



Complete Summary

TITLE

Acute myocardial infarction primary care follow-up: percent of patients with previous acute myocardial infarction (AMI) and low-density lipoprotein cholesterol (LDL-C) less than 120.

SOURCE(S)

Office of Quality and Performance (10Q). FY2002 VHA performance measurement system. Technical Manual. Washington (DC): Veterans Health Administration (VHA); 2002 Mar 8. 137 p.

Brief Abstract

DESCRIPTION

This measure assesses the percentage of patients with a previous myocardial infarction (MI) who are documented to have a low-density lipoprotein cholesterol (LDL-C) less than 120.

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

RATIONALE

Ischemic heart disease (IHD) is a serious public health problem in the Veterans Health Administration (VHA) health care system, the Department of Defense (DoD), and in the nation, at large.

The VHA/DoD Guideline for the Management of IHD is intended to improve the quality of care and facilitate the management of patients presenting in primary care settings with IHD. The guideline focuses on the assessment, diagnosis, treatment, management, and follow-up of patients with IHD.

Therapeutic advances have improved the control of anginal pain and the likelihood of recovering from a heart attack. Coronary heart disease (CHD) and its complications can usually be managed and controlled through lifestyles measures, medications, surgery, or a combination of all three. Arteries that are blocked by blood clots or atherosclerosis can often be reopened or bypassed. Evidence even suggests that atherosclerosis can be partially reversed.

The use of new treatment techniques and drugs has increased the patient survival rate. Improvements and modifications of risk factors (e.g., smoking cessation) contribute to the lower number of out-of-hospital deaths, while advances in

treatment contribute to the lower number of in-hospital deaths. Improved long-term survival rates partly result from better in-hospital therapy and pre-discharge risk-stratification, as well as from secondary prevention. Combined together, these trends have led to an increased prevalence of CHD. Therefore, the total burden of CHD to the community has decreased less than one would expect on the basis of age-standardized mortality rates. There is a need to re-emphasize primary and secondary prevention, since heavy reliance on expensive treatments for the post-war baby-boomer generation presents a major concern for public health resources.

PRIMARY CLINICAL COMPONENT

Acute myocardial infarction; low-density lipoprotein cholesterol (LDL-C) level

DENOMINATOR DESCRIPTION

The number of patients with a diagnosis of a previous acute myocardial infarction seen by a physician (MD or DO), physician assistant (PA), or nurse practitioner (NP) at a specified clinic

NUMERATOR DESCRIPTION

The number of patients from the denominator whose low-density lipoprotein cholesterol (LDL-C) is less than 120

Evidence Supporting the Measure

PRIMARY MEASURE DOMAIN

Outcome

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

Wide variation in quality for the performance measured

EVIDENCE SUPPORTING NEED FOR THE MEASURE

Office of Quality and Performance (10Q). FY2002 VHA performance measurement system. Technical Manual. Washington (DC): Veterans Health Administration (VHA); 2002 Mar 8. 137 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

Unspecified

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

This year, an estimated 1,100,000 Americans will have a new or recurrent coronary attack, which is defined as a myocardial infarction (MI) or fatal coronary heart disease (CHD). Approximately 650,000 of these will be first attacks and 450,000 will be recurrent attacks.

EVIDENCE FOR INCIDENCE/PREVALENCE

VHA/DoD clinical practice guideline for the management of ischemic heart disease in the primary care setting. Washington (DC): Veterans Health Administration (VHA); 2002. Module A: suspected acute myocardial infarction (ST-elevations/left bundle branch block) [draft version 1.0]. p. A-1 to A-34.

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

The Global Burden of Disease Study has estimated that cardiovascular disorders are currently the second leading worldwide cause of disability-adjusted life years (i.e., the sum of lost life due to mortality and years of life adjusted for the severity of disability) in industrialized countries. In the United States, ischemic heart disease (IHD) continues to be the leading cause of death, and is responsible for widespread morbidity. Coronary heart disease (CHD) is the single largest killer of American males and females. Approximately every 29 seconds an American will suffer a coronary event, and approximately every minute someone will die from one. Chest pain syndromes also have an important impact on productivity and quality of life.

There is little room for doubt that IHD is a cause of significant morbidity and mortality within the Veterans Health Administration (VHA) and Department of Defense (DoD) communities.

EVIDENCE FOR BURDEN OF ILLNESS

VHA/DoD clinical practice guideline for the management of ischemic heart disease in the primary care setting. Washington (DC): Veterans Health Administration (VHA); 2002. Module A: suspected acute myocardial infarction (ST-elevations/left bundle branch block) [draft version 1.0]. p. A-1 to A-34.

UTILIZATION

Unspecified

COSTS

The economic impact of treating ischemic heart disease (IHD) has recently been estimated at more than \$15 billion.

EVIDENCE FOR COSTS

VHA/DoD clinical practice guideline for the management of ischemic heart disease in the primary care setting. Washington (DC): Veterans Health Administration (VHA); 2002. Module A: suspected acute myocardial infarction (ST-elevations/left bundle branch block) [draft version 1.0]. p. A-1 to A-34.

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Living with Illness

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

All eligible patients with the diagnosis of an acute myocardial infarction (more than 60 days prior) not already reviewed during the 12-month period who visited 1 of a specified list of outpatient care clinics

DENOMINATOR (INDEX) EVENT

Clinical Condition
Encounter

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

All ischemic heart disease patients with the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) code 412 diagnosis of a prior acute myocardial infarction (more than 60 days prior) seen within the past 12 months in one of the following 8 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)

Previous myocardial infarction is defined as date of discharge from hospitalization for myocardial infarction (MI) greater than 60 days from most recent Veterans Health Administration (VHA) encounter in one of the 8 specified clinics. There is no outer time boundary, acute myocardial infarction (AMI) could have occurred several years previously. Location of initial treatment for acute MI is not a consideration.

If no low-density lipoprotein cholesterol (LDL-C) was recorded during the past two years, the result is assumed to be poor. Patient included in the denominator, but not numerator. If fasting triglycerides are over 400, and the LDL-C value is noted to be invalid, but by default exceeding 120, it is included in the denominator but not the numerator.

Exclusions

All patients whose qualifying visit was at a tertiary facility for a specialty consult only (no other primary care or general medicine visit at the tertiary center)

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions
Unspecified

Exclusions
Unspecified

DENOMINATOR TIME WINDOW

Time window precedes index event

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative and medical records data

LEVEL OF DETERMINATION OF QUALITY

Individual Case

OUTCOME TYPE

Clinical Outcome

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) 2002 target ischemic heart disease (IHD) acute myocardial infarction (AMI) low-density lipoprotein cholesterol (LDL-C) less than 120 indicator component target:

- Fully successful: 67%
- Exceptional: 70%

EVIDENCE FOR PRESCRIPTIVE STANDARD

Office of Quality and Performance (10Q). FY2002 VHA performance measurement system. Technical Manual. Washington (DC): Veterans Health Administration (VHA); 2002 Mar 8. 137 p.

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

CPG-IHD: AMI primary care follow-up(LDL-C less than 120).

MEASURE COLLECTION

[Fiscal Year \(FY\) 2002: Veterans Health Administration \(VHA\) Performance Measurement System](#)

MEASURE SET NAME

[Clinical Practice Guidelines \(FY 2002\)](#)

COMPOSITE MEASURE NAME

[Ischemic Heart Disease: Primary Care Follow-up Post Acute Myocardial Infarction](#)

DEVELOPER

Veterans Health Administration

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2001 Nov

REVISION DATE

2002 Mar

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). FY2002 VHA performance measurement system. Technical Manual. Washington (DC): Veterans Health Administration (VHA); 2002 Mar 8. 137 p.

MEASURE AVAILABILITY

The individual measure, "CPG-IHD: AMI Primary Care Follow-up (LDL-C less than 120)," is published in "FY 2002 VHA Performance Measurement System: Technical Manual."

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NQMC STATUS

This NQMC summary was completed by ECRI on September 27, 2002. The information was verified by the Veterans Health Administration on October 29, 2002.

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