

## Cholesterol Management in Coronary Heart Disease Patients

by Melody Khorrami, PharmD

### WHERE DOES THIS MEASURE FIT INTO THE OVERALL MEDICARE PART D STAR RATINGS?

The control of cholesterol in coronary artery disease patients is not currently one of the quality measures factored into the Medicare Part D star ratings program; however, it is a measurement that is supported by the Pharmacy Quality Alliance (PQA). Any measure published by PQA could be used by a state Medicaid program, commercial employer sponsored plan, or public health insurance exchange plan to monitor or incentivize quality performance from network pharmacies.

### WHAT DOES THE MEASURE ANALYZE?

This measure analyzes the number of adult patients, ages 18-85 years, with coronary artery disease who have received at least one prescription for an HMG-COA reductase inhibitor (such as statin).

### WHAT IMPACT CAN THIS HAVE ON MY PHARMACY?

Two goals of any community pharmacy are to assist patients with adherence and make sure their treatment plan follows evidence-based guidelines. This quality measure assesses the adherence to cholesterol treatment guidelines of a plan's network prescribers and pharmacies. The most widely recognized set of guidelines for treatment of high cholesterol is the ATP III guidelines which look at nine different patient lab findings and risk factors. Based on lab findings and characteristics, the guidelines recommend treatment goals, lifestyle changes, and preferred drugs. The guidelines should be utilized when conducting a comprehensive medication review (CMR) or recommending a drug therapy change. It is key to remember that just because this measure may not affect the Part D star ratings directly yet, it does not mean that it won't in the future.

These star ratings ultimately can affect your pharmacy when it comes to preferred pharmacy network status. Pharmacists, interns, and technicians who are current on treatment guidelines are more likely to contribute to better outcomes in the patient population which will make their pharmacies more desirable in-network pharmacies.

### WHAT IMPACT DOES THIS HAVE ON PATIENT SAFETY?

A study published in the *New England Journal of Medicine* determined that the increase, decrease, or stabilization of the volume of atherosclerotic plaques was related to treatment with HMG-COA reductase inhibitors as well as the LDL cholesterol levels that were determined from serum levels. That said, adherence to their cholesterol medication is critical in making sure our patients are not increasing their risk of coronary artery disease by not taking their medications. Part of the adherence focus is to work on first-fill adherence and tracking these patients from the very beginning of their treatments.

### WHAT CAN I DO TO IMPROVE PERFORMANCE IN MY PHARMACY?

Performance can be improved in a number of ways in your pharmacy. First off, it is imperative that you are regularly talking to your patients to learn about their health conditions, both past and present. You can start by recognizing those patients who have coronary artery disease based on their medication lists and previous health history. Some medications that should prompt the pharmacist to consider the patient in this are nitroglycerin and antihypertensives. Ask patients whether they have ever been prescribed or have failed a statin drug and follow up with a recommendation to the prescriber of those who have not. Be sure to reference the ATP III Guidelines. Technicians and cashiers can help flag patients currently on statin drugs for the pharmacist to reinforce adherence. Tools such as the NCPA Simplify My Meds® program helps patients have all their medications filled at once and facilitates a monthly conversation with a technician specially trained to identify potential medication problems for follow-up with the pharmacist. ■

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#### Additional resources

<http://www.nejm.org/doi/full/10.1056/NEJM199812313392703>.  
<http://pqaalliance.org/measures/cms.asp>.  
<https://www.nhlbi.nih.gov/files/docs/guidelines/atglance.pdf>.