

ORACLE CERNER® GUIDE

ATHEROSCLEROTIC CARDIOVASCULAR DISEASE

EHR TOOLBOX

PATIENT WORKFLOW OPTIMIZATION GUIDE

Collaborating with your organization to optimize workflows to enhance standardization of care for LDL-C reduction in patients at risk for (Primary Prevention) or with (Secondary Prevention) atherosclerotic cardiovascular disease (ASCVD)

- Care Pathway
- Order Set

ASCVD/LDL-C Care Pathway Optimization

CONSIDERATIONS

Novartis has identified a need to help customers understand how they can set up an ASCVD/LDL-C care pathway. Care pathways can help clinicians address conditions that may have complex treatment and care management decisions. Health systems can use care pathways to integrate the patient's history, interactive touchpoints, and evidence-based guidelines, and make them part of the clinician workflow.

Care pathways are modified at the system level. While setting up care pathways requires health system buy-in on the proposed clinical and care pathway, it is recommended that the resulting care pathways are incorporated in the organization's clinical workflow and clinical practices. It is also recommended that clinical and operational leadership determine the final care pathway contents in line with the organization's expectations and goals.

Suggested Care Pathway:

1. Patient has ASCVD + has an LDL-C \geq 70 mg/dL (Secondary Prevention)
2. Patient has Hyperlipidemia and Diabetes Mellitus or Familial Hypercholesterolemia and LDL-C \geq 100 mg/dL (Primary Prevention)

→ **Question:** Is patient on maximally tolerated statin?

→ If yes: consider adding non-statin LDL-C-lowering therapy

Note: A complete ASCVD care pathway may be created based on the health system's clinical preferences. This suggested care pathway is only a part of a broader ASCVD care pathway.

LIMITATIONS

These instructions were created specifically to set up an ASCVD/LDL-C care pathway for the Oracle Cerner EHR system and will not work for other conditions, treatments, therapeutic areas, or other EHR systems.

Once the ASCVD care pathway is set up, end users should be offered training on the appropriate use and new contents. It is likely that most end users have already been trained on this, thus training requirements may be limited.

INSTRUCTIONS

This section details the proposed steps to set up the ASCVD/LDL-C care pathway. The care pathway steps are suggestions.

Creating a new care pathway or updating an existing care pathway may require appropriate user rights.

INSTRUCTIONS (cont)

1. Access the **Care Pathway** build application by clicking on **configurationmanager.exe** from the available **Millennium** applications
2. In the **Other** section, click **Care Pathways Build Tool to begin building the first Care Pathway (ASCVD + LDL-C)**
3. Click **Search Pathways** to see if an ASCVD/LDL-C pathway is available. If no ASCVD/LDL-C pathway is available, click **Add Pathway**. A new window will open
4. Enter the name for the pathway (for example, ASCVD/LDL-C Statin Pathway) and select **Care Pathway** for the type. Click **Add**
5. In the **Treatment Lines** window, click on the icon to display the pull-down menu, and then click **Add Treatment Line**. A new window will open
6. Enter a unique name for the **Treatment Line**
7. Click **Add Triggering Criteria**
8. Select the **Condition CodeSet** (for example, **ICD-10** or **SNOMED**) and the **Nomenclature** (for example, **ASCVD/LDL-C**)
9. Select all desired **Triggering Criteria** by clicking **Add** next to the **Names/Nomenclature ID**
10. Click **Add Triggering Criteria**
11. Select **Vitals & Measurements** from the list
12. Set **Measurements** to **LDL-C \geq 70 mg/dL**
13. Select all desired **Triggering Criteria** by clicking **Add** next to the statins
14. Click **Add New Component** and access the **Treatment Assessment Build Tool**
15. Add **Treatment Assessment Questions and Answers**
 - a. **Question #:** 1
 - b. **Name:** Is the patient on maximally tolerated statin?
 - c. **Type:** Single
 - d. **Answers:**
 - i. Yes. Consider adding non-statin LDL-C–lowering therapy
 - ii. No. Consider adding statin, increasing dose of statin, or a non-statin (for statin-intolerant patients)
 - e. **Treatment Line:** Hyperlipidemia
 - f. **Section:** Assessment
16. Click on the newly created **Treatment Line** (Hyperlipidemia) and click on the pull-down menu in the **Components** window, and click on **Add New Component**
17. Add the desired **Treatment** for the **Yes** response (see step 15). Select **Order** from the pull-down list, and select the desired **Order(s)** and/or **ASCVD/LDL-C PowerPlan**
18. Click **Save** to complete the Care Pathway

INSTRUCTIONS (cont)

Next, we will configure the second Care Pathway following a similar process:

1. Access the **Care Pathway** build application by clicking on **configurationmanager.exe** from the available **Millennium** applications
2. In the **Other** section, click **Care Pathways Build Tool** to begin building the second Care Pathway (**Hyperlipidemia, Familial Hypercholesterolemia, Diabetes Mellitus, LDL-C**)
3. Click **Add Pathway**. A new window will open
4. Enter the name for the pathway (for example, Hyperlipidemia and Increased Risk for ASCVD) and select **Care Pathway** for the type. Click **Add**
5. In the **Treatment Lines** window, click on the icon to display the pull-down menu, and then click **Add Treatment Line**. A new window will open
6. Enter a unique name for the **Treatment Line**
7. Click **Add Triggering Criteria**
8. Select the **Condition CodeSet** (for example, **ICD-10** or **SNOMED**) and the **Nomenclature** (for example, **Hyperlipidemia**)
9. Select all desired **Triggering Criteria** by clicking **Add** next to the **Names/Nomenclature ID**
10. Click **Add Triggering Criteria**
11. Select **Vitals & Measurements** from the list
12. Set **Measurements** to **LDL-C \geq 100 mg/dL**
13. Click **Add New Component** and access the **Treatment Assessment Build Tool**
14. Add **Treatment Assessment Questions and Answers**
 - a. **Question #:** 1
 - b. **Name:** Is the patient on maximally tolerated statin?
 - c. **Type:** Single
 - d. **Answers:**
 - i. Yes. Consider adding non-statin LDL-C–lowering therapy
 - ii. No. Consider adding statin, increasing dose of statin, or a non-statin (for statin-intolerant patients)
 - e. **Treatment Line:** Hyperlipidemia and Increased Risk for ASCVD
 - f. **Section:** Assessment
15. Click on the newly created **Treatment Line** (Hyperlipidemia and Increased Risk for ASCVD) and click on the pull-down menu in the **Components** window, and click on **Add New Component**
16. Add the desired **Treatment** for the **Yes** response (see step 14). Select **Order** from the pull-down list, and select the desired **Order(s)** and/or **ASCVD/LDL-C PowerPlan**
17. Click **Save** to complete the Care Pathway

ASCVD/LDL-C Order Set Optimization

CONSIDERATIONS

Novartis has identified a need to help customers optimize ASCVD/LDL-C order sets to enhance standardization of care for patients with hyperlipidemia with ASCVD or at an increased risk for ASCVD. Order set optimization provides an opportunity to incorporate treatment updates. It is recommended that order set optimization align with the organization's disease priorities and strategies.

LIMITATIONS

These instructions were created specifically to optimize order sets with a new medication or lab test for the Oracle Cerner EHR system and will not work for other conditions, treatments, therapeutic areas, or other EHR systems.

Once the order sets are optimized, end users should be offered training on the appropriate use and new contents. It is likely that most end users have already been trained on this, thus training requirements may be limited.

INSTRUCTIONS

This section details the proposed steps to optimize order sets, referred to as "PowerPlans" in the Oracle Cerner EHR, for patients with hyperlipidemia with ASCVD or at an increased risk for ASCVD. The order set steps are suggestions.

Creating a new PowerPlan, or updating an existing PowerPlan, may require appropriate user rights.

1. Access **DCP tools** from the list of available **Millennium** applications
2. Click the **+** sign next to **Order Management** to expand the available options
3. Click the **PowerPlan** tool to open the **DB PowerPlan** tool
4. Review to see if an existing plan may be modified. Click **Task > Open Plan** and enter the search query in the **Start Search at:** field. Consider using search terms such as **ASCVD or hyperlipidemia** to find existing plans to optimize
5. If no existing plans are available, select **Click Task > New Plan** to create a new plan
6. Once the desired PowerPlan has been found, double-click the PowerPlan to display its contents

INSTRUCTIONS (cont)

7. Update the **Plan Name, Phase, Type,** and **Display Method** if needed. Set the status to **Testing**
8.
 - a. To add a new medication:
 - i. In the **Reference Text** field, add a link to the new medication's prescribing information link and any other reference source as desired
 - ii. Select the **Medications Category** and complete the new medication details:
 - Enter the name of the new medication in the lower right-hand panel in the **Start Search** field. Click the **right arrow** to move the new medication to the **Current List** box, and click **Add**
 - iii. Continue to add desired treatments. Click **Add**
 - b. To add a lab:
 - i. Select the orderable items using the search functionality. Select the desired laboratory test (ie, Lipid Panel test [LOINC: 303756])
 - ii. Click the **right arrow** to add the selected lab test to the current selection
9. A **Follow-Up Visit** can be added to the PowerPlan. Select the desired visit type (for example, **Follow-Up Visit** or **Return to Clinic Visit**), and select the desired return visit (for example, set to 3 and every 6 months)
10. **Patient Education** can be added to the PowerPlan
11. Right-click the order to change in what order it appears to the end user, if desired
12. Click **Task > Save Plan** once satisfied with the changes
13. Complete testing to ensure satisfaction before releasing the PowerPlan to the production environment. Complete cycling all affected servers (consider server 378 and 506 or the PowerPlan server group)

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For more information on how the Novartis HIT Team can collaborate with your organization to identify shared priorities, please email: HIT.Novartis@novartis.com