

# Million Hearts®:

## Statin Therapy for the Prevention and Treatment of Cardiovascular Disease



### PURPOSE

To develop and implement clinical criteria for an algorithm to identify and engage high-risk patients who would benefit from statin therapy at health centers.

### BACKGROUND

Cardiovascular disease (CVD) accounts for 1-in-7 US health care dollars spent – almost \$1 billion per day—and for 800,000 deaths every year, almost a third of US deaths. By 2030, direct medical costs linked to CVD are projected to exceed \$818 billion annually. Elevated blood cholesterol is a major risk factor for CVD. Numerous randomized trials have demonstrated that treatment with a statin reduces LDL-C and reduces the risk of major cardiovascular events by approximately 50 percent. However, of high-risk patients who would benefit from statin therapy, only approximately 55% are currently prescribed/taking a statin.

### GOALS

1. Identify the universe of high-risk patients who would benefit from statin therapy.
2. Develop successful practices for using algorithm-driven care processes to help care teams prescribe statins to as many high-risk patients as possible.

### POPULATION OF FOCUS

Adult high-risk patients not currently prescribed a statin: Individuals age 21+ years with atherosclerotic cardiovascular disease (ASCVD), individuals age 21+ years with LDL-C  $\geq$  190 mg/dL, individuals age 40–75 years with diabetes and LDL-C 70-189 mg/dL.

### APPROACH

Partner with up to five health center-controlled networks (HCCNs) to develop clinical criteria for an algorithm to identify high-risk patients who would benefit from statin therapy and assist health centers to implement this algorithm into care processes. Each HCCN partner identifies at least 3,000\* high-risk patients who would benefit from statin therapy and brings as many of them as possible back for medication screening and adjustment. Screening algorithm is built into health centers' clinical systems for population management, pre-visit planning, and decision support at the point of care.

- Advisory group meetings to develop statin benefit algorithm
- In-person Launch and Harvest Meetings
- Training on: new ACC/AHA Lipid Guideline on the Treatment of Blood Cholesterol (November 2018)
- Configure reporting systems with algorithm criteria and develop measure specifications to run baseline report
- Build statin benefit screening algorithm into health centers' clinical systems
- Gather information on underuse of statins from provider and patient perspectives; develop interventions to mitigate barriers



**TIMELINE | 1/1/2019 – 7/31/2020**



**FUNDING | CDC**



**TYPE OF INTERVENTION**

HIT-enabled Quality Improvement, Analytics and Reporting

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- Learning community: monthly web-based check-ins with expert faculty and peer learning
- Quality Improvement Coaching/Practice Facilitation
- Pre/post project and monthly data reporting

### MEASURES

- **STATIN THERAPY**– ASCVD Risk Group: % of ASCVD patients age 21+ years who were prescribed or were on statin therapy during the measurement period
- **STATIN THERAPY** – LDL-C level  $\geq$  190 mg/dL Risk Group: % of patients age 21+ years with LDL  $\geq$ 190 mg/dL who were prescribed or were on statin therapy during the measurement period
- **STATIN THERAPY** – diabetes and LDL-C level 70-189 mg/dL Risk Group: % of patients age 40-75 years with diabetes and LDL-C level 70-189 mg/dL who were prescribed or were on statin therapy during the measurement period who receive a subsequent prescription for statin therapy

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| <b>CDC</b>                          | Oversee national Million Hearts® initiative; project officer; financial and technical support.   |
| <b>NACHC</b>                        | Establish national leadership role for Million Hearts for HCCNs and health centers; project design, support, and management; consultation and assistance on the hypertension screening/HIPS algorithm, 5 Rights Framework, QI strategies for undiagnosed hypertension, data reporting, and other relevant content.   |
| <b>American Medical Association</b> | Nationally recognized leader in clinical hypercholesterolemia and new cardiovascular-related guidelines. Expert faculty for initial training and monthly learning community.   |
| <b>HCCN</b>                         | Assist NACHC/AMA/population health management vendors by reviewing published lipid guidelines, identifying decidable activities and creating algorithm specifications. Assist health centers in identifying high risk patients who would benefit from statin therapy and engaging them in care for further medication assessment. Participate in learning community, provide HIT-specific training, technical assistance, and implementation support to health centers, and report aggregated results from data warehouse. |
| <b>Health Center</b>                | Partner with associated HCCN to identify and engage high risk patients who would benefit from statin therapy.  |
| <b>ATSU</b>                         | Collaborative partner with NACHC in the National Center for Community Health Research; assists in evaluation design, data analysis, and manuscript preparation; hosts an IRB.  |