

VT CAD Assessment

*** Indicates a mandatory question. Mandatory questions must be answered prior to completing the Assessment**



Your medical records show you may have heart disease. Is this a condition you have? *

- Yes
- No



When were you diagnosed with CAD?

-- Select --
-- Select --
0-6 months ago
>6 months ago
>12 months ago



Who is the provider treating you for your CAD?

- PCP
- Cardiologist
- Other

Name of Provider



Brief heart history

- MI
- PTCA (cardiac cath)
- Stent
- CABG
- N/A

Date of most recent MI



Date of most recent PTCA



Date of most recent Stent



Date of most recent CABG



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Have you had cardiac rehab? This is a professionally supervised program to help you recover from a heart attack, heart surgery or certain other heart procedures.

- Yes
 No

Date of cardiac rehab



I'm going to ask you questions about how you've been feeling lately. Have you had any new or worsening of these symptoms in the past 4 weeks? *

- Chest pressure when you are sitting or lying down, or when you walk around slowly and/or pain or uncomfortable feeling in your arms, left shoulder, back, neck, jaw or stomach and/or sweats
- Having trouble breathing or catching your breath
- Light-headedness, dizziness, extreme weakness with or without anxiety
- Heart is beating irregularly or very fast
- I have had no new or worsening symptoms in the past 4 weeks

If any symptoms are selected, you will see the following alert:

 Let's call your provider's office to schedule a follow up appointment. [3-way call to schedule a f/u with managing provider. Provider should determine urgency. Confirm member understands if symptoms last more than 5 minutes, seek emergency services]



Have you had your cholesterol tested in the last 12 months? *

-- Select --
-- Select --
Yes
No
Don't know/remember

Cholesterol level (LDL)?

If "Yes" is selected, you will be prompted to fill in the date. If "No," you'll see the following alert:

 Cholesterol testing should be done at least every 12 months. [3-way call to schedule a f/u appointment; address trigger if applicable]

If you select "Don't Know/Remember," you will see the following alert:

 Cholesterol testing should be done at least every 12 months. Ask your provider when your last cholesterol testing was done at your next office visit.



What was your bad cholesterol level (LDL)?

-- Select --
-- Select --
>100
<100
Don't know/remember

If you select >100 you will receive the following alert:

 With heart disease, LDL should be <100 but a goal of 70 is reasonable for many members

If you select "Don't Know/Remember," you will receive the following alert:

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Ask your provider about your LDL level at your next office visit



What is your most recent blood pressure?

-- Select --
-- Select --
>140/90
<140/90
Don't know/remember

If you select >140/90, you will receive the following alert:



For patients with diabetes, the usual goal for BP control is <140/80. Usually your provider will aim for a goal of <130/80 if you have diabetic nephropathy and/or proteinuria, in order to prevent additional damage to your organs.

If you select "Don't know/remember," you will receive the following alert:



Ask your provider about your blood pressure level at your next office visit



What was your most recent fasting blood sugar?

-- Select --
-- Select --
< 100 (normal)
>=100 to <126 (pre-diabetic)
70-130 (diabetic in control)
>130 (diabetic not in control)
Don't know/remember



We are going to talk about the AHA (American Heart Association) guideline recommended medications that you may be currently prescribed. Are you currently prescribed antiplatelet medication (example, ASA, clopidogrel)? Antiplatelet medications stop platelets from clumping.

-- Select --
-- Select --
Yes
Not prescribed

If "Yes" is selected:



Remember you should consult with your cardiologist before stopping anti-platelet medications.



Are you currently prescribed a beta blocker (example: Atenolol, propranolol)? Beta blockers reduce your heart's workload by slowing your heart rate and strengthening the beat.

-- Select --
-- Select --
Yes
Not prescribed



Are you currently prescribed an ACE Inhibitor (example: captopril, enalapril, lisinopril)? ACE Inhibitors (ACEIs) also reduce the workload on your heart.

-- Select --
-- Select --
Yes
Not prescribed

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If you select "Not prescribed," you will receive the following alert:

 Members will not be on both an ACEI and ARB medication. If your member is on an ACEI, please deselect the ARB suggested Problems, Goals and Interventions.



Are you currently prescribed an ARB-Angiotensin Receptor Blocker (Example: Losartan)? ARB's also reduce the workload of your heart.

-- Select --
-- Select --
Yes
Not prescribed

If you select "Not prescribed," you will receive the following alert:

 Members will not be on both an ACEI and ARB medication. If your member is on an ARB, please deselect the ACEI suggested Problems, Goals and Interventions.



Are you currently prescribed a Calcium Channel Blocker (example: amlodipine, diltiazem)? Calcium Channel Blockers work to open your heart's blood vessels.

-- Select --
-- Select --
Yes
Not prescribed

If you select "Not prescribed," you will see:

 CCB's are used in combination with beta blockers when the initial rx for angina is not successful. It is used as a substitute for b. blockers when they are contraindicated for control of angina. Please de-select P/G/I's below if CCB not indicated.



Are you currently prescribed a statin (example: simvastatin, rosuvastatin)? Statins lower cholesterol.

-- Select --
-- Select --
Yes
Not prescribed

If "Not prescribed" is selected:

 Statins are the first line. Sometimes additional medications are prescribed instead because of an intolerance of the statin or because the member is not at goal.



Are you currently prescribed Niacin (example: Niaspan) to increase HDL and decrease triglycerides?

-- Select --
-- Select --
Yes
Not prescribed

If "Not prescribed" is selected, the following alert will appear:

 If the member is on a statin, he/she may not need niacin; if so, please de-select the associated Problem/Goal/Interventions below.

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Are you prescribed a fibrate (example: gemfibrozil, fenofibrate) also used to lower triglycerides and increase HDL?

-- Select --
-- Select --
Yes
Not prescribed

If “Not prescribed” is selected, you will see the following alert:

 If the member is on a statin, he/she may not need a fibrate; if so, please de-select the associated Problem/Goal/Interventions below.



Are you prescribed bile acid sequestrants (example: cholestyramine) which can lower your LDL cholesterol?

-- Select --
-- Select --
Yes
Not prescribed

If “Not prescribed” is selected, the following alert will appear:

 If the member is on a statin, he/she may not need a bile acid sequestrant; if so, please de-select the associated Problem/Goal/Interventions below.



Are you prescribed a nitrate (example: Isosorbide, Nitroglycerin)?

-- Select --
-- Select --
Yes
Not prescribed

If “Not prescribed” is selected, you will see the following alert:

 Nitrates are first line therapy for the treatment of acute anginal symptoms. Long-acting nitrates may be added to control stable angina. If angina is not an issue for your member, please de-select the associated Problem/Goal/Interventions below.



If the Member is not prescribed any of the AHA recommended medication at this time, please select YES.

-- Select --
-- Select --
Yes



I am going to ask you a few questions about your habits of taking your medications [assess adherence]. How often do you miss a dose? *

-- Select --
-- Select --
Never or 1 time a week
More than 1 dose a week

If you select “More than 1 dose a week,” the next question will be highlighted to answer. If you select “Never or 1 time a week,” then the next question will remain grayed out.

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Why do you miss taking your medications?

- Provider's instructions to not take meds
- Forget to fill
- Forget to take
- Complexity - too many medications at different times
- Ran out of medication
- Unable to pay
- Transportation
- Side effects/allergic reaction
- It doesn't work
- Difficulty taking/swallowing

If “Provider’s instructions to not take meds” is selected, then you will see this alert:

STOP (save assessment) Let's call your provider's office to clarify the instructions. [3-way call to managing provider's office]

If “Forget to take” is selected, you will see this alert:

STOP (save assessment). Taking medications around daily routines is easier to remember (for example: right after using the bathroom in the morning)

If “Complexity – too many medications at different times” is selected, you will see this alert:

Complex medication schedules can be difficult to manage, especially if you are taking many different medicines at different times. Setting up your medicines each Sunday, for example, in a pill box for the week may help.

If “Ran out of medication” is selected, you will see this alert:

STOP (save assessment) Let's call your provider's office to see if he/she can call in a refill or needs to see you. [3-way call to managing provider]

If “Unable to pay” is selected, the following alert will appear:

STOP (save assessment). Let me look into your coverage. [Confirm benefit plan doesn't cover/partially covers medications]

If “Transportation” is selected, you will see the following alert:

STOP (save assessment) [Contact transportation vendor or social worker/community resources and assist with coordinating transportation]

If “Side effects/allergic reaction” is selected, the following alert will appear:

Taking your medications and following your provider's instructions is important to help you feel better. It is important for you to discuss any problems with your medicines or any medication changes you make with your provider.

If “It doesn’t work” is selected:

Taking your medications and following your provider's instructions is important to help you feel better. It is important for you to discuss any medication changes you make with your provider.

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If “Difficulty taking/swallowing” is selected, you will see this alert:

 Many people may from time to time experience difficulty taking or swallowing their medicines, it is important to discuss this with your provider to ensure they review different options with you.

Please note in the above question there are check boxes, so you are able to select more than one of the ‘reasons’ which will lead to multiple alerts showing up that you will need to address with the member.



Do you have refills for your prescriptions? *

Yes
 No

 [Set an activity to call 2 weeks prior to running out of medicine and confirm member is planning on getting a refill]

If “No” is selected, you will see the following alert:

 **STOP (save assessment)** Let's call your provider to make sure you don't run out of medications [3-way call to managing provider to call in a refill or schedule an appointment. Discuss mail order pharmacy and if interested assist in setting it up]



Do you have a written heart disease action plan? *

Yes
 No

 Based on your action plan: what do you need to do when you have chest pain/pressure, trouble breathing or a cold sweat? [As needed, review and explain action plan details.]

If “No is selected” the following alert will appear:

 [Review/Discuss a VCCI action plan and schedule a f/u call to review.]