

Shifting Trends in CV Disease: The Role of Outreach, Education, and Primary Prevention

By Susan Heck

As nationally-recognized "Heart Month," February reminds us to take care of our heart, to be active, and to make smart lifestyle choices that decrease risk factors for cardiovascular disease. But, despite increasing community outreach, patient education programs, and symptom awareness campaigns, CV disease is still the number one killer in the United States, and people in all age groups still die from heart attacks, heart failure, stroke, and diabetes.

So what can you do to shift these trends over time?

Over the past decade, heart disease trends have already been changing, most likely due to increases in the availability of advanced treatment options, especially in the community setting. Corazon has worked with multiple clients that have implemented coronary angioplasty with off-site open heart surgery with great success. These programs have provided greater access to care, so patients are seeking treatment for heart attacks or heart disease sooner and closer to home, resulting in better outcomes and higher satisfaction.

We have also noticed increases in the scope and reach of community programs implemented by hospitals nationwide. As 2006 gets underway, it's a great time to strategically evaluate the outreach programs currently in place at your facility, and perhaps consider how to become even more involved in community heart health.

One of the most effective ways to become involved is to implement primary prevention programs that will better educate patients or more accurately diagnose those with cardiovascular disease (CVD). These programs educate people about CVD and the lifestyle changes that will help reduce risks and/or prevent the onset of conditions that can lead to heart attack or stroke.

The importance of primary prevention and risk factor management of CV disease cannot be overlooked. Corazon believes that hospitals taking a proactive stance on preventing and treating CV disease progression before intervention or surgery is necessary can positively impact the community.

A comprehensive approach to CV wellness and disease management often pairs healthcare providers with businesses, churches, or other venues in the community in an effort to offer a variety of options for achieving or maintaining heart health. These partnerships often result in broad-reaching, easily-accessible programs that promote increased personal responsibility for health, along with educational programs.

Primary prevention activities often dovetail into more comprehensive programs that span a full spectrum of preventative, educational, and therapeutic modalities. Corazon recommends considering the following options when planning outreach, educational activities, or other CV program development initiatives:

Women's Heart Program – Today, over 8 million women suffer from heart disease, a condition six times as deadly as breast cancer. With an aging population, this number will only increase as the decade unfolds; however, even with awareness increasing, women (and to some degree, the nation in general) continue to underestimate the threat. Since women over 65 utilize cardiovascular services at twice the rate of men, it is ever-more critical for CV service lines to focus on the female age sector of the population, which has traditionally been inadequately served throughout the U.S.

The market demand for CV programs tailored to the detection and treatment of the disease in women is strong. Corazon believes that expanding upon or creating a women's heart center will increase hospital visibility and reputation while raising public awareness through various ad campaigns, screenings, and other initiatives.

Lifestyle Advantage[®] – Following the Dr. Dean Ornish Program for Reversing Heart Disease has been shown to reverse the effects of CVD with a focus on prevention and alternative methods of cholesterol management. This turnkey approach can be implemented easily, and a sixty-mile exclusivity is given to the provider, so a Lifestyle Advantage[®] program can be a strong CV service line differentiator in a regional marketplace.

Lipid Clinics – Elevated cholesterol has been shown to be an important of risk factor for coronary heart disease. An outpatient service designed for the proper diagnosis and treatment of high cholesterol, Lipid Clinics are an

effective means of secondary prevention of CV disease. Tighter control of lipid profiles is beginning to positively affect heart disease incidence, though many hospitals have not formalized this program. But, with community screening and targeted marketing efforts, hospitals can make great strides in cholesterol management in the community.

Progressive hospitals are finding ways to bridge these and other education and primary prevention programs into the development of secondary prevention and treatment programs, which embed the full range of concepts into a more advanced and comprehensive model of care. The following are examples of programming that address education, prevention, AND treatment:

Hypertension Management Clinics – More than 50 million Americans have hypertension, and there's a 90% lifetime risk of developing this condition. Despite increasing financial and staff resources being invested in this condition, the disappointing rate of blood pressure control poses continual challenges to healthcare providers. The costs associated with medication, office visits, and laboratory tests to manage hypertension are topping \$10 billion per year, but with poor patient compliance, under-developed treatment plans, and a lack of follow-up, this condition can end up costing hospitals more in repeat admissions and treatment for more complex admissions.

Hypertension Clinics are designed to provide integrated care for a variety of medical complications that can result from high blood pressure, including increased risk of heart failure, stroke, kidney failure, dementia, and diabetes. By offering a comprehensive treatment program, the Clinic can serve as a clearinghouse for referring patients to the appropriate specialists, and thus will improve compliance and work to decrease risk factors for further progression of associated complications.

Congestive Heart Failure Clinic – Today, nearly five million Americans suffer from heart failure and over 400,000 new cases are diagnosed each year. To better meet the need of this rapidly-growing population with high mortality, hospitals are developing Congestive Heart Failure (CHF) Clinics and associated programs that can improve the quality of life for patients with CHF or those who are at risk for developing this condition. Aggressive management of CHF can result in reduced admissions to the hospital or the ED and/or a reduced length of stay in either setting, which will lead to cost savings as well as improved patient care.

Anticoagulation Clinics – Monitoring the coagulation profiles of patients on Warfarin (Coumadin) therapy is a time-consuming, non-reimbursed service for physicians. Progressive centers and practitioners are opting for protocol-driven, standardized management of this population. Successful web-based and protocol-driven programs are managed by pharmacists with utilization of predetermined care management decision trees. In each situation, all results are reviewed and approved by a physician to assure efficacious care.

All of these outreach program options can greatly improve community heart health, raise awareness of CV disease factors, and also increase visibility and reputation of the hospital. But, while implementing some of these programs or specialty Clinics can require large investments in time and money, along with the need to make significant changes in facility layout, building structure, and/or staffing, others that are less resource-intensive can still improve the health of a community.

So this month, and throughout the year, Corazon advocates the education and outreach component as a way for hospitals to raise awareness in the public and encourage heart-healthy behaviors and lifestyles. Indeed, the education component of early action/detection in the case of heart disease can save lives and work to eventually shift the paradigm from cardiovascular disease treatment to the promotion and maintenance of cardiac health, which will greatly impact people of all ages.

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