

IMPROVING USE OF STATIN THERAPY FOR HIGH RISK PATIENTS ROADMAP

INSTRUCTIONS

PURPOSE: This **Improving Use of Statin Therapy for High-Risk Patients Roadmap** is a tool to help organizations achieve $\geq 80\%$ on the use of statin therapy to prevent and treat cardiovascular disease in high-risk patients.

OVERVIEW: This tool organizes groups of interventions and activities to help organizations develop a deliberate strategy or approach to their cholesterol management efforts. Interventions are outlined across three categories: **Core, Elective, and Capstone**. Each category has a list of **current activities** and **planned activities** to help organizations identify and achieve their statin therapy goals. Organizations can start by focusing on core evidence-based strategies that provide a strong foundation for success. Once in place, organizations can build on their **core strategies** by implementing additional interventions and activities in the **electives** category and, when ready, in the **capstone** category.

STEP-BY-STEP INSTRUCTIONS FOR EACH HEALTH CENTER:

- 1 Determine** your organization's current statin therapy performance rates for patients at high risk for cardiovascular events. Rates should include individual risk group performance (ASCVD diagnosis, LDL-C ≥ 190 mg/dL, and Diabetes + LDL-C 70-189 mg/dL) and overall/aggregate performance.
- 2 Identify** the **statin therapy rate range** in the table in which your organization's current performance rate falls across the **Core, Elective, and Capstone** categories. Review which set of intervention strategies and activities are aligned with your performance range.
- 3 For selecting Current Activities:**
 - Identify the strategies your organization has in place or has completed.
- 4 For selecting Planned Activities:**
 - Prioritize implementing the intervention strategies and activities that correspond to your current performance range.
 - Use your selected **Current Activities** as a reference to guide your selection of **Planned Activities**.
 - Create a plan to implement interventions/activities selected in the **Planned Activities** category to continue improving use of statin therapy for high-risk patients.

NOTE: This tool is not designed to be used linearly. Consider planning for activities across all categories even if your performance is in a more advanced category.
- 5 Add the health center name** into the text box provided below **or** go to **File>Save As** to change the file name to include the health center name.
- 6 Repeat** these steps for each participating health center.

HEALTH CENTER NAME _____

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CORE STRATEGIES

STATIN RANGE: < 65% Statin Therapy aggregate measure (CMS347v3) OR any risk group < 65%
GOAL: ≥15% improvement in Statin Therapy

1. Identify the **Current Activities** your organization has in place or completed.
2. Select **Planned Activities** that are not in place or completed to improve use of statin therapy for high-risk patients.
3. Create plan to complete **Planned Activities**.

	CURRENT	PLANNED
ASSESS/PREPARE PEOPLE, POLICIES, AND PROTOCOLS	<p>Assess clinician knowledge, attitudes, and beliefs (KAB) on statin therapy use</p> <p>Provide clinician education on 2018 ACC/AHA Guideline on the Management of Blood Cholesterol tailored to assessed KAB (ensure buy-in)</p> <p>Update practice protocols to reflect 2018 Cholesterol Guideline Provide care team education on medication adherence</p> <p>Audit medical records of high-risk patients without statin therapy to understand driving factors</p>	<p>Assess clinician knowledge, attitudes, and beliefs (KAB) on statin therapy use</p> <p>Provide clinician education on 2018 ACC/AHA Guideline on the Management of Blood Cholesterol tailored to assessed KAB (ensure buy-in)</p> <p>Update practice protocols to reflect 2018 Cholesterol Guideline Provide care team education on medication adherence</p> <p>Audit medical records of high-risk patients without statin therapy to understand driving factors</p>
INITIATE STATIN THERAPY	<p>Embed guideline criteria into care processes</p> <p>Develop care gap reports to address therapeutic inertia</p> <p>Initiate statin therapy for high-risk patients not on statin therapy, including leveraging available telemedicine modalities to schedule encounters</p> <p>Schedule 3 month follow-up to assess response to therapy (including labs)</p>	<p>Embed guideline criteria into care processes</p> <p>Develop care gap reports to address therapeutic inertia</p> <p>Initiate statin therapy for high-risk patients not on statin therapy, including leveraging available telemedicine modalities to schedule encounters</p> <p>Schedule 3 month follow-up to assess response to therapy (including labs)</p>
IMPROVE MEDICATION ADHERENCE	<p>Assess for non-adherence (e.g., 3-month lab results, questionnaires, pill counts, contextual flags, missed appointments, infrequent refills)</p> <p>Offer solutions:</p> <ul style="list-style-type: none"> Prescribe low-cost generics Align prescription refills Approaches to address “forgetfulness” Blister packaging or pill boxes 	<p>Assess for non-adherence (e.g., 3-month lab results, questionnaires, pill counts, contextual flags, missed appointments, infrequent refills)</p> <p>Offer solutions:</p> <ul style="list-style-type: none"> Prescribe low-cost generics Align prescription refills Approaches to address “forgetfulness” Blister packaging or pill boxes
IMPROVE CLINICAL DECISION SUPPORT AND DATA-DRIVEN CARE PROCESSES	<p>Assess current clinical decision support (CDS) using CDS 5 Rights Framework</p> <p>Implement/optimize point-of-care CDS to identify:</p> <ul style="list-style-type: none"> Patients without a lipid panel in the past 3 years High-risk patients not on statin therapy <p>Develop population health registries to identify:</p> <ul style="list-style-type: none"> Patients without a lipid panel in the past 3 years and no appointment High-risk patients not on statin therapy and no appointment <p>Shore up workflows with external providers:</p> <ul style="list-style-type: none"> Diagnoses of qualifying high-risk conditions Statin therapy prescriptions Ensuring structured EHR documentation 	<p>Assess current clinical decision support (CDS) using CDS 5 Rights Framework</p> <p>Implement/optimize point-of-care CDS to identify:</p> <ul style="list-style-type: none"> Patients without a lipid panel in the past 3 years High-risk patients not on statin therapy <p>Develop population health registries to identify:</p> <ul style="list-style-type: none"> Patients without a lipid panel in the past 3 years and no appointment High-risk patients not on statin therapy and no appointment <p>Shore up workflows with external providers:</p> <ul style="list-style-type: none"> Diagnoses of qualifying high-risk conditions Statin therapy prescriptions Ensuring structured EHR documentation
INCREASE PATIENT ENGAGEMENT	<p>Apply shared-decision making at initiation of treatment plan and throughout</p> <p>Use collaborative communication skills in conversations (e.g., non-judgmental, ask about cost)</p> <p>Use visuals/other tools to help patients understand their reduced risk of heart attack and stroke with statin therapy</p>	<p>Apply shared-decision making at initiation of treatment plan and throughout</p> <p>Use collaborative communication skills in conversations (e.g., non-judgmental, ask about cost)</p> <p>Use visuals/other tools to help patients understand their reduced risk of heart attack and stroke with statin therapy</p>

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ELECTIVE STRATEGIES

STATIN RANGE: 65 - 79% Statin Therapy aggregate measure (CMS347v3)

GOAL: ≥10% improvement OR ≥80% in Statin Therapy

1. Identify the **Current Activities** your organization has in place or completed.
2. Select **Planned Activities** that are not in place or completed to improve use of statin therapy for high-risk patients.
3. Create plan to complete **Planned Activities**.

	CURRENT	PLANNED
ASSESS/ PREPARE PEOPLE, POLICIES, AND PROTOCOLS	<p>Develop collaborative practice agreements for pharmacists:</p> <ul style="list-style-type: none"> Refill authorization Medication titration Formulary management <p>Provide refresher clinical education on 2018 Cholesterol Guideline and medication adherence</p>	<p>Develop collaborative practice agreements for pharmacists:</p> <ul style="list-style-type: none"> Refill authorization Medication titration Formulary management <p>Provide refresher clinical education on 2018 Cholesterol Guideline and medication adherence</p>
INITIATE STATIN THERAPY	<p>Outreach to set up encounters for:</p> <ul style="list-style-type: none"> Patients without a lipid panel in the past 3 years High-risk patients not on statin therapy who are not scheduled for an appointment 	<p>Outreach to set up encounters for:</p> <ul style="list-style-type: none"> Patients without a lipid panel in the past 3 years High-risk patients not on statin therapy who are not scheduled for an appointment
IMPROVE MEDICATION ADHERENCE	<p>Regular expanded care team encounters that include medication education and adherence coaching</p> <p>Outreach to patients after initiating statin therapy to:</p> <ul style="list-style-type: none"> Ensure prescription filled Address barriers to adherence Titrate medication, if needed Reinforce medication benefits 	<p>Regular expanded care team encounters that include medication education and adherence coaching</p> <p>Outreach to patients after initiating statin therapy to:</p> <ul style="list-style-type: none"> Ensure prescription filled Address barriers to adherence Titrate medication, if needed Reinforce medication benefits
	<p>Develop population health registries to:</p> <ul style="list-style-type: none"> Identify missed opportunities (high-risk patients who had an encounter and did not receive a statin prescription) Develop targeted interventions by risk group, demographics, and other patients factors <p>Implement/optimize point-of-care CDS to identify high-risk patients who:</p> <ul style="list-style-type: none"> Refused statin therapy Discontinued statin therapy May have barriers to medication adherence 	<p>Develop population health registries to:</p> <ul style="list-style-type: none"> Identify missed opportunities (high-risk patients who had an encounter and did not receive a statin prescription) Develop targeted interventions by risk group, demographics, and other patients factors <p>Implement/optimize point-of-care CDS to identify high-risk patients who:</p> <ul style="list-style-type: none"> Refused statin therapy Discontinued statin therapy May have barriers to medication adherence
INCREASE PATIENT ENGAGEMENT	Empower patients to set goals	Empower patients to set goals

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CAPSTONE STRATEGIES

STATIN RANGE: ≥80% Statin Therapy aggregate measure (CMS347v3)

GOAL: 1+ emerging best practice

1. Identify the **Current Activities** your organization has in place or completed.
2. Select **Planned Activities** that are not in place or completed to improve use of statin therapy for high-risk patients.
3. Create plan to complete **Planned Activities**.

	CURRENT	PLANNED
ASSESS/ PREPARE PEOPLE, POLICIES, AND PROTOCOLS	Develop other innovative strategies to increase care delivery capacity (e.g., community partnerships)	Develop other innovative strategies to increase care delivery capacity (e.g., community partnerships)
INITIATE STATIN THERAPY	Focus on hard to reach patients, patients who discontinued or refused statin therapy, and missed opportunities	Focus on hard to reach patients, patients who discontinued or refused statin therapy, and missed opportunities
IMPROVE MEDICATION ADHERENCE	Partner with payers or pharmacies to obtain prescription fill data Measure medication adherence: Proportion of days covered Medication possession ratio	Partner with payers or pharmacies to obtain prescription fill data Measure medication adherence: Proportion of days covered Medication possession ratio
IMPROVE CLINICAL DECISION SUPPORT AND DATA-DRIVEN CARE PROCESSES	Develop other innovative strategies to improve CDS and data-driven care processes	Develop other innovative strategies to improve CDS and data-driven care processes
INCREASE PATIENT ENGAGEMENT	Develop other innovative strategies to increase patient engagement	Develop other innovative strategies to increase patient engagement