

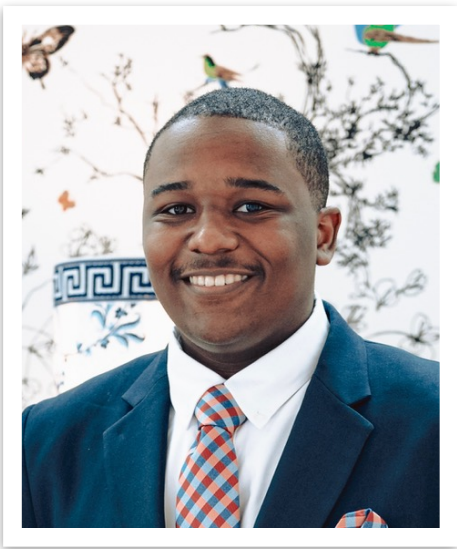
ASCVD Risk Reduction Initiative

INNOVATION IN HEART DISEASE



Penn Medicine

Introduction



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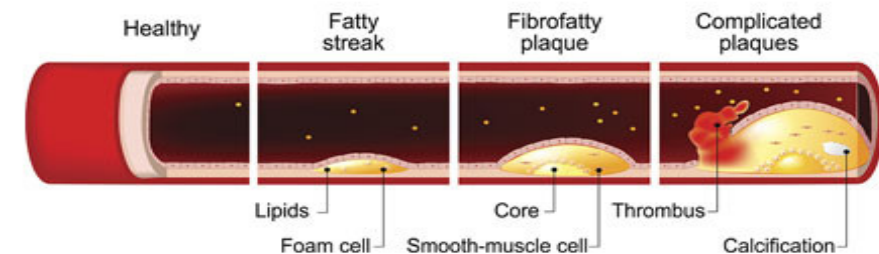


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What is the Atherosclerotic Cardiovascular Disease (ASCVD) Initiative?

- ❖ A five year initiative that adapts and evaluates existing behavioral science approaches to reduce atherosclerotic cardiovascular disease (ASCVD) risk
- ❖ Led to the creation of Penn Medicine Healthy Heart, a 6 month remote program to lower patient BP and LDL-C that uses a centralized service of navigators and NPs enhanced by automation using behavioral economics principles and nudges
- ❖ Focus on patients in West and Southwest Philadelphia and Lancaster.

Stages of Atherosclerosis



Centralized Statins

- v Statin medications
 - v Reduce risk of developing ASCVD
 - v Underutilized nationally
 - v Inequities in prescribing

- v Purpose: Determine whether a nudge to the PCP to refer patients to centralized pharmacy service, compared with usual care, increases statin prescribing.

Peer Comparison

- ❖ HTN control requires
 - ❖ Diagnosis
 - ❖ Initiation of treatment
 - ❖ Adherence to medications
 - ❖ Titration of medications

- v Purpose: Evaluate the effect of peer comparison nudges on increased engagement in hypertension management among PCPs.

Qualitative Assessment

Centralized Statins

- ❖ Getting feedback from the centralized pharmacy team to understand the effectiveness of the intervention from their perspective
 - ❖ What were things that worked well in their opinion?
 - ❖ What didn't work well in their opinion? What concerns arose during their time in the study?

Peer Comparison

- ❖ Getting PCP feedback from how they felt about the peer comparison messages to inform future interventions.
 - ❖ Learning whether PCPs felt the peer comparison messages were effective/motivating.
 - ❖ Learning if they had preferences for other things.

Methods/My Role

Centralized Statins

- ❖ Went through feedback of the pharmacy team via periodic reports to find common themes of feedback.
- ❖ Compiled the commonalities/themes of the reports into one comprehensive report.

Peer Comparison

- ❖ Went through the video recordings of PCP feedback sessions to write and edit transcripts, de-identify participants.
- ❖ Compiled feedback from the PCPs who attended the session.

Results/Findings: Centralized Statins

Findings:

- ❖ The pharmacy team found that when they reached out to patients, a lot of them lacked knowledge on ASCVD in general.
- v The team also found that there is a discrepancy between the guidance given by different members of the care team.

Next Steps:

- v Improve communication and documentation in the EMR (electronic medical record) to ensure that information being used is up to date/ accurate.
 - v Ensures the pharmacy team can answer the questions the patients have more effectively.

Results/Findings: Peer Comparison

Findings:

- ❖ The physicians stated that they had no use for the message in their EPIC inbox, as the information was redundant and could easily see the data from their own metrics. There was also no way for them to directly take action from the message itself.
- √ The message compared the individual physician's statistics with that of other physicians. This causes a feeling of isolation for possibly performing not as well as other physicians.

Next Steps:

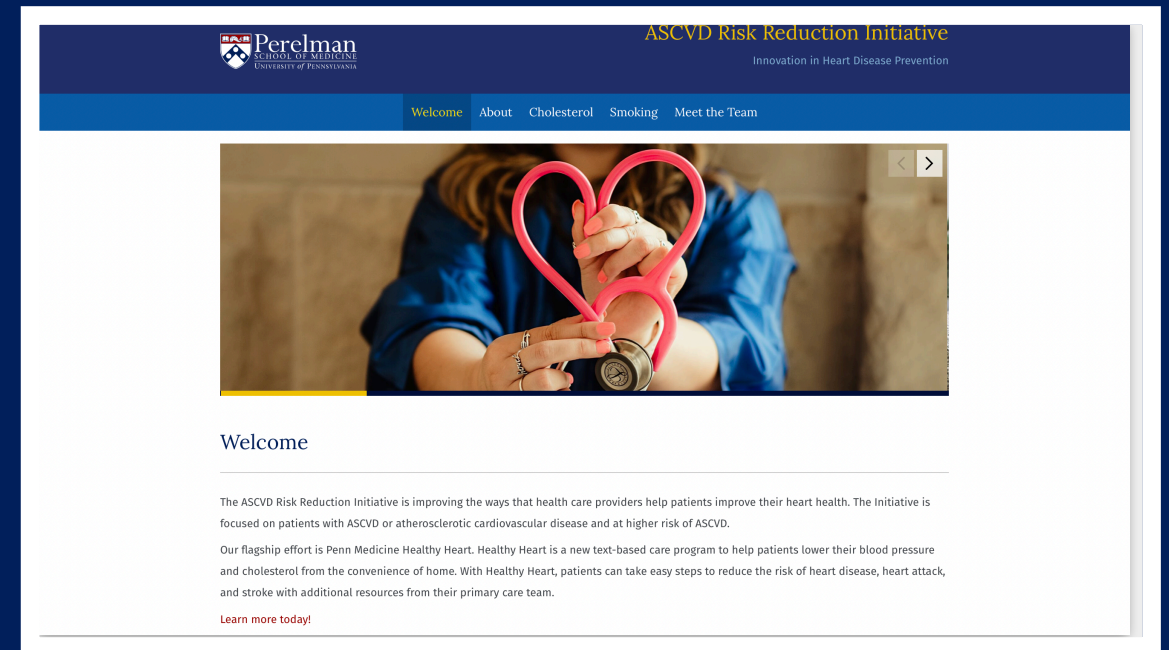
- ❖ Continue to look at suggestions made by PCPs for alternative ways to inform them about hypertension among their patients. Leverage the communication methods already in place within the health system and make them more palatable to the PCPs
- ❖ Create messaging that allows the PCPs to take action on the things being prompted to them
- ❖ Evaluate whether despite feedback, the messaging led to higher hypertension control rates among those PCPs who received the messages.

Overview

❖ Apply health education and health communications skills and knowledge to develop web content for a **patient-facing** and **research-facing** website

❖ Explore the application of health equity principles to practice by conducting a health equity review of a translational clinical program.

WEBSITE



Significance

Patient and research facing websites for clinical trials are designed to ensure that **patient engagement is optimal**: to create more clear and articulate understanding of the pilot study that patients choose to or are suggested to participate in.

Perelman
SCHOOL OF MEDICINE
UNIVERSITY OF PENNSYLVANIA

ASCVD Risk Reduction Initiative
Innovation in Heart Disease Prevention

Welcome About Cholesterol Smoking Meet the Team

Welcome

The ASCVD Risk Reduction Initiative is improving the ways that health care providers help patients improve their heart health. The Initiative is focused on patients with ASCVD or atherosclerotic cardiovascular disease and at higher risk of ASCVD.

Our flagship effort is Penn Medicine Healthy Heart. Healthy Heart is a new text-based care program to help patients lower their blood pressure and cholesterol from the convenience of home. With Healthy Heart, patients can take easy steps to reduce the risk of heart disease, heart attack, and stroke with additional resources from their primary care team.

[Learn more today!](#)



Penn Medicine

For Patients and Visitors For Health Care Professionals Research at Penn 800-789-7366

For Patients and Visitors +

Find a Program or Service

Heart and Vascular

Women's Cardiovascular Health Program

Treatment Team

Patient Stories

Find a Doctor Find a Location Make an Appointment

Specialty Heart Care for Women

Our team provides expert diagnosis and treatment for a wide range of heart conditions. Whether your condition is simple or complex, we're here to develop a plan that is right for you.

Heart disease is the number one killer of women, and women face unique challenges when it comes to keeping their hearts healthy. Symptoms of heart disease may be different for women and life transitions, such as pregnancy and menopause, can have an impact on heart health.

To address these differences, the Women's Cardiovascular Health Program was designed specifically to meet the challenges of accurately diagnosing, treating and preventing heart disease in women.

Using **Canva**, the outline for the new patient and research facing website was established. The website focused on addressing:

Blood Pressure

Nutrition and Food Insecurity

Smoking Cessation

Cholesterol

ABOUT

- MISSION
- PEOPLE
- CONTACT

AIM
"WE AIM TO DEVELOP AN EFFECTIVE SCALABLE HEART DISEASE PREVENTION PROGRAM THAT REDUCES MODIFIABLE ASCVD RISK BY 30 PERCENT IN A POPULATION OF PENN MEDICINE PATIENTS."

BLOOD PRESSURE

- IMPORTANCE OF BLOOD PRESSURE LOWERING MEDICATION
-
- HOW HYPERENSION LEADS TO ATHEROSCLEROSIS
- HOW TO MEASURE BLOOD PRESSURE

BLOOD PRESSURE CATEGORY	SYSTOLIC (mm Hg) (upper number)	and	DIASTOLIC (mm Hg) (lower number)
NORMAL	LESS THAN 120	and	LESS THAN 80
ELEVATED	120 - 130	and	LESS THAN 80
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 1	130 - 139	or	80 - 89
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 2	140 OR HIGHER	or	90 OR HIGHER
VERY HIGH BLOOD PRESSURE (STAGE 3)	HIGHER THAN 180	and/or	HIGHER THAN 120

CHOLESTEROL

WHAT IS CHOLESTEROL?

- WHO SHOULD BE TREATED FOR HIGH CHOLESTEROL?
- WHAT ARE STATINS?
- THE IMPORTANCE OF BLOOD CHOLESTEROL-LOWERING MEDICATION
- DIAGRAM OF HOW STATINS WORK (TREATMENTS FOR HYPERLIPIDEMIA)
- WHY SHOULD PATIENTS CARE ABOUT THEIR CHOLESTEROL?

SMOKING

- WHY IS IT IMPORTANT FOR PATIENTS TO QUIT SMOKING?
- THE IMPORTANCE OF SMOKING CESSATION
- RESOURCES TO QUIT SMOKING

NUTRITION AND FOOD INSECURITY

- THE IMPORTANCE OF MAINTAINING A BALANCED DIET AS A PATIENT WITH/ AT RISK OF ASCVD
 - FOODS TO CONSUME TO HAVE A HEALTHY HEART DIET
 - FOOD INSECURITY

If I am a patient of low socioeconomic status and require assistance with the nutrition module, how does the program plan to address my needs?

THE PREVALENCE OF FOOD INSECURITY WAS EVEN HIGHER (44%) FOR US ADULTS WITH INCOME BELOW \$20,000 PER YEAR.

THE TEAM

- HEALTHY HEART NAVIGATORS
 - BLURB ABOUT THE NAVIGATOR
 - FAVORITE QUOTE
 - THEIR TRUE PASSION
- HEALTHY HEART CLINICIANS
 - BLURB ABOUT THE CLINICIAN
 - FAVORITE QUOTE
 - THEIR TRUE PASSION
- COMMUNITY ADVISORY BOARD
- CONTACT US
- FAQ QUESTIONS

FIND LOCATION

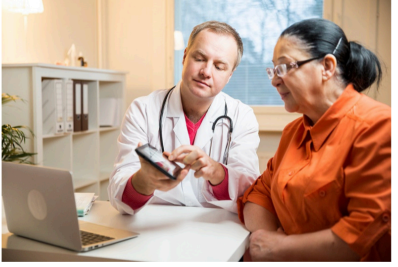
COMMUNITY ADVISORY BOARD

CONTACT US

ABOUT

HEALTHY HEART

RESEARCH



ASCVD RISK REDUCTION INITIATIVE

OUR TEAM IS COMMITTED TO IMPROVING THE HEART HEALTH OF PATIENTS WITH OR AT HIGH RISK FOR ATHEROSCLEROTIC DISEASES THROUGH INNOVATION.

ATHEROSCLEROSIS IS A COMMON CONDITION THAT DEVELOPS WHEN A STICKY SUBSTANCE CALLED PLAQUE BUILDS UP INSIDE YOUR ARTERIES. DISEASE LINKED TO ATHEROSCLEROSIS IS THE LEADING CAUSE OF DEATH IN THE UNITED STATES. ABOUT HALF OF AMERICANS BETWEEN AGES 45 AND 84 HAVE ATHEROSCLEROSIS AND DON'T KNOW IT.

WHAT TO KNOW: DEVELOPS SLOWLY AS CHOLESTEROL, FAT, BLOOD CELLS AND OTHER SUBSTANCES IN YOUR BLOOD FORM PLAQUE. WHEN THE PLAQUE BUILDS UP, IT CAUSES YOUR ARTERIES TO NARROW. THIS REDUCES THE SUPPLY OF OXYGEN-RICH BLOOD TO TISSUES OF VITAL ORGANS IN THE BODY.

Highlighting the **key goals** of the ASCVD Initiative on the front pages

Modeling the **pennmedicine.org** website with the new and updated information



PATIENT STORIES

LINK TO TWO PATIENT STORIES

WHAT IS THE ASCVD INITIATIVE?

- THE ASCVD RISK REDUCTION INITIATIVE WILL:
1. TEST A POPULATION HEALTH APPROACH USING BEST PRACTICES IN BEHAVIORAL SCIENCE AND DIGITAL HEALTH
 2. DEVELOP A PROGRAM THAT IS EASY AND COMFORTABLE FOR PATIENTS AND WELCOMED BY CLINICIANS.
 3. FOCUS ON IMPROVING BLOOD PRESSURE AND LIPID CONTROL AND INCORPORATING SUPPORT FOR SMOKING CESSATION, NUTRITION, AND FOOD INSECURITY.

WHAT IS THE PENN HEALTHY HEART?

A NEW CLINICAL CARE INNOVATION WITHIN THE ASCVD INITIATIVE DESIGNED TO REDUCE RISK OF HEART DISEASE AND IMPROVE HEALTH FOR PATIENTS WITHIN THE PENN MEDICINE PRIMARY CARE POPULATION.

ASCVD RISK REDUCTION INITIATIVE

Health Equity Review



METHODS

Health Equity Review: A Traffic Light Model



RED = Unacceptable performance standard

YELLOW = Watch closely. Problem?

GREEN = Target performance standard

FOUR

INTERVIEWS



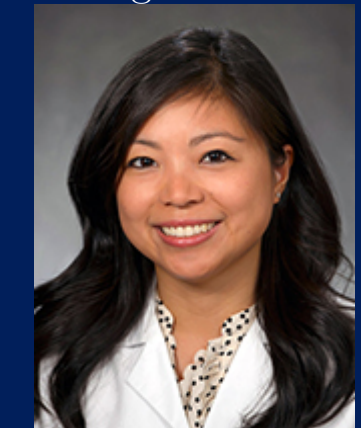
Jordan Sigler



Dr. Kevin Volpp



Yaphet Getachew



Dr. Margarite Balasta

- ✓ Inclusion
- ✓ Impartiality
- ✓ Transparency
- ✓ Communication
- ✓ Social Determinants of Health

The **Five** Pillars of Health Equity in the

- Easy and accessible to understand engagement is steadily climbing and now reaching 80%

- Proactive in addressing SDOH in inequitable interactions with patients- these issues.

- Good communication
-
- Responsive and react diligently to problems

- Honing in on the text messages and getting patients comfortable with enrollment texts

- Refining clinical protocol

-

- The pilots should be more thoughtful about screening in a text message program.

- Make sure that the navigator role is clarified in the larger scheme of the hierarchy

- The slowing process may affect workflow

- Need to hone in on the demographics of enrolled patients in program.

-

- Must think about how care is **culturally competent** to the population- how to change to non-English speaking populations

Next Steps



- The Penn Medicine Healthy Heart Program (PMHH) may benefit from more representation among clinicians and principal investigators in higher positions of power
- Once launched, PMHH must maintain an optimal level of customer service and should train all future navigators to high standards of communication
- Improvements to text messaging communications:
 - Many enrollees question the credibility of texts because some patients are not tech savvy or knowledgeable about messaging system
- ❖ The main question:
Is screening for social determinants of health (including food access and nutrition insecurity) feasible in a text-message based heart health program?

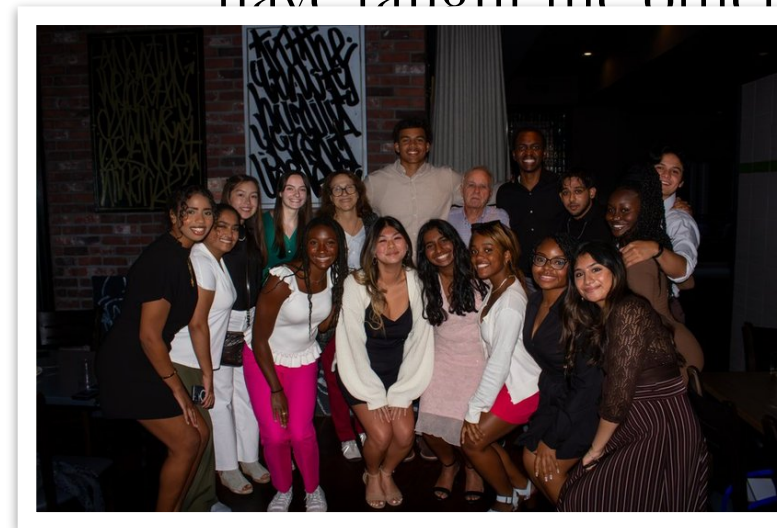
Kim's Lessons Learned

This program taught me about:

- Resiliency
- Open-mindedness
- Leadership
- Optimism
- Consistency

I am grateful for this opportunity to hone in on my interests and listen to presentations from people of color in positions of power.

I, once, did not deem this as attainable growing up but coming to Penn and being a part of programs such as these have taught me otherwise.



- ❖ The importance of relationships and socializing
- ❖ Enjoying the small things
- ❖ Celebrating small wins
- ❖ Perseverance (especially while sick)
- ❖ Taking Advantage of Opportunities



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THANK YOU!

Questions?