

Optimizing LDL-C by Improving Awareness, Access and Achievement

Learn more about the Corrie Lipids Program

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Aim of Project¹

Implement a scalable and evidence-based **Corrie Lipids Program** (Corrie Health, Inc) to increase **low-density lipoprotein cholesterol (LDL-C)** awareness, treatment, and achievement of guideline-directed management

Examine real-world implementation of the patient-centered **Corrie Lipids Program** guided by the implementation science framework, RE-AIM (reach, effectiveness, adoption, implementation, maintenance)

Status **ONGOING**

Start: Q4 2024 | **Anticipated completion:** Q1 2026

Anticipated number of practice settings:

3 Integrated Delivery Networks (IDNs)



The Importance of Patient Activation for Lipid Optimization

- When patients understand their lipid disorder, they are more motivated to actively engage in their care²
- Patient understanding of the importance of LDL-C levels and active participation may increase adherence to LLT^{3,4,5}
- Supporting accessible lipid testing and app-based reminders can promote patient activation to manage LDL-C levels⁶

Methods for Success¹

Patient-facing App

Clinician-focused Education

Virtual Coaching

Guideline-based Lipid Testing



Patient-facing app: Embedded clinical decision support with patient education to improve awareness of LDL-C goals along with empowering action to adhere to lipid lowering therapies (LLT)



Clinician-focused education: Educational training session on cholesterol management defined by AHA/ACC/Multi-society Guidelines and ACC Expert Consensus Decision Pathway



Virtual cholesterol management: Activating patients to know their LDL-C levels and engage in shared decision-making about LLT with their clinicians



Guideline-based LDL-C testing: LDL-C is measured at baseline and repeated in 4-12 weeks if LLT is started or intensified

Anticipated Outcomes¹



LDL-C test completion



LDL-C attainment at 6 months

- LDL-C <70 or <55 mg/dL for secondary prevention
- LDL-C < 100 mg/dL for primary prevention



Guideline-directed medical therapy (GDMT) LLT use



Patient activation*

*Patient activation is the process of actively involving patients in their own healthcare including shared decision-making, self-management, and partnering with HCPs

Program Eligibility¹

Identifying and engaging clinicians and their high-risk patients who have an indication for LLT intensification to achieve recommended LDL-C levels

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|---|--|--|
| <p>1. Known clinical ASCVD^{1,7}</p> <ul style="list-style-type: none"> • CABG • PCI • PAD • CVA | <p>2. High risk for ASCVD^{1,7,8}</p> <ul style="list-style-type: none"> • Familial hypercholesterolemia • LDL-C ≥190 mg/dL • Diabetes mellitus • ASCVD risk ≥7.5% • Subclinical ASCVD | <p>3. Statin Intolerance¹</p> <ul style="list-style-type: none"> • Statin-associated side effects |
|---|--|--|

1. Data on file, Amgen; 2024. 2. Ismail, et al. Asian Biomed. 2022;16(5):214-236. 3. Arnold, et al. J Am Heart Assoc. 2021;10(16):1-8. 4. Desai, et al. Clin Cardiol. 2022;46:13-21. 5. Jones, et al. Implementation Sci. 2021;16(1):7-9. 6. Nissen, et al. J Am Coll Cardiol. 2024; 83: 2080-2088. 7. Grundy, et al. J Am Coll Cardiol. 2019;73(24):e285-e350. 8. Lloyd-Jones, et al. J Am Coll Cardiol. 2022;80(14):1366-418.

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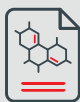
Leading Awareness To action
Through Implementation of
Cardiometabolic Efforts



A network of experts committed to improving the treatment of cardiometabolic disease

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