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**Title**

*Statin prescribing in racial/ethnic minority patients across a major guideline change, 2009-2018.*

**Priority 1 (Research Category)**

Health Care Disparities

**Presenters**

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**Abstract**

Context: Racial and ethnic minorities in the United States have higher mortality/morbidity from cardiovascular disease (CVD) compared to non-Hispanic whites, and some evidence has suggested that poor risk factor control, including appropriate prescribing of statins for lipid disorders and CVD risk reduction, contributes to these disparities. It is uncertain if the 2013 American Heart Association (AHA)/American College of Cardiology (ACC) guideline change for statin prescription affected this disparity. Objective: To compare the prevalence of patients with guideline indications for statin prescribing, and to compare prescribing prevalence before and after this major guideline change between racial and ethnic groups, by preferred language. Study design: Retrospective, cohort study. Setting/Dataset: A national network of community health centers (CHCs) linked by a common electronic health record dataset. Population studied: Patients were age 50-73, and had  $\geq 1$  primary care visit in 2009-2013 and/or 2014-2018. Outcomes: By period, 1) proportion with period-specific indications for statin initiation 2) proportion with a statin prescription if indicated. Results: In the 2009-2013 period (N=109,330), non-English preferring White (OR=1.41, 95% CI 1.15-1.72), Black (OR=1.25, 95% CI 1.10-1.41), and Latino patients (OR=1.09, 95% CI 1.02-1.16) had higher odds of meeting guideline indications for statins than Non-Hispanic White English preferring patients, and of those meeting indications, all except Black non-English patients had higher odds of statin prescription. In the 2014-2018 period (N=319,094), all groups except Latino English-preferred and White Non-English preferred patients had higher odds of meeting the new guideline indications for statin prescription. Of those meeting indications in this period, Latino English speakers had similar odds of statin prescription as non-Hispanic whites; English preferring Black patients had lower odds (OR=0.95, 95% CI 0.91-0.99). Conclusions: CHCs provide CVD screening and statin prescriptions for thousands of racial, ethnic, and language minorities, even more so than some non-Hispanic white English speakers. However, disparities appeared for English preferring Latino and Black patients after the 2013 ACC/AHA guideline change. The evaluation of major clinical guideline changes should account for their impact on racial and ethnic disparities.