

## **DOAC Optimization in the Ambulatory Care Center: Prescribing Patterns Among Internal Medicine Residents**

Mark Forsberg, MD, Dana Bowen, MD, Ronghua Yang, MD

### **Background**

In a chart review from 2019, 59% of patients (n= 128) from three resident clinics in the Ambulatory Care Center (ACC) had FDA approved conditions for direct oral anticoagulants (DOACs). However, less than half of these patients were prescribed DOACs. A literature review of QA/QI initiatives across the country shows this challenge is not unique to the ACC; one prospective study showed 25% of DOAC prescriptions were not written for patients who met criteria. For those initiated on DOACs, it was found that some received incorrect dosages and for incorrect duration. The aim of this QA/QI project is to investigate some factors attributing to low prescribing patterns among internal medicine residents in the ACC, focusing on resident preparedness. Medical knowledge and awareness of assistance programs are integral parts of initiating DOAC therapy. DOACs ultimately have broader implications of lowering system costs.

### **Methods**

Residents in the Department of Internal Medicine were given a pretest survey to assess baseline knowledge of indications and comfort in starting DOACs. Responses were recorded anonymously using a coding system. Afterwards, they were given an informative powerpoint, followed by an anonymous post-test survey. Improvement in resident preparedness was assessed by performing a paired t-test.

### **Results**

Seventeen people completed the pre- and post-surveys. The average pre-test score was 54 %  $\pm$  29%, the post-test was 80%  $\pm$ 16%. With matched paired t-test, the P-value is 0.018, achieving statistical significance that our intervention via educational slides improved resident knowledge regarding DOACs. Reported comfort level with prescribing increased from 6 to 8 (deviation? statics?). The major barrier to prescribing DOACs among residents was perceived lack of financial resources.

### **Conclusion**

Results suggest that increased awareness of assistance programs among residents plays the largest role in prescribing patterns. Additionally, resident comfort correlated with medical knowledge demonstrated by increased post-test scores and comfort level.