WISEWOMAN: COMMUNITY CONNECTIONS

Connecting Patients to Evidence-Based Programs beyond the Clinic

August 2021

WISEWOMAN™

Well-Integrated Screening and Evaluation for WOMen Across the Nation

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Introduction

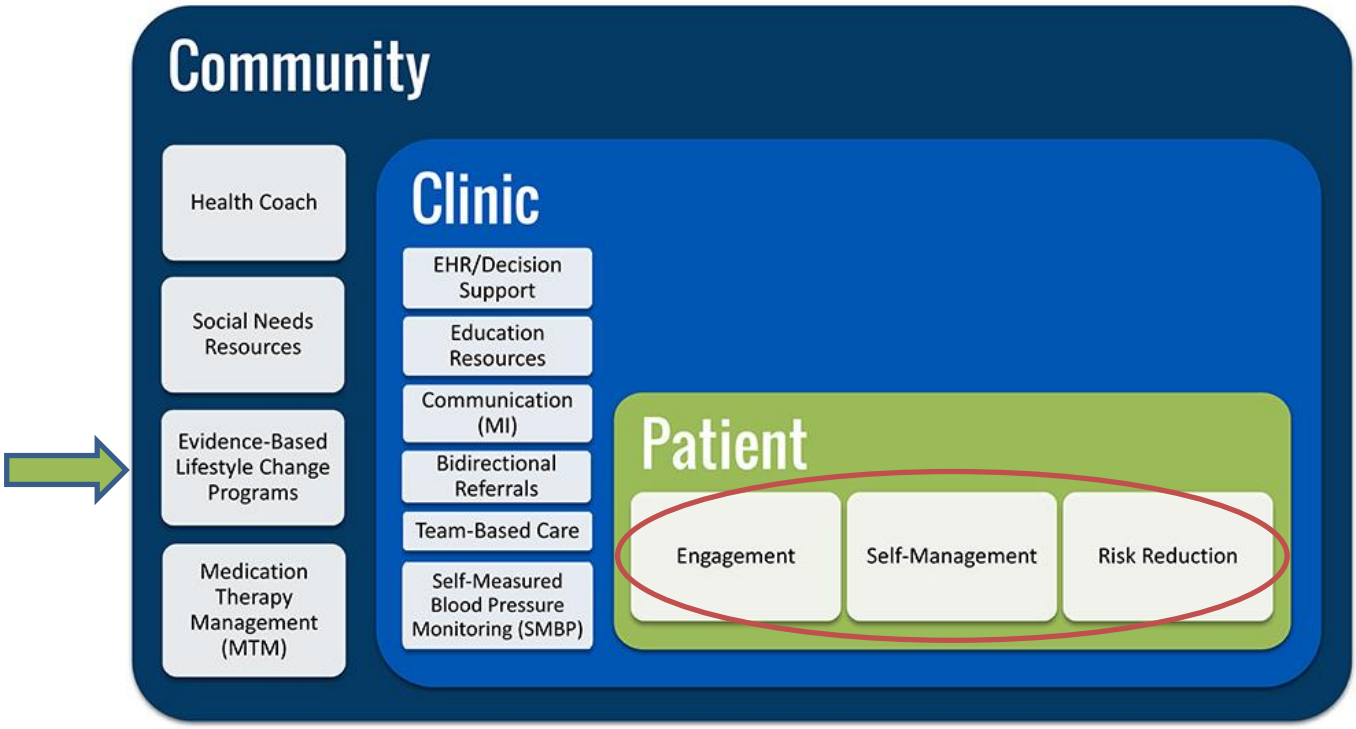
The WISEWOMAN (**W**ell-**I**ntegrated **S**creening and **E**valuation for **WOM**en **A**cross the **N**ation) program was created to help women understand and reduce their risk for heart disease and stroke by providing services to promote lasting heart-healthy lifestyles. Working with low-income, uninsured and underinsured women aged 40 to 64 years, the program provides heart disease and stroke risk factor screenings and services that promote healthy behaviors. The WISEWOMAN program is currently administered through CDC's Division for Heart Disease and Stroke Prevention (DHDSP) and is operated on a state-by-state basis. Services provided by each WISEWOMAN program vary, but all are designed to promote lifelong heart-healthy lifestyle changes.

Initiated in fall 2020 in Delaware, strategies to achieve WISEWOMAN goals include tracking and monitoring clinical measures to improve healthcare quality and identifying patients with hypertension; promoting team-based care to reduce cardiovascular risk; and developing clinic/community links to support evidence-based lifestyle change for at-risk women. The long-term outcomes are increased blood pressure control and improved detection, prevention, and control of cardiovascular disease.

Purpose of Module

Previous modules in this series have sought to assist primary care providers (PCPs) and care teams with enhanced patient communication through motivational interviewing, to implement patient-centered team-based care, and to address health and social needs of patients in the WISEWOMAN population. This module will focus on referrals to evidence-based lifestyle change programs to close the care loop through communication, medical care, self-management, and community connections.

WISEWOMAN Dimensions of Health



Introduction: Community-Clinical Linkages

"Enhanced collaboration among the public health, health care, and community non-health sectors could produce better prevention and treatment outcomes for people living with chronic diseases."

Institute of Medicine[1]

A decade ago, providers were not in the habit of making referrals to community-based programs. With the proliferation of value-based reimbursement and increasing time and payment pressure especially on primary care providers (PCPs) in recent years, the medical community began to realize the value of community-based programming to enhance patient education and support.

The community sector is composed of organizations that provide services, programs, or resources to community members in non-health care settings. Examples of community-based organizations include nonprofit organizations such as the YMCA, programs operated by state health departments, and community- based pharmacies.

Community-clinical linkages are now recognized as an effective approach to prevent and control chronic diseases.[2] As evidence-based programs have increased, CDC notes that

documented improvements in clinical health outcomes and behavior change have been seen in multiple areas (Table 1).[2]

Table 1: Areas of Improvement Attributed to Community-Clinical Linkages

Clinical Health Outcomes	Behavioral Changes
Coronary heart disease	Nutrition
Blood pressure	Physical activity
Cholesterol	Diabetes self-management
Prediabetes	Smoking cessation
Diabetes	Medication adherence

Identifying Effective Interventions

Not all community programs are created equal, and providers must discern those which are valuable for their patients, chiefly programs designated as evidence-based. CDC offers support for identification of effective community-based programs and defines evidence-based interventions as those which have been proven or tested to be effective based on rigorous scientific studies with:[3]

- Reductions or improvements in a measurable outcome
- Application of the scientific method
- Percent of targeted population affected

Key features of an evidence-based intervention are replication/duplication of results in other studies, consistency with other studies, and review by outside organizations.[3]

The Community Guide is a collection of evidence-based recommendations and findings from the Community Preventive Services Task Force (CPSTF). The CPSTF makes evidence-based recommendations about the effectiveness and economics of public health programs, services, and other interventions used in real-world settings. The CPSTF is an independent, nonpartisan, nonfederal panel of public health and prevention experts, with scientific, administrative and technical support from CDC. CPSTF recommendations and findings are based on rigorous systematic reviews and are produced in accordance with the highest international standards. All of the intervention approaches are intended to improve health directly; prevent or reduce risky behaviors, disease, injuries, complications, or detrimental environmental or social factors; or promote healthy behaviors and environments.[4]

This module will focus on evidence-based lifestyle/behavior change resources available in Delaware that are beneficial to members of the WISEWOMAN population, including:

- National Diabetes Prevention Program
- Self-Management Programs, including chronic disease, diabetes, chronic pain, and cancer: thriving and surviving (based on Stanford self-management model)
- Delaware Healthy Heart Ambassador Blood Pressure Self-Monitoring

- YMCA's Weight Loss program
- TOPS (Take Off Pounds Sensibly)
- WW (formerly Weight Watchers)
- Delaware QuitLine and QuitSupport tobacco cessation
- Medication Therapy Management
- LiveSTRONG at the YMCA

National Diabetes Prevention Program

Prediabetes is diagnosed when an individual's blood glucose is measured at higher than normal levels but not yet high enough to diagnose diabetes. Risk factors for prediabetes include overweight/obesity, waist size, poor dietary patterns, inactivity, family history, and age over 45 years. Certain racial and ethnic groups have a higher risk of prediabetes, including African Americans, Hispanics, Asian Americans, and Pacific Islanders.[5] A prediabetes risk test is available online from CDC as well as in printable format from Quality Insights in English and in Spanish.

There is a high prevalence of prediabetes in both the U.S. and in Delaware. Across the nation, 88 million people (34.5 percent of the total population, or more than 1 in 3 Americans) are estimated to have prediabetes,[6] and an estimated 95,000 Delawareans are affected.[5] Without intervention, an estimated 15-30 percent of people with prediabetes will develop type 2 diabetes within five years, and they are also at increased risk of cardiovascular disease and stroke.[5]

Behavioral interventions, such as the CDC-recognized National Diabetes Prevention Program (National DPP), have been proven to help people make the lifestyle changes needed to prevent or delay type 2 diabetes. A randomized control trial showed that completing this lifestyle change program reduced program participants' chances of developing type 2 diabetes by 58 percent compared to placebo (71 percent for individuals aged 60 and older), nearly twice as much as the reduction among the group taking metformin (31 percent).[7]

The National DPP focuses on lifelong changes to certain habits and behaviors, which helps participants maintain healthy improvements over time. A 10-year follow-up study showed that participants were still one-third less likely to develop type 2 diabetes a decade later than individuals who took a placebo. Those who did develop type 2 diabetes delayed the onset of the disease by about 4 years.[8]

The YMCA of Delaware is one of two fully recognized National Diabetes Prevention Program providers in the state and connects eligible patients to programs across Delaware's three counties. In addition to connecting patients to programs, the YMCA of Delaware maintains a recognition program for organizations that have demonstrated their ability to effectively deliver a proven type 2 diabetes prevention program. It is also a resource for patients, their health care providers and insurers about the performance of National Diabetes Prevention Programs across the country. During COVID-19, programs are being offered virtually.

Christiana Care Health System (CCHS) is the state's second fully recognized National DPP. Their program serves northern-most New Castle County and is also offered to their qualifying employees. Several other Delaware organizations are in the process of becoming CDC-recognized providers including the University of Delaware, an independent pharmacy and a regional health system. The University of Delaware plans on completing their 2nd cohort as part of the CDC-recognition process in the summer of 2021. Another health system is in the early stages of training a health coach and implementing the steps for a pilot program. For people who prefer to access the program virtually through an app, the Delaware Division of Public Health offers limited scholarships to YesHealth. Information is available from Quality Insights.

The National Diabetes Prevention Program is reimbursed by some health insurance payers in Delaware. Financial assistance and payment plans are available to qualifying self-pay participants. For Medicare beneficiaries, the Medicare Diabetes Prevention Program (expanded model) is a once-per-lifetime covered benefit. Medicaid MCOs in Delaware offer National Diabetes Prevention Program as a covered benefit. Referral assistance using retrospective search from the electronic health record with patient outreach and follow-up is available through Quality Insights.

Chronic Disease Self-Management Programs (SMP)

The Delaware Division of Public Health's Self-Management Programs initiative offers no-cost programs to help people with chronic disease manage their conditions. These six-week step-by-step self-management workshops, based on the Stanford self-management model, are offered to adults who have, or care for someone living with, a chronic condition, a cancer diagnosis, or diabetes. Programs are offered for the following:

- Chronic disease self-management (CDSMP) – Arthritis, diabetes, COPD, etc.
- Diabetes self-management (DSMP)
- Chronic pain self-management (CPSMP)
- Cancer – Thriving and Surviving

Self-management programs are structured as small group workshops of 12-16 participants and are held for 2.5 hours/week for six weeks. They are led by trained lay peer leaders who have experience dealing with the subject areas. Topics are designed to build skills and confidence in disease management with peer problem solving and support. For clinical issues, participants are directed back to their health care provider.

The Stanford Chronic Disease Self-Management model is the foundation of all the self-management programs offered by Delaware Division of Public Health. This model was established at Stanford University and has been widely adopted and evaluated since the 1990s. A national study of chronic disease management programs examined the effectiveness of the Stanford Chronic Disease Self-Management Program (CDSMP) according to the Triple Aim goals of better health, better health care, and better value in terms of reduced health care utilization, finding significant improvements for better health (self-reported health status, pain, fatigue and

depression) and better health care (improved patient/provider communication, medication compliance, and confidence completing medical forms). Outcome measures were observed from baseline to a 12-month follow-up. The odds of ER visits were significantly reduced from baseline to 12-month follow-up, and significant reductions in hospitalization were observed from baseline to 6-month follow-up.[9]

An evidence-based analysis of self-management support interventions, including CDSMP, assessed the clinical effectiveness of self-management support interventions for persons with chronic diseases. Health status outcome measures had a statistically significant improvement for pain, disability, fatigue, depression, health distress and self-reported health. Healthy behavior outcomes including aerobic exercise, cognitive symptom management and communication with health care professionals improved by a statistically significant amount; and self-efficacy improved by a statistically significant degree. There were no statistically significant differences for PCP visits, emergency department utilization, days in hospital, or hospital utilization.[10]

Patients can register for any of the four free self-management programs at healthydelaware.org or by calling 302-990-0522.

Healthy Heart Ambassador Blood Pressure Self-Monitoring

The United States and Delaware are both affected by high prevalence of hypertension, with about one in three adults affected, and low rates of hypertension control.[15] In Delaware, the Healthy Heart Ambassador Blood Pressure Self-Monitoring program was developed to renew focus on hypertension control and provide, at no cost, the tools and resources to support medical practices and patients in the effort to improve blood pressure control.

Healthy Heart Ambassador Blood Pressure Self-Monitoring is a no-cost, four-month program that includes provision of a home blood pressure monitor (where needed), training and instruction on proper measurement technique and developing plans to track and communicate measurements. Participants receive biweekly one-on-one coaching sessions with trained program facilitators and education on health topics such as nutrition. Programs are held virtually and open to eligible Delawareans.

The focus of Healthy Heart Ambassador Blood Pressure Self-Monitoring is the home measurement and tracking of blood pressure, which is an evidence-based intervention recommended by the 2020 Surgeon General's Call to Action to Control Hypertension[11], the national Million Hearts® initiative[12], and guidelines published by the American College of Cardiology/American Heart Association[13] and the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure.[14]

Patients can self-register for the Healthy Heart Ambassador Blood Pressure Self-Monitoring via the contact information provided on the patient flyer. Since recommendations from trusted providers are powerfully influential to promote participation, providers are encouraged to refer

individual patients or receive no-cost assistance for large-scale outreach to patients identified from the electronic health record as noted in the provider flyer.

YMCA's Weight Loss Program

The YMCA of Delaware offers the YMCA's Weight Loss program, designed to help people seeking a healthier weight achieve their goals by making small, modest changes to their daily behaviors and forming sustainable, healthy habits. Participants can apply for needs-based scholarships and financial assistance for Y programs.

Led by a trained facilitator who creates a safe and supportive environment for all, participants in the program meet in a small group setting for one hour, twice per week for 12 weeks. The first session each week is guided discussions on goal setting, balanced eating, physical activity, stress, mindfulness, and more. The second session each week is a small group training session.

The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) offers advice for selecting a safe, successful weight-loss program.[23] A program should promote healthy behaviors that help people lose weight safely and that promote sustainable results, including:

- Behavioral counseling for healthy eating and physical activity, such as keeping food and activity journals
- Ongoing feedback, monitoring and support either in person, online, telephonic, or some combination
- Slow and steady weight loss goals
- Sustainability plan

Participants can register for the YMCA's weight loss program online.

TOPS (Take Off Pounds Sensibly)

TOPS Club, Inc. is a nonprofit, noncommercial weight-loss support organization. In an industry filled with quick fixes and fad diets, TOPS is an affordable and evidence-based program that encourages members to make small, steady lifestyle changes that provide lasting weight loss and better health.[24]

TOPS conducts weekly meetings either in person or virtually. A standard one-year membership costs around $32. With its low cost, TOPS is an accessible choice for many underserved populations. Health care providers can order free resources for patients, including the TOPS lifestyle guide; literature to refer overweight, diabetic or bariatric patients; wellness news and tips available for sharing; and information for starting an on-site weight-loss support chapter for patients and/or community members. [24]

WW (formerly Weight Watchers)

WW is an evidence-based weight loss program offering virtual or in-person meetings, with membership rates starting at $10/month. In a 2015 systematic review of the efficacy of

commercial weight loss programs at Johns Hopkins, researchers reported that few programs available were effective. Based on results of a randomized control trial, Weight Watchers participants achieved at least 2.6% greater weight loss than control/education. The authors concluded that clinicians could consider referring patients with overweight or obesity to Weight Watchers.[25]

Delaware Tobacco Cessation Programs

Tobacco use remains the number one underlying cause of premature death and disability in Delaware and the nation.[16] The Delaware Division of Public Health works to prevent the use of tobacco products through its Tobacco Prevention and Control Program (TPCP). Two options are available for no-cost tobacco cessation support: the telephonic Quitline and the web-based QuitSupport.

The Delaware Quitline is a powerful tool to help adult smokers who are ready to kick the habit. Trained tobacco specialists staffing the Quitline will assess needs and explore best options. Services include:

- Motivational support by phone from a Quitline specialist or face-to-face counseling by a trained local counselor
- Follow-up support
- Information about quitting, appropriate for people at any stage of readiness for change
- Eligible callers 18 years and older may receive free stop-smoking aids such as nicotine patches or gum

Participants can sign up for Delaware Quitline by calling toll-free: 1-866-409-1858.

The online support service, Quitsupport.com, provides a Quit Coach® trained to help people become an expert in living without tobacco. Its four "Essential Practices to Quit for Life" principles are based on 25 years of research and experience helping people quit tobacco to beat urges, manage withdrawal symptoms and switch up habits to enjoy life tobacco-free. Participants receive personal support from a trained coach as well as email and text assistance. People can register online and get questions answered by calling 1-866-409-1858.

Medication Therapy Management

Medication non-adherence is a long-recognized challenge with costly impact. National data reveals that about 20-30 percent of prescriptions are unfilled, and another 50 percent of patients discontinue the prescribed treatment regimen.[17] Medication therapy management (MTM) is an evidence-based intervention shown to improve medication adherence. MTM is a structured, individual consultation provided by specially trained pharmacists with the goal of ensuring the most effective use of drug therapy. MTM includes a comprehensive medication reconciliation, exploration of patients' questions and concerns, and a collaboratively created personal medication plan.

Medication therapy management for chronic diseases has been shown in randomized clinical trials to have a positive result on controlling blood pressure and other clinical metrics. For example:

- Improved adherence - A study of 2,250 beneficiaries of a large employer prescription benefit plan found increased adherence for patients with hypertension and dyslipidemia.[18]
- Impact on commonly prescribed medications - A study of comprehensive medication management and medication adherence for chronic conditions evaluated the impact of MTM on oral diabetes medications, statins, ACEs and ARBs, and beta-blockers. The MTM group had consistently higher, statistically significant proportion of days covered across all the therapeutic classes.[19]
- Reduction in systolic blood pressure - A systematic review and meta-analysis of 2,246 patients in 13 studies found that pharmacists' interventions significantly reduced systolic blood pressure while controls remain unchanged.[20]
- The Center for Medicare and Medicaid Innovation (CMMI) has funded the most comprehensive, rigorously designed study to date, showing improved adherence for patients with chronic conditions including heart failure, COPD, diabetes, and hypertension receiving pharmacist-provided medication management.[21]

Through a partnership between the Delaware Division of Public Health and the Delaware Pharmacists Society, patients in the state who have been prescribed hypertension medication are eligible for no-cost MTM. Providers can learn how to refer patients and get the needed tools by participating in a free e-course, Medication Therapy Management and can refer patients directly to the Delaware Pharmacists Society by fax at **(302) 659-3089**.

LiveSTRONG at the YMCA

LiveSTRONG at the YMCA is a program offered to adults 18 years and older who are living with or beyond cancer. The LiveSTRONG at the YMCA program supports the increasing number of cancer survivors who find themselves on the journey from completing their treatment to feeling physically and emotionally strong enough to return to normal life. LiveSTRONG at the YMCA creates a welcoming community in which survivors can develop supportive relationships and improve their quality of life.

This no-cost program is held either virtually or in-person at several branches of the YMCA throughout Delaware. Small groups meet twice per week for twelve weeks. Participation includes a complimentary four-month YMCA memberships. Sessions are facilitated by certified YMCA instructors who assist participants in a variety of physical activity options including cardiovascular conditioning, strength training, balance, and flexibility. A 2016 randomized control trial published in *Cancer* determined that people who participated in LiveSTRONG experienced increases in physical activity and self-reported quality of life.[22]

Providers can refer patients using a HIPAA-secure online referral form from YMCA of Delaware. A printable referral form is also available at that site as well as a medical clearance form.

Call to Action

In today's health care environment, even the most efficient, dedicated provider cannot implement all the comprehensive patient services they recognize as important and would like to personally deliver. Competent care teams provide valuable assistance, but often patients simply require more extensive education and support than the practice can provide. Fortunately, evidence-based programs in the community can bridge the gap and promote health improvement and self-management skills, such as reducing risk for type 2 diabetes, achieving and maintaining blood pressure control, tobacco cessation support, and more.

Many of these community-based programs are offered to the public at no cost, with financial assistance or scholarships available for others, so they are widely accessible. Providers can take advantage of no-cost assistance to efficiently refer patients to a number of programs, reducing barriers at the practice level also.

As a WISEWOMAN partner, you have demonstrated your commitment to providing high-quality care to a population that is often underserved. Many of these patients can greatly benefit from evidence-based programming in the community. Your practice will likewise benefit from higher quality metrics, improved patient satisfaction, and better outcomes. Consider which of these programs work best for your patient population, then select a workflow modification to help you get started.

Another option is to consider having your practice become part of an evidence-based program, such as National Diabetes Prevention or Healthy Heart Ambassador Blood Pressure Self-Monitoring, by having staff trained and hosting the program on site. This allows you to take advantage of evidence-based programming and extend/enhance your existing patient education in a setting where your patients are familiar and comfortable.

Regardless of which workflow modification you select, your Quality Insights Practice Transformation Specialist is available to assist you in getting your WISEWOMAN patients connected in the community.

For more information, email Sarah Toborowski at stoborowski@qualityinsights.org or call 1-800-642-8686, Ext. 130.

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