## **Cholesterol Fact Sheet and Roadmap**



## Goals

- Increase the use of the clinical quality measure to drive improvements in cholesterol management and overall patient care
- Establish policies to increase implementation of standardized quality improvement procedures for cholesterol management
- Maximize Electronic Health Record (EHR) technology through use of trackable and reportable quality measures
- Establish targets and benchmarks (e.g. Merit -based Incentive Payment System (MIPS) Quality Measure Benchmarks) to evaluate improvement efforts and outcomes routinely
- Increase value-based reimbursement through improved performance on quality measures
- Use evidence-based practices to address and reduce health disparities in Statin use

## **CQMs**

- Quality ID #438: Statin Therapy for the Prevention and Treatment of Cardiovascular Disease
  - Percentage of the following patients all considered at high risk of cardiovascular events – who were prescribed or were on statin therapy during the measurement period:
    - Adults aged >= 21 years who were previously diagnosed with or currently have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD); OR
    - Adults aged >= 21 years who have ever had a fasting or direct lowdensity lipoprotein cholesterol (LDL-C) level >= 190 mg/dL or were previously diagnosed www woo currently have an active diagnosis of familial or pure hypercholesterolemia; OR
    - Adults aged 40-75 years with a diagnosis of diabetes with a fasting or direct LDL-C level of 70-189 mg/dL

## **Documentation**

- Document multiple or serious comorbidities, including renal or hepatic function
- Document history of previous statin intolerance or muscle disorders
- Document concomitant use of drugs affecting statin metabolism
- Evaluate for history of hemorrhagic stroke
- Document risk factors such as family history, race, diet and exercise habits, smoking status, and alcohol use
- Document 10-year atherosclerotic cardiovascular disease (ACSVD) risk percentage
- Evaluate muscle symptoms
- Capture baseline measurement of alanine transaminase
- Document lipid panel results
- Evaluate for familial hypercholesterolemia

# **Cholesterol Fact Sheet and Roadmap**



### **Optimizing**

- Clinical practice workflows
- Organize your practice for efficiency
- Optimize use of your EHR and health IT to meet quality measure thresholds (e.g. create templates and/or order sets for abnormal cholesterol screenings)
- Facilitate team-based care and ensure each member is working to the top of their license
- Empower patients through proactive reminders/outreach, patient education, and patient portal access

## **Population Health**

- Use Clinical Information Systems (e.g. registries) that can provide patient-specific and population-based support to the care team
- Assess social context (i.e. food insecurities, housing stability, and financial barriers) and apply that information to treatment decisions
- Adopt a patient-centered communication style that includes patient preferences, assesses health literacy, and addresses cultural barriers to care

## **Managing Disparities**

- Identify or develop community resources to support healthy lifestyles
- Refer patients to local community resources when available
- Develop or offer educational programs and materials in multiple languages
- Utilize health IT (EHR) to outreach to vulnerable populations needing preventative care services

### **Provider Tips**

- Use shared decision-making tools to create a management plan
- Management plan to include personal goals, clinical goals, and medication adherence
- Provide patients with self-management support and education
- Monitor your quality measure dashboard

#### **Coding Considerations**

- Use Z codes to document lack of exercise, poor diet habits, tobacco use, and food insecurity
- Code for noncompliance with dietary regimen or intentional medication underdosing due to financial hardship
- Use lipid centric combination codes

### **Federal & State Initiatives**

- State Public Health Actions to Prevent and Control Chronic Disease https://www.cdc.gov/dhdsp/programs/spha/index.htm
- Million Hearts <a href="https://millionhearts.hhs.gov/index.html">https://millionhearts.hhs.gov/index.html</a>
- WISEWOMAN (Well-Integrated Screening and Evaluation for WOMen Across the Nation) https://www.cdc.gov/wisewoman/

## **Cholesterol Fact Sheet and Roadmap**



### Resources

- Cholesterol Resources for Health Professionals –
  <a href="https://www.cdc.gov/cholesterol/materials">https://www.cdc.gov/cholesterol/materials</a> for professionals.htm
- Cholesterol Communications Kit https://www.cdc.gov/cholesterol/communications-kit.htm
- Cholesterol Management Tools and Protocols <a href="https://millionhearts.hhs.gov/tools-protocols/tools/cholesterol-management.html">https://millionhearts.hhs.gov/tools-protocols/tools/cholesterol-management.html</a>