

**Maine Taskforce
On
Cardiovascular Prevention and Healthcare
Minutes
March 15, 2002**

Participants: Roger Renfrew, MD, Deb Osborn (Anthem BCBS), Kristin Kentopp, MD, Cheryl Waterman (MMH), Richard Wexler, MD, Vickie Rea (MCD), Deb Wigand (BOH), Denise Normandin (AHA)

Up Dates

- **John Eisenberg, MD**, Director of Agency for Healthcare Research and Quality, passed away this week as a result of a brain tumor. He has been a leader in this area for many years and will be greatly missed.
- **Guidelines** – **a.** The US Preventive Taskforce is recommending ASA for primary prevention for those individuals at risk, based on the Framingham risk criteria. The best way to get updated guidelines is through a once a week email update through the National Guideline Clearing House. Go to www.guideline.gov/index.asp and link to the email update service; **b.** The March 26 issue of Circulation will report on the Prism Study in which it is shown that individuals admitted to the hospital with an MI and on lipids should be kept on lipid treatment. This was provided prior to the publication through Doc Alerts, a program available to those who subscribe to Epocrates. The site in which to download valuable resources and up dates is www.epocrates.com. The Doc Alerts and clinical drug updates are specific downloads for hand held devices.
- **MCHC Web site** – www.mainecardiohealth.org Check out this site for ongoing Maine cardiac projects and resources. It will be updated to include recommended PDA links.

Get With The Guidelines & Maine Hospital Association

AHA representatives met with MHA to discuss possible collaboration between the two projects that focus on adherence to secondary prevention guidelines for patient discharges from the hospital. The two projects both emphasize the team approach in the hospital but they have slightly different purposes. The MHA is interested in public accountability of a given institution's record in specific indicators and is using the PRO to standardize the collection of data. The AHA encourages the use of a web based tool to track internal progress, is more involved with clinical decision making, and is ORYX approved for JCAHO accreditation. Because of overlap in the projects, the AHA tools may be useful to those teams/hospitals participating in the MHA program. A number of hospitals have expressed interest in doing both. Roger agreed to follow-up with Sandi Parker about other avenues of working together.

American Heart Association

- **Maine Scientific Sessions, 2003** - Next Year's Scientific Sessions will be devoted to Prevention. This is an exciting opportunity to bring together many primary and secondary projects occurring in Maine. Burgess Record, MD and Paul Vom Eigen, MD are co-chairs for this event. Sid Smith, lead author on the secondary prevention guidelines, will receive the Drake Award.

- **Health Impact Mini-Grant**-AHA applied for a small grant and was awarded \$4500.00 to distribute the most current CVD and ATP-III guidelines to physicians in Maine. In addition to pocket guides it was suggested that a pad of “Prescription For Cardiovascular Health” sheets be provided for patient use. This sheet of paper would include the guidelines, target goals and a patient’s current status in relation to those goals. The initial introductory pad would be supplied. The form would be put on the MCHC web site for physicians/nurses to use in the future. Kristen Kentopp and Roger Renfrew will provide the format to Denise Normandin. This packet should be distributed in the next month.
- **The Berkshire Experience** – Denise pointed out an article in the Mass PRO Newsletter describing the experience of The Berkshire Medical Center and Get With The Guidelines. In only one year, the Center was able to reach 100% on 5 out of 6 indicators of the GWTG protocol. Attached to these minutes are two forms used by the Center to improve patient flow and accuracy of documentation in fulfilling these guidelines. They have been reviewed and approved by the AHA Scientific Council, therefore, changes should be kept at a minimum. The GWTG web site is always available at www.americanheart.org/getwiththeguidelines/

Bureau of Health

- **Update on materials and trainings** – Deb brought in new materials that she has received from CDC, NHLBI. An especially interesting booklet entitled, “ Guidelines for Comprehensive Programs to Promote Healthy Eating and Physical Activity”, can be obtained from www.astphnd.org/programs/guidelines.htm . May 13 is an open training with a number of CDC speakers addressing cardiac risk factors.
- **CDC Comprehensive Plan**- The Bureau of Health will complete a non-competitive RFA to receive 5 years of funding to continue the comprehensive plan that was funded by CDC two years ago. Originally this was a three-year grant. This award would take the place of the previous one and extend the funding for five years.
- **Strategic Plan** – The strategic plan for cardiovascular health for 2010 will be published in April.

New Directions

This Taskforce originally started at the Maine Turning Point with the goal of capturing the largest number of patients coming through the tertiary institutions and enrolling them in cardiac rehab programs. As a result, both MMC and EMMC have implemented systems to reach this goal. The scope of the taskforce was then broadened to include other secondary prevention statewide initiatives.

There was general discussion about the purpose of this group as it has fulfilled many of its objectives. There was general agreement that it should be more than just an “update” group. Richard suggested that the group become a medical advisory arm of the MCHC to work on specific projects as outlined in the BOH strategic plan. They would serve as a bridge between the medical establishment and the public health community; a link between primary and secondary prevention.

Roger Renfrew is stepping down as director. Before determining future leadership it is important to understand the purpose of the group. It was recommended that this be discussed by

the Maine Cardiovascular Health Council. The board of MCHC is planning a retreat to assess all of the council functions. This provides a perfect time to also redefine (or if appropriate suspend) the taskforce as it fits into the council's overall plan.

Plan

The taskforce will wait until the MCHC board has met and made recommendations for its continuation, purpose and structure. Please submit any ideas you may have and they will be passed onto the MCHC board members.

THANK-YOU to Roger Renfrew for his superb leadership of the Taskforce over the last number of years. His enthusiasm and facilitation has brought many individuals and initiatives together in valuable collaboration.