

Category	Recommended Quip Heart Disease Measures Based on the IOM Starter-Set	Guideline Recommendations Related to IOM Starter-Set Measures - from the American Heart Association (AHA), American College of Cardiology (ACC), JNC VII, and NCEP (ATPIII)
<b>Cardiovascular Disease</b>		
Cholesterol management after acute cardiovascular event	Percentage of patients 18-75 yrs of age who had evidence of an acute cardiovascular event and whose LDL-C was (1) screened; (2) controlled to less than 130 mg/dl; and (3) controlled to less than 100 mg/dl [during the twelve months] <sup>†</sup> following the event	<p>LDL goals for treatment are based on risk (see NCEP Report on Detection, Evaluation and Treatment of High Blood Cholesterol (ATP III) 2001 and 2004 Update for complete guidelines and recommendations).</p> <p>The treatment goal for <u>high-risk patients</u> [individuals who have coronary heart disease (CHD), or disease of the blood vessels to the brain or extremities, or diabetes, or multiple (2 or more) risk factors that give them a greater than 20 percent chance of having a heart attack within 10 years] is <b>an LDL less than 100 mg/dL</b>.</p> <ul style="list-style-type: none"> <li>▪ Update: The overall goal for high-risk patients is still an LDL less than 100 mg/dL. There is a therapeutic option to set the goal at an LDL <b>less than 70 mg/dL</b> for <u>very high-risk patients</u>--those who have had a recent heart attack, or those who have cardiovascular disease combined with either diabetes, or severe or poorly controlled risk factors (such as continued smoking), or metabolic syndrome (a cluster of risk factors associated with obesity that includes high triglycerides and low HDL cholesterol).</li> </ul> <p>Consider <u>cholesterol-lowering drug treatment</u> in addition to lifestyle therapy for LDL cholesterol levels <b>130 mg/dL or higher</b> in high-risk patients. Drug treatment for LDL levels 100-129 mg/dL is optional, and not needed for LDL less than 100 mg/dL.</p> <ul style="list-style-type: none"> <li>▪ Update: Consider drug treatment in addition to lifestyle therapy for LDL levels <b>100 mg/dL or higher</b> in high-risk patients, and characterizes drug treatment as optional for LDL less than 100 mg/dL.</li> </ul> <p>(NCEP Report on Detection, Evaluation and Treatment of High Blood Cholesterol (ATP III) 2001, and 2004 Update)</p>

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Lipid Lowering Therapy	Percentage of patients with CAD who were prescribed a lipid-lowering therapy [during the prior twelve months] <sup>†</sup> (based on current ACC/AHA guidelines)	<p>LDL goals for treatment are based on risk (see NCEP Report on Detection, Evaluation and Treatment of High Blood Cholesterol (ATP III) 2001 and 2004 Update for complete guidelines and recommendations).</p> <p>The treatment goal for <u>high-risk patients</u> [individuals who have coronary heart disease (CHD), or disease of the blood vessels to the brain or extremities, or diabetes, or multiple (2 or more) risk factors that give them a greater than 20 percent chance of having a heart attack within 10 years] is <b>an LDL less than 100 mg/dL</b>.</p> <ul style="list-style-type: none"> <li>▪ Update: The overall goal for high-risk patients is still an LDL less than 100 mg/dL. There is a therapeutic option to set the goal at an LDL <b>less than 70 mg/dL</b> for <u>very high-risk patients</u>--those who have had a recent heart attack, or those who have cardiovascular disease combined with either diabetes, or severe or poorly controlled risk factors (such as continued smoking), or metabolic syndrome (a cluster of risk factors associated with obesity that includes high triglycerides and low HDL cholesterol).</li> </ul> <p>Consider <u>cholesterol-lowering drug treatment</u> in addition to lifestyle therapy for LDL cholesterol levels <b>130 mg/dL or higher</b> in high-risk patients. Drug treatment for LDL levels 100-129 mg/dL is optional, and not needed for LDL less than 100 mg/dL.</p> <ul style="list-style-type: none"> <li>▪ Update: Consider drug treatment in addition to lifestyle therapy for LDL levels <b>100 mg/dL or higher</b> in high-risk patients, and characterizes drug treatment as optional for LDL less than 100 mg/dL.</li> </ul> <p>(NCEP Report on Detection, Evaluation and Treatment of High Blood Cholesterol (ATP III) 2001, and 2004 Update)</p>
Persistence of beta-blocker treatment after a heart attack	Percentage of members 35 and older who were hospitalized and discharged alive [during the prior twelve months] <sup>†</sup> with a diagnosis of a heart attack and who received persistent beta-blocker treatment. Persistent treatment is defined as receiving treatment for 6 months after the discharge	<p>Class I: Oral beta blocker therapy should be administered promptly to those patients without a contraindication (A)</p> <p>Class IIA: It is reasonable to administer IV beta-blockers promptly to STEMI patients without contraindications, especially if a tachyarrhythmia or hypertension is present (B) (ACC/AHA STEMI guidelines 2004)<sup>£</sup></p> <p>Class I: Beta blocker, with the first dose administered intravenously if there is ongoing chest pain, followed by oral administration, if there are no contraindications (B) (ACC/AHA UA/NSTEMI Guidelines 2002)<sup>£</sup></p>