

DRAFT

Wisconsin Health Plan Collaborative - Lipid Communication Initiative Response Form

Background: This lipid intervention is designed to build upon the efforts of the Diabetes Quality Improvement Project, and its collection of comprehensive diabetes and cardiovascular HEDIS® measures. Preliminary analysis of the LDL screening and LDL-C Controlled for diabetes patients for Year 3 (2000 data) shows improvement from Year 2 (1999). Current data for cardiovascular disease only reflects one year. Although collaborators are making improvements, continued efforts are necessary to ensure progress.

Lipid HEDIS® Measures

Diabetes	Measure	1999	2000
	LDL SCREEN	72%	79%
	LDL-C (controlled)	45%	52%
Cardiovascular Disease		1999	2000
	Cholesterol Screen after Acute CV Event	N/A/	80%
	Cholesterol Controlled after Acute CV Event	N/A	64%

The Plan: The Wisconsin Health Plan Collaborative workgroup developed several items to support the intervention. They are:

- ◆ Letter for providers asking them to endorse the communication of lipid values for patients at risk for cardiovascular disease or for patients that have been diagnosed with cardiovascular disease. A component of the project is to reinforce patient knowledge of their lipid levels and to encourage use of a self-care record.
- ◆ A laminated one page tool for practitioners combining recommendations of the American Heart Association, the American College of Cardiologists and the National Cholesterol Education Program ATP III guidelines.
- ◆ A one page communication tool
- ◆ A patient self-care wallet card.
- ◆ Evaluation recommendations to track the effectiveness of the initiative.

With your permission, the Wisconsin Cardiovascular Health Program and Diabetes Control Program staff will develop joint letterhead and mail the letters to cardiologists, endocrinologists, internists, general practice, family practice, nurse practitioners and physician assistants across the state. **We request that health plans send the "Wallet Card" to enrollees with diabetes, hypertension, metabolic syndrome and cardiovascular disease to encourage their involvement.** Your health plan's assistance with promotion and evaluation of the lipid level intervention is critical for this initiative.

The Wisconsin Academy of Cardiologists and the Wisconsin Academy of Endocrinologists agreed to promote this intervention through their organizations. **State Medical Society has agreed to assist in scheduling meetings on this initiative.**

Please specify your decision to participate below and fax the form to Mary Jo Brink, MS, RN, Cardiovascular Health Coordinator, Wisconsin Cardiovascular Health Program, at 608-266-8925 by _____. If you have questions, please contact Mary Jo either by phone, 608-266-3702, or by e-mail at brinkmj@dhfs.state.wi.us. Thank you for your interest.

Enclosures

HMO Contact Name:

HMO Name (as you want it printed on the letterhead):

Address:

Phone:

E-mail address:

___ My health plan will participate in this collaborative Lipid Lowering intervention and gives permission to add my HMO's name to the joint letterhead (listing as indicated above).

___ My health plan does not wish to participate in this intervention.

___ I need additional information to make a decision.

Please fax this form back to Mary Jo Brink, 608-266-3702 by _____. Thank you!