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Triple Antithrombotic Therapy Reduction Program (TARP)

George Abdallah Pharm.D., Jesse Yang M.D., Duane S. Pinto, M.D., Quynh Dang Pharm.D., Katherine Cunningham, Pharm.D.

Introduction/Problem

The optimal antithrombotic treatment regimen for patients with atrial fibrillation (AF) following percutaneous coronary intervention (PCI) with stent placement represents a challenge in clinical practice.

These patients often require treatment with triple therapy, a combination of an:

- Oral anticoagulation (OAC)
- Dual antiplatelet therapy (DAPT) with aspirin and a P₂Y₁₂ inhibitor

Several landmark trials (WOEST, PIONEER AF, and RE-DUAL) indicated that triple therapy was associated with higher risk of bleeding with comparable efficacy in preventing coronary and cardio-embolic events as double therapy with a single antiplatelet plus warfarin, rivaroxaban, or dabigatran.

In 2018, a multidisciplinary task force was created to evaluate and develop strategies to minimize the utilization of triple therapy. A unit specific triple therapy prescription analysis identified the cardiovascular medicine practice sites as having high utilization and opportunity for intervention.

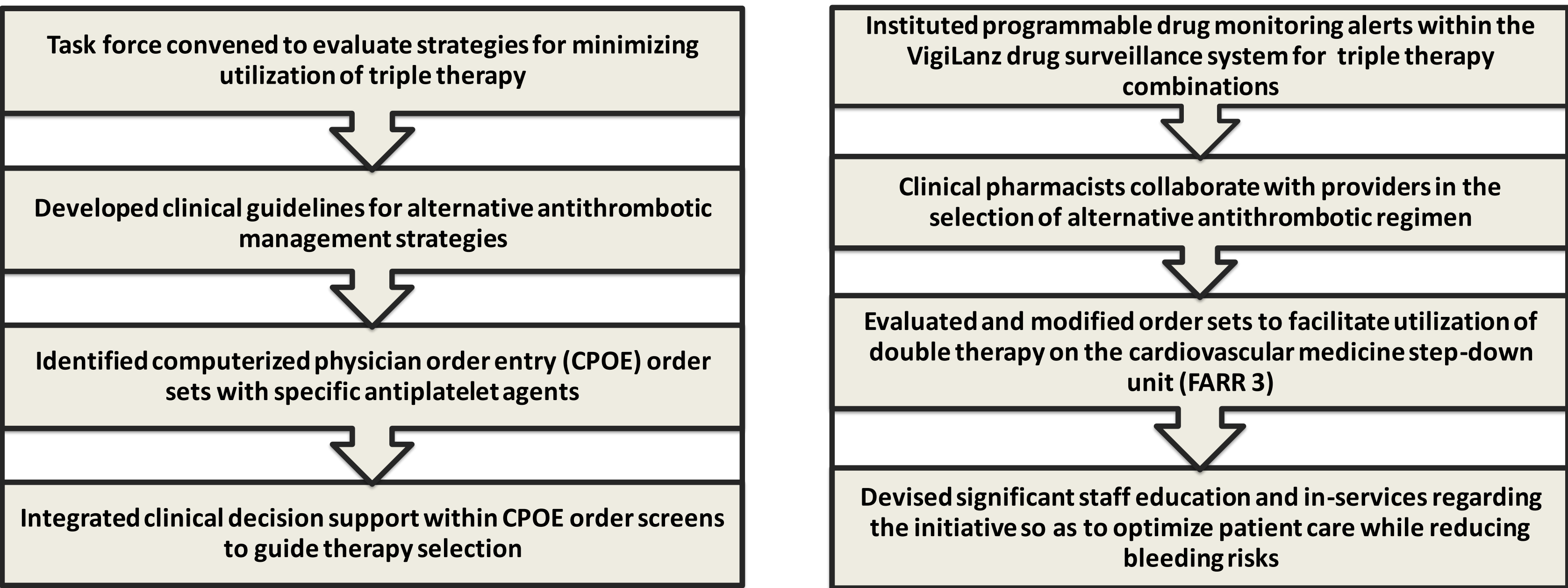
Aim/Goal

The purpose of this quality improvement initiative was to mitigate the significant bleeding risks associated with triple therapy. To do this, a detailed clinical practice guideline and cPOE decision support were developed. It was anticipated that this strategy would reduce the rate of triple antithrombotic prescriptions at BIDMC by over 50% between April 2019 and April 2020.

The Team

- George Abdallah, Pharm.D., Pharmacy
- Jesse Yang, M.D., Cardiovascular Medicine
- Duane S. Pinto, M.D., Interventional Cardiology
- Quynh Dang, Pharm.D., Pharmacy
- Katherine Cunningham, Pharm.D., Pharmacy

The Interventions



Results/Progress to Date

Medication Order Entry

Medication: Clopidogrel

Indication: -- Choose One --

There have been recent changes to the dosing recommendations for patients with PCI and a need for systemic anticoagulation for thrombosis prevention.

Please refer to most recent guidelines, or consult cardiology fellow.

Continue Back Cancel

Recommendation: Dual Therapy (NO ASPIRIN)

| Reason for systemic anticoagulation | Recommendation: Dual Therapy (NO ASPIRIN) | |
|-------------------------------------|---|---|
| | Agent 1 | Agent 2 |
| Atrial fibrillation | Clopidogrel / Ticagrelor | Dabigatran 150 mg BID or Rivaroxaban 15 mg daily (Rivaroxaban 10mg daily if CrCl 30-50) |
| | Clopidogrel | Warfarin |
| DVT/PE | Clopidogrel/Ticagrelor | Dabigatran 150 mg BID |
| | Clopidogrel | Warfarin |
| Mechanical Valve | Clopidogrel | Warfarin |

For full dosing guidelines, please refer to _____

Medication: Clopidogrel

Indication: Stent WITH systemic anticoagulation

Dose: 75 mg

Route: PO/NG

Frequency: DAILY

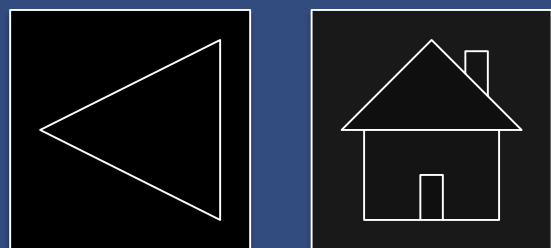
Start: Today 12/27/18

Next Routine Administration Time: STAT

Integrated clinical decision support within CPOE order screens to guide therapy selection

For more information, contact:

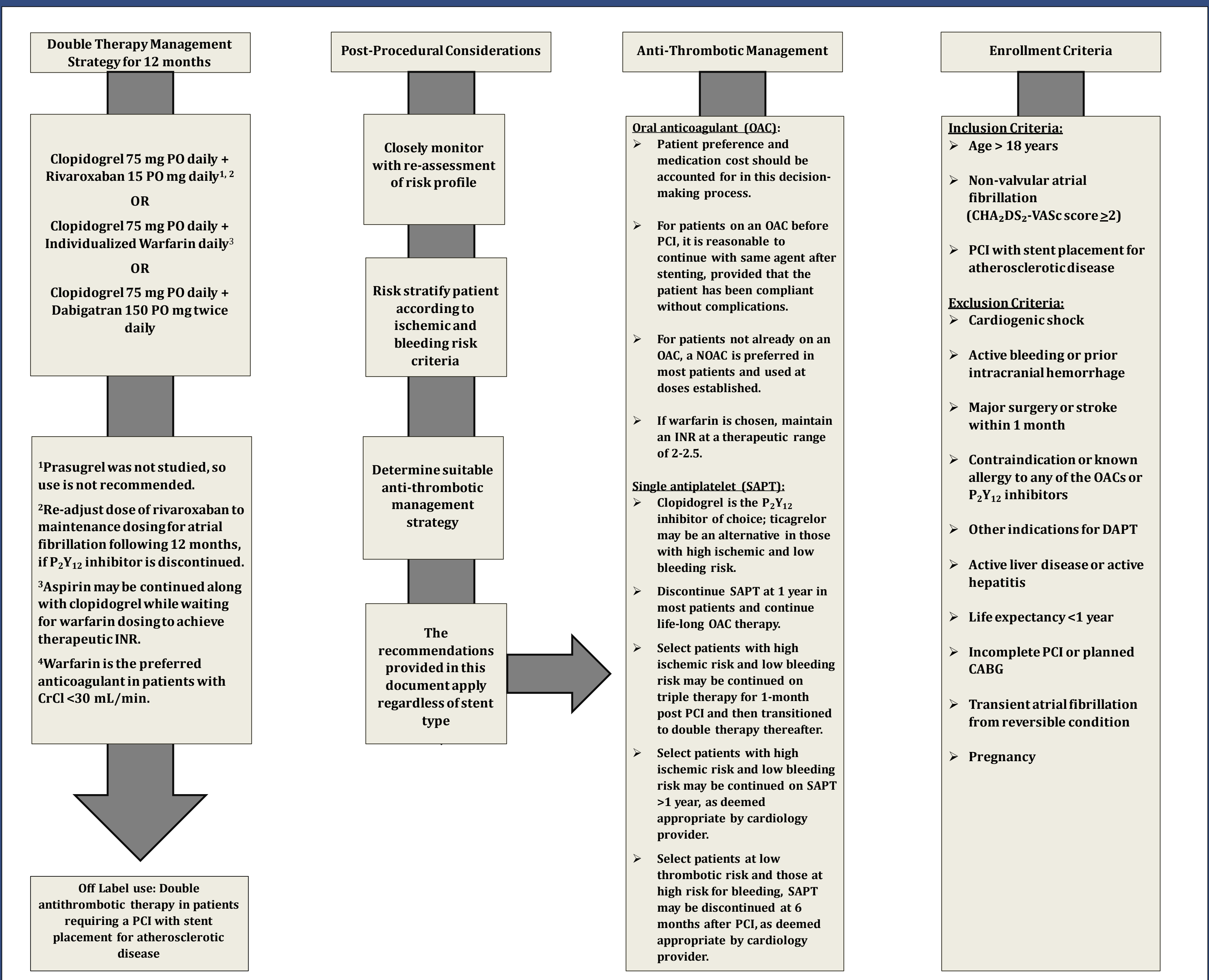
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More Results/Progress to Date



MYPATH PERFORMANCE
AND TRAINING HUB



CLINICAL PHARMACIST
DIRECTED IN-SERVICES

Created staff education and in-services regarding the initiative so as to optimize patient care while reducing bleeding risks

Lessons Learned

- Clinical practice guidelines, CPOE Decision Support, and Medication Order Sets can assist to guide medication utilization.
- A team approach is essential when considering dual therapy and to guide providers in their selection of antiplatelet agents.
- Interdepartmental collaboration is necessary to sustain practice changes.

Next Steps

- It is anticipated that the pilot program will begin in April 2019 in one patient-care unit (Farr 3).
- Data will be collected to evaluate prescribing patterns and concordance with the guideline.
- Once the pilot program is completed, a progress report on the findings of the pilot will be brought back to P&T and cardiovascular medicine subcommittees for review.

A clinical practice guideline has been developed to provide criteria for providers to assess when considering double therapy and to guide providers in their selection of antiplatelet agents

For more information, contact:
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