Diagnosis and Management of Patients with Stable Ischemic Heart Disease
Clinical Practice Guideline 2015 Summary Statement

Guidelines are based on nationally recognized standards and are reviewed with the input from network physicians. Blue Cross of Northeastern Pennsylvania’s Quality Improvement Committee then formally approves these guidelines. Guidelines are reviewed and updated by the committee at least every 2 years. The most recent approval date for this guideline is December 4, 2015. The American College of Physicians/American College of Cardiology Foundation/American Heart Association/American Association for Thoracic Surgery/Preventive Cardiovascular Nurses Association/Society of Thoracic Surgeons 2014 guideline for the Diagnosis and Management of Stable Ischemic Heart Disease (SIHD) has been adopted as appropriate for use throughout the network.

Selected Clinical Guidelines
The full guideline is available on the following website:
http://circ.ahajournals.org/content/130/19/1749.full.pdf+html

Summary of Practice Guideline:

A summary guideline was developed for the management of stable ischemic heart disease:
Summary of a Clinical Practice Guideline from the ACP/ACCF/AHA/AATS/PCNA/SCAI/STS.

The ACP concludes that there is no single best way to manage SIHD. Doctors and patients should consider patient preferences and personal situation when deciding on treatment for SIHD. The ACP summary guideline includes 48 specific recommendations that address the following issues: patient education, management of proven risk factors (dyslipidemia, hypertension, diabetes, physical activity, body weight and smoking), risk factor reduction strategies of unproven benefit, medical therapy to prevent myocardial infarction and death and to relieve symptoms, alternative therapy, and revascularization to improve survival and symptoms, and patient follow-up.

To view the complete list of the summary guideline and the recommendations, click on the following link:
http://annals.org/article.aspx?articleid=1392193

APPLICATION OF PRACTICE GUIDELINE:

This practice guideline applies to the following companies:

First Priority Life Insurance Company®

HMO of Northeastern Pennsylvania (d/b/a First Priority Health®)
Key Points for the Summary Practice Guideline:

- **Patient Education**: Patients should have an individualized education plan that includes Medication adherence, Cardiovascular risk reduction strategies, Introduction to self-monitoring, and Information on how to recognize worsening symptoms and how to take action.

- **Lipid Management**: Diet: decrease intake of saturated fats <7% of total calories, trans-fatty acids <1% of total calories, cholesterol <200mgm per day. A moderate or high dose of statin therapy should be prescribed in the absence of contraindications or documented adverse effects.

- **Hypertension**: B/P – 140/90 or greater initiate antihypertensive drug therapy.

- **Ace Inhibitors**: Should be prescribed in all patients with stable IHD who also have hypertension, diabetes, LV systolic dysfunction and chronic kidney disease.

- **Beta-Blocker Therapy**: Prescribe as initial therapy for relief of symptoms in patients with stable IHD.

- **Physical Activity**: 30-60 minutes of moderate intensity aerobic activity such as brisk walking 5-7 days a week. Medically supervised (cardiac rehabilitation) or physician home based program for at risk patients at first diagnosis.

- **Diabetes**: Therapy with Rosiglitazone (Avandia) should not be initiated in diabetic patients with SIHD.

- **Weight Management**: Weight control and BMI 18.5 – 24.9 kg/m, Waist circumference < than 40” for men and < than 35” for women.

- **Smoking**: Cessation and avoidance of exposure to environmental tobacco smoke at work and at home.

- **Anticoagulant Therapy**: ASA 75mg-162mg daily should be continued in the absence of contraindications. Clopidogrel (Plavix) is an option when ASA is contraindicated.

- **Follow-Up**: Patients with stable IHD should receive periodic follow-up at least annually for monitoring, assessment and recommended testing.

Updated Recommendations for the 2014 Clinical Practice Guidelines on the Management of Stable Ischemic Heart Disease:

The 2014 ACC/AHA/AATS/PCNA/SCAI/STS Focused Update of the Guideline for the Diagnosis and Management of Patients with Stable Ischemic Heart Disease (SIHD), coming only 2 years after the 2012 Guideline,1 demonstrates the rapid advancement of knowledge in this field. The bulk of the 2012 Guideline has not changed. For example, non-invasive stress testing is preferred for the diagnosis and risk stratification of coronary artery disease (CAD). Treatment of SIHD focuses on minimizing mortality while maximizing quality of life, and guideline-directed medical therapy remains the therapeutic cornerstone. When medical therapy isn’t enough to relieve symptoms, revascularization procedures can be considered, with ample attention paid to risk/benefit ratio and patient preferences. For some high-risk patients with complex coronary disease, revascularization may improve survival. This is one of four areas that we highlight for which the Writing Group provides important updated guidance.
1. **Diagnostic Coronary Angiography**—The 2014 Focused Update fills a gap in the 2012 Guidelines: Recommendations for the use of coronary angiography for diagnosis of CAD. The Focused Update provides a Class IIa recommendation for coronary angiography for patients with a high likelihood of severe coronary disease based on clinical characteristics and non-invasive testing and for patients who are candidates for revascularization. When patients have symptoms that are refractory to optimal medical therapy, this recommendation becomes Class I. While the Writing Group generally supports a strategy of non-invasive stress testing prior to angiography, they acknowledge that, in some cases, coronary angiography for diagnosis can occur without stress testing, particularly when there is high likelihood for “severe CAD for which revascularization would confer a survival advantage.” Coronary angiography can also be used to establish or reject a CAD diagnosis for a patient with otherwise equivocal testing, as this could lead to change in management strategy.

2. **Revascularization to improve survival including use of a “Heart Team” approach**

   Previous guidelines have generally expressed a preference for CABG over percutaneous coronary intervention (PCI) for patients with SIHD when improved survival is the goal. The Focused Update strengthens this recommendation for patients with diabetes and multivessel CAD. CABG is now “generally recommended” over PCI (Class I recommendation) to improve survival. This upgraded recommendation (from IIa, “probably recommended”) reflects integration of the results of the FREEDOM (Future Revascularization Evaluation in Patients with Diabetes Mellitus). This” Heart Team” approach should review the patient’s medical issues and make decisions as to when to revascularization with PCI or CABG in patients with DM and multivessel disease.

3. **Left main disease**—this Focused Update provides additional support for the use of PCI for revascularization in selected patients of unprotected left main disease when patients have a low/intermediate SYNTAX score and elevated surgical risk.

4. **Alternative therapies for SIHD**—The Update provides lukewarm support for chelation and for enhanced external counterpulsation (EECP). The Writing Group provided only a Class IIb recommendation for chelation, noting “the usefulness of chelation therapy is uncertain for reducing cardiovascular events in patients with SIHD”. This represents an upgrade, however, from the prior Class III recommendation for chelation. The Focused Update provides a similar re-examination of EECP, although without reporting any new data. EECP “may be considered for relief of refractory angina,” a Class IIb recommendation that is unchanged from the 2012 Guideline.

The complete guideline can be found on the following website:
http://circ.ahajournals.org/content/130/19/1749.full.pdf+html

The following website includes a detailed comparison with the 2012 and 2014 CPG on ISHD.
http://my.americanheart.org/professional/ScienceNews/Updated-Recommendations-for-the-Management-of-Stable-Ischemic-Heart-Disease_UCM_464162_Article.jsp
Tools for your practice:
Guideline-directed medical therapy for patient with stable ischemic heart disease.
Resources to help keep your patients healthy

Blue Health Solutions℠, our health and wellness resource, is more than a one-size-fits-all wellness program. Blue Health Solutions puts your patients in charge of their health. We give them a choice of wellness solutions, and they decide how to use them.

If you have patients who are interested in weight management resources or just want to shed a few pounds, we’re here to help. Best of all, our BCNEPA health plans include access to all Blue Health Solutions offers at no additional cost.

Here’s how Blue Health Solutions can help your patients:

- **A personal health coach** to answer their questions or to help them make a plan for improving their health. The Blue Health Solutions health coach will help your patients set realistic goals for achieving the health results they want, give them educational information related to their health concern and guide them to online and community resources. Health coaches can be reached weekdays, between 8 a.m. and 8 p.m. ET, at 1.866.262.4764
- Access to **registered nurses**, 24 hours a day, 7 days a week, for times when our health coaches can’t be reached. We know that an illness can happen overnight or on a weekend. Our nurses are here around-the-clock to answer health questions—so your patients will always have someone to turn to. They can reach 24/7 Nurse Now at 1.866.442.2583
- A confidential, online **Health Assessment**, to help your patients better understand their health risks and solutions to help them lower those risks. Completing the Health Assessment takes only a few minutes, but the results can be life changing. Our health coaches support your efforts to help your patients make positive changes for better health and wellness
- **Health management** services to help your patients with chronic health conditions, such as diabetes management, asthma, heart disease and more
- **Wellness and lifestyle solutions** to help your patients’ better handle stress or chronic back pain, or to help them lose weight or quit smoking. Resources are also available for maternity care services, including prenatal and postnatal care
- **Care management** services give your patients the support they may need to handle a serious medical condition and achieve the best health outcomes and quality of life
- Blue Health Solutions also offer a **life-balance resource** that lets your patients speak with an experienced counselor if they are dealing with change, burnout, family concerns, use of drugs or alcohol and other life stressors
- We also offer **discounts** that can save your patients money on health-related products and services. Blue365® connects your patients with savings on items as diverse as walking shoes, cookbooks with healthy recipes, and even credit monitoring services

Blue Health Solutions also has great online resources. To access the following, patients need to register for **Self-Service** at bcnepa.com, and then select the **Health & Wellness** tab.

- An online personal **Health Record** that your patients can use to keep their health information in one secure place. They can record their medical history, the doctors they see and the pharmacies they use, medical tests, screenings and immunizations, allergies and more
- Our online **Health Library** contains easy-to-understand explanations of medical conditions, symptoms, tests and treatments. The library has hundreds of entries, including interactive tools, a symptom checker and videos—all to help your patients make sound health care decisions
We also offer a **Self-Leadership Project** to help your patients discover how having a positive attitude can help them stay healthy and reach their full health potential. We are committed to giving your patients the resources and support they need to get the most from their health.