

Background

- Preventing and treating atherosclerotic cardiovascular disease (ASCVD) has long been a major target of cardiovascular disease prevention programs.¹
- Statins, a class of medications that reduce low-density lipoprotein cholesterol (LDL-C) levels, are a mainstay of primary and secondary ASCVD prevention.¹
- Our uniform data system (UDS) screens patients who meet criteria for statin use in their lifetime and are currently not on statins, which includes age 21 or above with LDL>190 and/or ASCVD, patients with diabetes age 40-75 with LDL>70.
- Guidelines emphasize the importance of intensive lifestyle modification - an individualistic, patient-centered approach should be emphasized when deciding if pharmacotherapy is required for primary prevention.³
- We emphasize the importance for frequent evaluation of UDS measures in patients to accurately reflect their current health status in the determination of statin use, as opposed to being subject to a lifetime of statin use.

Methods

- A retrospective cohort study (n=867) was conducted using our patient registry at all Open Door Family Medical Center (ODFMC) locations (federally qualified health center) to determine patients who were not on statins but met the UDS criteria for statin use.
- Chart review was conducted to ascertain the current patient status for comorbid conditions qualifying them for statin use.
- Patients were recently evaluated to see if they had a recent hemoglobin A1c level or lipid panel.
- Telephone messages were sent for patients who met criteria for statin use. Patients were subsequently scheduled for follow up appointments for further discussions regarding statin initiation with shared-decision making.

Data Collection

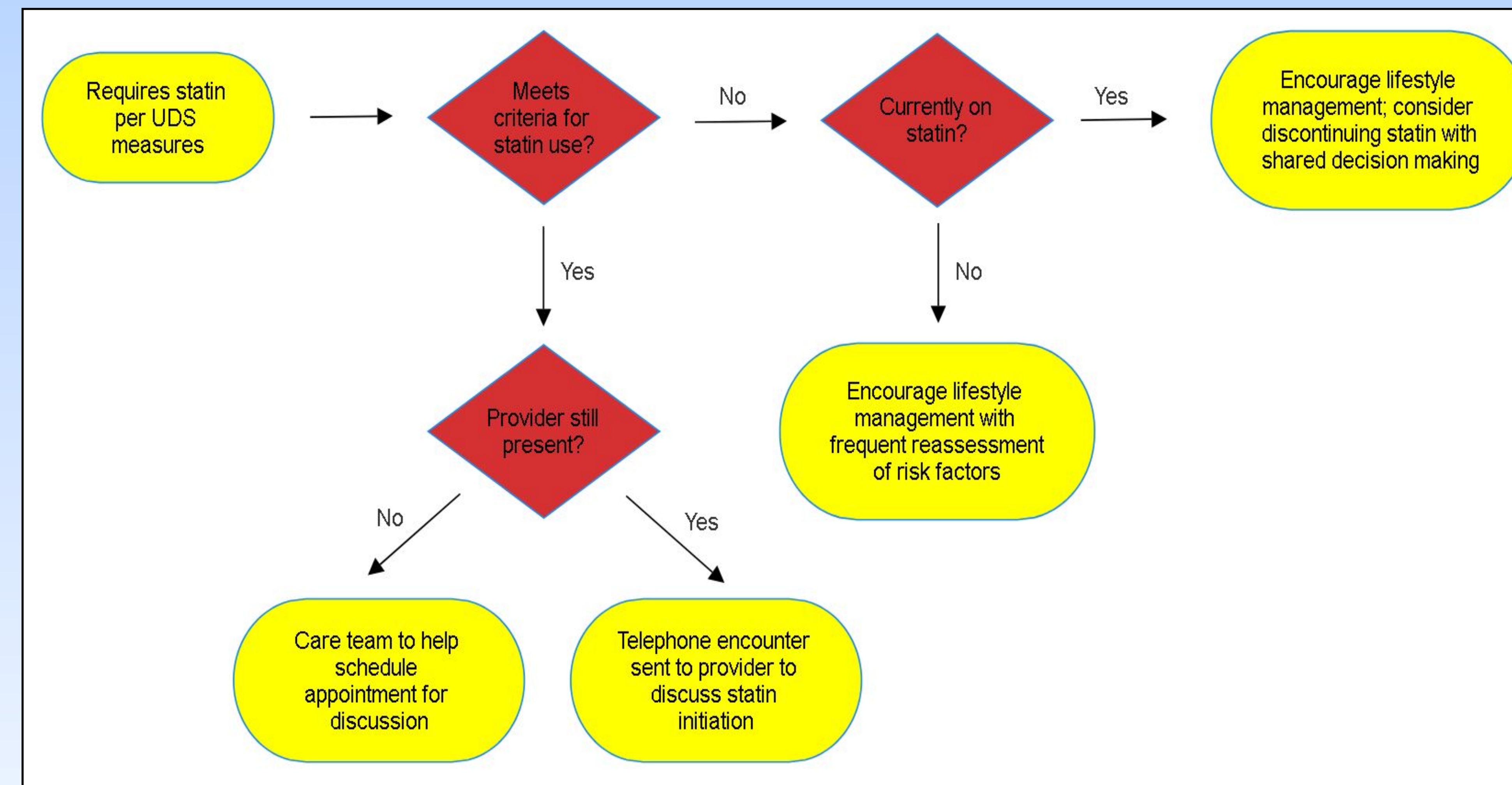


Figure 1. Process map for assessment of appropriate statin use criteria

Assessment of UDS Measures with Current Statin Indications

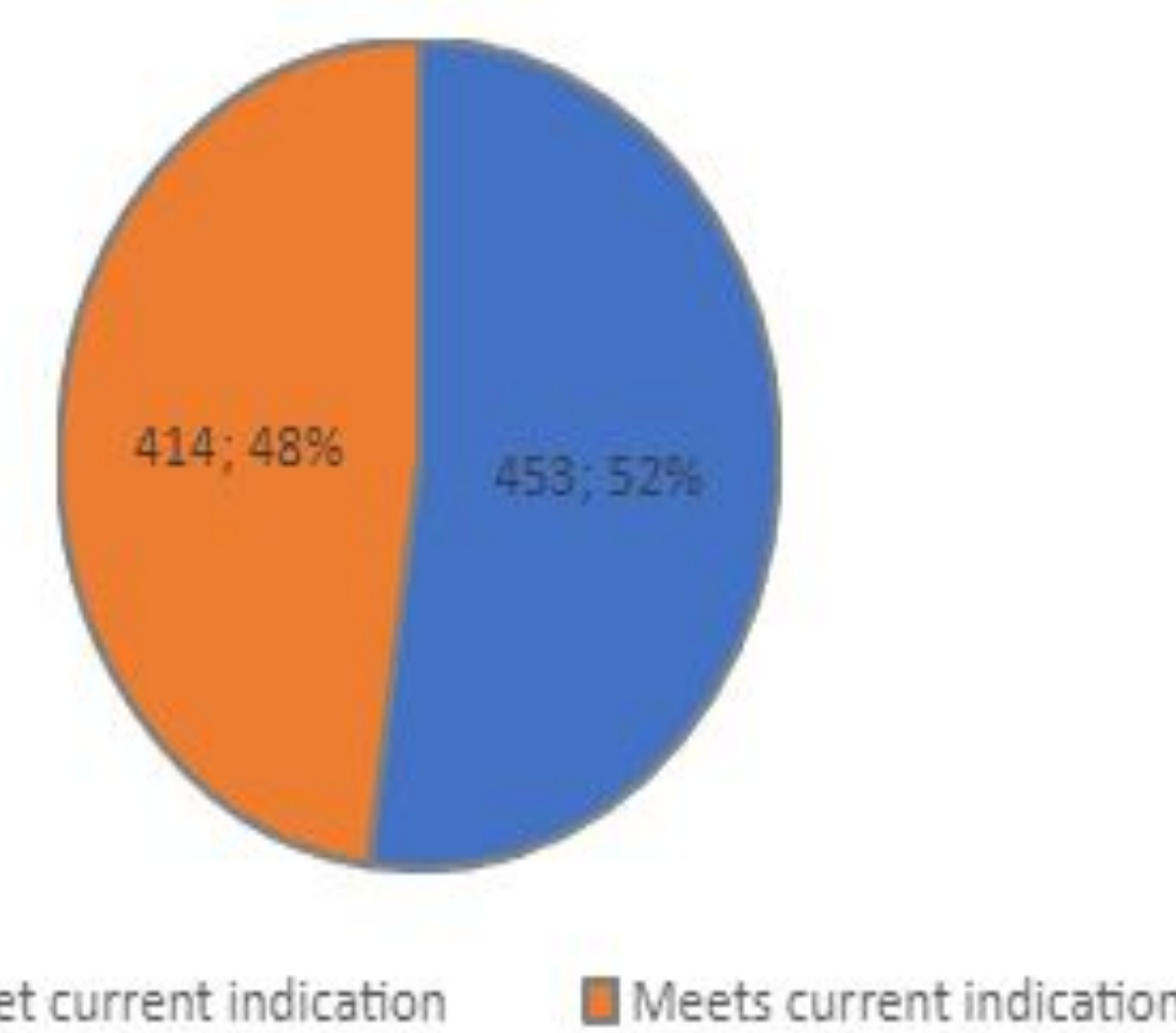


Figure 2. Assessment of all patients who met UDS criteria who currently still meet criteria for statin use

Original Indication per UDS Measures in Patients Who Do Not Currently Meet Criteria

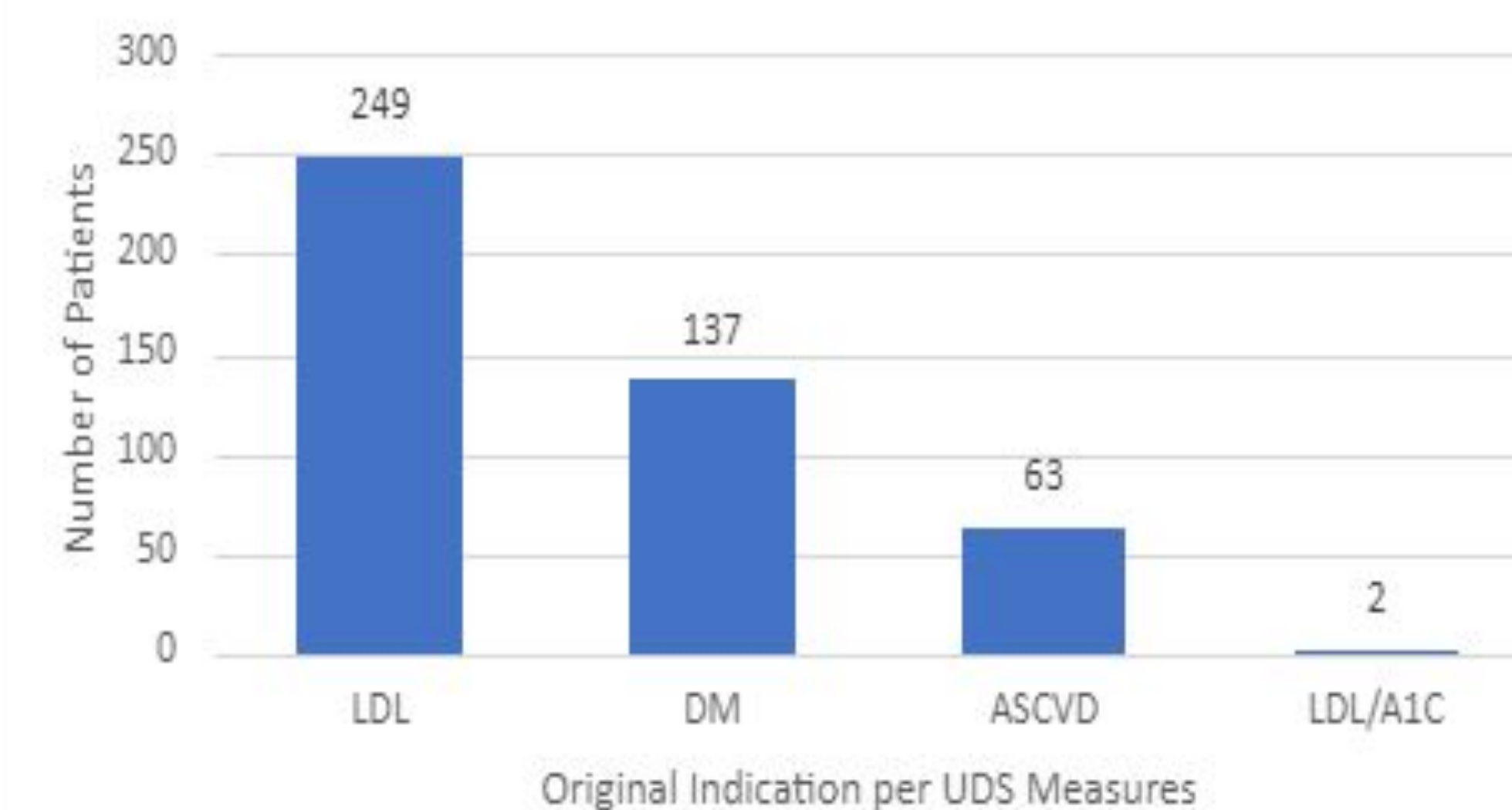


Figure 3. Analysis of the original indication that flagged patients per UDS criteria in patients who currently do not meet criteria

Assessment of Indications for Statin Use

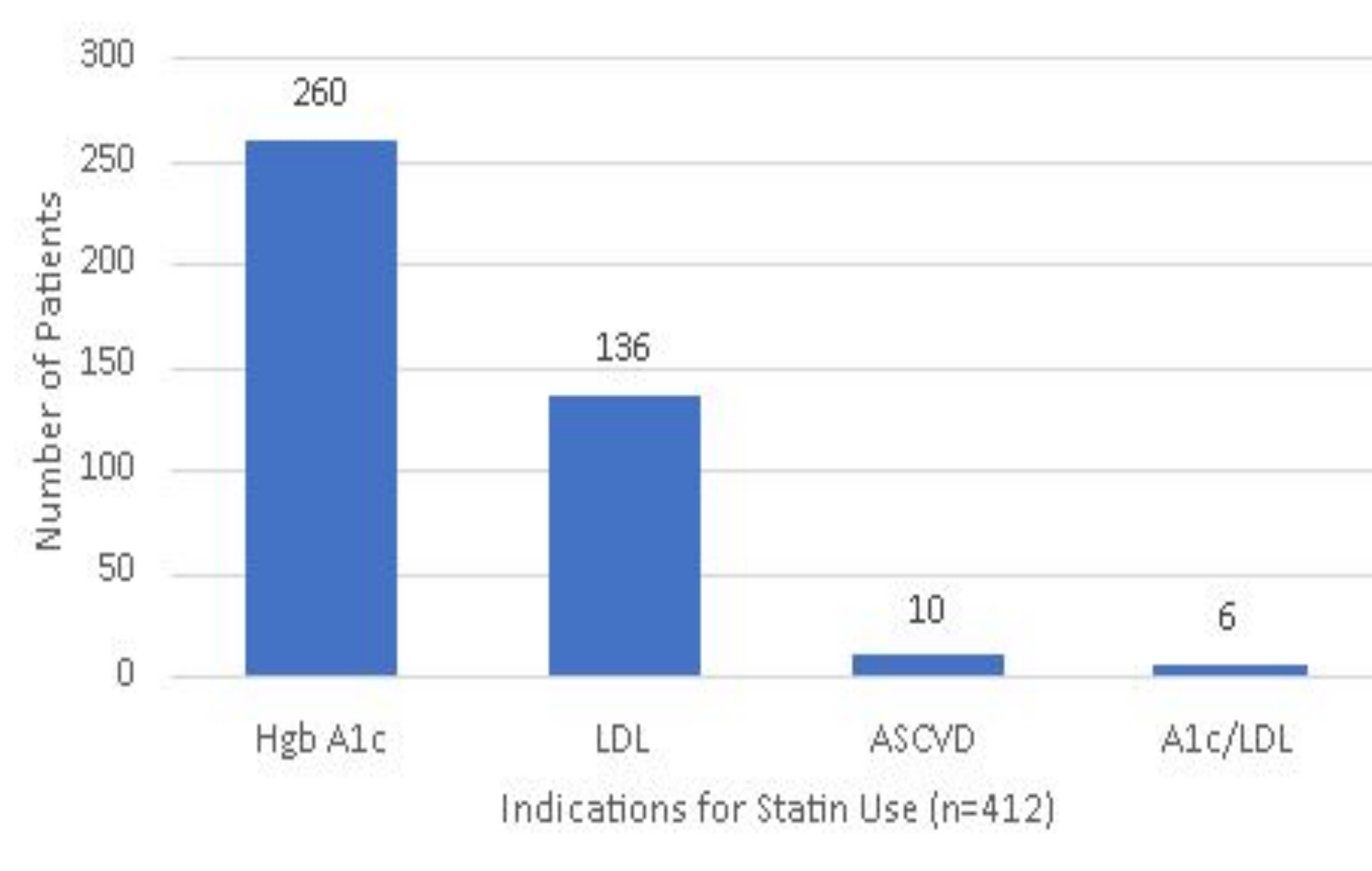


Figure 4. Assessment of indications for statin use among patients who meet UDS Criteria

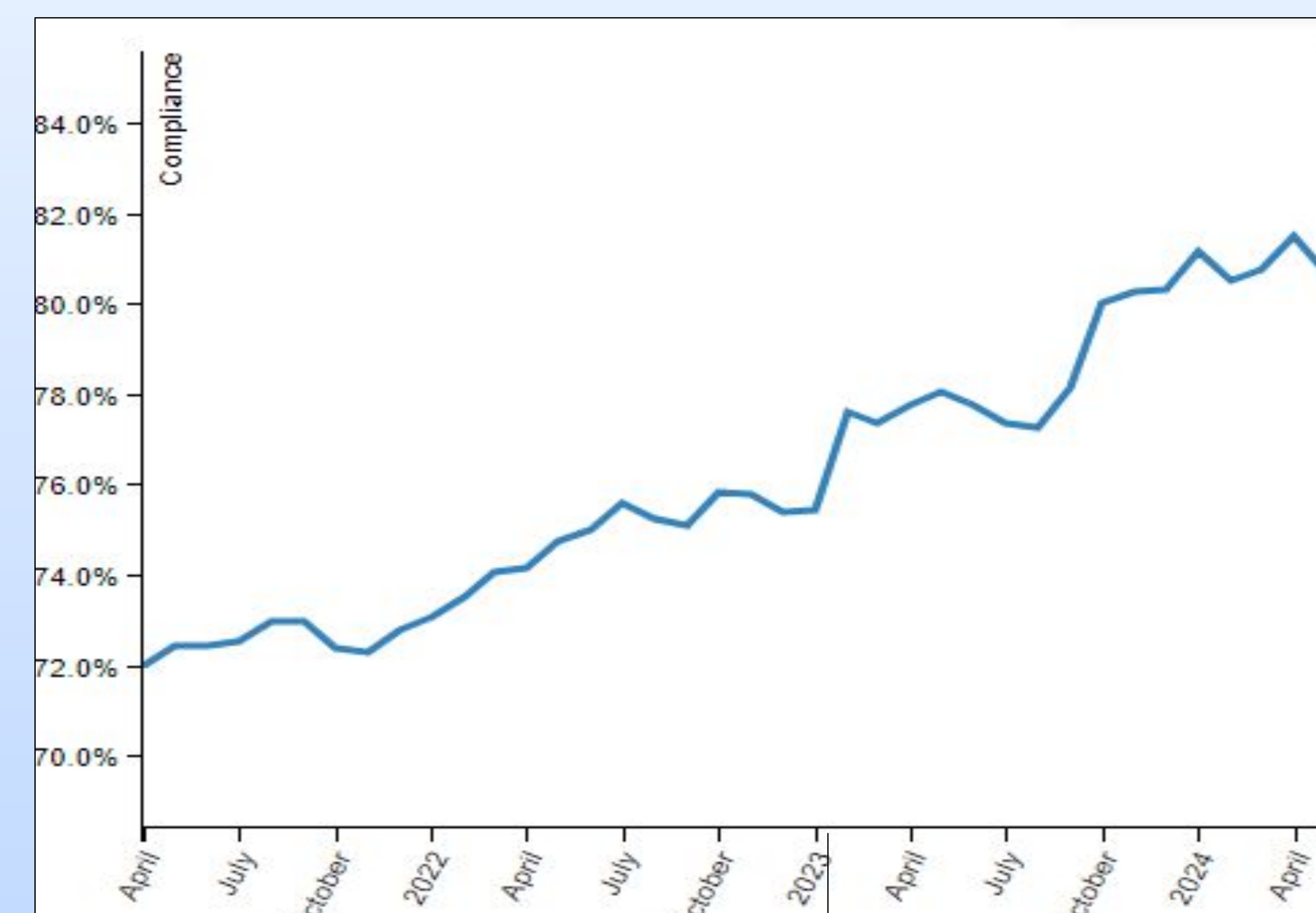


Figure 5. Rates of statin compliance at ODFMC sites (line denotes start date for research project)

Conclusions/Discussion

- Our data revealed that 48% of patients (n=414) met the UDS criteria and currently meet criteria for statin initiation.
- The majority of patients whom met UDS criteria did not currently meet indication for statin initiation (n=453, 52%). Of these patients, the most common indication for meeting UDS criteria was LDL>190 (n=249, 55%), therefore supporting the role of intensive lifestyle modification.
- The current UDS criteria fails to acknowledge patients who have made significant lifestyle changes and does not incorporate the widely accepted ASCVD risk score. The advent of bariatric surgery has played a vital role in managing comorbid health conditions and contributing to these improvements.
- The patient-centered approach can prevent unnecessary prescriptions, mitigate side effects, and lower costs. Encouraging patients to prioritize lifestyle changes over lifelong medication may promote better mental well-being.
- Rather than meeting a measure, greater emphasis should be placed on a patient-centered and individualized approach to determine current indications for statin use including frequent follow up and updated lab work to tailor treatment plans.

Next Steps

- Refine guidelines and criteria for statin therapy initiation and continuation
- Standardize appropriate statin dosage for certain conditions to optimize treatment efficacy
- Determine improvement in appropriate statin usage in subsequent years
- Identify the barriers, concerns, or hesitations in both provider and patient to improve patient education and shared decision making
- Examine disparities in statin utilization and access to care across different demographic groups

References

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- 2023 UDS Manual - Bureau of Primary Health Care. Uniform Data System Reporting Requirements for 2023 Health Center Data. (n.d.). <https://bphc.hrsa.gov/sites/default/files/bphc/data-reporting/2023-uds-manual.pdf>
- Rosenberg, Karen. Healthy Lifestyle Most Important for Prevention of ASCVD. AJN, American Journal of Nursing 119(6):p 68, June 2019. | DOI: 10.1097/01.NAJ.0000559810.44553.e9