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DEPARTMENT OF HEALTH

DOH PROGRAM SERVICE REQUIREMENTS FOR THE PROVISION OF CARDIOVASCULAR RISK FACTORS SCREENING AND FOLLOW-UP

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Document Title:	DOH Program Service Requirements for the Provision of Cardiovascular Risk Factors Screening and Follow-up		
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Revision History:	These Service Specifications replace: • HAAD Standard for Weqaya Screening for Cardiovascular Risk Factors version 1.1 published in July 2012. • HAAD Standard for Weqaya Follow Up for further diagnosis, management and treatment of Cardiovascular Disease Risk Factors version 1.1 published in October 2012.		
Document Owner:	Public Health Division		
Applies to:	Licensed healthcare facilities and professionals participating in DOH's Periodic Comprehensive Screening Program for Adults in the Emirate of Abu Dhabi		
Classification:	◉ Public		

1. Purpose

1.1. This service requirement is set out to improve the early detection of cardiovascular disease and its risk factors and to encourage appropriate and timely follow up.

2. Scope

2.1. Set out the duties and the service specifications for health care facilities, professionals and laboratories authorized by DOH to provide cardiovascular disease screening services and follow up in the Emirate of Abu Dhabi as part of its Periodic Comprehensive Screening Program for Adults.
2.2. Set out the eligibility criteria for the enrolment of individuals in the Cardiovascular Disease (CVD) Screening Program and Follow up.
2.3. Set out the screening process and risk category criteria for individuals enrolled in DoH's Cardiovascular Disease Screening Program for the purpose of proper referral, follow up and

management; with clear definition of timelines for referral purposes based on defined risk categories.

3. Specifications for Healthcare Facilities, Professionals and Laboratories

3.1. All healthcare facilities and their technical staff and all laboratories providing CVD Screening services should be:
  3.1.1 Licensed by DOH;
  3.1.2 Authorized by DOH to participate in its Periodic Comprehensive Screening Program for Adults.
3.2. If a healthcare professional other than a physician provides the screening services, a DOH licensed physician must supervise the service.
3.3. In addition, laboratories providing CVD screening test services should:
  3.3.1 Perform the CVD screening laboratory tests in accordance with the requirements and specifications provided at Appendix I;
  3.3.2 Attain accreditation by the College of American Pathologists or/and ISO 15189 or equivalent accreditation body.
  3.3.3 The HbA1c should be tested in laboratories using methods certified by the "National Glycohemoglobin Standardization Program" (NGSP) and standardized to diabetic complication and control trial.
  3.3.4 LDL-C should be estimated using the Friedewald equation. However, caution should be consider in interpreting the results as this method is valid for values obtained during the fasting state and becomes increasingly inaccurate when TG levels are greater than 2.26 mmol/L (200 mg/dL), and becomes invalid when TG levels are greater than 4.52 mmol/L (400 mg/dL). In these situations, direct LDL measurement is required to confirm the abnormal findings.

4. Eligibility for Enrolment in the CVD Screening Program and Follow up

Individuals eligible for CVD Screening include:
4.1. All Thiqa cardholders aged 18 years and over;
4.2. Have not had a CVD Screening test during the previous 30-36 months if not defined as high-risk for cardiovascular disease;
4.3. Are not ill or sick during the screening. This includes not being in an emergency setting nor an emergency.

5. Screening Process

5.1. The CVD screening should be performed in accordance with Appendix I.
5.2. CVD screening program providers will need to complete a set of screening tests as detailed in Appendix I,

5.3. Diagnosis and management of patients with CVD risk factors detected through the screening program should be consistent with international best practice and guidelines and with Appendix I & II of these Service Specifications.
5.4. Individuals may choose to opt out from CVD screening program at any stage of the screening process and the health care provider should complete the opt-out form.

6. Referral & Management

Healthcare facilities and the healthcare professional providing CVD screening must:

6.1. Inform Individuals who have had a complete CVD screening for cardiovascular risk factors at time of screening to return to the healthcare facility, upon notification (within 5 working days) to collect their results.
6.2. Communicate findings to the individual within 5 working days, and report the results on the follow up visits in accordance with the requirements (Appendix II)
6.3. Offer a follow-up appointment or referral to other appropriately licensed and privileged health professional within a period of two weeks for all high risk individuals or within 2 months for medium risk individuals; and
6.4. High risk individuals (Appendix II) must be offered the first follow-up appointment or referral to another appropriately licensed and privileged health professional within a period of 2 weeks from the screening tests being processed;
6.5. Medium risk individuals (Appendix II) should be offered a follow-up appointment or referral to other appropriately licensed and privileged health professional within 2 months from the screening tests being processed;
6.6. Low risk individuals (Appendix II), if requesting, should be offered follow-up appointment or referral to other appropriately licensed and privileged health professional;
6.7. All screened individuals should be followed up as per updated international best practice and guidelines and as per Appendix I and II;
6.8. Rescreening of individuals participated in CVD risk factors screening program should be repeated every 30 to 36 month from the last screening;

7. Payment Mechanism

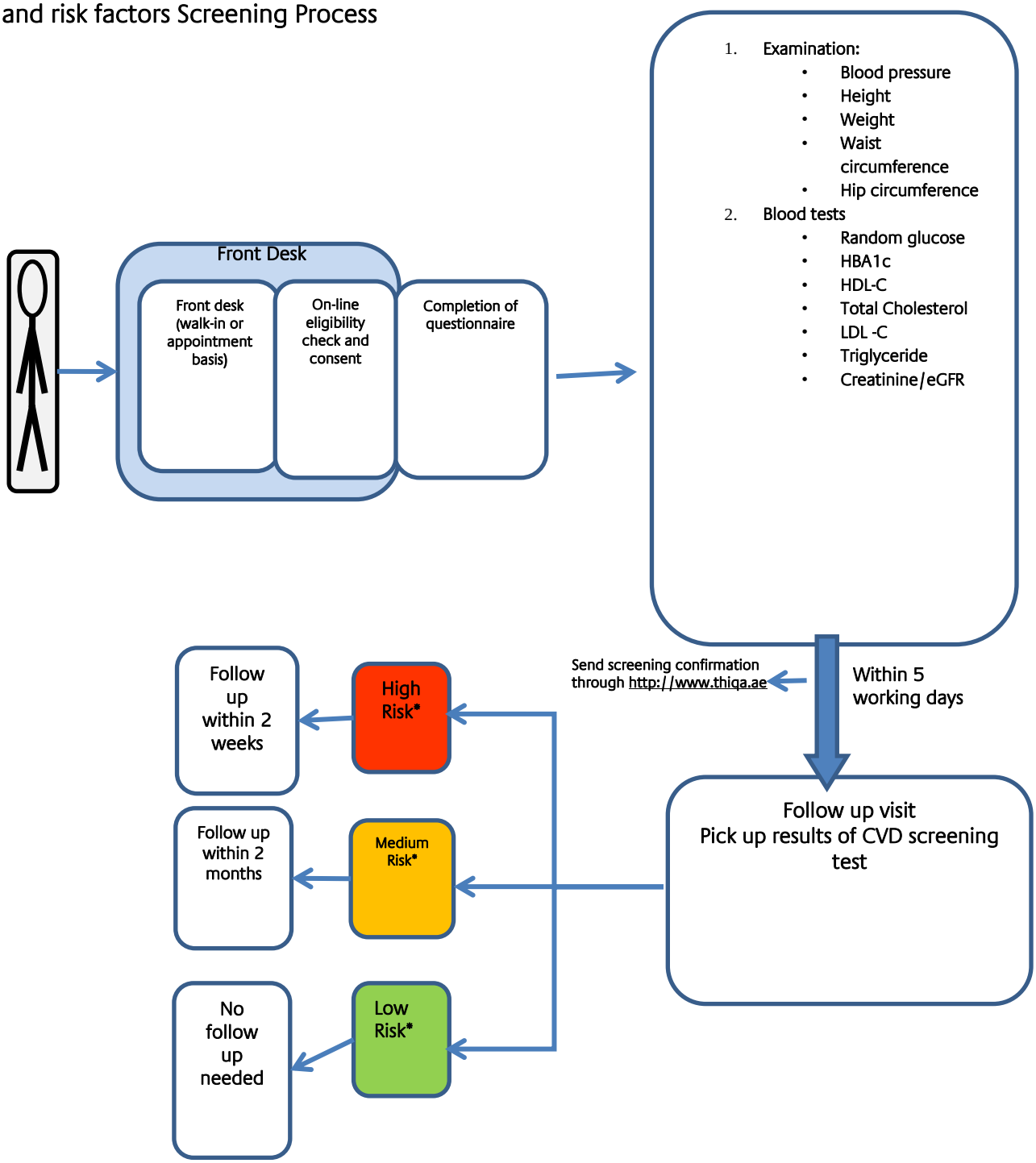
Providers shall report the approved specific CPT codes for the cardiovascular screening test in accordance to the comprehensive screening program payment mechanism and per DOH standards and procedures.

8. Enforcement and Sanctions

DOH may impose sanctions in relation to any breach of requirements under this document in accordance to DOH policies and standards.

APPENDIX I

CVD and risk factors Screening Process



- Risk category according to appendix II

APPENDIX II

Risk Categories Criteria for CVD screening tests & Follow up appointments.

Table 1: High Risk Category

High Risk Categories	Colour	Value
High Framingham cardiovascular risk score in 10 years OR any validated risk score equivalent		≥ 20% in FMH score OR risk score equivalent *
Diabetes (HbA1c or Random Glucose)		≥ 6.5% / 48 mmol/ mol, BG: ≥200 mg/dl
High Blood Pressure (mmHg)**		≥140/90
LDL-C		≥190 mg/dl/ 4.9 mmol/l
Total cholesterol		≥290 mg/dl / 7.5 mmol/l
Obesity (BMI) ***		≥30
Overweight (BMI) with central obesity (WC in cm) or high Waist hip ratio		25-29.9 with WC****: 88 in women , 102 in men WH ratio >0.85 in women, >1 in men
Smoker		Yes
eGFR†		≤60 ml/min

Individuals will be classified as a HIGH RISK if any one of the risk factors criteria in Table 1 are satisfied.

- * Physician wishing to use CVD score calculator other than Framingham should ensure the calculator is recommended by international best practices and guidelines
- **Patient might fall under high-risk category in a lower BP cut off in-patient with high CVD risk score or with comorbidities.
- ***The presented BMI cut offs might not be the accurate measure of CVD related risk as it can be affected by ethnicity, Ethnicity should be considered when interpreting the BMI. Note that BMI measurement might not be accurate in muscular individuals and/or elderly.
- **** WC: waist circumference can be less accurate in individuals with BMI > 35.
- † If the eGFR is higher than 60ml/min and the patient have symptoms and signs of kidney disease or injury, physician should follow international best practices and guidelines to determine the patient risk and the plan of care.

Table 2: Medium Risk Category

Medium Risk Category	Colour	Value
Moderate Framingham (Weqaya) cardiovascular risk score in 10 years OR any international risk score equivalent		10-19 OR risk score equivalent *
Pre-Diabetes (HbA1c)		5.7- 6.4% OR (42-47 mmol/ mol)
Pre-hypertension (mmHg)		120-139/ 80-89
Overweight (BMI)** with moderate central obesity (WC = cm)		25-29 with WC***: 80-88 in women, 94-102

Table 3: Low Risk Category

Low Risk Category	Colour	Value
Low Framingham (Weqaya) cardiovascular risk score in 10 years OR any international risk score equivalent		< 10 OR risk score equivalent*
Diabetes (HbA1c)		< 5.7 (41 mmol/ mol)
High Blood Pressure (mmHg)		< 120/80
Normal weight (BMI)**		18.5 -25
NON smoker		non smoker

Individuals will be classified as MEDIUM RISK if any one of the risk factor criteria in Table 2 are satisfied and no risk factor criteria in Table 1 (High Risk) are satisfied.

Individuals will be classified as LOW RISK if all of the risk factor criteria in Table 3 are satisfied.

* Physician wishing to use CVD score calculator other than Framingham should ensure the calculator is recommended by international best practices and guidelines. .

**The presented BMI cut offs might not be the accurate measure of CVD related risk as it can be affected by ethnicity, Ethnicity should be considered when interpreting the BMI. Note that BMI measurement might not be accurate in muscular individuals and/or elderly.

*** WC: waist circumference can be less accurate in individuals with BMI > 35.

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