

## **Maine Task Force on Cardiovascular Prevention and Health Care**

Minutes

November 1, 2001

### **Participants**

Janet McCollar (RFGH), Kaye Mushrow (AHA), Denise Normandin (AHA), Dennise Whitley (AHA), Debbie Adams (TAMC), Debbie Wigand (BOH), Lisa Thomas, MD (MCA), Sherry Cates (MGMC), Roger Renfrew, MD (RFGH), Gail Crocker (MMC), Richard Wexler, MD (MCD), Paul van Egen, MD (NECA), Kelley LeBlond (SMMC), Kristin Kentopp, MD (MMH), Victoria Murray (MMH), Vickie Rea (MCD)

### **Introductions**

#### **Summary of last meeting**

- Change of name from the Secondary Prevention Task Force to Maine Task Force on Cardiovascular Prevention and Health Care.
- Reviewed mission statement.
- Reaffirmed need for this group to continue as a broad coalition of disciplines and programs.
- Reviewed tasks to include: Establish local champions, establish a higher profile, and establish a relationship with the Maine Hospital Association.

### **Update**

#### **Get With The Guidelines**

- AHA reported on 37 target markets for the national rollout program. Maine is considered one of the markets due to the workshop presented last May.
- A national faculty conference was given in Denver to train and recruit other champions for this program. Burgess and Sandy Record from Maine attended.
- The updated guidelines for secondary prevention of the AHA/ACC were published at the end of September.
- The next module for guidelines on Stroke will roll out Fall 2002.
- The Satellite Symposium originally scheduled for September is rescheduled for Nov. 28, 2001. AHA is receiving the names of the facilities in Maine that will be offering this program. A process for making tapes available after the symposium is underway. For information on sites, contact Kaye Mushrow at [kaye.mushrow@heart.org](mailto:kaye.mushrow@heart.org) or 1-800-662-1701, ext. 3130.
- The next Maine workshop is scheduled for February 8, 2002, in conjunction with the Scientific Sessions at the Samoset Hotel.
- Recognition component of the GWTG program has been a key to hospitals' implementation.
- The patient management tool is getting new enhancements including upcoming patient management tools for info on diet and physical activity. Outcomes Science is an approved vendor to JCAHO for the AMI and HF requirements. It costs \$900/year. The program also offers a comparative view for data tracking with other institutions in the country. There is an interface with the NRMI data-base so individuals do not have to enter the same data twice.

- The contact people for this project are Kaye Mushrow and Denise Normandin at [denise.normandin@heart.org](mailto:denise.normandin@heart.org) or 1-800-662-1701, ext. 4603

### **ME Cares**

- The Disease Management Association of America recognized ME Cares as the best collaborative project for disease management. This will be strategic in getting reimbursement for this service.
- The Medicare Coordinated Care Demonstration is requiring a randomized prospective in each of the participating hospitals. The intervention is nurse care support. The control group is usual care as defined in the community. The initial proposal was for a matched cohort study of Maine with Vermont and New Hampshire. The argument for this proposal focused on the spillover or contamination that results from community based programs. As programs have evolved, nurse care support has become the community standard and it is difficult to go back. This grant offers the only reimbursement for outpatient HF. It is a challenge for many hospitals to undertake this demonstration so as not to have excessive contamination, receive physician buy-in and avoid the political fallout.
- On other fronts there is a push to get 3<sup>rd</sup> party reimbursement from the commercial payers. Maine Partners, Cigna, and Harvard Pilgrim have agreed to coverage and the billing process is currently being established. MCD may play the intermediary for invoice processing.
- The application for credentialing will be mailed out to all the hospitals. Concurrently there will be a book of policies and procedures to assist hospitals in the implementation of the program.
- A reporting work group is established to recommend report formats for information generated from the software program. These will be distributed to all the participating hospitals.
- It was recommended that JCAHO be contacted about approving ME Cares and CMS as an approved vendor for reporting indicators as mentioned above.
- The contact people for this program are Richard Wexler, MD at [rwexler@mcd.org](mailto:rwexler@mcd.org) or 799-9398 and Vickie Rea at [vrea@mcd.org](mailto:vrea@mcd.org) or 942-6297.

### **Consortium for Office System Improvement (COSI)**

- This program includes a group of clinicians who have developed tools for the physician office to stimulate adherence to guidelines. As of now, a manual on diabetes and heart disease have been created. There are currently pilot projects in specific practices. The contact person for this project is Laura Ronan at [lronan@mcd.org](mailto:lronan@mcd.org) or 622-7566, ext.238.

### **CDC Cardiovascular Infrastructure Project**

- A review of trainings and materials was provided by Debbie Wigand; Cholesterol, BP and Motivation workshops on 11/14, 11/19 and 11/20 in Augusta; a satellite conference on beta blockers 11/13; a CVH conference on April 11-13 in Washington, DC.

- A description was provided for the 31 partner grantees established under the Tobacco settlement money. The community coalitions are all at different points in development with different lead agencies.
- BOH is looking at the possibility of establishing a workgroup for secondary prevention to provide materials to the partnerships. This might include developing packets of information targeted to physicians and patients. The importance of getting resources out to the communities was stressed.
- The subject of coordinating the BP screenings was raised. Many different groups do screenings but not necessarily are they following guidelines. It was recommended that an excerpt of the BP screening offered by the MCHC be put on the web.
- The tobacco settlement monies are at risk this year due to the budget shortfall. There needs to be ongoing advocacy to maintain those funds for the 31 coalitions. The mailing list for this group will be given to Dennise Whitley for her legislative work.
- Healthy Maine 2010 has been delayed due to the Anthrax events. The date for publication is extended to this winter.
- The contact person for this program is Debbie Wigand at [debra.a.wigand@state.me.us](mailto:debra.a.wigand@state.me.us)

### **Maine Hospital Association Initiative**

- Roger Renfrew gave a description of the Quality and Accountability Project which involves analysis of the performance of states in the HEDIS indicators. MHA is working with the PRO to develop hospital teams to improve the numbers and report the results in a public forum. It is possible that this could be running parallel to the GWTG project and it is important to try and coordinate the efforts. Kathy Stuchiner would like to make a presentation to the group on this project. AHA will attempt to coordinate a small meeting in the meantime to discuss coordination between the projects.
- A group of three individuals gave a brief presentation to the MHA taskforce on quality about the existing secondary prevention programs listed above. Roger followed up with Kathy Stuchiner. She relayed that MHA is happy to support these programs with tools to the hospitals but cannot provide endorsements. Roger is following up with a letter to Kathy, again outlining these programs.
- There was general discussion around effective ways to affect the public both in primary and secondary prevention of heart disease. These ideas included a speakers' bureau, forums through the community partnerships, support groups and generally breaking down the "public health silos" of funding so there is greater collaboration between programs.
- The web site content was discussed. Some ideas mentioned include posting the guidelines, descriptions of the programs with contact people, and BP screening recommendations.

### **New Guidelines**

- Discussion focused on methods for getting new guidelines out to practitioners. Ideas include palm pilots, AHA website, hanging a list up in dictation stalls, the public health department sending out notices similar to the anthrax campaign, articles in newsletters (e.g. MMA), web site posting and sending change notices to those physicians that are interested.
- Roger Renfrew wrote a summary of the changes in the ATP III and AHA/ACC 2001 update. This is an excellent way to catch individuals' attention.

- AHA suggested writing a mini-grant to produce color laminated versions of the guidelines for distribution. Dennise Whitley will spearhead this task.

### **New Business**

- A letter has been sent to the AHA on behalf of the MCHC requesting that the 2003 Scientific Sessions be devoted to prevention. Dennise Whitley will present this to those individuals who make the decision at the 2002 Sessions.
- It was suggested that this taskforce meet quarterly rather than semi annually. The next meeting would then be scheduled the beginning of March.

### **Summary Tasks**

1. ME Cares to look into the idea of becoming an approved vendor for the Orynx certification of outcomes.
2. Look into posting an excerpt of the BP training guidelines on the web site for the task force.
3. A small group to meet with Kathy Stuchiner regarding coordination of the MHA and AHA GWTG programs on quality indicators.
4. Review and update mailing list for taskforce; attempt to get all electronic contacts.
5. Send Taskforce mailing list to Dennise Whitley for use in legislative advocacy this winter.
6. Post changes to guidelines on the web site for Taskforce.
7. Work with Dennise Whitley on mini-grant for educational materials on guidelines.
8. Invite Kathy Stuchiner to give presentation at next meeting.
9. Examine possibility of establishing a workgroup for secondary prevention to collaborate with the 31 community partnerships.