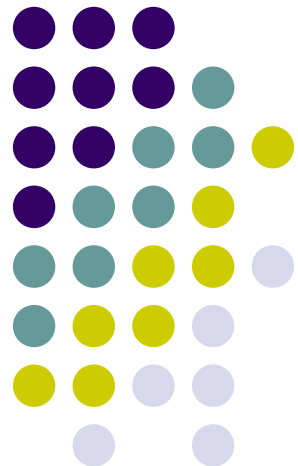
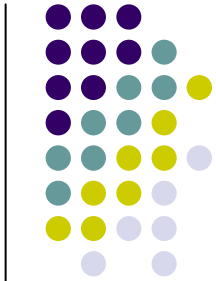
Warfarin Survey

November 2007



Study Sponsors



- Massachusetts Medical Society
- Massachusetts Coalition for the Prevention of Medical Errors
- Massachusetts Association of Health Plans

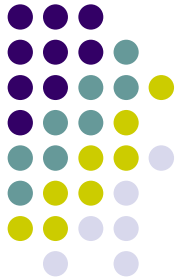
Purpose

- The specific goals of the study are to determine:
  - the extent to which physicians prescribing Warfarin are, or are not, using an Anticoagulation Monitoring and Managing Service (AMMS)
  - the barriers to the use of an AMMS
  - the steps that physicians believe would be most likely to remove barriers and promote the use of AMMS, and
  - the extent to which point of care (POC) international normalized ratio (INR) testing is being used.

Methodology

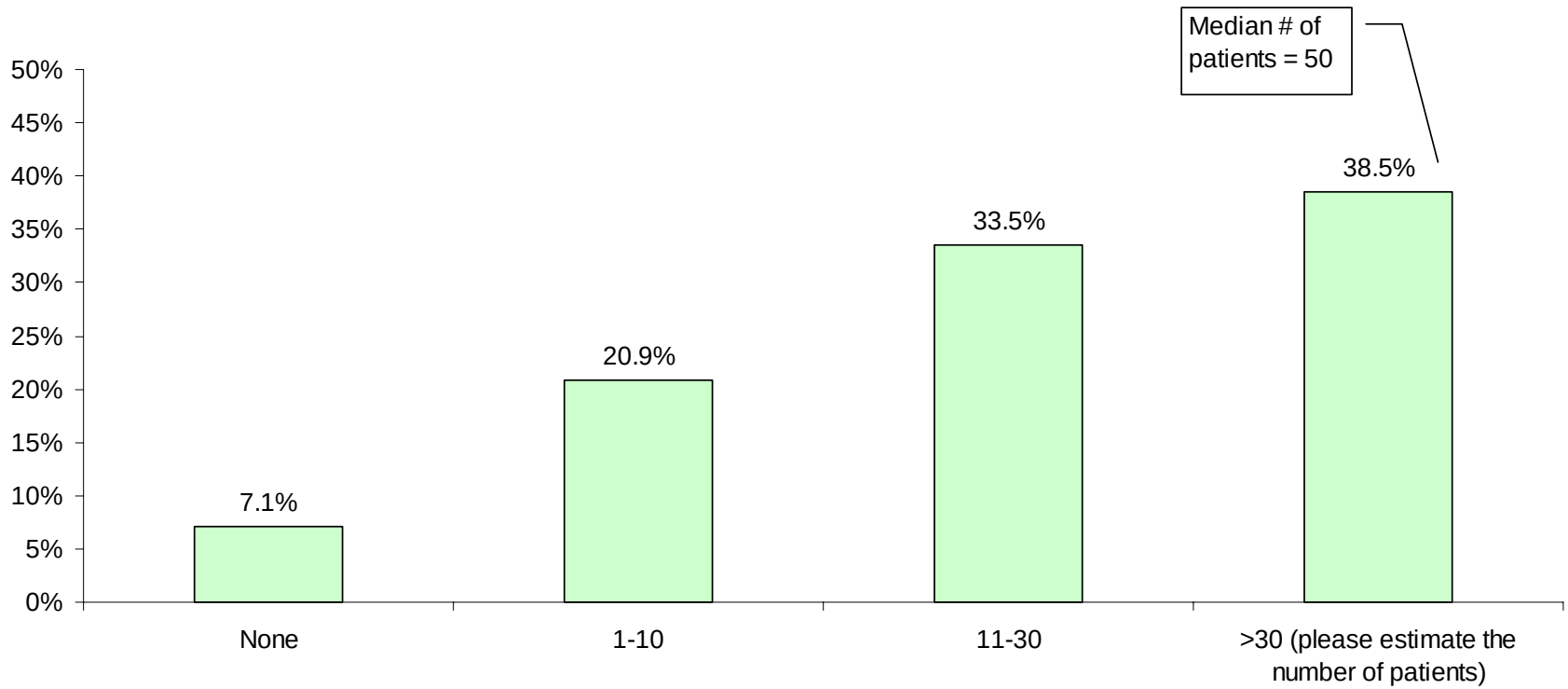
- Sample Criteria
  - Full and Active License with a Massachusetts address
  - Seven Specialties
    - Cardiology
    - Family Medicine
    - Geriatrics
    - Internal Medicine
    - Neurology
    - Oncology
    - Orthopedics
  - E-mail address within the MMS IMIS database

Methodology *(continued)*



- E-mail Survey
  - 1st mailing September 28, 2007
  - 2nd mailing October 29, 2007
- Response Rate
  - Email addresses = 1,627
  - Bounce backs (bad addresses) = 119
  - Valid addresses = 1,508
  - Responses =185
  - Response rate (excluding bad addresses) = 12.3%

1. Roughly how many outpatients do you have on Warfarin at any one time?



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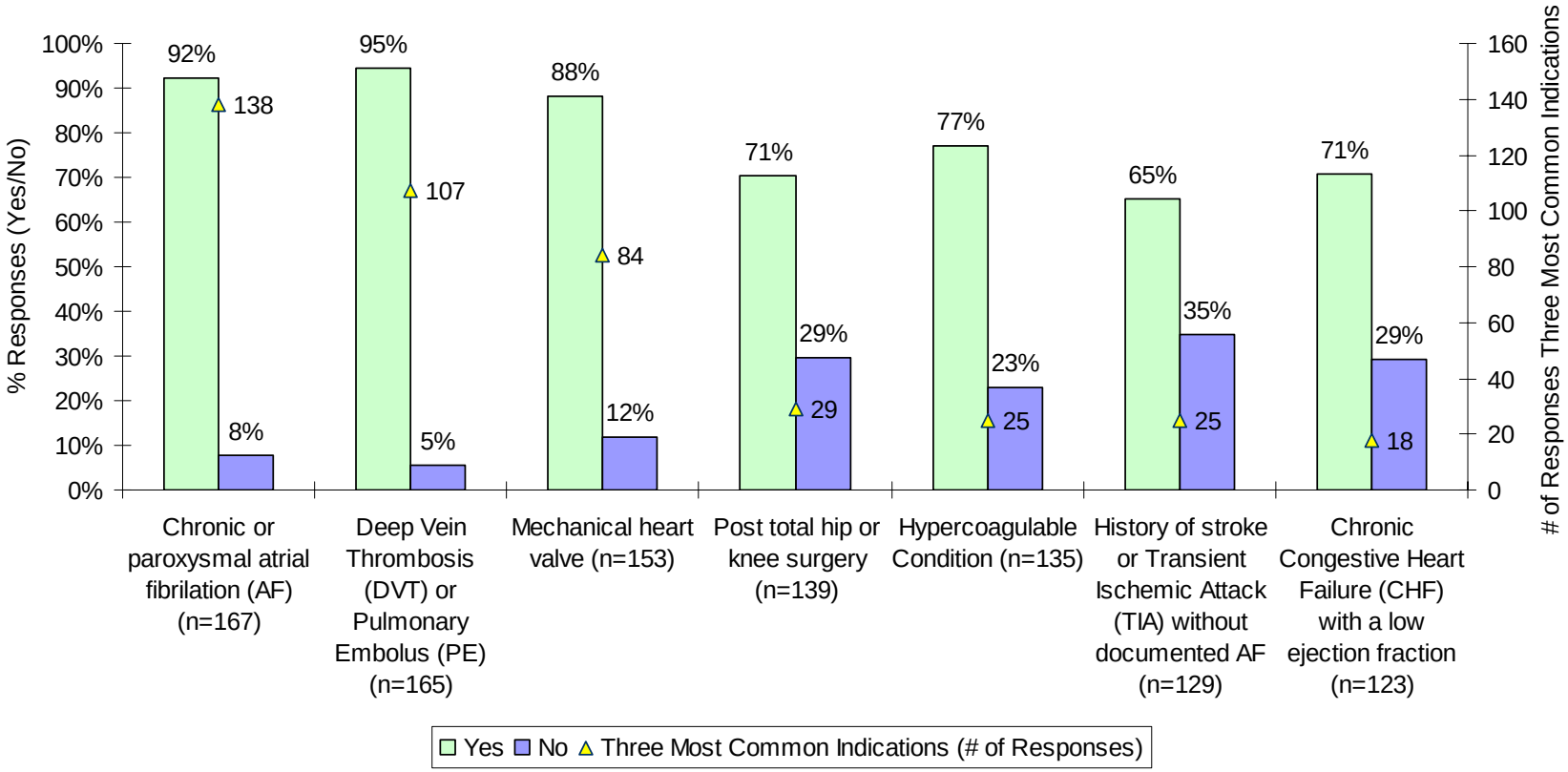
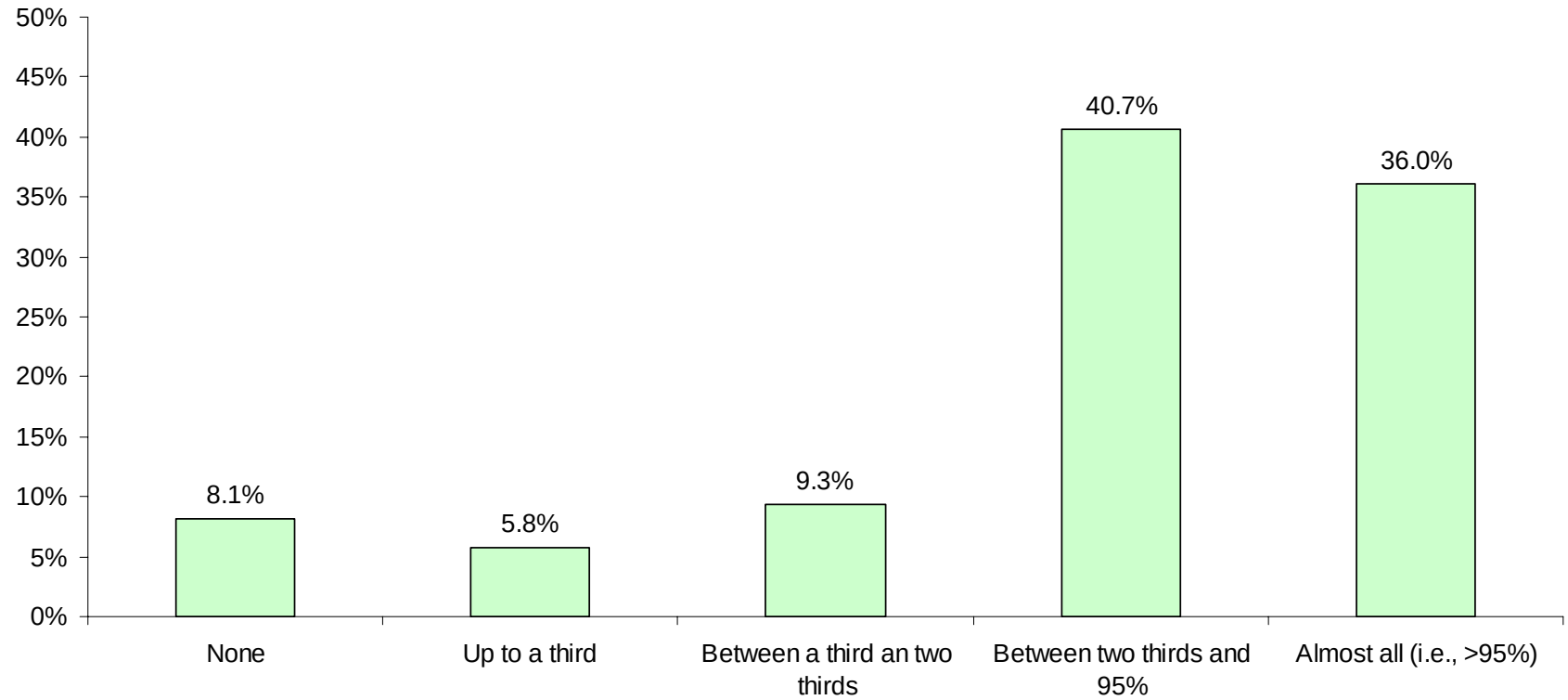
2. For which clinical indications do you have patients in your practice on Warfarin?



3. Roughly what percent of the patients you manage who have chronic or paroxysmal AF do you maintain on long term Warfarin?



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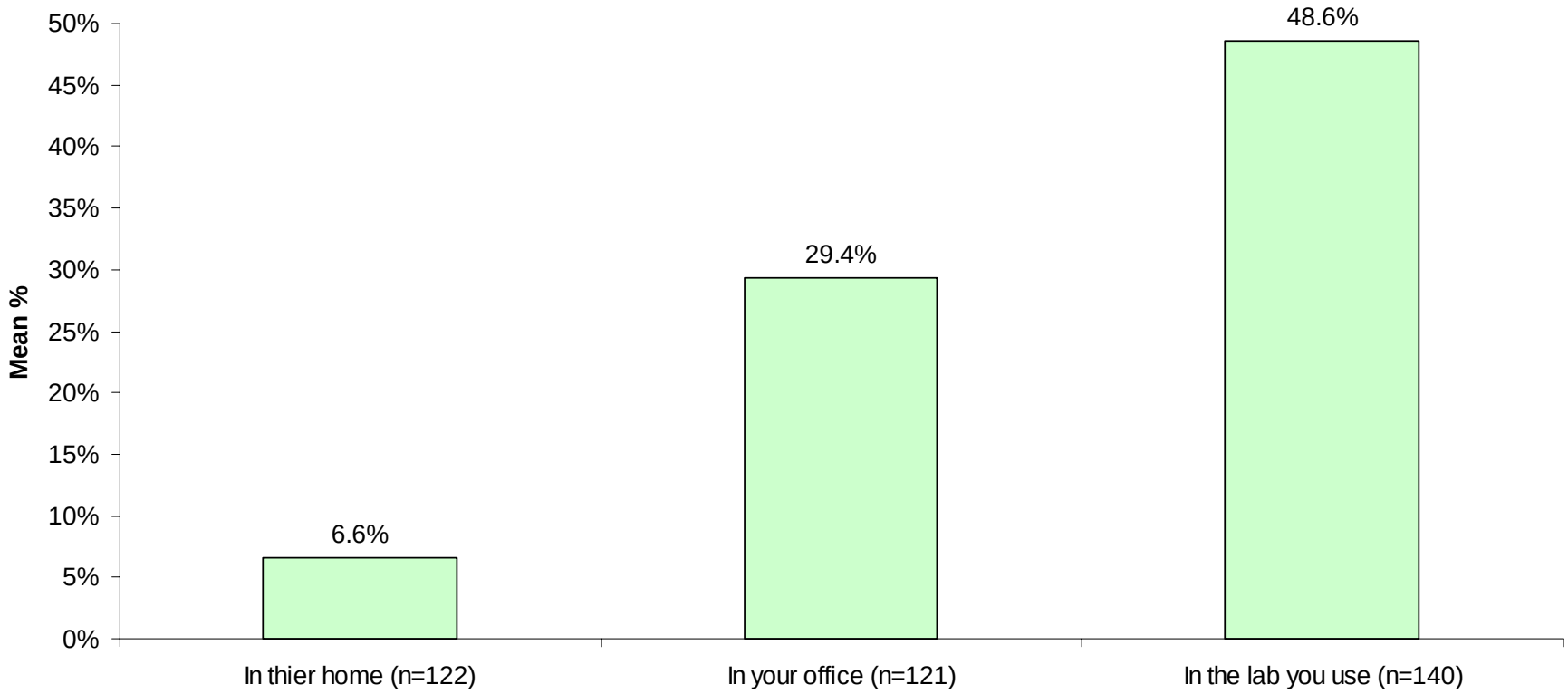
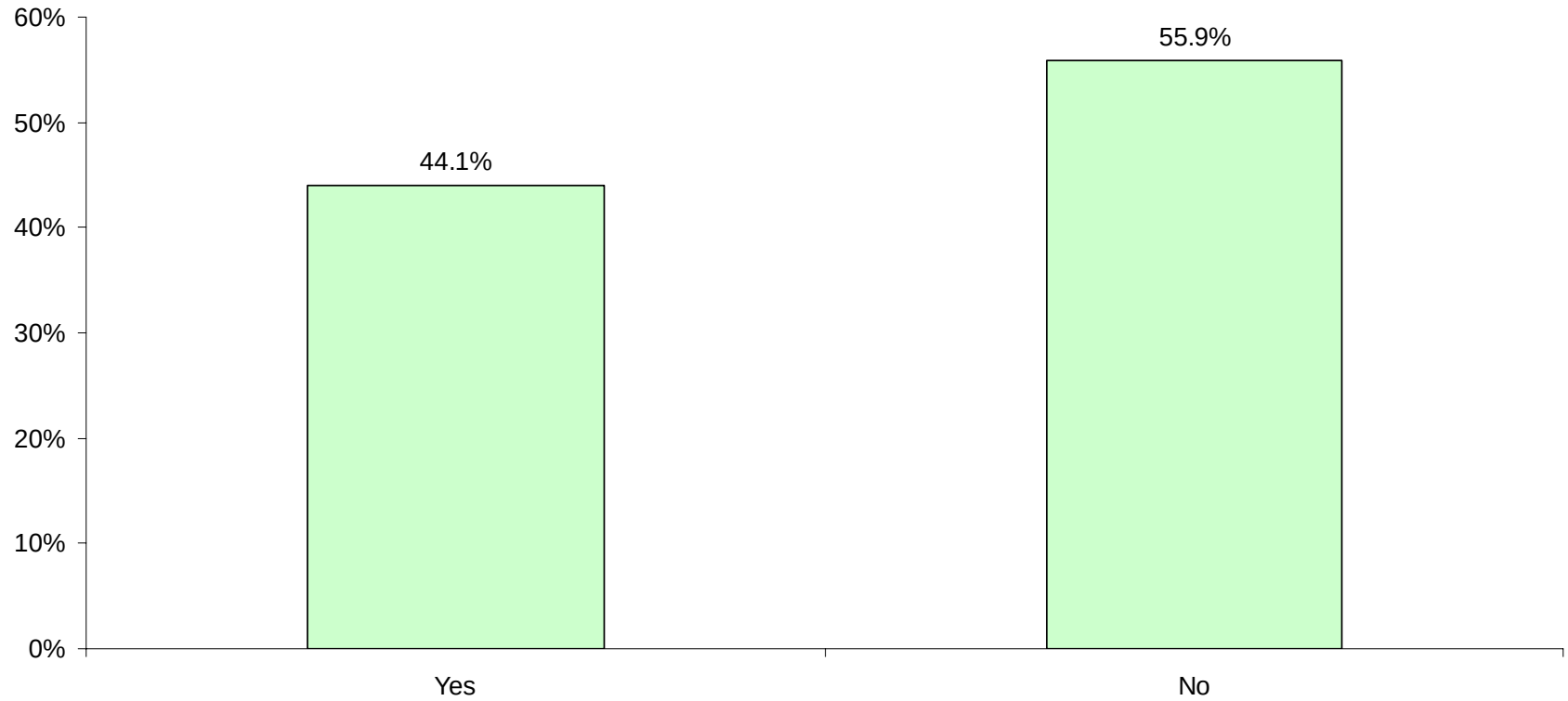
4. Of the patients you have on long term Warfarin, roughly what *percentage* of your patients use Point of Care (POC) INR testing for measuring their INR?



5. Do you use an anticoagulation monitoring and managing service (AMMS)?



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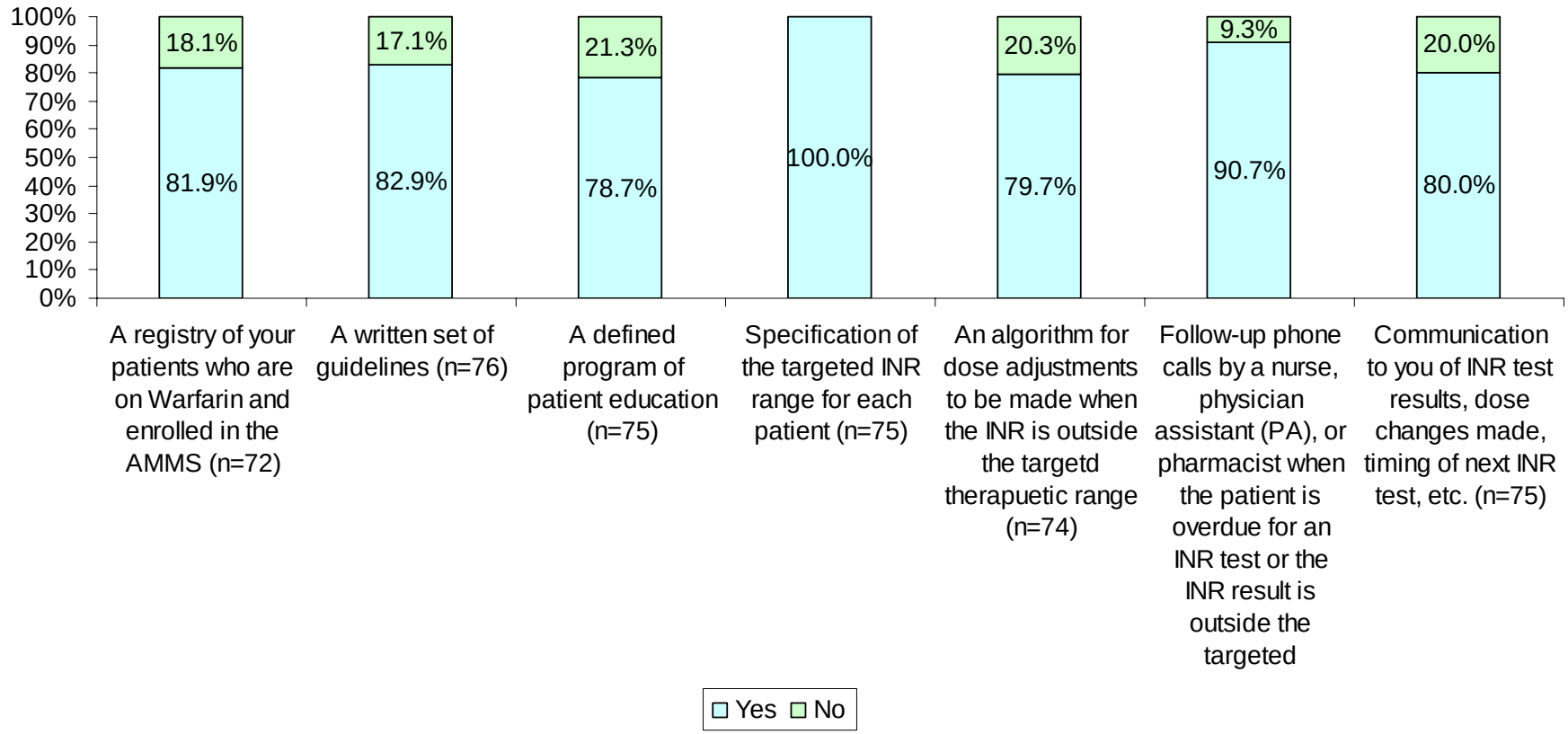
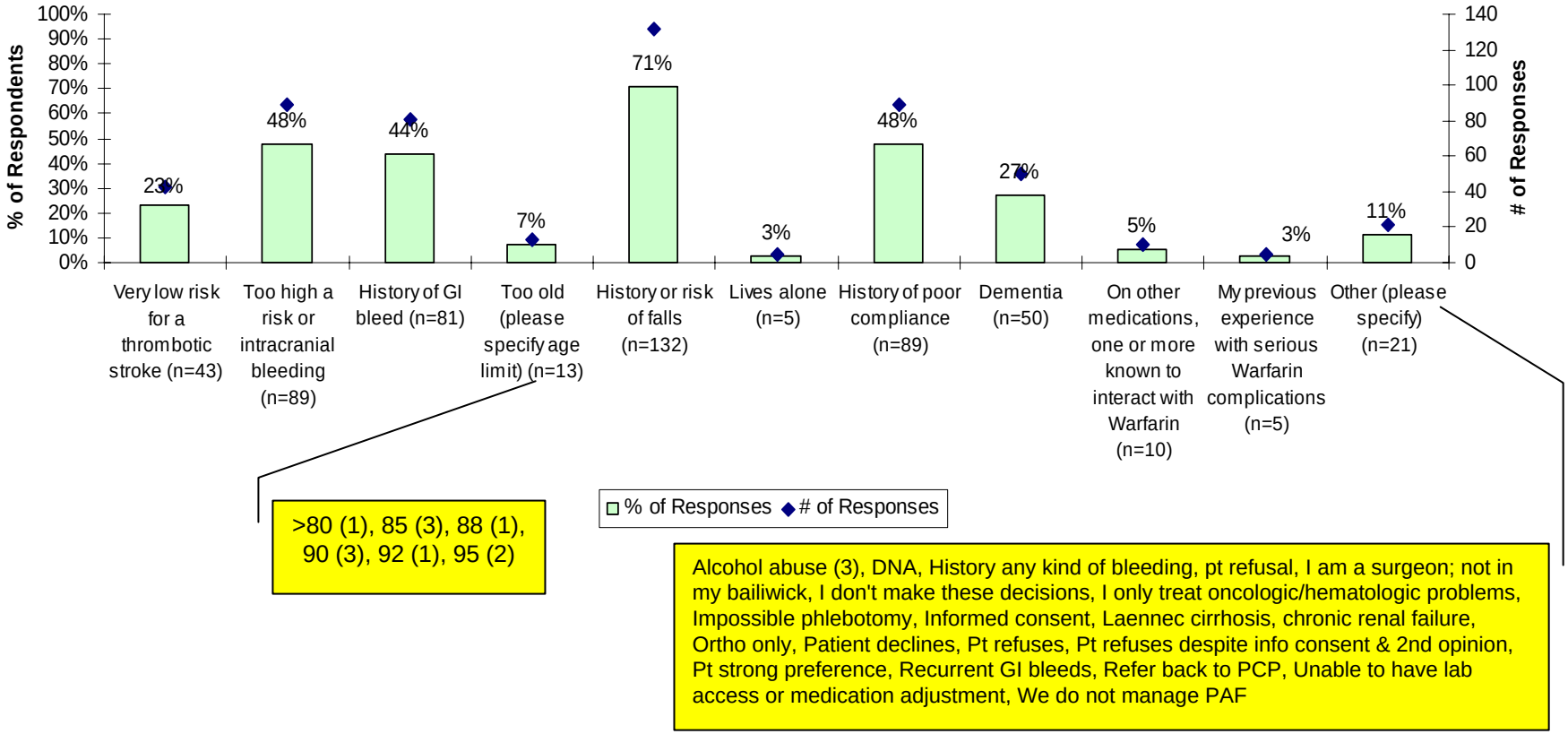
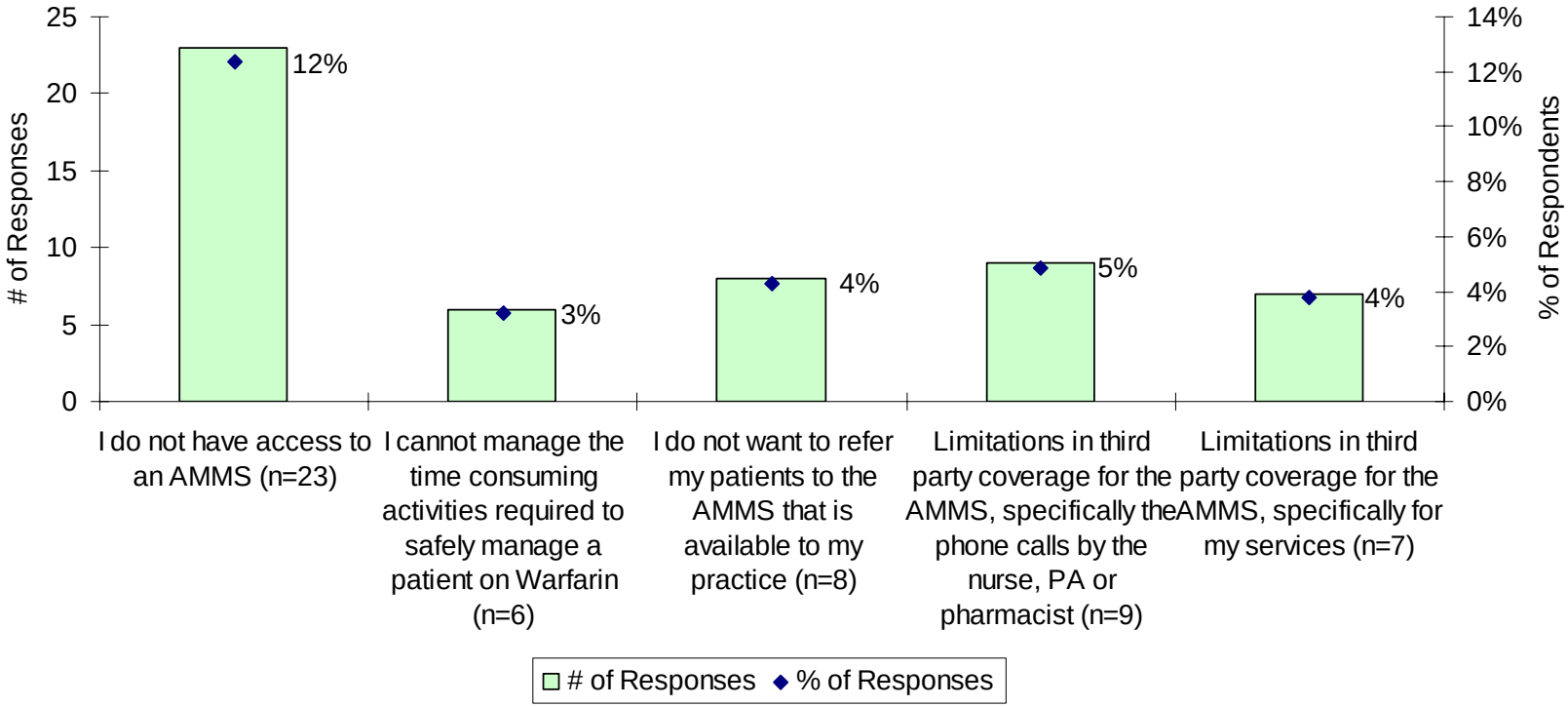
6. If you answered “yes” to question #5, does your AMMS include:



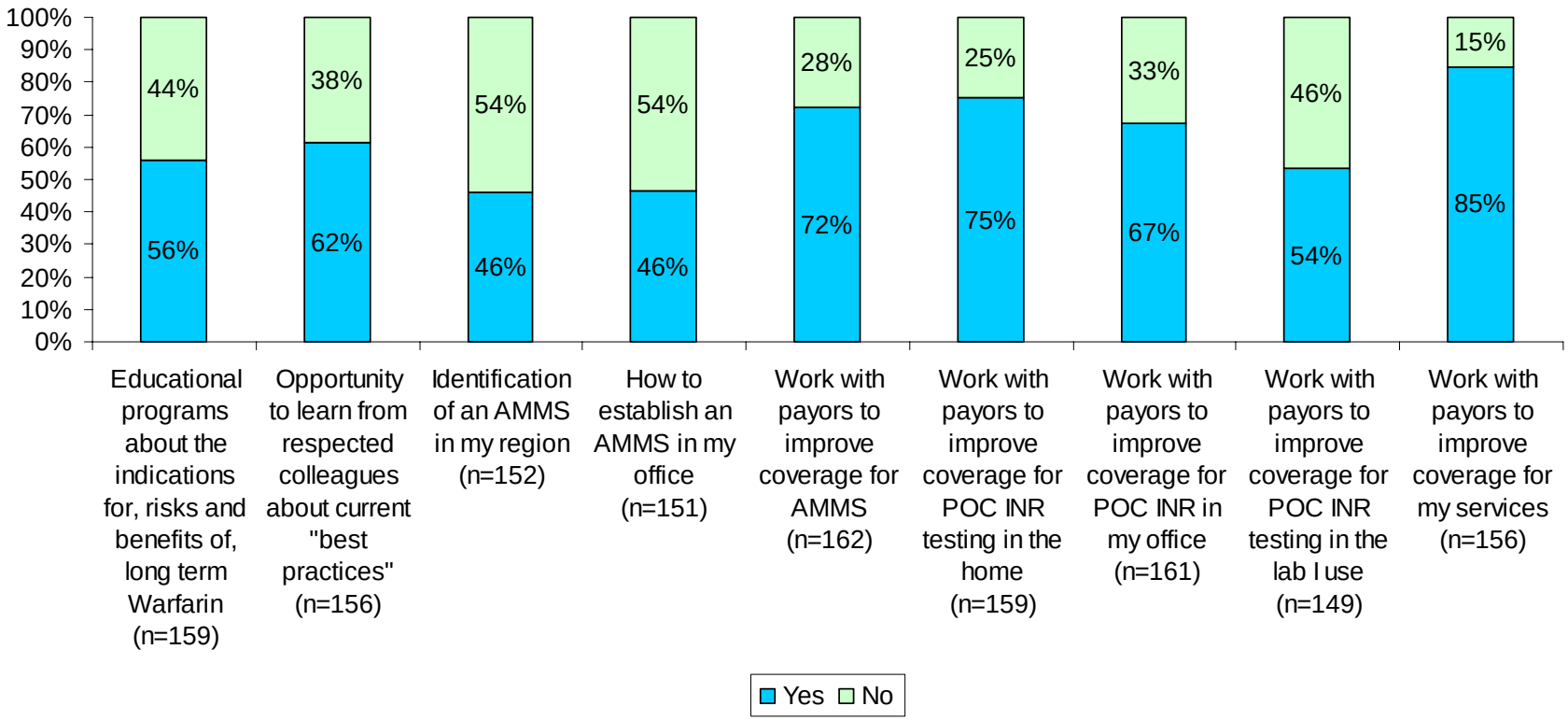
7. When you decide not to place a patient with chronic or paroxysmal atrial fibrillation on Warfarin, which patient characteristics are most likely to lead you to that decision? *Please check the three most common reasons.*



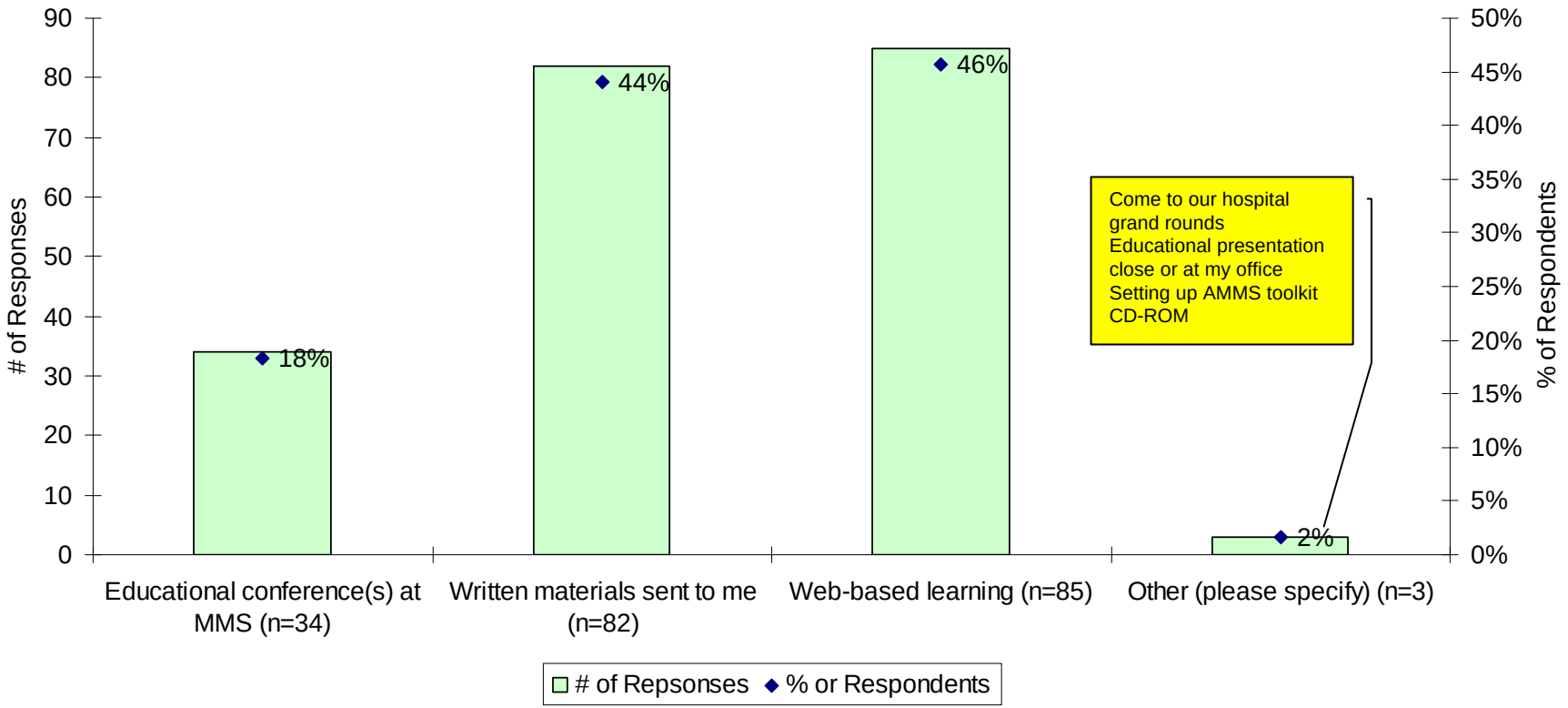
8. Which system issues are important factors when you decide not to place a patient with chronic or paroxysmal atrial fibrillation on Warfarin? *(check all that apply)*



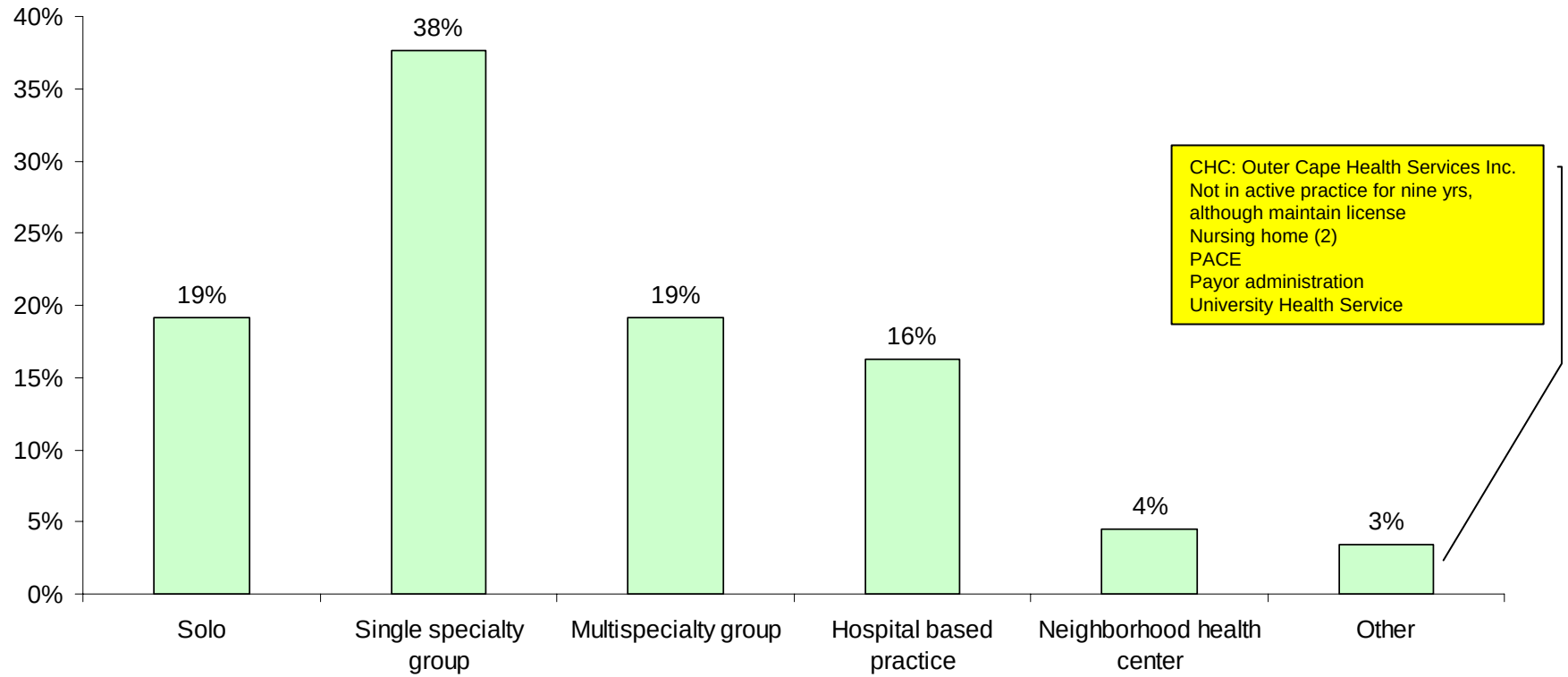
9. What actions would you like to see MMS take to help you manage the patients in your practice whom you want to have on Warfarin?



10. Which approach would you prefer *(check all that apply):*



11. Please advise us regarding your principal practice setting.



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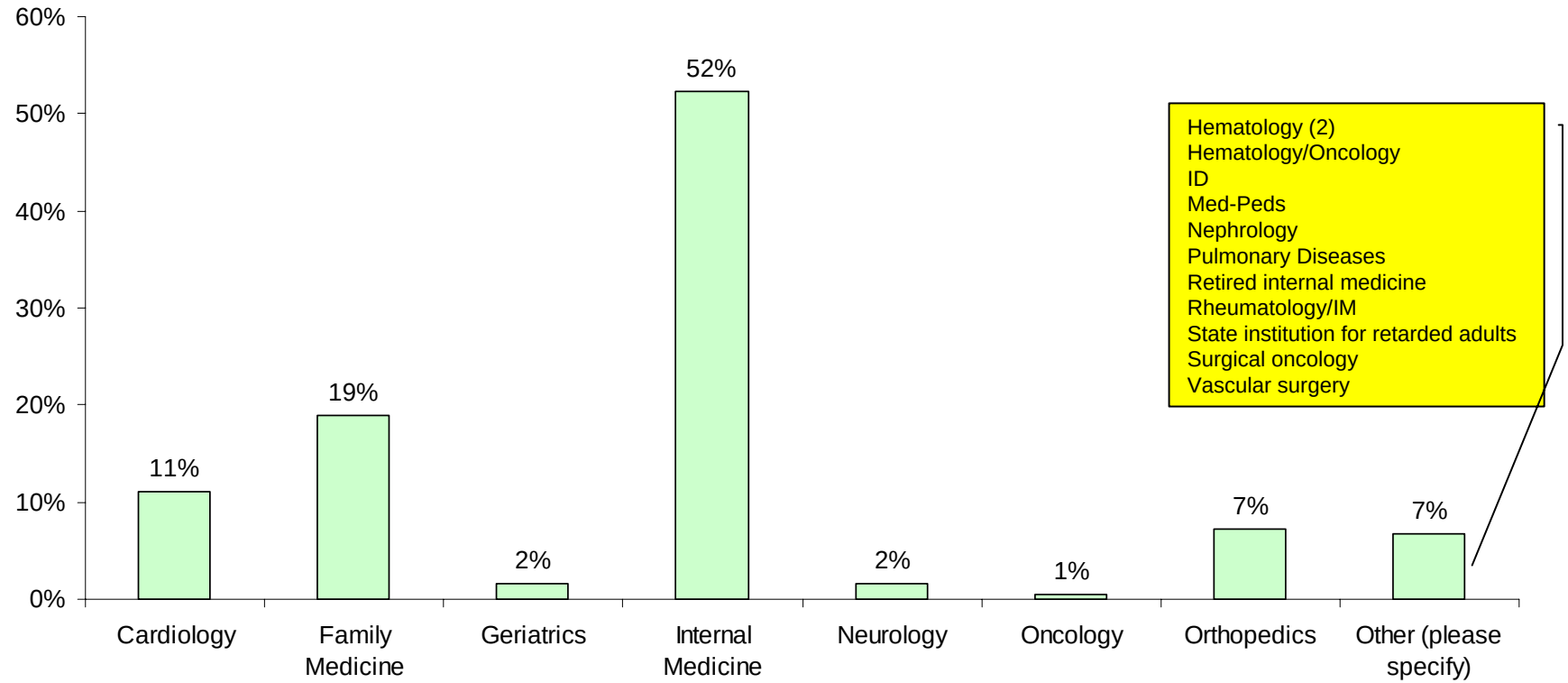
12. What is your specialty?



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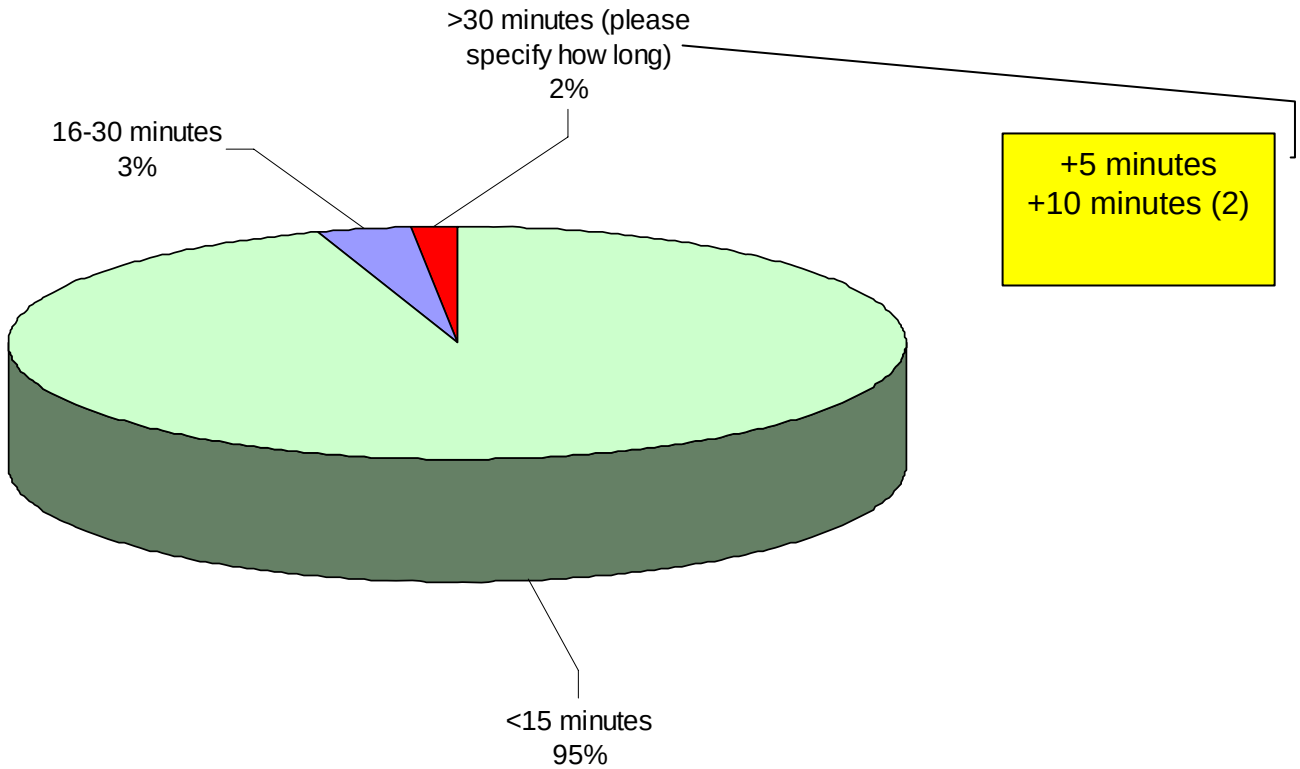
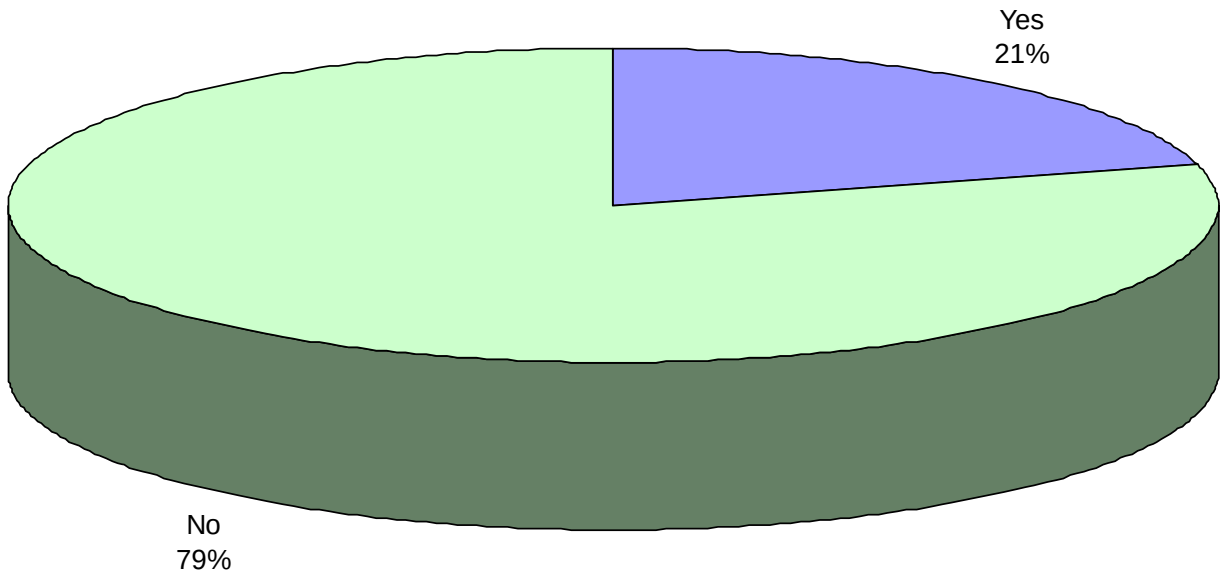
13. How long did it take you to complete this survey?



14. Were there other questions you think we should have asked?



14a. If yes, what are they?

- Do some or all of your patients get managed by an AMMS
- Do you already have POC testing, and how well does it work?
- Do you think a system-wide standardized protocol for monitoring and adjusting Warfarin is long overdue?
- Do you think the AMMS services are reliable, make accurate decisions, and communicate properly with PCPs?
- Do you wish we were spending our time on more important issues, like legislative advocacy and fair contracts for members not affiliated with big powerful groups?
- Have you ever heard of "AMMS"? Do you know what services one offers?
- Have you noticed any difference in managing patients on Coumadin -brand name, versus generic brands?
- How often is Coumadin control less than ideal? How often does the patient co Coumadin get into trouble from Coumadin?
- How well do you feel you are doing managing Coumadin with your current system?
- If you do your own anti-coagulation monitoring, do you use a tool- paper registry, Web-INR, etc
- Is there a convenient lab/service that offers AMMS to all my patients?
- Is your AMS based in your practice
- Our office follows written guidelines and an algorithm for dose adjustments but it isn't an "AMMS". Perhaps some questions could get at the characteristics of an AAMS that an office uses rather than just asking whether one has access to an AMMS.
- Should insurance companies or the federal government supply software to practitioners for INR management. It seems that this could reduce the rate of adverse events with proper software.
- Surgical targets for the community
- There should be a place to say "not applicable" for the various options.
- What % of patients have you tried on Warfarin but had to stop and why?
- Serious complications from Warfarin
- What percentage of patients in physician practices suffer complications of anticoagulant therapy?
- While not a question, better explanation of the monitoring service you describe. We use a nurse for POC and also lab monitoring, tracking patients, etc.

Questions