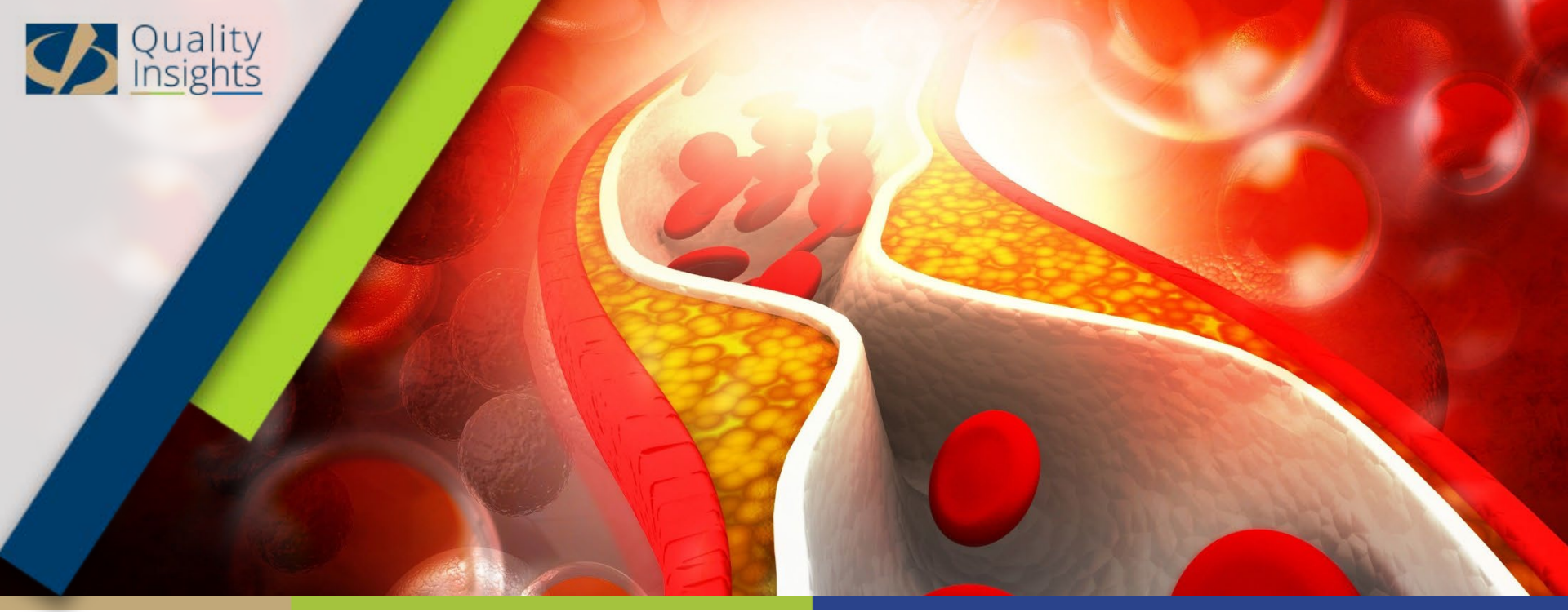


Community Health Support for Cholesterol Management

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.

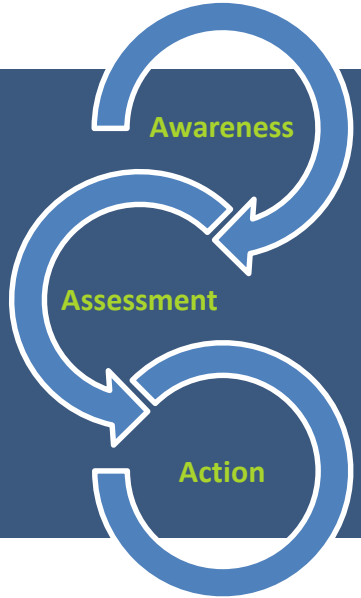
- Change agent, trusted partner and integrator of organizations collaborating to improve care.

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

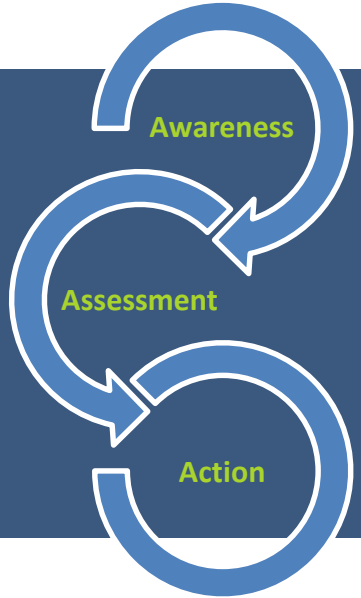
Top Ten Take-Home Messages to Reduce Risk of Atherosclerotic Cardiovascular Disease (ASCVD) through Cholesterol Management	
1	In all individuals, emphasize heart-healthy lifestyle across the life-course.
2	In patients with clinical ASCVD, reduce low-density lipoprotein cholesterol (LDL-C) with high-intensity 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 >= 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 >= 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 >= 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 >= 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.

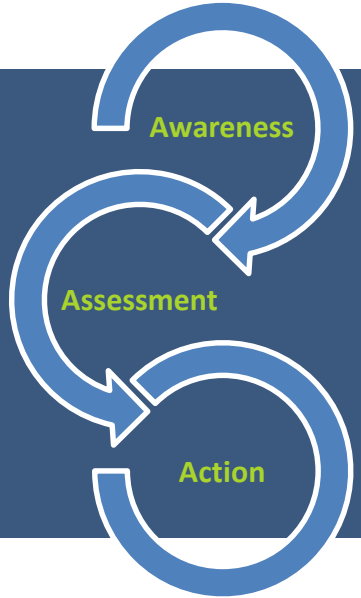
Monitoring Cholesterol in Adults

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.

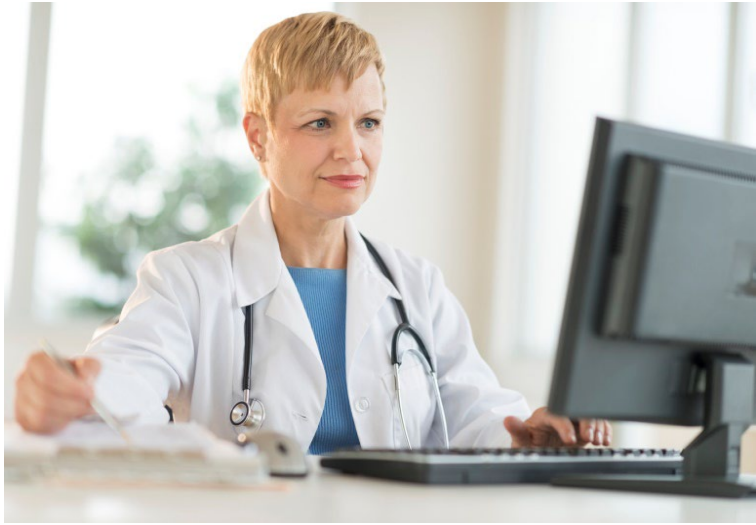
Cholesterol Management

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
• PA DOH Quitline for Tobacco Cessation • CardioSmart Patient Fact Sheets • AHA's Life's Simple 7 • National Lipid Association's Patient Tear Sheets	• Supplemental Nutrition and Assistance Program (SNAP) • Expanded Food and Nutrition Education Programs (EFNEP) • Weight Watchers • Taking Off Pounds Sensibly (TOPS) • Curves Complete

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

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

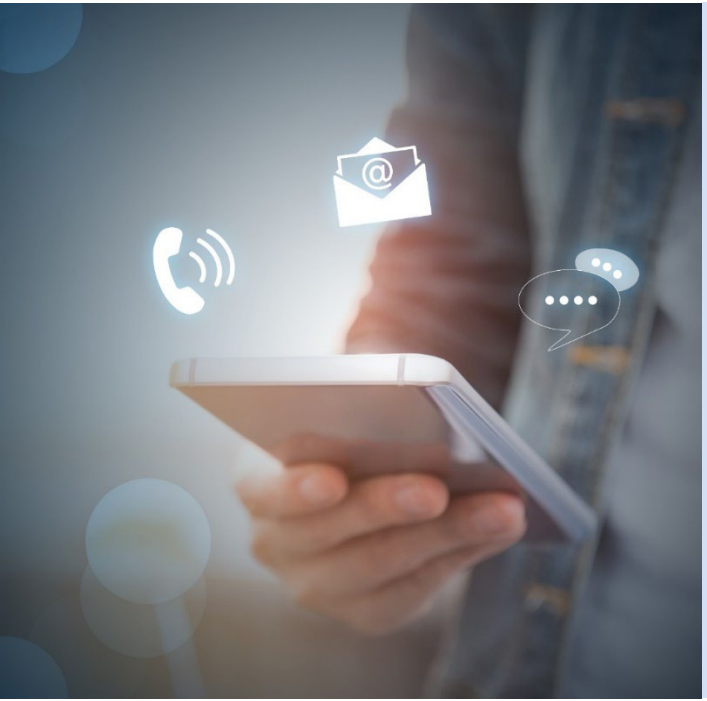
Today's Guest Panelists from The Wright Center

- **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



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