

# The Art of Implementing Guidelines on Lipid Management

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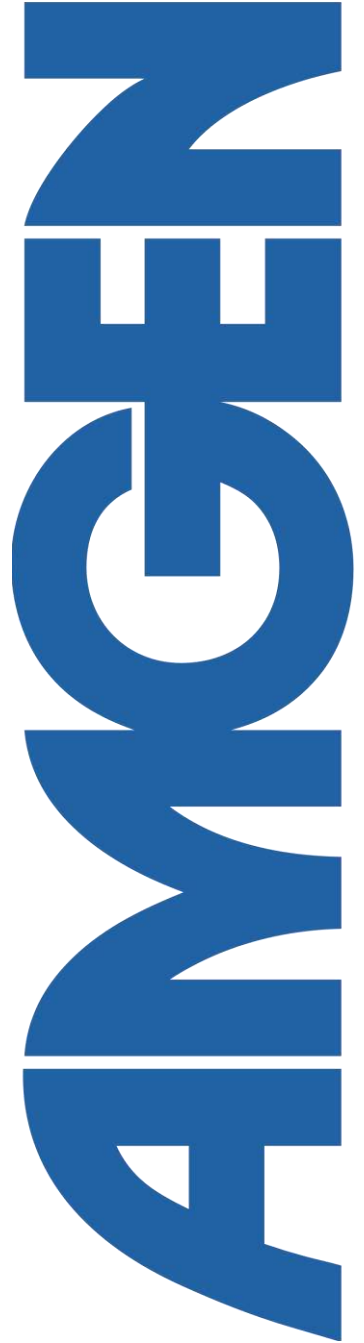
**AMGEN**

## Program information

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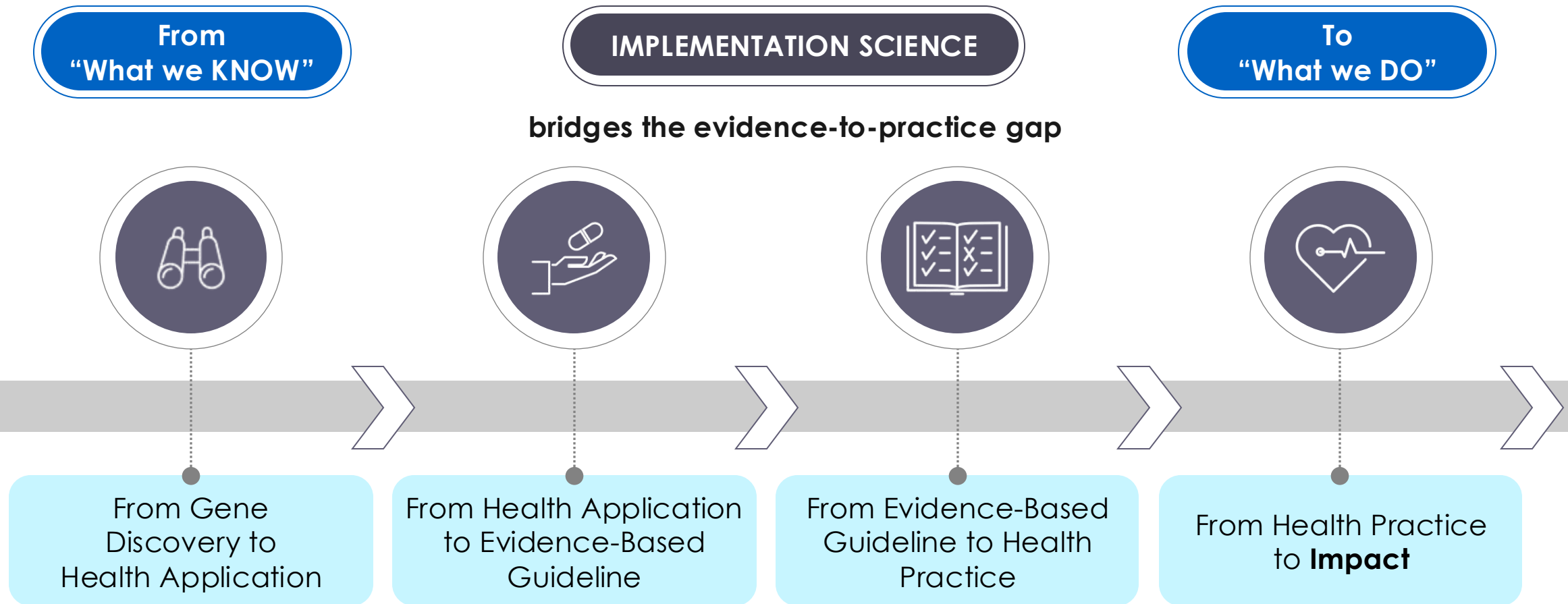
# Objectives

- 1 Understand the importance of implementation science
- 2 Apply implementation science to guideline pull through
- 3 Application to the LATTICE Consortium

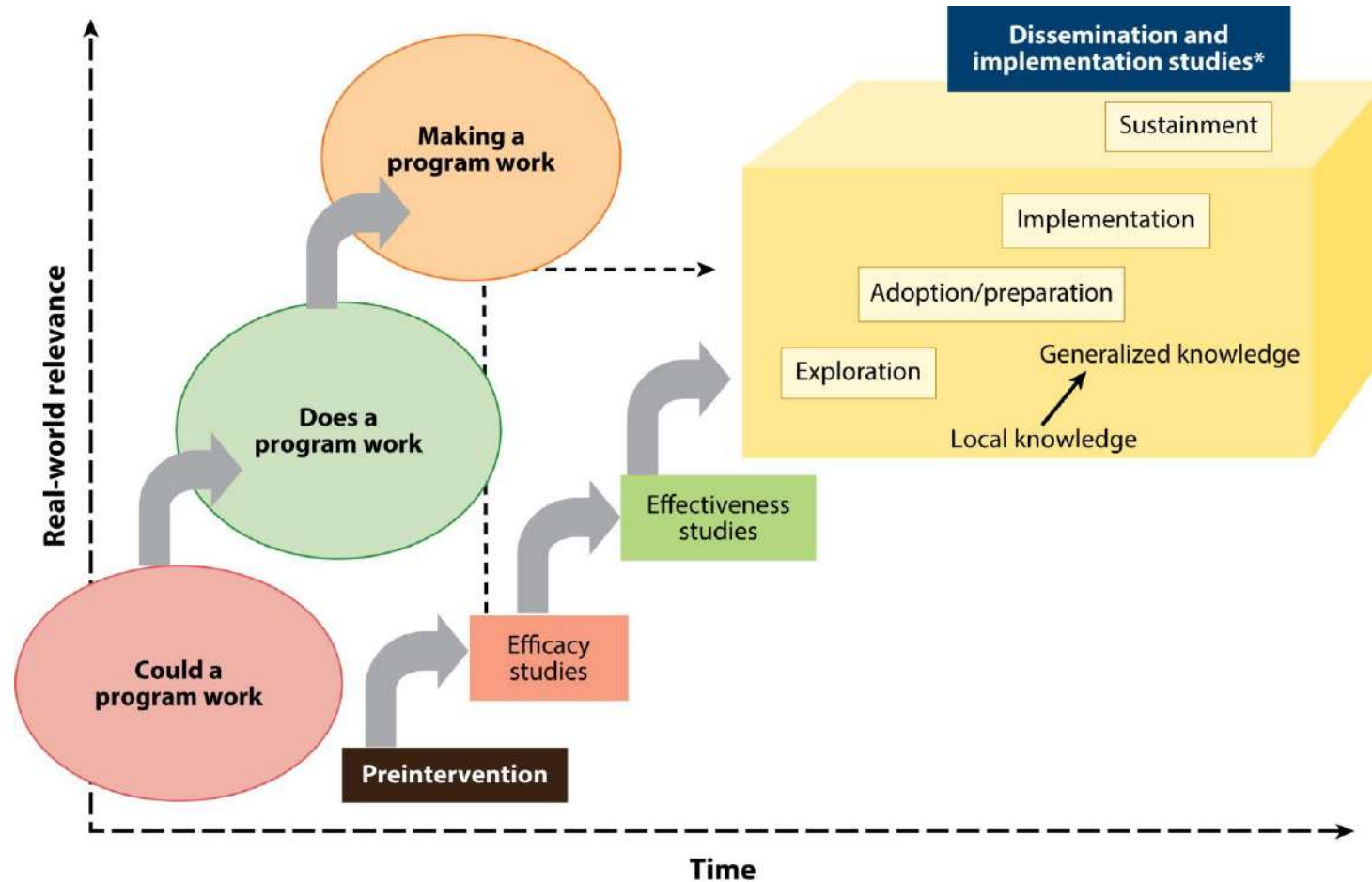


# What Is Implementation Science?


- Implementation science is the scientific study of methods and strategies that **facilitate the uptake of evidence-based practice and research into regular use by practitioners and policymakers**



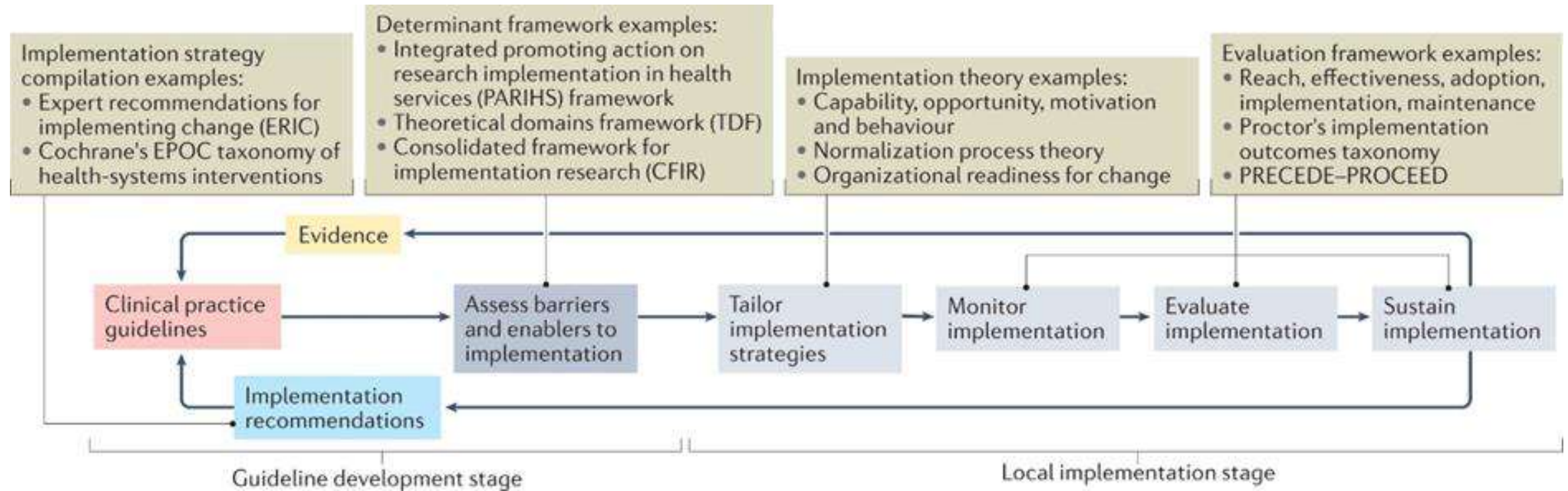
# Where does Implementation Science fit?



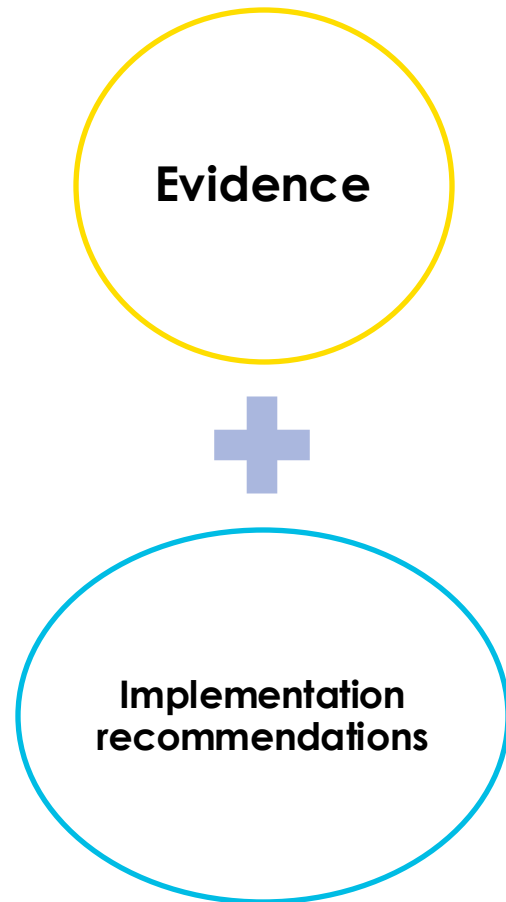
\*These dissemination and implementation stages include systematic monitoring, evaluation, and adaptation as required.

 Brown CH, et al. 2017.  
Annu. Rev. Public Health. 38:1–22

# Improve Guideline Translation




# Integration into Guidelines



nature reviews cardiology

<https://doi.org/10.1038/s41569-023-00892-0>

Evidence-based guidelines

 Check for updates

## International Atherosclerosis Society guidance for implementing best practice in the care of familial hypercholesterolaemia

Gerald F. Watts<sup>1,2</sup>✉, Samuel S. Gidding<sup>3</sup>, Robert A. Hegele<sup>4</sup>, Frederick J. Raal<sup>5</sup>, Amy C. Sturm<sup>3,6</sup>, Laney K. Jones<sup>3</sup>, Mitchell N. Sarkies<sup>7</sup>, Khalid Al-Rasadi<sup>8</sup>, Dirk J. Blom<sup>9</sup>, Magdalena Daccord<sup>10</sup>, Sarah D. de Ferranti<sup>11</sup>, Emanuela Folco<sup>12</sup>, Peter Libby<sup>13</sup>, Pedro Mata<sup>14</sup>, Hapizah M. Nawawi<sup>15,16</sup>, Uma Ramaswami<sup>17</sup>, Kausik K. Ray<sup>18</sup>, Claudia Stefanutti<sup>19</sup>, Shizuya Yamashita<sup>20</sup>, Jing Pang<sup>1</sup>, Gilbert R. Thompson<sup>21</sup> & Raul D. Santos<sup>22,23</sup>

# Application of Guideline Recommendation into Practice

Name it	Centralized cascade testing	
Source	Watts et al.	Umans-Eckenhause et al.
Define it	Central coordination of cascade testing refers to the use of a resourced, dedicated center with access to an appropriate specialist. The location and staffing of a central cascade testing center can vary, and the cascade testing process can be undertaken by a general practitioner with skills in patient and families with FH.	Targeted and active family screening program supported by direct notification of relatives and DNA diagnostics. Index cases with an <i>LDL</i> receptor gene mutation were identified and gave consent for their first-degree relatives to be contacted by a specialized nurse. The nurse visited each relative and obtain consent, blood sample, and health information.
Actor	Health professionals with skills in the care of patients and families with FH, under the guidance of an appropriate specialist.	Specialized nurses who were trained to identified first-degree relatives.
Action	Establish a funded center for the central coordination of cascade testing with access to an appropriate specialist.	Traveled to the residence of each first-degree relative from the index case
Action Target	Tailor the structure and process according to health policies across and within countries at national, state and regional levels.	To consent, obtain blood samples, and health information on first-degree relatives.
Temporality		After the index case was identified and written consent provided to contact relatives directly.
Dose		Once



# Amgen's Ambition to reduce the number of cardiovascular related events by 50% by 2030

4 key milestones that Amgen hopes to achieve by 2025...

## Increase LDL-C Testing Rate

Rate of cholesterol testing for ASCVD patients will increase from **27% today to >50%**

## Double Patients on Target

Rate of ASCVD patients that reach guideline recommended target of **LDL-C < 70 or < 55 mg/dL will increase from ~25% to >50%**

## Implement Quality Metric

Completion of **quality measure testing** phase and initiation of **measure implementation** phase

## Improve Patient Access

Advanced therapies and diagnostics



# LATTICE

Leading Awareness To action Through  
Implementation of CardioMetabolic Efforts

*Established in April 2023, the LATTICE Consortium is poised to **support** learning, ideating, and collaborating to **enable scalable action** to address unmet patient needs through the **sharing** of **evidence-based tools and methodologies** which can be broadly **adopted, adapted, and integrated** to **improve the quality** of cardiometabolic patient care.*

# Who What How Why of LATTICE

L e a i t t i c e  
L e a i t t i c e  
L e a i t t i c e  
L e a i t t i c e



## Who?

LATTICE is a **coalition of independent experts** with a **shared goal to address cardiometabolic patient care** through evidence-based tools and methodologies



## What?

**Tools and methodologies that address clinical inertia** are shared for learning, ideating & collaborating to enable **scalable action** across the healthcare ecosystem



## How?

Creating synergistic networks for integration of implementation science through:

- **LATTICEConsortium.com** resource repository
- **Educational symposia** events
- Regional **Sharing Sessions**



## Why?

Implementation science has the potential to **improve processes and outcomes** in the cardiometabolic space

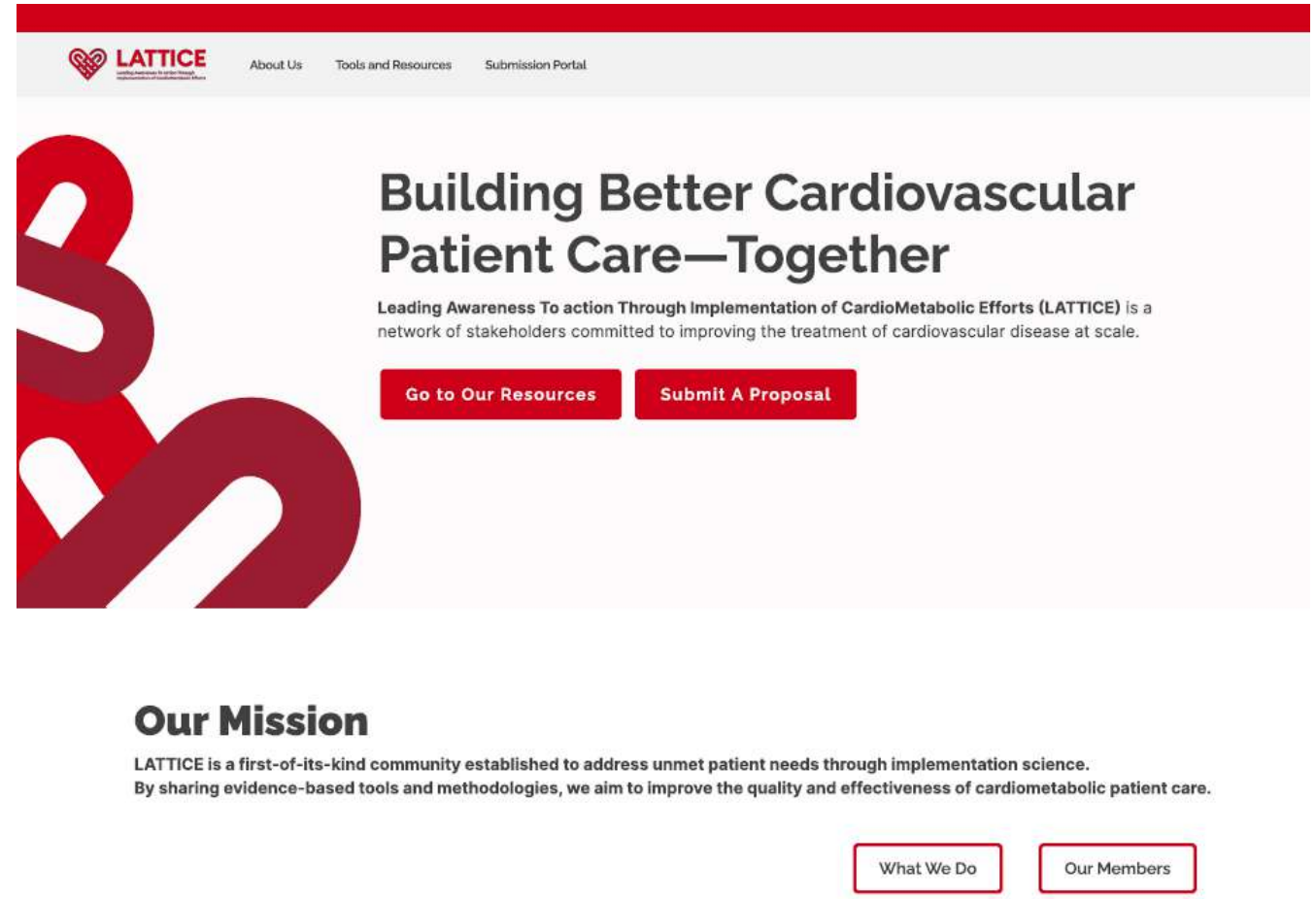
Connecting like-minded teams can help **facilitate efficient adaption and adoption of proven solutions** across health systems

# The LATTICE Consortium Website

**LATTICE Consortium website is designed to be the anchor of the coalition, providing...**

- Online resources
- Catalogue of ongoing efforts
- Submission portal

**...to activate and connect leaders who wish to adopt tools and methodologies to broadly improve the quality of cardiometabolic care**



The screenshot shows the LATTICE Consortium website homepage. At the top, there is a red navigation bar with the LATTICE logo and links for 'About Us', 'Tools and Resources', and 'Submission Portal'. The main content area features a large, stylized graphic of the letters 'L', 'A', and 'T' in red and maroon. To the right of this graphic, the headline reads 'Building Better Cardiovascular Patient Care—Together'. Below the headline is a sub-headline: 'Leading Awareness To action Through Implementation of CardioMetabolic Efforts (LATTICE) is a network of stakeholders committed to improving the treatment of cardiovascular disease at scale.' Two red buttons are positioned below the sub-headline: 'Go to Our Resources' and 'Submit A Proposal'. Further down, the 'Our Mission' section is visible, with a sub-headline and a paragraph of text. At the bottom right, there are two white buttons with red borders: 'What We Do' and 'Our Members'.

**LATTICE**  
Leading Awareness To action Through Implementation of CardioMetabolic Efforts

[About Us](#) [Tools and Resources](#) [Submission Portal](#)

## Building Better Cardiovascular Patient Care—Together

Leading Awareness To action Through Implementation of CardioMetabolic Efforts (LATTICE) is a network of stakeholders committed to improving the treatment of cardiovascular disease at scale.

[Go to Our Resources](#) [Submit A Proposal](#)

### Our Mission

LATTICE is a first-of-its-kind community established to address unmet patient needs through implementation science. By sharing evidence-based tools and methodologies, we aim to improve the quality and effectiveness of cardiometabolic patient care.

[What We Do](#) [Our Members](#)

# What projects are on the LATTICE website



Project	Aim	Methods	Audience Engaged
ACC Driving Urgency to Treat LDL-C	Build LDL-C testing and treatment awareness to action at point of care via Expert Consensus Decision Pathway-based care	<ul style="list-style-type: none"> <li>Prompts/reminders</li> <li>Education</li> <li>Performance dashboards</li> </ul>	<ul style="list-style-type: none"> <li>HCP</li> <li>Health system</li> </ul>
CHA Test to Treat	Improving LDL-C testing and treatment planning prior to ASCVD hospital discharge and minimizing loss to follow up prior to 6 months	<ul style="list-style-type: none"> <li>Prompts/reminders</li> <li>Education</li> <li>Navigators/care team model</li> </ul>	<ul style="list-style-type: none"> <li>Patient</li> <li>HCP</li> <li>Health system</li> </ul>
cvMOBIUS2	Prospective registry to examine and track lipid-lowering therapy utilization and LDL-C levels in adults with ASCVD seen across 25 health systems over 5 years	<ul style="list-style-type: none"> <li>Prospective registry</li> <li>EHR data</li> </ul>	<ul style="list-style-type: none"> <li>HCP</li> <li>Health system</li> </ul>
LOGAN-CV	Prospective study to evaluate a multifaceted site-level intervention (performance platform and education) to enhance clinicians' adherence to guidelines to improve LDL-C levels for patients with very high risk ASCVD	<ul style="list-style-type: none"> <li>Prospective study</li> <li>Education</li> <li>Performance dashboard</li> </ul>	<ul style="list-style-type: none"> <li>HCP</li> </ul>
PROMPT-lipid Multicenter Registry Study	Leverage computerized decision support tools to promote guideline-concordant, high-value, quality care for patients with very high risk ASCVD	<ul style="list-style-type: none"> <li>Prompts/reminders</li> <li>Education</li> </ul>	<ul style="list-style-type: none"> <li>HCP</li> <li>Health system</li> </ul>

**Evidence-generation  
(does it work?)**



**Evidence-implementation  
(how can it work at other  
health systems?)**

**PROMPT-Lipid**

Circulation: Cardiovascular Quality and Outcomes

**ORIGINAL ARTICLE**



Pragmatic Trial of Messaging to Providers About Treatment of Hyperlipidemia (PROMPT-LIPID): A Randomized Clinical Trial

Nimish N. Shah , MD; Lama Ghazi , MD, PhD; Yu Yamamoto , MS; Sanchit Kumar , MBBS, MD; Melissa Martin, MS; Michael Simonov, MD; Ralph J. Riello III , PharmD; Kamil F. Faridi , MD, MSc; Tariq Ahmad , MD, MPH; F. Perry Wilson , MD, MSCE; Nihar R. Desai, MD, MPH

**PROMPT-Lipid Multicenter Registry Study**

- **Objectives:** leverage CDS tools to promote guideline-concordant, high value, quality care for patients with VHR ASCVD
- **Method:** PROMPT-Lipid tool kit (BPA and SmartSet) within the EHR

Questions?

# PRagmatic Trial Of Messaging to Providers about Treatment of HyperLIPIDemia

Learn more about the PROMPT-LIPID Scaling Project

Project lead: Ralph Riello, PharmD, BCPS | Project Contact: ralph.rielloiii@yale.edu

## Aim of Project

Implement the **PROMPT-Lipid tool kit** within 7 study sites committed to **leveraging CDS tools** to promote guideline-concordant, high value, quality care for patients with VHR ASCVD, while also creating a centralized, deidentified **data repository of real-world LLT treatment** and LDL-C monitoring practices for patients with VHR ASCVD to facilitate collaborative quality improvement efforts amongst health system stakeholders

**Status** **Ongoing**

**Start:** March 2024 | **Anticipated completion:** Q2 2026

**Anticipated number of practice settings:** 7 IDNs

## Methods for Success

Prompts &  
Reminders

Education

Performance  
Dashboard

**Equip patient's prescriber with CDS tools (BPA + SmartSet) to prompt evidence-based management**

- Intensification of evidence-based LLT among eligible ambulatory patients with VHR ASCVD
- Ordering of guideline recommended lab tests for clinical monitoring and follow up

**Sharing of best practices, benchmarking, audit/feedback, and other QI strategies through the PROMPT-Lipid Multicenter Registry Study consortium**

**Implementation of EHR system embedded ASCVD dashboard to surveil site performance improvement progress at key intervals from baseline in real-time**



## The importance of user designed CDS tools

- Clinician input into the design of computerized decision support tools is essential to usability and adoption
- Targeted, patient-specific electronic health record (EHR) alerts improve intensification of lipid-lowering therapy (LLT) in patients with high-risk ASCVD
- Scaling of such tools across health systems may improve guideline directed care at a population level

## Anticipated Outcomes

- LLT intensification at 6-months and 2 years
- LDL-C goal <70 mg/dL
- LDL-C Goal <55 mg/dL

## Participation Criteria

- Project participation is contingent based on participation in the PROMPT-Lipid Consortium
- Other health systems may consider downloading the CDS toolkit with turbocharger for EPIC or downloading coding guide other EHRs