

VA/DoD Evidence-based Clinical Practice Guideline for the Management of Dyslipidemia for Cardiovascular Risk Reduction

Potential Metrics for Monitoring Adherence to the Dyslipidemia Guideline

Overview

An essential aspect of monitoring the adoption of a clinical practice guideline (CPG) is to identify, and assess adherence in practice to, selected metrics derived from the CPG recommendations. These metrics may address the structure, process, outcomes, or other dimensions or attributes of recommended clinical care. They may reflect the short-, medium-, or long-term adherence to the CPG. It is neither necessary nor advisable for such metrics to be comprehensive in accounting for all of the recommendations in a CPG. Typically, metrics are selected because they are considered to be proxies or markers for adherence to patterns of care (e.g., conducting appropriate screening tests) consistent with the overall CPG or because achieving them is considered to be influenced by, or otherwise associated with, adhering to the CPG recommendations.

Listed below are examples of aspects of the Lipids CPG for which metrics could be developed.

Process/Utilization Measures	
1.	Assessment of cardiovascular disease risk: Percentage of men > age 40 and women > age 50 for whom there is documentation of a cardiovascular disease (CVD) risk assessment
2.	Smoking cessation: Among primary and secondary prevention patients who are smokers, percentage for whom there is documentation of being offered or prescribed tobacco cessation counseling or medication
3.	Lifestyle changes: Among patients with an estimated 10-year CVD risk of 12% or greater, percentage for whom there is documentation of being offered or prescribed positive lifestyle changes for controlling CVD risk (e.g., dietary changes, physical activity) either as stand-alone therapy or in addition to pharmacotherapy
4.	Pharmacotherapy: Among primary prevention patients with 10-year CVD risk >20% that have chosen pharmacotherapy, percentage for whom there is documentation of being offered or prescribed at least a moderate-dose statin
5.	Pharmacotherapy: Among patients 50-75 years old with established atherosclerotic cardiovascular disease (ASCVD) or diabetes mellitus (DM), and without moderate-to-severe systolic chronic heart failure (CHF) (ejection fraction [EF]<35%) or end stage renal disease (ESRD) on dialysis or limited life expectancy (<5 years), percentage for whom there is documentation of being offered or prescribed a moderate-dose statin following a discussion of harms, benefits, and patient's values and preferences
6.	Pharmacotherapy: Among all beneficiaries, the percentage who are on combination therapy (lipid lowering pharmacotherapy from 2 different classes) (negative metric)