



***ABIM Preventive Cardiology PIM™
Practice Improvement Module
Measures Catalogue***

**Preventive Cardiology Measure Catalog
July 2011**

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Introduction:

This catalogue provides information related to the American Board of Internal Medicine's Preventive Cardiology Practice Improvement Module®. It is written in language that addresses the physician who might choose to complete this module, and it details the specifics of the module. Included is information regarding:

- **Purpose and structuring of the module**
- **Patient inclusion criteria**
- **Detailed description of the measures**

This PIM examines the care you provide to your patients by addressing key processes and outcomes of preventive cardiology care based on recommendations of the American College of Cardiology, the American Heart Association, the National Heart, Lung and Blood Institute, and the U.S. Preventive Services Task Force.

The PIM is divided into 3 parts, with multiple sections in each part.

Part 1 -Performance Data

Provide baseline data about your practice's current performance by...

- Surveying your patients
- Reviewing your charts
- Assessing your practice systems

The 14 patient survey measures and 26 chart review measures are summarized below. **ABIM requires a minimum of 25 patient surveys and 25 chart reviews.** The practice systems assessment comprises questions covering various aspects of practice structure and protocols.

Patients can be **included** in this module if **all** of the following are true:

1. Patients are between the ages of 20 and 90 (inclusive);
2. You believe that screening for a lipid disorder is appropriate;

3. Management decisions regarding the prevention of primary or secondary coronary heart disease are made primarily by providers in the practice;
4. They have been patients in the practice for at least one year; *AND*
5. They have been seen by the practice within the past 12 months.

Patients should be **excluded** from this module if either of the following is true:

1. They are unable to complete the patient survey, even with assistance.
OR
2. They have a terminal illness, or prevention of CHD is not clinically relevant.

Part 2 - Quality Improvement (QI) Plan

Develop a plan for improving one aspect of your practice after reviewing the analysis of your current performance data. The analysis will include many aspects of care you provide to your patients. Ultimately, you will target only one of these to use in this quality improvement (QI) cycle.

Part 3 - Remeasurement

Remeasure your performance data after you have implemented your QI plan to see if you achieved your goal. Then, you will reflect on the process of developing and implementing a QI plan.

You may claim CME credit for completing this activity. The University of Pennsylvania School of Medicine designates this educational activity for a maximum of 20 *AMA PRA Category 1 Credit(s)*TM.

PREVENTIVE CARDIOLOGY - OUTCOMES OF CARE

Clinical Outcomes				
Measure Title	Description	Numerator	Denominator	Rationale
Comp. Measure 1: Blood pressure at Goal	Percentage of patients in the sample whose most recent blood pressure reading was at goal.	Number of patients in the sample whose most recent blood pressure reading, during the 12-month abstraction period (with a three-month grace period), was less than 130/80 mm Hg for those with chronic kidney disease or diabetes, OR less than 140/90 mm Hg for other patients; with date and value of the measurement documented.	Number of patients in the sample.	Randomized controlled trials conclusively demonstrate the benefit of lowering blood pressure to <140 mm Hg systolic and <80 mm Hg diastolic in patients. Epidemiologic studies show that the risk of CVD begins at blood pressures of >115/75 mm Hg. Experts have therefore agreed that <130/80 mm Hg is a reasonable target for blood pressure control in patients.
Comp. Measure 2: LDL cholesterol at Goal	Percentage of patients in the sample whose LDL cholesterol is considered to be at goal, based upon their CHD risk factors.	Number of patients in the sample whose LDL cholesterol is at goal, based upon their risk factors for CHD: LDL<100 mg/dL for patients with known CHD or CHD risk equivalent (prior MI, other clinical CHD, symptomatic carotid artery disease, peripheral artery disease, abdominal aortic aneurysm, diabetes mellitus) and test was performed in the preceding 12-month period (with a three-month grace period); LDL<130 mg/dL for patients with >=2 risk factors for CHD (smoking, hypertension, low HDL, men >=45 years, women >=55 years, family history of premature CHD; HDL >=60mg/dL acts as a negative risk factor) and test was performed in the preceding 24-month period (with a three-month grace period); LDL<160 mg/dL for patients with <=1 risk factor for CHD and test was	Number of patients in the sample.	Continuing evidence shows that high total and LDL cholesterol levels are strongly related to coronary artery disease risk and that reductions in LDL levels are associated with reduced coronary disease risk.

Clinical Outcomes				
Measure Title	Description	Numerator	Denominator	Rationale
		performed in the preceding 60-month period (with a three-month grace period). Patients whose LDL is not documented are considered not at goal. (with a three-month grace period). Patients whose LDL is not documented are considered not at goal.		
HDL cholesterol \geq 40 mg/dL	Percentage of patients in the sample whose HDL is documented as being \geq 40 mg/dL	Number of patients in the sample whose most recent HDL result was greater than or equal to 40 mg/dL in the preceding 12-month period (with a three-month grace period) for patients with known CHD or CHD risk equivalent (prior MI, other clinical CHD, symptomatic carotid artery disease, peripheral artery disease, abdominal aortic aneurysm, diabetes mellitus); or in the preceding 24-month period (with a three-month grace period) for patients with \geq 2 risk factors for CHD (smoking, hypertension, low HDL, men \geq 45 years, women \geq 55 years, family history of premature CHD; HDL \geq 60 mg/dL acts as a negative risk factor); or in the preceding 60-month period (with a three-month grace period) for patients with \leq 1 risk factor for CHD. Patients without an HDL documented are considered to have a value less than 40 mg/dL.	Number of patients in the sample.	Strong epidemiological evidence links low levels of serum HDL cholesterol to increased CHD morbidity and mortality. Epidemiological studies consistently show low HDL cholesterol to be an independent risk factor for CHD. A low HDL level correlates with the presence of other atherogenic factors. Prospective studies have shown that a high HDL cholesterol is associated with reduced risk for CHD.

Clinical Outcomes				
Measure Title	Description	Numerator	Denominator	Rationale
Triglycerides < 150 mg/dL	Percentage of patients in the sample whose triglycerides are documented as being < 150 mg/dL	Number of patients in the sample whose most recent triglyceride result was less than or equal to 150 mg/dL in the preceding 12-month period (with a three-month grace period) for patients with known CHD or CHD risk equivalent (prior MI, other clinical CHD, symptomatic carotid artery disease, peripheral artery disease, abdominal aortic aneurysm, diabetes mellitus); or in the preceding 24-month period (with a three-month grace period) for patients with ≥ 2 risk factors for CHD (smoking, hypertension, low HDL, men ≥ 45 years, women ≥ 55 years, family history of premature CHD; HDL ≥ 60 mg/dL acts as a negative risk factor); or in the preceding 60-month period (with a three-month grace period) for patients with ≤ 1 risk factor for CHD. Patients without a triglyceride documented are considered to have a value greater than 150 mg/dL.	Number of patients in the sample.	Many prospective epidemiological studies have reported a positive relationship between serum triglyceride levels and incidence of CHD. Elevated triglycerides are widely recognized as a marker for increased risk for CHD.

PREVENTIVE CARDIOLOGY - PROCESSES OF CARE

Patient Evaluation				
Measure Title	Description	Numerator	Denominator	Rationale
History	Percentage of past medical and family history questions that were asked of the sample population for the purpose of evaluating risks for CHD. Individual questions recorded as "Not documented" were considered to be unanswered.	Total number of "YES" and "NO" responses to the following past medical and family history questions: Prior MI, Other clinical CHD, Symptomatic carotid artery disease, Peripheral artery disease, Abdominal aortic aneurysm, Diabetes mellitus, Chronic kidney disease, Hypertension, Elevated LDL cholesterol or on LDL-lowering medication, Low HDL cholesterol (<40 mg/dL) or on HDL-raising medication, Family history of premature CHD, Physical inactivity, Current cigarette smoking, Abdominal obesity. To be included in the sample, patients need to be between the ages of 20 and 90.	Total number of past medical and family history questions possibly asked of the sample population. To be included in the sample, patients need to be between the ages of 20 and 90.	A complete evaluation should be performed to assess the patient's lifestyle, to identify other cardiovascular risk factors or concomitant disorders that may affect prognosis and guide treatment, and to assess the presence or absence of target organ damage and CVD.
Height	Patients in the sample with height documented	Number of patients in the sample who have height documented	Number of patients in the sample	It is recommended that the physical examination should include the height, weight and body mass index (BMI). Accurate measurements of height and weight are important to determine BMI.
Weight	Patients in the sample with weight documented	Number of patients in the sample who have weight documented	Number of patients in the sample.	It is recommended that the physical examination should include the height, weight and body mass index (BMI). Accurate measurements of height and weight are important to determine BMI.
Waist circumference	Patients in the sample whose waist circumference was documented	Number of patients in the sample with waist circumference documented in the chart at the most recent visit	Number of patients in the sample	Central adiposity increases the risk for cardiovascular and other diseases independent of obesity. The waist circumference may be

Patient Evaluation				
Measure Title	Description	Numerator	Denominator	Rationale
				used as a measure of central adiposity. Men with waist circumferences greater than 102 cm (greater than 40 inches) and women with waist circumferences greater than 88 cm (greater than 35 inches) are at increased risk for cardiovascular disease.
Blood pressure	Patients in the sample whose blood pressure (systolic/diastolic) was measured	Number of patients in the sample whose blood pressure (systolic/diastolic) was measured during the specified abstraction period (within 12 months of the visit date, with a three month grace period), with date and value of the measurement documented	Number of patients in the sample	Obtaining proper blood pressure (BP) measurements at each health care encounter is recommended for hypertension detection.
Comp. Measure 3: Timing of lipid testing complies with guidelines	Percentage of patients in the sample whose timing of lipid testing complies with guidelines (Lipid testing performed in the preceding 12-month period (with a three-month grace period) for patients with known CHD or CHD risk equivalent (prior MI, other clinical CHD, symptomatic carotid artery disease, peripheral artery disease, abdominal aortic aneurysm, diabetes mellitus); or in the preceding 24-month period (with a three-month grace period) for patients with ≥ 2 risk factors for CHD (smoking, hypertension, low HDL, men ≥ 45 years, women ≥ 55 years, family history of premature CHD; HDL ≥ 60 mg/dL acts as a negative risk factor); or in the preceding 60-month period (with	Number of patients in the sample who had lipid testing performed (that includes serum triglycerides, total cholesterol, high-density lipoprotein (HDL), low-density lipoprotein (LDL)) in the preceding 12-month period (with a three-month grace period) for patients with known CHD or CHD risk equivalent (prior MI, other clinical CHD, symptomatic carotid artery disease, peripheral artery disease, abdominal aortic aneurysm, diabetes mellitus); or in the preceding 24-month period (with a three-month grace period) for patients with ≥ 2 risk factors for CHD (smoking, hypertension, low HDL, men ≥ 45 years, women ≥ 55 years, family history of premature CHD;	Number of patients in the sample	Lipid abnormalities contribute to the risk of CVD. To screen for dyslipidemia, a fasting lipoprotein profile (cholesterol, triglyceride, HDL-C, and LDL-C) should be obtained. Recommendations regarding lipid screening frequency vary, but there is general consensus that patients at average or below-average risk should be screened every 5 years. More frequent screening is recommended for those who have lipid levels close to those warranting therapy, and those with more than one CHD risk factor.

Patient Evaluation				
Measure Title	Description	Numerator	Denominator	Rationale
	a three-month grace period) for patients with <=1 risk factor for CHD).	HDL >=60 mg/dL acts as a negative risk factor); or in the preceding 60-month period (with a three-month grace period) for patients with <=1 risk factor for CHD. To be included in the numerator, the date and value of test must be documented. Patients whose lipid values are not documented are considered not in compliance.		
Comp. Measure 4: Diabetes documentation or screen test	Percentage of patients in the sample who had a screening test for type 2 diabetes or had a diagnosis of diabetes.	Number of patients in the sample who either had diabetes diagnosis documented OR had a diabetes screening test if diabetes diagnosis was not documented.	Number of patients in the sample.	A large body of epidemiological and pathological data documents that diabetes is an independent risk factor for CVD.

Risk Assessment				
Measure Title	Description	Numerator	Denominator	Rationale
Comp. Measure 5: Correct determination of Ten-Year Risk for Coronary Death or MI	Number of patients in the sample whose ten-year risk of coronary death or myocardial infarction is correctly assessed and documented	Number of patients in the sample whose ten-year risk of coronary death or myocardial infarction is correctly assessed and documented. This risk is calculated using prior history of CHD and other risk factor data entered as part of the chart review. For patients who have two or more risk factors for CHD, the ten-year risk can be calculated by using age, total cholesterol, smoking status, HDL cholesterol, and systolic blood pressure (Framingham risk score). Patients who have zero or one risk factor for CHD have a	Number of patients in the sample.	Effective prevention of CVD requires an adequate risk-factor assessment to categorize patients for the selection of appropriate therapeutic intervention. Framingham 10-year risk scores have face validity and provide excellent discrimination of high-risk (20% or greater), intermediate-risk (10% to 20%), and low-risk (less than 10%) individuals.

Risk Assessment				
Measure Title	Description	Numerator	Denominator	Rationale
		ten-year risk of less than 10% and patients that have prior CHD or a CHD risk equivalent (prior MI, other clinical CHD, symptomatic carotid artery disease, peripheral artery disease, abdominal aortic aneurysm, diabetes mellitus) have a ten-year risk of greater than 20%. To be included in the sample, patients need to be between the ages of 20 and 90		

Treatment				
Measure Title	Description	Numerator	Denominator	Rationale
Saturated fat and cholesterol restriction	Patients in the sample potentially eligible for and currently prescribed dietary saturated fat and cholesterol restriction	Number of patients in the sample potentially eligible for and currently prescribed dietary saturated fat and cholesterol restriction. Patients were considered potentially eligible for dietary saturated fat and cholesterol restriction if they had prior CHD or a CHD risk equivalent (prior MI, other clinical CHD, symptomatic carotid artery disease, peripheral artery disease, abdominal aortic aneurysm, diabetes mellitus), elevated LDL or on LDL-lowering medication cholesterol, LDL cholesterol not at goal, low HDL cholesterol, or are overweight/obese. To be included in the sample, patients need to be between the ages of 20 and 90.	Number of patients in the sample potentially eligible for dietary saturated fat and cholesterol restriction. Patients were considered potentially eligible for dietary saturated fat and cholesterol restriction if they had prior CHD or a CHD risk equivalent (prior MI, other clinical CHD, symptomatic carotid artery disease, peripheral artery disease, abdominal aortic aneurysm, diabetes mellitus), elevated LDL or on LDL-lowering medication	Epidemiological data have suggested that increased dietary cholesterol intake is associated with an increase in coronary disease risk independent of plasma cholesterol levels. Saturated fat is the principal dietary determinant of LDL cholesterol levels. The AHA recommends limiting dietary cholesterol intake for all individuals, to <300 mg/day on average. To help achieve further reductions in the average LDL cholesterol level, the AHA advocates a saturated fat intake of <10% of energy. This goal can be achieved by limiting intake of foods rich in saturated fatty acids.

Treatment				
Measure Title	Description	Numerator	Denominator	Rationale
			cholesterol, LDL cholesterol not at goal, low HDL cholesterol, or are overweight/obese. To be included in the sample, patients need to be between the ages of 20 and 90.	
Sodium restriction	Percentage of patients in the sample potentially eligible for and currently prescribed dietary sodium restriction	Number of patients in the sample potentially eligible for and currently prescribed dietary sodium restriction. Patients were considered potentially eligible for dietary sodium restriction if they had a diagnosis of hypertension. To be included in the sample, patients need to be between the ages of 20 and 90.	Number of patients in the sample potentially eligible for dietary sodium restriction. Patients were considered potentially eligible for dietary sodium restriction if they had a diagnosis of hypertension. To be included in the sample, patients need to be between the ages of 20 and 90.	Recent studies have documented that a reduced sodium intake can prevent hypertension in persons at risk for hypertension and can facilitate hypertension control in older-aged persons on medication. Current AHA guidelines recommend limiting salt intake to 6 g/d, the equivalent of 100 mmol of sodium (2400 mg) per day.
Increased fruits, vegetables, and/or soluble fiber	Patients in the sample potentially eligible for and currently prescribed to increase in dietary intake of fruits, vegetables, and/or soluble fiber	Number of patients in the sample potentially eligible for and currently prescribed to increase in dietary intake of fruits, vegetables, and/or soluble fiber. Patients were considered potentially eligible for an increase in dietary intake of fruits, vegetables, and/or soluble fiber if they had prior CHD or a CHD risk equivalent (prior MI, other clinical CHD, symptomatic carotid artery disease, peripheral artery disease, abdominal aortic aneurysm, diabetes mellitus), elevated LDL or on LDL-lowering medication	Patients with prior CHD or a CHD risk equivalent (prior MI, other clinical CHD, symptomatic carotid artery disease, peripheral artery disease, abdominal aortic aneurysm, diabetes mellitus), elevated LDL or on LDL-lowering medication	Fruits and vegetables are high in nutrients and fiber and relatively low in calories and hence have a high nutrient density. Dietary patterns characterized by a high intake of fruits and vegetables are associated with a lower risk of developing heart disease, stroke, and hypertension. Dietary patterns high in grain products and fiber have been associated with decreased risk of cardiovascular disease. Soluble fibers modestly

Treatment				
Measure Title	Description	Numerator	Denominator	Rationale
		artery disease, abdominal aortic aneurysm, diabetes mellitus), elevated LDL or on LDL-lowering medication cholesterol, LDL cholesterol not at goal, low HDL cholesterol, hypertension, or are overweight/obese. To be included in the sample, patients need to be between the ages of 20 and 90.	cholesterol, LDL cholesterol not at goal, low HDL cholesterol, hypertension, or overweight/obesity. To be included in the sample, patients need to be between the ages of 20 and 90.	reduce total and LDL cholesterol levels beyond those achieved by a diet low in saturated fat and cholesterol. Additionally, dietary fiber may promote satiety by slowing gastric emptying and helping to control calorie intake and body weight.
Calorie restriction	Percentage of patients in the sample potentially eligible for and currently prescribed lifestyle modification through calorie restriction as part of weight-reduction program	Number of patients in the sample potentially eligible for and currently prescribed lifestyle modification through calorie restriction as part of weight-reduction program. Patients were considered to be eligible for lifestyle modification through calorie restriction as part of a weight-reduction program if they were classified as being overweight/obese. To be included in the sample, patients need to be between the ages of 20 and 90.	Number of patients in the sample potentially eligible for lifestyle modification through calorie restriction as part of weight-reduction program. Patients were considered to be eligible for lifestyle modification through calorie restriction as part of a weight-reduction program if they were classified as being overweight/obese. To be included in the sample, patients need to be between the ages of 20 and 90.	To create an energy imbalance that results in weight reduction, caloric restriction is necessary and physical activity is of benefit. Diets for weight reduction should be limited in total calories, with 30% of total calories as fat to predict a weight loss of 1 to 2 pounds per week.
Increased exercise or physical activity	Percentage of patients in the sample potentially eligible for and currently prescribed an increase in exercise or physical activity	Number of patients in the sample potentially eligible for and currently prescribed an increase in exercise or physical activity. Patients were considered potentially eligible for	Number of patients in the sample potentially eligible for increased exercise or physical activity. Patients were	Physical activity is an integral management strategy for weight reduction, maintenance of the reduced state, and prevention of weight gain. Regular physical activity is also essential for

Treatment				
Measure Title	Description	Numerator	Denominator	Rationale
		increased exercise or physical activity if they had prior CHD or a CHD risk equivalent (prior MI, other clinical CHD, symptomatic carotid artery disease, peripheral artery disease, abdominal aortic aneurysm, diabetes mellitus), elevated LDL or on LDL-lowering medication cholesterol, LDL cholesterol not at goal, low HDL cholesterol, hypertension, or are overweight/obese. To be included in the sample, patients need to be between the ages of 20 and 90.	considered potentially eligible for increased exercise or physical activity if they had prior CHD or a CHD risk equivalent (prior MI, other clinical CHD, symptomatic carotid artery disease, peripheral artery disease, abdominal aortic aneurysm, diabetes mellitus), elevated LDL or on LDL-lowering medication cholesterol, LDL cholesterol not at goal, low HDL cholesterol, hypertension, or are overweight/obese. To be included in the sample, patients need to be between the ages of 20 and 90.	maintaining physical and cardiovascular fitness.
Comp. Measure 6: Dietary and Physical modifications appropriately prescribed	Percentage of patients in the sample who received dietary and physical activity counseling.	Number of patients in the sample who 1)Were prescribed dietary modifications re: -Dietary saturated fat and cholesterol restriction for patient who had prior CHD or a CHD risk equivalent, elevated LDL or on LDL-lowering medication cholesterol, LDL cholesterol not at goal, low HDL cholesterol, or are overweight/ obese;	Number of patients in the sample.	Multiple studies have shown that interventions targeting dietary patterns, weight reduction, and physical activity habits are effective in reducing CVD risk factors. There are considerable published data to strongly support the benefits of physical activity and dietary changes as a means to decrease the morbidity and mortality of CVD and stroke in adults.

Treatment				
Measure Title	Description	Numerator	Denominator	Rationale
		<p>-Dietary sodium restriction for patients with hypertension; -Increase in dietary intake of fruits, vegetables, and/or soluble fiber for patients with prior CHD or a CHD risk equivalent, elevated LDL or on LDL-lowering medication cholesterol, LDL cholesterol not at goal, low HDL cholesterol, hypertension, or are overweight/obese; -Lifestyle modification through calorie restriction as part of weight- reduction program for overweight/obese patients. -OR not eligible for any dietary counseling;</p> <p>AND</p> <p>2) Have documentation of activity status for active patients or received counseling for physical activity.</p>		
Aspirin or other antiplatelet/anticoagulant therapy	<p>Patients in the sample who are eligible for and who currently are receiving aspirin therapy. Eligibility criteria are: age 30 to 90, with prior CHD or a CHD risk equivalent (prior MI, other clinical CHD, symptomatic carotid artery disease, peripheral artery disease, abdominal aortic aneurysm, diabetes mellitus) or ten-year risk of developing CHD is $\geq 10\%$ (by Framingham risk score).</p>	<p>Number of patients age 30 to 90 with prior CHD or CHD risk equivalent (prior MI, other clinical CHD, symptomatic carotid artery disease, peripheral artery disease, abdominal aortic aneurysm, diabetes mellitus) or with two or more risk factors and whose ten-year risk of developing CHD is $\geq 10\%$ (by Framingham risk score) and who received aspirin therapy. To be included in the sample, patients need to be between the ages of 20 and 90.</p>	<p>Number of patients age 30 to 90 with prior CHD or a CHD risk equivalent (prior MI, other clinical CHD, symptomatic carotid artery disease, peripheral artery disease, abdominal aortic aneurysm, diabetes mellitus) or with two or more risk factors and whose ten-year risk of developing</p>	<p>The net benefit of aspirin depends on the initial risks for stroke and gastrointestinal bleeding. Thus, decisions about aspirin therapy should consider the overall risk for stroke and gastrointestinal bleeding. The optimum dose of aspirin for preventing cardiovascular disease events is not known. Primary prevention trials have demonstrated benefits with various regimens, including dosages of 75 and 100 mg/d and 100 and 325 mg every other day. A dosage of approximately 75 mg/d</p>

Treatment				
Measure Title	Description	Numerator	Denominator	Rationale
			CHD is $\geq 10\%$ (by Framingham risk score)	seems as effective as higher dosages. The risk for gastrointestinal bleeding may increase with dose.
Comp. Measure 7: Appropriate use of aspirin or other antiplatelet/anticoagulant therapy	Patients in the sample who are: 1) taking aspirin or other anticoagulant/antiplatelet therapy, or 2) under age 30, or 3) age 30 or older and who are documented to be at low risk. Low-risk patients include those who are documented with no prior CHD or CHD risk equivalent (prior MI, other clinical CHD, symptomatic carotid artery disease, peripheral artery disease, abdominal aortic aneurysm, diabetes mellitus) and whose ten-year risk of developing CHD is $< 10\%$.	Number of patients in the sample who are: 1) taking aspirin or other anticoagulant/antiplatelet therapy, or 2) under age 30, or 3) age 30 or older and who are documented to be at low risk. Low-risk patients are those whose ten-year risk of developing CHD is $< 10\%$, and who have complete documentation of: 1) prior CHD or CHD risk equivalent (prior MI, other clinical CHD, symptomatic carotid artery disease, peripheral artery disease, abdominal aortic aneurysm, diabetes mellitus), and 2) risk factors for CHD (smoking, hypertension, low HDL cholesterol, men ≥ 45 years, women ≥ 55 years, family history of premature CHD; HDL cholesterol ≥ 60 mg/dL acts as a negative risk factor), and 3) all elements of Framingham risk calculation.	Number of patients in the sample.	The net benefit of aspirin depends on the initial risks for stroke and gastrointestinal bleeding. Thus, decisions about aspirin therapy should consider the overall risk for stroke and gastrointestinal bleeding.
Beta blocker	Percentage of patients in the sample potentially eligible for treatment with and are currently prescribed beta-blocker therapy	Number of patients in the sample potentially eligible for treatment with and are currently prescribed beta-blocker therapy. Patients were considered potentially eligible for beta-blocker therapy if they had prior CHD, prior MI, symptomatic carotid artery disease, or	Number of patients in the sample potentially eligible for treatment with beta-blocker therapy. Patients were considered potentially eligible for beta-blocker therapy	In patients with heart failure (HF) due to systolic dysfunction, clinical trials have demonstrated that beta blocker use slows HF progression and improves survival.

Treatment				
Measure Title	Description	Numerator	Denominator	Rationale
		abdominal aortic aneurysm. To be included in the sample, patients need to be between the ages of 20 and 90.	if they had prior CHD, prior MI, symptomatic carotid artery disease, or abdominal aortic aneurysm. To be included in the sample, patients need to be between the ages of 20 and 90.	
ACE inhibitor or ARB	Percentage of patients in the sample potentially eligible for treatment and who are currently prescribed ACE inhibitor or ARB therapy	Number of patients in the sample potentially eligible for treatment and are currently prescribed ACE inhibitor or ARB therapy. Patients were considered potentially eligible for ACE inhibitor or ARB therapy if they had a record of a prior MI or diabetes mellitus. To be included in the sample, patients need to be between the ages of 20 and 90.	Number of patients in the sample potentially eligible for treatment with ACE inhibitor or ARB therapy. Patients were considered potentially eligible for ACE inhibitor or ARB therapy if they had a record of a prior MI or diabetes mellitus. To be included in the sample, patients need to be between the ages of 20 and 90.	In clinical trials, antihypertensive therapy has been associated with 35% to 40% mean reductions in stroke incidence; 20% to 25% in myocardial infarction; and more than 50% in heart failure.
Statin or other lipid-lowering drug	Percentage of patients in the sample potentially eligible for treatment with and who are currently prescribed a statin or other lipid-lowering drug	Number of patients in the sample potentially eligible for treatment with and are currently prescribed a statin or other lipid-lowering drug. Patients were considered potentially eligible for statin or other lipid-lowering drug therapy if they had a record of a prior MI, elevated LDL cholesterol, or low HDL cholesterol. To be included in	Number of patients in the sample potentially eligible for treatment with a statin or other lipid-lowering drug. Patients were considered potentially eligible for statin or other lipid-lowering drug	Multiple clinical trials demonstrated significant effects of pharmacologic (primarily statin) therapy on CVD outcomes in subjects with CHD and for primary CVD prevention.

Treatment				
Measure Title	Description	Numerator	Denominator	Rationale
		the sample, patients need to be between the ages of 20 and 90.	therapy if they had a record of a prior MI, elevated LDL cholesterol, or low HDL cholesterol. To be included in the sample, patients need to be between the ages of 20 and 90.	
Smoking-cessation support	Patients in the sample who are smokers and who received smoking-cessation counseling or treatment during the reporting period	Number of patients in the sample who are smokers, with documentation of smoking-cessation counseling or treatment during the specified abstraction period (within 12 months of the visit date, with a three month grace period)	Number of patients in the sample who are smokers	A number of large randomized clinical trials have demonstrated the efficacy and cost-effectiveness of smoking cessation counseling in changing smoking behavior and reducing tobacco use.
Comp. Measure 8: Smoking status and cessation support	Patients in the sample whose current smoking status is documented in the chart, and who, if they were smokers, were documented to have received smoking cessation counseling during the reporting period.	Number of patients in the sample with documentation of smoking status AND for smokers, with documentation of smoking cessation counseling or treatment during the specified abstraction period (within 12 months of the visit date, with a three month grace period).	Number of patients in the sample.	A number of large randomized clinical trials have demonstrated the efficacy and cost-effectiveness of smoking cessation counseling in changing smoking behavior and reducing tobacco use. The routine and thorough assessment of tobacco use is important as a means of preventing smoking or encouraging cessation.

PATIENT EXPERIENCE: PREVENTIVE CARDIOLOGY - OUTCOMES OF CARE

Functional Outcomes and Behaviors				
Measure Title	Description	Numerator	Denominator	Rationale
Good fitness level	Patients in the sample who described their current level of fitness as “really in shape” or “in shape”	Number of patients in the sample who responded “really in shape” or “in shape” to the survey question, “How would you describe your current level of fitness?” To be included in the sample, patients need to be between the ages of 20 and 90.	Number of patients in the sample. To be included in the sample, patients need to be between the ages of 20 and 90.	An important measure of disease severity and control is the patient's ability to maintain normal activity levels.
Physical activity >= 4 days/week	Patients in the sample who reported that they get a total of at least 30 minutes of exercise or physical activity that raises their heart rate 4 to 7 days per week	Number of patients in the sample who responded “4 to 7” to the survey question, “During a typical week, how many days do you get a total of at least 30 minutes of exercise or physical activity that raises your heart rate?” To be included in the sample, patients need to be between the ages of 20 and 90.	Number of patients in the sample. To be included in the sample, patients need to be between the ages of 20 and 90.	Regular exercise has been shown to reduce cardiovascular risk factors, contribute to weight loss, and improve well being. Most adults should accumulate at least 30 min of moderate-intensity activity on most days of the week.

Patient Satisfaction				
Measure Title	Description	Numerator	Denominator	Rationale
Patient rates preventive care “excellent”	Patients in the sample who rate their overall preventive cardiology care as “excellent”	Number of patients in the sample who responded “Excellent” to the survey question, “Overall how would you rate this practice at providing preventive cardiology care – that is, care designed to prevent you from having future heart disease?” To be included in the sample, patients need to be between the ages of 20 and 90.	Number of patients in the sample. To be included in the sample, patients need to be between the ages of 20 and 90.	Care should be patient-centered, respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions. Patients’ overall experiences with doctors are shaped by communication style and content and both contribute to the likelihood that a patient will understand and be able to follow treatment recommendations.

PATIENT EXPERIENCE: PREVENTIVE CARDIOLOGY - PROCESSES OF CARE

Patient Self-Care Support				
Measure Title	Description	Numerator	Denominator	Rationale
Patient knows blood pressure level as measured within past year	Patients in the sample who report that their blood pressure was taken in the past 12 months and they know if the result was normal or too high	Number of patients in the sample who report that their blood pressure was taken in the past 12 months and they know if the result was normal or too high. To be included in the sample, patients need to be between the ages of 20 and 90.	Number of patients in the sample. To be included in the sample, patients need to be between the ages of 20 and 90.	Studies have shown that patients overall health status is improved when they possess the knowledge, skills, and motivation to perform appropriate self-care behaviors and actively participate in their treatment plan.
Patient knows cholesterol level as measured within past 5 years	Patients in the sample who report that their cholesterol was tested in the past 5 years and they know if it was fine or if it needed improvement	Number of patients in the sample who report that their cholesterol was tested in the past 5 years and they know if it was fine or if it needed improvement. To be included in the sample, patients need to be between the ages of 20 and 90.	Number of patients in the sample. To be included in the sample, patients need to be between the ages of 20 and 90.	Studies have shown that patients overall health status is improved when they possess the knowledge, skills, and motivation to perform appropriate self-care behaviors and actively participate in their treatment plan.
Doctor or practice is excellent at encouraging/answering questions	Patients in the sample who rated the practice "excellent" at encouraging questions and answering them clearly	Number of patients in the sample who responded "excellent" to the question "How is this practice at encouraging you to ask questions and answering them clearly?" To be included in the sample, patients need to be between the ages of 20 and 90.	Number of patients in the sample. To be included in the sample, patients need to be between the ages of 20 and 90.	Care should be patient-centered, respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions. Patients' overall experiences with doctors are shaped by communication style and content and both contribute to the likelihood that a patient will understand and be able to follow treatment recommendations.
Doctor or practice is excellent at providing information on preventing heart attacks	Percentage of patients in the sample who rated the practice "excellent" at providing information on preventing heart attacks	Number of patients in the sample who responded "excellent" to the survey question, "How is this practice at giving you the information you need about how to prevent heart disease through diet, exercise, or medications?" To be included in this sample,	Number of patients in the sample. To be included in this sample, patients need to be between the ages of 20 and 90.	A physician-patient partnership should be forged, on the physician's part by assessing and communicating risk and by codeveloping with the patient a plan of preventive action.

Patient Self-Care Support				
Measure Title	Description	Numerator	Denominator	Rationale
		patients need to be between the ages of 20 and 90.		
Doctor or practice is excellent at providing information on taking medications properly	Patients in the sample who rated the practice "excellent" at providing information on taking medications properly. Excludes patients who responded "not applicable."	Number of patients in the sample who responded "Excellent" to the question, " How is this practice at making sure you have the information you need to take your medications properly?" To be included in the sample, patients need to be between the ages of 20 and 90.	Number of patients in the sample, excluding those with N/A responses to the question about the practice providing information on taking medications properly. To be included in the sample, patients need to be between the ages of 20 and 90.	Behavioral models suggest that prescribed therapy is most effective only if the patient is motivated to take the medication as directed and to establish and maintain a health-promoting lifestyle. Motivation improves when patients have positive experiences with, and trust in, their physicians. Better communication improves outcomes.
Doctor or practice is excellent at providing information on side effects of medications	Patients in the sample who rated the practice "excellent" at providing information on side effects of medications. Excludes patients who responded "Not applicable."	Number of patients in the sample who responded "Excellent" to the question, "How is this practice at giving you the information you need about the side effects of your medications?" To be included in the sample, patients need to be between the ages of 20 and 90.	Number of patients in the sample, excluding those with N/A responses to the question about the practice providing information on side effects of medications. To be included in the sample, patients need to be between the ages of 20 and 90.	Behavioral models suggest that prescribed therapy is most effective only if the patient is motivated to take the medication as directed and to establish and maintain a health-promoting lifestyle. Motivation improves when patients have positive experiences with, and trust in, their physicians. Better communication improves outcomes.

Access to the Practice				
Measure Title	Description	Numerator	Denominator	Rationale
Patient reports no problem with scheduling appointments	Percentage of patients in the sample who report no problems scheduling appointments with the practice	Number of patients in the sample who responded "Not a problem" to the survey question, "In the past 12 months, how much of a problem has it been to schedule appointments with this practice?" To be included in the sample, patients need to between the ages of 15 and 90.	Number of patients in the sample, excluding those who responded "Not applicable" to the survey question, "In the past 12 months, how much of a problem has it been to schedule appointments with this practice?" To be included in the sample, patients need to between the ages of 15 and 90.	The IOM recommendation is that patients should receive care whenever they need it and in many forms, not just face-to-face visits. This implies that the health care system should be responsive at all times (24 hours a day, every day) and that access to care should be provided over the Internet, by telephone, and by other means in addition to face-to-face visits.
Patient reports no problem with reaching someone with a question	Percentage of patients in the sample who report no problems reaching the practice with questions or concerns	Number of patients in the sample who responded "Not a problem" to the survey question, "In the past 12 months, how much of a problem has it been to reach this practice when you have a question or concern?" To be included in the sample, patients need to between the ages of 15 and 90.	Number of patients in the sample, excluding those who responded "Not applicable" to the survey question, "In the past 12 months, how much of a problem has it been to reach this practice when you have a question or concern?" To be included in the sample, patients need to between the ages of 15 and 90.	The IOM recommendation is that patients should receive care whenever they need it and in many forms, not just face-to-face visits. This implies that the health care system should be responsive at all times (24 hours a day, every day) and that access to care should be provided over the Internet, by telephone, and by other means in addition to face-to-face visits.
Patient reports no problem with obtaining prescription refills	Percentage of patients in the sample who report no problems obtaining prescription refills	Number of patients in the sample who responded "Not a problem" to the survey question, "In the past 12 months, how much of a problem has it been to get a prescription refill from this practice?" To be included in the	Number of patients in the sample, excluding those who responded "Not applicable" to the survey question, "In the past 12 months,	The IOM recommendation is that patients should receive care whenever they need it and in many forms, not just face-to-face visits. This implies that the health care system should be responsive at all times (24 hours a day, every day)

Access to the Practice				
Measure Title	Description	Numerator	Denominator	Rationale
		sample, patients need to between the ages of 15 and 90.	how much of a problem has it been to get a prescription refill from this practice?" To be included in the sample, patients need to between the ages of 15 and 90.	and that access to care should be provided over the Internet, by telephone, and by other means in addition to face-to-face visits.
Patient reports no problem with obtaining referrals	Percentage of patients in the sample who report no problems obtaining referrals from the practice	Number of patients in the sample who responded "Not a problem" to the survey question, "In the past 12 months, how much of a problem has it been to get a referral from this practice?" To be included in the sample, patients need to between the ages of 15 and 90.	Number of patients in the sample, excluding those who responded "Not applicable" to the survey question, "In the past 12 months, how much of a problem has it been to get a referral from this practice?" To be included in the sample, patients need to between the ages of 15 and 90.	The IOM recommendation is that patients should receive care whenever they need it and in many forms, not just face-to-face visits. This implies that the health care system should be responsive at all times (24 hours a day, every day) and that access to care should be provided over the Internet, by telephone, and by other means in addition to face-to-face visits.
Patient reports no problem with obtaining test results	Percentage of patients in the sample who report no problems obtaining test results from the practice	Number of patients in the sample who responded "Not a problem" to the survey question, "In the past 12 months, how much of a problem has it been to get your laboratory test results from this practice?" To be included in the sample, patients need to between the ages of 15 and 90.	Number of patients in the sample, excluding those who responded "Not applicable" to the survey question, "In the past 12 months, how much of a problem has it been to get your laboratory test results from this practice?" To be included in the sample, patients need to between the	The IOM recommendation is that patients should receive care whenever they need it and in many forms, not just face-to-face visits. This implies that the health care system should be responsive at all times (24 hours a day, every day) and that access to care should be provided over the Internet, by telephone, and by other means in addition to face-to-face visits.

Access to the Practice				
Measure Title	Description	Numerator	Denominator	Rationale
			ages of 15 and 90.	

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