Tutorial for the Use of SETMA's "Lipids Treatment Audit"

The Lipids Treatment Audit can be found by following these steps:

- Go to AAA Home
- Click on Lipids Disease Management Tool
- Click on Lipids Plan
- Clink on the **Treatment Audit** button which is the seventh button in the Navigation list to the right of the **Lipid Plan template**

m Lipids Audit	
Lipids Treatment	Audit
Most Recent Values Cholesterol 250 09/01/20 Triglycercides 500 09/01/20	109 HDL 10 09/01/2009 109 LDL 160 09/01/2009
Has the patient had a lipid profile within the last year? Ordered Today	Yes Click to Order
Has the Lipids Treatment Plan been completed within the last year?	Yes Click to Generate
Has the patient been assessed for Cardiometabolic Risk Syndrome within the last yea	r? Yes Click to Assess
If Cardiometabolic Risk Syndrome present, is it listed as a chronic condition?	Yes Click to Add
If most recent LDL > 100, is the patient on a statin?	Yes Click to Add Med
Have the following lifestyle changes been recommended if applicable?	No Click to Add
Global Cardiovascular Risk Score, Frederickson Classification of Dyslipidemia, Lipid Disease Management Risk Assessment Has the patient been referred to Medical Nutrition Therapy at least once?	Double-click to add MNT referral Referral Status SETMA Completed Infectious
Does the patient have Diabetes? Yes	Does the patient have Hypertension? Yes
If most recent LDL > 70, is the patient on a statin? Yes Click to Add Med Is the patient's HgbA1c below 7.0%? IIo	e patient's blood pressure below 140/90? Ho Today's Blood Pressures 142 / 82 mmHg / mmHg
Most Recent Result 7.2 05/13/2009 Click to Order Ordered Today	/ mmHg
OK Cancel	

As can be seen above, at the top of the template the current Lipid Values are displayed for

- Total Cholesterol
- HDL
- LDL
- Triglycerides

There are nine elements to the Lipid Audit

1. Has the patient had a lipid panel within the last year?

The first element in this data set is whether or not a Lipid Panel has been ordered in the current calendar year or in the past twelve months, whichever is longer. To the right of this measure is a button which is entitled "Click to Add." If the Lipid panel has not been ordered, depressing this button will send the order t the lab, post it to the patient's charges and place it on the current encounter.

2. Has the Lipids Treatment Plan been completed within the past year?

If not previously completed, this element is completed by the depressing of the "Click to Generate" button shown above. When this button is depressed the **Lipids Treatment Plan** is generated. In part this plan states:



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Lipids Follow-Up Note Treatment Plan and Plan of Care

Patient Jonny1ZTest Date of Birth 08/17/1940 Age Ethnicity Sex M

Cholesterol and Triglycerides (Lipid) Evidence-Based Measures

The current standards of care for cholesterol are based on the Third Report of the National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation and Treatment of High Blood Cholesteroal in Adults (Adult Treatmet Panel III Final Report- ATP-III)

ATP-III Classifications

Total Cholesterol

<200	
200-239	borderline high
>240	hiah

LDL Cholesterol

<100	optimal
101-129	near optimal/above optimal
130-135	borderline high
160189	high
>190	very high

Serum Triglycerides

<150	normal
151-199	borderlin high
200-499	high
>500	very high

3. Has the patient been assessed for the Cardio metabolic Risk Syndrome in the past year?

If the Risk Syndrome has not bee assessed in the past year, clicking on the button entitle d "click to Assess" will launch the following template which will automatically assess the presence or absence of the Syndrome by both the World Health Organization's definition and the ATP III definition.

09/25/2009	WHO Diagnostic Criteria 💿 + 🕥 -	ATP III Diagnostic Criteria + 🕥 -		
riglycerides 500 mg/dL	≻= 150 mg/dL	>= 150 mg/dL		
entral Obesity				
Waist 32.50 inches	Ratio	vVaist		
Hip .00 inches	Men > 0.90	Men > 40 inches		
Ratio	vVomen ≻ 0.85	Women > 35 inches		
BMI mg/m^2	BMI > 30			
Blood Pressure				
142 / 82 mmHg	> 140/90 mmHq	> 130/85 mmHg		
	-	- T		
Flucose Abormalities	Eaction > 110 ma/dl	Factions, 440 and		
Pasting mg/dL	2 Hr GTT > 140 mg/dL	Fasting > 110 mg/dL		
Diabates	Diabetes			
Insulin Resistance	Insulin Resistance			
• + • -				
HDL 10 mg/dL	Men < 35 mg/dL	Men < 40 mg/dL		
Aicroalbuminuria	vVomen < 39 mg/dL	vVomen < 50 mg/dL		
Alb/Creat ma/a	> 30 mg/g			
	> 2.9 ma/dL			

4. If the Cardiometabolic Risk Syndrome is presence, is it listed as a Chronic Conditions?

If this fourth element is incomplete, depressing the button entitled n"Click to Add" will allow you to add the Cardiometabolic Risk Syndrome from SETMA's ICD-9 Code list. You will find it by typing "Met" and the following will be displayed which can then be selected, "Met Cardiometabolic Risk Syndrome. The benefit of listing this syndrome is that this is one of the elements in the risk stratification of the Lipid Treatment plan. Others are noted below.

5. If the most recent LDL is >100 is the patient on a statin?

If this fifth element of SETMA's data set is not complete, depressing the button entitled "Click to Add Med," will allow you to select a statin for this patient. Once the statin is added to the medication list, a "follow-up call" message can be created by going to the Master GP Plan which will allow our nurse to call the patient about the new medication. If the patient's pharmacy is known, it can be e-prescribed.

If the patient has diabetes, this element will be greyed out and another standard will be indicated below;

6. Have the following lifestyle changes been recommended if applicable? Stop Smoking, Exercise, Lose Weight, Low Cholesterol Diet, Low Carbohydrate Diet

If the LESS Initiative has been complied on this patient in the past two months (Lose Weight, Exercise, Stop Smoking) the first three elements will have been fulfilled. If the appropriate diet for this patient has been selected on the Lipid Life Style template, then all of these issues will have been completed.

If any of the parts of this element have not been completed, completing the LESS Initiative from AAA Home, or the proper diet from the Lifestyle template will complete this element by depressing the "click to add" button which will launch the following:

Goa	
Recommended Actions	Patient Information (Automatically Prints)
Diets High Soluble Fiber	Alcohol and Lipids
Low Carbohydrate	BMR Changing It
Low Fat	Dining Out
No Sugar	Dyslipidemia and Inactivity
Structure Coss Structure S	Exercise and Weight Loss
Weight Loss Initiative BMR cal/day	Foods to Eat, Avoid
	Inactivity and Cholesterol
Exercise Prescription	Step I, II Diets and Fiber
	Step I, II Diets - Description
Change Dietary Habits	Training Intensity and Lipids
Smoking Cessation Email	Transfats and LDL

6. Has Risk Stratification for Lipids and Heart Disease been completed in the past year by using the Framingham Cardiovascular Risk Score and one of the following: Global Cardiovascular Risk Score, Fredrickson Classification of Dyslipidemia, or Lipid Disease Management Risk Assessment?

If the Framingham has not been completed, clicking on the button entitled "Click to update" will take you to the below where you can complete either the Framingham, or the Global Cardiovascular Risk score.

Both of these scores are developed from the Framingham Data, the only difference is the Global Score has eliminated the bias of the age and gender and added the glycohemoglobin rather than the presence or absence of Diabetes and Packs per day rather than the use or not of cigarettes.

Framingham Cardiovas	cular Risk Assessment
Last Updated/Reviewed	11 Return
Date of Birth 08/17/1940	D Sex M Summary
Stroke Risk Factor Prediction	Coronary Heart Disease Risk Factor Prediction
The Stroke Risk Factor Prediction is for male and female patients between the ages of 54 and 86 with SBP ranges Male: 95-213, Female: 95-204	The CHD Risk Factor Prediction is for patients between the ages of 20 and 80. The algorithm assesses the patient's 10 Year CHD risk based on age, systolic blood pressure, HDL cholesterol, total cholesterol, Diabetes, smoking, and LVH.
Age 69 Pts. Import from Physical SBP Pts. Import from Physical HYP RX Pts. Import from Physical Diabetes Pts. Import from Physical CIGS Pts. Import from Physical CVD Pts. Import from Physical	Age 69 Pts. 11 SBP Pts. 11 treated untreated HDL - C: Pts. 11 Total - C: Pts. 11 isk Diabetes Pts. 11
AF Pts. 8.2 point	ts CIGS Pts.
LVH Pts.	LVH no Pts. 0
Calc. 10 Yr. Risk	Calc. Risk
	Point Total
Cardio Globalrisk	
Global Cardiovascular Ris Last Updated/Reviewed	k Score
Cholesterol	
HDL	
HgbA1C Import >>	
Systolic BP	
Packs Per Day	
Calculate >> 8.2 p	oints
A Global Cardiovascular Risk Score below 4 is desira the patient is at increased risk of a cardiovascular ev	ble. Above 4, vent.

Cholesterol HDL	+	(HgbA1C - 7.0)	+	Systolic BP - 130 10	- + Packs PerDay
		ОК	٦	Cancel	

The Fredrickson Classification of Dyslipidemia can be completed by the assessment on the Master Lipid Disease Management Template. The Classification is automatically selected based on the lipid results but if treatment has been instituted may have to be manually selected.

You can locate the Frederickson Classification at the bottom of the first column on the template below. The classification will automatically calculated when you depress the button "Assess from Labs," but can be manually selected after treatment has been started.

Lipids Managemen	nt Patient	Jonny1		ZTest]		Navigation	
SETMA's Lipid Philosophy	Age	69	Sex	М			Lipids General	
Compliance	Most Becent Lak	e Goels		Dick Fast	ore		Home	
	Wost Recent Lat.		<u>,</u>		narv Heart Diseas	e	Lipids System Review	
Last CRP	Check for	New Labs	00/04/200		Heart Attack)	-	Extremity Exam	
Last Liver Panel 04/17/2009	Cholesterol 4		09/01/20 09/01/20	09 V Ang 09 V CAF	ina IG		Eye Exam	
Height 70.00 inches		, 		Non-Cor	ronary Atheroscler	osis	Cardio Exam	
Weight pounds	HDL 3				eripheral Artery Di	sease		7
BMI 100	Cholesterol/HDL	5.00			erebrovascular Dis Vortic Apeurysm	sease	Lifestyle Changes	_
Body Fat 19.5 %	Triglycerides	ioo] (09/01/20	09	VD 40 Veer Piek	«	Lipids Plan	~
BMR cal/day	Trig/HDL S	0.00		Fran. C	<u>volito-rearitisk</u>			
Waist 32.50 inches	Chylomicrons +		11	Clobal C	<u>truke TU-Year Risk</u> Jordia Riak	82	Lipoprotein Metabolism	
Blood Pressure	Ln(a)	1			aruorusic		Summary of Lipid Studies	
142 / 82 mmHa	LDL	0	09/01/20	09 Male	e Age > 45 olo Ago > 55		Lipoproteins	
/ mmHq		1		Hyper	ale Age > 55 ertension > 140/90		Significance	
/ mmHg				E Bloo	d Pressure Medica	tions	Composition	
Diabetes Mellitus + 💿 - 🔿	LDL-Remnant			🗌 Smo	king		Classification	
Metabolic Syndrome + •	Pattern A			HDL	4-1		Hyperlipoproteinemias	
	Pattern B	Info		IV N □ E	1ale < 40 iemale < 50		Hypolipoproteinemias	
Fredrickson Classification	Homopuetiene		11	FHx Pre	mature HD		VLDLs	
	hsCRP .		11		1ale First Degree ≺	55	IDLs	
	Apo A1	D			emale First Degree	:<65	LDLs	
Help Info	Apo B	D		Assessn	nent Update		HDLs	
	Apo E2	0		Aggress taken to	ive measures m lower I DL to bel	ust be ow 70.	LDL Receptors	
Last Updated/Reviewed	<u>Apo E4</u>].	D		Last Upda	ted/Reviewed		Chylomicrons	
	· Lak	s Over Tin	ne		1.	/	Chylomicrons and Triglyceride	es
						Seco	ondary Causes of Abnorma	I Lipids
							Hypercholesterolemia	
							Hypocholesterolemia	
							Low HDL	
							Hypertriglyceridemia	

If you wish to review the details of the Classification which applies to the current patient, after select the Classification, depress the "Info" button and a document specific to that Frederickson Classification will be generated.

If you wish to review all of the Classifications and their relative atherogenicity, simple click on the left "help" button under Fredrickson	
Classification and the following will be displayed.	_
Dm Lipids Class	X

Phenotype	Lipoprotein(s) Elevated	Serum Cholesterol Level	Serum Triglyceride Level	Atherogenicit
01	Chylomicrons	Normal to +	++++	None Seen
🔿 lla	LDL	++	Normal	Ш
dli 🔿	LDL and VLDL	++	++	Ш
○ III	IDL	++	+++	Ш
C IV	VLDL	Normal to +	++	1
Ωv	VLDL and Chylomicrons	Normal to +	****	1
	+ = mildly increase ++ = moderately in +++ = severly incre ++++ = very sever	d != mild to creased !!! = sever eased ly increased	moderate atherogenicity e atherogenicity	

7. Has the patient been referred to Medical Nutrition Therapy at least once?

If the answer is no, it is possible to make a referral to MNT by double click on the referral template function to the right of this element. This displays the referral template as follows:

"referrals_pop" - [New Re	cord]		$\overline{\mathbf{X}}$
* Indicates procedures done Patient	in house Referrals Te	mplate	
Jonny1 ZTest Date of Birth 08/17/1940 Phone 4098339797 Reason	Date 20090928 Company Cigna Time 1:15 PM Telephone 80025106 Status In Progress Policy # 12345678	Routine Spe Notes Notes Routine Spe Notes	ciality Provider erring Provider Referred To
	PLEASE FILL (DUT ALL FIELDS IN RED	Unlock Notes
Special Procedures Arterial Blood Gas Audiogram Bone Density Bone Scan Breast Biopsy (Stereo) Bronchoscopy EEG EGD * EMG ENG ENG EVG EVG Kurren Biopsy Manmogram Mod. Barium Swallow * Nerve Conduction Vel * PFT Postvoidal residual volume Renal Scan Report	* Segmental Pressures * Thoracentesis Thyroid Biopsy Thyroid Scan Sleep Studies - Altus UGI UGI w/Small Bowel Series Uroflowometry V/Q Lung Scan Utrasound/Sonogram * Abdominal U/S * Arterial Doppler Lower Extremity Breast U/S * Carotid Doppler * Galibladder U/S * Carotid Doppler * Galibladder U/S * Renal Artery U/S * Small Parts (Testicular, Thyroid) * Venous Doppler, Lower Extremity * MRA * MRI * MRI * CT Dye	Therapy Physical Therapy Speech Therapy Occupational Therapy Medical Nutrition Therapy Medical Home Care Coordinator Financial Home Health Hospice Social Work Cardiac Procedures Adenosine Cardiolite * CPET Dobutamine Echo * Echocardiogram * Holter Monitor Stress Echo * Stress Test Stress Thallium Ambulatory BP Monitoring	Common Referrals Beaumont Bone and Joint Dermatology - Dr. Yaughn ENT - Dr. Duplan General Surgery - Dr. Gonzales Healy Urologic Clinic Nephrology - Dr. Derderian Orthopedics - Dr. Marrero Podiatry - Dr. Carmack Southeast Texas Cardiology Southeast Texas Cardiology Cardiology Cardiology Infectious Disease CHF Neurology Diabetes Education Required only if no procedure indicated with checkboxes. Email Incomplete
	Clear for Add Delete	Save Close	InfoRecvd I RefCom

Medical Nutrition Therapy is found in the third column under "Therapy" and is the fourth item in that column under that heading.

At the bottom third of the Audit template are two options: one addresses whether the patient has diabetes and the other if the patient has hypertension.

Does the patient have Diabetes? Yes	Does the patient have Hypertension? Yes
If most recent LDL > 70, is the patient on a statin? Click to Add Med Is the patient's HgbA1c below 7.0%? Most Recent Result 7.2 05/13/2009 Click to Order Ordered Today	Is the patient's blood pressure below 140/90? No Today's Blood Pressures 142 / 82 mmHg / mmHg / mmHg

8. Does the patient have diabetes?

If the answer is "yes," the following will be activated:

• If the most recent LDL is >70, is the patient on a statin?

"Click to add Med" – this allows a statin to be ordered.

• Is the patient's most recent HgbA1C below 7.0%?

"Click to Order" – this allows for a HgbA1C to be ordered

9. Does the patient have hypertension?

If the answer is "yes" the following will be activated

• Is the patient's blood pressure below 140/90?

Displayed are three trials which will show the blood pressure for the current or most recent visit.