| **Step** | **Description**  | **Key Point / Image / Reason** | **Who**  | **Time** |
| --- | --- | --- | --- | --- |
| 1. | Statins are 1st line therapy to prevent ASCVD. Statin intensity and dose should guide therapy:• High Intensity (LDL reduction ≥ 50%): atorvastatin 40mg/80mg; Crestor 20mg/40mg • Moderate Intensity (LDL reduction 30-49%): atorvastatin 10mg/20mg, pravastatin 40mg/80mg, simvastatin 20mg/40mg, lovastatin 40mg | Standard treatment protocols approved by Atrius Health Pharmacy and Therapeutics Committee for treatment of hyperlipidemia with statin medication. Click [here](http://shareplace.atriushealth.org/clinical/clinpharm/ptdocs/Documents/Cholesterol%20Management%20Clinical%20Brief.pdf) for the document. | Clinician |  |
| 2 | Clinician requests treatment with statin or intensification of statin treatment | Clinician forwards request for statin treatment to RN, indicating medication/dose/directions either via telephone encounter or result note. | Clinician | During Roster Review meeting, or other time via telephone encounter or result note.  |
| 3 | RN reviews clinician directive and LDL values. If statin naïve check for baseline LFT in past 12 months. If no LFT in past 12 months, check LFT before proceeding with standard work. | Clarify actions to be taken by RN | RN | Upon receipt of request |
| 4 | Access or create telephone encounter/result note from clinician to document patient counseling and medication/lab orders via RN smartphrase (.statins). Add diagnosis code appropriate to patient or ask clinician for clarification. | Documentation venue | RN | Initiation of RN contact with patient |
| 5 | Communicate clinician advice, medication education including drug/dose/adverse effects/monitoring to patient and document in encounter. | Documentation venue | RN | During phone conversation with patient |
| 6 | Patient declines treatment initiation or intensification. Forward request back to clinician for follow up. DO NOT CONTINUE STANDARD WORK. | Decision point | RN | During telephone encounter |
| 7 | If patient agrees to plan, request patient obtain statin medication at HVMA pharmacy—confirm location or identify alternative pharmacy, if necessary and notate pharmacy preference | Reinforces preferred HVMA pharmacy use. | RN | During telephone encounter |
| 8 | Order appropriate medication via Hyperlipidemia-Statin SmartRx per clinician directive. | RN sets up and routes Rx per original clinician directive. | RN | During telephone encounter |
| 9.  | Place laboratory order for repeat fasting lipids 8 weeks after starting or switching statin medication.  | RN tells patient to come in for labs between 4 and 8 weeks after medication start/change. | RN | Time of review/documentation |
| 10.  | RN should click call back reminder and postpone to date of repeat fasting lipid level. | Tracking mechanism to monitor response of statin treatment | RN | Time of contact with patient. |
| 11. | Document all actions taken within encounter and route to clinician | Close-the-loop step | RN | After contact with patient  |
| 12. | Check call back patient reminder to assure FLP done* If not done—contact patient via telephone or MyHealth to remind pt labs due--document (standard 2 calls/letter prn)
* Once lab completed call patient to encourage ongoing adherence via telephone/Myhealth encounter and triage as appropriate.
 | Assure treatment effectiveness and follow up of statin treatment, if necessary | RN | Time of laboratory follow up  |