



## Complete Summary

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### TITLE

Hyperlipidemia: percent of eligible patients screened at appropriate intervals for hyperlipidemia.

### SOURCE(S)

Office of Quality and Performance (10Q). FY2001 VHA performance measurement system. Technical Manual. Washington (DC): Veterans Health Administration (VHA); 2000 Dec 7 [update 2001 Apr 18]. 37 p.

## Brief Abstract

### DESCRIPTION

This measure assesses the percent of eligible patients screened at appropriate intervals for hyperlipidemia.

This measure is a component of a composite measure; it can also be used on its own.

### RATIONALE

Elevated blood cholesterol is one of the major modifiable risk factors for coronary heart disease (CHD), the leading cause of death in the United States (U.S.). CHD accounts for approximately 490,000 deaths each year, and angina and nonfatal myocardial infarction (MI) are a source of substantial morbidity. The incidence of CHD is low in men under age 35 and in premenopausal women (1-2/1,000 annually), but climbs exponentially during middle age for both men and women. The onset of CHD is delayed approximately 10 years in women compared with men, probably due to effects of estrogen, but women account for 49% of all CHD deaths in the U.S.

Periodic screening for high blood cholesterol is recommended for all men ages 35-65 and women ages 45-65. There is insufficient evidence to recommend for or against routine screening of asymptomatic persons over age 65, but recommendations to screen healthy men and women ages 65-75 may be made on other grounds. There is insufficient evidence to recommend for or against routine screening for other lipid abnormalities. All patients should receive periodic screening and counseling regarding other measures to reduce their risk of coronary disease.

### PRIMARY CLINICAL COMPONENT

Coronary heart disease; hyperlipidemia; screening

#### DENOMINATOR DESCRIPTION

The number of eligible patients seen at least once by a physician (MD or DO), physician assistant (PA), or nurse practitioner (NP) at a specified clinic. Patients who have a life expectancy that does not lend itself to prevention screening are excluded.

#### NUMERATOR DESCRIPTION

The number of patients from the denominator screened at appropriate intervals for hyperlipidemia (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

### Evidence Supporting the Measure

#### PRIMARY MEASURE DOMAIN

Process

#### SECONDARY MEASURE DOMAIN

Not applicable

#### EVIDENCE SUPPORTING THE MEASURE

A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

### Evidence Supporting Need for the Measure

#### NEED FOR THE MEASURE

Use of this measure to improve performance

#### EVIDENCE SUPPORTING NEED FOR THE MEASURE

Office of Quality and Performance (10Q). FY2001 VHA performance measurement system. Technical Manual. Washington (DC): Veterans Health Administration (VHA); 2000 Dec 7 [update 2001 Apr 18]. 37 p.

### State of Use of the Measure

#### STATE OF USE

Current routine use

#### CURRENT USE

External oversight/Veterans Health Administration  
Internal quality improvement

## Application of Measure in its Current Use

### CARE SETTING

Ambulatory Care

### PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses  
Physician Assistants  
Physicians

### LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

### TARGET POPULATION AGE

Males age 35 to 65 years with no history; females age 45 to 65 years with no history; and patients of any sex/age with history of arteriosclerotic vascular disease or ischemic heart disease

### TARGET POPULATION GENDER

Either male or female

### STRATIFICATION BY VULNERABLE POPULATIONS

From the 'eligible patients' universe, certain patient cohort groups, including women, are selected

## Characteristics of the Primary Clinical Component

### INCIDENCE/PREVALENCE

The incidence of coronary heart disease (CHD) is low in men under age 35 and in premenopausal women (1-2/1,000 annually), but climbs exponentially during middle age for both men and women.

### EVIDENCE FOR INCIDENCE/PREVALENCE

U.S. Preventive Services Task Force. Guide to clinical preventive services: report of the U.S. Preventive Services Task Force. 2nd ed. Baltimore (MD): Williams & Wilkins; 1996. Screening for high blood cholesterol and other lipid abnormalities. p. 15-38. [190 references]

## ASSOCIATION WITH VULNERABLE POPULATIONS

The onset of coronary heart disease (CHD) is delayed approximately 10 years in women compared with men, probably due to effects of estrogen, but women account for 49% of all CHD deaths in the United States.

## EVIDENCE FOR ASSOCIATION WITH VULNERABLE POPULATIONS

U.S. Preventive Services Task Force. Guide to clinical preventive services: report of the U.S. Preventive Services Task Force. 2nd ed. Baltimore (MD): Williams & Wilkins; 1996. Screening for high blood cholesterol and other lipid abnormalities. p. 15-38. [190 references]

## BURDEN OF ILLNESS

Elevated blood cholesterol is one of the major modifiable risk factors for coronary heart disease (CHD), the leading cause of death in the United States (U.S.). CHD accounts for approximately 490,000 deaths each year in the U.S., and angina and nonfatal myocardial infarction (MI) are a source of substantial morbidity.

## EVIDENCE FOR BURDEN OF ILLNESS

U.S. Preventive Services Task Force. Guide to clinical preventive services: report of the U.S. Preventive Services Task Force. 2nd ed. Baltimore (MD): Williams & Wilkins; 1996. Screening for high blood cholesterol and other lipid abnormalities. p. 15-38. [190 references]

## UTILIZATION

Unspecified

## COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

## IOM CARE NEED

Staying Healthy

## IOM DOMAIN

Effectiveness

Data Collection for the Measure

## CASE FINDING

Users of care only

#### DESCRIPTION OF CASE FINDING

All patients not already reviewed during the current Fiscal Year with a qualifying visit at one of a specified list of outpatient clinics

#### DENOMINATOR (INDEX) EVENT

Encounter

#### DENOMINATOR INCLUSIONS/EXCLUSIONS

##### Inclusions

All eligible patients (see "Numerator Inclusions/Exclusions" field) not already reviewed during the current Fiscal Year with a qualifying visit (refer to the original measure documentation for details) at one of the following 8 outpatient clinics:

- Primary Care
- General Medicine
- Cardiology
- Endocrinology/Metabolism
- Diabetes
- Hypertension
- Pulmonary/Chest
- Women's Clinic

All patients seen in one of the above clinics and seen by a:

- Physician (MD or DO),
- Physician Assistant (PA), or
- Nurse Practitioner (NP)

All patients having a life expectancy that lends itself to prevention screening

##### Exclusions

Visits at a tertiary facility for a specialty consult only (no other previous primary care or general medicine visit at the tertiary center)

Preventive care screening questions are not applied to certain designated groups of patients included in other samples (see original measure documentation for details).

Any of the following exclude the patient from screening for this prevention measure:

- Documented diagnosis of cancer of the esophagus, liver, or pancreas
- Enrolled in a Veterans Health Administration (VHA) or community-based Hospice program
- Documented in the Medical Record a life expectancy less than 6 months

## NUMERATOR INCLUSIONS/EXCLUSIONS

### Inclusions

The number of patients from the denominator screened\* at appropriate intervals\*\* for hyperlipidemia

\*Screened for hyperlipidemia: minimal lab to include fasting or non-fasting total cholesterol and high-density lipoprotein cholesterol (HDL-C). Full lipid profile meets the intent of the screen.

\*\*Eligible patients and appropriate interval (one of the following applies):

- Male age 35-65 and no comorbidity\*\*\* or no history\*\*\*\*, then every 5 years
- Female age 45-65 and no comorbidity\*\*\* or no history\*\*\*\*, then every 5 years
- \*\*\* If comorbidity (ANY of the following), then every 2 years:
  - Patient sex/age above and current smoker or has a diagnosis of hypertension or diabetes
  - Patient of any age/sex and has a history of arteriosclerotic vascular disease or ischemic heart disease
  - Patient sex/age above and has a first degree relative with a history\*\*\*\* of:
    - Coronary artery disease diagnosed at age less than 45
    - Male relative with acute myocardial infarction (AMI) or sudden death age less than 55, OR
    - Female relative with AMI or sudden death age less than 65

### Exclusions

Unspecified

## DENOMINATOR TIME WINDOW

Time window precedes index event

## NUMERATOR TIME WINDOW

Fixed time period

## DATA SOURCE

Medical record

## LEVEL OF DETERMINATION OF QUALITY

Individual Case

## PRE-EXISTING INSTRUMENT USED

Unspecified

## Computation of the Measure

### SCORING

Rate

### INTERPRETATION OF SCORE

Better quality is associated with a higher score

### ALLOWANCE FOR PATIENT FACTORS

Unspecified

### STANDARD OF COMPARISON

Internal time comparison  
Prescriptive standard

### PRESCRIPTIVE STANDARD

Fiscal Year (FY) 2001 target for hyperlipidemia screening component: 86%

### EVIDENCE FOR PRESCRIPTIVE STANDARD

Office of Quality and Performance (10Q). FY2001 VHA performance measurement system. Technical Manual. Washington (DC): Veterans Health Administration (VHA); 2000 Dec 7 [update 2001 Apr 18]. 37 p.

## Evaluation of Measure Properties

### EXTENT OF MEASURE TESTING

Unspecified

## Identifying Information

### ORIGINAL TITLE

PI - Hyperlipidemia Screening.

### MEASURE COLLECTION

[Fiscal Year \(FY\) 2001: Veterans Health Administration \(VHA\) Performance Measurement System](#)

### COMPOSITE MEASURE NAME

[Prevention Care Index](#)

DEVELOPER

Veterans Health Administration

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2001 Dec

REVISION DATE

2001 Apr

MEASURE STATUS

Please note: This measure has been updated. The National Quality Measures Clearinghouse is working to update this summary.

SOURCE(S)

Office of Quality and Performance (10Q). FY2001 VHA performance measurement system. Technical Manual. Washington (DC): Veterans Health Administration (VHA); 2000 Dec 7 [update 2001 Apr 18]. 37 p.

MEASURE AVAILABILITY

The individual measure, "PI - Hyperlipidemia Screening," is published in "FY 2001 VHA Performance Measurement System: Technical Manual."

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NQMC STATUS

This NQMC summary was completed by ECRI on April 18, 2003. The information was verified by the Veterans Health Administration on May 20, 2003.

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Date Modified: 10/25/2004

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