



**DEPARTMENT OF VETERANS AFFAIRS**  
**Veterans Health Administration**  
**Washington, DC 20420**

**IL 10-2014-09**  
**Refer To: 10P4P**

**April 3, 2014**

**UNDER SECRETARY FOR HEALTH'S INFORMATION LETTER**

**REVISED PERFORMANCE MEASURE FOR LIPID MANAGEMENT IN VETERANS  
WITH DIABETES OR ISCHEMIC HEART DISEASE**

1. In 2012, Hayward and Krumholz, in an open letter to the National Institutes of Health committee that is engaged in writing and updating the clinical guidelines for cholesterol testing and management (Adult Treatment Panel (ATP) IV), pointed out that a goal of low-density lipoprotein cholesterol (LDL-C) with a value less than 100 was a consensus recommendation (Grade C) and not based on Grade A Level 1 data. (Circulation. Cardiovascular quality and outcomes. January 2012, 5(1):2-5). Moderate dose statin therapy (LDL-C reduction 30-40%) can provide significant patient benefit, even if LDL-C values remain above 100, and is associated with reductions in clinically important cardiovascular (CV) events (to patients and providers). Moderate dose statin therapy has a better safety profile than higher dose statin or other non-statin cholesterol therapy, and is supported by Grade A Level 1 data. Professional societies now recommend that the adequacy of lipid management be judged by the appropriateness of the therapy based on risk and not solely by the LDL value. See 2013 ACC/AHA Guideline on the Treatment of Blood Cholesterol to reduce Atherosclerotic Cardiovascular Risk in Adults. Journal of the American College of Cardiology (2013), doi: 10.1016/j.jacc.2013.11.002.

2. Performance measures that recognize appropriate clinical prescribing provide a better balance of patient benefit and risk and may reduce complications of overzealous drug therapy (e.g., muscle breakdown). In response to this emerging evidence, VA's Performance Measurement System and External Peer Review Program implemented a revised approach to Lipid Management beginning in fiscal year 2012.

3. For Veterans with Diabetes or Ischemic Heart Disease, lipid control will be deemed appropriate if either of the criteria below in paragraph 3.a., or 3.b., is met:

a. The patient is receiving at least a moderate dose of a statin drug, which is defined as any of the following:

- (1) Atorvastatin 10 milligrams per day (mg/day) or higher.
- (2) Fluvastatin 80 mg/day or higher.
- (3) Lovastatin 40 mg/day or higher.
- (4) Pravastatin 40 mg/day or higher.

**April 3, 2014**

(5) Rosuvastatin 5 mg/day or higher.

(6) Simvastatin 20 mg/day or higher.

b. LDL-cholesterol (LDL-C) value is 100 or less.

4. Educational and informational resources are available to all VA health care providers via the Pharmacy Benefits Management (PBM) Services SharePoint and Talent Management System (TMS) Web sites. The link to the page with all the archived PBM-Medical Advisory Panel (MAP)-VISN Pharmacist Executives (VPE) webinars is: [VA Education Form Server Webinars](#). Scroll down to '2012 PBM-MAP-VPE Live Meetings'. The third offering down is "Revised VA Performance Measurement for Lipid Management". Click on the link to launch the presentation. Taped webinars are also available via on-demand viewing in TMS at: [TMS VA Learning User Login](#). In the TMS search field, type "PBM" to retrieve PBM-MAP-VPE webinar programs. Scroll down and click on PBM: 'Revised VA Performance Measure for Lipid Management'. The technical specifications for these revised performance measures (dmg25hs and ihd18hns) are available at: [Questions Specifications Technical Manual](#). *NOTE: These are internal VA Web sites that are not available to the public.*

5. A revised National Clinical Reminder that reflects the technical specifications for these revised performance measures is currently deployed; however, the National Clinical Reminder may not be in place at all facilities. Clinical Reminders, individual provider reports or local performance measure goals for Lipid Control based solely on LDL-C less than 100 should be discontinued.

6. Please note, performance measures are not intended to substitute clinical judgment and patient-centered care that involves the Veteran in decision making. The current performance measurement allows the primary care or specialty care providers flexibility in taking a patient-centered approach to managing cardiovascular risk. Most Veterans may only require moderate dose statin therapy. Veterans at higher risk for cardiovascular complications may require more than a moderate dose of a statin. In either case, the patient and the treating provider could decide on a moderate dose statin strategy or more intensive strategy and still meet the current measure.

7. Questions about this report may be directed to Michael Valentino, Chief Consultant, Pharmacy Benefits Management Services, 202-461-7360.

Robert A Petzel, M.D.  
Under Secretary for Health

**DISTRIBUTION:** E-mailed to the VHA Publications Distribution List 04/04/2014.