

Heartfelt Hurdles:

THE CARDIOVASCULAR DISEASE PATIENT EXPERIENCE

November 2023

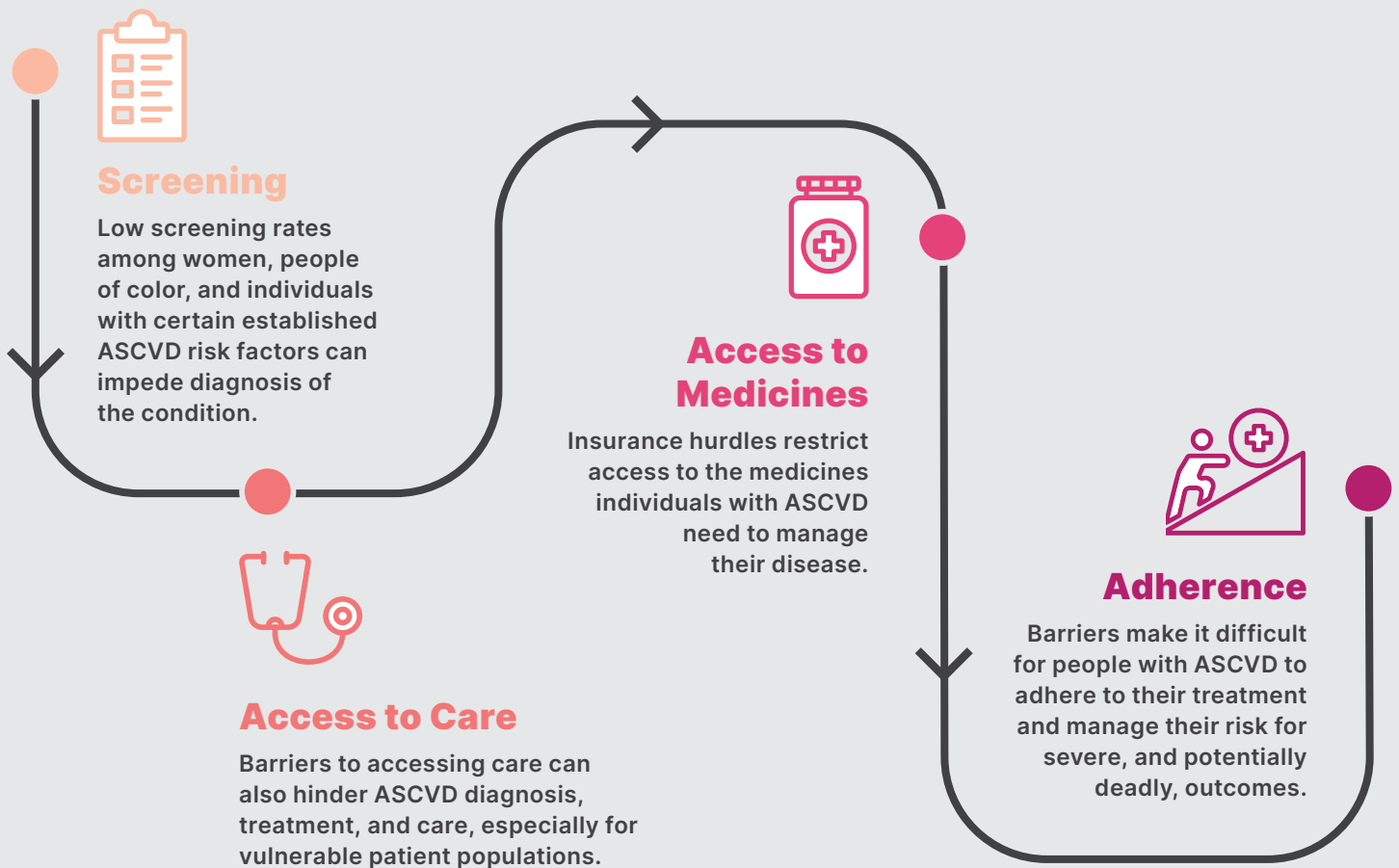


TAKE HEALTH TO
HEART

Take Health to Heart commissioned the Health Analytics & Insights Group to conduct a comprehensive survey to better understand the experiences of people with atherosclerotic cardiovascular disease (ASCVD). In total, we surveyed 5,670 individuals, of whom 897 reported having ASCVD. Data were weighted to adjust for U.S. Census Bureau population parameters and be representative of the U.S. population in terms of age, gender, region, race, and ethnicity.

Despite the progress our nation has made in combating heart disease, it remains the leading cause of death in the U.S. Our survey found that the path for people with ASCVD remains challenging, with barriers and hurdles to overcome throughout the process – starting with screening and diagnosis, and persisting through access to care and treatment and ongoing disease management.

Our survey findings suggest that these hurdles disproportionately burden vulnerable populations, including women, people of color, and those with lower income levels.



What is ASCVD?

ASCVD is the most common and deadliest form of heart disease, caused by the build-up of “bad cholesterol” (LDL-C) in the blood. ASCVD does not always have clear or obvious symptoms, yet gradually, it can restrict blood flow to parts of the body, leading to heart attacks, strokes, and other serious consequences.



Screening

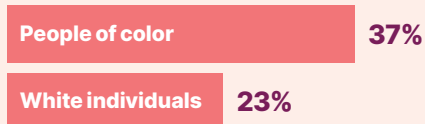
Barriers to screening impede diagnosis of ASCVD, especially among people of color and women.



4,773 respondents reported that they have not been diagnosed with ASCVD. Among those, many people of color, women, and individuals with established ASCVD risk factors (e.g., diabetes, smoking, and family history of heart disease) have not had, or do not recall having had, their cholesterol tested or having discussed heart disease with their clinicians. This suggests screening barriers may be hindering vulnerable populations from understanding and fully addressing their ASCVD risk.

People of color and women reported lower levels of screening than White individuals and men.

People of color were more likely to report never having had their cholesterol measured, compared to White individuals.



Over half of women (53%) have never discussed cardiovascular disease (CVD) risk factors with their clinicians, compared to just 44% of men.



Many individuals with established ASCVD risk factors have also not been screened.

Nearly 1/3 of...



people with diabetes (29%) have not discussed CVD risk factors with their clinicians.



people with a family history of CVD (32%) have not discussed CVD risk factors with their clinicians, and nearly 1 in 5 have never had their cholesterol measured.



smokers (31%) have neither discussed CVD risk factors with their clinicians nor had their cholesterol measured.

These low screening rates were even more profound among people of color and women with these risk factors.



43% of Black smokers have never had their cholesterol measured, compared to 32% of White smokers.



37% of women with a family history of CVD have not discussed risk factors with their clinicians, compared to 24% of men with a family history of CVD.



Access to Care

People with ASCVD, especially women and people of color, face a variety of barriers to accessing care.



For people with ASCVD, early diagnosis and treatment are critical to help reduce risk of negative outcomes like heart attacks and strokes. The respondents with ASCVD reported a variety of barriers to accessing that essential care – ranging from cost and transportation barriers to negative experiences with the health care system like misdiagnosis and unfair treatment.

People with ASCVD reported a variety of barriers to accessing primary and specialty care, including:



Cost of Care



Identifying a Clinician



Insurance Barriers



Difficulty Scheduling



Lack of Transportation

Cost is a major barrier to care for people with ASCVD, particularly people of color.



Half of people with ASCVD reported having trouble paying medical bills in the past year.



66% of people of color with ASCVD reported having trouble paying medical bills in the past year (vs. 46% of White individuals with ASCVD).



Over 1/3 of people with ASCVD said their out-of-pocket costs are expensive or more than they can afford.



62% of people of color with ASCVD reported having anxiety over their ability to access care (vs. 44% of White individuals with ASCVD).

Women and people of color with ASCVD reported higher rates of misdiagnosis and/or dissatisfaction with their care.



Women with ASCVD were more than twice as likely as men to report being unsatisfied with the way their clinicians explain and answer questions and concerns about their health (13% vs. 6%).



People of color with ASCVD were more likely than White individuals with ASCVD to report being misdiagnosed or given incorrect treatment in the past year (49% vs. 37%).



45% of people of color with ASCVD reported experiencing unfair judgment/treatment based on their race.



Access to Medicines

Insurance barriers create challenges for people with ASCVD trying to access appropriately prescribed treatments.



Insurance companies often use **utilization management** techniques, such as prior authorization and step therapy, to limit patient access to prescribed medicines, often in the name of managing costs.

92% of people with ASCVD who had insurance and a prescription still experienced barriers to accessing treatments in the past three months. These barriers, which often result in delay or denial of care, included:



Prior Authorization

Insurers require clinicians to seek advance approval for their prescriptions.



Coverage Denial

Insurers may not cover the medicine their clinician believed would be most effective.



Cost-sharing Barriers

Accumulator adjustment programs prevent co-pay assistance methods from counting toward patient cost-sharing.

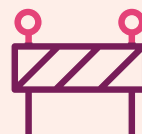


Step Therapy

Insurers require patients to try and fail on a medication before allowing them to "step up" to one that may be more expensive.



35% of people with ASCVD reported **multiple instances of utilization management**, delaying their access to needed medicine.



Nearly 1/3 of people with ASCVD experienced a **prior authorization barrier** in just the past three months.



1 in 4 people with ASCVD have spent **5 or more hours** in the past three months navigating insurance to access needed medicine.



Most people with ASCVD reported facing utilization management barriers, but that burden was **greatest among Hispanic respondents** (**99%** of whom experienced utilization management).



Adherence

Interconnected barriers to access pose further challenges for people with ASCVD trying to manage their condition.



The barriers demonstrated by this survey data show that relatively few individuals are adequately screened, diagnosed, and treated for ASCVD risk. Even for those patients who navigate those hurdles, access barriers can make it difficult for them to adhere to their prescribed treatments and manage their risk for serious outcomes.

95% of people with ASCVD who experienced utilization management barriers reported having trouble adhering to their prescribed medicines, compared to just 16% of those with ASCVD who were not subject to utilization management barriers.

In response to these hurdles, individuals with ASCVD reported:



Skipping one or more doses of medicine



Not picking up medicine from the pharmacy



Delaying picking up or taking medicine

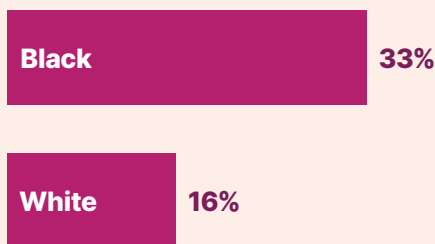


Cutting pills in half

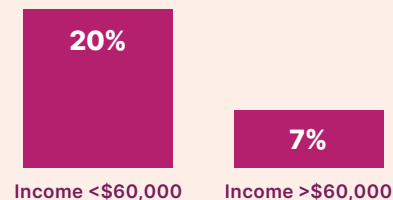
Adherence challenges disproportionately impact vulnerable patient populations.



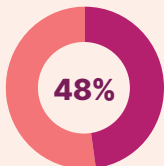
Black individuals with ASCVD were **twice as likely to not fill or pick up their ASCVD prescription** as White individuals.



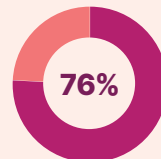
Individuals with ASCVD who had a total family income under \$60,000/year were **more likely to cite affordability** as the main reason for not adhering to their medication.



Many individuals with ASCVD reported that their health suffered due to these barriers to taking their medications as prescribed.



48% of individuals with ASCVD who experienced utilization management barriers reported negative health impacts due to adherence challenges.



76% of those who experienced multiple utilization management barriers reported negative health impacts.



Addressing Barriers to Better Cardiovascular Treatment & Outcomes

As the findings from this survey suggest, vulnerable populations, including women, people of color, and individuals with lower income levels, face significant hurdles in accessing the screening, care, and treatment they need to appropriately understand their ASCVD risks or manage their condition.

Policy reforms are needed to address these barriers that can lead to poor outcomes for the millions of Americans at risk for or living with ASCVD. Take Health to Heart encourages elected officials, community leaders, clinicians, and patients to advocate for policies that address these barriers by increasing access to screening, care, and treatment.

To help reduce the burden of ASCVD in the U.S. and stop the rise in cardiovascular deaths, Take Health to Heart has identified four policy goals:



Ensure broad, appropriate, and timely access to care and treatment



Address the socioeconomic barriers that contribute to disparities in cardiovascular outcomes



Improve the quality of cardiovascular care through updated quality measures



Enable better collaboration across health care stakeholders

Methodology

Take Health to Heart commissioned the Health Analytics & Insights Group to survey a comprehensive consumer panel in both English and Spanish through Dynata between December 18, 2022 and January 31, 2023. Data were weighted to adjust for U.S. Census population parameters and be representative of the U.S. population in age, gender, region, race, and ethnicity. Throughout the report, "people of color" refers to all individuals who self-reported their race as Black, American Indian/Alaskan Native, Asian, and Other.

The 5,760 total respondents included 3,649 patients with chronic conditions and 897 self-identified individuals living with ASCVD, inclusive of the following conditions: aortic atherosclerotic disease; angina (stable or unstable); arteriosclerosis/atherosclerotic cardiovascular disease (hardening of the arteries); carotid artery stenosis; cerebrovascular disease (TIA, ischemic stroke); coronary artery disease; coronary heart disease (myocardial infarction, coronary artery stenosis); ischemic heart disease; and peripheral artery disease. Adherence challenges were defined as engaging in any of the following behaviors related to a prescribed medication: skipping one or more doses, cutting pills in half, not completing the full course of medication, delaying the pickup or administration of the medicine, not filling or picking up the prescription from the pharmacy, or picking up the medication but not taking any of it.

About Take Health to Heart

Take Health to Heart is an education and advocacy initiative of the [Foundation of the National Lipid Association](#) and the [National Medical Association](#). *Take Health to Heart* is made possible through a sponsorship from Novartis Pharmaceuticals Corporation. Learn more at [TakeHealthtoHeart.org](https://www.TakeHealthtoHeart.org).

About the Health Analytics & Insights Group

The [Health Analytics & Insights Group](#) delivers industry-leading research and strategic counsel to inform clinical and public health practices and legislative and regulatory policies that support a patient-centric approach to value and improve outcomes, equity, access, and engagement in health care.