

HEALTH PROMOTION AND DISEASE PREVENTION PROGRAM

- 1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) Handbook describes the policy for the Health Promotion and Disease Prevention Program. This Handbook replaces policy described in VHA Handbook 1101.8.
- 2. SUMMARY OF MAJOR CHANGES:** Changes in VHA policy in health promotion and disease prevention reflect innovations in the field, changes in VHA management structure and VHA emphasis on performance goals and guidelines. This Handbook brings together in one document the VHA preventive medical care recommendations of the VA National Center for Health Promotion (NCHP), the VA Office of Performance and Quality and several VHA Clinical Guidelines.
- 3. RELATED ISSUES:** None.
- 4. RESPONSIBLE OFFICE:** The Director, VHA National Center for Health Promotion and Disease Prevention (NCHP), is responsible for the contents of this VHA Handbook. Questions may be referred to the Director of the National Center at FTS 700-671-5880 or commercial 919-416-5880. FAX communications may be sent to FTS 700-671-5879 or commercial 919-416-5879.
- 5. RESCISSIONS:** VHA Handbook 1101.8, Health Promotion and Disease Prevention Program, dated May 16, 1996, is rescinded.
- 6. RECERTIFICATION:** This document is scheduled for recertification on or before the last working day of May 2004.

S/ by Thomas Garthwaite, M.D. for
Kenneth W. Kizer, M.D., M.P.H.
Under Secretary for Health

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HEALTH PROMOTION AND DISEASE PREVENTION PROGRAM

1. PURPOSE AND AUTHORITY

This Handbook describes Veterans Health Administration (VHA) policy for the Health Promotion and Disease Prevention Program. The authority is Title 38, United States Code, Chapter 73, Subchapter II, Section §7318. **NOTE:** *It replaces VHA Handbook 1101.8, Health Promotion and Disease Prevention Program, dated May 16, 1996.*

2. BACKGROUND

a. Recent trends in health care throughout the United States have led to enhanced interest in preventive medicine. Changes in VHA policy described in this Handbook reflect innovations in the field of Health Promotion and Disease Prevention, changes in the VHA management structure, and VHA emphasis on performance goals, clinical guidelines, and national norms.

b. The majority of diseases which cause disability and death among Americans can be prevented or delayed through screening, education and counseling aimed at risk factor identification, behavior modification and early detection of disease. Through screening, education and counseling, VHA clinicians raise veteran awareness of ways in which health can be enhanced and encourage the assumption of individual responsibility to achieve that goal.

3. SCOPE

Each VHA facility must have a program to educate veterans with respect to health promotion and disease prevention and to provide veterans with preventive medical care that includes screening, education, counseling, and other clinical services. The facility ensures that each veteran receiving primary care is provided with periodic health promotion and disease prevention services.

4. OBJECTIVES

a. Appendix A lists recommendations of one or more of the following authorities.

(1) United States Preventive Services Task Force (USPSTF) Health Promotion and Disease Prevention recommendations for individuals at average risk. Virtually all veteran enrollees should receive these services. **NOTE:** *Periodicity for some tests were added where not specified by the USPSTF.*

(2) National Committee on Quality Assurance Health Plan Employer Data and Information Set (HEDIS) 3.0 reporting measures. This quality assessment tool is a benchmark used by large healthcare organizations.

(3) Indicators audited by the VHA Office of Performance and Quality through the Prevention Index, the Chronic Disease Care Index, and VHA Clinical Guidelines.

b. Items appearing in the following table represent the goal or “menu” for the Department of Veterans Affairs (VA) Preventive Care Program. Although all are recommended, national performance auditing in Fiscal Year 1999 focuses on those with marks in the right three columns.

| | | Audited by the VHA Office of Performance & Quality in 1999 | | | | |
|---|---|--|-----------|------------------|----------------------------|------------------------|
| | | USPSTF | HEDIS 3.0 | Prevention Index | Chronic Disease Care Index | VHA Clinical Guideline |
| Prevention Strategies for Average Risk Individuals | | | | | | |
| 1 | Hypertension Detection | X | | | | |
| 2 | Hyperlipidemia Detection | X | | | | |
| 3 | Influenza Immunization | X | X | X | | |
| 4 | Pneumococcal Immunization | X | | X | | |
| 5 | Tetanus And Diphtheria Immunization | X | | | | |
| 6 | Tobacco Use Screening & Counseling | X | X | X | | |
| 7 | Problem Drinking & Alcohol Moderation | X | | X | | |
| 8 | Weight Control & Nutrition Counseling | X | | | X | |
| 9 | Physical Activity Counseling | X | | | X | |
| 10 | Seatbelt & Accident Avoidance Counsel | X | | | | |
| 11 | Dental Health Counseling | X | | | | |
| 12 | HIV Infection & Sexual Disease Counsel | X | | | | |
| 13 | Contraception Counseling | X | | | | |
| 14 | Screening For Rubella Susceptibility | X | | | | |
| 15 | Hormone Replacement Counseling | X | | | | |
| 16 | Screening For Visual Loss | X | | | | |
| 17 | Screening For Hearing Loss | X | | | | |
| 18 | Cervical Cancer Detection | X | X | X | | |
| 19 | Breast Cancer Detection | X | X | X | | |
| 20 | Colorectal Cancer Detection | X | | X | | |
| 21 | Prostate Cancer Counseling re: screening tests | | | X | | |
| 22 | Screening for Depression | | | | | X |
| Prevention Strategies in Chronic Disease | | | | | | |
| 23 | Eye Disease In Diabetes Mellitus | | X | | X | X |
| 24 | Foot Checks In Diabetes Mellitus | | | | X | X |
| 25 | HbA1c Checks In Diabetes Mellitus | | | | X | X |
| 26 | Lipids in Diabetes Mellitus | | | | | X |
| 27 | Hypertension in Diabetes Mellitus | | | | | X |
| 28 | Renal Function in Diabetes Mellitus | | | | | X |
| 29 | Aspirin in Myocardial Ischemia | | | | X | X |
| 30 | B Blocker Therapy in Myocardial Infarction | | X | | X | X |
| 31 | Risk Factor Management in Myocardial Infarction | | | | X | X |
| 32 | Thrombolytic Therapy in Myocardial Infarction | | | | | X |
| 33 | ACE Inhibitors in Ventricular Dysfunction | | | | | X |
| 34 | Management of Hypertension | | | | | X |
| 35 | Spirometry Testing in COPD | | | | | X |
| 36 | Inhaler Prescription in Patients with COPD | | | | | X |
| 37 | Inhaler Use Observation in Patients with COPD | | | | X | X |

c. The needs of particular groups of veterans are addressed as follows:

(1) Those with service connected disabilities should receive the age and gender-specific health promotion and disease prevention services recommended for primary care patients. In addition, the VA specifies that veterans with spinal cord injury should receive an annual evaluation that includes a medical history, physical exam with neurologic evaluation, renal and genitourinary system evaluation, function assessment, psycho-social evaluation and screen for depression and mood disorder. (Source: United States Preventive Services Task Force (USPSTF) 1996, and VHA Manual M-2, Part XXIV, and 1999 Network Directors' Performance Measures)

(2) The elderly veteran should receive the age and gender-specific health promotion and disease prevention services recommended for primary care patients and should follow recommendations # 3, 4, 16, 17, 20, and 21. (Source: USPSTF 1996)

(3) Medically under-served low-income veterans (including homeless veterans) should receive the age and gender-specific health promotion and disease prevention services recommended for primary care patients. In addition, they should receive annual screening for tuberculosis. (Source: USPSTF 1996)

(4) Women veterans should receive the age-specific health promotion and disease prevention services recommended for primary care patients and should follow recommendations # 8, 14, 15, 18, and 19. There is currently insufficient evidence to recommend for or against routine screening with bone densitometry for osteoporosis in post-menopausal women. (Source: USPSTF 1996)

(5) Veterans living in institutions should receive the age and gender-specific health promotion and disease prevention services recommended for primary care patients. In addition, they should receive annual screening for tuberculosis and one vaccination for hepatitis A. (Source: USPSTF 1996)

(6) Veterans at risk for mental illness should receive all age and gender-specific health promotion and disease prevention services for primary care patients and should follow recommendation #22. In addition, they should receive annual screening for post-traumatic stress disorder. (Source: USPSTF 1996 and VHA Clinical Guidelines for Major Depressive Disorders, 1997.)

5. REFERENCES

- a. USPSTF: Guide to Clinical Preventive Services, 2nd ed., Baltimore: Williams & Wilkins, 1996.
- b. HEDIS 3.0. National Committee for Quality Assurance, Washington DC, 1997.
- c. VHA Office of Performance and Quality: 1999 Network Directors' Performance Measures.
- d. VHA Publication Number 96-0002 2, 1996. The Pharmacologic Management of Hyperlipidemia.

- e. American Gastroenterological Association. Colorectal cancer screening: clinical guidelines and rationale. Gastroenterology. 112:1997; 594-642.
- f. VHA Clinical Guidelines for Management of Patients with Diabetes Mellitus, Version 1.0 March 1997.
- g. VHA Care-Guide for Ischemic Heart Disease, Version 2.0, September 1997.
- h. VHA Clinical Guidelines for Major Depressive Disorder (MDD), MDD with post-traumatic stress disorder and MDD with substance abuse. January 1997.
- i. VHA Clinical Practice Guidelines for the Management of Persons with Chronic Obstructive Pulmonary Disease or Asthma Version 1.0, November 1997.
- j. VHA Publication No. 96-0003. The Pharmacologic Management of Hypertension. 1996.
- k. Department of Veterans Affairs, Veterans Health Administration Manual M-2, "Clinical Affairs," Part XXIV, "Spinal Cord Injury Service," January 27, 1994.

VHA HEALTH PROMOTION AND DISEASE PREVENTION RECOMMENDATIONS

1. HYPERTENSION DETECTION

- a. **Target Condition.** Cardiovascular Disease and Stroke.
- b. **Target Group.** All veterans.
- c. **Recommendation.** All veterans should have a blood pressure check at least once every 2 years.
- d. **Source.** United States Preventive Services Task Force (USPSTF) 1996.

2. HYPERLIPIDEMIA DETECTION

- a. **Target Condition.** Cardiovascular Disease and Stroke.
- b. **Target Group.** Male veterans age 35 to 65 and female veterans age 45 to 65.
- c. **Recommendation.** Check total cholesterol and High Density Lipoprotein (HDL) cholesterol every 5 years for men age 35 to 65 and women age 45 to 65 years.
- d. **Sources.** USPSTF 1996, and Veterans Health Administration (VHA) Pharmacological Management of Hyperlipidemia, 1996.

3. INFLUENZA IMMUNIZATION

- a. **Target Condition.** Influenza.
- b. **Target Group.** All veterans who are at increased risk from influenza infection and veterans aged 65 years and older.
- c. **Recommendation.** Influenza vaccination is recommended for all individuals age 65 years and older, or otherwise at increased risk for influenza, i.e.:
 - (1) Residents of nursing homes and other chronic-care facilities of any age who have chronic medical conditions.
 - (2) Adults who have known chronic disorders of the pulmonary or cardiovascular systems, metabolic diseases (including diabetes mellitus), hemoglobinopathies, immunosuppression, or renal dysfunction.
- d. **Sources.** USPSTF 1996, Health Plan Employer Data and Information Set (HEDIS) 3.0, VHA Prevention Index, and VHA Clinical Practice Guideline for the Management of Persons with Chronic Obstructive Pulmonary Disease or Asthma, Version 1.0, 1997.

4. PNEUMOCOCCAL IMMUNIZATION

- a. **Target Condition.** Pneumococcal pneumonia.
- b. **Target Group.** All veterans who are at increased risk from pneumococcal infection and veterans aged 65 years and older.
- c. **Recommendation.** Pneumococcal vaccine is recommended for all immunocompetent individuals aged 65 years and older or otherwise at increased risk from pneumococcal infection including:
 - (1) Institutionalized persons 50 years old.
 - (2) Persons with chronic cardiac or pulmonary disease, diabetes mellitus, anatomic asplenia
 - (3) Persons who live in special environments or social settings with an identified increased risk of pneumococcal disease (e.g. certain Native American and Alaska Native populations).
- d. **Sources.** USPSTF 1996, and VHA Prevention Index.

5. TETANUS AND DIPHTHERIA IMMUNIZATION

- a. **Target Condition.** Infection with tetanus or diphtheria.
- b. **Target Group.** All veterans.
- c. **Recommendation.** All veterans should receive a tetanus and diphtheria (Td) toxoid booster every 10 years throughout adult life.
- d. **Source.** USPSTF 1996.

6. TOBACCO USE SCREENING AND COUNSELING

- a. **Target Conditions.** Cancer, pulmonary, and cardiovascular disease.
- b. **Target Group.** All veterans.
- c. **Recommendation.** All veterans should be screened annually for tobacco use, and counseling offered to those who use tobacco.
- d. **Sources.** USPSTF 1996, HEDIS 3.0, and VHA Prevention Index.

7. PROBLEM DRINKING AND ALCOHOL MODERATION

- a. **Target Condition.** Problem alcohol drinking.
- b. **Target Group.** All veterans.
- c. **Recommendation.** Veterans should be asked each year to describe their use of alcohol. The use of a standardized screening questionnaire is recommended. High-risk patients (three or more drinks daily) should receive alcohol counseling.
- d. **Sources.** USPSTF 1996, and VHA Prevention Index.

8. WEIGHT CONTROL AND NUTRITION SCREENING AND COUNSELING

- a. **Target Conditions.** Cardiovascular Disease, Hypertension, Hyperlipidemia, Obesity, Osteoporosis, and Neural Tube Defects.
- b. **Target Group.** All veterans.
- c. **Recommendation.** All veterans should receive height and weight measurements every 2 years. All veterans should have access to counseling to limit dietary intake of fat and cholesterol, maintain caloric balance and emphasize foods containing fiber. Female veterans should be advised to consume adequate amounts of calcium. Female veterans less than 50 years should be advised to take daily multivitamins containing folic acid.
- d. **Sources.** USPSTF 1996, and VHA Chronic Disease Care Index.

9. PHYSICAL ACTIVITY SCREENING AND COUNSELING

- a. **Target Conditions.** Cardiovascular Disease, Hypertension, Obesity, and Diabetes Mellitus.
- b. **Target Group.** All veterans.
- c. **Recommendation.** All veterans should be encouraged annually to engage in a program of physical activity tailored to their health status and personal life style. All veterans should have access to counseling regarding optimizing their level of physical activity.
- d. **Sources.** USPSTF 1996, and VHA Chronic Disease Care Index.

10. SEATBELT USE AND MOTOR VEHICLE ACCIDENT AVOIDANCE SCREENING AND COUNSELING

- a. **Target Condition.** Motor vehicle injuries.
- b. **Target Group.** All veterans.
- c. **Recommendation.** All veterans should be urged annually to use lap or shoulder belts for themselves and their passengers whenever driving or riding in automobiles including automobiles equipped with airbags. Those who operate or ride on motorcycles should be encouraged to wear safety helmets.
- d. **Source.** USPSTF 1996.

11. DENTAL HEALTH COUNSELING

- a. **Target Condition.** Dental disease.
- b. **Target Group.** All veterans.
- c. **Recommendation.** All veterans should be advised annually regarding dental care and counseled to visit a dental care provider on a regular basis.
- d. **Source.** USPSTF 1996.

12. INFECTION WITH HIV AND OTHER SEXUALLY TRANSMITTED DISEASES

- a. **Target Conditions.** Human Immunodeficiency Virus (HIV) infection, Sexually Transmitted Diseases.
- b. **Target Group.** All veterans.
- c. **Recommendation.** All veterans should be counseled annually regarding the risks for infection with HIV and other sexually transmitted diseases.
- d. **Source.** USPSTF 1996.

13. CONTRACEPTION COUNSELING

- a. **Target Condition.** Unintended pregnancy.
- b. **Target Group.** All veterans.
- c. **Recommendation.** All male veterans and female veterans at risk for unintended pregnancy should receive counseling at least once regarding contraception.
- d. **Source.** USPSTF 1996.

14. SCREENING FOR RUBELLA SUSCEPTIBILITY

- a. **Target Condition.** Intrauterine Rubella Infection.
- b. **Target Group.** All female veterans aged less than 50 years.
- c. **Recommendation.** All female veterans aged less than 50 years should have determination of their rubella susceptibility by either history of vaccination or by serology.
- d. **Source.** USPSTF 1996.

15. HORMONE REPLACEMENT THERAPY COUNSELING

- a. **Target Conditions.** Cardiovascular Disease and Osteoporosis.
- b. **Target Group.** All perimenopausal and postmenopausal female veterans.
- c. **Recommendation.** All perimenopausal and postmenopausal female veterans should be counseled at least once regarding the potential risks and benefits of hormone replacement therapy.
- d. **Source.** USPSTF 1996.

16. SCREENING FOR VISUAL LOSS

- a. **Target Condition.** Loss of vision.
- b. **Target Group.** All veterans aged 65 years and older.
- c. **Recommendation.** All veterans aged 65 years and older should receive annual visual acuity assessment with Snellen visual acuity chart.
- d. **Source.** USPSTF 1996.

17. SCREENING FOR HEARING LOSS

- a. **Target .** Loss of Hearing.
- b. **Target Group.** All veterans aged 65 years and older.
- c. **Recommendation.** All veterans aged 65 years and older should be questioned annually about their hearing and counseled regarding the availability of hearing aid devices.
- d. **Source.** USPSTF 1996.

18. CERVICAL CANCER DETECTION

- a. **Target Condition.** Cervical Cancer.
- b. **Target Group.** Female veterans aged 65 and under.
- c. **Recommendation.** Papanicolaou (Pap) smear testing is recommended every 3 years until age 65 years for all women who are or who have been sexually active.
- d. **Sources.** USPSTF 1996, HEDIS 3.0, and VHA Prevention Index.

19. BREAST CANCER DETECTION

- a. **Target Condition.** Breast Cancer.
- b. **Target Group.** All female veterans.
- c. **Recommendation.** All female veterans age 50 to 69 years should receive a mammogram every 1 to 2 years unless medically not indicated. Female veterans age 40 to 49 years should be counseled regarding the risks and benefits of screening and those desiring mammography will receive that service.
- d. **Sources.** USPSTF 1996, HEDIS 3.0, VHA Prevention Index, and VHA Mammography Directive 1998.

20. COLORECTAL CANCER DETECTION

- a. **Target Condition.** Colorectal Cancer.
- b. **Target Group.** All veterans aged 50 years and older.
- c. **Recommendation.** All persons aged 50 years and older should receive an annual fecal occult blood test or undergo a sigmoidoscopy examination every 5 years.
- d. **Sources.** USPSTF 1996, VHA Prevention Index, and American Gastroenterological Association 1997.

21. PROSTATE CANCER COUNSELING RE: SCREENING TESTS

- a. **Target Condition.** Prostate Cancer.
- b. **Target Group.** All male veterans aged 50 years and older.
- c. **Recommendation.** All male veterans aged 50 years and older should receive annual counseling regarding potential benefits and hazards of prostate specific antigen testing.
- d. **Source.** VHA Prevention Index.

22. SCREENING FOR DEPRESSION

- a. **Target Condition.** Depression.
- b. **Target Group.** All veterans.
- c. **Recommendation.** Screen all veterans annually for depression.
- d. **Source.** VHA Clinical Guidelines for Major Depressive Disorders, 1997.

23. EYE DISEASE IN DIABETES MELITUS

- a. **Target Condition.** Diabetic Eye Disease.
- b. **Target Group.** All veterans with Diabetes Mellitus.
- c. **Recommendation.** Annual eye examination for all veterans with Diabetes Mellitus.
- d. **Sources.** HEDIS 3.0, VHA Chronic Disease Care Index, and VHA Clinical Guidelines for Management of Patients with Diabetes Mellitus, 1997.

24. FOOT CHECKS IN DIABETES MELLITUS

- a. **Target Conditions.** Skin, vascular and neurologic foot complications associated with Diabetes Mellitus.
- b. **Target Group.** All veterans with Diabetes Mellitus.
- c. **Recommendation.** Annual foot examination for all veterans with diabetes mellitus that includes examination of skin, pulses and sensory examination. Those veterans whose feet are at risk of infection or injury should be fitted with protective footwear or referred to a foot specialist.
- d. **Source.** VHA Chronic Disease Care Index, and VHA Clinical Guidelines for Management of Patients with Diabetes Mellitus, 1997.

25. HEMOGLOBIN A1C CHECK IN DIABETES MELITUS

- a. **Target Condition.** Glycemic control in Diabetes Mellitus.
- b. **Target Group.** All veterans with Diabetes Mellitus.
- c. **Recommendation.** All veterans with diabetes mellitus receive an annual measurement of Hemoglobin A1c (HbA1c).
- d. **Sources.** VHA Chronic Disease Care Index, and VHA Clinical Guidelines for Management of Patients with Diabetes Mellitus, 1997.

26. LIPIDS IN DIABETES MELLITUS

- a. **Target Condition.** Coronary Artery Disease and Stroke.
- b. **Target Group.** All veterans with diabetes mellitus.
- c. **Recommendation.** Measure blood lipids annually for all veterans with diabetes mellitus.
- d. **Source.** VHA Clinical Guidelines for Management of Patients with Diabetes Mellitus, 1997.

27. HYPERTENSION IN DIABETES MELLITUS

- a. **Target Condition.** Coronary Artery Disease and Stroke.
- b. **Target Group.** All veterans with diabetes mellitus.
- c. **Recommendation.** Measure blood pressure at each office visit for all veterans who have diabetes mellitus.
- d. **Source.** VHA Clinical Guidelines for Management of Patients with Diabetes Mellitus, 1997.

28. RENAL FUNCTION IN DIABETES MELLITUS

- a. **Target Condition.** Renal Failure.
- b. **Target Group.** All veterans with diabetes mellitus.
- c. **Recommendation.** Measure serum creatinine and urinary protein annually for all veterans with diabetes mellitus.
- d. **Source.** VHA Clinical Guidelines for Management of Patients with Diabetes Mellitus, 1997.

29. ASPIRIN THERAPY IN MYOCARDIAL ISCHEMIA

- a. **Target Condition.** Ischemic Heart Disease.
- b. **Target Group.** All veterans with Ischemic Heart Disease.
- c. **Recommendation.** Prescribe aspirin for all veterans with ischemic heart disease unless medically contraindicated.
- d. **Sources.** VHA Chronic Disease Care Index, and VHA Care-Guide for Ischemic Heart Disease, 1997.

30. BETA BLOCKER THERAPY FOLLOWING MYOCARDIAL INFARCTION

- a. **Target Condition.** Myocardial Infarction.
- b. **Target Group.** All veterans with Myocardial Infarction.
- c. **Recommendation.** Prescribe Beta Blocker therapy for all veterans following a myocardial infarction unless medically contraindicated.
- d. **Source.** VHA Chronic Disease Care Index, and VHA Care-Guide for Ischemic Heart Disease, 1997.

31. RISK FACTOR MANAGEMENT FOLLOWING MYOCARDIAL INFARCTION

- a. **Target Condition.** Myocardial Infarction.
- b. **Target Group.** All veterans who have had a myocardial infarction.
- c. **Recommendation.** Following a myocardial infarction, all veterans should have a serum lipoprotein profile and establishment of a management plan for reduction of cardiac risk factors including lifestyle change, exercise, nutrition, smoking and lipid management as appropriate.
- d. **Source.** VHA Chronic Disease Care Index, and VHA Care-Guide for Ischemic Heart Disease, 1997.

32. THROMBOLYTIC THERAPY IN MYOCARDIAL INFARCTION

- a. **Target Condition.** Myocardial Infarction.
- b. **Target Group.** All veterans with suspected myocardial infarction.
- c. **Recommendation.** Prescribe thrombolytic therapy for all veterans with suspected myocardial infarction unless medically contraindicated.
- d. **Source.** VHA Care Guide for Ischemic Heart Disease 1997.

33. ACE INHIBITORS IN VENTRICULAR DYSFUNCTION

- a. **Target Condition.** Cardiac Failure.
- b. **Target Group.** All veterans with ventricular dysfunction.
- c. **Recommendation.** Prescribe Angiotensin Converting Enzyme (ACE) inhibitor medication for all veterans with ventricular ejection fraction less than 40 percent unless contraindicated.
- d. **Source.** VHA Care Guide for Ischemic Heart Disease 1997.

34. MANAGEMENT OF HYPERTENSION

- a. **Target Condition.** Cardiovascular Disease and Stroke.
- b. **Target Group.** All veterans with hypertension.
- c. **Recommendation.** Achieve blood pressure levels of less than 140/90 for all veterans with hypertension.
- d. **Source.** VHA Pharmacologic Management of Hypertension, 1996.

35. SPIROMETRY TESTING IN CHRONIC OBSTRUCTIVE PULMONARY DISEASE

- a. **Target Condition.** Chronic Obstructive Pulmonary Disease.
- b. **Target Group.** All veterans who have chronic obstructive pulmonary disease.
- c. **Recommendation.** All veterans who have chronic obstructive pulmonary disease should receive spirometry testing at least once every 3 years. Spirometry should be performed before and after bronchodilator therapy.
- d. **Sources.** VHA Clinical Practice Guideline for the Management of Persons with Chronic Obstructive Pulmonary Disease or Asthma, Version 1.0, 1997.

36. INHALER USE IN PATIENTS WITH CHRONIC OBSTRUCTIVE PULMONARY DISEASE

- a. **Target Condition.** Chronic Obstructive Pulmonary Disease.
- b. **Target Group.** All veterans who have chronic obstructive pulmonary disease.
- c. **Recommendation.** All veterans who have chronic obstructive pulmonary disease and whose FEV1 is less than 50 percent of predicted should receive an inhaled anticholinergic or beta2-agonist.
- d. **Source.** VHA Clinical Practice Guideline for the Management of Persons with Chronic Obstructive Pulmonary Disease or Asthma, Version 1.0, 1997.

37. INHALER USE OBSERVATION IN PATIENTS WITH CHRONIC OBSTRUCTIVE PULMONARY DISEASE

- a. **Target Condition.** Chronic Obstructive Pulmonary Disease.
- b. **Target Group.** All veterans who have chronic obstructive pulmonary disease and who are using inhaled drugs.
- c. **Recommendation.** All veterans who have chronic obstructive pulmonary disease and who are using inhaled drugs should receive instruction regarding correct inhaler use and be observed using the inhaler within 3 years of first receiving an inhaler.
- d. **Sources.** VHA Chronic Disease Care Index, and VHA Clinical Practice Guideline for the Management of Persons with Chronic Obstructive Pulmonary Disease or Asthma, Version 1.0, 1997.