



Small Workflow Modifications Your Practice Can Implement to Improve Cholesterol Management

As an active participant in our Hypertension, Diabetes and Cholesterol project, Quality Insights is requesting your participation in **implementing at least ONE workflow improvement related to cholesterol management.**

Quality Insights is available to support your workflow modification efforts – **at no cost to your practice** – so please email [Ashley Biscardi](#) as soon as possible if any of the below workflow modifications and/or training opportunities are of interest to your practice.

Workflow Modifications

- Reference the [2018 Guideline on the Management of Blood Cholesterol](#), which includes the Top Ten Take-Home Messages to Reduce Risk of Atherosclerotic Cardiovascular Disease (ASCVD) through Cholesterol Management, to establish cholesterol testing and treatment protocols within your practice. The recommendations from the guide are summarized below:
 - In all individuals, emphasize heart-healthy lifestyle across the life-course
 - In patients with clinical ASCVD, reduce low-density lipoprotein cholesterol (LDL-C) with high-intensity statin therapy or maximally tolerated statin therapy
 - In very high-risk ASCVD patients, use an LDL-C threshold of 70 mg/dL to consider the addition of non-statins to statin therapy
 - In patients with severe primary hypercholesterolemia (LDL-C level ≥ 190 mg/dL, begin high-intensity statin therapy without calculating 10-year ASCVD risk
 - In patients 40-75 years of age with diabetes mellitus and LDL-C ≥ 70 mg/dL, start moderate-intensity statin therapy without calculating 10-year ASCVD risk

- In adults 40-75 years of age evaluated for primary ASCVD prevention, have a clinician-patient risk discussion before starting statin therapy
- In adults 40-75 years of age without diabetes mellitus and with LDL-C levels ≥ 70 mg/dL, at a 10-year ASCVD risk of $\geq 7.5\%$, start a moderate-intensity statin if a discussion of treatment options favors statin therapy
- In adults 40 to 75 years of age without diabetes mellitus and 10-year risk of 7.5% to 19.9% (intermediate risk), risk-enhancing factors favor initiation of statin therapy (see #7)
- In adults 40 to 75 years of age without diabetes mellitus and with LDL-C levels ≥ 70 mg/dL at a 10-year ASCVD risk of $\geq 7.5\%$ to 19.9%, if a decision about statin therapy is uncertain, consider measuring coronary artery calcium (CAC)
- Assess adherence and percentage response to LDL-C-lowering medications and lifestyle changes with repeat lipid measurement 4 to 12 weeks after statin initiation or dose adjustment, repeated every 3 to 12 months as needed
- Recommend that all adults have their cholesterol checked every 4 to 6 years, starting at age 20, as per the recommendation of the American Heart Association ([AHA](#)). For those with high cholesterol, more frequent testing is recommended.
- Assess a patient's 10-year ASCVD risk using the [ASCVD Risk Calculator](#). Find the tool by downloading the [AHA Guidelines-on-the-Go](#) mobile app or accessing it online.
- Calculate the CAC score among patients ≥ 40 years with an uncertain risk status to assist in prevention and/or treatment decision making.
- Assess for medication adherence and efficacy at 4 to 12 weeks using a fasting lipid test. Retests for adherence and efficacy should then occur at every 3 to 12 months, depending on the patient.
- Encourage a heart-healthy lifestyle to reduce the risk of ASCVD for all adults. This includes regular physical activity, weight reduction and maintenance, smoking cessation, and controlling blood pressure and diabetes.
- Identify adults most likely to benefit from cholesterol-lowering therapy (i.e., those in the four statin benefit groups).
- Identify and address safety issues related to cholesterol treatment options.
- Promote lifestyle improvement in your practice using the following AHA-recommended resources and referral sources:
 - Referral to [cardiac rehabilitation](#), [registered dietician](#)
 - [Smoking Cessation Programs](#): Listing of national quit lines, online resources and medicines to help patients quit smoking
 - [CardioSmart Patient Fact Sheets](#): Free patient education resources for a variety of cardiovascular conditions
 - [AHA Life's Simple 7](#): Easy-to-follow instructions on how to manage blood pressure, control cholesterol, reduce blood sugar, get active, eat better, lose weight, and stop smoking
 - [National Lipid Association \(NLA\) Patient Tear Sheets](#): Printable patient handouts that cover an array of topics related to lipids and heart health

- Access the Preventive Cardiovascular Nurses Association ([PCNA Clinicians' Lifestyle Modification Toolbox](#)) which includes resources designed to assist clinicians and healthcare professionals in beginning a conversation with their patients about achieving successful lifestyle changes that promote lipid health.
- Download the American College of Cardiology ([ACC Statin Intolerance App](#)) which guides clinicians through the process of managing and treating patients who report muscle symptoms while on statin therapy. Implement a [hypertension protocol](#) tailored to your practice to control hypertension in your patients.
- Utilize the [Hypertension Action Plan](#) when establishing action plans with your patients.
- Review these [tips for taking an accurate blood pressure](#). You can also share this list with your patients so they are always taking an accurate reading as well.
- Jump-start your practice's hypertension quality improvement initiatives by using the guidance, tools, and educational resources included in the [Measure Up/Pressure Down Provider Toolkit to Improve Hypertension Control](#).
- Review the [Practitioner's Guide: Community-Clinical Linkages for the Prevention and Control of Chronic Diseases](#) to improve clinical outcomes in heart disease, blood pressure, cholesterol, diabetes and asthma.
- Encourage patients to review [these lifestyle changes](#) to improve their cholesterol, blood pressure & weight.
- Educate patients with hypertension or prehypertension about the [Take Off Pounds Sensibly \(TOPS\)/Weight Watchers \(WW\)](#) weight loss programs which will further support improved blood pressure management.
- Create an alert in your electronic health record for patients that have a blood pressure over 140/90 and do not have a hypertension diagnosis; review this at the patient's next appointment.
- Review blood pressure [self-management apps](#) with patients.

Please consider selecting at least one workflow modification this year.

Quality Insights is available to support your workflow modification efforts **at NO COST to your practice**. Please contact a Quality Insights Practice Transformation Specialist today.

- Ashley Biscardi: abiscardi@qualityinsights.org, 1.877.987.4687, ext. 137
- Marti Deacon: mdeacon@qualityinsights.org, 1.877.987.4687, ext. 120
- Danielle Nugent: dnugent@qualityinsights.org, 1.877.987.4687, ext. 132
- Sarah Toborowski: stoborowski@qualityinsights.org, 1.877.987.4687, ext. 130
- Ryan Williamson: rwilliamson@qualityinsights.org, 1.877.987.4687, ext. 119