

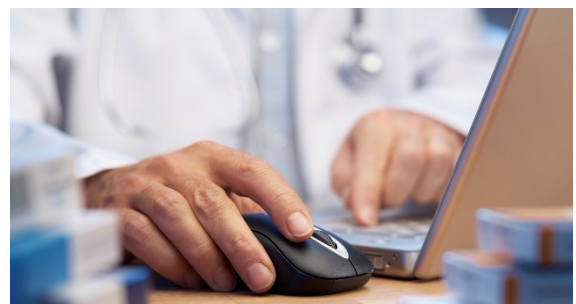
Workflow Modifications: Actions Your Practice Can Take to Improve Cholesterol Management

As an active participant in our Hypertension, Diabetes and Cholesterol project, Quality Insights is requesting that your practice **implement 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.** Please contact your Quality Insights Practice Transformation Specialist if any of the below workflow modifications and/or training opportunities are of interest to your practice.

Electronic Health Record (EHR) Actions

- Assess your EHR's capability of running reports based on [CMS 347](#) or ACO-42: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease. Determine ability to report at race and ethnicity levels. Contact your local Quality Insights representative if you need assistance.
- Execute a preliminary report of patients with high cholesterol (LDL >100).
- Develop and implement structured data fields to track lifestyle change program referrals and ensure feedback is received.



Protocol & Workflow Actions

- 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 & treatment protocols within your practice.
- Recommend 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.
- Order CAC scoring among patients ≥ 40 years with an uncertain risk status to assist in prevention and/or treatment decision making.
- Evaluate 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.

Practice & Clinical Solutions

- Promote lifestyle change program offerings available on the [Delaware Division of Public Health's](#) health and wellness page.
- Implement a team-based care management plan to address high cholesterol. Utilize the module as a starting point and contact a Quality Insights Practice Transformation Specialist for further assistance.
- Access the Preventive Cardiovascular Nurses Association ([PCNA](#)) [Clinicians' Lifestyle Modification Toolbox](#) which includes resources designed to assist clinicians in beginning a conversation with their patients about lifestyle changes that promote lipid health.
- Download the American College of Cardiology ([ACC](#)) [Statin Intolerance App](#) which guides clinicians through the process of managing & treating patients who report muscle symptoms while on statin therapy.

Patient Education Actions

- 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.
- Promote lifestyle improvement in your practice using the recommended AHA and CDC-approved resources and referral sources referenced in the module.