TCCN Pilot: Cholesterol Screening & Evaluation Standard Operating Procedure (SOP)

Purpose:

This pilot aims to improve the workflow standardization of cholesterol monitoring and ASCVD risk documentation within an EHR to improve guideline-concordant identification of cardiovascular risk, appropriate statin initiation or intensification, and longitudinal risk management.

Best Practice Recommendation:

The task force's best practice recommendation is to follow current 2019 ACC/AHA Clinical Practice Guideline for the Management of Blood Cholesterol, including recommendations for lipid screening, ASCVD risk assessment, statin eligibility, treatment thresholds, and follow-up intervals. EHR tools should be used to standardize documentation of ASCVD risk, trend lipid values, and activate quality measure resources to identify patients that meet monitoring and treatment guidelines.

Pilot & Design Implementation:

- ***Pilot Duration:*** 2 months
- ***Preparation Period:*** January 13-February 14
- ***Pilot Go-Live:*** February 15
- ***Post-pilot Review:*** End of April

Pilot activities include:

- Baseline assessment of cholesterol and ASCVD risk documentation (completed via survey)
- Customization of the below SOP for participating clinics, including standardized ASCVD risk documentation workflows
- Training of MAs, nurses, and clinicians on lipid management guidelines and ASCVD risk assessment
- Activation of EHR decision support tools (quality tab notifications related to cholesterol monitoring and statin therapy)
- Feedback and modification for finalized grant best practice recommendation

Phase 1: Planning & Baseline Assessment January 14-19

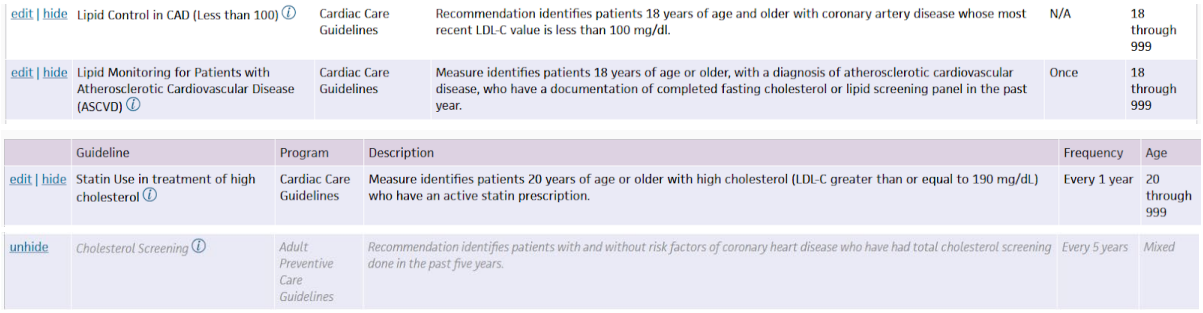
1. **Define Pilot Scope**
    a. Define eligible population (i.e. adults 18+) 40-75 yo without known ASCVD)
    b. Review Clinical guidelines
2. **Determine who needs to be involved**
    a. ASCVD Risk documentation
        i. Who will be responsible for calculating and documenting risk?
    b. Standard Operating Procedure (SOP) development
        i. Who needs to be involved in creating this?
        ii. Who needs to approve this SOP?
        iii. Who will this SOP impact (staff/volunteers)?
        iv. Do we have any internal documents that need to be reviewed related to this SOP?
        v. Who will need to access this SOP (consider clinic leadership, clinicians, volunteers)?
        vi. How to store and who will need access (ex. SharePoint in Folder X) to the SOP?

Deliverables by January 19:

- Defined ASCVD screening population
- Identified stakeholders for ASCVD pilot and SOP development
- Review clinical guidelines

Phase 2: EHR Build & Technical Activation January 20-28

3. Activate pertinent quality measures by going to Gear > Clinicals > Quality Management > Clinical Guidelines. Suggested quality measures are listed below:



edit | hide	Lipid Control in CAD (Less than 100) ⓘ	Cardiac Care Guidelines	Recommendation identifies patients 18 years of age and older with coronary artery disease whose most recent LDL-C value is less than 100 mg/dl.	N/A	18 through 999
edit | hide	Lipid Monitoring for Patients with Atherosclerotic Cardiovascular Disease (ASCVD) ⓘ	Cardiac Care Guidelines	Measure identifies patients 18 years of age or older, with a diagnosis of atherosclerotic cardiovascular disease, who have a documentation of completed fasting cholesterol or lipid screening panel in the past year.	Once	18 through 999

	Guideline	Program	Description	Frequency	Age
edit | hide	Statin Use in treatment of high cholesterol ⓘ	Cardiac Care Guidelines	Measure identifies patients 20 years of age or older with high cholesterol (LDL-C greater than or equal to 190 mg/dL) who have an active statin prescription.	Every 1 year	20 through 999
unhide	*Cholesterol Screening* ⓘ	*Adult Preventive Care Guidelines*	*Recommendation identifies patients with and without risk factors of coronary heart disease who have had total cholesterol screening done in the past five years.*	*Every 5 years*	*Mixed*

4. Review Quality Tab measure "Assessment of 10-year Cardiovascular Risk"
    a. Measure requirements, logic & satisfaction criteria
5. Workflow testing
    a. In a patient note (may need to be a real patient unless you are able to add mock lipid panel results in a Test patient chart), review lipid panel results and calculate ASCVD risk using AHA Prevent calculator. Go to the Quality tab and find the above measure. Free text the exact ASCVD risk percentage in the note section (best practice) then select the appropriate ASCVD risk percentage range in the Quality tab. Add ASCVD to the diagnosis list if applicable.

Deliverables by January 28:

- ASCVD related quality measures activated
- ASCVD risk documentation workflow reviewed & tested

Phase 3: SOP Customization January 29-February 14

6. Customize the Cholesterol & ASCVD SOP
    a. The goal is to create a rough draft at this stage, with plans to finalize at the pilot's completion.
7. Determine SOP location and access
    a. Determine where to store the SOP digital file, with the hope that similar SOP will be built in the future for other clinical workflows
    b. Determine who needs access to the file for ongoing reference

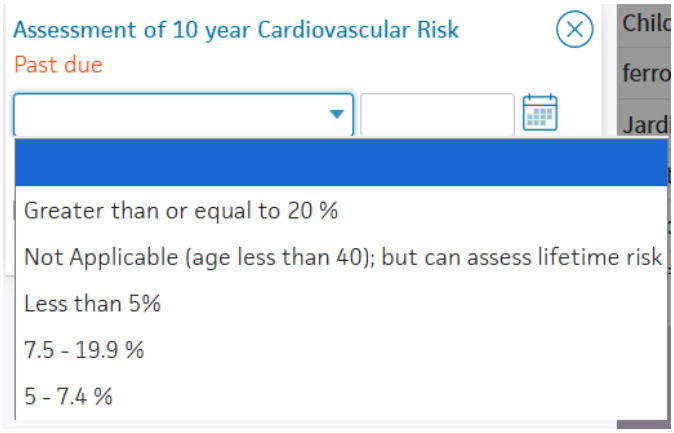
Deliverables by February 14:

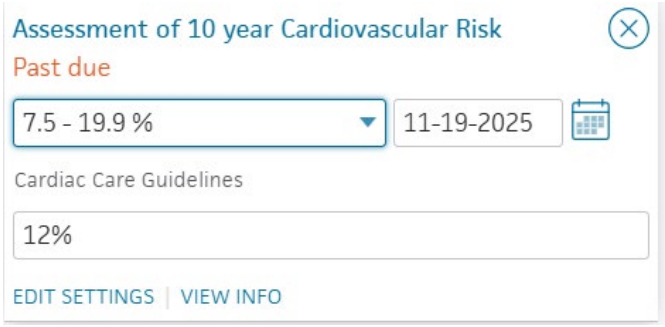
- Draft Cholesterol/ASCVD Risk SOP
- Plan for SOP storage, access and staff communication

Phase 4: Staff Training & Go-Live Preparation

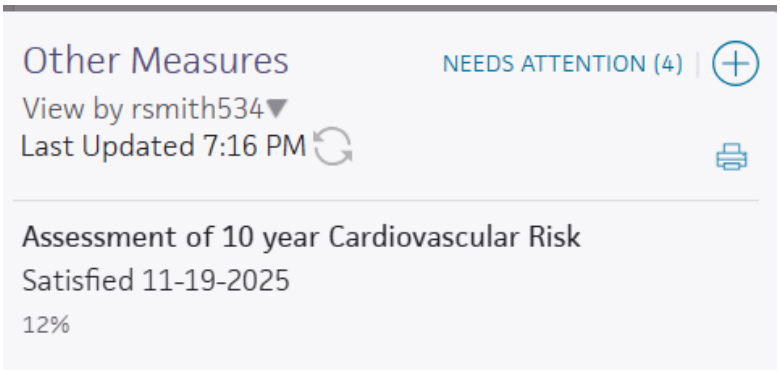
8. Assess training needs:
    a. Who needs to be trained (in ASCVD risk documentation & SOP)?
        i. Clinicians on lipid panel trend review, clinical guidelines, ASCVD risk calculation and documentation, and quality measure fulfillment
    b. When can training be completed?
    c. Resources:
        i. Resource for overview of 2019 ACC/AHA guidelines or complete guidelines
        ii. Resource for PREVENT risk calculator or ACC's Risk Estimator
    d. Training Content:
        i. Why ASCVD risk matters (guidelines and patient outcomes)
        ii. How and when to calculate ASCVD risk
        iii. Where to document ASCVD risk in the EHR
        iv. How to use Quality tab notifications
        v. Incorporating ASCVD risk into assessment, plan, and follow up
        vi. Review Cholesterol/ASCVD SOP and how to access it
9. Train on workflow to document ASCVD risk (training guide to be provided)
    a. When lipid panel results are obtained for eligible patients based on guidelines, calculate ASCVD risk using the AHA's PREVENT calculator.
    b. Go to the quality tab and select the "Assessment of 10 year Cardiovascular Risk" measure. Below are the guidelines it follows and measure satisfaction requirements.

c. Select the appropriate risk % range per the dropdown below (1st image). Consider free texting the exact percentage in the text box prior to selecting the range (2nd image).

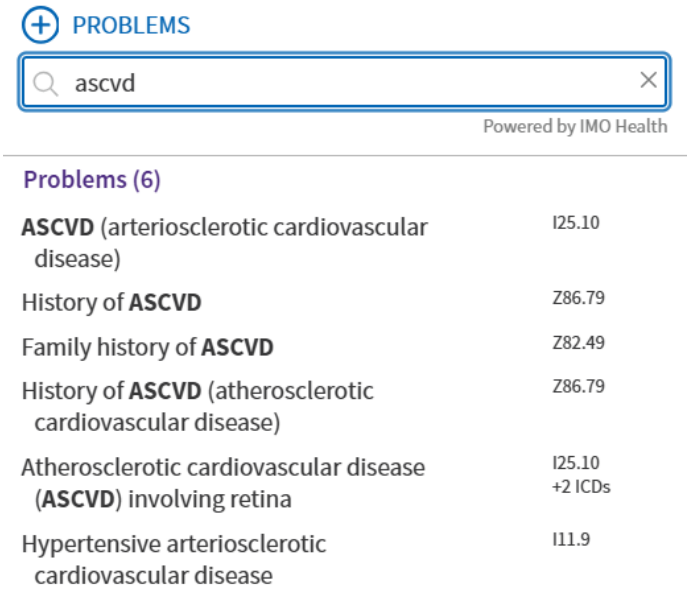




d. Review the complete measure and documentation for future reference.



e. Add ASCVD diagnosis to Problem List if applicable.



Deliverables by February 14:

- Clar ASCVD risk documentation workflow confirmed
- Training materials distributed
- Staff training completed
- SOP reviewed and access granted

Phase 5: Go Live February 15-April 15

10. ASCVD Risk Calculation & Documentation
11. Diagnosis and Treat in alignment with clinical guidelines

Deliverables by April 15:

- ASCVD risk documented following the review of applicable lipid panel results
- Quality measures satisfied where applicable

Phase 6: Monitoring, Feedback & Refinement

12. Post-implementation feedback
    a. Consider a brief post-implementation survey for clinical staff such as:
        i. *What was the pilot process like? Did it go smoothly or did any challenges arise?*
        ii. *Do you find having a standard SOP for cholesterol helpful?*
        iii. *Since the training, have you changed how you document ASCVD risk and review lipid panel results within the EHR?*
        iv. *Do quality tab notifications impact your cholesterol treatment or follow-up decisions?*
        v. *Did the clinical team learn anything new that will change practice from reviewing the clinical guidelines?*
13. Refinement & Final Recommendations
    a. Modify SOP, workflows, or training as needed
    b. Incorporate lessons learned into final grant best-practice recommendation and long-term SOP maintenance plan

Summary of impact of ASCVD risk on hypertension treatment (From Hypertension Clinical Guidelines):

Per AHA HTN guidelines: In adults with hypertension without clinical CVD but with diabetes or CKD or at increased 10-year CVD risk (ie, ≥7.5% based on PREVENT), initiation of medications to lower BP is recommended when average SBP is ≥130 mm Hg and average DBP is ≥80 mm Hg to reduce the risk of CVD events and total mortality.

In adults with hypertension without clinical CVD and with estimated 10-year CVD risk <7.5% based on PREVENT, initiation of medications to lower BP is recommended if average SBP remains ≥130 mm Hg or average DBP remains ≥80 mm Hg after a 3- to 6-month trial of lifestyle intervention to prevent target organ damage and mitigate further increases in BP.
https://www.ahajournals.org/doi/10.1161/CIR.0000000000001356#sec-7-1-1

Cholesterol Screening & Evaluation SOP

Effective Date / Review Date

- Effective: *1/2026*
- Next Review: *7/2026 (suggesting a 6-month review process for a new SOP and annual for established SOPs)*.

Version History

Version 1 **Date** 1/2026 **Description** Clinical Workflow **Author** TCCN

1. Purpose

To ensure consistent and accurate collection and documentation of lipid values, standardized ASCVD risk assessment, optimized EHR utilization, and evidence-based cholesterol management.

2. Scope

Applies to all Medical Assistants, Nurses, and Clinicians involved in cholesterol monitoring, ASCVD risk documentation, and lipid-lowering treatment decisions.

3. Definitions & Abbreviations

Clarify any essential terms, preferably only using approved abbreviations.
Examples:

- **LDL** – Low-density lipoprotein cholesterol
- **ASCVD** – Atherosclerotic Cardiovascular Disease
- **EHR** – Electronic Health Record
- **Cholesterol Management** – See current AHA/ACC Guideline for the Management of Blood Cholesterol under Reference section

4. Responsibilities

- **Medical Assistants and Nurses:** [recommend modifying based on clinic workflow & nursing staff involvement]
    - Ensure lipid labs are updated and documented in the EHR

    - Flag missing or overdue lipid testing per clinic protocol
- **Clinicians:**
    - Review lipid trends and quality alerts
    - Order lipid panel per healthcare maintenance recommendations
    - Calculate and document ASCVD risk in the EHR
    - Initiate, intensify, or adjust statin therapy per guidelines
    - Appropriately document assessment and plan in the EHR

5. Required Equipment & Supplies

- Access to laboratory lipid results, with lab interface set up preferred
- EHR workstation with ASCVD risk calculator functionality

6. Procedure (Step-by-Step Instructions)

1. Confirm most recent lipid panel is available and entered as structured data in the EHR
2. Calculate ASCVD risk using an approved external tool
3. Document ASCVD risk score under the Quality Tab measure
4. Review lipid trends using EHR flowsheets
5. Determine statin eligibility and intensity per guidelines
6. Document treatment decisions and follow-up plan in the EHR

7. Safety & Infection Control Considerations

- Consider statin contraindications and patient preferences
- Monitor for statin intolerance or adverse effects

8. Documentation Requirements

- Lipid values must be entered as structured data
- ASCVD risk score must be documented in designated EHR fields (Quality tab range selection)
- Statin therapy decisions and follow-up plans must be clearly documented (preferred under a diagnosis in the problem list)

9. Quality Assurance & Compliance Metrics

Trends:
Cholesterol and LDL trends can be reviewed using EHR flowsheets in graph or table (preferred) form. *Go to Results > Lipid Panel > Flowsheet > select Graph or Table*

Quality Measures:
List cholesterol- or statin-related quality measures activated in the system to flag clinicians.

Reporting:
List applicable EHR reports

10. References & Attachments

- 2019 ACC/AHA complete cholesterol guidelines
- PREVENT risk calculator or ACC's Risk Estimator