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 ამერიკელი ხალხისგან

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Improvement Objective # 2 : Reduce future cardiovascular disease (CVD) mortality and morbidity via improved screening & reduction of modifiable CVD risk factors (ambulatory)

Key Interventions:

- **Systematic Screening +Modification/treatment:** Behavioral Risk Factors: tobacco, alcohol, unhealthy diet, physical inactivity; Physiologic risk factors: HTN, Hyperlipidemia, Obesity, High glucose
- **Primary prevention: individuals w/ > 20% risk CVD event (MI or CVA) 10 yrs or diabetes:** Statin + BP med + ASA
- **Secondary prevention for patients with CAD:** Beta blocker, ASA, ACE I, Statin

Case Management Categories	Essential Care Elements
<p>Documentation of Major CVD Behavioral and Physiologic risk-factors at least once in chart (<i>anywhere in chart</i>)</p>	<ul style="list-style-type: none"> • Tobacco status: current, former, or never smoker (if current or past smoker quantify tobacco use & duration) • Family history: early CAD, Stroke and HTN • Height (for calculation BMI) • BMI (calculated within last year) • Nutrition and Physical Activity status (within last year) • Alcohol Consumption (if drinker, quantity, frequency & alcohol type) • Total Cholesterol > age 45 and if high blood pressure, diabetes, obesity or (overweight), tobacco, early family history CAD or previous diagnosis of CAD (calculated within last 5 years) • Summary list chronic medical conditions and regular medications • Fasting or random blood sugar at least once per year if + HTN • 10 year CVD risk calculation (Framingham scale) if 2 CVD risk-factors (> age 45 and if high blood pressure, obesity or (overweight), tobacco, early family history CAD N/A for diabetes, previous diagnosis of CAD, heart failure or stroke)
<p>CVD Risk Factor Assessment Interventions <i>every clinical visit</i></p>	<ul style="list-style-type: none"> • BP measure • Weight (if BMI>25) • Tobacco status



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<p>Treatment Interventions Every Visit for identified CVD Risk Factors</p> <p><i>(Behavioral & Physiologic)</i></p>	<ul style="list-style-type: none"> • + <i>Obesity</i>: nutrition & exercise counseling; targets and follow-up • + <i>Tobacco Use</i>: Tobacco Cessation Plan & treatment interventions (patch, oral medication, etc.) • + <i>Hypertension</i>: Verify BP control and Medication adherence every visit; adjust medication as needed to achieve BP control per evidence-based guidelines. • + <i>Hyperlipidemia</i>: Initiate statin in all patients with > 20% risk of CVD event or diabetes in 10 years using standard risk calculator (e.g. Framingham risk calculator) • <u>Systematic Statin + BP medication + ASA</u>: <u>all</u> individuals with > 20% risk of CVD event in next 10 years or diabetes
<p>CVD Secondary Prevention (after Myocardial Infarction): <i>verify & update every visit for all patients with history of coronary artery disease</i></p>	<ul style="list-style-type: none"> • Beta blocker; Aspirin; ACE-I/ARB; Statin • Tobacco screening & intervention • Nutrition & exercise counseling
<p>CVD Secondary Prevention (after stroke): <i>verify & update every visit for all patients with history of stroke</i></p>	<ul style="list-style-type: none"> • ASA; low-dose thiasids ACE-I/ARB; Statin • Tobacco screening & intervention • Nutrition & exercise counseling
<p>Management of Acute Chest Pain and suspected Acute Coronary Syndrome in Ambulatory Setting</p>	<p><u>Immediate assessment & Interventions:</u></p> <ul style="list-style-type: none"> • Assess Chest Pain and breathing • Vital signs: Blood Pressure, pulse, respiratory rate, Temperature • EKG • Aspirin • Nitroglycerin (if available) • Oxygen (if available) <p><u>Referral:</u></p> <ul style="list-style-type: none"> • Standard referral form completed per protocol including: reason for referral, treatments given in ambulatory center • Transport plan documented in chart • Follow up plan documented in chart as communicated to family