

Figure S2. Provider CDS Printout Example

 <b>Cardiovascular (CV) Risk*</b> 10 Year danger of stroke / heart attack : 18.6% Lifetime danger of stroke / heart attack : 50%	 <b>Cancer Prevention</b> Cancer screening due
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 **Conditions:** Diabetes

<b>Priority 1</b>	<b>TOBACCO</b>	<b>Potential CV Risk Reduction: 10.6 % **</b>									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Labs</th> <th style="width: 15%;">Result</th> <th style="width: 15%;">Date</th> </tr> </thead> <tbody> <tr> <td>Smoking Status/Review Date</td> <td>Current</td> <td>**/**/19</td> </tr> <tr> <td>Smokeless Tobacco</td> <td>NEVER</td> <td>**/**/19</td> </tr> </tbody> </table>		Labs	Result	Date	Smoking Status/Review Date	Current	**/**/19	Smokeless Tobacco	NEVER	**/**/19	<b>Treatment Considerations:</b> <ul style="list-style-type: none"> <li>• Assess patient interest in quitting. Consider a referral for tobacco cessation and/or use of medications such as varenicline, bupropion, or nicotine patch, gum, lozenge, or inhaler.</li> </ul>
Labs	Result	Date									
Smoking Status/Review Date	Current	**/**/19									
Smokeless Tobacco	NEVER	**/**/19									

<b>Priority 2</b>	<b>CANCER PREVENTION</b>															
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Procedures	Performed On															
Pap Smear	**/**/17															
Mammogram	**/**/17															
HPV immunization	**/**/17															
Low dose CT screening	**/**/17															
Colonoscopy	**/**/12															
Hysterectomy	Yes															

<b>Priority 3</b>	<b>GLYCEMIC CONTROL</b>	<b>Potential CV Risk Reduction: 3.9 % **</b>															
<b>Goal: A1C &lt;= 6.9</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Labs</th> <th style="width: 15%;">Result</th> <th style="width: 15%;">Date</th> </tr> </thead> <tbody> <tr> <td>A1C</td> <td>9.1</td> <td>**/**/19</td> </tr> <tr> <td>Random Plasma Glucose</td> <td>184</td> <td>**/**/19</td> </tr> <tr> <td>Serum Creatinine</td> <td>0.81</td> <td>**/**/19</td> </tr> <tr> <td>eGFR(ml/min)</td> <td>&gt;60</td> <td>**/**/19</td> </tr> </tbody> </table> <b>Medications</b> Pioglitazone HCl Tab 30 MG (Base Equiv) Metformin HCl Tab SR 24HR 500 MG		Labs	Result	Date	A1C	9.1	**/**/19	Random Plasma Glucose	184	**/**/19	Serum Creatinine	0.81	**/**/19	eGFR(ml/min)	>60	**/**/19	<b>Treatment Considerations:</b> <ul style="list-style-type: none"> <li>• A1c is well above goal. Insulin may be the most effective treatment.</li> <li>• If appropriate, consider increasing metformin medication (up to 1000 mg twice a day).</li> <li>• If appropriate, consider increasing the dose of thiazolidinedione (if no edema, weight gain, or shortness of breath).</li> <li>• Consider starting a sulfonylurea medication.</li> <li>• Consider starting background insulin and have an adjustment plan to increase the dose every 4-5 days to achieve blood sugar targets.</li> </ul> <b>Other Alerts:</b> <ul style="list-style-type: none"> <li>• Frequent (monthly or more) phone calls or visits are recommended until blood sugar goals are achieved.</li> <li>• A kidney screening test for urinary albumin excretion may be due.</li> <li>• Consider a referral to a diabetes educator, dietitian, or MTM pharmacist.</li> </ul>
Labs	Result	Date															
A1C	9.1	**/**/19															
Random Plasma Glucose	184	**/**/19															
Serum Creatinine	0.81	**/**/19															
eGFR(ml/min)	>60	**/**/19															

<b>Priority 4</b>	<b>LIPID</b>	<b>Potential CV Risk Reduction: 2.1 % **</b>
<b>Goal: Consider intensifying statin therapy.</b>		<b>Treatment Considerations:</b>

Labs	Result	Date
LDL (mg/dl)	109	**/**/19
HDL (mg/dl)	36	**/**/19
TRIG (mg/dl)	216	**/**/19
TC (mg/dl)	188	**/**/19
ALT (mg/dl)	23	**/**/19

**Allergies**  
FENOFIBRATE

- Starting or increasing the dose of statin is recommended by many experts due to diabetes and cardiovascular risk of 7.5% or higher.

### Priority 5

### BLOOD PRESSURE

Potential CV Risk Reduction: 1.7 % \*\*

**Goal: BP Goal is less than 140/90 (or lower for some individuals)**

Labs	Result	Date
BP (mm Hg)	136/85	**/**/19
Last BP (mm Hg)	158/82	**/**/19
eGFR(ml/min)	>60	**/**/19
K (mmol/L)	4.2	**/**/19

### Medications

Hydrochlorothiazide Tab 25 MG  
Lisinopril Tab 40 MG

### Treatment Considerations:

- The blood pressure is sub-optimally controlled based on ACC/AHA guidelines. Consider taking action if the BP has been consistently elevated. Reassess BP within 3 months.
- Consider home BP monitoring
- Consider increasing dose of:
  - \*ACE/ARB
  - \*Thiazide Diuretics
- Consider starting:
  - \*CCB
- Consider adding hypertension to the patient problem list based on meeting guidelines from the American Heart Association.

### Priority 6

### BMI (WEIGHT)

Potential CV Risk Reduction: 1.1 % \*\*

Labs	Result	Date
Weight(lbs)	2** .*****	**/**/19
BMI	3* .***	**/**/19

### Treatment Considerations:

- Discuss advantages of reducing weight by 10-20 lbs. Consider referring to a weight loss program.
- Based on weight and other health issues, many experts recommend patients and providers discuss bariatric surgery.

## Other Information and Recommendations

Labs	Result	Date
Random Plasma Glucose	91	**/**/19
Serum Creatinine	0.74	**/**/19
LDL (mg/dl)	65	**/**/17
HDL (mg/dl)	50	**/**/17
TRIG (mg/dl)	72	**/**/17
TC (mg/dl)	129	**/**/17
ALT (mg/dl)	61	**/**/19

### GLYCEMIC CONTROL

- Blood sugar control is not identified as a problem from most recent blood sugar testing.

### Medications : Aspirin

- Previous diagnosis of anemia, blood disorder or splenic abnormality.
- Aspirin is not recommended for primary prevention for adults at low to moderate CV risk (10-year CV risk less than 10%).

### BLOOD PRESSURE

- Optimal lifestyle treatment is recommended for blood pressure above 120/80 such as sodium reduction, weight loss, physical activity, DASH diet, and limiting alcohol.

### LIPID

- Based on the cardiovascular risk, national guidelines do not recommend statin medications.

Disclaimer: The Priorities Wizard suggestions are based on electronically available data and are not intended to be a substitute for clinical judgment. Alternative actions to those that Priorities Wizard suggests may be indicated. Clinicians should exercise independent clinical judgment, review allergies, and follow product labeling instructions before choosing Priorities Wizard prescribing suggestions.

\* Estimated likelihood of having a stroke or heart attack in the next 10 years or 30 years (lifetime) using the ACC/AHA risk equations

\*\* Reversible risks are not additive across risk factors because of interactions across risk factors. © Copyright HealthPartners 2016-2018