



Evaluating Coverage Needs for Cardiovascular Disease in the District

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September 19, 2023

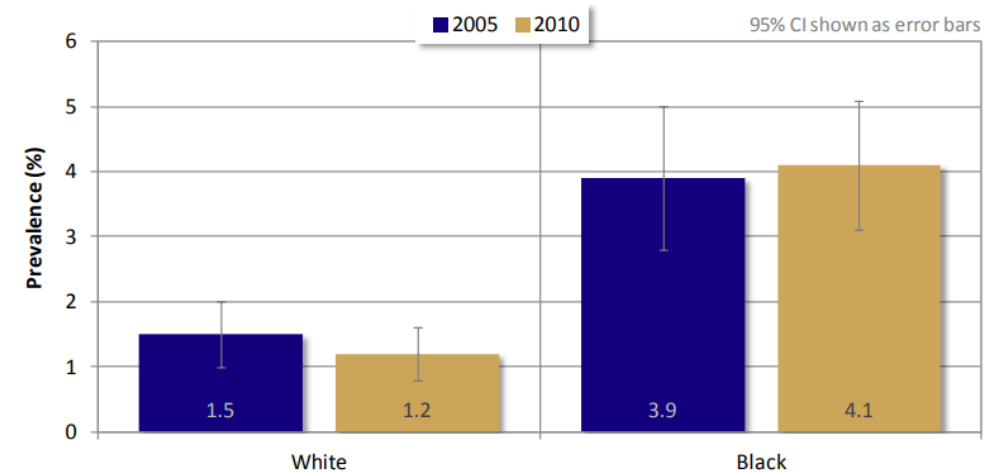
Methodology

- Analysis of Publicly Available Data
- Review of Clinical Guidelines
- Qualitative Interviews with Behavioral and Medical Health Providers at WWH
- Development of Coverage Recommendations

Analysis of Publicly Available Data

- CVD is leading cause of death nationally, making up 41 percent of deaths
- In the District, CVD rates are disproportionately higher among Black communities and communities of color.
 - Rate of Black people in DC who die from heart disease is 2.5 times higher than their white counterparts
 - CVD death rates are four times higher in Ward 8 than in Ward 3
 - Latinx communities maintain a low prevalence of CVD; however, this data is questionable
- Nationally, sexual and gender minority populations also experience disparities across risk factors.

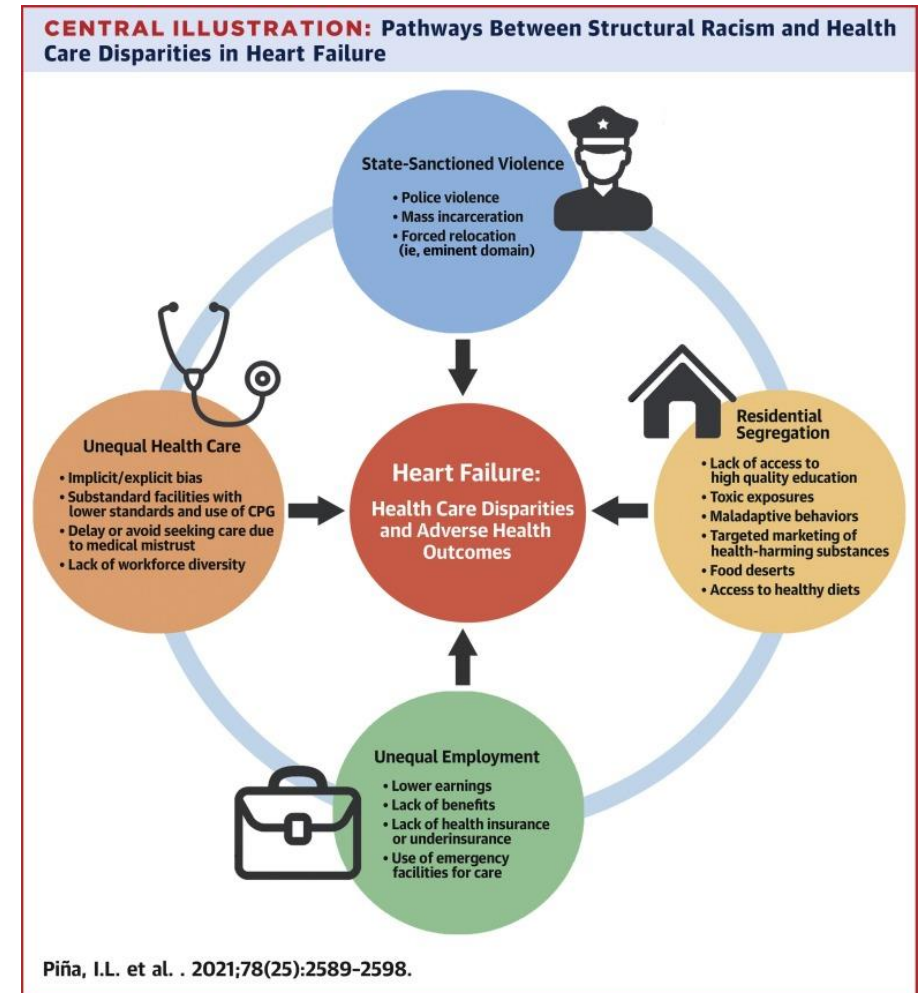
Figure 4-6: Prevalence of Heart Attack among adult residents by race, DC, 2005 & 2010



Source: *The Burden of Cardiovascular Disease in the District of Columbia*- DC DOH

Analysis of Publicly Available Data

- Disparities in risk factors for CVD due to structural racism
 - High tobacco use
 - High blood pressure
 - Chronic stress
 - Diet
 - Lack of exercise
- Disparities in medical prevention and treatment of CVD
 - Black people were less likely to be prescribed statins to treat high cholesterol
 - People of color and uninsured patients less likely to receive counseling for tobacco cessation



Source: *Race and Ethnicity in Heart Failure*

Review of Clinical Guidelines

- Guidelines encouraged regular evaluation of CVD risk for all adults 40-75 years of age and pursuit of nonpharmacological interventions first.
 - Increased physical activity
 - Healthy diet
 - Medical nutrition therapy
- For pharmacological interventions, need to address the root cause of CVD risk.
- For this report, we focused on hypertension, high cholesterol and tobacco use.**

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ACC/AHA CLINICAL PRACTICE GUIDELINE

2019 ACC/AHA Guideline on the Primary Prevention of Cardiovascular Disease

A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines

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Endorsed by the American Association of Cardiovascular and Pulmonary Rehabilitation, the American Geriatrics Society, the American Society of Preventive Cardiology, and the Preventive Cardiovascular Nurses Association

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Key Words: AHA Scientific Statements
■ guidelines ■ antihypertensive agents ■ aspirin ■ atherosclerosis ■ atherosclerotic cardiovascular disease ■ atrial fibrillation ■ behavior modification ■ behavior therapy ■ blood cholesterol ■ blood pressure ■ body mass index ■ cardiovascular team-based care ■ cardiovascular ■ cardiovascular disease ■ cholesterol ■ chronic kidney disease ■ coronary artery calcium score ■ coronary disease ■ coronary heart disease ■ cost ■ diet ■ dietary patterns ■ dietary fats ■ dietary sodium ■ dyslipidemia ■ e-cigarettes ■ exercise ■ healthcare disparities ■ health services accessibility ■ heart failure ■ hypertension ■ LDL cholesterol ■ diabetes mellitus ■ lifestyle ■ lipids ■ measurement ■ myocardial infarction ■ nicotine ■ nonpharmacological treatment ■ nutrition ■ physical activity ■ prejudice ■ primary prevention ■ psychosocial deprivation ■ public health ■ quality indicators ■ quality measurement ■ risk assessment ■ risk-enhancing factors ■ risk factors ■ risk reduction ■ risk reduction discussion ■ risk treatment discussion ■ secondhand smoke ■ sleep ■ smoking ■ smoking cessation ■ social determinants of health ■ socioeconomic factors ■ statin therapy ■ systems of care ■ tobacco ■ tobacco smoke pollution ■ treatment adherence ■ treatment outcomes ■ type 2 diabetes mellitus ■ waist circumference ■ weight loss

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The American Heart Association requests that this document be cited as follows: Arnett DK, Blumenthal RS, Albert MA, Buroker AB, Goldberger ZD, Hahn EJ, Himmelfarb CD, Khera A, Lloyd-Jones D, McEvoy JW, Michos ED, Miedema MD, Muñoz D, Smith SC Jr, Virani SS, Williams KA Sr, Yeboah J, Ziaeian B. 2019 ACC/AHA guideline on the primary prevention of cardiovascular disease: a report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. *Circulation*. 2019;140:e596–e646. DOI: 10.1161/CIR.0000000000000678

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<https://www.ahajournals.org/journal/circ>

e596 September 10, 2019 *Circulation* 2019;140:e596–e646. DOI: 10.1161/CIR.0000000000000678

Review of Clinical Guidelines

- Hypertension:
 - Initially consider lifestyle modifications in combination with antihypertensive medications.
 - Follow up should occur after one month and as frequently as necessary
 - Clinical guidelines recommend Black patients be treated with diuretics and calcium channel blockers as a first line treatment; however, this method of race-based prescribing has been questioned.
- High cholesterol
 - Initially consider lifestyle modifications in combination with statin therapy.
 - Follow up should occur after 3 months and in 3 month intervals moving forward.
 - Consider race and ethnicity in treatment (e.g. East Asian patients have an increased sensitivity to statins)
- Tobacco cessation
 - Recommend a combination of behavioral interventions and pharmacotherapy
- Post-Cardiac Event Care
 - Recommend pharmacological interventions and cardiac rehabilitation

Qualitative Interviews with WWH Providers

- Provider observations:
 - Insurance coverage remains a barrier to care for patients at risk of or diagnosed with CVD
 - Inconsistent coverage across carriers of medical nutrition therapy, cardiac rehabilitation and tobacco cessation
 - Frequently refer patients to no-cost smoking cessation wellness programs in the District; however, these have a waitlist and are limited in ability to tailor programs to an individual's needs.
- Recommendations:
 - Comprehensive approach to prevention of CVD that addresses many core risk factors, including diet, exercise and sleep.
 - No-cost coverage of:
 - Primary care and specialist visits and frequently prescribed medications
 - At-home blood pressure monitors
 - Medical nutrition therapy (including programs to incentivize participation in these programs)
 - Smoking cessation programs
 - Cardiac rehabilitation

Coverage Recommendations

Condition	ICD-10 Code	Code Description
Cardiovascular disease	I11	Hypertensive heart disease
	I20-25	Ischemic heart diseases
	I26-27	Pulmonary embolism and other pulmonary heart diseases
	I30-52	Other forms of heart disease
	I70-79	Diseases of arteries, arterioles, and capillaries
Cerebrovascular disease	I60-69	Cerebrovascular disease
Tobacco use	Z72.0	Tobacco use
	F17	Nicotine dependence

Coverage Recommendations

W-W recommends establishing zero cost sharing for classes of medications to treat hypertension, high cholesterol, tobacco use and CVD post-cardiac event.

Condition	Medication Classes/Groups at Zero Cost-Sharing
Hypertension	Thiazide diuretics Calcium channel blockers Angiotensin-converting enzyme (ACE) inhibitors Angiotensin receptor blockers Beta blockers
Hypercholesterolemia	Statins Cholesterol absorption inhibitors PCSK9 inhibitors
Tobacco use	Nicotine replacement therapies Antidepressants (only Bupropion) Nicotine receptor partial agonist (Varenicline)
Post-event care	Aspirin (NSAIDs) Beta blockers Platelet inhibitors (Plavix) Anticoagulants (Eliquis)

Coverage Recommendations

W-W recommends establishing zero cost sharing for laboratory tests and imaging for CVD prevention and treatment, including coverage of at-home blood pressure monitoring.

Laboratory Tests at Zero Cost-Sharing	CPT Code
Blood pressure reading (by a physician or self-monitoring)	99211, 99473, 99474
Urinalysis	81000, 81002, 81003
Blood cell count	85025, 85007
Blood chemistry	80053
Lipid panel	80061
Nicotine test	80307, 80323
Troponin testing	84484, 84512
Imaging at Zero Cost-Sharing	CPT Code
Electrocardiogram	93000, 93005, 93010
Computerized tomography (CT) scan	70450, 70460, 70470

Coverage Recommendations

W-W recommends unlimited new and follow up visits at zero cost sharing for the following treatment scenarios:

Visit Type	CPT Code	Service Type	Specialty	Description
New, follow up	99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99242, 99243, 99244, 99245, 99441, 99442, 99443, 93798, 93797	Primary Care	Internal Medicine/Infectious Disease/Family Medicine/Cardiology	New medical visit; New patient, screening/assessment; Evaluation and management; cardiac rehabilitation
New or Follow-up	99211, 99473, 99474, 81000, 81002, 81003, 85025, 85007, 80053, 80061, 80307, 80323, 84484, 84512, 93000, 93005, 93010, 70450, 70460, 70470	Primary Care	Internal Medicine/Infectious Disease/Family Medicine/Cardiology	Laboratory tests and/or imaging
New, follow up	99406, 99407, 99078	Counseling	Smoking and Tobacco Cessation Counseling Visits	New patient, screening/assessment, follow up
New, follow up	97802, 97803, 97804	Medical Nutrition Therapy	Medical Nutrition Therapy	New visit, follow up and management



Questions?

Thank you.



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