

# Effectively Managing Anticoagulation

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## CME Test Questions

1. Concerning the three main methods of outpatient anticoagulation management, which of the following is true?
  - a. Most patients (70%) have their anticoagulation managed by anticoagulation clinics.
  - b. The risk of major hemorrhage is 7-8% with a routine medical care model.
  - c. The overall risk of adverse events is 15% for anticoagulation clinics.
  - d. Approximately 5% of patients currently utilize self-testing.
  
2. Which of the following are practical advantages of patient self-testing using a point-of-care device?
  - a. Less physician/staff time spent on repeat visits or patient phone calls
  - b. Decreased communication errors
  - c. Small fingerstick specimen compared to venipuncture
  - d. No re-testing due to lab loss or inadequate sample
  - e. All of the above
  
3. Quality of life benefits for patients using self-testing include which of the following?
  - a. Increased independence
  - b. No waiting for results
  - c. Fewer visits to the physician, lab, or clinic
  - d. All of the above

4. Concerning point-of-care (POC) testing in comparison to standard laboratory testing, which of the following is true?
  - a. If a POC device gives a result that is out of therapeutic range, the test should be repeated at a laboratory.
  - b. Results from POC devices are consistently more precise than results from laboratory tests.
  - c. The differences in results between POC testing and laboratory monitoring preclude patients or physicians from using a POC device.
  - d. Studies have shown that INR test results may vary somewhat among different labs, as well as between different POC devices.
  
5. Which of the following characteristics are essential in selecting the correct patient for self-testing?
  - a. Patient who is likely to be reliable in reporting test results
  - b. Patient who fully understands the mechanism of action of warfarin
  - c. Patient who is comfortable with the idea of self-management of his or her warfarin dose
  - d. All of the above
  
6. Which of the following is/are cited as barriers to institution of a self-testing program?
  - a. Need for extensive training of patients
  - b. Cost of self-testing instruments
  - c. Increased requirements for staff time, compared to the routine medical care model
  - d. All of the above
  
7. Which of the following concerning anticoagulation clinics is correct?
  - a. Anticoagulation clinics are an integrated approach utilizing a variety of health care professionals to systematically test INR, change patient dosages, and educate the patient.
  - b. Anticoagulation clinics are used by about 10% of all patients on long-term anticoagulation.
  - c. The risk of recurrent thromboembolism for patients managed in an anticoagulation clinic is higher than it is for patients in the routine medical care model.
  - d. Anticoagulation clinics must be based in a hospital setting.

8. Which of the following is true of patient self-testing?
  - a. Self-testing has been associated with increased hemorrhagic complications, compared to care at an anticoagulation clinic.
  - b. Self-testing has been associated with improved outcomes, compared to care at an anticoagulation clinic.
  - c. Self-testing has lower upfront costs for the patient than traditional models of care.
  - d. Self-testing is not an option for patients over age 60.
  
9. Which of the following patients would be most appropriate for self-testing?
  - a. A 45 year-old woman on warfarin for 6 months following post-operative DVT, who often fails to keep appointments at your office
  - b. A 58 year-old blind man on warfarin due to his atrial fibrillation, who does not require assistance with his activities of daily living
  - c. A 72 year-old woman on warfarin due to her prosthetic aortic valve, who does not drive and has a part-time caregiver to help with her activities of daily living
  
10. Steps for establishing an anticoagulation clinic include all of the following except:
  - a. Establishing roles for staff
  - b. Identifying what testing instrument to use
  - c. Obtaining buy-in from your practice or institution
  - d. Planning for physicians to make all dosing decisions

## CME Evaluation

### Effectively Managing Anticoagulation

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- Yes       No

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- Yes       No

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