Introduction
Background: Cardiovascular disease (CVD) is the leading cause of death among individuals with rheumatoid arthritis (RA)(1). The 2010 EULAR guidelines recommended annual CVD risk assessment for all RA patients in accordance with national guidelines(1). However, CVD risks are not being assessed frequently and systematically in RA patients(2).

Objective: To determine if implementing an Electronic Medical Record (EMR)-based clinical decision support tool at a large tertiary care center improved lipid screening in RA.

Developing EMR Tool
A self-populated data form that was incorporated into each EMR visit for each patient with an ICD9 (International Disease Classification) code for RA (714.0). The form contained the following information:

- Dates of the latest assessment of CVD risks (BMI, blood pressure, smoking status, lipid screening);
- The latest values for all of the above CVD risks;
- Framingham risk score calculator. The form was made available for the rheumatology providers (n=15) in July of 2013. In October 2013, a similar alert was embedded within existing CVD screening forms used by the primary care providers (n=365) to alert them about the need to screen RA patients for CVD risks.

Evaluating EMR Tool

Excluded RA patients who also had type 2 diabetes, as the presence of diabetes may have affected screening.

The mean age (SD) of RA patients was 58(15) years old.

Fewer than 50% of RA patients had lipid screening within one year from their index visit.

The frequencies of screening and/or ordering a lipid panel were 30% pre-intervention and 28% post-intervention in the overall group (p=0.53).

Among patients seen by the rheumatologists, lipid screening/ordering frequency was 27% pre-intervention and 25% post-intervention (p=0.61).

In contrast, lipid screening rates were >50% in type 2 diabetes patients seen in the same time period.

Conclusions

A subgroup analysis limited to RA patients seen by the rheumatologists during the study period.

Determined how many adult (>18 years old) RA patients had a lipid panel or had a lipid panel order in EMR before (July 2012 to January 2013) and after (July 2013 to January 2014) the implementation of the alert.

Developing EMR Tool
A self-populated data form that was incorporated into each EMR visit for each patient with an ICD9 (International Disease Classification) code for RA (714.0). The form contained the following information:

- Dates of the latest assessment of CVD risks (BMI, blood pressure, smoking status, lipid screening);
- The latest values for all of the above CVD risks;
- Framingham risk score calculator. The form was made available for the rheumatology providers (n=15) in July of 2013. In October 2013, a similar alert was embedded within existing CVD screening forms used by the primary care providers (n=365) to alert them about the need to screen RA patients for CVD risks.

References