



Prevention, Diagnosis and Management of Coronary Artery Disease

High Risk Populations/Disparities

- Cancer and heart disease are the leading causes of premature death (average years of potential life lost before age 75 (YPLL) in Monroe County from 2006 to 2010. County-wide, the average YPLL is 6.7 years. The average YPLL is two times higher in the city compared to the suburbs and more than 3 times higher among African American and Latino residents compared to White residents.¹
- Two conditions that are risk factors for heart disease include diabetes and high blood pressure. Ten percent (10%) of Monroe County adults have diabetes, and 32% have high blood pressure.¹

Ever Told by a Doctor or Health Professional that they have Diabetes or High Blood Pressure, Adults Ages 35+, 2012 (% of population)	City	Suburbs	African American	Latino	White
Diabetes	19*	12	24**	19**	12
High Blood Pressure	50*	39	64**	42	39

*Statistical significance $p < 0.05$, City compared to Suburbs, ** Statistical significance $p < 0.05$ African American and Latino compared to White.

Quality Measures Commonly Used by National Organizations

- Antiplatelet Therapy: Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who were prescribed aspirin or clopidogrel for aspirin intolerant patients. (PQRS)
- Beta-Blocker Therapy - Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF < 40%): Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who also have prior MI OR a current or prior left ventricular ejection fraction (LVEF) < 40% who were prescribed beta-blocker therapy. (PQRS, Meaningful Use)
- Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy: Diabetes or Left Ventricular Systolic Dysfunction (LVEF < 40%) - Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period who also have diabetes OR a current or prior Left Ventricular Ejection Fraction (LVEF) < 40% who were prescribed ACE inhibitor or ARB therapy. (PQRS)
- Symptom Management: Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease seen within a 12 month period with an evaluation of level of activity and an assessment of whether anginal symptoms are present or absent with appropriate management of anginal symptoms within a 12 month period. (PQRS)

a. National Committee for Quality Assurance (NCQA). HEDIS 2015: Healthcare Effectiveness Data and Information Set: The percentage of members 18-85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled during the measurement year using the following criteria: Members 18-59 years of age whose BP was <140/90 mm Hg; Members 60-85 years of age without a diagnosis of diabetes whose BP was <150/90 mm Hg. (HEDIS measure also used for Medicare Star Ratings.).

b. If hypertensive patient is already controlled in lower achieved SBP (e.g., <140 mm Hg), treatment does not need to be adjusted.

Guidelines are intended to be flexible. They serve as reference points or recommendations, not rigid criteria. Guidelines should be followed in most cases, but there is an understanding that, depending on the patient, the setting, the circumstances, or other factors, care can and should be tailored to fit individual needs.