

Expanding BSI to Address Cardiovascular Prevention



School of Medicine
and Public Health
UNIVERSITY OF WISCONSIN-MADISON

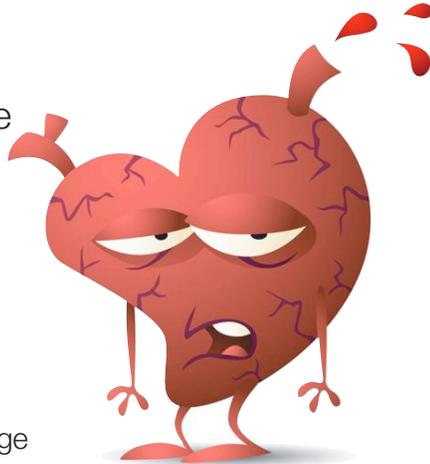
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Time to ask.
WIPHL
WISCONSIN INITIATIVE
to PROMOTE HEALTHY
LIFESTYLES

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Background

- Cardiovascular disease
 - Leading cause of death
 - Great disparities
- Modifiable risk factors
 - Many are poorly addressed
 - Most involve behavior change



WIPHL

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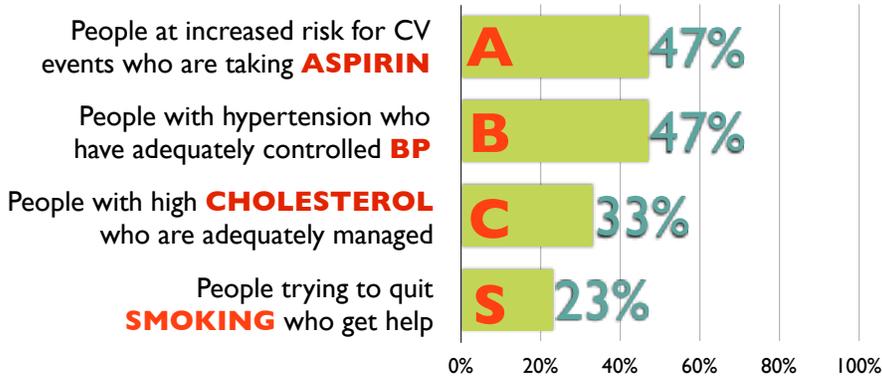


- Launched by DHHS in 2011
- Goal: Prevent 1M heart attacks & strokes by 2017
- Emphasize the ABCS:
 - **A**spirin prophylaxis
 - **B**P control
 - **C**holesterol management
 - **S**moking cessation

WIPHL

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Current Performance



WIPHL's Current Services

☐ Deliver behavioral screening and intervention for all adults

☐ Focus on:

- Alcohol
- Drugs
- Tobacco
- Depression



WIPHL's Current Applicability to Heart Dz

☐ Deliver behavioral screening and intervention for all adults

☐ Focus on:

- Alcohol - raises BP, worsens lipid profiles
- Drugs - cocaine causes MI and stroke
- Tobacco - leading preventable cause of death
- Depression - hinders self-management

Modification of WIPHL's Services

☐ Deliver services to adults diagnosed with:

- Hypertension
- Lipid disorders
- Diabetes mellitus



- ☐ Exclude: pts with terminal disease or poor cognition
- ☐ Retain: pts with serious & persistent mental illness



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WIPHL Modifications

☐ Add focuses:

- Screen for eligibility for daily aspirin
- Promote medication adherence
- Enhance fruit and vegetable intake
- Reduce sodium intake
- Refer for obesity management



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Project Activities

- ☐ Clinic recruiting
- ☐ Provide training and support for clinic staff
- ☐ Deliver technical assistance on practice systems change
- ☐ Equip practices with a disease registry



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Preparation - Develop Registry



- ☐ Enroll patients
- ☐ Record screening and assessment results
- ☐ Document service delivery
- ☐ Track outcome variables for each clinical focus
 - Binge drinking days per month
 - Drug use days per month
 - Cigarettes per week
 - PHQ-9 scores
 - Fruit/vegetable intake
 - Sodium intake
 - Aspirin use
 - Medication adherence
- ☐ Track disease control - BP, lipids, HbA_{1c}



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Preparation - Modify Training Materials

- ☐ Retain previous content
 - Tobacco, alcohol, drugs and depression
 - Motivational interviewing
 - Behavior change planning
- ☐ Add new content
 - Assessing for likelihood of benefit of aspirin
 - Improving
 - Diet
 - Physical activity
 - Medication adherence



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Recruit Clinics

- ☐ Eligibility
 - Primary care clinics in Wisconsin - urban, suburban, and rural
 - Excluded: Milwaukee and tribal clinics
- ☐ Expectations
 - Staff person - get trained, participate in ongoing support, deliver services, use the registry, send de-identified data weekly to WIPHL
 - Establish a QI team - design and improve workflow
 - Work toward sustainability - submit claims, document other benefits
 - Assist in spread - within and beyond provider organizations



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Interactions with Communities

- ❑ Clinic recruiting
- ❑ Link clinical practices with current referral resources
- ❑ Identify and address gaps in available referral resources
- ❑ Enhance community-based prevention programs and policies
- ❑ Collaborate with Million Hearts Wisconsin



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Evaluation

- ❑ Service delivery
- ❑ Change in clinical outcomes
 - Intermediate behavioral outcomes
 - Disease control
- ❑ Satisfaction - patients, providers and staff
- ❑ Sustainability



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Benefits for Clinics

- ❑ No-cost training and consultation
- ❑ Attain better health outcomes for patients
- ❑ Meet increasing quality measures
- ❑ Generate shared savings for ACOs
- ❑ Create a competitive edge for purchasing contracts
- ❑ For providers:
 - Reduce burden and enhance satisfaction



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- ☐ Questions
- ☐ Comments
- ☐ Concerns
- ☐ Suggestions



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