Background

- Statins and other lipid lowering therapies are indicated in primary and secondary prevention of atherosclerotic cardiovascular disease (ASCVD)

- A retrospective analysis of 1042 consecutive patient encounters at our urban health clinic found that 1 in 5 patients were not prescribed an appropriate intensity of statin with significant disparities in younger, Black patients, and those who solely met indication via 10-year ASCVD risk of ≥7.5%

- An improvement project was undertaken at our inner-city clinic that serves socioeconomically underserved populations

Methods

- Interventions were implemented over a 4.5 month period to close gaps between recommended guidelines and current practice

- StatinCalc.com, an interactive online tool, was created to determine appropriate statin based on indication (i.e. high risk ASCVD, clinical ASCVD), monitor for LDL-C reduction, and assess for adjunct therapies (i.e. ezetimibe)

- A link to a 10-year ASCVD risk calculator was integrated into the online tool

- Other interventions, such as reference tables, email reminders, physician didactic were also implemented

Results

- During the intervention time period of 4.5 months, StatinCalc.com had over 1300 pages viewed, with an average of 10 pages viewed daily

- On an average month, StatinCalc is being utilized for over 86 patient encounters

In order to increase statin prescription rates, StatinCalc.com and other interventions were successfully implemented in our clinic for the socioeconomically underserved.

Preliminary data shows association with increased prescription rates of statins.

Conclusion

- We successfully created StatinCalc as a tool to improve cholesterol guideline adherence and prescription patterns in our practice

- Preliminary data shows increased prescription rate of statins among those groups that were previously underprescribed (i.e. elevated 10-year ASCVD risk score)

- Limitations: Website access is public so traffic numbers may be falsely high