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www.reachmd.com
info@reachmd.com
(866) 423-7849

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# Expanding Access: Alternative Models for Delivering Lipid-Lowering Therapy

**Announcer:**
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**Dr. Wadhera:**
Welcome to CME on ReachMD. I'm Dr. Rishi Wadhera.

**Dr. Gluckman:**
And I'm Dr. Ty Gluckman.

**Dr. Wadhera:**
We're going to start by focusing on the burden of cardiometabolic risk factors in cardiovascular disease in rural areas.

Rural urban inequities in cardiovascular mortality are widening in the United States. Cardiovascular deaths in rural communities have increased over the last 12 years, and that has primarily been driven by a rise in cardiovascular mortality in younger adults living in rural areas.

These trends in cardiovascular mortality have been driven in part by a higher burden of cardiometabolic risk factors and diseases in rural communities. The prevalence of hypertension, hyperlipidemia, obesity, and diabetes are higher among people living in rural parts of the country when compared to people living in urban parts of the country. And this higher burden of cardiometabolic risk factors, at least in part, contributes to the higher prevalence of coronary heart disease and stroke in rural communities.

Beyond cardiometabolic risk factors, there are other broader factors that contribute to the higher cardiovascular mortality rates in rural communities in the United States, including a higher burden of social risk factors, challenges when it comes to healthcare access and health systems and infrastructure. And as an example of that, there is a gap in the supply of primary care providers in rural parts of the country when compared to urban parts of the country, and that that gap has widened over time. We also know that access to specialty care is more challenging in rural parts of the country, with rural Americans needing to travel longer distances to access an in-office visit with a cardiovascular specialist.

And these challenges in access to care have only been magnified by the fact that we are in the midst of a rural hospital closure crisis. We have seen an acceleration in the number of hospital closures that are occurring in rural parts of the country. And those closures have contributed to inequities in outcomes for urgent and life-threatening cardiovascular conditions such as myocardial infarction and stroke.

Telehealth is one potential tool or strategy to mitigate these inequities in access to care that we see between rural and urban parts of the country. And although we've seen a huge surge in telehealth use, in part due to the pandemic, telehealth use remains lower in rural communities, and gaps when compared to urban communities, still persist. And this divide in telehealth use has been driven in part by the digital divide in rural America. We know that rural Americans are less likely to have easy access to high-speed broadband internet,

which creates challenges in accessing telehealth and therefore bridging the divide and access to healthcare.

Ty, I want to turn it over to you, because rural Americans face a lot of challenges when it comes to accessing health care. How do you think about cardiovascular risk prevention and the treatment of cardiovascular disease for your patients that live in rural communities?

**Dr. Gluckman:**
Yeah, it's a great question. I'm glad you brought it up. I would say I had never done a telehealth visit prior to the pandemic, but incorporate it where appropriate into my treatment approach. We all probably recognize that there are some conditions that are more challenging to evaluate and manage via a telehealth platform, but I would argue that hypercholesterolemia, which is often informed by talking to the patient, understanding what treatment they're on, and what LDL cholesterol levels that they have, really informs the decision-making. So, I think hypercholesterolemia management in particular lends itself to that, notwithstanding, as you said, the digital divide challenges that exist. So, I think it's ripe for opportunity.

**Dr. Wadhera:**
Those are great points, Ty. This has been a great discussion, but unfortunately, our time is up. Thanks so much for listening.

**Announcer:**
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