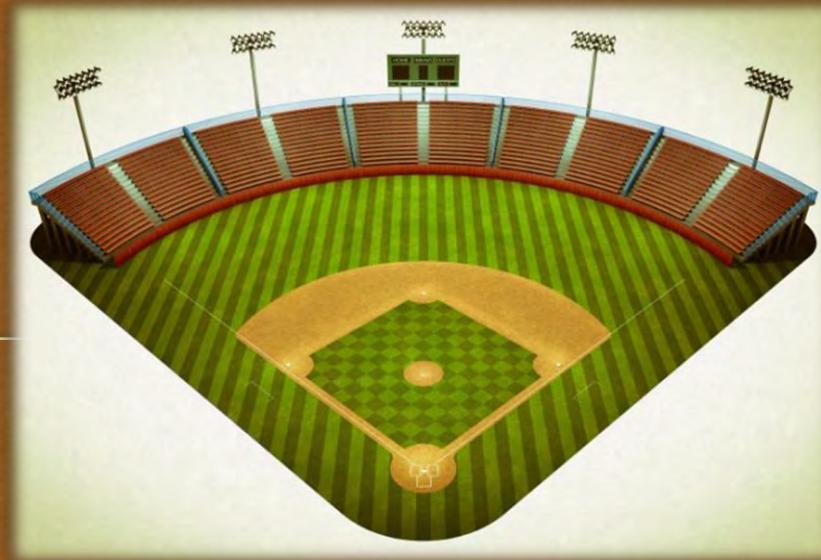


A Home Run Starts at Home Base: Improving Health with Community- Based Engagement Methods



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Spring Time in the Rockies

☞ The Ball Game

☞ Objectives

☞ Models of Care

☞ Step up to the Plate

☞ Out the Box

☞ 1st Base: NDPP- pre-diabetes

☞ 2nd Base: BBSHOP- HTN

☞ 3rd Base: H360- Check. Change. Control.
HTN, healthy lifestyle

☞ Home Run

The Ball Game



- ❧ Identify why it is important to utilize community based strategies
- ❧ Learn about several evidence based community programs related to HTN and pre-DM
- ❧ Identify web resources for community based programs
- ❧ Learn how community based models can facilitate linkages to care

Traditional System



- ❧ Reactive, symptom driven system
- ❧ Less focus on lifestyle screening and counseling
- ❧ Provider limitations ➡ TMI
- ❧ Patients have to schedule in-office appointments around or in place of other commitments
 - ❧ Work
 - ❧ Childcare
 - ❧ Household responsibilities
- ❧ Exclusive- real, imagined, or perceived



Men Access the System Less



- ❧ Studies have shown that, among adults, men are less likely than women to use preventive health services and wait longer after symptom onset before seeking care.

Why Men Don't Go to the Doctor

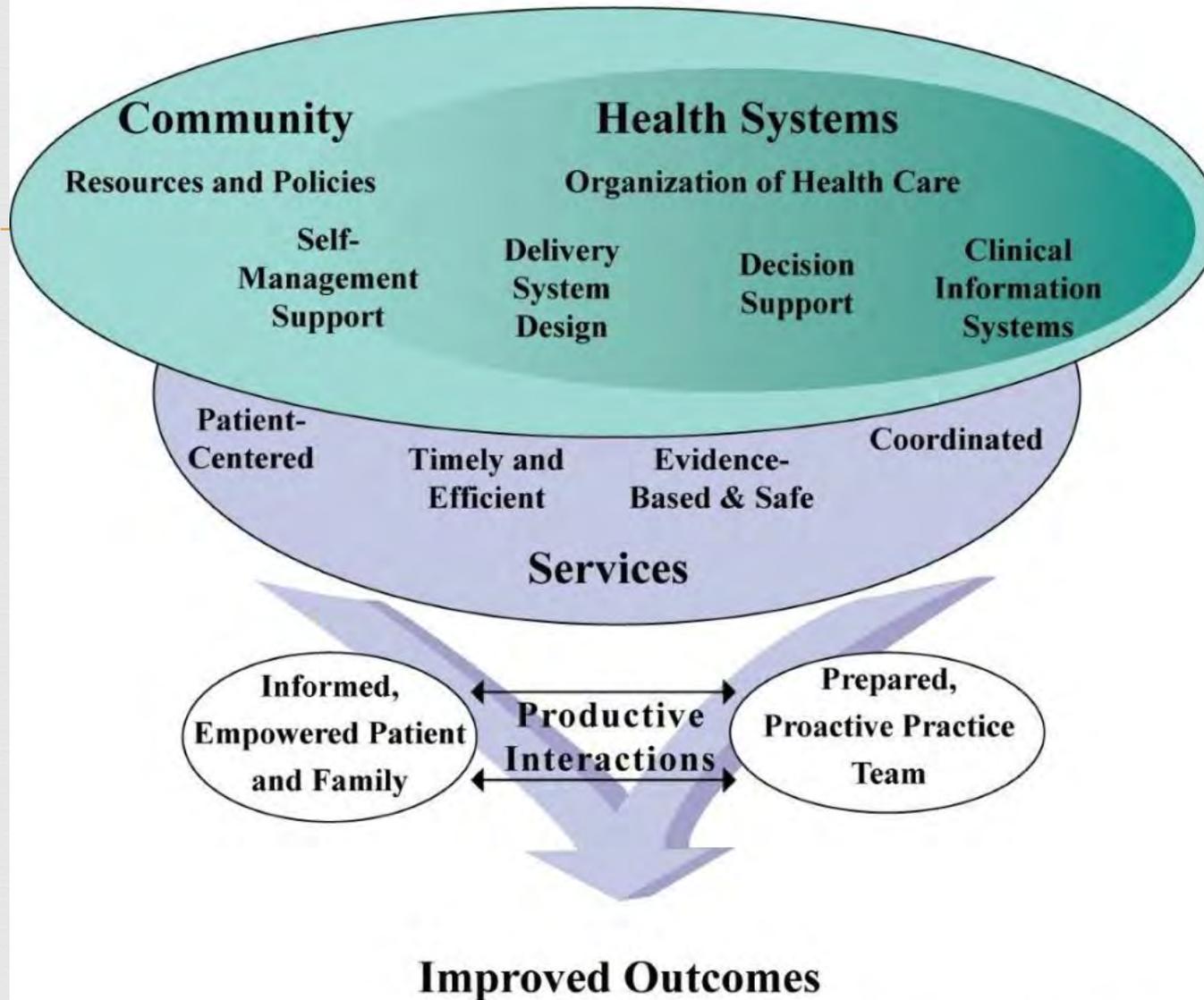
- ☞ Only 11% of a men completing a 2007 survey listed *no insurance* as the reason they don't go to the doctor
- ☞ Other reasons
 - ☞ 36% - go only when extremely ill
 - ☞ 23% - healthy, don't need to see the doctor
 - ☞ 8% - Don't like doctors
 - ☞ 7% - Afraid of what may be found

Why AA Men Don't Go to the Doctor

- ❧ African American men choose not go to the doctor because they don't trust the health care system
- ❧ African American men with higher medical mistrust were significantly more likely to delay routine check-ups (OR: 2.64; 95% CI: 1.34–5.20), blood pressure (OR: 3.03; 95% CI: 1.45–6.32), and cholesterol screenings (OR: 2.09; 95% CI: 1.03–4.23)

Wizdom P, et al. Masculinity, Medical Mistrust, and Preventive Health Services Delays Among Community-Dwelling African-American Men. *Journal of General Internal Medicine*. 2010; 25(12): 1300-1308.

The Care Model



Full Count



Imagining A Future When The Doctor's Office Is In Your Home

“The hospital is an edifice we don't need except for intensive care units and the operating room. [Everything else] can be done more safely, more conveniently, more economically in the patient's bedroom.”

Eric Topol, M.D.

SHOTS Health News

JANUARY 12, 2015

NANCY SHUTE

Say Hey



I DON'T
COMPARE 'EM,
I JUST
CATCH 'EM.

Willie Mays

www.quote-coyote.com



Bottom Lines



- ❧ Integration of effective clinical and community services eventually will lead to greater gains than either type of service used by itself
- ❧ Community-based prevention and wellness activities play a critical role in keeping our local communities healthy and keeping health care costs down
- ❧ There are some great community programs aimed at meeting patients where they are

Step up to the Plate



Pre-diabetes



- 86 million adults have pre-diabetes
- 9/10 people with pre-diabetes don't know they have



- 15-30% of people will develop diabetes within 5 years

NDPP



- ❧ The CDC evidence-based lifestyle change program for preventing type 2 diabetes
- ❧ Recommended by the Community Preventive Task Force
- ❧ Among people with pre-diabetes **research** showed:
 - ❧ 58 % reduction in the number of new cases of diabetes overall
 - ❧ 71% reduction in new cases for people over age 60

NDPP Website



<http://www.cdc.gov/diabetes/prevention/about.htm>

☞ Key Features

- ☞ Trained lifestyle coach
- ☞ CDC- standard curriculum
- ☞ Group support

About the Program



- ❧ NDPP encourages collaboration among federal agencies, community-based organizations, employers, insurers, health care professionals, academia, and other stakeholders
- ❧ Year-long program empowers patients with pre-diabetes to take charge of their health and well-being
- ❧ Participants meet in groups or virtually with a trained lifestyle coach for 16 sessions (6 months) + 6 or more follow-up sessions (6 months)
- ❧ Patients learn ways to incorporate healthier eating and moderate physical activity, as well as problem-solving, stress-reduction and coping skills into their daily lives.

Referral Locations



https://nccd.cdc.gov/DDT_DPRP/Registry.aspx



Examples:

- ADA- Denver
- Anschutz Health and Wellness Center- Aurora
- Beyond Benefits- Littleton
- Boulder County Area Agency on Aging- Boulder
- Center for African American Health- Denver

Guide



Sessions 1-16



Lifestyle Coach
Facilitation guide for
Months 1-6



The Slippery Slope of Lifestyle Change

🌀 **Present:** Today we are going to talk about slips: times when you do not follow your plans for healthy eating or being active. However, before we talk about slips, let's review your progress since Session 7, which was the last time we formally looked at how you are doing. We will look at how you are progressing toward your goals, and I'll help you improve your progress, if needed.

Barbershop /Salon Health Outreach Program

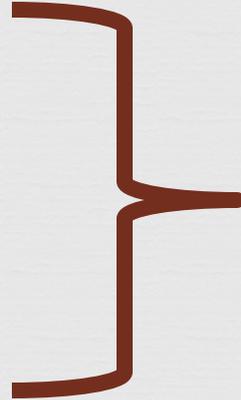


BBSHOP



190/130

180/124



Mr. B's Story

USPTF Grade A



HTN

Grade: “A” Screening (To be offered as a priority)

High blood pressure (hypertension) is usually defined in adults as: systolic blood pressure (SBP) of 140 mm Hg or higher, or diastolic blood pressure (DBP) of 90 mm Hg or higher.

Challenges to HTN Control

- ❧ There are at least 4 components to the challenge of HTN control:
 - ❧ Access to care
 - ❧ Physician management
 - ❧ Patient adherence
 - ❧ Hypertension severity or physiological difference in response to treatment

David Satcher, MD, PhD

Ann. Fam Med 2008; 6(6): 483-485

Screening with a Purpose



- ❧ Need to eliminate CVD and stroke disparities
- ❧ Men- Less likely to visit a doctor compared with women
- ❧ Victor, et al estimate that extending health care interventions to all of the approximately 18,000 Black barbershops in the U.S. could result in 800 fewer heart attacks, 550 fewer strokes, and 900 fewer deaths among African American men in the first year alone

Many Possibilities at the SHOP

- ☞ Health education: numerous topics
 - ☞ In the literature- nutrition, HIV, colon rectal, breast cancer screening
- ☞ Screenings
 - ☞ BP, Glucose, HIV, other
- ☞ Authorized capture point
- ☞ Toolkit- *Everything you wanted to know about starting a*

PEARLS

Impactful!



“This is great stuff. We are happy to be a part of this program as it so exemplifies the value of culturally appropriate outreach, access and early intervention for prevention of things that matter in health care. I just saw a new patient this week that you guys connected to care with uncontrolled hypertension and diabetes. He was so appreciative of the ability to gain access to care.”

Dr. Bob Cutillo, Former Inner City Health Clinic Medical Director

Heart 360



Knowing your health numbers is a **key** to a **longer, healthier** life.

- Enjoy your best life
- Improve your heart health
- Track your blood pressure, cholesterol & more

Take the first step. Sign up for Heart360 today.



About



Heart360[®] is an easy-to-use tool which helps participants understand and track the factors that affect their heart health - including blood pressure, physical activity, cholesterol, glucose, weight and medications. Heart360[®] safely and securely stores information in Microsoft[®] HealthVault[™]

Website:

www.heart360.org

Features



- ❧ **Participant data capture:** It only takes 5 min/week
- ❧ **Participant easy ways to upload data:**
 - ❧ Upload by text, set-up text reminders
 - ❧ Call reading into our 800 number: **866-263-1100**
- ❧ **Provider capabilities:**
 - ❧ Data reports
 - ❧ Create alerts
 - ❧ Create groups
 - ❧ Email participants

AHA Experts



🌀 https://www.youtube.com/watch?feature=player_detailpage&v=DVF4IVurJTA

Evidence



- Existing evidence base supports the positive impact of self-monitoring of blood pressure. Heart 360 is an excellent model for capturing blood pressure and other metrics for those who have access to a computer and some basic knowledge of computers

AHA Community Study



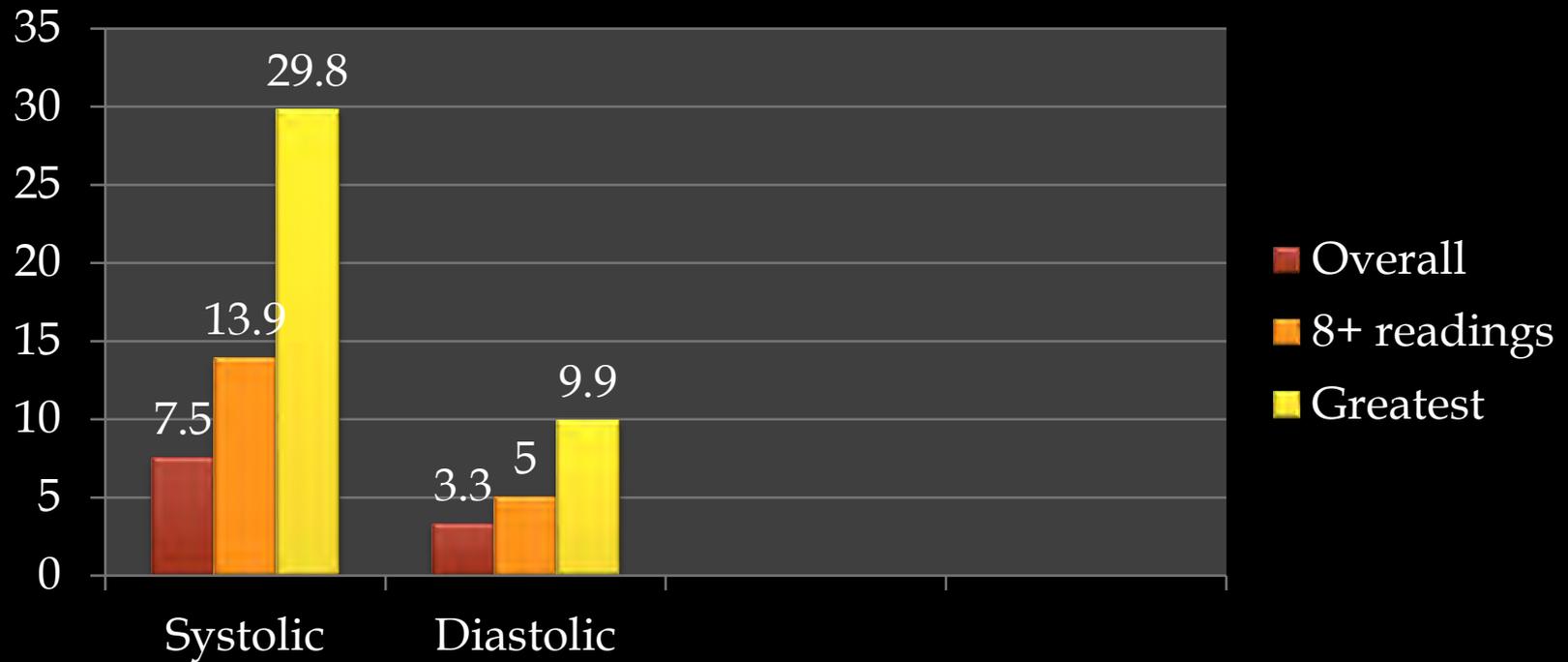
- ❧ 4069 participants
- ❧ 18 urban communities primarily, Black
- ❧ Locations: churches, workplace wellness facilities, healthcare centers and housing centers

- ❧ **Highlights**
 - ❧ A community-based program helped minorities significantly lower their blood pressure
 - ❧ Those who checked their blood pressure more often benefitted the most.

Results



Average Reduction in SBP& DBP, mmHg



KP Study



A Pharmacist-Led, American Heart Association Heart360 Web-Enabled Home Blood Pressure Monitoring Program

Magid DJ, et al, *Circ Cardiovasc Qual Outcomes*. 2013;6:157-163; originally published online March 5, 2013.

KP Study



- ❧ Randomized, controlled trial at 10 Kaiser Permanente Colorado clinics
- ❧ N= 348, randomized to the HBPM (n=175) or UC (n=173) groups.
- ❧ At 6 months, the proportion of patients achieving BP goal was significantly higher in the **HBPM** group(54.1%) than in the UC group (35.4%; $P<0.001$)
- ❧ **HBPM** group experienced a -12.4-mm Hg larger reduction in systolic BP and a -5.7-mm Hg larger reduction in diastolic BP
- ❧ *Conclusions* – A pharmacist-led, Heart360-supported, home BP monitoring intervention led to greater BP reductions, superior BP control, and higher patient satisfaction than UC.

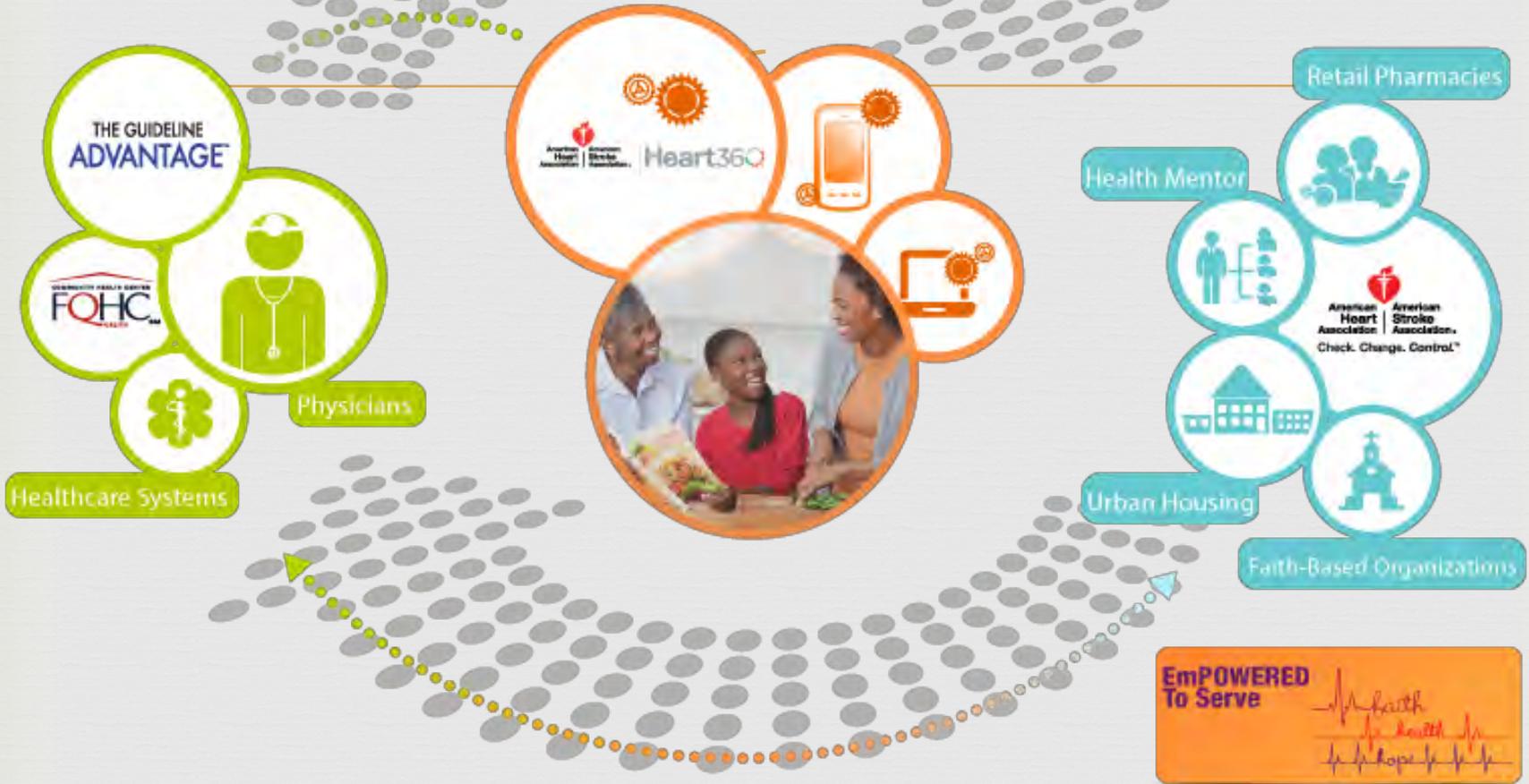
Why it Works



☞ Key Evidence-Based Scientific Principles:

- ☞ Self monitoring makes a difference
- ☞ Proven track record for taking blood pressure readings at home or outside of the healthcare provider office setting
- ☞ Use of digital self-monitoring and communication tool
- ☞ Charting & tracking improves self-management skills related to blood pressure management.
- ☞ Personal interaction makes a difference
- ☞ Health mentors can motivate and encourage participants
- ☞ Multicultural Program investments make a difference

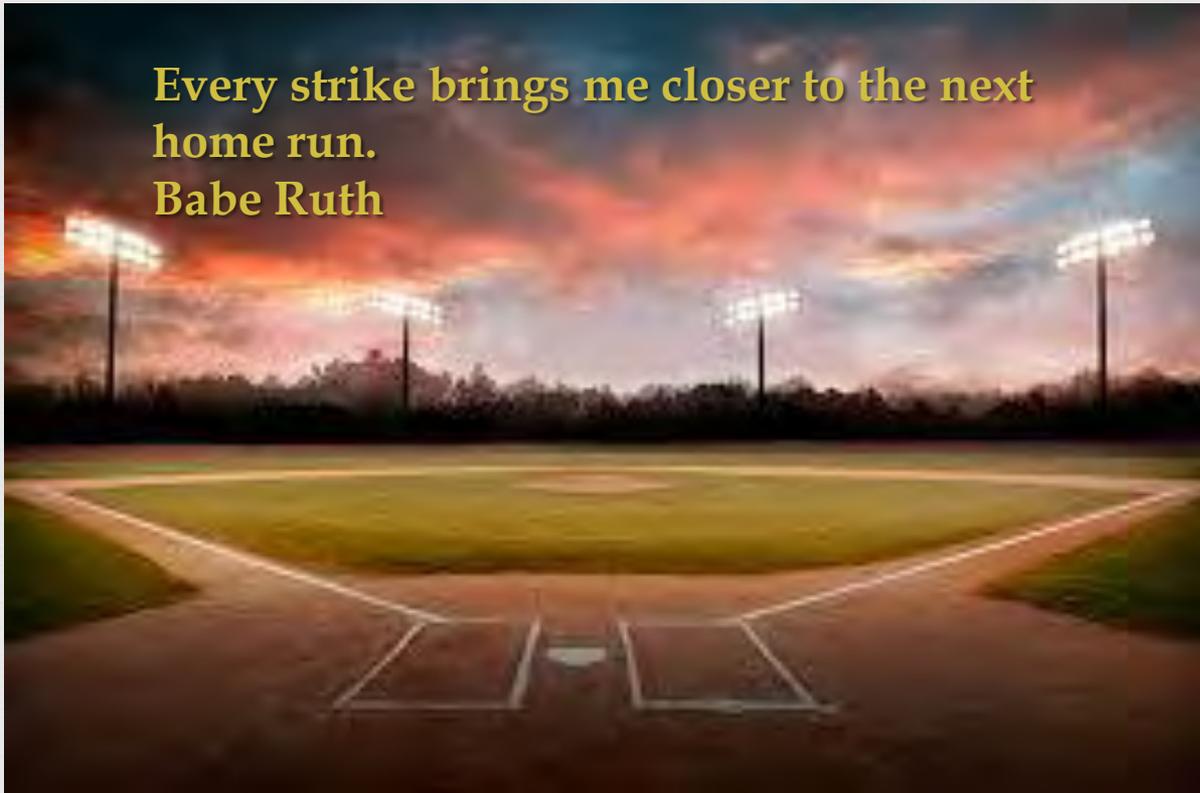
Home Run



Game Over



Every strike brings me closer to the next
home run.
Babe Ruth



The End



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