

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

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## 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

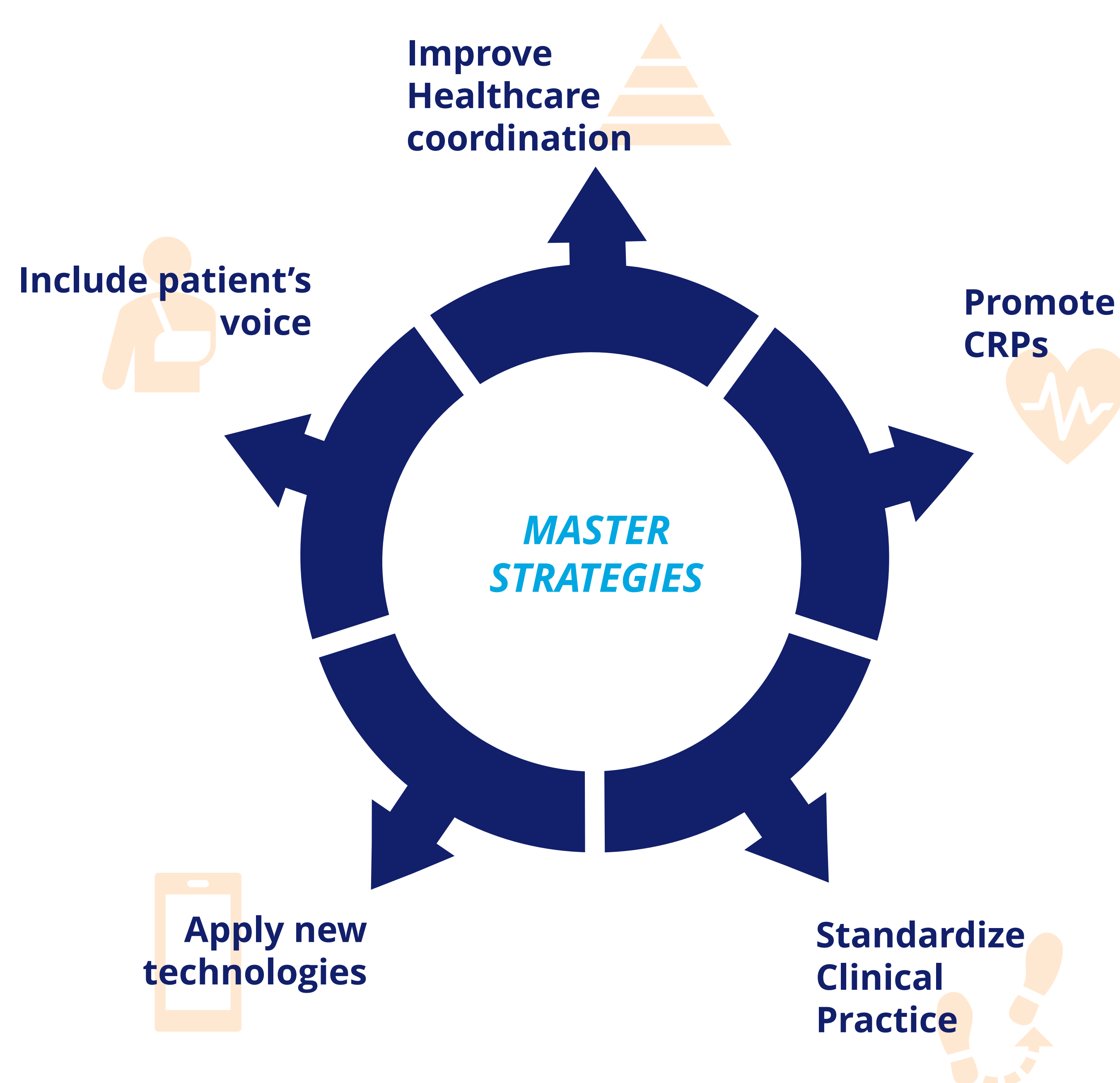
## Opportunities

- > 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

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