



Community Health Support for Cholesterol Management

The National Cardiovascular Health Program

Joe Pinto, Jr., CHITP, CMAP, Practice Transformation Specialist

Housekeeping Notes

- All attendee lines are muted.
- Please submit your questions to our panelists via the Q&A feature.
- Questions will be addressed at the end of the session as time permits.
- A copy of the slide deck will be emailed to you after the session.



Quality Insights Overview



- A non-profit organization focused on data-driven community solutions to improve health care quality in pursuit of better care, smarter spending, and healthier people.
- Change agent, trusted partner and integrator of organizations collaborating to improve care.



Purpose

- Overview of evidence-based information related to cardiovascular health and cholesterol management
 - Awareness
 - Assessment
 - Action



Cholesterol Management

Awareness: Updates in Evidence-Based Guidelines



Risk-Enhancing Factors

- Tobacco
- Hypertension
- Dysglycemia
- Other lipoprotein abnormalities
- Age
- Family history
- Ethnicity
- Health conditions including:
 - Metabolic syndrome
 - Chronic kidney disease
 - Chronic inflammatory conditions
 - Premature menopause
 - Pre-eclampsia
 - High lipid biomarkers



Top Ten Take-Home Messages to Reduce Risk of Atherosclerotic Cardiovascular Disease (ASCVD) through Cholesterol Management

1	In all individuals, emphasize heart-healthy lifestyle across the life-course.
2	In patients with clinical ASCVD, reduce low-density lipoprotein cholesterol (LDL-C) with high-intensity statin therapy or maximally tolerated statin therapy.
3	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.
4	In patients with severe primary hypercholesterolemia (LDL-C level \geq 190 mg/dL, without calculating 10-year ASCVD risk, begin high-intensity statin therapy without calculating 10-year ASCVD risk.
5	In patients 40-75 years of age with diabetes mellitus and LDL-C \geq 70 mg/dL, start moderate-intensity statin therapy without calculating 10-year ASCVD risk.



6	In adults 40-75 years of age evaluated for primary ASCVD prevention, have a clinician-patient risk discussion before starting statin therapy.
7	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.
8	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).
9	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 CAC.
10	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.

Download the American Heart Association's (AHA's) Guidelines on-the-go mobile app and stay up-to-date no matter where you are. The app is available for [iOS](#) and [Android](#).



Cholesterol Management

Assessment: Knowing the Numbers - Using the Tools



Monitoring Cholesterol in Children & Adolescents

Rating	Total Cholesterol	HDL Cholesterol	LDL Cholesterol	Triglycerides
Good	170 or less	Greater than 45	Less than 110	Less than 75 in children 0–9; less than 90 in children 10–19
Borderline	170 - 199	40 - 45	110 - 129	75-99 in children 0–9; 90–129 in children 10–19
High	200 or higher	n/a	130 or higher	100 or more in children 0–9; 130 or more in children 10–19
Low	n/a	Less than 40	n/a	n/a

Source: [CDC](#), 2024.



Monitoring Cholesterol in Adults

Rating	Total Cholesterol	HDL Cholesterol	LDL Cholesterol	Triglycerides
Good	Less than 200	Ideal is 60 or higher; 40 or higher for men and 50 or higher for women is acceptable	Less than 100; below 70 if coronary artery disease is present	Less than 149
Borderline	200–239	n/a	130–159	150–199
High	240 or higher	n/a	160 or higher; 190 considered very high	200 or higher; 500 considered very high
Low	n/a	less than 40	n/a	n/a

Source: [ACC](#), 2019.



Cholesterol Management

Action: Improving Health
Across the Lifespan



Your EHR and You: 3 Tips for Improved Cholesterol Management

1. Mind your measures.
2. Document referrals in structured data fields.
3. Utilize EHR alerts.



Lifestyle Change Programs

Resources	CDC Recommendations
<ul style="list-style-type: none">• <u>PA DOH Quitline for Tobacco Cessation</u>• <u>CardioSmart Patient Fact Sheets</u>• <u>AHA's Life's Simple 7</u>• <u>National Lipid Association's Patient Tear Sheets</u>	<ul style="list-style-type: none">• <u>Supplemental Nutrition and Assistance Program (SNAP)</u>• <u>Expanded Food and Nutrition Education Programs (EFNEP)</u>• <u>Weight Watchers</u>• <u>Taking Off Pounds Sensibly (TOPS)</u>• <u>Curves Complete</u>



Health Disparities: Considerations for Underserved Populations

- Assess social context, including food insecurity, housing stability, and financial barriers.
- Partner with and support community champions who target underserved populations.
- Share opportunities for self-management support and community resources when available.
- Provide educational materials in multiple languages and appropriate literacy levels.



PA Navigate powered by FindHelp.org

- Online tool to connect all Pennsylvanians with community-based organizations and for referrals to resources to meet their needs
 - Examples: food, shelter, and transportation



The screenshot displays the FindHelp.org website. At the top, there is a navigation bar with the FindHelp.org logo and a search icon. Below the navigation bar, a banner image shows hands typing on a laptop keyboard. The main content area is divided into several sections:

- Discover local support services effortlessly with FindHelp.org, a curated database by FindHelp, a Public Benefit Corporation. This platform connects individuals with resources for food, housing, medical care, transportation, support, education, legal, and much more.**
- Why Choose FindHelp.org?**
 - **Comprehensive Database:** Browse a wide array of local programs tailored to your needs.
 - **Social Care Technology:** Crafted by individuals who understand real-life challenges, our platform ensures a digitized and seamless connection to vital services.
- Key Features:**
 - **Free Service:** FindHelp.org is entirely free of charge.
 - **User-Friendly:** Easily navigate the platform for quick and efficient results.
 - **Social Determinants of Health (SDOH):** Identify barriers and utilize FindHelp.org to locate necessary services.
- How to Use:**
 - **Search by Location:** Enter your zip code to find nearby services.
 - **Filter Options:** Personalize searches based on eligibility criteria.
 - **Next Steps:** Click for the best ways to connect to your chosen service.
 - **Log a Referral:** Some services allow you to log a referral directly through FindHelp.org.
- Why FindHelp?**
 - **Industry-Leading Software:** Connect people to social care programs, fostering better health outcomes.
 - **Assessment and Referral:** Empowers customers throughout the continuum of social care.
 - **Strategic Partner:** More than a platform, FindHelp is your strategic partner.
- Additional Benefits:**
 - **Multilingual Options:** Search services available in multiple languages.
 - **Apply for Benefits:** Streamline the application process.
 - **Find Locations and Hours:** Easily locate services with operational hours.

At the bottom left, there is a QR code and a call to action: "Get Started Today! Go to www.findhelp.org to explore financial assistance, food pantries, medical care, and more. Your journey to free or reduced-cost help starts here!" Below this, it says "Need More Information? Visit the FindHelp.org [Support Desk Portal](http://www.findhelp.org) to connect to financial assistance, food pantries, medical care, and more. FindHelp.org is your one-stop solution!"

At the bottom right, there is a logo for "Quality Insights".

Funding provided by the Forces for Success and Health as part of the National Customer as Health Program awarded by the U.S. Department of Health and Human Services (HHS) to the Centers for Disease Control and Prevention (CDC) to support the development of the National Customer as Health Program. For more information, visit www.hhs.gov/forces-for-success.



Workflow Modifications Your Practice Can Implement to Improve Cholesterol Management



Workflow Modifications: EHR Actions



- Run a registry report of patients with elevated LDL-C > 100mg/dl.
- Assess EHR capability to run reports for clinical quality measure CMS #347.
 - Determine the ability to report race/ethnicity levels for priority populations.
- Develop and implement structured data fields, track lifestyle change program referrals, and ensure feedback is received.

Workflow Modifications: Protocol and Workflow Actions

- Use the [ACC Top Ten Take-Home Messages to Reduce Risk of ASCVD](#) to establish cholesterol testing and treatment protocols.
- Recommend all adults have cholesterol checked every 4-6 years starting at age 20, with more frequent testing for those with high cholesterol.
- Use the [ACC ASCVD Risk Estimator Plus](#).
- Order a [Coronary Artery Calcium Test](#). The results can assist patients ≥ 40 years old with uncertain risk status in shared decision-making.
- [Evaluate medication adherence](#) and efficacy at 4-12 weeks using a fasting lipid test. Retest every 3-12 months as needed.



Workflow Modifications: Practice and Clinical Staff Actions

- Promote [lifestyle change program](#) offerings.
- Implement a team-based care management plan for high cholesterol.
- Use the [Preventive Cardiovascular Nurses Association Clinicians' Lifestyle Modification Toolbox](#).
- Download the [ACC Statin Intolerance app](#) to help manage and treat patients with muscle symptoms.



Workflow Modifications: Patient Education Actions



- Encourage heart-healthy lifestyles, including physical activity, weight reduction and maintenance, smoking cessation, and controlling blood pressure and diabetes.
- Promote lifestyle improvement using AHA and CDC-approved resources and referral sources.

In Conclusion

- Evidence-based information for cardiovascular health and cholesterol management
- Risk-enhancing factors of cholesterol management
- Actions for improving cardiovascular health and cholesterol management
- Importance of lifestyle change programs
- Workflow modifications, protocols, and actions





<https://thewrightcenter.org>



Today's Guest Panelists from The Wright Center

- **Colleen Dougherty, DNP, CRNP, FNP-BC**, Vice President, Chief Clinical Operating Officer and Director of CRNP & PA Services
- **Kari Machelli, RN**, Director of Care and Case Management Services
- **Nicole Sekelsky**, Certified Community Health Worker



Leveraging Care Teams for Optimal Outcomes



- Create a clear clinical workflow that incorporates the entire care team.
- Contact your Quality Insights Practice Transformation Specialist for assistance.



Contact Quality Insights



Joseph Pinto, Jr., CHITP, CMAP

Email: jpinto@qualityinsights.org

Phone: 1.800.642.8686, Ext. 7817

Quality Insights website:

www.qualityinsights.org/stateservices



Social Media:



THANK YOU!



Quality
Insights

Funding provided by the Pennsylvania Department of Health as part of the National Cardiovascular Health Program federal grant from the Centers for Disease Control and Prevention (CDC-RFA-DP-23-0004). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention. Publication number PADOH-CV-030124