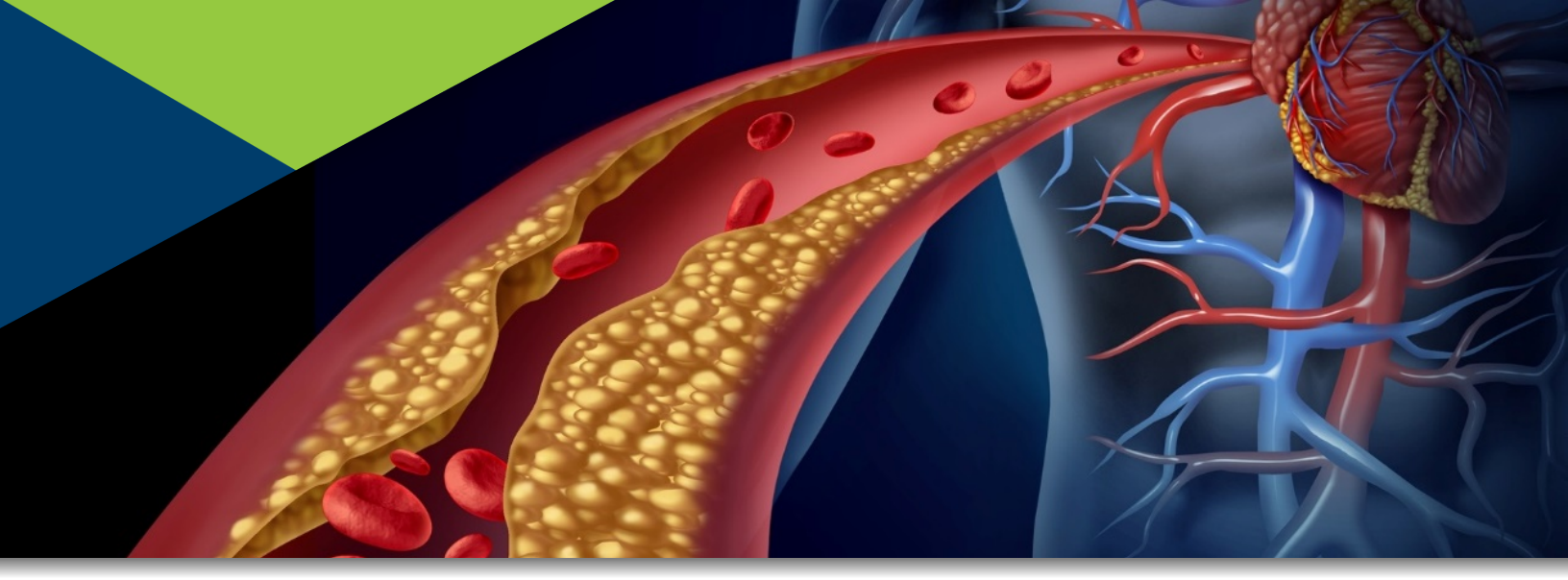

Workflow Modifications: Actions Your Practice Can Take to Improve Cholesterol Management

Providers and practices who are actively engaged in the Pennsylvania Department of Health's Improving the Health of Americans Through Prevention and Management of Diabetes, Heart Disease, and Stroke program have the benefit of scheduling a no-cost workflow assessment (WFA) with a local Quality Insights Practice Transformation Specialists (PTS). WFAs are completed **annually** and designed to initiate a future state of processes that will move the needle on clinical quality improvement activities.

The following list includes solutions aimed at achieving better patient outcomes in cooperation with the WFA. **We encourage you to partner with your Quality Insights PTS to discuss scheduling a WFA and implementing at least ONE of the recommendations listed below.** If you are not currently working with a PTS and would like assistance, please email Ashley Biscardi or call **1.800.642.8686, Ext. 137.**

Electronic Health Record (EHR) Actions

	If available in EHR, report cholesterol/statin measure (CMS 347/MIPS 438/ACO-42) on an annual and quarterly basis.
	Identify number of patients with LDL-C >100mg/dl without a prescription for a LDL-C lowering medication. Assess EHR capabilities for a sub-query report on race and ethnicity.
	Review dashboards within your EHR to identify opportunities for high blood cholesterol and hypertension management subsets (race/ethnicity) of patients. Evaluate EHR capabilities for identification and reporting on underserved populations and health disparities.
	Participate in a pilot to report CMS 347/MIPS 438/ACO 42 quality data at race and ethnicity level for the purpose of monitoring health inequities.
	Partner with Quality Insights to identify opportunities for patient lifestyle change program referrals by querying relevant EHR fields and community-based programs and resources. Educate all members of the care team on referral programs, including the providers who are key in patients accepting the recommendations. Explore EHR capabilities to add flags or prompts for eligible patients.

	Evaluate EHR capabilities related to social determinants of health (i.e. PRAPARE tool and/or ICD-10). Review and implement the PRAPARE tool EHR template. If already utilizing PRAPARE, document current workflow and utilization of information gathered in the tool.
	Evaluate EHR capabilities related to use of ICD-10-CM ("Z Codes") use. If already utilizing Z Codes, document use and report utilization.
	Partner with Quality Insights to mitigate barriers related to social determinants of health identification tools and ICD-10 coding.

Protocol & Workflow Actions

Using the 2021 Cholesterol Management Practice Module as a guide:

	Review and update office protocol(s) related to: Current guidelines, medication (and adherence) processes, team-based care, appointment processes (including follow-up), and promotion of referrals to lifestyle change programs.
	Review practice protocols with focus on disparate populations for sharing and discussing cholesterol management and blood pressure control among clinicians and providers.
	Using the report of patients with high cholesterol (LDL >100), evaluate appointment processes and outreach to patients who may be overdue for follow-up and/or cholesterol screening.

Practice & Clinical Solutions

	Partner with Quality Insights to schedule cholesterol follow-up appointments with EHR-identified patients with LDL-C >100 mg/dl. Assess need for statin therapy and/or referral to lifestyle change program.
	Review capability and use of telehealth for the management of hypertension and high cholesterol.
	Identify and refer eligible patients to CDC-approved lifestyle change programs, including, but not limited to: Weight Watchers, SNAP-ED programs, EFNEP programs, TOPS, YMCA, and Curves Complete.
	Establish a closed-loop referral process with a CDC-approved lifestyle change program. Partner with Quality Insights in a referral letter, portal message, or text campaign for referrals to TOPS, Curves, YMCA, or other PA Department of Health/CDC-approved program.
	Participate in an in-person or virtual presentation to learn more about Weight Watchers, TOPS, and/or YMCA lifestyle change programs.
	Regularly communicate and share provider level data for cholesterol management.

Patient Education Actions

	Share community resources with patients promoting approved programs (Weight Watchers, SNAP-ED programs, EFNEP programs, TOPS, YMCA and Curves Complete).
	Implement use of the Medication Adherence Estimator® and suggested patient conversations to enhance medication adherence. Review Quality Insights' Medication Adherence Practice Module for more information.

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