Introduction & Background

In 2013, ACC/AHA released new guidelines for cholesterol management. Historically, new guidelines can take up to a decade to diffuse into clinical practice, leading to suboptimal patient management. We hypothesized that systematic identification of barriers, and targeted interventions can improve management of cholesterol.

Aim

To increase appropriate intensity statin prescription, as enumerated in the 2013 ACC/AHA guidelines, in all primary care clinic patients with atherosclerotic cardiovascular disease (ASCVD) or diabetes mellitus (DM), with an aim to make a 25% relative improvement from baseline (Dec’14) to Dec’15.

Methods

Information regarding statin use was obtained from the primary care clinic database. MD, NP and PharmD providers in the clinic were surveyed with an aim to understand the barriers to prescribing statins. A series of tailored interventions was subsequently deployed through multiple PDSA cycles, including pocket cards on statin guidelines, education sessions, panel management and EMR generated lists of patients who were not on a statin as per guidelines.

Baseline Data and Results

Baseline data showed that 59.7% patients with ASCVD were on an appropriate dose statin, while 70.7% patients with DM were on an appropriate dose statin. Initial results after 6 months show a 8.4% increase in appropriate dose statin use amongst patients with ASCVD (see figure 1) and a 2.1% increase in patients with DM (see figure 2). Project is ongoing till December at which point we will have final results available.

Conclusions

A targeted strategy of PDSA cycles can increase the rates of statin usage, and lead to quicker uptake of ACC/AHA guidelines on cholesterol management.

Lessons Learned

- Principal barriers to increased statin prescription are worry about overmedicating people at low risk, disagreement with the guidelines and time limitations.
- Proactive panel management can be an effective tool to enhance appropriate statin use.

References:

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