

Quality Provider Program: Primary Care

Statin Use in Persons with Diabetes: Frequently Asked Questions

Q: Why does this measure matter?

A: Atherosclerotic cardiovascular disease (ASCVD) is one of the most common complications and the leading cause of morbidity and mortality for those with diabetes. In fact, the American Diabetes Association (ADA) recommends all patients with diabetes be considered for treatment with a statin regardless of their low-density lipoprotein (LDL) levels. Taking a statin medication to lower cholesterol levels can reduce risks for ASCVD.^{1,2} Cholesterol is a waxy substance produced in the body and also found in certain animal-based foods. Blood cholesterol levels include high-density lipoprotein (HDL), considered to be the “good” cholesterol, and LDL, or the “bad” cholesterol. Cholesterol is essential for overall health; however, too much LDL can lead to narrowed or blocked arteries. Individuals with diabetes mellitus are more susceptible to having abnormal cholesterol levels, which contributes to the higher risk for ASCVD and premature death.³ Statins help to lower LDL cholesterol and raise HDL cholesterol.

Q: What is Select Health doing to help?

A: Outreach to Select Health clinics and members includes:

- Faxed letters to clinics monthly to inform providers which of their patients with diabetes are currently not on a statin; along with the accepted exclusion codes
- Mailed quarterly informational letters to patients with diabetes who are not on statins
- Maintenance of an up-to-date registry of patients who:
 - Are included in this measure with their compliance status
 - Have diabetes and are included in the hemoglobin A1c (HbA1c), diabetic eye exam, and kidney health evaluations measures (includes compliance status)

Q: What are best practices for this measure?

A: Best practices include:

- Using the Select Health Quality Provider Program registry or clinic electronic medical record (EMR) to identify members who:
 - Meet the criteria for statin therapy
 - Need a statin
- **For members who experience muscle pain**, considering reducing the dose, trying an intermittent dosing schedule (every two or three days), or using a more water-soluble statin, such as pravastatin or rosuvastatin
- Avoiding the use of samples, which will not generate a pharmacy claim and may produce false non-adherence results
- Developing a pharmacist protocol to initiate statins in patients who meet the criteria if resources are available
- Providing verbal and written education to patients with diabetes on the importance of statin therapy
- Encouraging healthy lifestyle habits, including exercise and a heart-healthy diet, in combination with statin therapy
- Instituting pre-visit planning, scrubbing charts, and using alerts in the clinic’s EMR so that the provider can talk to patients about why they need a statin and/or assess their response to statin therapy

References:

- 1 American Diabetes Association. 10. Cardiovascular disease and risk management: Standards of medical care in diabetes—2021. *Diabetes Care*. 2021;44(Supplement_1):S125–S150. Available at: https://diabetesjournals.org/care/article/44/Supplement_1/S125/30445/10-Cardiovascular-Disease-and-Risk-Management. Accessed May 19, 2023.
- 2 Centers for Disease Control and Prevention. *Statins and Diabetes: What You Should Know*. www.cdc.gov. Available at: https://www.cdc.gov/diabetes/library/features/Statins_Diabetes.html#:~:text=But%20your%20doctor%20may%20also,preventing%20heart%20disease%20and%20stroke. January 30, 2023. Accessed May 19, 2023.
- 3 American Heart Association. *Cholesterol and Diabetes*. www.heart.org. Available at: <https://www.heart.org/en/health-topics/diabetes/diabetes-complications-and-risks/cholesterol-abnormalities--diabetes>. March 28, 2023. Accessed May 19, 2023.



Questions about the Quality Provider Program?
Contact us at QualityProvider@selecthealth.org.