


# EvidenceNOW Southwest

## Clinical Practice Guidelines & Clinical Quality Measures

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# EvidenceNOW Southwest

## Outline

- ▶ Overview of cardiovascular disease guidelines promoted by EvidenceNOW Southwest
  - ▶ Learn about the ENSW clinical quality measures (CQMs)
  - ▶ Share how your practices are changing workflows to address cardiovascular disease
  - ▶ See how our data looks so far
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# EvidenceNOW Southwest

## Heart health interventions


- ▶ Empower primary care teams and their communities to impact modifiable risk factors of cardiovascular heart disease
  - Preventing and treating CVD starts with healthy lifestyle choices
  - Prevention and treating CVD also includes the **ABCS**:  
**A**spirin use, **B**lood pressure control, **C**holesterol control, and quitting **S**moking

# ABCS of heart disease and stroke prevention

- ▶ **Aspirin**: Increase low-dose aspirin therapy according to recognized prevention guidelines
- ▶ **Blood pressure**: Prevent and control high blood pressure
- ▶ **Cholesterol**: Prevent and control high blood cholesterol
- ▶ **Smoking**: Increase tobacco screening, counseling services, and use of smoking cessation products



# ABCS of heart disease and stroke prevention

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# Aspirin Recommendations

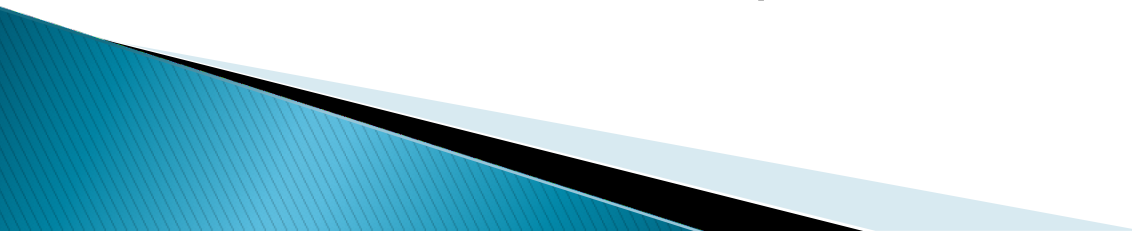
- ▶ Clear cut for patients with known coronary artery disease:
  - Long-term single antiplatelet therapy with aspirin 75 to 100 mg daily or clopidogrel 75 mg daily is recommended over no antiplatelet therapy
  - Dual antiplatelet therapy (usually aspirin + another medication) is recommended in the first year after an acute coronary syndrome event. Suggested regimens vary based on the type of ACS intervention performed.

# Controversial for preventing a first heart attack or stroke

- Differing opinions

- Large studies show some reduction on CVD events, but no mortality benefit.
- American College of Chest Physicians (ACCP) United States Preventive Services Task Force (USPSTF) and American Heart Association (AHA) have different recommendations

- Main themes

- Determine risk using demographics (age, sex, etc), or algorithm (i.e. Framingham)
  - Use low dose aspirin for those at higher risk
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# ABCS of heart disease and stroke prevention

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# Hypertension Recommendations

Population	JNC-7 BP Targets	JNC-8 BP Targets
Age <60, otherwise healthy	<140/90	<140/90
Age >60, otherwise healthy	<140/90	<150/90
Diabetes	<130/80	<140/90
Renal Disease	<130/80	<140/90

# Hypertension main point

- ▶ Pick one and go with it!

# How to control blood pressure

- ▶ Always appropriate to include diet and exercise changes
- ▶ If diet and exercise changes will/do not work or if the initial BP >160/100 -- use medications
- ▶ Angiotensin Converting Enzyme Inhibitors\*\*
- ▶ Calcium Channel Blockers\*
- ▶ Diuretics\*
- ▶ Angiotensin Receptor Blockers\*\*

Approach

Recommended Medications



# How to control blood pressure

- \* Recommended as first line for African Americans even with DM
  - \*\* Recommended for anyone with CKD
- ▶ Angiotensin Converting Enzyme Inhibitors\*\*
  - ▶ Calcium Channel Blockers\*
  - ▶ Diuretics\*
  - ▶ Angiotensin Receptor Blockers\*\*

Special med choices

Recommended  
Medications

# ABCS of heart disease and stroke prevention

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# How to treat high cholesterol

- ▶ Diet and Exercise!!!!
  - Both for prevention and for treatment once it is high
  - Diet is a bit confusing now because lowering the amount of cholesterol in your food does not seem to lower cholesterol your blood
- ▶ Statin medications

# 4 Statin Benefit Groups

**Clinical  
ASCVD**

**LDL-C  
≥190 mg/dL**

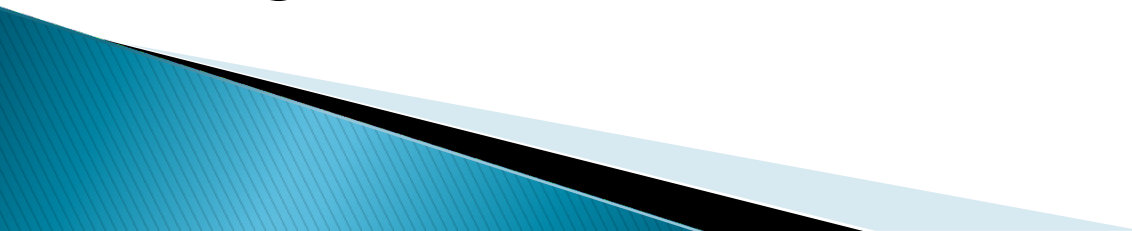
**Diabetes**  
Type 1 or 2  
Age 40-75 y

**≥7.5%  
estimated 10-y  
ASCVD risk  
and age 40-75 y**

# ABCS of heart disease and stroke prevention

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# How can people stop smoking?

- ▶ Cold turkey – Only about 4% to 7% of people are able to quit smoking on any given attempt without medicines or other help
  - ▶ Medicines – About 25% of smokers who use medicines can stay smoke-free for over 6 months
  - ▶ Counseling – Counseling and other types of emotional support can boost success rates higher than medicines alone
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# Smoking Cessation Recommendation

- ▶ Combination of counseling and medication is more effective than either one alone – both should be offered.
- ▶ Counseling
  - Everything from 3 minute provider-led counseling to intensive 6 week programs work
  - The more the better



# ENSW Clinical Quality Measures



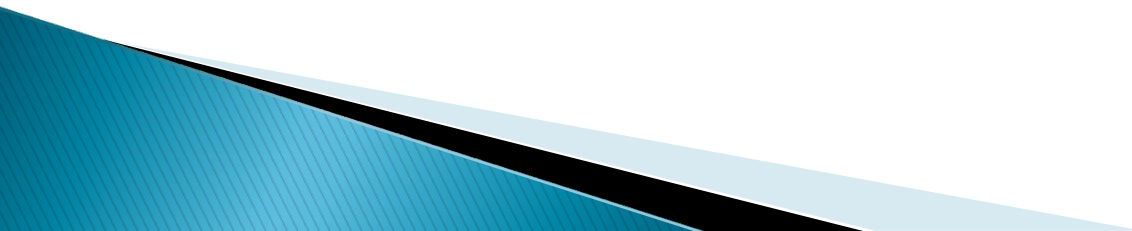
Topic	Description	PQRS	NQF	CMS ID
<b>A: Aspirin</b>	Patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period, or who had an active diagnosis of ischemic vascular disease (IVD) during the measurement period and who had documentation of use of aspirin or another antithrombotic during the measurement period	204	0068	164v5.2
<b>B: Blood Pressure Management</b>	Patients aged 18 through 85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90) during the measurement year.	236	0018	165v3
<b>C: Cholesterol Management</b>	<p>Statin use in <u>at least one</u> of the following populations:</p> <ol style="list-style-type: none"> <li>Patients previously diagnosed with or currently have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD)</li> <li>Patients aged 40-75 years with a diagnosis of diabetes with a fasting or direct LDL-C level of 70-189 mg/dL</li> <li>Adult patients with a fasting or direct Low-Density Lipoprotein Cholesterol (LDL-C) level &gt;= 190 mg/dL</li> </ol>	N/A	N/A	N/A
<b>S: Smoking Cessation Support</b>	Patients aged 18 years or older who were screened about tobacco use one or more times within 24 months AND who received cessation counseling intervention, if identified as a tobacco user.	226	0028	138v5



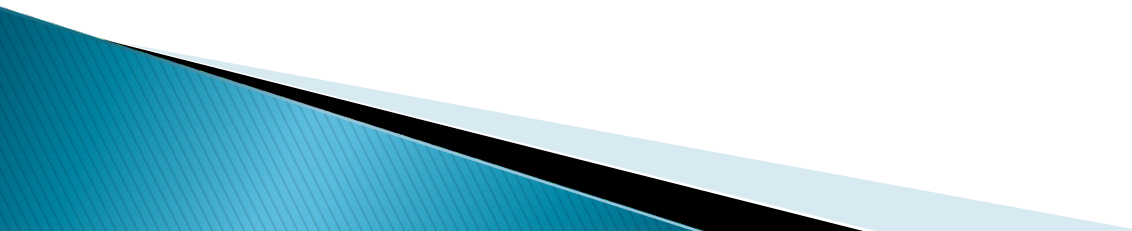
# Workflows: Bridging the gaps between guidelines, CQMs and reality

*Photo by Glenn Euloth (Iguanas) courtesy of Flickr Creative Commons*

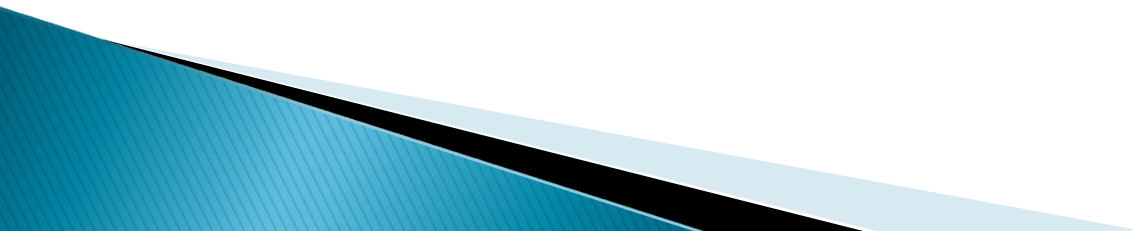
# Changing Workflows

- ▶ Operationalizing evidence, opinion, pressures, and resources into your own reality
  - ▶ Can happen passively, but better to take control
  - ▶ Good habits when changing workflows:
    1. Guidelines to adopt
    2. Measure(s) to use
    3. People to do the work
- 

# Time to share and learn

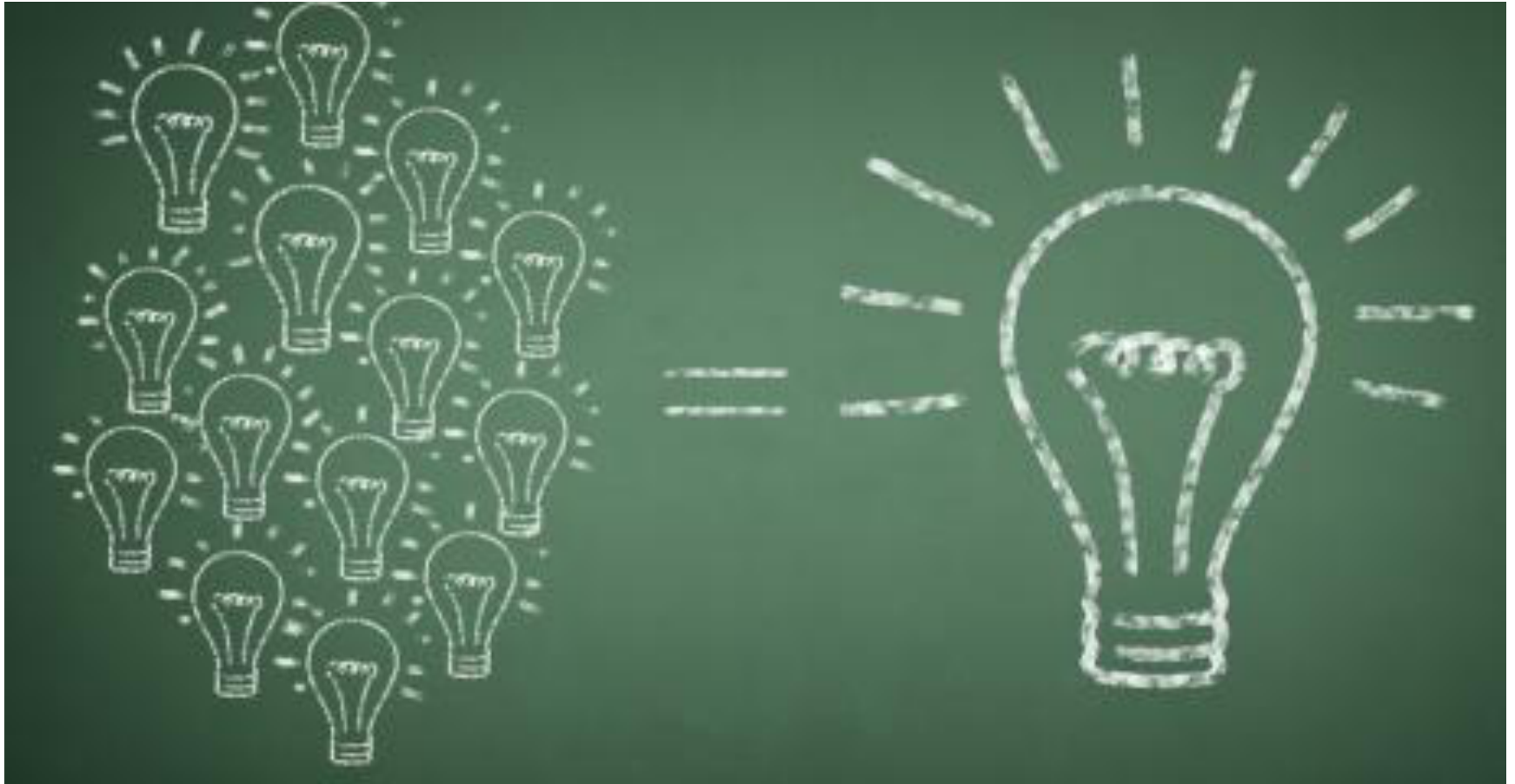
- ▶ Count off into groups
  - ▶ Sit by your group
  - ▶ Assign a spokesperson to report back
- 

# Questions for the group

- ▶ Take 15 minutes
  - ▶ Who has committed to certain targets related to ABCS?
  - ▶ Some follow up questions:
    - What are the targets?
    - Were these based on any particular guidelines? If not, what were they based on?
    - Who was involved in implementing the decision in your clinic?
    - How have you engaged your patients and/or community to meet the target.
    - How are you measuring progress?
- 



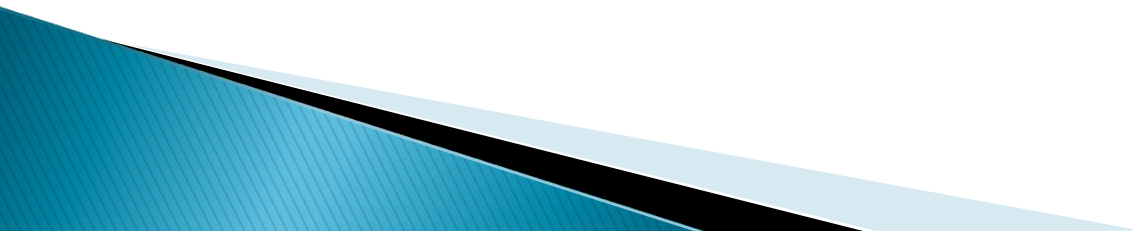
# Report out



<https://www.edfunders.org/member-survey-now-open-share-your-thoughts>

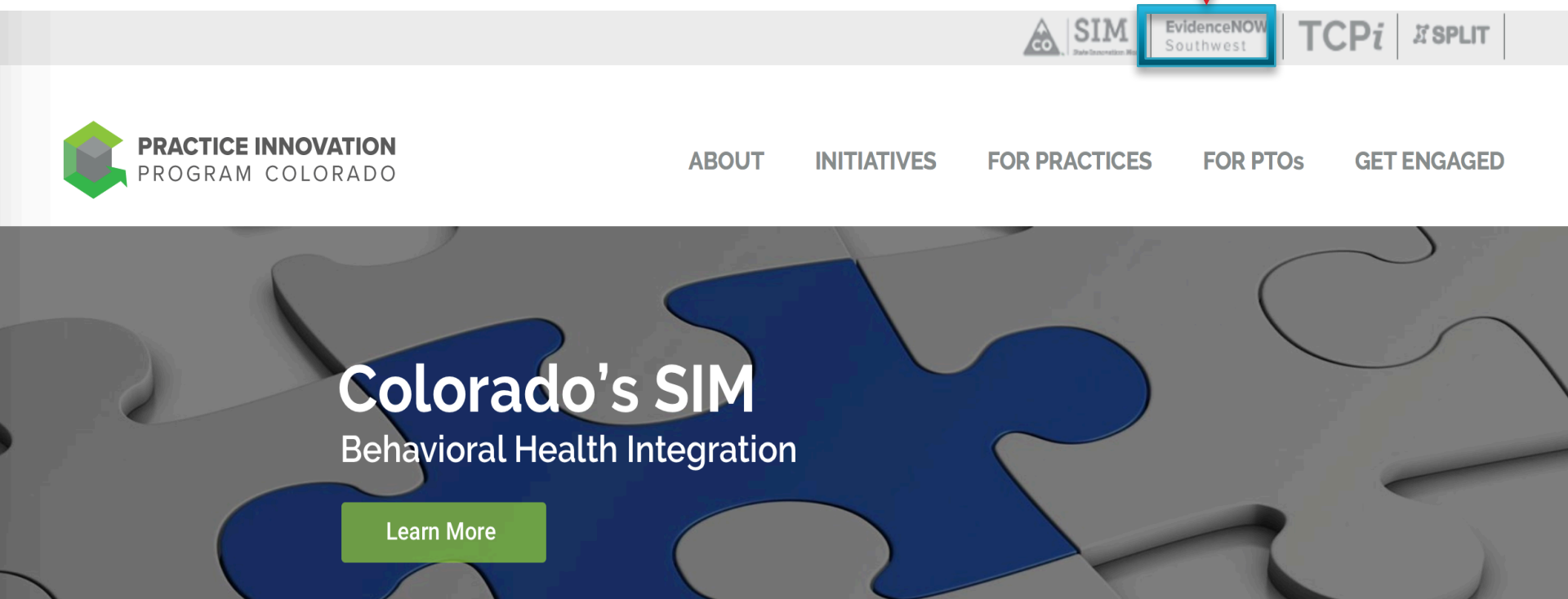


# Using DARTNet to track your progress



# Where to start?

- ▶ Our website has many resources  
[www.practiceinnovationco.org](http://www.practiceinnovationco.org)



Practice Innovation Program Colorado

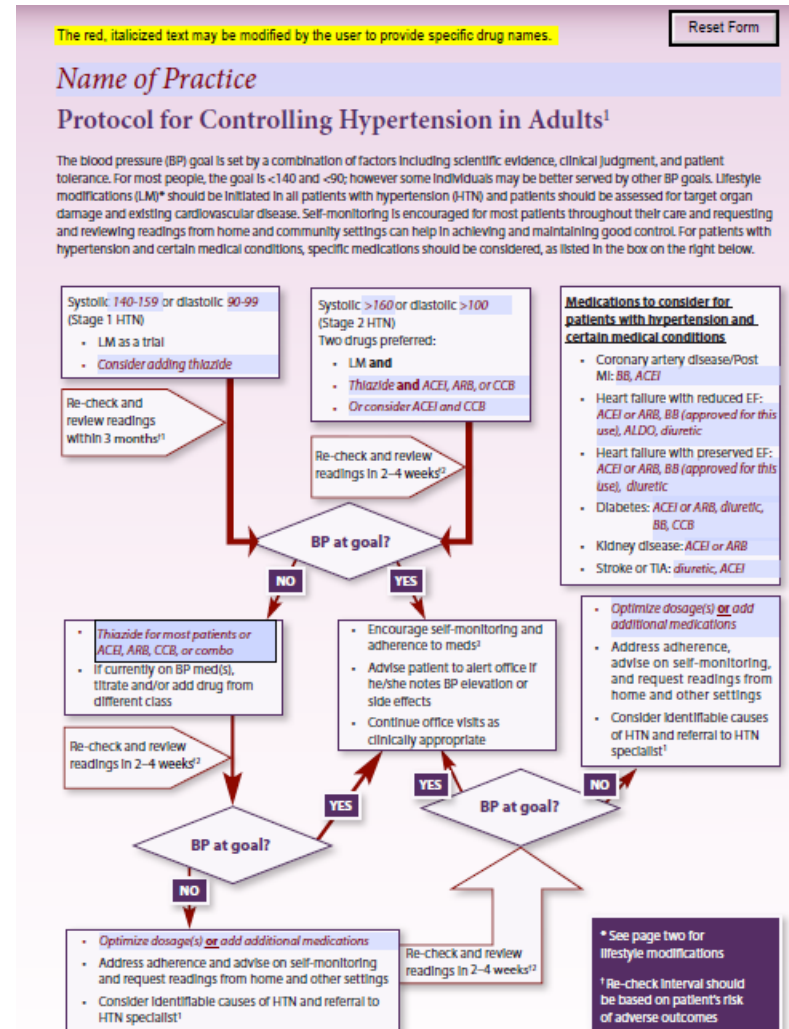
# Good places to start

- ▶ **Assessing Risk to Start the Conversation**
  - [NIH Tool](#): 10 year risk of heart attack
  - [ACC/AHA ASCVD Risk Estimator](#): 10 year and lifetime risk of heart attack and stroke
  - [Heart Age](#): helps translate statistics into personal risk
  - [Mayo Clinic](#) statin use decision aid

# Good places to start

## Implement a HTN Protocol

- ▶ Designate a Chief of Protocol and convene the team
- ▶ Pick a protocol and adapt it to fit your patients.
- ▶ [Million Hearts](#) website has protocols from many organizations
- ▶ Also available are
  - A customizable, downloadable protocol template
  - Helpful advice on how to make your own protocol
  - Literature outlining value and benefits



# Good places to start

## Implement a Smoking Cessation Protocol

- ▶ Identifying and treating tobacco users
  - 5 A's – ask, advise, assess, assist, arrange
- ▶ Example protocols on [Million Hearts website](#)
  - Atrius Health and Harvard
  - Vanguard Medical Associates
  - LSU Health System
  - Veterans Health Administration
- ▶ Customizable template is there too
  - <http://millionhearts.hhs.gov/tools-protocols/protocols.html#TCP>

# Thank you!

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