

Cardiovascular Screening Protocols

Cardiovascular/Diabetes (CVD) Screening Policy

The policy for CVD screening of clients (40-64 yrs.) will be as follows:

- Clients who have never been enrolled or screened at any time and are 40-64 years of age, will be eligible to receive an initial CVD screening in conjunction with the Breast and Cervical Screening visit.
 - The client should arrive at her appointment fasting. (No food or drink for 9 hours.)
- Clients will be eligible for a second required CVD screening at her next Breast and Cervical screening visit.
 - This visit will be indicated on the label found on the Screening Visit Card.
 - This visit should be 12-18 months after the initial screening visit.
- Previously screened clients who are due for annual rescreening, should be screened according to National Guidelines and based on client risk factors.

NOTE: A CVD screening includes all of the following at each visit:

- Height/weight measurements
 - **Two** blood pressure readings
 - Waist circumference measurement
 - Fasting Total Cholesterol and HDL testing
 - Fasting Blood glucose or an Hgb A1C if client is a known diabetic
- Only labs drawn for clients that meet the above eligibility requirements will be paid by the program. No other follow-up visits or lab work will be payable.

Lab Test	Normal	At Risk/Abnormal	Alert
Fasting Glucose	<100 mg/dL	>100, <375 mg/dL	>375 mg/dL
Total Cholesterol	<200 mg/dL	200-400 mg/dL	>400 mg/dL
HDL	40-59 mg/dL, >60 mg/dL	<40 mg/dL	
Systolic Blood Pressure	<120mm/Hg	120-180 mm/Hg	>180 mm/Hg
Diastolic Blood Pressure	<80 mm/Hg	80-110 mm/Hg	>110 mm/Hg

At a minimum, all clients eligible for CVD Screening must receive total cholesterol and HDL.

- Clients will receive Lifestyle Interventions (LSIs) according to her fasting lab values. NHANES (National Health and Nutrition Examination Survey), and NHLBI (National Heart, Lung, and Blood Institute) recommendations were used to identify alert values for the EWM program.
- Those clients with normal values, as indicated in the table, will be referred to no-cost/low-cost community resources.
- Those clients with at risk/abnormal values, as indicated in the table, will receive four months of intervention management with the Regional Lifestyle Interventionist.
- Those clients with alert values, as indicated in the table, will receive four months of intervention management with the Regional Case Manager.

Clarification:

- All labs must be completed at one time. Labs may be drawn up to two weeks prior to or after the breast and cervical screening visit.
- A CVD follow up visit is any visit that takes place other than at the time of a routine breast and cervical screening visit. A CVD follow up visit is **not** payable through the EWM program.
- A client may return for lab draw **ONLY** if she was not fasting at the initial lab visit. EWM will be monitoring healthcare provider offices to determine if there is a trend in non-fasting client arrivals and will follow up accordingly.
- EWM will **ONLY** pay for a Hgb A1C diabetic test for a client who is a known diabetic when the lab work is done at the time of a cholesterol test.
- Lifestyle Interventions (LSIs) include education and support aimed at improved health behaviors. Primary areas of focus are increased physical activity, improved nutrition and tobacco cessation.

Cardiovascular / Diabetes Screening

EWM CVD/Diabetes Screening services:	EWM will pay for this when:	Paperwork the healthcare provider completes:	Follow Up services:
<ol style="list-style-type: none"> 1. Height/Weight Measurements 2. Two blood pressure readings 3. Waist circumference measurement 4. Total cholesterol test and HDL 5. Fasting blood glucose or an HgA1C test if client diagnosed diabetic 	<ol style="list-style-type: none"> 1. Client 40-64 is brand new to the EWM Program (never been enrolled or screened at anytime). Client is eligible to receive an initial CVD screening at her first breast and cervical visit. 2. Client 40-64 is eligible to receive a second required CVD screen at her next annual B&C visit (12-18 months after initial screening). 3. Client 40-64 and is at risk based on health history and/or previous lab results or according to National Guidelines and EWM Program Policies. <p>NOTE: Client Screening history on label on front of Screening Visit Card.</p>	<ol style="list-style-type: none"> 1. Page 3 of the Screening Visit Card within the red box and the recommended goals to improve the clients' CVD/Diabetes health. The Screening Visit Card must be submitted to EWM in order to receive payment for the screening visit. 2. Counsel the client on the healthcare provider's interpretation of the test results and the recommended treatment, including a review of all results, medications ordered, lifestyle modifications, interventions recommended, and accessible community resources. 	<ol style="list-style-type: none"> 1. Give client the "Heart Health Results and Information" (pages 4 and 5) from the Screening Visit Card to take with her. These two pages give the client and healthcare provider a place to write down the client's CVD/Diabetes screening results. This is also a place for the client and healthcare provider to talk about goals to improve the clients' CVD/Diabetes health.

EWM does NOT pay for:

- Further diagnostic testing, such as a 12-lead EKG, stress test or other lab work not described in this manual.
- If services are needed that are NOT included on the list or if more than one strategy is recommended to address the client's medical issues, the healthcare provider should discuss possible cost/payment issues and options with the client.

Other services client may be eligible for:

Lifestyle Interventions (LSI's) which refers to giving information to the client about lifestyle changes. Client may receive LSI's according to her lab values as noted below.

Normal: Refer to no-cost/low-cost community resources

At-risk/Abnormal: 4 month intervention management process with Regional LSI.

Blood pressure of 120-180 systolic or 80-110 diastolic

Fasting total cholesterol of 200-400 mg/dl

Fasting blood glucose 100-375 mg/dl

Alert: 4 month intervention management process with Regional Case Manager

Blood pressure of ≥ 180 systolic or ≥ 110 diastolic

Fasting total cholesterol of ≥ 400 mg/dl

Fasting blood glucose ≥ 375 mg/dl