Interactive Table Discussion Questions

The following questions have been developed to guide the interactive discussion at the individual tables. Each session will begin with brief introductory presentations followed by a 60-minute discussion using the questions below. Individual tables will then report back to the full group with a topline summary of the key issues discussed.

Please select a representative from your table for each session to take notes and report back to the full group at the end of discussion.

SESSION 1: DIAGNOSTIC, RISK ASSESSMENT, AND MANAGEMENT DILEMMAS IN PATIENTS WITH VERY HIGH LDL-C (≥ 190 MG/DL)

Presentations:

- Patient Cases
- Distinguishing FH from non-FH: Right Therapy, Right Patient, Right Time
- When is ASCVD Risk Based On More than Just a Number?

Discussion Questions:

1. What are the prognostic and therapeutic implications of the presence of a confirmed genetic mutation at any LDL-C, especially ≥ 190 mg/dL?
2. What are the barriers associated with genetic testing and genetic counseling?
3. When is intensification of therapy for patients with an LDL-C ≥ 190 mg/dL appropriate? What ancillary factors can help clinicians determine appropriate therapies in primary prevention?
4. What is the role of biomarkers and imaging for risk stratification with severe hypercholesterolemia?
5. What role does family history play in risk assessment for patients with baseline LDL-C ≥190 mg/dL?

SESSION 2: NOT SO BLACK AND WHITE: RISK ASSESSMENT AND MANAGEMENT IN PATIENTS WITH DIABETES

Presentations:

- Patient Cases
- CV Risk Assessment in Patients with Diabetes: What Event, Which Tool, What Test?
- When Statins Aren’t Enough: Using Non-Statin Therapies in High-Risk Patients with Diabetes
**Discussion Questions:**

1. How is your practice currently identifying high-risk patients with diabetes who may be candidates for more intensive LDL-C lowering therapies?

2. What biomarkers, imaging modalities, risk assessment tools are needed help providers better identify high-risk patients with diabetes? How should these be incorporated into daily clinical practice?

3. What educational resources and tools are needed to improve understanding of cardiovascular risk among high-risk patients with diabetes and to promote adherence to risk-reducing therapies?

4. How can we leverage the Care Team (PCPs, cardiology clinicians, endocrinology clinicians, office staff, pharmacy benefits managers, retail pharmacies) to close gaps in care for high-risk patients with diabetes?

5. What tools are needed to help health-systems close gaps in care for high-risk patients with diabetes?

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**SESSION 3: AVOIDING AN ENCORE PERFORMANCE: PREVENTION IN THE PATIENT WITH CLINICAL ASCVD**

**Presentations:**

- Patient Cases
- A Risky Game of Jeopardy: Optimizing Statin Therapy is the Correct Answer
- Utilizing Quantitative Data to Optimize Benefits of Non-Statin Therapies in Patients with ASCVD
- Coming to Consensus in the New Era: 2017 Focused Update of the 2016 ECDP on Non-Statin Therapies

**Discussion Questions:**

1. What is the approach to the use of high-intensity statin therapy in your clinical practice (LDL-C goals, % LDL-C reduction, high-intensity statin use in all ASCVD patients)?

2. Are there particular subsets of ASCVD patients within your practice that are candidates for non-statin therapies? How does your practice identify these patients, initiate therapies, and monitor adherence and response to therapy?

3. How is your practice handling the use of non-statins, especially as it relates to handling of prior authorization and denials, as well as cost of therapies?

4. How is your practice evaluating and documenting ASCVD patients intolerant to statin therapy?

5. With the possibility of newer therapies on horizon (CETPi, canakinumab, etc.) showing improvement in ASCVD outcomes, how should providers evaluate the role of these newer medications on the background of currently available evidence-based therapies?