

costs and promote utilization of specialty treatments according to evidence-based guidelines. Prior authorization can negatively affect care by delaying the initiation and continuation of medication, thus impacting patient satisfaction and clinical outcomes. This process places excessive burden on providers and their practice staff, disrupts workflow, and diverts valuable resources away from direct patient care. Delay or denial of proper treatment to decrease risk of progression of disease may result in an increase in morbidity, resulting in hospitalizations and causing additional healthcare costs.⁵ As an example, high-risk CVD patients unable to reach low-density lipoprotein lowering goals and not able to access innovative therapies are at increased risk for a first time or reoccurrence of a cardiovascular or stroke event.⁶ Affordable and timely access to these therapies is essential for all patients.

Nursing Role

Along with current knowledge of the criteria in determining appropriate patient selection, a critical concept is that of patient-centered care. Patient-centered care is defined as an approach to “providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.”⁷

The basic tenet is that patient-centered care requires shared and informed decision making. Providers need to incorporate a decision-making process, stressing the importance of collaboration and effective communication between themselves and the patient. Shared decision making is the process by which a healthcare provider communicates personalized information to the patient about the following:

- Options
- Outcomes
- Probabilities
- Scientific uncertainties of available treatment options

The patient communicates his or her values and the relative importance that he or she places on benefits and harms.⁸

Initially, healthcare providers can minimize the need for specialty medications by treating patients with current guideline therapies to the maximally tolerated level (using generics when possible). In addition, the provider needs to address lifestyle management and medication adherence. This typically allows most patients to achieve goals and limit the need for specialty medications thereby reducing cost to the patient and society.⁵

When an eligible patient receives innovative medicine, providers need to continue to manage risk reduction through these additional therapies as well as continued lifestyle changes and medication adherence.

Nurses are instrumental in the prior authorization process. They develop systems within the work place to track and streamline the process. Along with the healthcare team, they develop and define roles and provide training. This effort needs to be continually managed, and resources updated, to achieve success in this process.⁶

Position

On the national landscape, PCNA is in alignment with the priorities and initiatives expressed by many of our collaborating organizations that have published position statements on patient access to healthcare and innovative medications. These organizations include, but are not limited to, the following: American Association of Heart Failure Nurses,⁹ American College of Cardiology,³ American Heart Association,¹⁰ American Diabetes Association,⁴ The Familial Hypercholesterolemia Foundation,¹¹ and the American Medical Association.¹²

All patients should have access to guideline directed innovative medical therapies to optimize CVD risk reduction and disease management.

Nurses, including advance practice providers, are on the frontlines for the delivery of patient-centered care. As an integral component of our mission, PCNA provides extensive and comprehensive education and clinical tools to inform and educate our members of relevant healthcare issues and continually updated guidelines. An essential role in implementing this education and using clinical tools is utilizing evidenced-based treatments that may include these innovative medications for appropriate patients. We posit the following:

1. Our mission is to promote nurses as leaders in CVD prevention and management across the lifespan.
2. Collaboration with other professional organizations to advocate and promote healthcare policy for advancement of CVD risk reduction and access to healthcare for all individuals is key.
3. Nurses play a critical role in accessing innovative therapies that improve CVD and stroke outcomes.
4. Patient-centered care and shared decision making are essential components to implementing cardiovascular risk reduction strategies.

The PCNA has engaged in a yearlong campaign to raise awareness about the challenges and barriers that cardiovascular nurses and healthcare providers face in helping patients access new, innovative cardiovascular medicines. This campaign has included a lecture series presented across the country to discuss barriers and strategies to obtain these innovative medicines. An important aim of this campaign has been to provide a forum for dialogue, support, problem solving, possible solutions, and best practice tips as advanced practice providers work to provide these innovative medicines to their patients. In addition, PCNA has developed a clinical tip sheet/tool on access to innovative medicines. This tool is available via <http://pcna.net/access>.

Conclusion

The PCNA will continue to raise awareness about, and advocate for, reducing the challenges and barriers that cardiovascular nurses and all healthcare providers face in assisting all patients access to innovative medicine for healthcare, CVD risk reduction treatment and management. The PCNA will play a strong role in advocating for access to innovative medicines to decrease CVD morbidity and mortality and developing the necessary resources that providers need to effectively obtain innovative medical therapies for cardiovascular patients.

REFERENCES

1. Benjamin EJ, Blaha MJ, Chiuve SE, et al; on behalf of the American Heart Association Statistics Committee and Stroke Statistics Subcommittee. Heart disease and stroke statistics—2017 update: a report from the American Heart Association. *Circulation*. 2017;135(10):e146–e603. <http://circ.aha.org/journals.org/content/early/2017/01/25/CIR.0000000000000485.citation>. doi: 10.1161/CIR.0000000000000485.
2. Brenan M. Nurses keep healthy lead as most honest, ethical profession. *Economy*. 2017.
3. Bhavnani SP, Parakh K, et al. 2017 roadmap for innovation—ACC health policy statement on healthcare transformation in the era of digital health, big data, and precision health. *J Am Coll Cardiol*. 2017;70:2696–2718.
4. *How to Reference: American Diabetes Association Deeply Concerned With Recent Prescription Drug Formulary Trends*. Arlington, VA: 2017.
5. Dennison Himmelfarb CR, Hayman LL. A call for prior authorization and utilization management reform to improve patient centered cardiovascular prevention care. *J Cardiovasc Nurs*. 2017;32(3):209–211.
6. Cannon CP, Khan I, Klimchak AC, Reynolds MR, Sanchez RJ, Sasiela WJ. Simulation of lipid-lowering therapy intensification in a population with atherosclerotic cardiovascular disease. *JAMA Cardiol*. 2017;2(9):959–966. doi: 10.1001/jamacardio.2017.2289.
7. Committee on Quality of Health Care in America: Institute of Medicine. *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington, DC: The National Academies Press; 2001.
8. Godolphin W. Shared decision making. *Healthc Q*. 2009;12(Sp):e186–e190. doi:10.12927/hcq.2009.20947.
9. Kirkwood M. American Diabetes Association Deeply Concerned With Recent Prescription Drug Formulary Trends. Press release of the American Diabetes Association. <https://www.diabetes.org> Accessed August, 15, 2017.
10. Antman EM, Creager MA, Houser SR, Warner JJ, Konig M. American Heart Association. American Heart Association principles on the accessibility and affordability of drugs and biologics: a presidential advisory from the American Heart Association. *Circulation*. 2017;136(24):e441–e447.
11. *FH Foundation*. Navigating Insurance Guide. https://theFHfoundation.org/media/NavigatingInsuranceBooklet_12.2017.pdf Accessed August 30, 2017.
12. American Medical Association. 21 Principles to reform prior-authorization requirements. <https://wire.ama-assn.org/ama-news/21-principles-reform-prior-authorization-requirements>. Published January 31, 2017.

Social Support, Unstable Angina, and Stroke as Predictors of Depression in Patients With Coronary Heart Disease: Erratum

In the article¹ that appeared on page 179 of the March/April 2018 issue, the affiliation of the first author (Su, S.-F.) should be “Department of Nursing, National Taichung University of Science and Technology, Taiwan (R.O.C).”

In Table 3, the following values should be presented in bold face: .004^b, .017^a, .042^a, .002^b, .001^c, and .026^a.

REFERENCE

1. Su S-H, Chang M-Y, He C-P. (2018). Social Support, Unstable Angina, and Stroke as Predictors of Depression in Patients With Coronary Heart Disease. *J Cardiovasc Nurs*. 2018;33(2):179–186.

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