

## Goals

Define goals for a cholesterol management program using evidence-based guidelines



## CQM

Use the CQM measure to track cholesterol



## Documentation

Define the key types of documentation required in the EHR and claims



## Optimizing

Implement best practices for managing cholesterol within the practice



## Population Health

Identify and effectively manage your patient population with high cholesterol



## Provider Tips

Tips and tricks to better manage your patients with high cholesterol



## Managing Disparities

Know and address the challenges of patients with or at risk of high cholesterol



## Coding Considerations

Document risk factors and social determinants



## Federal & State Initiatives

Federal and state programs to increase cholesterol prevention and management



## Resources

Available cholesterol resources for providers and patients



## Goals

- Measure risk factor control
- Treat risk factors with abnormal levels
- Improve preventive services regarding cholesterol
- Improve patient's health literacy about cholesterol



## Documentation

- Document multiple or serious comorbidities, including renal or hepatic function, a history of previous statin intolerance or muscle disorders, concomitant use of drugs affecting statin metabolism, and a history of hemorrhagic stroke
- Document 10-year ACSVD Risk percentage, baseline measurement of alanine transaminase, lipid panel results, smoking status, race and ethnicity, and familial hypercholesterolemia



## Population Health

- Consider 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

- Address specific groups in the community
- Wellness programs
- Educational programs
- Preventive care services



## Federal & State Initiatives

- [State Public Health Actions to Prevent and Control Chronic Diseases](#)
- [Million Hearts](#)
- [WISEWOMAN \(Well-Integrated Screening and Evaluation for WOMen Across the Nation\)](#)



## CQM

- Quality ID # 438
- Statin Therapy for the Prevention and Treatment of Cardiovascular Disease



## Optimizing

- Identify barriers in the EHR system
- Optimize health literacy /education
- Provide patient portal access
- Develop EHR templates



## Provider Tips

- Personal Care Plan addressing personal and clinical goals, including exercise plan, diet plan, medication adherence, a plan for smoking cessation, reducing saturated fats, and eliminating trans fats.



## 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
- Choose the most specific code from category E78 to describe the patient's diagnosis



## Resources

- Cholesterol Resources for Health Professionals – [https://www.cdc.gov/cholesterol/materials\\_for\\_professionals.htm](https://www.cdc.gov/cholesterol/materials_for_professionals.htm)
- Cholesterol Communications Kit – <https://www.cdc.gov/cholesterol/communications-kit.htm>
- Cholesterol Management Tools & Protocols – <https://millionhearts.hhs.gov/tools-protocols/tools/cholesterol-management.html>
- Check. Change. Control. Cholesterol™ – [https://professional.heart.org/professional/EducationMeetings/CholesterolforProfessionals/UCM\\_4\\_14\\_Cholesterol-for-Professionals.jsp](https://professional.heart.org/professional/EducationMeetings/CholesterolforProfessionals/UCM_4_14_Cholesterol-for-Professionals.jsp)

