

Integrated Care Process and Pharmacological Prescription for Patients With Hypercholesterolemia or Mixed Dyslipidaemia at High or Very High Cardiovascular Risk in Catalonia

AUTHORS

> **Guiu Segura, Josep**, Consorci Sanitari i Social de Catalunya

> **García, Virginia**, Consorci Sanitari i Social de Catalunya

> **De la Paz, Isabel**, Alira Health

> **Marzo, Ignacio**, Alira Health

> **Salvador, Núria**, ABS La Roca del Vallès

> **Carod, Cristina**, Badalona Health Service

> **Zamora, Alberto**, Health Corporation Maresme i La Selva

> **Yago, Gemma**, Clinic Hospital

OBJECTIVE

- > Current high-risk CV patients with hypercholesterolemia standardized care is complicated due to variability in clinical guidelines. The objective of the study was to frame the Integrated Care Process (ICP) for high-risk CV patients in Catalonia, identifying opportunities for innovation and alignment with international guidelines, and achieve consensus on actions to improve the care process.

METHODOLOGY

An observational study was developed to improve the ICP for patients with high/very high cardiovascular risk in Catalonia. The project encompassed four phases:

- Review of clinical guidelines
- Definition of the Integrated Care Process
- SWOT analysis
- Consensus session

RESULTS

> **Phase 1:** Clinical practice guideline misalignment

The main differences observed between the recommendations of the different clinical practice guidelines focus on aspects of diagnosis, treatment and follow-up:

- Target LDL-C level
- Referral to specialized units and the use of hospital diagnostic drugs
- Period of patient follow-up and care setting responsible for leading this follow-up

> **Phase 2:** Definition of the ICP in Catalonia

The description of the ICP in Catalonia was based on the definition of the care process in different subprocesses:

- Subprocess 0: Detection, diagnostic confirmation and inclusion in the ICP
- Subprocess 1: Definition of the therapeutic objective and initiation of treatment
- Subprocess 2: Management of the stabilized patient
- Subprocess 3: Intensification of treatment and attention to complications

> **Phase 3:** SWOT Analysis

Strengths

- > High patient engagement in initial phases
- > Shared clinical record of Catalonia
- > Effectiveness of cardiac rehabilitation programs
- > Central role of primary care in the care process
- > Importance and promotion of healthy lifestyle

Weaknesses

- > Lack of alignment in clinical guidelines recommendations
- > Lack of follow-up of cardiac rehabilitation programs
- > Lack of consensus on how to monitor patients after CV events
- > Difficulty in meeting the c-LDL targets
- > Lack of economic evaluation analysis to support decision-making

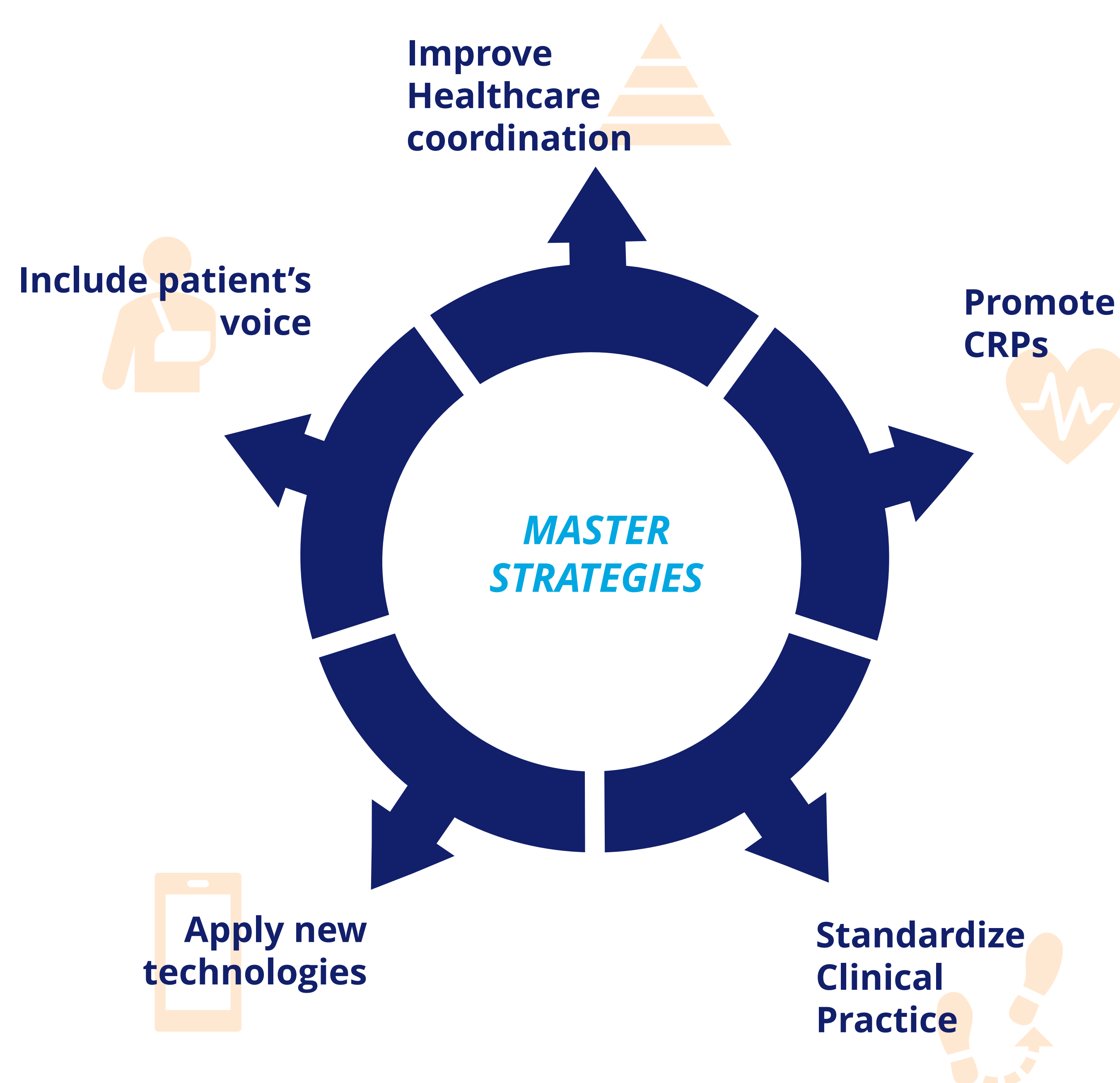
Opportunities

- > Updated clinical guideline for Catalonia
- > Promotion of a holistic patient assessment
- > Expansion of cardiac rehabilitation programs
- > Incorporation of AI
- > Indication extension of innovative drugs

Threats

- > Limited health care capacity & lack of resources
- > Inequity in health care in the territory
- > High turnover of professionals
- > Lack of alignment of funding of the most innovative drugs
- > Limited resources due to the national and global economic situation

> **Phase 4:** Improvement Strategies



- > Involving patients and associations in improving the quality of care
- > Improving coordination between healthcare levels to promote continuity and enhance integration across care levels
- > Promoting cardiac rehabilitation programs (CRP) for all patients
- > Taking advantage of new technologies
- > Standardizing work protocols and adapting processes

CONCLUSION

- > The implementation of strategies to harmonize healthcare practices for hypercholesterolemia patients with high cardiovascular risk is key to improving the integrated care process and health outcomes

REFERENCES

1. Perk J, et al. Eur Heart J. 2012;33(13):1635-701; 2. Cosin-Sales J, et al. Adv Ther. 2023;40(6):2710-2724; 3. Mach F, et al. Eur Heart J. 2019;40(1):1-78; 4. Mostaza JM, et al. Rev Esp Cardiol. 2022; 5. Franzi Sisó A, et al. ICS, 2021; 6. Álvarez Cabo JM, et al. SemFYC, 2023; 7. Cordero A, et al. Rev Esp Cardiol. 2016; 8. González Juanatey JR, et al. Cardioalianza, 2021; 9. Masana L, Soler C (eds.). Universitat Rovira i Virgili, 2022; 10. Fundación Española del Corazón; 11. Molina DI, et al. Rev Colomb Cardiol. 2017; 12. Cardioalianza; 13. Vallea A, et al. Rev Esp Cardiol. 2020.

