INTRODUCTION
Atherosclerotic cardiovascular disease (ASCVD) is a leading contributor to:
- mortality
- poor quality of life
- healthcare expenditure

Lipid-lowering therapy (LLT) with statins lowers the risk of ASCVD and major vascular events.

Suboptimal guideline adherence leads to preventable morbidity and mortality.

STUDY OBJECTIVE
To describe the real-world evidence of guideline adherence to recommended LLT prescribing for primary prevention in patients at elevated risk for ASCVD across seven regional health systems.

METHODS
A cross-sectional analysis of electronic health records transformed into the PCORnet common data model (CDM) from 7 sites in the PaTH Clinical Research Network.

Included adult patients with an LDL-C value measured within the past year with at least 6 months of pre-index data available.

Patients without ASCVD who were diabetic and >40 years old (Cohort 1) and patients without ASCVD not in cohort 1 with a history of LDL-C > 190 mg/dL (Cohort 2) were identified using computable phenotypes.

We assessed medication prescribing using the CDM prescribing table.

RESULTS
Cohort 1 (n=118,702)
- 54% female
- 77% white, 15% black, 4% Hispanic
- 11% current smokers
- 44% > 65 years
- Documented LLT - 63% (individual sites 33-77%)
- Ht statin use - 16% (individual sites 9-25%)
- No documented LLT - 37% (individual sites 23-67%)

Cohort 2 (n=9,594)
- 66% female
- 83% white, 9% black, 3% Hispanic
- 13% current smokers
- 23% > 65 years
- Documented LLT - 53% (individual sites 20-63%)
- Ht statin use - 12% (individual sites 6-17%)
- No documented LLT - 47% (individual sites 37-80%)

CONCLUSION
Real-world evidence of documented use of guideline recommended LLT in high-risk, primary prevention patients is suboptimal.

There is substantial variability between health systems.

Many of these patients have no documented LLT.

Strategies that learn from multi-health system collaborations may facilitate future quality improvement efforts.

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