A New Weapon in the Battle Against Cardiovascular Disease

Venebio Statin Advisor™ (VSA)

The only validated tool to help clinicians select the most effective statin and dose combination for hypercholesterolemic patients.

USING PREDICTIVE ANALYTICS TO IMPROVE PATIENT OUTCOMES

Venebio Statin Advisor compares a patient's variables against those of millions of other patients treated with statins to calculate the potential effectiveness of each statin. Validated in a study of almost one million patients, VSA uses a predictive algorithm based on over 20 demographic, clinical, and laboratory variables for each patient that are automatically extracted from the patient's electronic medical record (EMR/EHR).

VSA compares each patient's information to that of millions of other patients treated with statins. It provides a personalized matrix of statin-dose combinations in descending order of effectiveness to reduce that patient's LDL-C to goal.

ELIMINATING THE GUESSWORK BEHIND STATIN-DOSE PRESCRIBING

Venebio Statin Advisor's precise and personalized approach substantially increases the probability that a prescriber will select the most effective statin-dose combination the first time for each patient — reducing costs while delivering improved health care outcomes faster.

SEAMLESS INTEGRATION

Venebio Statin Advisor can integrate directly with electronic medical records, or with other systems such as an analytics warehouse, population health platform, or health information exchange (HIE).

CARDIOVASCULAR DISEASE FACTS

- Over 800,000 people die annually from cardiovascular disease, making it the No. 1 cause of death in the U.S.[1]

- More than 70 million U.S. adults have elevated LDL cholesterol. Three out of four are either not treated or receive suboptimal treatment, placing them at elevated risk for CVD.[2]

- The associated health care costs reach almost $300 billion annually and are expected to exceed $800 billion annually by 2030.[3]

- Only approximately half of the individuals who are prescribed a statin continue taking it for more than six months[4] — due to costly and time-consuming trial-and-error process to select the most effective statin and dosage.

For additional information, please contact:
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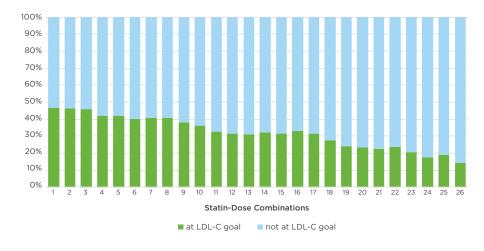
THE RIGHT MEDICATION FOR EACH PATIENT

This approach provides significant clinical decision support for the health care provider in picking the most successful medication, while allowing the clinician to take into consideration factors such as cost, insurance coverage, formulary, etc. for each patient.

- Clinicians are more likely to prescribe the optimal medication regimen at the beginning of treatment

- Shorter time to treatment goals, improved health outcomes, and reduced health costs

- VSA can be operated reliably and accurately by trained non-physicians, resulting in more effective use of clinician time

SIGNIFICANT ECONOMIC IMPACT

A simulation of the corresponding costs and outcomes for most effective/least effective statin therapy based on the likelihood of adverse events for LDL-C at-goal versus not at-goal per 20,000 treated patients showed significant differences in the expected number of adverse cardiovascular events over 10 years.

The economic analysis revealed a $16 million reduction in the total cost of care ($83 million vs. $99 million) and a $7 million reduction in deductible expenses incurred by patients ($26 million vs. $33 million).

Statin-Dose Combinations

■ at LDL-C goal   ■ not at LDL-C goal

Probability of a VSA-Recommended Statin-Dose Combination Achieving a Patient's Goal LDL-C

In a retrospective analysis of prescribing episodes from over 850,000 patients, there was a three-fold greater chance of a patient reaching their LDL-C goal for Venebio Statin Advisor's most versus least-recommended statin-dose combination. VSA's top choice had a 50% greater likelihood of reaching LDL-C goal than the clinician's choice.

Sources:
1 Hayward RA, Krumholz HM, Zulman DM, Timbie JW, Vijan S. Optimizing statin treatment for primary prevention of coronary artery disease. Ann Intern Med. 2010 Jan 19;152(2):69-77.
2 Centers for Disease Control and Prevention. Vital signs: prevalence, treatment, and control of high levels of low-density lipoprotein cholesterol—United States, 1999-2002 and 2005-2008. MMWR Morb Mortal Wkly Rep. 2011 Feb 4;60(4):109-14.
3 Heidenreich PA, Trogdon JG, Khavjou OA, et al. Forecasting the future of cardiovascular disease in the United States: a policy statement from the American Heart Association. Circulation. 2011 Mar 1;123(8):933-44.
4 Latts LM. Assessing the results: phase 1 hyperlipidemia outcomes in 27 health plans. Am J Med. 2001 Apr 16;110 Suppl 6A:17S-23S.

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