

## Background

- Atherosclerotic cardiovascular disease remains a leading cause of death worldwide.
- Per 2019 ACC/AHA guidelines, statin therapy is first-line for primary prevention of ASCVD in those with diabetes who are 40-75 years of age.
- A quick review of patient data in epic identified a care gap for patients with diabetes who were not compliant with statin recommendations.
- Our team reviewed patients in this care gap in order to identify barriers to statin compliance.

## Aims For Improvement

**Aim 1:** To understand the root cause(s) for gaps in statin therapy within a large ambulatory care practice.

**Aime 2:** To improve provider awareness of indications for statin therapy, as recommended by the ACC/AHA guidelines.

**Aim 3:** To increase the proportion of patients with diabetes at our practice that are on statin therapy.

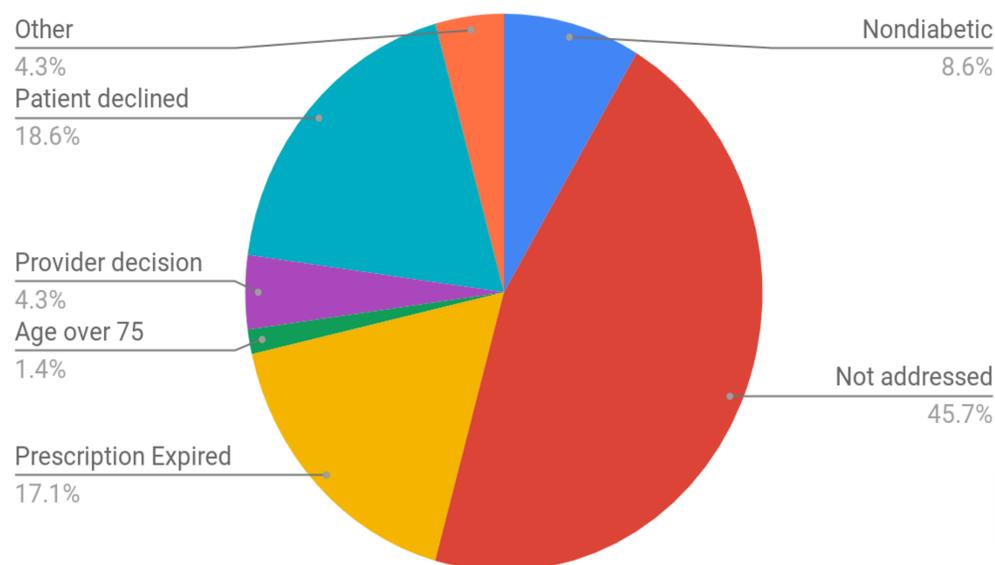
## Intervention

- We identified a care gap of 257 patients with diabetes greater than 40 years old within one JFMA provider team who were not currently on statin therapy as of January 2020.
- 70 of 257 patients were randomly selected for chart review.
- The team carefully reviewed each of these 70 charts and identified reasons for non-compliance with indication for statin therapy.

## Measurement and Results: Chart Review

- Barriers such as patient preference, expired prescriptions, and failure to address were reviewed.
- Data demonstrated the largest reason for statin noncompliance was that it was not addressed by provider.

Reasons for statin noncompliance



Reason for noncompliance	Number of patients (Total 70)
Nondiabetic	6
Patient declined	13
Statin not addressed within past 2 yrs	32
Statin expired from medication list	12
Discontinued due to age > 75	1
Provider decision	3
Other	3

## Next Steps and Lessons Learned

- Our chart review revealed that 50% of patients with diabetes who were not on statin therapy at JFMA did not have statin therapy appropriately addressed by their provider.
- Given these findings, we aimed to create an EHR Better Practice Advisory (BPA) to prompt providers to review this indication for statin therapy.
- This BPA has since been created and implemented within our practice.
- Next steps would include measuring statin use after BPA rollout to determine whether alerting providers to this statin indication improves this care gap.

## Challenges in the Era of COVID19

- Given the acute nature of the pandemic, office priorities and resources were concentrated on efforts surrounding COVID19.
- Although barriers to statin compliance were identified and a BPA was made, potential next steps such as changes to MA rooming process were unable to be explored during this time.
- As ambulatory practice changes in the post-COVID era, we will need to develop novel ways to continue our chronic disease management for our vulnerable patients.