

DOAC support programme

engage
supported self-care

changes in anticoagulation therapy

Managing patients receiving anticoagulation (AC) therapy effectively and consistently can be challenging. Direct oral anticoagulants (DOACs) are increasingly popular, with fewer drug interactions, fixed dosing and no need for routine coagulation monitoring.

We asked our INRstar users to tell us what challenges they experience managing patients on DOACs.

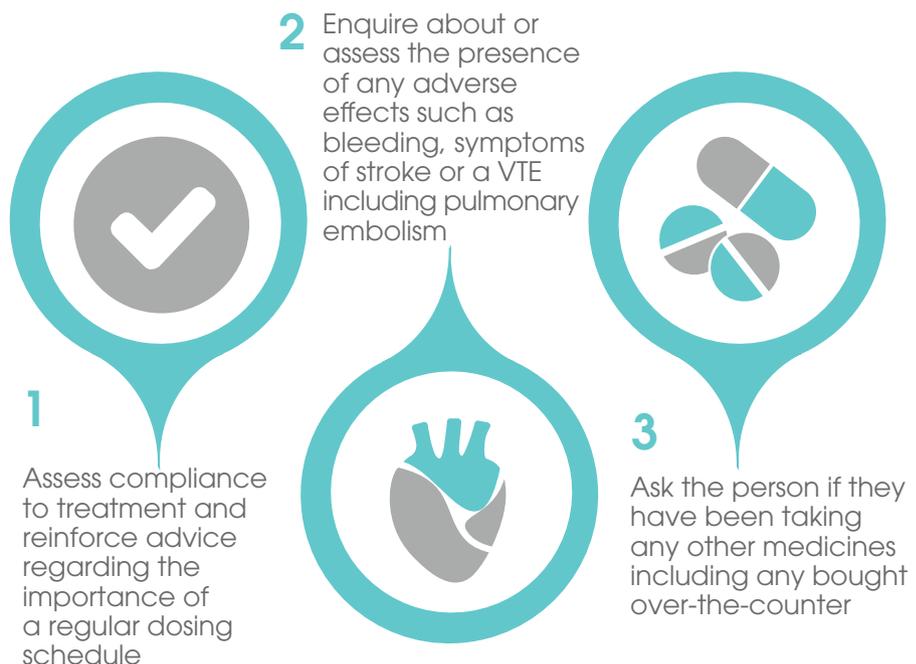
They told us the most common challenges are:¹

- Making sure patients are regularly reviewed
- Managing patients forgetting or missing doses (tablet adherence)
- Ensuring annual blood tests are done

addressing these challenges

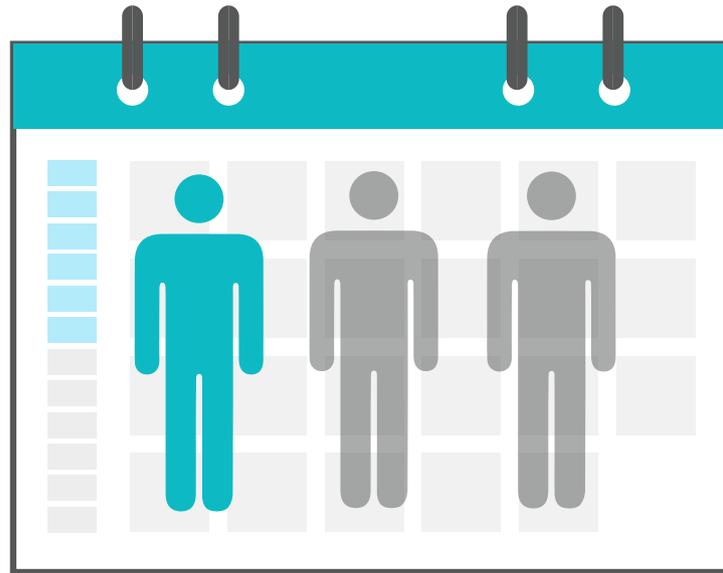
The EHRA and NICE recommend that patients on DOACs receive structured follow up and monitoring^{2,3}. This allows care teams to support patients through their AC therapy, intervene for adherence and pick up any side effects or adverse events for evaluation.

NICE recommends patients DOACs should be reviewed every 3 months³



adherence and DOACs

Studies have found that adherence in long-term conditions can average 50%^{4,5}. For DOAC therapy it has been estimated that as many as 1 in 3 patients can become non-persistent before their first year of therapy is complete⁶.



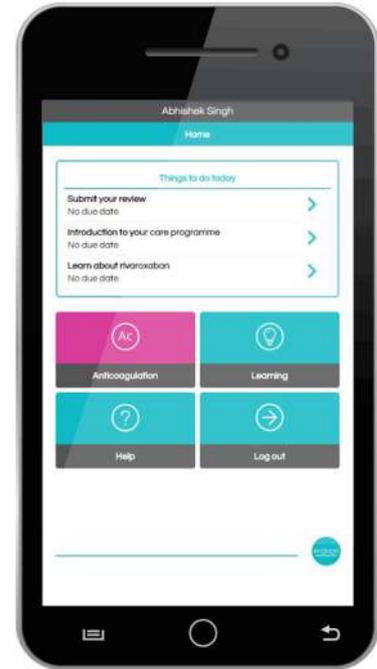
1 in 3 patients become non-persistent within 6 months⁶

the solution

the DOAC support programme

Our programme helps you to reduce time in clinic, follow NICE guidance and avoid transcription errors whilst staying connected to your patients.

Delivered via [engage](#), the DOAC support programme enables you to encourage tablet adherence by supporting patients to understand their anticoagulation therapy better and feel more in control of their health.

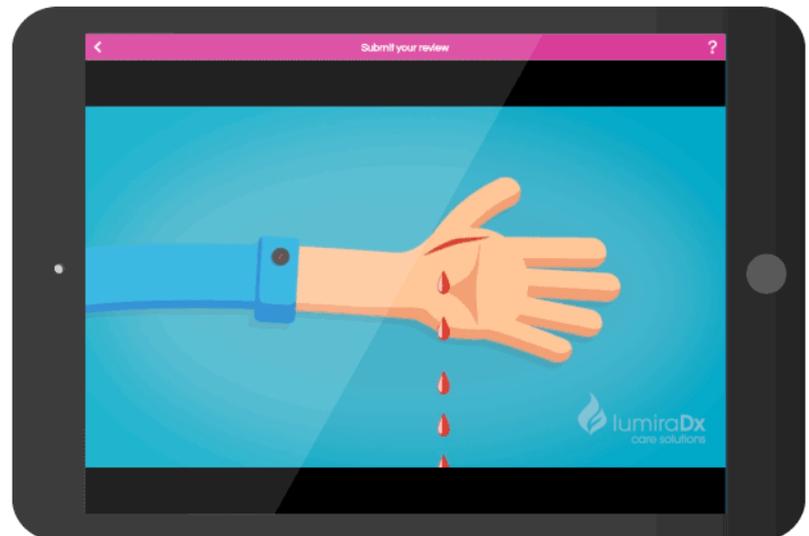


comprehensive patient education

Patients can now learn more about the benefits of their AC therapy with our easy-to-follow educational videos – available at any time.

Topics include:

- How AC therapy works
- Detailed information on your patient's specific DOAC
- How to use engage to submit digital reviews
- Any possible side effects and drug interactions



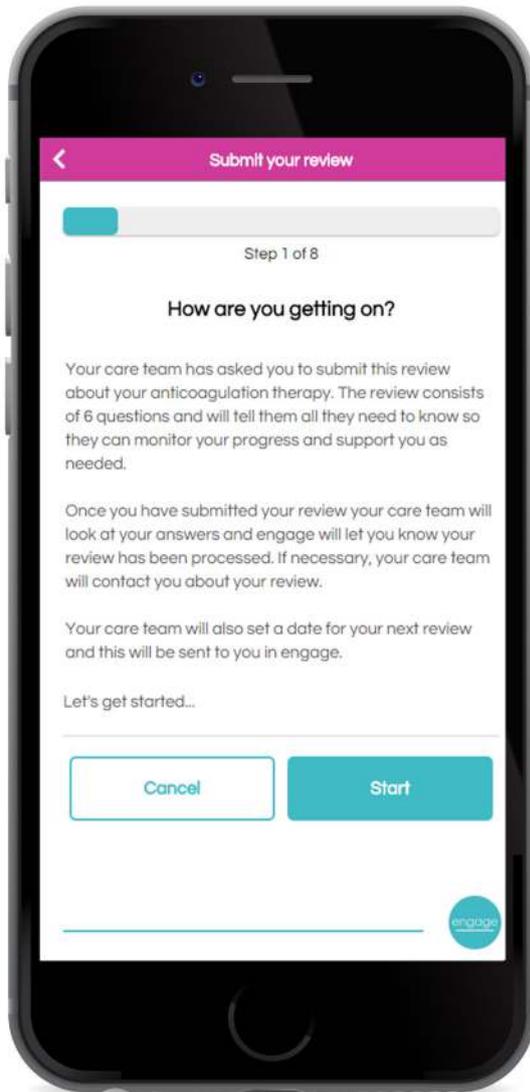
digital reviews

Our programme helps you to reduce time in clinic by enabling patients to submit reviews via the [engage](#) app. You can schedule, view and file them back to your clinical system in INRstar.

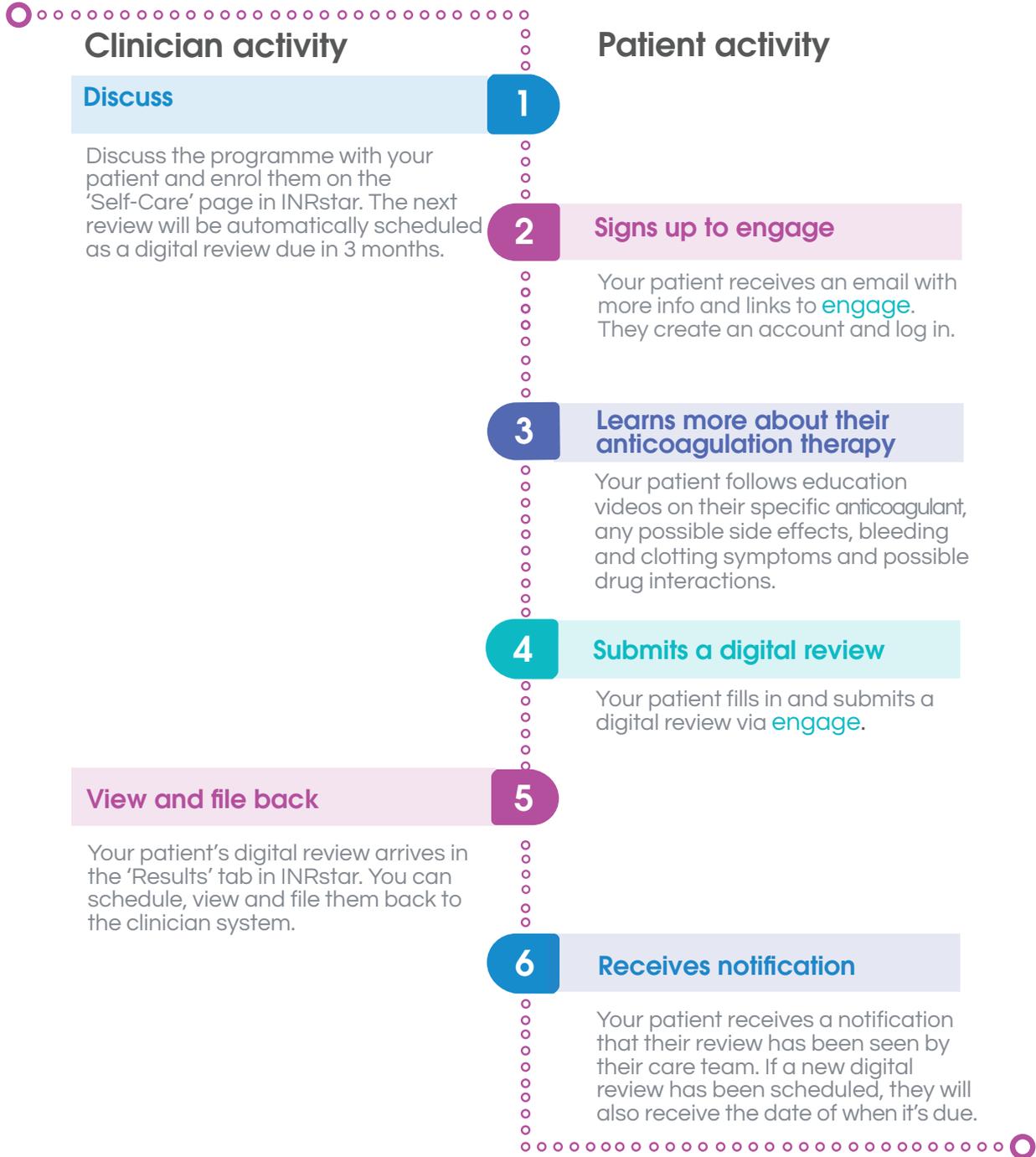
Patients self-report to you if they have:

- Experienced any side effects
- Missed any tablets
- Experienced any bleeding or clot symptoms

This way you have visibility on how they are getting on and stay compliant with NICE guidance without extra workload for your team.



how it works



what benefits can you expect to see?

We manage the whole set-up process for you, including all patient education and support so you can:

- Improve follow up and monitoring of DOAC patients
- Support medication adherence
- Follow NICE guidelines without significant impact on clinic time
- Improve health outcomes

what are the benefits for patients?

The DOAC support programme helps patients to:

- Gain knowledge, skills and confidence to feel more in control of their health
- Understand the benefits of their AC therapy and the importance of adherence
- Become familiar with any possible side effects of their specific DOAC as well as bleeding and clot symptoms
- Be aware of who to contact when needed

start offering the DOAC support programme to patients now

Call us now on **01209 710999** or email us at engage@lumiradx.co.uk for more information.

References

¹INRstar user survey April 2017, 1437 respondents

²European Society of Cardiology. 'European Heart Rhythm Association Practical Guide on the use of new oral anticoagulants in patients with non-valvular atrial fibrillation'. Europace. 2013;15:625-651

³National Institute for Health and Care Excellence. 'Anticoagulation - oral.' Last revised: December 2016. Last accessed: 23 October 2017. Available at: <https://cks.nice.org.uk/anticoagulation-oral>

⁴Bloom BS. 'Daily regimen and compliance with treatment'. British Medical Journal, 2001, 323:647. <https://doi.org/10.1136/bmj.323.7314.647>

⁵Wahl C., Gregoire JP, Teo K. et. al. 'Concordance, Compliance and Adherence in Health Care: Closing Gaps and Improving Outcomes'. Healthc Q. 2005;8: 65-70. doi:10.12927/hcq..16941

⁶Jackevicius C.A., Tsadok M.A., Essebag V. et al. 'Early non-persistence with dabigatran and rivaroxaban in patients with atrial fibrillation'. Heart.2017;103:1308-1309. Originally published: 07 April. doi: 10.1136/heartjnl-2017-311305



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