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**Title**

*Race, Ethnicity, and Language Differences in Primary Care Screening Measures for Statin Therapy*

**Priority 1 (Research Category)**

Health Care Disparities

**Presenters**

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**Abstract**

Context: Atherosclerotic cardiovascular disease (ASCVD) disproportionately affects racial and ethnic minority populations. HMG-CoA reductase inhibitors (statins) have long been first-line pharmacotherapy for ASCVD prevention. Measures recommended to guide statin indication changed in 2013 guidelines aimed at improving ASCVD prevention and reducing ASCVD disparities. It is unknown whether risk screening for initiating statins for primary prevention of ASCVD differs across race and ethnicity. Objective: Examine racial/ethnic/language differences in electronic health record (EHR) prevalence of ASCVD screening measures used for statin consideration. Specifically, compare Asian, Latino, non-Hispanic Black, and non-Hispanic White adults further distinguished by language preference. Design: Retrospective cohort study. Setting: ADVANCE (Advancing Data Value Across a National Community Health Center) network- a PCORNet data network- 635 community health centers (CHCs) in 24 US states with a shared EHR platform. Population: Adults 50+ years with  $\geq 1$  primary care encounter in the network 2009-2013, and/or 2014-2018. Outcome Measures: Prevalence of period-specific guideline concordant screening measures for statin consideration in 2009-2013: low-density lipoprotein (LDL) and 2014-2018: pooled cohort equation (PCE) components of age, sex, race, systolic blood pressure, total cholesterol, high-density lipoprotein, smoking status. For patients seen in both periods, we assessed change in period-specific measure prevalence. Outcomes were analyzed using GEE logistic regression to measure the association between race/ethnicity/language and measurement prevalence. Results: Adjusting for sociodemographic and clinical factors, compared to English-preferring non-Hispanic White patients, all other groups were more likely to have LDL documented (2009-2013, N=195,061) and all PCE components documented (2014-2018, N=344,504). Among those seen in both periods (N=128,621), all groups had lower odds of having PCE components vs. LDL documented in the measures' respective period; English-preferring non-Hispanic Black adults experienced a greater decline in measure documentation across the two periods compared to English-preferring non-Hispanic White adults (odds ratio 0.81; 95% confidence interval 0.72-0.91). Conclusions: CHCs may mitigate racial/ethnic/language

disparities in the collection of screening measures for ASCVD prevention, which did not improve after the 2013 guideline change.