Practicing changing guidance on lipoprotein(a): an overlooked independent risk factor for cardiovascular disease.

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Introduction/Background

- Lipoprotein(a) is an independent, genetically determined risk factor for atherosclerotic cardiovascular disease that remains underutilized in primary care.
- Recent guidelines from national organizations recommend at least one-time screening of lipoprotein(a) in all adults to improve cardiovascular risk stratification.
- Screening rates are low, with large population studies demonstrating testing in less than 1% of patients, despite an estimated 20–30% prevalence of elevated lipoprotein(a) levels.
- Providing guidance to primary care providers about lipoprotein(a), cascade screening for lipoprotein(a), and discussing treatment options available, are the first steps in reducing atherosclerotic cardiovascular disease burden in the community.
- **Objective:** To evaluate whether an educational intervention based on recent guideline updates improves primary care provider knowledge, attitudes, and willingness to screen regarding lipoprotein(a).

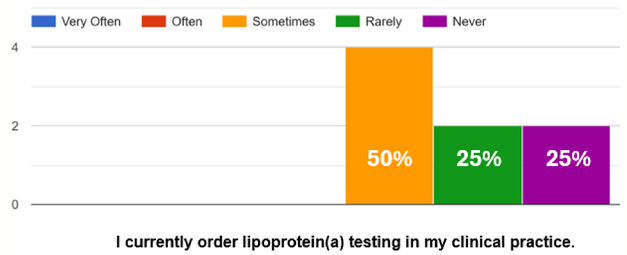
Methods

- Intervention consisted of a presentation based on the 2024 National Lipid Association and 2026 American Heart Association/American College of Cardiology guidelines for lipoprotein(a) in clinical practice.
- Intervention covered lipoprotein(a) fundamentals, current lipoprotein(a) screening guidelines, identification of screening candidates via cascade screening, lipoprotein(a) result interpretation, example scenarios, treatment options and future directions.
- Participants included clinic preceptors and primary care providers (n=8 baseline; n=7 post-intervention).
- Evaluation included pre- and post- intervention surveys using a 5-point Likert scale that assessed:
  - Provider practices and knowledge of lipoprotein(a)
  - Attitudes and willingness to screen
  - Confidence in identifying screening candidates
  - Thoughts on implementation and feasibility
  - Familiarity with treatment options
- Qualitative feedback was collected to obtain perspectives on screening feasibility, implementation barriers, and overall feedback.

Results

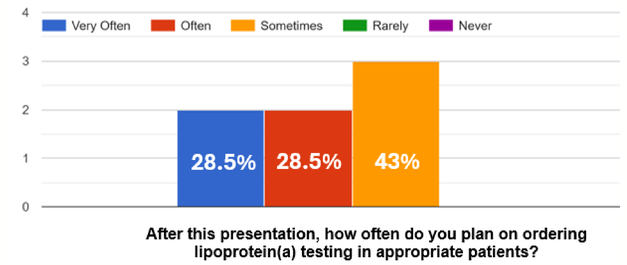
	Baseline (n=8)	Post-Intervention (n=7)
Outcome **(Agree+ Strongly Agree)**		
Familiar with Lp(a) screening guidelines	**12.50%**	**100%**
Know which patients to screen	**0%**	**100%**
Familiar with treatment/ management options	**50%**	**100%**

Pre-Presentation Practice and Knowledge



I currently order lipoprotein(a) testing in my clinical practice.

Post-Presentation Practice and Knowledge



After this presentation, how often do you plan on ordering lipoprotein(a) testing in appropriate patients?

Qualitative feedback identified electronic health record/workflow integration and patient reluctance as primary barriers to implementation.

Discussion/Conclusions

- This educational intervention on lipoprotein(a) and recent updates to lipoprotein(a) screening guidelines produced substantial improvement in provider knowledge, screening attitudes, and implementation confidence regarding lipoprotein(a) in a rural primary care setting.
- The residual barriers that stand in the way of increased lipoprotein(a) screening are around electronic health record/workflow integration and patient reluctance.
- Education sufficiently addressed knowledge gaps, however persistent barriers highlight the need for systemic changes in the electronic health record/workflow processes and patient education. Addressing these barriers will support practice changes and improve cardiovascular risk assessment.

Limitations

Limitations include:
- Small sample size
- Single-site design
- Lack of objective measures of behavior change
- No long-term follow-up
- Financial considerations were not considered
  - While lipoprotein(a) cost is $20 at this clinic, it is not typically covered by insurance, which may impact future ordering by providers