Population Health Approach to Manage Hyperlipidemia

Clinics or health systems looking to implement a population health approach to management of hyperlipidemia should:

- Update health system clinical guidelines to reflect the 2018 American College of Cardiology (ACC) guidelines for management of blood cholesterol
- Employ a systematic approach to management of risk factors for atherosclerotic cardiovascular disease (ASCVD) with accountability for screening, diagnosis, monitoring, and treatment to goal
- Assess and address social determinants of health and lifestyle changes when possible
    - Refer to Be There San Diego (BTSD) recommendations related to nutrition, food insecurity and physical activity
- Assess risk factors for ASCVD
    - Patient history should be updated to incorporate those conferring enhanced risk of ASCVD
    - All patients aged 20+ should have a lipid panel drawn in accordance with either ACC or United States Preventive Services Task Force (USPSTF) guidelines
    - ASCVD Risk Score should be calculated, reviewed, and entered into chart with date of calculation
- Prescribe statins according to nationally recommended guidelines, including ACC guidelines

Monitoring
- All patients on statin therapy should have lipid monitoring annually
- LDL should be compared against treatment goal
    - When patient is not at goal:
        - Medication adherence should be assessed and barriers addressed
        - Treatment should be intensified until goal LDL achieved

EHR/HIT Support and Interventions
- When possible, we recommend strategic use of the following EHR/HIT population health tools:
    - ASCVD pooled cohort equation should be readily available in the EHR
    - EHR health maintenance reminders, bulk ordering, and/or standing orders should be considered for lipid screening and statin monitoring
    - EHR alerts or flags should be considered for patients with high ASCVD (≥20%) risk, clinical ASCVD, Diabetes, or LDL ≥ 190 without contraindication and not on a statin
    - Employ National Committee for Quality Assurance (NCQA) metrics to monitor statin prescribing rates among diabetics and patients with clinical ASCVD
    - Review of metrics evaluating LDL control and statin prescribing for disparities by age/race/gender should be completed regularly and inequities addressed

Enhanced Metrics
- We support the development of the following national standardized metrics for monitoring population health:
    - Statin prescribing for primary prevention in patients with ASCVD 20% or greater
    - LDL monitoring for patients with diabetes and/or clinical ASCVD
    - Update of existing measures to include most recent guidelines for LDL treatment goals

Resources/Tools
- ASCVD Risk Estimator Pooled Cohort Equation (lifetime and 10 year risk)
  http://tools.acc.org/ldl/ASCVD_risk_estimator/index.html#!/calulate/estimator/
- Link to related BTSD clinical recommendations
  http://betheresandiego.org/clinical-recommendations