

## Secondary Prevention of a Cardiac Event in Patients with Atherosclerotic Cardiovascular Disease

MVP Health Care®, as part of its continuing Quality Improvement Program, has adopted the American Heart Association (AHA) and the American College of Cardiology Foundation (ACCF) Guidelines, *Secondary Prevention and Risk Reduction Therapy for Patients With Coronary and Other Atherosclerotic Vascular Disease* (2011 Update). These guidelines are endorsed by the National Heart Lung Blood Institute (NHLBI) of the National Institutes of Health (NIH). Available at: <http://circ.ahajournals.org/content/124/22/2458>

### Statistics, Morbidity & Mortality

- Heart disease is the leading cause of death in the United States for both men and women. Approximately 610,000 individuals in the U.S. die from heart disease each year.
- Studies have shown that aggressive risk factor reduction in individuals with coronary disease can significantly reduce their risk of dying from the condition, suffering a recurrent cardiac event and needing surgery or revascularization procedures.
- High blood pressure, high LDL cholesterol, and smoking are key heart disease risk factors for heart disease. About half (47 percent) of individuals in the U.S. have at least one of these three risk factors.

Source: Centers for Disease Control and Prevention (CDC), Division of Heart Disease and Stroke Prevention.

### Key Guideline Messages

- Blood pressure control: Goal is <140/90 mm Hg for ages < 60 and < 150/90 mm Hg for ages ≥ 60 with no diabetes and no kidney disease or <130/80 mm Hg if patient has diabetes or chronic kidney disease. *\*Note: Blood pressure control is from 2014 Evidence-Based Guideline for the Management of High Blood Pressure in Adults. Report from the Panel Members Appointed to the Eighth Joint National Committee (JNC8). AHA/ACCF (2011 update) has not updated the guidelines with the blood pressure recommendations from JNC8.*
- Lipid management: Four (4) groups of individuals were identified for whom the evidence demonstrated a reduction in ASCVD events with a good margin of safety from moderate- or high-intensity statin therapy:

Four Statin Benefit Groups:

1. Individuals with clinical ASCVD
2. Individuals with primary elevations of LDL-C ≥190 mg/dL
3. Individuals 40 to 75 years of age with diabetes and LDL-C 70 to 189 mg/dL without clinical ASCVD
4. Individuals without clinical ASCVD or diabetes who are 40 to 75 years of age with LDL-C 70 to 189 mg/dL and have an estimated 10-year ASCVD risk of 7.5% or higher.

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5. *\*Note: lipid management is from the 2013 American College of Cardiology (ACC)/American Heart Association (AHA) Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic updated the guidelines with the lipid management recommendations from 2013 ACC/AHA guideline. The*

- Physical activity: Goal is 30 minutes, 7 days per week (minimum 5 days per week).
- Smoking: Goal is complete smoking cessation. No exposure to environmental tobacco smoke.
- Weight management: Goal is body mass index of 18.5 to 24.9 kg/m<sup>2</sup> waist circumference -men <40 inches, women <35 inches.
- Antiplatelet agents: Start aspirin 75 to 162 mg/daily in all coronary artery disease patients unless contraindicated.
- Beta Blockers: Use in all patients who have left ventricular systolic dysfunction (EF  $\leq$ 40 percent) with heart failure or have had a prior myocardial infarction, unless contraindicated (use should be limited to carvedilol, metoprolol succinate, or bisoprolol, which have been shown to reduce mortality).
- Cardiac Rehabilitation: patients with Acute Coronary Syndrome (ACS) or those who have undergone Coronary Artery Bypass (CABG) surgery or Percutaneous Coronary Intervention (PCI) should be referred to a comprehensive outpatient cardiac rehabilitation program prior to hospital discharge or during the first follow-up office visit.

### Guideline availability and other support

The [American Heart Association](#) is a national voluntary health agency to help reduce disability and death from cardiovascular diseases and stroke.

For additional support on heart health, practitioners are encouraged to visit Million Hearts™ website at <https://millionhearts.hhs.gov/> The Million Hearts™ campaign is co-led by the Centers for Disease Control and Prevention (CDC) and the Centers for Medicare and Medicaid Services (CMS) in partnership with multiple key public agencies and private organizations. The campaign seeks to prevent one million heart attacks and strokes by year 2017 by focusing on the "ABCS" - Aspirin for those at highest risk, Blood pressure control, Cholesterol management and Smoking cessation. In addition to information on heart health and links to related resources, the Million Hearts™ website has interactive tools for patients to determine heart health and risk of dying from heart disease, as well as tips for how they can improve.

In conjunction with these guidelines, MVP Health Care offers a Case Management program for our members who have recently experienced a cardiac event (Myocardial Infarction, Angioplasty and/or stent placement). If you would like to refer one of your patients to this program, please call the Care Management Department at **866-942-7966**. More information on this and MVP's other health programs may also be found on [mvphealthcare.com](http://mvphealthcare.com).

This guideline is not intended to replace the role of clinical judgment by the physician in the management of this, or any other disease entity. It is an educational guideline to assist in the delivery of good medical care. All treatment decisions are ultimately up to the physician.

# P R O V I D E R Q U A L I T Y I M P R O V E M E N T M A N U A L

Where medication recommendations are made, please refer to each health plan's formulary for coverage considerations.

MVP Health Care updates its clinical guidelines at least every two years. The review process is also initiated when new scientific evidence or national standards are published.

Practitioners are alerted via the web site and by written notices from the plan via fax or newsletter. A hard copy of the clinical guideline can be requested by calling the MVP Quality Improvement Department at **(800) 777-4793 extension 1-2247**.

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