

Take Health to Heart 2025 Provider Survey



Take Health to Heart conducted a comprehensive survey of providers to understand their awareness of lipid screening guidelines, key health policies, and their views on how patient costs, prior authorization, and quality measures impact their practice. The survey reached provider members of the National Lipid Association (NLA) and the National Medical Association (NMA).

Findings from the survey suggest that gaps in guideline and health policy knowledge, combined with patient cost concerns and prior authorization burdens, may have potential implications for the ability of providers to deliver optimal cardiovascular care.

Here are five key takeaways from our survey:

1. Providers demonstrate persistent gaps in knowledge regarding basic lipid guideline-directed lipid screening timing.

When asked to identify the correct lipid screening intervals for various populations, many providers answered incorrectly. These knowledge gaps could impact early detection of heart-related conditions.



Only 55%

selected the correct interval for children (9–11 years)



Only 48%

selected the correct interval for adolescents (17–20 years)



Only 43%

selected the correct adult screening interval (every 4–6 years)

*Individuals (1) at increased risk for heart disease, stroke, and other CVD risk or (2) on lipid-lowering therapy should have lipids tested annually. Children with a family history of (1) hypercholesterolemia or (2) early CVD should have lipids tested as early as 2 years of age.

2. Providers demonstrate limited knowledge of the Inflation Reduction Act (IRA) and its potential impact on their practice.

The IRA was signed into law in 2022 and includes several provisions to reduce drug spending that could have potentially significant impacts on prescribing, innovation, and patient care. When asked about the IRA, many providers lacked a solid understanding of the law which may leave them unprepared for the changes it brings to their clinical practice.

45% of providers who self-identified as prescribers indicated they were **unaware of the IRA.**

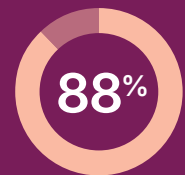
Providers were asked about key provisions of the law and their knowledge was then ranked on a scale.

64% scored **"low knowledge"** indicating limited awareness of the law's key policies.

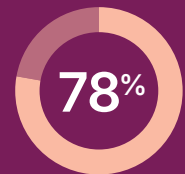
About the Survey

Respondents:

115 total respondents

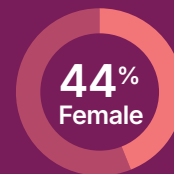


Identified as Prescribers



Identified as Physicians

Other respondents identified as advanced practice nurses, physician assistants, or other



59%

White/Caucasian

20%

Black/African American

8%

Asian American

3%

Hispanic/Latino

10%

Other

Representative of 29 states and the District of Columbia

3. Providers indicate that medication costs heavily influence their prescribing.

When asked about factors that impact their prescribing decisions, provider responses suggest that financial aspects are nearly as important as clinical considerations.

**Over
70%**

said patient cost affects whether they prescribe a drug.

With respect to specific factors that influence provider prescribing decisions:



72%

Anticipated Effectiveness of a Therapy



41%

Out-of-Pocket Cost



40%

Insurance Coverage

4. Providers view utilization management practices like prior authorization (PA) as a significant burden.

Utilization management practices are strategies used by insurance companies to manage medication costs and may be used more frequently due to the IRA. When asked about their attitudes towards PA specifically, provider responses suggest a perception that PA is an administrative obstacle, not a quality safeguard.



61% agreed that PA shapes their prescribing habits.



77% feel that PA denials are not well-explained or improve care.

5. Providers view quality measures as influential to their practice and appear to see value in outcome-based LDL-C measures over process-only measures (like prescribing).

When asked about their perceptions of quality measures related to lipid management, providers indicated quality measures are important in shaping their practice, including prescribing.

75%

agreed that quality measures factor into clinician–patient encounters.

81%

agreed that LDL-C should be directly measured and controlled as a quality metric for patients with high cholesterol similar to blood pressure for hypertension or HbA1c in diabetes.

**Only
54%**

agreed that measuring statin prescribing and dispensing is an effective quality measure for lipid management.

About Take Health to Heart

Take Health to Heart is an education and advocacy initiative of the Foundation of the National Lipid Association and the National Medical Association. Take Health to Heart is made possible through a sponsorship from Novartis Pharmaceuticals Corporation. Learn more at TakeHealthtoHeart.Org.



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