INR target range (3)
Determining appropriate duration of therapy (4)

Q11 Does your anticoagulation clinic/service provide any peri-operative management care?

○ Yes (1)

 \bigcirc No, and we are <u>not currently interested</u> in participating in peri-operative management (2)

O No, but we would like to participate in peri-operative management (3)

Display This Question:

If Does your anticoagulation clinic/service provide any peri-operative management care? = Yes

Q12 Which anticoagulation clinic/service staff provide each of the following services at your anticoagulation clinic/service **in the perioperative period**?

	Nurse (1)	Pharmacist (2)	NP/PA (3)	Other (4)	Service Not Provided (5)
Assessing if an anticoagulant should be stopped temporarily for a surgery/procedure (1)					
Assessing if a short-acting "bridging" anticoagulant is necessary for warfarin patients who are temporarily stopping for a surgery/procedure (2)					
Ordering short- acting "bridging" anticoagulant (e.g. low molecular weight heparin) for appropriate patients (3)					
Educating patients on how to self-administer low molecular weight heparin shots (4)					
Determining the appropriate number of days prior to a surgery/procedure to stop a DOAC medication (5)					

Q13 Thinking more broadly across all patients in your anticoagulation clinic/service, which of the following services are provided?

	Yes (1)	No (2)	Unsure (3)
Advice to providers about which patients should switch anticoagulants (1)	0	0	0
Advice to providers about how to switch anticoagulants (2)	\bigcirc	\bigcirc	0
Advice to patients about how to switch anticoagulants (3)	\bigcirc	\bigcirc	\bigcirc

Q14 How does your anticoagulation clinic primarily interact with patients?

○ Face-To-Face (1)

 \bigcirc Phone Based (2)

 \bigcirc Both (3)

Other (4)

Q15 How are	INR's checked for warfarin-treated patients in your clinic? (Select all that apply)
	Point-of-Care in clinic (1)

Laboratory-based venipuncture (2)
Patient home self-testing (3)

Other (4)

Page Break ------

Q16 Now we'd like to ask a few questions about you, your clinical role/experience, and where you get your continuing education.

Q17 Which of the following degrees do you hold? (Select all that apply)

Nursing (e.g. RN, LPN) (1)
Pharmacy (e.g. PharmD, BSPharm) (2)
Advance Practice Providers (e.g. NP or PA) (3)
Physician (e.g. MD or DO) (4)
Management (e.g. MBA) (5)
Medical Assistant (e.g. certification) (6)

Q18 What is your role in your anticoagulation clinc/service? (Select all that apply)

Clinic/service manager (1)
Front-line provider (2)
Both (3)
Other (4)

Q19 What are the top 3 sources where you get your education on new drugs and guidelines? (Select all that apply)

Medical journals or journal clubs (1)
Online resources (2)
Conferences (3)
Institutional grand rounds or other institutional events (4)
Webinars (5)
Pharmaceutical Representatives (6)
Other (7)

Q20 How familiar are you with the AC Forum Lunch and Learn webinar series?

O Not at all familiar (1)
\bigcirc I've heard of it, but never attended/joined (2)
\bigcirc I've attended one or two (3)
○ I attend occasionally (4)
◯ I'm a regular attendee (5)

Q21 Do you have detailed knowledge about your anticoagulation clinic/service staff model, structure and policies?

○ Yes (1)

O No (2)

O Unsure (3)

End of Block: Basic Survey for ALL AC Forum Members

Start of Block: Extended Survey

Q22 You have been selected to answer a few additional questions based on your prior answers.

For these remaining questions, please focus your answers on your <u>outpatient anticoagulation</u> <u>services</u>.

0 2 4 6 8 10 12 14 16 18 20

Q23 How many FTEs (full time equivalents) of each staff type are currently working in your anticoagulation clinic/service?

RN ()	
LPN ()	
Nurse Practitioner (NP) ()	
Physician Assistant (PA) ()	
Pharmacist (e.g. PharmD or RPH) ()	
Pharmacy Technician ()	
Medical Assistant ()	
Administrative Assistant (Clerk) ()	

Q24 On average, how many patients is your anticoagulation clinic/service managing?

Q25 Approximately how many patients are assigned per full time clinical FTE staff person (i.e. staff to patient ratio)? Please consider only clinical staff members (do not include administrative staff) Q26 Does your anticoagulation clinic/service offer 24/7 coverage to your patients? ○ Yes (1) O No (2) Display This Question: If Does your anticoagulation clinic/service offer 24/7 coverage to your patients? = Yes Q27 Is after-hours coverage provided by anticoagulation clinic/service staff members? ○ Yes (1) O No (2) _ _ _ _ _ _ _ _ _ _ _ _ Display This Question:

If Is after-hours coverage provided by anticoagulation clinic/service staff members? = Yes

Q28 Which staff from your anticoagulation clinic/service provide after-hours coverage? (select all that apply)

Nursing (e.g. RN or LPN) (1)
Pharmacy (e.g. PharmD or BSPharm) (2)
Advance Practice Providers (e.g. NP or PA) (3)
Physicians (e.g. MD or DO) (4)
Other (5)

Display Thi	s Questic	on:						
If Is aft	er-hours	coverage	provided k	ov anticoa	gulation	clinic/service	staff members? = \	les

Q29 How are your employees compensated for after-hours, weekend and holiday coverage?

Overtime pay (1)
◯ On-call pay (2)
\bigcirc Included as a part of their standard base pay (3)
O Unsure (4)
Q30 Are you aware of your anticoagulation clinic/service insurance, diagnosis, and drug treatment breakdown?
○ Yes (1)
O No (2)

Display This Question: If Are you aware of your anticoagulation clinic/service insurance, diagnosis, and drug treatment bre... : Yes Q31 Approximately what percentage (%) of your anticoagulation clinic/service patients have each of the following insurance types: (numeric 0-100, must total to 100) Medicare : _____ (1) Medicaid : _____ (2) Private/Commercial : _____ (3) No insurance : _____ (4) Other : _____ (5) Total : _____ Display This Question: If Are you aware of your anticoagulation clinic/service insurance, diagnosis, and drug treatment bre... = Yes Q32 Approximately what percentage (%) of your anticoagulation clinic/service patients have each of the following indications for anticoagulation therapy: (numeric 0-100, must total 100) Atrial Fibrillation : (1) Venous Thromboembolism (Pulmonary Embolism and/or Deep Vein Thrombosis): (2) Valve disease/replacement: (3)

Post hip/knee replacement VTE phrophylaxis : _____ (4)

LVAD : _____ (5) Other : _____ (6) Total : _____

Display This Question:

If Are you aware of your anticoagulation clinic/service insurance, diagnosis, and drug treatment bre...

= Yes

Q33 Approximately what percentage (%) of your anticoagulation clinic/service patients are taking each of the following medications: (numeric 0-100, must total 100) Warfarin : ______ (1) Direct oral anticoagulants : _____ (2) Injectable anticoagulants only (e.g LMWH) : _____ (3) Total : _____ Display This Question:

If Approximately what percentage (%) of your anticoagulation clinic/service patients are taking each... [Direct oral anticoagulants] > 0

Q34 Which of the following services are provided in your anticoagulation clinic/service for patients treated with direct oral anticoagulants (DOACs) (select all that apply)

	Review appropriateness of indication (1)
	Review appropriateness of dosing (2)
	Review for potential drug-drug interactions (3)
(4)	Order periodic laboratory tests (e.g. renal function, liver function, blood counts)
	Ensure timely dose change for venous thromboembolism patients (e.g. dose ter 7 or 21 days for apixaban and rivaroxaban patients, respectively), or switch /H to dabigatran/edoxaban (5)
	Help patients access prescription assistance programs (6)
Display This Q	uestion:
	nately what percentage (%) of your anticoagulation clinic/service patients are taking each ticoagulants] > 0
Q35 Do you h	ave a follow-up protocol for DOAC-treated patients?
◯ Yes (′	1)

🔾 No (2)

Q36 Do you use an electronic medical record (EMR) to track your patients' anticoagulation management?

Display This Question:	track your patients' anti	
○ No (2)		
○ Yes (1)		
\bigcirc Yes (1)		

Q37 If yes, do you have access to a <u>real-time</u> individual time in the therapeutic range (iTTR) when warfarin-treated patients are being managed by anticoagulation clinic/service staff?

○ Yes (1)
O No (2)
O Unsure (3)

Q38 How do your anticoagulation clinic/service staff communicate with other providers when questions arise? (select all that apply)

E-mail (1)
Messaging through the electronic medical record (EMR) (2)
Phone call and/or pager (3)
Other (4)

Q39 Does your anticoagulation clinic/service get reimbursed for your services?

○ Yes (1)
O No (2)
Display This Question:
If Does your anticoagulation clinic/service get reimbursed for your services? = Yes
Q40 If yes, from who do you receive reimbursement?
O Insurance companies only (2)
O Both (3)
End of Block: Extended Survey
Start of Block: AC Forum Interview Info

Q41 Would you be interested in participating in an interview during the AC Forum meeting to further describe the structure and function of your anticoagulation clinic/service? Time for interviews will be scheduled when no presentations are occurring. All interview participants will receive a \$50 gift card.

○ Yes (1) O No (2)

Display This Question: If Would you be interested in participating in an interview during the AC Forum meeting to further d... = Yes

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_ _ _ _ _ _ _ _

Q42 Name (First and Last):

Display This Question:

If Would you be interested in participating in an interview during the AC Forum meeting to further d... = Yes

Q43 E-mail address:

Display This Question: If Would you be interested in participating in an interview during the AC Forum meeting to further d... = Yes

Q44 Phone Number:

End of Block: AC Forum Interview Info

Start of Block: Gift Card Information

Q45 As a thank you for completing this survey, four survey respondents will be randomly selected to receive a \$50 gift card. If you are interested in being selected, please complete your contact information below. All contact information below will be kept confidential and not linked to any prior survey responses.

Thank you again for completing this survey. If you have any questions or concerns, please contact Dr. Geoffrey Barnes (gbarnes@umich.edu).

Q46 Name (First and Last):

Q47 E-mail address:

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Q48 Phone Number:

End of Block: Gift Card Information