

Using SETMA's Disease Management tools
Diabetes, Hypertension and Lipids
to fulfill the NCQA requirements for a written Plan of Care
and Treatment Plan

Providing our patients a written personal Treatment Plan and a written personal Plan of Care for diabetes, hypertension and lipid management are requirements for achieving Tier 3 recognition by NCQA as a Patient- Centered Medical Home. For over seven years, SETMA has been producing Follow-up Documents for each of the chronic diseases on which we are now reporting in our becoming a Medical Home.

We have made modifications in these tools so that the Follow-up Document fulfills all of the requirements for a Treatment Plan and a Plan of Care. (This tutorial addresses only the Treatment Plan and Plan of Care. For a full review of the disease management tools see the tutorial on each.)

Assessing the Cardiovascular Risk Score of Each Patient

In order for the Treatment Plan and the Plan of Care to be precise and specific for each patient, it is important that you first complete the **Framingham Cardiovascular and Cerebrovascular Risk Scores** and the **Global Cardiovascular Risk Score** before using the below functions.

(Note: You only have to complete the risk scores once on each visit, after which the score is displayed on all of the disease management tools and will work interactively with the Treatment Plan and Plan of Care.)

In completing the Risk Scores, you will also be fulfilling another of the

NCQA Medical Home Requirements which is the assessment of the risk of future disease for patients.

Using the Framingham Cardiovascular RiskScore

You can find the **Framingham Risk Scores calculation tools** on each of the Diabetes, Hypertension and Lipid Disease Management tools. The following illustrates its location on the Diabetes Template.

The screenshot displays the 'Diabetes Management' software interface. At the top, patient information includes 'Diabetic Since (year)' set to 1982, 'Age' 28, and 'Sex' M. The interface is divided into several sections: 'Compliance' (with checkboxes for Dental Care, Dilated Eye Exam, etc.), 'Vital Signs' (with input fields for Height, Weight, BP, etc.), 'Current SQ Insulin Dose as of' (with a table for time of day, units, and type), and 'Most Recent Labs' (with a list of lab tests like HbA1C, Mean Plasma Glucose, etc.). A central 'Screening Criteria' section contains a red-bordered box highlighting the 'Fram. CVD 10-Yr Risk' and 'Fram. Stroke 10-Yr Risk' fields, both showing a value of 0. Other visible fields include 'Smoker', 'Metabolic Syndrome', and 'Global Cardio Risk'.

On any one of these templates activate the button entitled **Fram CVD 10- year risk**

Diabetes Management

Diabetic Since (year) Patient

Age Sex

Type I Type II GDM Pre-Diabetes Other

Diagnostic Criteria **Screening Criteria** **Imp Diabetes Concepts** **Evidenced-Based Recs**

Compliance

Dental Care

Dilated Eye Exam

Flu Shot

Foot Exam

HgbA1C

Pneumovax

Urinalysis

Aspirin Yes No

Statin Yes No

Vital Signs

Height Weight BMI

Waist Hips Chest Abdomen Ratio BER

Finger Stick Glucose Pulse

Blood Pressure /

BP in Diabetics

Vitals Over Time

Current SQ Insulin Dose as of

Time of day	Units	Type	Units	Type	Blood Sugars mg/dl
<input type="text" value=""/>	<input type="text" value=".00"/>	<input type="text" value=""/>	<input type="text" value=".00"/>	<input type="text" value=""/>	<input type="text" value=""/>
<input type="text" value=""/>	<input type="text" value=".00"/>	<input type="text" value=""/>	<input type="text" value=".00"/>	<input type="text" value=""/>	<input type="text" value=""/>
<input type="text" value=""/>	<input type="text" value=".00"/>	<input type="text" value=""/>	<input type="text" value=".00"/>	<input type="text" value=""/>	<input type="text" value=""/>
<input type="text" value=""/>	<input type="text" value=".00"/>	<input type="text" value=""/>	<input type="text" value=".00"/>	<input type="text" value=""/>	<input type="text" value=""/>

Most Recent Labs

HbA1C

Mean Plasma Glucose

C-Peptide

Fructosamine

Cholesterol

LDL

HDL

Triglycerides

TroLDL Ratio

Glucose

Fasting

Insulin

HOMA-IR

Na

K

Magnesium

BUN

Creatinine

U Microalbumin

Albumin/Creat

Navigation

Diabetes General

Education Booklet Given On

Last DE

This launches the following template. To complete the **Fram CVD 10- year risk** activate the button entitled **Import from Physical Exam**

Framingham Cardiovascular Risk Assessment

Date of Birth Sex

Stroke Risk Factor Prediction

The Stroke Risk Factor Prediction is for male and female patients between the ages of 54 and 86 with SBP ranges Male: 95-213, Female: 95-204

Age	<input type="text" value="28"/>	Pts.	<input type="text" value="0"/>
SBP	<input type="text"/>	Pts.	<input type="text"/>
HYP RX	<input type="text"/>	Pts.	<input type="text"/>
Diabetes	<input type="text"/>	Pts.	<input type="text"/>
CIGS	<input type="text"/>	Pts.	<input type="text"/>
CVD	<input type="text"/>	Pts.	<input type="text"/>
AF	<input type="text"/>	Pts.	<input type="text"/>
LVH	<input type="text"/>	Pts.	<input type="text"/>

Point Total

Percent

Avg. 10 Yr. Prob. by Age Percent

Coronary Heart Disease Risk Factor Prediction

The CHD Risk Factor Prediction is for patients between the ages of 20 and 80. The algorithm assesses the patient's 10 Year CHD risk based on age, systolic blood pressure, HDL cholesterol, total cholesterol, Diabetes, smoking, and LVH.

Age	<input type="text" value="28"/>	Pts.	<input type="text" value="-9"/>
SBP	<input type="text"/>	Pts.	<input type="text"/>
<input type="checkbox"/> treated <input type="checkbox"/> untreated			
HDL - C:	<input type="text"/>	Pts.	<input type="text"/>
Total - C:	<input type="text"/>	Pts.	<input type="text"/>
Diabetes	<input type="text"/>	Pts.	<input type="text"/>
CIGS	<input type="text"/>	Pts.	<input type="text"/>
LVH	<input type="text"/>	Pts.	<input type="text"/>

Point Total

10 Year Risk Percent

points

Key For Symbols

SBP - Systolic blood Pressure	AF - History of atrial fibrillation
HYP RX - Under anti-hypertensive therapy	LVH - Left ventricular hypertrophy on ECG
Diabetes - History of diabetes	HDL-C = HDL-Cholesterol
CIGS - Smokes cigarettes	Total - C = Total Cholesterol
CVD - History of myocardial infarction, angina pectoris, coronary insufficiency, intermittent claudication or congestive heart failure	

Interpretation

Complete the **check box** which indicates whether the patient's blood pressure is treated or not, i.e., is the patient on blood pressure medication.

Framingham Cardiovascular Risk Assessment

Date of Birth Sex

Stroke Risk Factor Prediction

The Stroke Risk Factor Prediction is for male and female patients between the ages of 54 and 86 with SBP ranges Male: 95-213, Female: 95-204

Age	<input type="text" value="28"/>	Pts.	<input type="text" value="0"/>
SBP	<input type="text" value=""/>	Pts.	<input type="text" value=""/>
HYP RX	<input type="text" value=""/>	Pts.	<input type="text" value=""/>
Diabetes	<input type="text" value=""/>	Pts.	<input type="text" value=""/>
CIGS	<input type="text" value=""/>	Pts.	<input type="text" value=""/>
CVD	<input type="text" value=""/>	Pts.	<input type="text" value=""/>
AF	<input type="text" value=""/>	Pts.	<input type="text" value=""/>
LVH	<input type="text" value=""/>	Pts.	<input type="text" value=""/>

Point Total

Percent

Avg. 10 Yr. Prob. by Age Percent

Coronary Heart Disease Risk Factor Prediction

The CHD Risk Factor Prediction is for patients between the ages of 20 and 80. The algorithm assesses the patient's 10 Year CHD risk based on age, systolic blood pressure, HDL cholesterol, total cholesterol, Diabetes, smoking, and LVH.

Age	<input type="text" value="28"/>	Pts.	<input type="text" value="-9"/>
SBP	<input type="text" value=""/>	Pts.	<input type="text" value=""/>
<input type="checkbox"/> treated <input type="checkbox"/> untreated			
HDL - C:	<input type="text" value=""/>	Pts.	<input type="text" value=""/>
Total - C:	<input type="text" value=""/>	Pts.	<input type="text" value=""/>
Diabetes	<input type="text" value=""/>	Pts.	<input type="text" value=""/>
CIGS	<input type="text" value=""/>	Pts.	<input type="text" value=""/>
LVH	<input type="text" value=""/>	Pts.	<input type="text" value=""/>

Point Total

10 Year Risk Percent

Interpretation

points

Key For Symbols

SBP - Systolic blood Pressure	AF - History of atrial fibrillation
HYP RX - Under anti-hypertensive therapy	LVH - Left ventricular hypertrophy on ECG
Diabetes - History of diabetes	HDL-C = HDL-Cholesterol
CIGS - Smokes cigarettes	Total - C = Total Cholesterol
CVD - History of myocardial infarction, angina pectoris, coronary insufficiency, intermittent claudication or congestive heart failure	

Click the button entitled **Calc Risk**

Framingham Cardiovascular Risk Assessment

Date of Birth Sex

Stroke Risk Factor Prediction

The Stroke Risk Factor Prediction is for male and female patients between the ages of 54 and 86 with SBP ranges Male: 95-213, Female: 95-204

Age	<input type="text" value="28"/>	Pts.	<input type="text" value="0"/>
SBP	<input type="text"/>	Pts.	<input type="text"/>
HYP RX	<input type="text"/>	Pts.	<input type="text"/>
Diabetes	<input type="text"/>	Pts.	<input type="text"/>
CIGS	<input type="text"/>	Pts.	<input type="text"/>
CVD	<input type="text"/>	Pts.	<input type="text"/>
AF	<input type="text"/>	Pts.	<input type="text"/>
LVH	<input type="text"/>	Pts.	<input type="text"/>

Point Total Percent

Avg. 10 Yr. Prob. by Age Percent

Coronary Heart Disease Risk Factor Prediction

The CHD Risk Factor Prediction is for patients between the ages of 20 and 80. The algorithm assesses the patient's 10 Year CHD risk based on age, systolic blood pressure, HDL cholesterol, total cholesterol, Diabetes, smoking, and LVH.

Age	<input type="text" value="28"/>	Pts.	<input type="text" value="-9"/>
SBP	<input type="text"/>	Pts.	<input type="text"/>
<input type="checkbox"/> treated <input type="checkbox"/> untreated			
HDL - C:	<input type="text"/>	Pts.	<input type="text"/>
Total - C:	<input type="text"/>	Pts.	<input type="text"/>
Diabetes	<input type="text"/>	Pts.	<input type="text"/>
CIGS	<input type="text"/>	Pts.	<input type="text"/>
LVH	<input type="text"/>	Pts.	<input type="text"/>

Point Total Percent

10 Year Risk Percent

points

Key For Symbols

SBP - Systolic blood Pressure	AF - History of atrial fibrillation
HYP RX - Under anti-hypertensive therapy	LVH - Left ventricular hypertrophy on ECG
Diabetes - History of diabetes	HDL-C = HDL-Cholesterol
CIGS - Smokes cigarettes	Total - C = Total Cholesterol
CVD - History of myocardial infarction, angina pectoris, coronary insufficiency, intermittent claudication or congestive heart failure	

The Risk Score will now be displayed on this template, on each of the disease management tools and it will also be used in preparing your Treatment Plan and your Plan of Care for each patient.

Using the Global Cardiovascular Risk Score

Several years ago, it was recognized that the Framingham Score weighted the patient's age so heavily that some young people with high cardiovascular risk were missed and some older patients with lower cardiovascular risk were misjudged as being at high risk.

An analysis was done of the Framingham Data and the **Global Cardiovascular Risk Score** was created. This score uses the Framingham Data but eliminates the age and gender bias, adding Hemoglobin A1C to the assessment. If the score is above 4, the patient is considered to have high Cardiovascular Risk.

To use the **Global Cardiovascular Risk Score** click the button in the middle of the Framingham Cardiovascular Risk Assessment template entitled **Global Cardio Risk**.

Framingham Cardiovascular Risk Assessment

Date of Birth Sex

Stroke Risk Factor Prediction

The Stroke Risk Factor Prediction is for male and female patients between the ages of 54 and 86 with SBP ranges Male: 95-213, Female: 95-204

Age	<input type="text" value="28"/>	Pts.	<input type="text" value="0"/>
SBP	<input type="text"/>	Pts.	<input type="text"/>
HYP RX	<input type="text"/>	Pts.	<input type="text"/>
Diabetes	<input type="text"/>	Pts.	<input type="text"/>
CIGS	<input type="text"/>	Pts.	<input type="text"/>
CVD	<input type="text"/>	Pts.	<input type="text"/>
AF	<input type="text"/>	Pts.	<input type="text"/>
LVH	<input type="text"/>	Pts.	<input type="text"/>

Calc. 10 Yr. Risk

Point Total

Percent

Avg. 10 Yr. Prob. by Age Percent

Coronary Heart Disease Risk Factor Prediction

The CHD Risk Factor Prediction is for patients between the ages of 20 and 80. The algorithm assesses the patient's 10 Year CHD risk based on age, systolic blood pressure, HDL cholesterol, total cholesterol, Diabetes, smoking, and LVH.

Age	<input type="text" value="28"/>	Pts.	<input type="text" value="-9"/>
SBP	<input type="text"/>	Pts.	<input type="text"/>
<input type="checkbox"/> treated <input type="checkbox"/> untreated			
HDL - C:	<input type="text"/>	Pts.	<input type="text"/>
Total - C:	<input type="text"/>	Pts.	<input type="text"/>
Diabetes	<input type="text"/>	Pts.	<input type="text"/>
CIGS	<input type="text"/>	Pts.	<input type="text"/>
LVH	<input type="text"/>	Pts.	<input type="text"/>

Calc. Risk

Point Total

10 Year Risk Percent

points

Key For Symbols

SBP - Systolic blood Pressure	AF - History of atrial fibrillation
HYP RX - Under anti-hypertensive therapy	LVH - Left ventricular hypertrophy on ECG
Diabetes - History of diabetes	HDL-C = HDL-Cholesterol
CIGS - Smokes cigarettes	Total - C = Total Cholesterol
CVD - History of myocardial infarction, angina pectoris, coronary insufficiency, intermittent claudication or congestive heart failure	

Interpretation

This launches the following pop-up. Activate the button entitled **Import**. This will aggregate the data required to calculate the score.

Global Cardiovascular Risk Score

Enter each of the five parameters below and click "Calculate."
You may click "Import" to pull the values in from the physical exam.

Cholesterol

HDL

HgbA1C **Import >>**

Systolic BP

Packs Per Day

Calculate >> points

A Global Cardiovascular Risk Score below 4 is desirable. Above 4, the patient is at increased risk of a cardiovascular event.

Complete Formula

$$\frac{\text{Cholesterol}}{\text{HDL}} + (\text{HgbA1C} - 7.0) + \frac{\text{Systolic BP} - 130}{10} + \text{Packs Per Day}$$

OK Cancel

To complete this process, activate the button entitled **Calculate**

Global Cardiovascular Risk Score

Enter each of the five parameters below and click "Calculate."
You may click "Import" to pull the values in from the physical exam.

Cholesterol

HDL

HgbA1C Import >>

Systolic BP

Packs Per Day

Calculate >> points

A Global Cardiovascular Risk Score below 4 is desirable. Above 4, the patient is at increased risk of a cardiovascular event.

Complete Formula

$$\frac{\text{Cholesterol}}{\text{HDL}} + (\text{HgbA1C} - 7.0) + \frac{\text{Systolic BP} - 130}{10} + \text{Packs Per Day}$$

OK Cancel

The score will be displayed on this screen, on all of the disease management tools and will be used in preparing your Plan of Care and Treatment Plan on each patient. A value above 4 indicates that the patient is at increased risk.

The principle difference which you will find is that at times young people who have a low Framingham risk score, will have a high Global Cardiovascular risk score and older people who have a high Framingham Score will have a lower Global cardiovascular risk score. This is because of the elimination of the age as a factor.

To return to the **Framingham Cardiovascular Risk Assessment** template click **OK**

Framingham Cerebrovascular Risk Score

Completing the **Framingham Cerebrovascular Risk Assessment** is done as follows. In the **Stroke Risk Factor Prediction** column to the left of the screen complete any items which are not displayed.

Framingham Cardiovascular Risk Assessment

Date of Birth: Sex:

Stroke Risk Factor Prediction

The Stroke Risk Factor Prediction is for male and female patients between the ages of 54 and 86 with SBP ranges Male: 95-213, Female: 95-204

Age	<input type="text" value="28"/>	Pts.	<input type="text" value="0"/>
SBP	<input type="text"/>	Pts.	<input type="text"/>
HYP RX	<input type="text"/>	Pts.	<input type="text"/>
Diabetes	<input type="text"/>	Pts.	<input type="text"/>
CIGS	<input type="text"/>	Pts.	<input type="text"/>
CVD	<input type="text"/>	Pts.	<input type="text"/>
AF	<input type="text"/>	Pts.	<input type="text"/>
LVH	<input type="text"/>	Pts.	<input type="text"/>

Point Total

Percent

Avg. 10 Yr. Prob. by Age Percent

Import from Physical Exam

Global Cardio Risk

points

Coronary Heart Disease Risk Factor Prediction

The CHD Risk Factor Prediction is for patients between the ages of 20 and 80. The algorithm assesses the patient's 10 Year CHD risk based on age, systolic blood pressure, HDL cholesterol, total cholesterol, Diabetes, smoking, and LVH.

Age	<input type="text" value="28"/>	Pts.	<input type="text" value="-9"/>
SBP	<input type="text"/>	Pts.	<input type="text"/>
<input type="checkbox"/> treated <input type="checkbox"/> untreated			
HDL - C:	<input type="text"/>	Pts.	<input type="text"/>
Total - C:	<input type="text"/>	Pts.	<input type="text"/>
Diabetes	<input type="text"/>	Pts.	<input type="text"/>
CIGS	<input type="text"/>	Pts.	<input type="text"/>
LVH	<input type="text"/>	Pts.	<input type="text"/>

Point Total

10 Year Risk Percent

Interpretation

Key For Symbols

SBP - Systolic blood Pressure	AF - History of atrial fibrillation
HYP RX - Under anti-hypertensive therapy	LVH - Left ventricular hypertrophy on ECG
Diabetes - History of diabetes	HDL-C = HDL-Cholesterol
CIGS - Smokes cigarettes	Total - C = Total Cholesterol
CVD - History of myocardial infarction, angina pectoris, coronary insufficiency, intermittent claudication or congestive heart failure	

If any of the items are unknown to you, leave them blank. If on the GP Master History template, under Cardiovascular History, you have denoted that the patient has LVH, that will be auto filled on this template.

Once you have filled in all of the items, depress the button entitled **Calc 10 Year Risk**

Framingham Cardiovascular Risk Assessment

Date of Birth Sex

Stroke Risk Factor Prediction

The Stroke Risk Factor Prediction is for male and female patients between the ages of 54 and 86 with SBP ranges Male: 95-213, Female: 95-204

Age	<input type="text" value="28"/>	Pts.	<input type="text" value="0"/>
SBP	<input type="text"/>	Pts.	<input type="text"/>
HYP RX	<input type="text"/>	Pts.	<input type="text"/>
Diabetes	<input type="text"/>	Pts.	<input type="text"/>
CIGS	<input type="text"/>	Pts.	<input type="text"/>
CVD	<input type="text"/>	Pts.	<input type="text"/>
AF	<input type="text"/>	Pts.	<input type="text"/>
LVH	<input type="text"/>	Pts.	<input type="text"/>

Point Total

Percent

Avg. 10 Yr. Prob. by Age Percent

Coronary Heart Disease Risk Factor Prediction

The CHD Risk Factor Prediction is for patients between the ages of 20 and 80. The algorithm assesses the patient's 10 Year CHD risk based on age, systolic blood pressure, HDL cholesterol, total cholesterol, Diabetes, smoking, and LVH.

Age	<input type="text" value="28"/>	Pts.	<input type="text" value="-9"/>
SBP	<input type="text"/>	Pts.	<input type="text"/>
<input type="checkbox"/> treated <input type="checkbox"/> untreated			
HDL - C:	<input type="text"/>	Pts.	<input type="text"/>
Total - C:	<input type="text"/>	Pts.	<input type="text"/>
Diabetes	<input type="text"/>	Pts.	<input type="text"/>
CIGS	<input type="text"/>	Pts.	<input type="text"/>
LVH	<input type="text"/>	Pts.	<input type="text"/>

Point Total

10 Year Risk Percent

Interpretation

-2.0 points

Key For Symbols

SBP - Systolic blood Pressure	AF - History of atrial fibrillation
HYP RX - Under anti-hypertensive therapy	LVH - Left ventricular hypertrophy on ECG
Diabetes - History of diabetes	HDL-C = HDL-Cholesterol
CIGS - Smokes cigarettes	Total - C = Total Cholesterol
CVD - History of myocardial infarction, angina pectoris, coronary insufficiency, intermittent claudication or congestive heart failure	

You are done.

The Cerebrovascular Risk Score will be displayed on all disease management tools and will be used in calculating your Treatment Plan and Plan of Care. While it takes longer to review this tutorial and to learn how to use this function, it only takes a few seconds to complete it during a visit.

Using SETMA's Disease Management tools Diabetes, Hypertension and Lipids to fulfill the NCQA requirements for a written Plan of Care and Treatment Plan

Definitions:

- **Treatment Plan:** “A written plan detailing the medical regimen as ordered by the physician, including periodic monitoring for adverse reactions and other follow-up care.”
- **Plan of Care:** “a written plan for services that will be provided to the patient to meet their identified needs.”

Diabetes Treatment Plan and Plan of Care

You will find the Diabetes Disease management Tool by going to AAA Home

SOUTHEAST TEXAS MEDICAL ASSOCIATES, L.L.P.

Patient Chart QTest Sex Age DOB
 Home Phone Work Phone

Patient has one or more alerts! [Click Here to View Alerts](#)

[SETMA's LESS initiative](#) | [Preventing Diabetes](#) | [Preventing Hypertension](#) | [Medical Home Coordination Needs Attention!](#)
[Charge Posting Tutorial](#) | [ICD-9 Code Tutorial](#) | [E&M Coding Recommendations](#)

[Master GP](#) | [Nursing Home](#) | [Ophthalmology](#) | [Pediatrics](#) | [Physical Therapy](#) | [Podiatry](#) | [Rheumatology](#)
[Daily Progress](#) | [Admission Orders](#) | [Discharge](#) | [Insulin Infusion](#) | [Colorectal Surgery](#) | [Pain Management](#)

[Exercise](#) | [CHF Exercise](#) | [Diabetic Exercise](#) | [Drug Interactions](#) | [Smoking Cessation](#) |
[Hydration](#) | [Nutrition](#) | [Guidelines](#) | [Lab Future](#) | [Lab Results](#)

Disease Management

[Acute Coronary Syn](#) | [Angina](#) | [Asthma](#) | [CHF](#) | **[Diabetes](#)** | [Headaches](#) | [Hypertension](#) | [Lipids](#) | [Cardiometabolic Risk Syndrome](#) |
[Weight Management](#) | [Renal Failure](#) | [Diabetes Edu](#)

Patient's Pharmacy
 Phone
 Fax

Status	Priority	Referral	Referring Provider

[Referral History](#)

Chart Note

Click on the button entitled **Diabetes** and the Diabetes Disease Management tool is launched.

Diabetes Management

Diabetic Since (year) Patient Chart QTest
 Type I Type II GDM Pre-Diabetes Other 1982 Age 26 Sex M

Diagnostic Criteria **Screening Criteria** **Imp Diabetes Concepts** **Evidenced-Based Recs**

Compliance
 Dental Care //
 Dilated Eye Exam //
 Flu Shot 09/04/2007
 Foot Exam //
 HgbA1C //
 Pneumovax //
 Urinalysis //
 Aspirin Yes No
 Statin Yes No

Vital Signs
 Height .00 Waist .00 Finger Stick Glucose
 Weight Hips .00 Pulse 56.00
 BMI Chest .00 Blood Pressure 110 / 80
 Body Fat % Abdomen 0 BP In Diabetics
 Protein Req Ratio .00 Vitals Over Time
 BMR BER

Current SQ Insulin Dose as of //
 Time of day Units Type Units Type Blood Sugars mg/dl
 .00 .00 .00 .00
 .00 .00 .00 .00
 .00 .00 .00 .00
 .00 .00 .00 .00
 Diary

Most Recent Labs Check for New Labs
 HgA1C //
 Mean Plasma Glucose // Insulin
 C-Peptide //
 Fructosamine //
 Cholesterol //
 LDL //
 HDL //
 Triglycerides //
 Trig/HDL Ratio //
 Glucose //
 Fasting //
 Insulin //
 HOMA-IR //
 Na //
 K //
 Magnesium //
 BUN //
 Creatinine //
 U Microalbumin //
 Albumin/Creat //
 Urinalysis Labs Over Time

Navigation
 Diabetes General
 Home
 Diab Sys Review
 Diabetic History
 Eye Exam
 Nasopharynx
 Cardio Exam
Foot Exam
 Neurological Exam
 Complications/Education
 Initiating Insulin
 Lifestyle Changes
 Diabetes Plan
 Education Booklet Given On //
 Diabetes Education
 Last DE //

All of the evaluation and documentation which you have done on GP Master will populate this tool as well. While this tool can be used as a complete guide to the treatment of diabetes, it may also be used for our current purpose.

To use the tool for Treatment Plan and Plan of Care, make certain that the “10 Gm Monofilament foot examination” has been done. You will find that examination by clicking on “**Foot Exam**” above

From the Diabetes Management template, click on the navigation button entitled **Lifestyle Changes**.

The screenshot shows the 'Diabetes Management' software interface. At the top, there are tabs for 'Type I', 'Type II', 'GDM', 'Pre-Diabetes', and 'Other'. The 'Diabetic Since (year)' is set to 1992. The patient's age is 28 and sex is M. The navigation pane on the right includes buttons for 'Home', 'Diab Sys Review', 'Diabetic History', 'Eye Exam', 'Nasopharynx', 'Cardio Exam', 'Foot Exam', 'Neurological Exam', 'Complications/Education', 'Initiating Insulin', 'Lifestyle Changes' (highlighted with a red box), 'Diabetes Plan', 'Education Booklet Given On', 'Diabetes Education', and 'Last DE'. The main content area is divided into sections for 'Compliance', 'Vital Signs', 'Current SQ Insulin Dose as of', 'Blood Sugars', and 'Most Recent Labs'.

You will then see the following template

The screenshot shows the 'Diabetes Lifestyle Changes' template. At the top, there is a 'Return' button. The main content area is divided into sections: 'Principles of Dietary Management for Diabetes' (highlighted with a red box), 'Information', and 'Glycemic Information'. The 'Principles of Dietary Management for Diabetes' section includes a list of checkboxes and text:

- Caloric restriction to achieve weight loss
- Carbohydrate-limited diet
- Uniform distribution of calories throughout the day
- No caloric intake after 6-7 PM (will result in lower first morning blood sugar levels)
- Very high fat meals may result in delayed hyperglycemia
- Limit alcohol consumption (no more than 2 drinks per day)

 Below this list, it states: 'Poor dental hygiene is associated with complications in diabetic patients'.

- Encourage patient to clean teeth with flossing daily
- Encourage annual dental examination and teeth cleaning

 At the bottom of the red box, there are links for 'Exercise', 'Weight Management', 'Smoking Cessation', and 'Email'. The 'Information' section includes buttons for 'Health Risks and Obesity', 'Consequences of Couch Potato', 'Benefits of Physical Activity', and '"Diabetic Diet"', along with a 'Print All' button. The 'Glycemic Information' section includes buttons for 'Importance of Glycemic Index', 'Applying the Glycemic Index', 'Glycemic Load', and 'Processing and Glycemic Level'.

This template automatically selects the **Principles of Dietary Management for Diabetes**. Click on **Return**.

Diabetes Lifestyle Changes

Diet Type

Principles of Dietary Management for Diabetes

- Caloric restriction to achieve weight loss
- Carbohydrate-limited diet
- Uniform distribution of calories throughout the day
- No caloric intake after 6-7 PM
(will result in lower first morning blood sugar levels)
- Very high fat meals may result in delayed hyperglycemia
- Limit alcohol consumption (no more than 2 drinks per day)

Poor dental hygiene is associated with complications in diabetic patients

- Encourage patient to clean teeth with flossing daily
- Encourage annual dental examination and teeth cleaning

[Exercise](#) [Weight Management](#) [Smoking Cessation](#)

Information

-
-
-
-

Glycemic Information

-
-
-
-

This returns you to the Diabetes Management template.

Diabetes Management

Type I Type II GDM Pre-Diabetes Other

Diabetic Since (year)

Patient QTest

Age Sex

Navigation

Diabetes General

-
-
-
-
-
-
-
-
-
-
-
-
-
-
-
- Last DE

Compliance

Dental Care

Dilated Eye Exam	//
Flu Shot	09/04/2007
Foot Exam	//
HgbA1C	//
Pneumovax	//
Urinalysis	//
Aspirin	<input type="radio"/> Yes <input type="radio"/> No
Statin	<input type="radio"/> Yes <input type="radio"/> No

Vital Signs

Height	.00	Waist	.00	Finger Stick	
Weight		Hips	.00	Glucose	
BMI		Chest	.00	Pulse	56.00
Body Fat %		Abdomen	0	Blood Pressure	110 / 80
Protein Req		Ratio	.00	BP In Diabetics	<input type="button" value=""/>
BMR		BER		Vitals Over Time	<input type="button" value=""/>

Current SQ Insulin Dose as of

Time of day	Units	Type	Units	Type
	.00		.00	
	.00		.00	
	.00		.00	
	.00		.00	

Diagnostic Criteria **Screening Criteria** **Imp Diabetes Concepts** **Evidenced-Based Recs**

E-mail + -
 + -
 %
 %
 %

Most Recent Labs

HgA1C		Insulin	
Mean Plasma Glucose			
C-Peptide	//		
Fructosamine	//		
Cholesterol	//		
LDL	//		
HDL	//		
Triglycerides	//		
Trig:HDL Ratio			
Glucose	//		
Fasting	//		
Insulin	//		
HOMA-IR			
Na	//		
K	//		
Magnesium	//		
BUN	//		
Creatinine	//		
U Microalbumin	//		
Albumin/Creat	//		

Now, click on **Diabetes Plan**. This launches the Diabetes Plan template.

You may review the **Consortium Data Set** from this template or from the **Medical Home Coordination Review** template. Once you review the Consortium Data Set to make sure that your comprehensive diabetes measures have been met, click on **Follow-up Document**

This creates the Follow-up document which has all of the elements of a written Treatment Plan and a written Plan of Care.

- Print this document and give it to the patient. (You should review one of these documents so that you can tell your patient what this document contains and what you want them to do with it.)
- Make sure they receive the Follow-up Document before they leave the clinic.
- If you do significant modifications to the Treatment Plan and/or Plan of Care after reviewing the patient's lab work, re-create the Follow-up Document and have it mailed to the patient.

You are through.

You have produced a document which is educational to the patient and which meets a standard of care of which you can be proud.

Lipid Treatment Plan and Plan of Care

You will find the **Lipid Diabetes Disease management Tool** by going to AAA Home

SOUTHEAST TEXAS MEDICAL ASSOCIATES, LLC

Patient: Chart QTest Sex: M Age: 28 DOB: 06/30/1980
Home Phone: () - Work Phone: () -

Patient has one or more alerts! [Click Here to View Alerts](#)

[SETMA's LESS Initiative](#) | [Preventing Diabetes](#) | [Preventing Hypertension](#) | [Medical Home Coordination](#)
[Charge Posting Tutorial](#) | [ICD-9 Code Tutorial](#) | [E8M Coding Recommendations](#) | **Needs Attention!!**

[Master GP](#) | [Nursing Home](#) | [Ophthalmology](#) | [Pediatrics](#) | [Physical Therapy](#) | [Podiatry](#) | [Rheumatology](#)
[Daily Progress](#) | [Admission Orders](#) | [Discharge](#) | [Insulin Infusion](#) | [Colorectal Surgery](#) | [Pain Management](#)

[Exercise](#) | [CHF Exercise](#) | [Diabetic Exercise](#) | [Drug Interactions](#) | [Smoking Cessation](#) |
[Hydration](#) | [Nutrition](#) | [Guidelines](#) | [Lab Future](#) | [Lab Results](#)

Disease Management

[Acute Coronary Syn](#) | [Angina](#) | [Asthma](#) | [CHF](#) | [Diabetes](#) | [Headaches](#) | [Hypertension](#) | **Lipids** | [Cardiometabolic Risk Syndrome](#) |
[Weight Management](#) | [Renal Failure](#) | [Diabetes Edu](#)

Patient's Pharmacy:
Phone: () -
Fax: () -
[Rx Sheet - Active](#)
[Rx Sheet - New](#)
[Rx Sheet - Complete](#)
[Home Health](#)

Referrals:

Status	Priority	Referral	Referring Provider

[Chart Note](#)
[Return Info](#)
[Return Doc](#)
[Email](#)
[Telephone](#)
[Records Request](#)
[Transfer of Care Doc](#)

[Referral History](#)

Click on the button entitled **Lipids** and the Lipids Disease Management tool is launched.

Lipids Management

SETMA's Lipid Philosophy

Patient: Chart [] QTest []
 Age: 28 Sex: M

Compliance

Last Lipid [//]
 Last CRP [//]
 Last Liver Panel [//]
 Height [//] inches
 Weight [//] pounds
 BMI [//]
 Body Fat [//] %
 BMR [//] cal/day
 Protein Req [//] grams/day
 Waist [//] inches

Blood Pressure
 110 / 80 mmHg
 / / mmHg
 / / mmHg

Diabetes Mellitus + -
 Metabolic Syndrome + -

Fredrickson Classification

Assess from Labs []
 I IIa IIb
 III IV V
 Help [] Info []

Most Recent Labs Goals []

Check for New Labs []

Cholesterol [//]
[HDL](#) [//]
[HDL 2](#) [//]
[HDL 3](#) [//]
 Cholesterol/HDL [//]
[Triglycerides](#) [//]
[Trig/HDL](#) [//]
[Chylomicrons](#) + [//] - [//]
 CPK [//]
[Lp\(a\)](#) [//]
[LDL](#) [//]
[IDL](#) [//]
[VLDL](#) [//]
[LDL-Remnant](#) [//]

Pattern A
 Pattern B Info []
 Pattern A/B

Homocystiene [//]
[hsCRP](#) [//]
[Apo A1](#) [//]
[Apo B](#) [//]
[Apo E2](#) [//]
[Apo E4](#) [//]

Labs Over Time []

Risk Factors

Coronary Heart Disease
 MI (Heart Attack)
 Angina
 CABG
 Non-Coronary Atherosclerosis
 Peripheral Artery Disease
 Cerebrovascular Disease
 Aortic Aneurysm

Fram. CVD 10-Year Risk [//] %
 Fram. Stroke 10-Year Risk [0]
 Global Cardio Risk [-2.0]

Male Age > 45
 Female Age > 55
 Hypertension > 140/90
 Blood Pressure Medications
 Smoking

HDL
 Male < 40
 Female < 50

FHx Premature HD
 Male First Degree < 55
 Female First Degree < 65

Assessment Update []
 Measures should be taken to lower LDL to below 70.

Navigation

Lipids General

Home []

Lipids System Review []
 Extremity Exam []
 Eye Exam []
 Cardio Exam []
 Lifestyle Changes []
 Lipids Plan []

Lipoprotein Metabolism

Summary of Lipid Studies []
 Lipoproteins []
 Significance []
 Composition []
 Classification []
 Hyperlipoproteinemias []
 Hypolipoproteinemias []
 VLDLs []
 IDLs []
 LDLs []
 HDLs []
 LDL Receptors []
 Chylomicrons []
 Chylomicrons and Triglycerides []

Secondary Causes of Abnormal Lipids

Hypercholesterolemia []
 Hypocholesterolemia []
 Low HDL []
 Hypertriglyceridemia []

All of the evaluation and documentation which you have done on GP Master will populate this tool. While this tool can be used as a complete guide to the treatment of lipids, it may also be used for our current purpose.

In order to make use the Fredrickson Classification function, click on the **Check for New Labs button**.

To use the tool for Treatment Plan and Plan of Care, click on **Assess from Labs** button at the lower left hand corner of the template.

The screenshot shows the 'Lipids Management' software interface. At the top left, there is a 'Patient' section with fields for 'Chart' and 'QTest'. Below this, there are fields for 'Age' (28) and 'Sex' (M). The interface is divided into several main sections:

- Compliance:** Includes fields for 'Last Lipid', 'Last CRP', 'Last Liver Panel', 'Height', 'Weight', 'BMI', 'Body Fat', 'BMR', 'Protein Req', and 'Waist'.
- Most Recent Labs:** A table with columns for 'Goals' and 'Labs'. The 'Labs' column lists various lipid and cholesterol tests: Cholesterol, HDL, HDL 2, HDL 3, Cholesterol/HDL, Triglycerides, TriolHDL, Chylomicrons, CPK, Lp(a), LDL, IDL, VLDL, and LDL-Remnant. There are also checkboxes for 'Pattern A', 'Pattern B', and 'Pattern A/B'.
- Risk Factors:** Includes checkboxes for 'Coronary Heart Disease', 'MI (Heart Attack)', 'Angina', 'CABG', 'Non-Coronary Atherosclerosis', 'Peripheral Artery Disease', 'Cerebrovascular Disease', and 'Aortic Aneurysm'. It also has fields for 'Fram. CVD 10-Year Risk', 'Fram. Stroke 10-Year Risk', and 'Global Cardio Risk'.
- Assessment:** Includes checkboxes for 'Male Age > 45', 'Female Age > 55', 'Hypertension > 140/90', 'Blood Pressure Medications', and 'Smoking'. It also has fields for 'HDL', 'FHx: Premature HD', 'Male First Degree < 55', and 'Female First Degree < 65'. There is an 'Update' button and a note: 'Measures should be taken to lower LDL to below 70.'
- Fredrickson Classification:** Located at the bottom left, it has radio buttons for 'I', 'IIa', 'IIb', 'III', 'IV', and 'V'. Below these are buttons for 'Assess from Labs', 'Info', and 'Help'. The 'Assess from Labs' button is highlighted with a red box.
- Navigation:** Located at the top right, it has radio buttons for 'Lipids' and 'General'. Below this is a 'Home' button and a list of navigation options: 'Lipids System Review', 'Extremity Exam', 'Eye Exam', 'Cardio Exam', 'Lifestyle Changes', and 'Lipids Plan'.
- Lipoprotein Metabolism:** Located at the bottom right, it has a 'Summary of Lipid Studies' button and a list of lipoprotein types: 'Lipoproteins', 'Significance', 'Composition', 'Classification', 'Hyperlipoproteinemias', 'Hypolipoproteinemias', 'VLDLs', 'IDLs', 'LDLs', 'HDLs', 'LDL Receptors', 'Chylomicrons', and 'Chylomicrons and Triglycerides'.
- Secondary Causes of Abnormal Lipids:** Located at the bottom right, it has a list of secondary causes: 'Hypercholesterolemia', 'Hypocholesterolemia', 'Low HDL', and 'Hypertriglyceridemia'.

If the patient's lipid pattern matches one of the phenotypes in the Fredrickson Classification, it will be automatically denoted and an education document on that type will be added to the patient's Lipid Follow-up Document. This will be done automatically.

If you want to review this patient's specific lipid-phenotype document, click on the button entitled **Info** at the bottom left of the template. If no type is automatically selected but you wish to assign one, just check the appropriate box.

If you wish to review the six phenotypes in the Frederickson Classification click on the button entitled **Help** also at the bottom left of the template.

Next click on the navigation button entitled **Lifestyle Changes**.

Lipids Management
SETMA's Lipid Philosophy

Patient: Chart [] QTest []
Age: 28 Sex: M

Compliance
Last Lipid: //
Last CRP: //
Last Liver Panel: //
Height: .00 inches
Weight: pounds
BMI:
Body Fat: %
BMR: cal/day
Protein Req: grams/day
Waist: .00 inches
Blood Pressure: 110 / 80 mmHg
Diabetes Mellitus: + - -
Metabolic Syndrome: + - -
Fredrickson Classification: Assess from Labs
I II III IV V
Help Info

Most Recent Labs Goals
Check for New Labs
Cholesterol: //
HDL: //
HDL 2: //
HDL 3: //
Cholesterol/HDL: //
Triglycerides: //
Trig-HDL: //
Chylomicrons: + - -
CPK: //
Lp(a): //
LDL: //
IDL: //
VLDL: //
LDL-Remnant: //
Pattern A:
Pattern B: Info
Pattern A/B:
Homocystiene: //
hsCRP: //
Apo A1:
Apo B:
Apo E2:
Apo E4:
Labs Over Time

Risk Factors
 Coronary Heart Disease
 MI (Heart Attack)
 Angina
 CABG
Non-Coronary Atherosclerosis
 Peripheral Artery Disease
 Cerebrovascular Disease
 Aortic Aneurysm
Fram. CVD 10-Year Risk: %
Fram. Stroke 10-Year Risk: 0
Global Cardio Risk: -2.0
 Male Age > 45
 Female Age > 55
 Hypertension > 140/90
 Blood Pressure Medications
 Smoking
HDL
 Male < 40
 Female < 50
FH: Premature HD
 Male First Degree < 55
 Female First Degree < 65
Assessment Update
Measures should be taken to lower LDL to below 70.

Navigation
Lipids General
Home
Lipids System Review
Extremity Exam
Eye Exam
Cardio Exam
Lifestyle Changes
Lipids Plan

Lipoprotein Metabolism
Summary of Lipid Studies
Lipoproteins
Significance
Composition
Classification
Hyperlipoproteinemias
Hypolipoproteinemias
VLDLs
IDLs
LDLs
HDLs
LDL Receptors
Chylomicrons
Chylomicrons and Triglycerides
Secondary Causes of Abnormal Lipids
Hypercholesterolemia
Hypocholesterolemia
Low HDL
Hypertriglyceridemia

On the Lifestyle template, check the box by any of the diets which apply to your patient. You can click as many as apply. All of the diets which are checked will appear on your Lipid Follow-up Note.

Lifestyle Changes

Goals

Recommended Actions

Diets

- [High Soluble Fiber](#)
- [Low Carbohydrate](#)
- [Low Cholesterol](#)
- [Low Fat](#)
- [Low Trans Fat](#)
- [No Sugar](#)
- [Weight Loss](#)
- [35 % Calories from Fat](#)

Weight Loss Initiative

BMR cal/day

- Exercise Prescription
- Recommend CPET
- Change Dietary Habits
- [Smoking Cessation](#)

Creating an Electronic Tickler File

1. Open Microsoft Outlook by clicking on the e-mail button
2. Address the e-mail to your unit clerk, your nurse and yourself
3. Click on the "options" button at the top, right of the Microsoft Outlook tool bar
4. Find "delivery options" on the "options" pop-up
5. Click on "do not deliver before"
6. Select a date, preferably a Monday, one month hence
7. Close the "option" pop-up
8. Send your e-mail, its delivery will be delayed for one month, at which time it will appear on your unit clerk's, your nurse's and you own desktop.

The unit clerk will be responsible for calling the patient to see if they have quit smoking. If they have, congratulate them; if they haven't admonish them. If they fail to quit in two to three months, serious consideration should be given to removing them from the program.

Patient Information
(Automatically Prints)

- Alcohol and Lipids
- BMR -- Changing It
- Dining Out
- Dyslipidemia and Inactivity
- Exercise and Weight Loss
- Foods to Eat, Avoid
- Inactivity and Cholesterol
- Step I, II Diets and Fiber
- Step I, II Diets - Description
- Training Intensity and Lipids
- Transfats and LDL

Navigation

- Lipids Master
- Lipids System Review
- Extremity Exam
- Eye Exam
- Cardio Exam
- Lipids Plan** ✓

Double-Click to Add Referral

Cpet

Click on the **Lipid Plan** navigation button. (see above Lipid Plan button in red)

Hypertension Treatment Plan and Plan of Care

You will find the Hypertension Disease management Tool by going to AAA Home

SOUTHEAST TEXAS MEDICAL ASSOCIATES, L.L.P.

Patient Chart [] QTest [] Sex M Age 28 DOB 06/30/1980
Home Phone () - Work Phone () -

Patient has one or more alerts! [Click Here to View Alerts](#)

[SETMA's LESS Initiative](#) | [Preventing Diabetes](#) | [Preventing Hypertension](#) | [Medical Home Coordination](#)
[Charge Posting Tutorial](#) | [ICD-9 Code Tutorial](#) | [E/M Coding Recommendations](#) | **Needs Attention!!**

[Master GP](#) | [Nursing Home](#) | [Ophthalmology](#) | [Pediatrics](#) | [Physical Therapy](#) | [Podiatry](#) | [Rheumatology](#)
[Daily Progress](#) | [Admission Orders](#) | [Discharge](#) | [Insulin Infusion](#) | [Colorectal Surgery](#) | [Pain Management](#) |

[Exercise](#) | [CHF Exercise](#) | [Diabetic Exercise](#) | [Drug Interactions](#) | [Smoking Cessation](#) |
[Hydration](#) | [Nutrition](#) | [Guidelines](#) | [Lab Future](#) | [Lab Results](#) |

Disease Management

[Acute Coronary Syn](#) | [Angina](#) | [Asthma](#) | [CHF](#) | [Diabetes](#) | [Headaches](#) | **Hypertension** | [Lipids](#) | [Cardiometabolic Risk Syndrome](#) |
[Weight Management](#) | [Renal Failure](#) | [Diabetes Edu](#)

Patient's Pharmacy []
Phone () -
Fax () -
Rx Sheet - Active
Rx Sheet - New
Rx Sheet - Complete
Home Health

Referrals |

Status	Priority	Referral	Referring Provider

[Referral History](#)

Chart Note
Return Info
Return Doc
Email
Telephone
Records Request
Transfer of Care Doc

Click on the button entitled **Hypertension** and the Hypertension Disease Management tool is launched.

The screenshot displays the 'Hypertension Management Guidelines' web application. At the top left, the title 'Hypertension Management Guidelines' is shown. The patient information section includes fields for 'Patient' (Chart and QTest), 'Age' (28), and 'Sex' (M). The 'Beginning Blood Pressure' and 'Highest Blood Pressure' are both set to 05/19/2009, 160 / 95. The 'Vital Signs' section contains input fields for Blood Pressure (Trial 1: 110 / 80, Trial 2, Trial 3), Pulse (56.00), Height (.00 inches), Weight (pounds), BMI, Body Fat (%), Waist (.00 inches), Hips (.00 inches), and Ratio (.00). It also includes risk calculators for 'From CVD 10-Yr Risk', 'From Stroke 10-Yr Risk' (0%), and 'Global Cardio Risk' (-2.0). The 'Major Risk Factors' section lists checkboxes for Tobacco Use, Dyslipidemia, Diabetes Mellitus, Family Hx of CV Disease (Male < 55, Female < 65), Sex (Male checked, Postmenopausal Female), and 'Additional Risk Factors' (CHF, CAD, TIA, Stroke, Peripheral Vascular Disease, Renal Insufficiency, Retinopathy). A 'Calculate Assessment' button is present. The right side features a 'Navigation' menu with options for HPT (selected) and General, and a list of topics including Home, Lifestyle Changes, Dippers and White Coat, HPT and Diabetes, HPT and Depression, HPT and the Elderly, HPT, Insulin Resistance, Isolated Systolic HPT, HPT and Kidney Disease, Evaluation, Diagnosis and Screening, Treatment, HPT Plan, and Physician Role. Below the navigation menu are sections for 'Patient Information' (Click for Documents) and 'Physician Information' (Classification, Risk Stratification). At the bottom, there are buttons for 'Lab Results' and 'Labs Over Time', and a 'Vitals Over Time' button.

All of the evaluation and documentation which you have done on GP Master will populate this tool as well. While this tool can be used as a complete guide to the treatment of hypertension, it may also be used for our current purpose.

In order for this to fulfill all of the NCQA requirements for hypertension, you must click the button entitled **Calculate Assessment**

Hypertension Management
Guidelines

Patient Chart QTest
Age 28 Sex M

Beginning Blood Pressure 05/19/2009 160 / 95
Highest Blood Pressure 05/19/2009 160 / 95

Vital Signs
Blood Pressure Trial 1 110 / 80 Trial 2 / Trial 3 /
Pulse Pressure 30
Pulse 56.00
Height .00 inches
Weight .00 pounds
BMI .00
Body Fat .00 %
Waist .00 inches
Hips .00 inches
Ratio .00

Major Risk Factors
 Tobacco Use
 Dyslipidemia
 Diabetes Mellitus
Family Hx of CV Disease
 Male < 55
 Female < 65
Sex
 Male
 Postmenopausal Female

Additional Risk Factors
 CHF
 CAD
 TIA
 Stroke
 Peripheral Vascular Disease
 Renal Insufficiency
 Retinopathy

Calculate Assessment

Blood Pressure Classification
Recommended Follow-Up
Risk Group
Treatment Based on Risk Assessment

Navigation
 HPT General
Home
Lifestyle Changes
Dippers and White Coat
HPT and Diabetes
HPT and Depression
HPT and the Elderly
HPT, Insulin Resistance
Isolated Systolic HPT
HPT and Kidney Disease
Evaluation
Diagnosis and Screening
Treatment
HPT Plan
Physician Role

Patient Information
Click for Documents

Physician Information
Classification
Risk Stratification

Vitals Over Time

This displays the:

- Blood Pressure Classification,
- Risk Group,
- Recommendation and Treatment Plan based on the Risk Group.

All of these are elements of quality measures for hypertension.

Now, in order to use the tool for Treatment Plan and Plan of Care, click on the navigation button entitled **Lifestyle Changes**.

This will display a template which addresses the major lifestyle changes which will significantly influence blood pressure, along with the potential reduction in systolic pressure which can be achieved by each. All of these will be automatically selected and they will also appear on your Treatment Plan and Plan of Care for hypertension.

Lifestyle Changes

Recommended Actions
The numbers in parenthesis indicate the approximate reduction in Systolic Blood Pressure for each lifestyle change.

Return

<input checked="" type="checkbox"/> Eliminate or reduce alcohol consumption to 2 drinks per day (2-4 mmHg) <input checked="" type="checkbox"/> Eliminate or reduce caffeine intake <input checked="" type="checkbox"/> Take measures to reduce and control stress <input checked="" type="checkbox"/> If you are overweight, lose weight (5-20 mmHg/20 lb wt. loss) BMI <input type="text"/> BMR <input type="text"/> calories/day <input checked="" type="checkbox"/> Exercise (4-9 mmHg) <input checked="" type="checkbox"/> Smoking Cessation <input type="button" value="Email"/>	<input checked="" type="checkbox"/> Change dietary habits <input checked="" type="checkbox"/> Increase potassium intake <input checked="" type="checkbox"/> Increase calcium intake <input checked="" type="checkbox"/> Maintain adequate magnesium intake <input checked="" type="checkbox"/> Increase fish oils <input checked="" type="checkbox"/> Reduce salt intake to no more than 2.4 grams/day (2-8 mmHg) What Is A Low Sodium Diet? <input checked="" type="checkbox"/> DASH Diet (8-14 mmHg) <input checked="" type="checkbox"/> Monitor your blood pressure and keep a record <input checked="" type="checkbox"/> Be sure to keep all of your appointments <input checked="" type="checkbox"/> Be sure to take your medications as indicated
--	--

Information
[Alcohol, Coffee, Cigarettes](#)

You ought to review the information on this template. There is also the ability for documenting Exercise and Smoking Cessation on this template.

Click on **Return**, which will display the Hypertension Master template.

Hypertension Management

[Guidelines](#)

Patient
 Age Sex

Beginning Blood Pressure <input type="text" value="05/19/2009"/> <input type="text" value="160"/> / <input type="text" value="95"/>	Highest Blood Pressure <input type="text" value="05/19/2009"/> <input type="text" value="160"/> / <input type="text" value="95"/>
---	---

Vital Signs

Blood Pressure

Trial 1	<input type="text" value="110"/>	/	<input type="text" value="80"/>	<input type="text" value="30"/>
Trial 2	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
Trial 3	<input type="text"/>	/	<input type="text"/>	<input type="text"/>

Pulse

Height inches

Weight pounds

BMI

Body Fat %

Waist inches

Hips inches

Ratio

Fram CVD 10-Yr Risk %

Fram Stroke 10-Yr Risk %

[Global Cardio Risk](#)

[Metabolic Syndrome](#) - +

Major Risk Factors

Tobacco Use

[Dyslipidemia](#)

[Diabetes Mellitus](#)

Family Hx of CV Disease

Male < 55

Female < 65

Sex

Male

Postmenopausal Female

Additional Risk Factors

CHF

CAD

TIA

Stroke

Peripheral Vascular Disease

Renal Insufficiency

Retinopathy

Blood Pressure Classification

Recommended Follow-Up

Risk Group

Treatment Based on Risk Assessment

Navigation

HPT General

Home

[Lifestyle Changes](#)

[Dippers and White Coat](#)

[HPT and Diabetes](#)

[HPT and Depression](#)

[HPT and the Elderly](#)

[HPT, Insulin Resistance](#)

[Isolated Systolic HPT](#)

[HPT and Kidney Disease](#)

[Evaluation](#)

[Diagnosis and Screening](#)

[Treatment](#)

[HPT Plan](#)

[Physician Role](#)

Patient Information

Physician Information

[Classification](#)

[Risk Stratification](#)

Now click on the button entitled **HPT Plan**

You need to do three things on this template:

- Complete the section on whether to “**continue current medication**” or “**add or change a medication**”
- Then click on the button entitled **Follow-up Note**.
- Then click on
- **Return**.

Hypertension Plan

Laboratory
Ordering Provider
Holly James

CBC
 BMP
 Uric Acid
 Urinalysis
 Micral Strip
 Spot A/C Ratio
 Lipid Profile w/LDL
 Plasma Renin Activity
 Thyroid Profile
 Venipuncture

Procedures
 EKG
 Echocardiogram
 Renal Artery Ultrasound
 Renal Ultrasound
 Ambulatory BP Monitoring

Assessment
Dx1
Dx2
Dx3

Medications
 Continue current medications
 Begin Increase Decrease mg
 Begin Increase Decrease mg
 Begin Increase Decrease mg
 Begin Increase Decrease mg

Follow Up
 Acute

 Routine

Information (Auto-Print)

Double-Click to Order Meds

Brand Name
<input type="text"/>

 Double-Click for Referrals

Priority	Provider	Referral
<input type="text"/>	<input type="text"/>	<input type="text"/>

When you click on the Follow-up note, this creates note which you should give to the patient. It will also have material on the DASH diet and a low sodium diet.

This note will fulfill all of the requirements for a written Template Plan and for a written Plan of Care.

When you click **Return**, it will take you back to the Hypertension Master template.

Hypertension Management
[Guidelines](#)

Patient: Chart [] QTest []
 Age: 28 Sex: M

Beginning Blood Pressure: 05/19/2009 160 / 95
 Highest Blood Pressure: 05/19/2009 160 / 95

Vital Signs
 Blood Pressure: Trial 1 110 / 80 Trial 2 [] / [] Trial 3 [] / []
 Pulse Pressure: [] / []
 Pulse: 56.00
 Height: .00 inches
 Weight: [] pounds
 BMI: []
 Body Fat: [] %
 Waist: .00 inches
 Hips: .00 inches
 Ratio: .00

Major Risk Factors
 Tobacco Use
 Dyslipidemia
 Diabetes Mellitus
 Family Hx of CV Disease
 Male < 55
 Female < 65
 Sex: Male Postmenopausal Female

Additional Risk Factors
 CHF
 CAD
 TIA
 Stroke
 Peripheral Vascular Disease
 Renal Insufficiency
 Retinopathy

Calculate Assessment
 Blood Pressure Classification: []
 Recommended Follow-Up: []
 Risk Group: []
 Treatment Based on Risk Assessment: []

Lab Results
 Labs Over Time

Navigation
 HPT General

Home
 Lifestyle Changes
 Dippers and White Coat
 HPT and Diabetes
 HPT and Depression
 HPT and the Elderly
 HPT, Insulin Resistance
 Isolated Systolic HPT
 HPT and Kidney Disease
 Evaluation
 Diagnosis and Screening
 Treatment
 HPT Plan
Physician Role
 Patient Information
 Click for Documents
 Physician Information
[Classification](#)
[Risk Stratification](#)

You may assess whether you have completed all of the appropriate measures for hypertension by clicking on the navigation button at the right of the template entitled **Physician Role**.

Dm Hpt Check

Physician Role in Hypertension Management

- Blood pressure measured at least once this visit
- Blood pressure measurement repeated if elevated
- Blood pressure classification determined
- Weight reduction discussed/recommended
- Sodium intake discussed/changes recommended
- Alcohol intake discussed/changes recommended
- Exercise discussed/recommended
- Appropriate follow-up scheduled

OK Cancel

This same material can be reviewed from the Medical Home Coordination Review Template. Once you have reviewed this template, click **OK**.

You are done.

To use these three disease management tools to create robust, personalized, specific and complete Treatment Plans and Plans of Care not only meets NCQA requirements, but improves the quality of care which you will be giving to the members of your Medical Home.

Even if your patient has diabetes, hypertension and dyslipidemia, as many of our patients do, it takes only a couple of minutes to complete these tasks and to produce the documents which fulfill one of the most complex NCQA requirements. Once you give these documents to your patient, instruct them to read them and at their next visit review anything they do not understand, you have taken another step toward excellence.