

## CCHCS CARDIOVASCULAR RISK REDUCTION HYPERTENSION AND HYPERLIPIDEMIA QUALITY OF CARE REVIEW\*

**Reviewer:** \_\_\_\_\_ **Date of Review:** \_\_\_\_\_  
**Patient Name:** \_\_\_\_\_ **CDCR #** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
**PCP:** \_\_\_\_\_ **Date(s) of Visit(s):** \_\_\_\_\_

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|---|--|
| <b>1.) Is overall history/problem list documentation for HTN/HLP adequate? (circle disease(s) that apply to this review)</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <ul style="list-style-type: none"> <li>• Are there current complaints documented? Pertinent symptoms related to CVD or target organ damage (i.e. CP, SOB, etc) reviewed, if BP and/or LDL not at goal?</li> <li>• Is a review of medications documented? Is adherence to medications reviewed?</li> <li>• Is a review of vaccinations (Pneumovax &amp; annual Influenza Vaccine) documented?</li> <li>• Are other cardiovascular disease risk factors documented? 10-year risk for CVD event recorded?</li> <li>• Is aspirin therapy risk-assessment documented, if clinically indicated?</li> </ul>  |  |
| <b>2.) Is overall clinical exam for HTN/HLP adequate? (circle disease(s) that apply to this review)</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <ul style="list-style-type: none"> <li>• Are vital signs documented? Weight changes noted? BP on encounter date = ____/____</li> <li>• Does physical examination include cardiac, lung, and extremity exam at a minimum? Does physical examination expand to encompass complaints in history (i.e fundoscopic exam, if visual changes mentioned) or by history of established CVD or CVD equivalents (i.e. carotid artery auscultation if history of carotid stenosis, or neurologic examinations if history of TIA or CVA)?</li> <li>• Are appropriate labs (serum Cr, K+) completed /reviewed within the last 6-12 months or, if indicated more frequently? Is a review of an up to date EKG documented?</li> <li>• Is the most recent LDL documented? If at goal, is it within the past year?</li> </ul>   |  |
| <b>3.) Is the overall assessment for HTN/HLP adequate? (circle disease(s) that apply to this review)</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>A. HTN</p> <ul style="list-style-type: none"> <li>• Is the diagnosis documented?</li> <li>• Is BP for encounter date at goal (typical &lt;140/90)? BP = ____/____</li> </ul> <p>B. HLP</p> <ul style="list-style-type: none"> <li>• Is the diagnosis documented?</li> <li>• Is most recent LDL at goal for patient's calculated 10 year risk for CVD event?</li> </ul>   |  |
| <b>4.) Is the overall plan for HTN/HLP adequate? (circle disease(s) that apply to this review)</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>A. HTN</p> <ul style="list-style-type: none"> <li>• If blood pressure not at goal (usually BP &gt;140/90), is there clear therapeutic recommendations documented (i.e. medication started or dosage increased)? If not, is reason given?</li> <li>• Are monitoring labs, such as electrolytes and kidney functions ordered within the past year?</li> <li>• Are secondary causes for HTN ruled out, if HTN refractive to treatment?</li> <li>• Are blood pressure monitoring ordered, if not at goal? If ordered, is follow-up on blood pressure monitoring appropriate (&lt; 1week, if BP &gt;159/99, &lt;60 days if &gt;139/89)? If not, is reason provided?</li> <li>• Are other actions taken to address Target Organ Damage and/or established CVD?</li> <li>• Is appropriate follow-up ordered, per guidelines?             <ul style="list-style-type: none"> <li>i. If all goals met over the last 2 encounters, follow-up within 180 days.</li> <li>ii. If all goals not met, follow-up typically ≤ 90 days, as clinically indicated?</li> </ul> </li> </ul> <p>B. HLP</p> <ul style="list-style-type: none"> <li>• If LDL is not at goal, is treatment modified? If not, is reason given?</li> <li>• If date of most recent LDL is out of recommended monitoring range, is updated lab ordered? Are other appropriate labs considered/ordered (i.e. LFTs)?</li> <li>• Is appropriate follow-up ordered, per guidelines?             <ul style="list-style-type: none"> <li>i. If all goals met over the last 2 encounters, follow-up within 180days.</li> <li>ii. If all goals not met, follow-up typically ≤ 90 days, as clinically indicated?</li> </ul> </li> </ul> |  |
| <b>5.) Is the overall education and effective communication for HTN/HLP adequate?</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <ul style="list-style-type: none"> <li>• Is there documentation of instructions/counseling on lifestyle modifications (weight loss, dietary changes, exercise, etc.)?</li> <li>• Is there documentation of medication issues (adherence, side effects, etc.)?</li> <li>• Is there documentation of effective communication, including identification of disability<sup>†</sup> &amp; accommodations<sup>‡</sup> employed to ensure effective communication, of applicable?</li> </ul>   |  |

**RECOMMENDATIONS/COMMENTS:**

\* All elements in each domain are suggestions for good documentation, not requirements.  
 Use clinical judgment when reviewing the documentation. Patient disease severity and corresponding management should be clear to the reviewer, in all documentation.  
 † Please consider the elements in this review tool when completing Access Measure Audit Tool.  
 ‡ Disabilities may be identified on Problem List or in a progress note in plain language or be DVVP code, i.e. TABES <4.0, DPH, DPV etc.  
 † Accommodations should be specific to identify disability i.e. large print or magnifying device for visual impairment.