

# Quality Improvement Report

*Demonstrating Quality Diabetes Care in Wyoming*

January 2005

## New Cholesterol Guidelines – More Aggressive Treatment Urged

Blood glucose control is often thought of as the cornerstone of diabetes management. But it is also important to be scrupulous about keeping cholesterol and blood pressure controlled for successful management of this chronic disease. Type 2 diabetes is associated with a two to four fold increased risk of cardiovascular disease, the most common cause of death for person with diabetes in the United States and Wyoming. Approximately 65% of the 170 million people world-wise who have diabetes will have a heart attack or stroke.

The Adult Treatment Panel III (ATP III) of the National Cholesterol Education Program (NCEP) recently updated the evidence-based 2001 guidelines. This update is based on the results of five major clinical trials on statin therapy and emphasizes the relationship between low-density lipoprotein (LDL) and heart attacks. The revised guidelines recommend more intensive LDL treatment for patients in the higher risk categories for a heart attack. The American Heart Association, the American College of Cardiology and the National Heart, Lung and Blood Institute (NHLBI), also endorses these guidelines.

The acting Director of NHLBI said, “The recent trials add to the evidence that when it comes to LDL cholesterol, lower is better for persons with high risk of heart attack. These trials show a direct relationship between lower LDL cholesterol levels and reduced risk of major coronary events. So, it is important to consider more intensive treatment for people at very high risk.”

### NCEP Classification of Patient Risk

The NCEP revised classification of patient risk is as follows:

**Very high-risk:** patients who have cardiovascular disease (CVD) coupled with multiple risk factors (including diabetes), or severe or poorly controlled risk factors. This category also includes those with metabolic syndrome and CVD. Very high risk patients include those who have been hospitalized for acute coronary syndromes, such as myocardial infarction.

**High risk:** patients who have coronary heart disease, cerebral vascular or peripheral vascular disease. High risk also includes those patients with diabetes, or two or more risk factors (e.g., smoking, hypertension) that give them a greater than 20 percent chance of having a heart attack within ten years.\*

**Moderately high-risk:** patients who have two or more risk factors for coronary heart disease and 10 to 20 percent risk of heart attack within ten years.\*

**Moderate risk:** patients with 2 or more risk factors but less than 10 percent risk of a heart attack in ten years.\*

**Lower risk:** patients with 0 to 1 risk factor. The report states that benefits to people at lower risk are less clear cut. For this reason, no modification of treatment goals has been suggested in this group.

### NEW Diabetes

#### Program Coordinator

Star Morrison has been selected as the new program coordinator for the Diabetes Prevention and Control Program. Star has served as CVD/Obesity Prevention Program Coordinator for the past five years. Star will be a tremendous asset to the program. WELCOME STAR!

Therapeutic Lifestyle Changes (TLC) – intensive use of nutrition, physical activity and weight control – should be used in all patients with an LDL above the ATP III goal. The update adds that any person at high or moderately high risk, with lifestyle-related risks, regardless of LDL level, is a candidate for TLC.

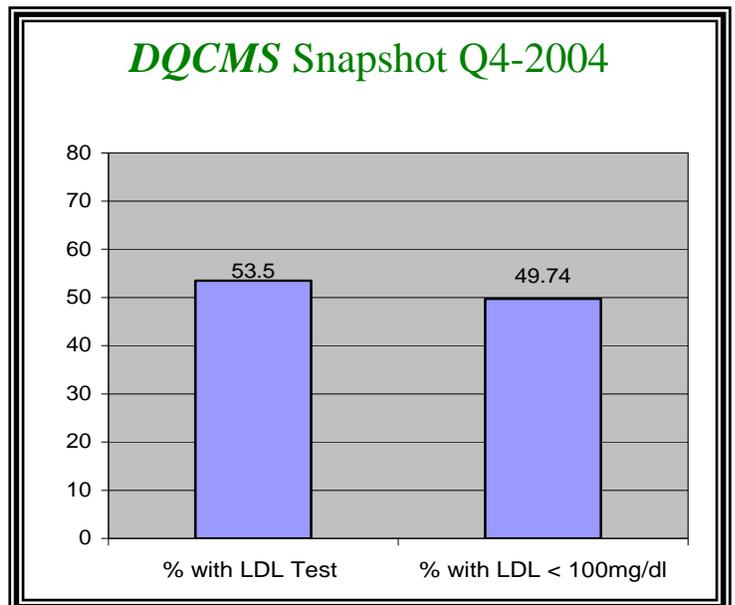
\*A 10 year heart attack risk calculator can be found at <http://hin.nhlbi.nih.gov/atpiii/calculator.asp>  
 A copy of the update and information on the ATP III guidelines can be found online at <http://www.nhlbi.nih.gov/guidelines/cholesterol/index.htm>.

<b>Modifications in the ATP III update:</b>		
<b>PATIENT RISK</b>	<b>ATP III</b>	<b>UPDATE</b>
<b>Very High</b>	<b>LDL &lt; 100 mg/dl</b>	<b>LDL &lt; 70 mg/dl</b>
<b>High</b>	Treatment recommended for LDL $\geq$ 130 mg/dl  Treatment 'optimal' for LDL 100-129 mg/dl  Target percentage lowering of LDL not emphasized	Treatment goal is < 100 mg/dl  Treatment recommended for LDL $\geq$ 100 mg/dl  Adjust treatment to achieve <u>at least</u> a 30-40% reduction in LDL levels
<b>Moderately High</b>	LDL treatment goal < 130 mg/dl  Treatment recommended for LDL $\geq$ 130 mg/dl  Target percentage lowering of LDL not emphasized	Treatment goal is < 100 mg/dl  Treatment if LDL is 100-129 mg/dl  Adjust treatment to achieve at least a 30-40% reduction in LDL levels

**How are people in Wyoming with diabetes doing at controlling their blood cholesterol?**

Data from the Behavioral Risk Factor Surveillance System, 2003, indicate that 93% of people in Wyoming with diabetes had their cholesterol checked within the last five years, and of those, 60% had been told they had high cholesterol.

As you can see from the graph to the right, as of January 2005, 53.5% of DQCMS patients in Wyoming had an LDL test in the previous 12 months, and of those 49.74% had LDL levels < 100 mg/dl.



## Using DQCMS to Generate Lipid (LDL) Queries

Population Practice Profile Selection Criteria

**Population Practice Profile**

Note: Due to limitations of Access, limit your reporting to less than 10 reports at a time.

PPP Summary                       

A1C    Blood Pressure    Dilated Eye/Dental Exam    Foot Exam    **Lipid Profile**    Office Visits    Prevention Services    Renal Status    Tobacco Use

**Patient Lists**

Match	Opposite	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Patients $\geq$ <input type="text" value="18"/> who have had an LDL since <input type="text" value="08/31/03"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Of patients with LDL since <input type="text" value="08/31/03"/> , the percent whose most recent LDL $<$ <input type="text" value="100"/> mg/dl
<input type="checkbox"/>	<input type="checkbox"/>	Of all patients with most recent LDL result $\geq$ <input type="text" value="100"/> mg/dl, the percent having lipid lowering medication prescribed
<input type="checkbox"/>	<input type="checkbox"/>	Of patients with HDL since <input type="text" value="08/31/03"/> , the percent whose most recent HDL $>$ <input type="text" value="45"/> mg/dl
<input type="checkbox"/>	<input type="checkbox"/>	Of patients with triglyceride since <input type="text" value="08/31/03"/> , the percent whose most recent triglyceride $<$ <input type="text" value="150"/> mg/dl
<input type="checkbox"/>		Patient list of patients with one or more elevated lipid values. (List is based on criteria previously specified in queries #2, #4, and #5)

The following steps will provide a list of patients in your registry who have not had an LDL or whose most recent LDL was greater than a specific level (we will use 100 mg/dl in this example).

1. Click on the "Reports" menu on the task bar.
2. Scroll down and click on "Population Practice Profile" (PPP).
3. Unselect "PPP Summary" in upper left hand corner.
4. Select the "Lipid Profile" tab.
5. You will have the option to click on the button "Select Patients Demographic Criteria"; this will allow you to limit your report further by specifying age, gender, race, diabetes type, additional diagnoses, physician, office visit date(s) and/or payer.
6. Select Opposite under Patient Lists for the first two queries. The date fields will automatically default to one year prior to today's date; the age will default to 18; the LDL level will default to 100. They can all be modified to your specifications.
7. Select "Report" button. DQCMS will generate two reports:
  1. Patients who have NOT had an LDL in the last year.
  2. Patients for whom most recent LDL was 100 mg/dl or greater.

\* Another nifty option \* Select Match under Patient Lists for the third query - "Of all patients with most recent LDL result  $>$  (100) mg/dl, the percent having lipid lowering medication prescribed." This will generate a report of those patients on lipid lowering medications whose LDL is  $>$  100.

To print these reports, go under "File" on the task bar and select print. You will need to do this for each report you want sent to the printer. The next report can be viewed by minimizing or closing the report from the task bar. Individually addressed patient letters can be generated for these patients. Use the advanced search function (found under the "Utilities" tab) to prepare letters and labels.



**A Red Carpet Welcome to these new DQCMS sites:**

- Pinedale Medical Clinic – Pinedale (Deanna Bradley)
- Sheridan Clinic – Sheridan (Teresa Smith)

**February is Heart Month  
Show Your Support**

February is designated as Heart Month, which gives us an opportunity to increase awareness of cardiovascular disease, its risk factors, and the prevention of complications.

Join Americans nationwide by **wearing red** on February 4, 2005, to show support in raising awareness of heart disease in women. For promotional ideas and resources, visit “Wear Red Day” online at [www.nhlbi.nih.gov/health/hearttruth](http://www.nhlbi.nih.gov/health/hearttruth).

Another way of showing support and to increase awareness of heart disease in women is to form community partnerships and implement “Wyoming’s Red Bandana Campaign: Heart Health for Women.” Many women underestimate their personal risk for heart disease and generally assume men are at greater risk. For more information, contact the Cardiovascular Disease/Obesity Prevention Program at (307) 777-3732. The American Heart Association is also organizing a similar awareness campaign, “Go Red For Women,” in Wyoming. For more information, contact the American Heart Association of Wyoming at (307) 632-1746.

**SAVE THE DATE**

**WHAT:** Diabetes - Making a Difference

**WHEN:** February 18, 2005

**WHERE:** Cody, WY

*For more information call: Dian True  
307-527-7561*

**WHAT:** Wyoming State Diabetes Conference

**WHEN:** September 15,16 2005

**WHERE:** Sheridan, WY

**WADE Update**

**Wyoming Association of Diabetes Educators  
2005 Officers:**

President: Dian True, RN, CDE (Cody)

Vice President: Susan Kreager, RD, CDE (Lander)

Secretary/Treasurer: Kim Asay, RN (Powell)

**Scholarships are available** to attend diabetes education activities or conferences. Contact Kim Asay at [kimmie\\_RN@bresan.com](mailto:kimmie_RN@bresan.com) for scholarship applications.

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