Patient Tasks

Quanum

About This Guide

This Guide provides a high-level overview of Patient Tasks in Quanum. The overview is meant to provide guidance for you, your practice electronic health record (EHR) champion, or IT staff.

Experienced users are the main focus of this Guide; not every step is included in the instructions, and this is not a replacement for training from Quanum. There are several ways to approach each workflow in Quanum. This Guide highlights one workflow; however, you may be familiar with an alternative approach. Please note that this Guide was created based upon Quanum version 2016.2. Screens and features may change as new software versions are released.

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Using Patient Tasks

Clinical decision support (CDS) tools such as Patient Tasks provide clinicians and staff with patient-specific information, intelligently filtered and presented at appropriate times to help improve the delivery of care. Patient Tasks can assist with identifying gaps-in-care and may enhance patient outcomes and improve care consistency—a benefit to both providers and patients.

Patient Tasks can be created to alert health care professionals (HCPs) to consider PRALUENT® therapy for appropriate patients during the visit.

Factors That May Impact Patient Tasks

The display of Patient Tasks may be impacted by the clinical data available in the EHR; for example, if lab results are saved in the EHR as a PDF file and not available for use as 'data' to be queried. Additionally in those cases where lab results are received from multiple laboratories, it may be necessary to select each lab's order codes to enable all appropriate patients to appear on the patient list. Also, medications prescribed before the EHR was implemented might not be included in a patient's medications list. These information gaps can limit the number of patients where Patient Tasks are displayed.

Patient Tasks can help identify whether the patient is a candidate for PRALUENT treatment based on clinical appropriateness and payer utilization management criteria via:

- Reminders during the patient exam workflow, such as ordering lab tests or other diagnostics, adjusting or adding medications to a patient's treatment plan, or providing patient education on LDL-C goals
- Identification of patients who, for example, have a diagnosis of established cardiovascular disease (eg, myocardial infarction, stroke or unstable angina requiring hospitalization) with or without concomitant use of maximally tolerated statin therapy (eg, atorvastatin 40 mg/day), and having elevated LDL-C ≥70 mg/dL or ≥100 mg/dL, depending on insurance

IMPORTANT SAFETY INFORMATION

- Hypersensitivity reactions (e.g., pruritus, rash, urticaria), including some serious events (e.g., hypersensitivity vasculitis and hypersensitivity reactions requiring hospitalization), have been reported with PRALUENT treatment. If signs or symptoms of serious allergic reactions occur, discontinue treatment with PRALUENT, treat according to the standard of care, and monitor until signs and symptoms resolve

Please see accompanying full Prescribing Information

Praluent®
(alirocumab) Injection 75mg/mL 150mg/mL
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Reminders: Using Patient Tasks

Quanum enables the setup of reminders (Patient Tasks) which are displayed when the patient's chart is accessed. Patient Tasks are based on certain criteria. Available criteria include diagnosis, current and prior medications, lab values, and other clinical or patient demographic information.

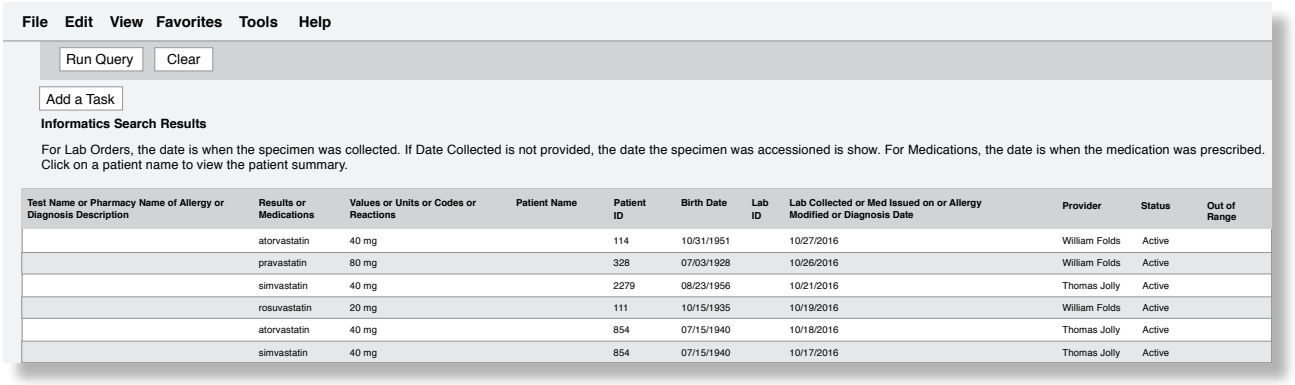
For example, Patient Tasks may be created to alert the HCP of patients with uncontrolled LDL-C who are clinically appropriate and approvable for PRALUENT therapy based upon the approved Indication.

Patient Tasks can be created manually based on a patient summary report, which can be created listing all patients meeting specific criteria.

The following steps illustrate how to create patient tasks to identify patients who may be candidates for treatment with PRALUENT.

To Create a Patient Task from the Search Results List:

1. Using the EHR patient identification tip sheet, create a Patient Summary Report (eg, diagnosis of established cardiovascular disease [eg, myocardial infarction, stroke or unstable angina requiring hospitalization], atorvastatin 40 mg/day, LDL-C ≥70 mg/dL or ≥100 mg/dL, depending on insurance)


File Edit View Favorites Tools Help

Run Query Clear

Add a Task

Informatics Search Results

For Lab Orders, the date is when the specimen was collected. If Date Collected is not provided, the date the specimen was accessioned is show. For Medications, the date is when the medication was prescribed. Click on a patient name to view the patient summary.

Test Name or Pharmacy Name of Allergy or Diagnosis Description	Results or Medications	Values or Units or Codes or Reactions	Patient Name	Patient ID	Birth Date	Lab ID	Lab Collected or Med Issued on or Allergy Modified or Diagnosis Date	Provider	Status	Out of Range
	atorvastatin	40 mg		114	10/31/1951		10/27/2016	William Folds	Active	
	pravastatin	80 mg		328	07/03/1928		10/26/2016	William Folds	Active	
	simvastatin	40 mg		2279	08/23/1956		10/21/2016	Thomas Jolly	Active	
	rosuvastatin	20 mg		111	10/15/1935		10/19/2016	William Folds	Active	
	atorvastatin	40 mg		854	07/15/1940		10/18/2016	Thomas Jolly	Active	
	simvastatin	40 mg		854	07/15/1940		10/17/2016	Thomas Jolly	Active	

IMPORTANT SAFETY INFORMATION

- The most commonly occurring adverse reactions in clinical trials in primary hyperlipidemia (including heterozygous familial hypercholesterolemia (HeFH)) (≥5% of patients treated with PRALUENT and occurring more frequently than with placebo) are nasopharyngitis, injection site reactions, and influenza

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Reminders: Using Patient Tasks

2. Click on the **patient name** in Informatics Search Results to navigate to the Patient Summary screen

3. From the Patient Summary, Patient Tasks panel, click **Add**

4. Enter appropriate Task details

   - Select **General Task** from the Task Type dropdown
   - Select **appropriate HCP** in the **Assigned To field**
   - Select the **Due Date** to correspond to the patient's next appointment
   - Add appropriate message

5. Click **Save**

IMPORTANT SAFETY INFORMATION

- The most commonly occurring adverse reactions in the cardiovascular outcomes trial (>5% of patients treated with PRALUENT and occurring more frequently than placebo) were non-cardiac chest pain, nasopharyngitis, and myalgia

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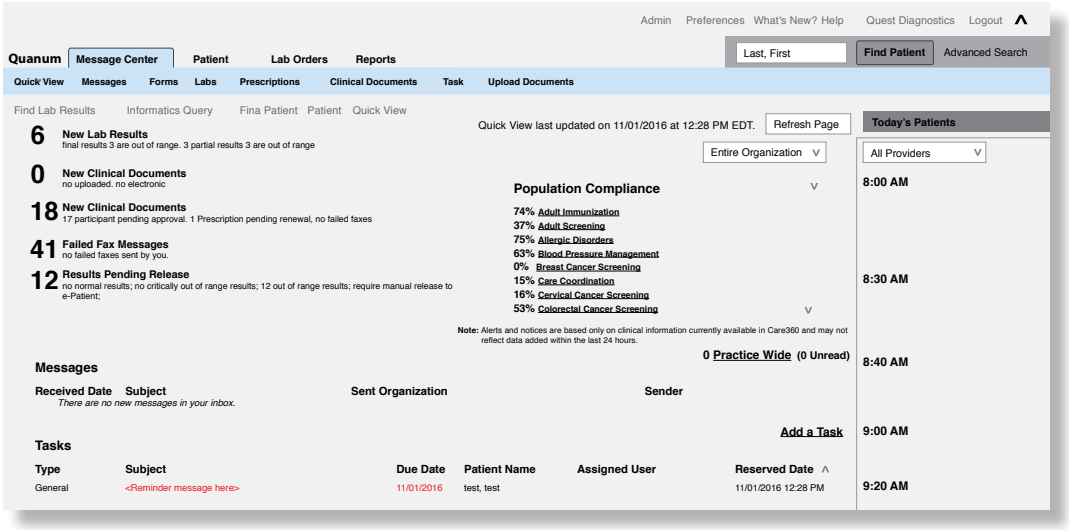
To View Patient Tasks:

Tasks can be viewed from the HCP's Message Center.



Tasks are also displayed from the Patient Summary screen when accessing a patient chart.

IMPORTANT SAFETY INFORMATION

- In the primary hyperlipidemia (including HeFH) clinical trials, local injection site reactions including erythema/redness, itching, swelling, and pain/tenderness were reported more frequently in patients treated with PRALUENT 75 mg and/or 150 mg every 2 weeks (7.2% versus 5.1% for PRALUENT and placebo, respectively). Few patients discontinued treatment because of these reactions (0.2% versus 0.4% for PRALUENT and placebo, respectively), but patients receiving PRALUENT had a greater number of injection site reactions, had more reports of associated symptoms, and had reactions of longer average duration than patients receiving placebo

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INDICATIONS AND USAGE

PRALUENT (alirocumab) is indicated:

- to reduce the risk of myocardial infarction, stroke, and unstable angina requiring hospitalization in adults with established cardiovascular disease
- as an adjunct to diet, alone or in combination with other lipid-lowering therapies (e.g., statins, ezetimibe), for the treatment of adults with primary hyperlipidemia (including heterozygous familial hypercholesterolemia) to reduce low-density lipoprotein cholesterol (LDL-C)

IMPORTANT SAFETY INFORMATION

- PRALUENT is contraindicated in patients with a history of a serious hypersensitivity reaction to PRALUENT, including hypersensitivity vasculitis and hypersensitivity reactions requiring hospitalization
- Hypersensitivity reactions (e.g., pruritus, rash, urticaria), including some serious events (e.g., hypersensitivity vasculitis and hypersensitivity reactions requiring hospitalization), have been reported with PRALUENT treatment. If signs or symptoms of serious allergic reactions occur, discontinue treatment with PRALUENT, treat according to the standard of care, and monitor until signs and symptoms resolve
- The most commonly occurring adverse reactions in clinical trials in primary hyperlipidemia (including heterozygous familial hypercholesterolemia (HeFH)) (≥5% of patients treated with PRALUENT and occurring more frequently than with placebo) are nasopharyngitis, injection site reactions, and influenza
- The most commonly occurring adverse reactions in the cardiovascular outcomes trial (>5% of patients treated with PRALUENT and occurring more frequently than placebo) were non-cardiac chest pain, nasopharyngitis, and myalgia
- In the primary hyperlipidemia (including HeFH) clinical trials, local injection site reactions including erythema/redness, itching, swelling, and pain/tenderness were reported more frequently in patients treated with PRALUENT 75 mg and/or 150 mg every 2 weeks (7.2% versus 5.1% for PRALUENT and placebo, respectively). Few patients discontinued treatment because of these reactions (0.2% versus 0.4% for PRALUENT and placebo, respectively), but patients receiving PRALUENT had a greater number of injection site reactions, had more reports of associated symptoms, and had reactions of longer average duration than patients receiving placebo
- The once-monthly (Q4W) 300mg dosing regimen had a higher rate of local injection site reactions as compared to PRALUENT 75mg Q2W or placebo (16.6%, 9.6%, and 7.9%, respectively) in a trial in which all patients received an injection of drug or placebo every 2 weeks to maintain the blind. The discontinuation rate due to injection site reactions was 0.7% in the 300 mg Q4W arm and 0% in the other 2 arms

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IMPORTANT SAFETY INFORMATION *(cont.)*

- In a cardiovascular outcomes trial, local injection site reactions were reported in 3.8% of patients treated with PRALUENT versus 2.1% patients treated with placebo, and led to permanent discontinuation in 0.3% of patients versus <0.1% of patients, respectively
- In the primary hyperlipidemia trials, liver-related disorders (primarily related to abnormalities in liver enzymes) were reported in 2.5% of patients treated with PRALUENT and 1.8% of patients treated with placebo, leading to treatment discontinuation in 0.4% and 0.2% of patients, respectively. Increases in serum transaminases to greater than 3 times the upper limit of normal occurred in 1.7% of patients treated with PRALUENT and 1.4% of patients treated with placebo
- In the primary hyperlipidemia trials, the most common adverse reactions leading to treatment discontinuation in patients treated with PRALUENT were allergic reactions (0.6% versus 0.2% for PRALUENT and placebo, respectively) and elevated liver enzymes (0.3% versus <0.1%)
- PRALUENT is a human monoclonal antibody. As with all therapeutic proteins, there is a potential for immunogenicity with PRALUENT

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