

## A Strategy to Reduce Cardiovascular Morbidity and Mortality for Priority Health Members at Risk

### Background

There is emerging evidence of targeted approaches to reduce morbidity and mortality for those at risk for cardiovascular events. Those targeted approaches are aspirin, an ACEI/ARB and a statin (AAS).<sup>12345</sup> There are two populations that benefit significantly from this combined approach with considerable overlap between the populations. These two populations are those over 55 years of age who have either cardiovascular disease or diabetes.

The combination of AAS has been shown to reduce cardiovascular events by as much as 50% over 8 years.<sup>6</sup> Archimedes, a Markov Model for diabetes care, demonstrates that AAS has a much bigger effect in reducing morbidity and mortality than A1c control.

Currently, only 32% of Priority Health members at risk for cardiovascular events are adherent to taking these medications 9 out of 12 months.

### Objective

Reduce cardiovascular morbidity for those patients at risk by improving adherence to this evidenced based practice to 60%.

### Patients

All Priority Health members that have **all** of the following:

- Enrolled as a member for at least one year
- Prescription coverage/tracking as part of membership for a minimum of 9 months
- Age 55 or over
- Diagnosis by coding of:
  - Cardiovascular Disease
    - Atherosclerotic Heart Disease
    - Cerebrovascular Disease
    - Peripheral Vascular Disease

#### OR

- Diabetes

#### OR

- Congestive Heart Failure

### Measurement

Priority Health members who are adherent with taking an ACEI or ARB, and a statin, 9 out of 12 months.

## Tools

- Priority Health will provide physicians with data monthly in the *Physician Key Indicator Report*.
- Priority Health will provide member-specific information in its *Patient Profile* tool. This interactive on-line tool coincides with reported information to support physician practices in efforts to focus care improvement opportunities.

## Limitations

It is difficult to track aspirin use as it is OTC and is not part of the Priority Health pharmacy tracking system

This is a secondary prevention measure and does not incorporate primary prevention measures. Specifically those members with the diagnosis of isolated hypertension and/or hyperlipidemia are not included.

This is a drug-focused intervention only and does not other include other cardiovascular risk reduction strategies such as smoking cessation, regular exercise or weight reduction efforts. These other therapeutic lifestyle interventions are also important in reducing the risk of cardiovascular morbidity and mortality.

## References

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<sup>1</sup> HOPE. NEJM 342:145-153 2000.

<sup>2</sup> Fox, KM. The EUROPA Study Group. Lancet. 362(9386):782-8. 2003.

<sup>3</sup> Sacco, M, et al. Diabetes Care 26(12):3264-72. 2003.

<sup>4</sup> Tognoni, g, et al. Lancet. 357(9250):89-95. 2001.

<sup>5</sup> Yusuf, s, et al. Lancet360(9326): 2-3. 2002.

<sup>6</sup> Gaede, P, et al. NEJM 348:383-393 2003.