



Tips for Documenting Your Quality Care

Statin Therapy Prevention and Treatment of Cardiovascular Disease

ACO #42

Percentage of the following patients – all considered high risk of cardiovascular events – who were prescribed or were on statin therapy during the measurement period:

1. Secondary prevention in individuals with clinical ASCVD
2. Primary prevention in individuals with primary elevations (i.e., initial readings) of LDL-C \geq 190 mg/dL
3. Primary prevention in individuals with diabetes ages 40 to 75 years who have LDL-C 70 to 189 mg/dL
4. Primary prevention in individuals ages 40 to 75 years without diabetes but with estimated 10-year ASCVD risk \geq 7.5%, and LDL-C 70 to 189 mg/dL

Based on the following clinical guidelines: –2013 ACC/AHA Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults: A Report of the American College of Cardiology [ACC]/American Heart Association [AHA] Task Force on Practice GuidelinesII (Stone et al. 2013).

Documentation your quality care:

Using paper, other electronic health records or Allscripts AEHR:

- Be sure that all diagnoses are documented where they can be easily found or pulled electronically.
- Be sure to order appropriate labs for diagnoses and age ranges for the Statin measure.
- Be sure the lab results are in the appropriate place in the record.
- Be sure to document if the patient meets criteria for medical exclusion from the measure.

Medical Performance Exclusion

Documentation of medical reason(s) for not currently being a statin therapy user or receive an order (prescription) for statin therapy (e.g., patient with adverse effect, allergy or intolerance to statin medication therapy, patients who have an active diagnosis of pregnancy or who are breastfeeding, patients who are receiving palliative care, patients with active liver disease or hepatic disease or insufficiency, patients with end stage renal disease (ESRD), and patients with diabetes who have a fasting or direct LDLC laboratory test result $<$ 70 mg/dL and are not taking statin therapy).

To meet the measure:

Please see below to better understand how **ACO measure #42, Statin Therapy Use** should be reported:

| | | | | |
|---|--|---|--|--|
| Confirm diagnosis of ASCVD at any time, active or history prior to 12-31-2016 | Did patient ever have an LDL-C, fasting or direct > or = to 190 mg/dl? | Patient aged 40-75 AND has a diagnosis of Type I or Type II diabetes | Patient had an LDL-C result of 70-189 mg/dl during the measurement period or 2 years prior January 1, 2016 | Statin therapy during the measurement year |
| If Yes, skip to Statin Use Assessment | If Yes, skip to Statin Use Assessment | If Yes, go to next question | If Yes, skip to Statin Use Assessment | Yes |
| If No, go to next question | If No, go to the next question | If No, STOP ABSTRACTION | If No, STOP ABSTRACTION | No |
| | | | | Denominator exception |

Statistics:

Review the newly released America’s Health Rankings 2016 Annual Report for the latest national and Kentucky statistics, www.americashealthrankings.org/learn/reports/2016-annual-report:

- Kentucky ranks 43rd in cardiovascular deaths, 50th in smoking and preventable hospitalizations, 47th in physical inactivity.

Thank you for completing the required Statin Therapy Use documentation to show that we are providing our patients with the most appropriate care. We hope this tool will provide tips for how you can better document your quality.

For more information on the MSSP measures, contact:

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