Introduction
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.
Centralized Statins

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

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

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.

❖ The team also found that there is a discrepancy between the guidance given by different members of the care team.

Next Steps:
❖ Improve communication and documentation in the EMR (electronic medical record) to ensure that information being used is up to date/accurate.
   ❖ 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.
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.
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
Highlighting the key goals of the ASCVD Initiative on the front pages

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

WHAT IS THE ASCVD INITIATIVE?

- Test a population health approach using best practices in behavioral science and digital health
- Develop a program that is easy and comfortable for patients and welcomed by clinicians
- 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
✓ 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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References


THANK YOU!

Questions?