

Meeting Unique Cardiac Needs: Establishing a Women's Heart Center

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Cardiovascular disease has remained the leading cause of death in the United States since 1918, accounting for 38.5% of 2001 mortality despite many technologic advances in treating the disease. In fact, cardiovascular disease claims more lives annually than the next seven causes of death combined.

Although attention has traditionally focused on men, the latest statistics show that cardiovascular disease claims more lives of women than of men, responsible for 44.6% of all female deaths. Though women are typically ten years older than men when they develop heart disease, Corazon believes that as the population ages and the "65 and older group" is estimated to more than double in the next quarter century (accounting for 85% of the total population growth), heart disease's impact on women will reach epidemic proportions.

Heart programs across the country must be prepared to meet the needs of this growing market segment. Corazon recommends that hospitals critically refocus their attention on these trends by providing gender-specific approaches for the diagnosis and treatment of heart disease in women. Hospitals must also realize that women are key healthcare decision makers, who account for 80% of healthcare decisions and 60% of healthcare purchases, and that a strong focus on women's cardiac services would increase the utilization of a particular hospital's services by the entire family.

There are several different approaches to establish a Women's Heart Program within a cardiovascular service line. Choosing the optimal organizational structure for a Women's Heart Center is key to its success within a facility's overall scope of services. Corazon recommends a feasibility study and strategic business plan before initiating a Women's Heart Program. This business plan must predict the fit of Women's Services within the culture of the organization and should anticipate acceptance by physicians, which is critical to achieving volumes. Physicians can feel threatened by the addition of such a program, since they believe they are already meeting patients' needs for cardiac care; so, steps must be taken so they see the benefits of a Women's Heart Center and consequently refer patients into the program.

A program focused on **prevention and education** is the least disruptive to a traditional cardiovascular service line and less threatening to current referral patterns. Although women's knowledge regarding heart disease has dramatically improved over the last few years, much work is still required to educate and assist in changing lifestyles to reduce the deaths associated with this chronic illness.

Physicians too may lack awareness of the prevalence of heart disease in women, as a recent survey reported that only 55% of PCPs identified heart disease as the greatest health risk in women older than age 50. When women report heart disease symptoms to their physicians, only 68% correctly recognize these signs as cardiac-related. Thus, the diagnosis of heart disease is often delayed or missed more often in women than in men, causing women to be less likely to receive timely treatment according to established guidelines.

Education at the Women's Heart Center is typically directed at basic cardiac risk factor modification with a focus on heart disease (prevention, symptoms, and care), diabetes, hypertension, cholesterol, healthy diet,

stress reduction / behavior modification, physical activity, and peripheral vascular disease. Some Women's Heart Centers also provide general women's health education on osteoporosis, cancer screening, and other topics.

A **physician-directed model** capitalizes on a physician who has strong interest in women and heart disease. In addition to caring for female patients in a specialized practice, this physician makes this an extra focus, whether through community speaking, research, or publishing articles on women and heart disease, which identifies him/her as an expert in the field. With marketing and outreach, physicians and patients will then begin to identify the practice or home hospital as a Women's Heart Center.

The **nurse-driven model** utilizes a nurse with advanced knowledge of women and heart disease, partnered with a medical director, as the Program Coordinator. The program coordinator can be either a registered nurse with extensive experience, or an advanced practice nurse, who is either a nurse practitioner or a clinical nurse specialist able to provide initial and follow-up care to the patient, collaborate with the medical director regarding more difficult cases, and refer more complex patients to cardiologists as needed.

In the above two models, the clinician (physician or nurse) assesses the women's cardiac risk and health status, educates the patient about her healthcare needs, and brings multidisciplinary staff to the patient for more advanced education. This provides a 'one-stop shopping' experience for heart care needs. In addition to the physical exam, point of care testing (i.e., cholesterol and glucose) is often incorporated into patient appointments. Follow-up visits are for continued risk factor reduction and heart disease risk re-evaluation.

The development of a Women's Heart Center can differentiate a program from the competition. Moreover, these Centers typically have a positive impact on downstream revenue by increasing female referrals new to the system for cardiology office visits, noninvasive and invasive cardiac testing, and coronary intervention (percutaneous coronary intervention or coronary artery bypass surgery). Positive experiences with the Women's Heart Center may also gain the loyalty of the female—the healthcare 'head of the household.'

Indeed, a hospital can fulfill its mission to improve care in the community with the creation of a Women's Heart Center through increasing public awareness of heart disease and reducing the devastating impact of this disease on women. The Heart Experts at Corazon believe that a Women's Heart Center can be a timely endeavor to bridge the mortality gap between men and women, and can be a powerful vehicle to reach out and capture this growing market segment.

Kathy is a Director with Corazon, a national leader in specialized consulting services for CV program development from strategic business planning through clinical implementation. Corazon combines business planning, market and financial analysis, feasibility studies, clinical operations, Heart Hospital design, best practice benchmarking, and staff education for newly established or existing programs. Corazon is a 2003 Ernst & Young Entrepreneur of the Year Company. Call 412-364-8200 or visit www.corazon-consulting.com.