The VA/DoD Cardiovascular Clinical Practice Guidelines for the Management of Hypertension, Ischemic Heart Disease, and the Pharmacologic Management of Chronic Heart Failure

Pilot Tool Kit

Quality Management Division
Evidence-Based Practice
US Army Medical Command
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www.QMO.amedd.army.mil
September 2004
Why Cardiovascular Guidelines?

- Leading cause of death in men and women
- Leading cause of premature or permanent disability
- Top 5 causes of death in active duty population
The Supporting Cardiovascular Toolkit

- Group of multidisciplinary providers from VA, Army, Navy and AF met in Washington D.C in January, 2002
- Cardiovascular Guidelines presented by the VA and DoD Champions
- Broke up in provider, patient, system support groups to review tools
- Tools selected, work began on adapting them to the CVD CPGs
- Had teleconferences and email in refining tools
- Work was stopped with the delay of the cardiovascular guidelines
The Cardiovascular Toolkit

- Provider Support Tools
- Patient Self-Management Tools
- System Support Tools
Provider Support Tools

- Guidelines and Summaries
- Champion’s Implementation Manual
- Implementation Worksheets
- Documentation Forms
- Provider Reference and Pocket cards
Provider Support Tools (cont)

- VA Chronic Heart Failure Self-Management Health Tips
- Champion Briefs
- Pharmacotherapy for Cardiovascular Diseases in Primary Care Cards
- “Time is Life” Provider Fact Sheet
Cardiovascular Guidelines

VA/DoD CLINICAL PRACTICE GUIDELINE FOR THE MANAGEMENT OF ISCHEMIC HEART DISEASE CORE MODULE SUMMARY

VA/DoD CLINICAL PRACTICE GUIDELINE FOR THE MANAGEMENT OF ISCHEMIC HEART DISEASE MODULE A SUMMARY

VA/DoD CLINICAL PRACTICE GUIDELINE FOR THE MANAGEMENT OF ISCHEMIC HEART DISEASE MODULE B SUMMARY

VA/DoD CLINICAL PRACTICE GUIDELINE FOR THE MANAGEMENT OF ISCHEMIC HEART DISEASE MODULE C SUMMARY

VA/DoD CLINICAL PRACTICE GUIDELINE FOR THE MANAGEMENT OF ISCHEMIC HEART DISEASE MODULE D SUMMARY

VA/DoD CLINICAL PRACTICE GUIDELINE FOR THE MANAGEMENT OF ISCHEMIC HEART DISEASE MODULE E SUMMARY

VA/DoD CLINICAL PRACTICE GUIDELINE FOR THE MANAGEMENT OF ISCHEMIC HEART DISEASE MODULE F SUMMARY

MEDICAL FOLLOW-UP AND SECONDARY PREVENTION

Patients who have a history of ischemic heart disease (IHD) are candidates for secondary prevention of further coronary events. These include patients with prior myocardial infarction (MI), ischemic cardiomyopathy, silent ischemia, segmental wall motion abnormality by left ventricular (LV) angiography or cardiac ultrasound, positive stress test, prior coronary revascularization, pathologic Q-waves on the resting electrocardiogram (ECG), and males older than age 50 with typical angina.

This module provides guidelines for clinical predictors for progression of IHD and identifies areas for which there are effective interventions. It also emphasizes that all patients are on optimal doses of pharmacological therapies with proven morbidity and mortality benefits, and that patients are assessed for possible benefits from a revascularization procedure.

This module also emphasizes the assessment for coronary artery disease (CAD) risk factors, where interventions are known to reduce the likelihood of future coronary events (particularly smoking, diabetes mellitus [DM], dyslipidemia, and hypertension). Although the evidence of benefit is less strong, the diagnosis and treatment of depression and promotion of cardiac rehabilitation are also discussed.

KEY ELEMENTS

Management of Medical Follow-Up

- Identify and stage IHD patients with a possible acute coronary syndrome (i.e., ST-elevation myocardial infarction [STEMI], non-ST-elevation myocardial infarction [NSTEMI], or unstable angina).
- Assess if stable symptoms are due to noncardiac conditions.
- Identify and treat other modifiable conditions that may exacerbate IHD symptoms.
- Ensure all patients receive aspirin (or other antiplatelet therapy, as appropriate).
- Initiate pharmacological therapy for ischemia, angina, and congestive heart failure (CHF) to physiologic end-points, therapeutic doses, or patient tolerance.
- Administer a cardiac stress test to assess the risk of future cardiac events, if not previously performed, or if there has been worsening of ischemic symptoms.
- Initiate angiotensin-converting enzyme (ACE) inhibitor therapy for patients with significant DM and/or left ventricular (LV) dysfunction (ejection fraction [EF] < 0.40). Consider in patients without LV dysfunction.
- Identify and provide therapy for patients with heart failure.
- Identify patients at high risk for sudden cardiac death or complications for whom a cardioselective referral is appropriate.

Secondary Prevention

- Arrange appropriate treatment with beta-adrenergic blocking agents (beta-blockers) in patients with prior MI.
- Identify and treat patients with high low-density lipoprotein cholesterol (LDL-C).
- Assess and treat high blood pressure.
- Reduce cardiac risk with smoking cessation.
- Promote cardiac rehabilitation as secondary prevention.
- Achieve tight antihypertensive control in diabetics.

Web version available online at:

http://www.oqp.med.va.gov/cpg/cpg.htm

Also available online at:

http://www.QMO.amedd.army.mil

Cardiovascular Guideline Summaries available in the CVD Binder
Putting Clinical Practice Guidelines to Work in the Department of Veterans Affairs Veterans Health Administration

A Guide for Action

Putting Practice Guidelines to Work in the Department of Defense Medical System

A Guide for Action

Veterans Affairs/Department of Defense

MANUAL FOR FACILITY CLINICAL PRACTICE GUIDELINE CHAMPIONS

U.S. Army Medical Command, Health Policy and Services Directorate, Quality Management Division, Evidence-Based Practice Section

2010: Ward, J. (Ed.). Quant 29, Fort Sam Houston, TX 78234-6026

www.DOD.amedd.army.mil

2 August 2004

VA Implementation Manual

RAND Implementation Manual

DoD Implementation Manual
Implementation Worksheets

Worksheet 1. IMPLEMENTATION STRATEGY
Guideline: Management of Hypertension, Update 2004

Overall Implementation Strategy Focus:

<table>
<thead>
<tr>
<th>Key Guideline Element</th>
<th>Gaps in Current Practice (Planning Step 1)</th>
<th>Action Strategy (Planning Step 2)</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Worksheet 2A. ACTION PLAN FOR GUIDELINE INTRODUCTION AND STAFF EDUCATION
Guideline: Management of Hypertension, Update 2004

Identify actions for guideline introduction and education (GI):

<table>
<thead>
<tr>
<th>Action</th>
<th>GI</th>
<th>Designate someone to serve as lead for the actions and other staff to be involved.</th>
<th>Identify the tools and resources for the actions.</th>
<th>Specify the action timeline.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>Local</td>
<td>Other staff</td>
<td>Start</td>
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</tbody>
</table>

Worksheet 3. GANTT CHART OF TIMELINE FOR GUIDELINE IMPLEMENTATION
Guideline: Management of Hypertension, Update 2004

<table>
<thead>
<tr>
<th>Action</th>
<th>Month of Work</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 2 3 4 5 6 7 8 9 10 11 12</td>
</tr>
<tr>
<td></td>
<td>Introduction &amp; Education</td>
</tr>
<tr>
<td></td>
<td>Action 1</td>
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<td>Action 2</td>
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<td>Action 3</td>
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<td>Action 5</td>
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<td>Action 7</td>
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<td>Action 8</td>
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<td>Action 9</td>
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<td>Action 10</td>
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<tr>
<td></td>
<td>Action 11</td>
</tr>
<tr>
<td></td>
<td>Action 12</td>
</tr>
</tbody>
</table>

RAND
### Medical Record - Cardiovascular Disease Outpatient Documentation

#### Draft Form

For use of this form see MEDCOM Dir 40-15

---

### Subjective Data: Patient History

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have chest pain or shortness of breath?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any significant weight changes?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any emergency room visits or hospitalizations?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medication problems or changes?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you use any herbal supplement or over-the-counter products?</td>
<td></td>
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</tr>
<tr>
<td>Are you on a special diet (Diabetes, low salt, low cholesterol, DASH (Dietary Approaches to Stop Hypertension))?</td>
<td></td>
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</tr>
<tr>
<td>Do you exercise? What kind and how often?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have diabetes?</td>
<td></td>
<td></td>
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<tr>
<td>Do you have any allergies?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Are you on any over-the-counter medications? (please list below)</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Medications:**

---

### Vital Signs/Screening Assessment

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Yes</th>
<th>No</th>
<th>Remarks</th>
</tr>
</thead>
</table>

**BP:**

**PULSE:**

**RESP:**

**TEMP:**

**HT:**

**WT:**

**BMI:**

**Age:**

**Gender:** M F

**Do you have pain?**

**Location:**

**Intensity:** 1/10 (0 = no pain, 10 = worst pain)

**Deployment related?** Yes No

**During the past two weeks, have you been bothered by:**

- Feeling down, depressed or hopeless? Yes No
- Lack of interest or pleasure in doing things? Yes No

**Do you use tobacco?**

**Want to quit?**

**Tobacco cessation material offered?**

**Do you use alcohol?**

---

### Subjective, Objective, Assessment and Plan

**Subjective:**

**Review of Systems:**

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Yes</th>
<th>No</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chest pain</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shortness of Breath</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orthopnea</td>
<td></td>
<td></td>
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<tr>
<td>Paroxysmal Nocturnal</td>
<td></td>
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</tbody>
</table>

**Objective:**

**General:**

**Nondiabetic:**

**Heart:**

**Lungs:**

**Abdomen:**

**Extremities:**

**Other:**

**Studies/Lab Results**

---

### Patient Identification

*For typed or written entries give: Name - last, first, middle; grade, date, hospital of medical facility*
## SECTION III - SUBJECTIVE, OBJECTIVE, ASSESSMENT and PLAN (Continued)

**Assessment:** Check all that apply

- Hypertension
- Adequate Control - No change in treatment
- Uncontrolled

- Dyslipidemia
  - LDL goal
  - Met
  - Not met

- HDL goal >
- Met
- Not met

- TG goal <
- Met
- Not met

- Ischemic Heart Disease
  - Acute Disease (Immediate Urgent Care)
  - Stable Post-MI
  - Stable Post Revascularization
  - Stent
  - CABG

- Angina (Canadian Cardiovascular Society Classification of Angina - CCS)
  - Class I (Angina only with strenuous exercise)
  - Class II (Angina with moderate exercise)
  - Class III (Angina with minimal exercise or ordinary activity)
  - Class IV (Angina at rest or with any physical activity)

- Chronic Heart Failure
  - (New York Heart Association Functional Classification - NYHA)
  - Class I (No limitation of physical activity)
  - Class II (Slight limitation of physical activity)
  - Class III (Marked limitation of physical activity)
  - Class IV (Unable to carry on any activity without physical discomfort)

### Plan:

**Comments:**

<table>
<thead>
<tr>
<th>New</th>
<th>Continue</th>
<th>Change</th>
<th>Ordered Studies/Labs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>ECG</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Exercise Stress Test/Nuclear</td>
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<td></td>
<td></td>
<td></td>
<td>Labs</td>
</tr>
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<td></td>
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<td>PFT/PFT/INR</td>
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<td></td>
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<td></td>
<td>CBC</td>
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<td></td>
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<td>Other</td>
</tr>
</tbody>
</table>

**Other Medication Considerations:**

**Referrals/Other:**

- Cardiology
- Medical Nutrition Therapy
- Cardiac Rehab/Physical Therapy
- Tobacco Cessation
- Other

**Education:**

- Medication
- Diet
- Exercise
- Tobacco Cessation
- Other

**Follow-Up Appointments:**

- 1 Month
- 3 Months
- 6 Months
- CVD Group Visit
- Other

(Provider's Signature)
### MEDICAL RECORD - CARDIOVASCULAR DISEASE FLOW SHEET

<table>
<thead>
<tr>
<th>Parameters</th>
<th>Patient</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>Blood Pressure</td>
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<tr>
<td>Tobacco Use (Y/N)</td>
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<tr>
<td>BMI/Weight</td>
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<tr>
<td>Exercise (min/freq/week)</td>
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<tr>
<td>Lipids</td>
<td>TC</td>
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<td>HDL</td>
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<td>TG</td>
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<td>LDL</td>
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<td>HbA1c</td>
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<td>Microalbumin</td>
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<td>Serum Creatinine</td>
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<td>Eye Exam</td>
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<td>Foot Exam</td>
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<td>Electrocardiogram</td>
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<td>ECHO (EF%)</td>
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<td>Functional Assess</td>
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<td>Exercise Stress Test etc</td>
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<tr>
<td>Yearly Flu Vaccine</td>
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<tr>
<td>Pneumonia Vaccine (65+ yo, all with diabetes)</td>
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<tr>
<td>Aspirin/Anticoagulant</td>
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<td>Beta Blocker</td>
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<td>(all with h/o MI)</td>
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<tr>
<td>ACEI (all with diabetes and proteinuria; consider for CHF)</td>
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<td>Diuretic</td>
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<tr>
<td>Nitroglycerin</td>
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<tr>
<td>Antilipidemic Agent</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Medication</th>
<th>Nutrition Therapy</th>
<th>Tobacco Use Cessation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dates:</td>
<td></td>
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</tbody>
</table>

**PATIENTS IDENTIFICATION** (For typed or written entirely please; Name - last, first, middle grade, state hospital or medical facility)

MEDCOM FORM 744-1-R (TEST) (MCHO) JUL 04
VA Self-Management Health Tips For Heart Failure

Provider Office Tool to assist patients with self-management for heart failure

### Health Tips for Heart Failure

5. Medications:
   - Take your medicines as directed.
   - If you forget to take your medicine, take it as soon as you remember if it is within a few hours of the missed dose. If you do not remember until your next dose, take the next dose as prescribed. Do not double the next dose.
   - Do not stop or start medicines without talking to your provider first.

### Medications List for ____________________

<table>
<thead>
<tr>
<th>Name of Medication</th>
<th>Amount</th>
<th>Reason for Taking</th>
<th>Time Morning</th>
<th>Time Afternoon</th>
<th>Time Evening</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

### Daily Weight Chart for ____________________

<table>
<thead>
<tr>
<th>Month</th>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
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<tbody>
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</tbody>
</table>

Write your provider's name and phone number here:

- Name ____________________
- Phone number ____________

### 2. Exercise

- Get some exercise (for example, walking, cycling, swimming) or some physical activity (for example, yard work) almost every day for at least 30 minutes based on your healthcare provider's recommendation.

### 3. Weight

- Weigh yourself daily, at the same time of day (morning is preferred, after emptying your bladder). You can use the form that is included with this information sheet to keep track of your weight.
- If you gain more than 2 pounds overnight or 5 pounds in one week, call your provider.
- Reduce your weight to within 10% of your ideal weight.
- Your goal weight is ______ pounds.

### 4. Alcohol, smoking and other drugs

- Limit alcohol use to one drink per day.
- Stop tobacco use.
- Do not use illicit (street) drugs.
**Pharmacotherapy for Cardiovascular Diseases in Primary Care Med Cards**

### VA/DoD Medications Used in the Management of Cardiovascular Diseases in Primary Care

<table>
<thead>
<tr>
<th>DRUG</th>
<th>ORAL Dose</th>
<th>POTENTIAL SIDE EFFECTS</th>
<th>PRECAUTIONS/CONTRAINDICATIONS/COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Aspirin</strong></td>
<td>81 mg or 325 mg (once daily)</td>
<td>Increase in platelet aggregation; 1-year bleeding, induction of bronchospasm, angina, and anaphylaxis</td>
<td>Should not be used in patients who are unable to take ASA</td>
</tr>
<tr>
<td><strong>Clopidogrel</strong></td>
<td>75 mg or 100 mg (once daily)</td>
<td>Increase in platelet aggregation; 1-year bleeding, induction of bronchospasm, angina, and anaphylaxis</td>
<td>Should not be used in patients who are unable to take ASA</td>
</tr>
</tbody>
</table>

- **Note:** For patients with ACS, clopidogrel should be given in addition to aspirin. For patients with ACS, clopidogrel should be given in addition to aspirin.

### VA/DoD Medications Used in the Management of Cardiovascular Diseases in Primary Care

<table>
<thead>
<tr>
<th>DRUG</th>
<th>ORAL Dose</th>
<th>POTENTIAL SIDE EFFECTS</th>
<th>PRECAUTIONS/CONTRAINDICATIONS/COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lisinopril</strong></td>
<td>10 to 40 mg (once daily)</td>
<td>Hypotension, hyperkalemia, acute renal impairment, angina, cough</td>
<td>Monitor K+ and renal function</td>
</tr>
<tr>
<td><strong>Captopril</strong></td>
<td>12.5 to 50 mg (once daily)</td>
<td>Hypotension, hyperkalemia, acute renal impairment, angina, cough</td>
<td>Monitor K+ and renal function</td>
</tr>
</tbody>
</table>

- **Note:** Captopril should be used with caution in patients with a history of asthma and respiratory disease.

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VA access to full guideline: [http://www.opm.med.va.gov/guidance.htm](http://www.opm.med.va.gov/guidance.htm)

DoD access to full guideline: [http://www.DOD.amedd.army.mil](http://www.DOD.amedd.army.mil)

Sponsored & produced by the VA Employee Education System in cooperation with the Office of Quality & Performance and Patient Care Services, Pharmacy Benefits Management, Strategic Health Care Group (PBM), Medical Advisory Panel (MAP), and the Department of Defense.

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**Page 1 of 4**

**Page 2 of 4**

**Page 3 of 4**

**Page 4 of 4**
Provider Exam Room Cards

VA/DoD Cardiovascular Clinical Practice Guidelines

PROVIDER REFERENCE CARDS

- Hypertension
- Ischemic Heart Disease
- Chronic Heart Failure

Guideline Key Elements

- Algorithms
- Population Level Metrics
- ICD-9-CM Codes

Clinical Practice Guideline Web Sites
www.QMO.amedd.army.mil
Cardiovascular Provider Key Points Cards
Provider Fact Sheet “Time is Life”

Act in Time to Heart Attack Signs

Use the T.I.M.E. Method to Help Your Patients Make a Heart Attack Survival Plan

Why Your Patients Need to Act in Time to Heart Attack Signs

Coronary heart disease is the leading killer of both men and women in the United States. Each year, about 1.1 million Americans suffer a heart attack. About 480,000 of those heart attacks are fatal. Disability and death from heart attack can be reduced with prompt thrombolytic and other artery-opening therapies ideally given within the first hour after symptom onset. Patient delay is the largest barrier to receiving therapy quickly.

Heart Attack Warning Signs

- Chest discomfort (pressure, squeezing, fullness, or pain in the center of the chest)
- Discomfort in one or both arms, back, neck, jaw, or stomach
- Shortness of breath (often comes with or before chest discomfort)
- Breaking out in a cold sweat, nausea, or light-headedness

Women May Experience:

- Shortness of breath without chest pain
- Pain in lower part of chest
- Fatigue

Uncertainty Is Normal

Most people think a heart attack is sudden and intense, like a “movie heart attack.” The fact is many heart attacks start slowly as mild pain or discomfort. People who feel such symptoms may not be sure what is wrong.

Delay Can Be Deadly

Most heart attack victims wait 2 or more hours after symptoms begin before they seek medical help. People often take a wait-and-see approach or deny that their symptoms are serious. Every minute that passes without treatment means more heart muscle cells. Calling 9-1-1 saves lives.

Use the T.I.M.E. is Life Method:

Talk with your patients about -

- Risk of a heart attack.
- Recognition of symptoms.
- Right action steps to take/rationale for rapid action.
- Re-give instructions for when symptoms occur (based on patient history).
- Remembering to call 9-1-1 quickly within 5 minutes.

Investigate -

- Feelings about heart attack.
- Barriers to symptom evaluation and response.
- Personal and family experience with AMI and emergency medical treatment.

Make A Plan -

- Help patients and their family members to make a plan for exactly what to do in case of heart attack symptoms.
- Encourage patients and their family members to rehearse the plan.

Evaluate -

- The patient’s understanding of risk in delaying.
- The patient’s understanding of your recommendations.
- The family’s understanding of risk and their plan for action.

Web Site:
www.CMC.onvag.net/ami
www.CPR.onvag.net
VA and DoD Champion Briefs
Patient Self-Management Tools

- Educational Booklet and Brochures
  - “Do Your Part: Care for Your Heart”
  - “Time is Life: Know the Warning Signs of a Heart Attack”

- NIH “Facts About the DASH Diet”

- “Time is Life” action plan

- CEMM CD ROMS
  - “Cardioconnection: Hypertension”
  - “Cardioconnection: Dyslipidemia”

- Patient Wallet Cards

- Patient Video
  - “Time is Life: Combat Heart Attack and Survive”
Cardiovascular Care Patient Information

**DO YOUR PART**

**CARE FOR YOUR HEART**

This patient guide will provide you with information related to the care of your heart. It is only the beginning of the educational process to become an active and effective partner in managing your cardiovascular health.

**August 2003**

**Did You Know...**

- Heart attack victims do not feel when they are taken to the hospital within the first hour of the first symptom?

**Remember:**

- The longer you wait, the less likely medications will work and the higher your risk of death.

**CALL 911:**

- Call 911 right away if you think it may be a heart attack. Do Not drive to the hospital. Emergency medical staff will take you to the hospital.

**TIME IS LIFE!**

- Chest discomfort with a feeling of doom or imminent death
- Heart Disease is the leading cause of death in women
- Besides symptoms common to men, women may have other symptoms such as:
  - Shortness of breath without chest pain
  - Palpitations

**Warning Signs of a Heart Attack**

- Take 1 aspirin (unless you are allergic to aspirin)
- Tell the ambulance driver you are having chest pain
- Don't delay because you are afraid of causing a scene or finding out it was a false alarm

**DO NOT WAIT CALL 911 IMMEDIATELY!**

**Time is Life: Know the Warning Signs of a Heart Attack**
Facts About the DASH Eating Plan

Research has found that diet affects the development of high blood pressure, or hypertension (the medical term). Recently, two studies showed that blood pressure can be lowered by following a particular eating plan—called the Dietary Approaches to Stop Hypertension (DASH) eating plan—and reducing the amount of sodium consumed.

While each step alone lowers blood pressure, the combination of the eating plan and a reduced sodium intake gives the biggest benefit and may help prevent the development of high blood pressure.

This fact sheet, based on the DASH research findings, tells about high blood pressure, and how to follow the DASH eating plan and reduce the amount of sodium you consume. It offers tips on how to start and stay on the eating plan, as well as a week of menus and some recipes. The menus and recipes are given for two levels of daily sodium consumption—2,400 milligrams (the lower limit of current recommendations by the Federal Government’s National High Blood Pressure Education Program [NHBPEP] and the amount used to figure food labels’ Nutrition Facts Daily Value) and 1,500 milligrams.

Those with high blood pressure may especially benefit from following the eating plan and reducing their sodium intake. But the combination is a heart healthy recipe that all adults can follow.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
National Institutes of Health
National Heart, Lung, and Blood Institute
Time is Life Action Plan

Know Heart Attack Warning Signs

- Uncomfortable pressure, fullness, squeezing or pain anywhere in the chest lasting more than a few minutes.
- Pain spreading to the shoulder, neck, in one or both arms, stomach or back.
- Chest discomfort with lightheadedness, fainting, sweating, nausea, vomiting, or shoshess of breath.
- Chest discomfort with a feeling of doom or imminent death.
- Shortness of breath without chest pain.
- Pain in lower part of chest.
- Fatigue.

If you have any of these warning signs of a heart attack:

- Don’t delay.
- Call 911 immediately.
- Take 1 regular aspirin unless you’re allergic to aspirin.
- Tell the ambulance driver that you are having chest pain.

Driving yourself can delay care!
It’s too dangerous for you and other drivers.
Don’t delay because you may be afraid of causing a scene, or finding it was false alarm.

Call 911

Make A Plan

- Learn heart attack warning signs.
- Share your plan with family and friends.
- Talk to your health care provider about reducing heart attack risks and completing a survival plan wallet card.

My Medications & Specific Instructions From My Health Care Provider

- __________
- __________
- __________
- __________
- __________

How To Reduce Your Risk of Heart Attack

To find your risk for heart attack, check the boxes that apply to you:

- Family history of early heart disease (father or brother diagnosed before age 55 or mother or sister diagnosed before age 65)
- Age (Men 45 years or older, Women 55 or older)
- High blood cholesterol
- High blood pressure
- One or more previous heart attacks, angina, bypass surgery, or angioplasty; stroke, or blockages in neck or leg arteries
- Overweight
- Physically inactive
- Cigarette smoker
- Diabetes

The more risk factors you have, the greater your risk of heart attack.

Reduce Your Risk of Heart Attack by Taking Steps to Prevent or Control Risk Factors

High Blood Pressure

- Have your blood pressure checked.
- Aim for a healthy weight.
- Follow a healthy eating plan, including food lower in salt and sodium.
- Limit alcoholic beverages.
- Take medication as prescribed.

High Blood Cholesterol

- Have blood cholesterol checked every 5 years, or more often if needed.
- Learn what your cholesterol numbers mean.
- Follow a low-saturated fat, low cholesterol eating plan.
- Become physically active.
- Aim for a healthy weight.
- Take medication as prescribed.

Cigarette Smoking

- Stop smoking or cut back gradually.
- Attend a smoking cessation class.
- Keep trying if you can’t quit the first time.

Overweight

- Maintain a healthy weight, try not to gain extra.
- If you are overweight, try to lose slowly (1/2 to 1 pound a week).

Diabetes

- Know if you have diabetes.
- Have your blood sugar level checked by your health care provider.
- Control your blood sugar levels.

Physical Inactivity

- If you have a chronic condition or have been physically inactive, check with your provider before beginning exercise.
- Do 30 minutes of moderate exercise, such as brisk walking, on most days of the week.
- If needed, break the 30 minutes into periods of 10 minutes each.

Call 911 right away if you think it may be a heart attack. Do not drive to the hospital. Emergency medical staff will take you to the hospital.

Have patient complete the action plan and sign with the provider.
CEMM CD ROMS
Patient Wallet Cards

My Blood Pressure

It is Important To Take Prescribed Blood Pressure Drugs

Ask your health care provider to help you fill out the information below:

Blood Pressure Medicine:

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

Special Instructions:

_________________________________________________________________

Questions To Ask Your Provider If You Have High Blood Pressure:

- What is my blood pressure reading in numbers?
- What is my goal blood pressure?
- Is there a healthy eating plan that I should follow to help lower my blood pressure and lose weight?
- Is it safe for me to do regular physical activity?
- What is the name of my medication?
- What is the generic name?
- What are the possible side effects of my medication?
- What time of day should I take my blood pressure medicine?
- Should I take it with or without food?
- What should I do if I forget to take my blood pressure medicine at the recommended time?

Time is Life: Heart Attack Warning Signs

Heart Attack Survival Plan

Information for ambulance and hospital staff. My medicines & specific instructions from my health care Provider:

_________________________________________________________________

_________________________________________________________________

Medicines I'm allergic to:

_________________________________________________________________

_________________________________________________________________

Important Contact Information

Health care provider phone number during office hours:

_________________________________________________________________

Phone number after office hours:

_________________________________________________________________

Person to contact if I go to the hospital:

Name: ____________________________
Home Phone: ____________________
Work Phone: ____________________
Cell Phone: ____________________

Heart Attack Warning Signs Wallet Card

Web Sites:
www.OOP.amedd.army.mil
www.OOP.med.va.gov
Patient Video “Time is Life: Combat Heart Attack and Survive”
Time is Life Poster

Know Heart Attack Warning Signs

- Uncomfortable pressure, fullness, squeezing or pain anywhere in the chest lasting more than a few minutes.
- Pain spreading to the shoulder, neck, in one or both arms, stomach or back.
- Chest discomfort with lightheadedness, fainting, sweating, nausea, vomiting, or shortness of breath.
- Chest discomfort with a feeling of doom or imminent death.

♀ Heart Disease Is The Leading Cause Of Death In Women ♀

Beside symptoms common to men, women may have other symptoms such as:

- Shortness of breath without chest pain.
- Pain in lower part of chest.
- Fatigue.

Call 911

If you have any of these warning signs of a heart attack:

- Don’t delay.
- Call 911 immediately.
- Take 1 regular aspirin unless you’re allergic to aspirin.
- Tell the ambulance driver that you are having chest pain.

Driving yourself can delay care!
It’s too dangerous for you and other drivers.

Don’t delay because you may be afraid of causing a scene, or finding it was false alarm.

Make A Plan

- Learn heart attack warning signs.
- Share your plan with family and friends.
- Talk to your health care provider about reducing heart attack risks and completing a survival plan wallet card.
### Improving Chronic Illness Care Tools

**Congestive Heart Failures Zones for Management**

<table>
<thead>
<tr>
<th>Green Zone: All Clear</th>
<th>Green Zone Means:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your Goal Weight:</td>
<td>• Your symptoms are under control</td>
</tr>
<tr>
<td></td>
<td>• Continue taking your medications as ordered</td>
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<tr>
<td></td>
<td>• Continue daily weights</td>
</tr>
<tr>
<td></td>
<td>• Follow low-salt diet</td>
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<tr>
<td></td>
<td>• Keep all clinic appointments</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Yellow Zone: Caution</th>
<th>Yellow Zone Means:</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you have any of the following signs and symptoms:</td>
<td>• Your symptoms may indicate that you need an adjustment of your medications</td>
</tr>
<tr>
<td>• Weight gain of 3 or more pounds</td>
<td>Call your health care provider, nurse coordinator, or home health nurse.</td>
</tr>
<tr>
<td>• Increased cough</td>
<td>Name: __________________________</td>
</tr>
<tr>
<td>• Increased swelling</td>
<td>Number: ________________________</td>
</tr>
<tr>
<td>• Increase in shortness of breath with activity</td>
<td>Instructions: __________________________</td>
</tr>
<tr>
<td>• Increase in the number of pillows needed</td>
<td></td>
</tr>
<tr>
<td>• Anything else unusual that bothers you</td>
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</tbody>
</table>

**Call your health care provider if you are going into the YELLOW zone**

<table>
<thead>
<tr>
<th>Red Zone: Medical Alert</th>
<th>Red Zone Means:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Unrelieved shortness of breath: shortness of breath at rest</td>
<td>• This indicates that you need to be evaluated by a health care provider right away</td>
</tr>
<tr>
<td>• Unrelieved chest pain</td>
<td>Call your health care provider right away</td>
</tr>
<tr>
<td>• Wheezing or chest tightness at rest</td>
<td>Name: __________________________</td>
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<tr>
<td>• Need to sit in chair to sleep</td>
<td>Number: ________________________</td>
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<tr>
<td>• Weight gain or loss of more than 5 pounds</td>
<td>Instructions: __________________________</td>
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<tr>
<td>• Confusion</td>
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</tbody>
</table>

**Call your health care provider immediately if you are going into the RED zone**

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*Used with permission. Improving Chronic Illness Care (ICIC) is a national program supported by The Robert Wood Johnson Foundation with direction and technical assistance provided by Group Health Cooperative’s MacColl Institute for Healthcare Innovation.*

http://www.improvingchroniccare.org/tools/criticaltools.html
## Body Mass Index Chart Poster*

**BODY MASS INDEX CHART**

<table>
<thead>
<tr>
<th>BMI</th>
<th>Normal</th>
<th>Overweight</th>
<th>Obesity</th>
<th>Extreme Obesity</th>
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**Body Weight (pounds)**

<table>
<thead>
<tr>
<th>BMI</th>
<th>58</th>
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<th>61</th>
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</tr>
</thead>
<tbody>
<tr>
<td>BMI</td>
<td>69</td>
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<td>73</td>
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<td>76</td>
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</tbody>
</table>

*Available in the Diabetes tool kit and on the CPG shopping cart*
# Cardiovascular ICD-9-CM Cards

#### VA/DoD Cardiovascular Clinical Practice Guidelines

**Provider Reference Card**

<table>
<thead>
<tr>
<th>Hypertension</th>
<th>ICD-9-Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malignant Hypertension</td>
<td>401.0</td>
</tr>
<tr>
<td>Essential or Benign Hypertension</td>
<td>401.1</td>
</tr>
<tr>
<td>Unspecified Hypertension</td>
<td>401.9</td>
</tr>
<tr>
<td>Hypertensive Heart Disease w/o CHF*</td>
<td>402.00 / 101.90</td>
</tr>
<tr>
<td>Hypertensive Heart Disease w/ CHF*</td>
<td>402.01 / 111.91</td>
</tr>
<tr>
<td>Hypertensive Renal Disease*</td>
<td>403</td>
</tr>
<tr>
<td>Hypertensive Heart and Renal Disease</td>
<td>404</td>
</tr>
</tbody>
</table>

* Hypertension ICD-9-CM Codes:
  * 4th digit: 0 = Malignant; 1 = Benign; 9 = Unspecified

<table>
<thead>
<tr>
<th>Dyslipidemia</th>
<th>ICD-9-Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hyperlipidemia</td>
<td>272.4</td>
</tr>
<tr>
<td>Hyperlipidemia Carbohydrate Induced</td>
<td>272.1</td>
</tr>
<tr>
<td>Hyperlipidemia Combined</td>
<td>272.4</td>
</tr>
<tr>
<td>Hyperlipidemia Endogenous</td>
<td>272.3</td>
</tr>
<tr>
<td>Hyperlipidemia Exogenous</td>
<td>272.2</td>
</tr>
<tr>
<td>Mixed</td>
<td>272.2</td>
</tr>
</tbody>
</table>

**Ischemic Heart Disease | ICD-9-Codes**

<table>
<thead>
<tr>
<th>Description</th>
<th>ICD-9-Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ischemic Heart Disease</td>
<td>414.9</td>
</tr>
<tr>
<td>Acute Myocardial Infarct</td>
<td>410</td>
</tr>
<tr>
<td>Of Anterior wall</td>
<td>410.01*</td>
</tr>
<tr>
<td>Other anterior wall</td>
<td>410.11*</td>
</tr>
<tr>
<td>Inferior wall</td>
<td>410.21*</td>
</tr>
<tr>
<td>Intermidial wall</td>
<td>410.31*</td>
</tr>
<tr>
<td>Other inferior wall</td>
<td>410.41*</td>
</tr>
<tr>
<td>True posterior wall</td>
<td>410.61*</td>
</tr>
<tr>
<td>Subendocardial infarct</td>
<td>410.71*</td>
</tr>
<tr>
<td>Of other unspecified site</td>
<td>410.91*</td>
</tr>
<tr>
<td>Unspecified site</td>
<td>410.91*</td>
</tr>
<tr>
<td>History of PTCA</td>
<td>V45.62</td>
</tr>
<tr>
<td>History of CABG</td>
<td>V45.61</td>
</tr>
<tr>
<td>History of MI</td>
<td>412</td>
</tr>
</tbody>
</table>

**Codes to Identify Acute MI and B-Blocker Treatment**

<table>
<thead>
<tr>
<th>Description</th>
<th>ICD-9-Codes</th>
<th>DRG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute MI</td>
<td>410.X1**</td>
<td>121, 122, 516</td>
</tr>
</tbody>
</table>

**Chronic Heart Failure | ICD-9-Codes**

<table>
<thead>
<tr>
<th>Description</th>
<th>ICD-9-Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Systolic Heart Failure, Chronic</td>
<td>428.22</td>
</tr>
<tr>
<td>Diastolic Heart Failure, Chronic</td>
<td>428.32</td>
</tr>
<tr>
<td>Combined Systolic and Diastolic Heart Failure, Chronic</td>
<td>428.42</td>
</tr>
</tbody>
</table>

**Notes:**
- Includes CABG of ICD-9-CM Codes
- 31.0 - Bypass, coronary artery bypass for heart revascularization
- 31.01 - Coronary artery bypass for heart revascularization, not otherwise specified
- 31.11 - Coronary artery bypass of one coronary artery
- 31.12 - Coronary artery bypass of two coronary arteries
- 31.19 - Coronary artery bypass of three coronary arteries
- 31.14 - Coronary artery bypass of four coronary arteries
- 31.15 - Single internal mammary-coronary artery bypass
- 31.16 - Double internal mammary-coronary artery bypass
- 31.17 - Abdominal artery bypass
- 31.19 - Other bypass procedures for heart revascularization

*References:
- ICD-10 CM, 2005, Health Plan Employer Data and Information Set, NCQA, Washington, DC
- VA OPG website: http://www.cpm.med.va.gov/ogp/ogp.htm
PEC Update Newsletter

The Department of Defense Pharmacoeconomic Center
PEC UPDATE
PEC Update Home: www.pecpa.osd.mil/PECUpdate.htm

SPECIAL EDITION
Cost Containment Tips

The DoD Pharmacoeconomic Center offers these cost-saving ideas to help MTFs deal with their tight FY04 pharmacy budgets while continuing to provide clinically effective patient care. The initiatives will meet the clinical needs of most patients at a significantly lower cost than other drugs in the therapeutic class. We also provide tips for purchasing drugs at lower prices. Please note that these may vary depending on formulary status at your facility.

Purchasing/Logistics Tips
Prescribing the most cost-effective agent is only half the battle—your facility has to buy the correct product to actually realize the savings.

Statins
Nearly 70% of MTF statin use is with the lower strengths (10-20 mg). Equivalent LDL-lowering can be achieved with 20-40 mg of simvastatin (Zocor) at a much lower cost (contract price).

- Prescribe simvastatin 20 mg instead of atorvastatin 10 mg and save 65% per dose.
- Prescribe simvastatin 40 mg instead of atorvastatin 20 mg and save 54% per dose.

Second-Generation Antihistamines
Use loratadine (Claritin or generics) instead of terfenadine (Seldane), cetirizine (Zyrtec), or desloratadine (Clarinex) and save up to 87%. Loratadine costs $0.12 to $0.38/tran compared to $3.89/tran for Allegra, $0.20/tran for Zyrtec, and $0.40/tran for Clarinex.

Prozac Pump Inhibitors
Rabeprazole (AcipHex) and lansoprazole (Prevacid) cost only $0.56/tran-75% less than either omeprazole (Nexium) at $2.35/tran or the Protonix brand of pantoprazole at $2.34/tran.

Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)
Use traditional NSAIDs (e.g., ibuprofen, naproxen, diclofenac) instead of COX-2 inhibitors — celecoxib (Celebrex), rofecoxib (Vioxx), or valdecoxib (Bextra) — for patients at low risk for NSAID-related GI adverse effects. COX-2 inhibitors cost ten times more per day than traditional NSAIDs. Consider meloxicam (Melox) for patients at increased risk. Meloxicam is on the Basic Core Formulary (BCF) and the weighted average cost per day is 63% less than COX-2 inhibitors.

Selective Serotonin Reuptake Inhibitors (SSRIs)
Generic fluoxetine costs only $0.036 per dose (contract price). Other SSRIs cost at least 25 times more.

March 2004 PEC Update Newsletter
Cost Containment Tips, Special Edition
Cardiovascular Population Level Metrics

Hypertension

• Percent of eligible patients with an active diagnosis of hypertension whose most recent blood pressure recording was:
  - Less than 140/90
  - Equal to or greater than 160/100 or NO BP recorded in the past year

Chronic Heart Failure

• Percent of patients discharged with a principal diagnosis discharge instructions in the medical record to include:
  - Activity level after discharge
  - Diet and fluid intake after discharge
  - All discharge medications
  - Follow-up appointment
  - Weight monitoring
  - What to do if heart failure symptoms worsen

Ischemic Heart Disease

- % of patients hospitalized with acute coronary syndrome (ACS) who had in-hospital EKG performed within 10 minutes of arrival
- % of patients hospitalized with ACS found to be ST-segment elevation myocardial infarction (STEMI) patients who met criteria for reperfusion and received reperfusion
- % of patients hospitalized with ACS found to be STEMI patients who met criteria for reperfusion and received PTCA/primary Percutaneous Coronary Intervention (PCI) within 120 minutes (STEMI) of arrival or ECG if acute myocardial infarction (AMI) as inpatient
- % of patients hospitalized with ACS found to be STEMI patients who met criteria for reperfusion and received thrombolytic therapy within 30 minutes of arrival or ECG if AMI as inpatient
- % of patients hospitalized with ACS found to be STEMI or moderate high-risk non-ST segment elevation myocardial infarction (NSTEMI) (troponin positive) patients with cardiologist involvement in care within 24 hours of arrival or ECG if AMI as inpatient
- % of patients with result of troponin measurement returned in 60 minutes of initial draw
- % of patients with previous MI, full lipid panel in the past two years, and LDL-C < 100 on most recent test in past 2 years
- % of patients with previous AMI and LDL-C ≥ 120 on most recent test in past two years on lipid lowering medication
- % of patients hospitalized with ACS found to be low-risk ACS patients who had a plan prior to discharge that includes further outpatient stress testing and possible catheterization
- % of patients hospitalized with ACS found to be low-risk ACS patients who received non-invasive stress test prior to discharge
- % of patients hospitalized with ACS found to be STEMI or moderate-risk NSTEMI patients who receive a diagnostic catheterization prior to discharge
- % of patients previously hospitalized with ACS found to be STEMI or moderate-high risk NSTEMI patients while hospitalized who are seen, by a Cardiologist in 30 days after discharge

- % of patients receiving aspirin within 24 hours before or after hospital arrival
- % of patients with AMI who are prescribed aspirin at hospital discharge
- % of AMI patients with left ventricular systolic dysfunction (LVSD) prescribed angiotensin converting enzyme inhibitor (ACEI) at hospital discharge
- % of AMI patients without beta-blocker contraindications who are prescribed a beta blocker at hospital discharge
- % of patients receiving beta-blockers within 24 hours after arrival
- % of patients with AMI screened for tobacco use cessation during the year prior to hospital arrival
- % of patients with AMI given tobacco use cessation advice/counseling
- Median time from arrival to administration of thrombolytic agents to patients with ST-segment elevation or left bundle branch block (LBBB) on the ECG performed closest to hospital arrival
- Time in minutes from hospital arrival to PTCA in patients with ST segment elevations or LBBB on the ECG performed closest to hospital arrival
- Acute myocardial infarction patients who expire during hospital stay
- % of patients with LV systolic function assessed prior to discharge

OUTPATIENTS

- % of patients on aspirin at most recent visit or contraindication documented
- % of patients on Beta Blocker at most recent visit or contraindication documented
- % of patients with LVEF >40 on ACEI at most recent visit
- % of patients screened for tobacco use in past twelve months
- % of patients with full lipid profile done within past two years
- % of patients within past 2 years advised of any lifestyle changes
Aggregate Army Metrics, Trended Diabetes Mellitus Portal, NQMP and HEDIS Data
Military Healthcare System
Population Health Portal

MHS Population Health Portal

- Improve the Health Status of your Population with the... Air Force Population Health Portal
- Naval Population Health Navigator
- Army Population Health Information Connection...
- the one tool for all Services, known as the MHS Portal.

A Tri-Service web-based tool which provides detailed "dashboard" for Clinical Preventive Services, Disease and Conditions Management in the Provider and Clinic level for your enrolled beneficiaries.

- Click through "Index Card" design
- Standardized tabular reports with Excel "spreadsheet options"
- Detailed methodological guidelines with national benchmarks
- Service level headquarters account with aggregate reports available

Demographics Tab:
- Population data modified by preventive service, age, and gender

Preventive Services Tab:
- Proactively monitor six preventive services through action list
- Track your success with national HEDIS benchmarks
- Childhood Immunizations currently limited to Air Force MTFs and one Navy base

Disease Condition Management:
- Aggressively manage 10 diseases or conditions with action list, prevalence reports and aggregate scores
- Track your success with national HEDIS benchmarks

Request an account today at https://pophealth.afms.mil/tsphp

The MHS Portal was developed to meet the Services’ request for actionable information for Population Health and Medical Management. Championed by the Population Health and Medical Management (PHMM) Division at TRICARE Management Activity in collaboration with the Population Health Support Divisions in San Antonio and our Service partners.

- PHMM Division:
  - Provides policies, instructions, programs, forums, and resources to measure, improve, and sustain the health status of the population.
  - FBM Visions:
    - We are the definitive source for population health information to facilitate the transformation of the MHS from a reactive to preventive healthcare system.

Population Health and Medical Management Division
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703.681.0664, DSN 761.0664, FAX 703.681.1124

SERVICE RESOURCES

https://pophealth.afms.mil/tsphp/login/login.cfm
This directory is an expanded list of government agencies, voluntary associations, and private organizations that provide cardiovascular information and resources.

These organizations and related websites offer educational materials and support to people with cardiovascular disease and the general public. Other sites are specific to health care professionals.

Links to non-federal organizations are provided solely as a service to our users. Links do not constitute an endorsement of any organization by the Army Medical Department (AMEDD) or the Department of Defense (DoD) and none should be inferred. The AMEDD and the DoD is not responsible for the content of the individual organization’s web page found via these websites or their links.

Updated and current as of July 2004.