

Million Hearts Case Study: Ohio's "Check It, Change It, Control It" Toolkit

Integrating public health and primary care can both improve quality of care for a population and lower health care costs. Both components of the health system share a common goal of health improvement, have similar funding streams and resources, and share many partnerships. If aligned, public health and primary care working together could achieve lasting, substantial improvements in individual and population health in the United States. State and territorial health agencies can make a significant impact in this area by decoding the key elements for successful integration, which can then be shared with others to promote further integration efforts, increase healthcare quality, lower costs, and improve overall population health.

The "Check It, Change it, Control It: Your Heart Depends on It" toolkit was produced through a collaboration between the Ohio Department of Health (ODH) and the Ohio Academy of Family Physicians (OAFP). It was designed to increase screening among African-American males for hypertension and high cholesterol and improve their preventive behaviors and treatment by focusing on both patient education and physician training in care management and cultural sensitivity.

BACKGROUND

In 2006, ODH published "The Burden of Stroke in Ohio," a report indicating that African-American males experienced a 53 percent greater rate of mortality from stroke than any other population in the state.¹ This disparity was consistent with Healthy People 2010 midpoint reviews showing that minority and low-income populations were falling behind on benchmarks related to chronic conditions, including cardiovascular disease. Hypertension is a primary risk factor for stroke, and research has shown blood pressure tends to be harder to control for African-Americans. For these reasons, ODH decided to focus efforts on improving blood pressure among African-American males across Ohio.

OVERVIEW OF THE INTEGRATION EFFORT

The toolkit's concept was developed in 2011 after ODH conducted a series of focus groups with African-American males and primary care physicians about perceptions, knowledge, attitudes, and beliefs about blood pressure management in that patient population. The focus groups revealed a disconnect between patients and physicians about the perceived effectiveness and quality of communication and care that African-American men were receiving related to blood pressure. The findings from the focus groups indicated the need for culturally-appropriate educational materials for patients and guidance for physicians on communicating with their African-American male patients.

Aim of the Integration:

Increase hypertension and cholesterol screening among African-American males age 18 and older and improve their preventive behaviors and treatment by focusing on both patient education and physician training in care management and cultural sensitivity.

¹ Ohio Department of Health, the American Heart Association, and the American Stroke Association. "The Burden of Stroke in Ohio." Available at <http://www.healthyohioprogram.org/~media/ODH/ASSETS/Files/hpr/cv/cardiovascular%20health/burdenofstroke2006.ashx>. Accessed 7-23-2013.

After the national Million Hearts initiative launched in September 2011 with the goal of preventing 1 million heart attacks and strokes by 2017, ODH partnered with OAFP to develop a toolkit with two goals: providing African-American males with culturally appropriate educational materials about blood pressure and cholesterol management and providing guidance to primary care physicians about culturally-sensitive communication with their African-American male patients around blood pressure and cholesterol management. ODH contracted with a marketing and communications firm to develop materials for the toolkit and conduct additional focus groups, in collaboration with OAFP, with African-American males and primary care physicians to provide feedback on the toolkit. The toolkit was modified based on feedback from those focus groups. Existing resources used to develop the toolkit included clinical guidelines for managing blood pressure and cholesterol, as well as resources from the American Heart Association and state associations of family physicians in other states. For example, the New Jersey Academy of Family Physicians has created an [online quality improvement program](#) focused on colorectal cancer screening improvement, which was referenced during the toolkit development.

The toolkit contains materials and information about high blood pressure and cholesterol specific to African-American men, why it is important to track blood pressure and cholesterol, tips for improving lifestyle behaviors, questions to ask a doctor, and resources to help track and control blood pressure and cholesterol. A companion piece, "[Physician's Guide to Reducing High Blood Pressure and High Cholesterol for Your African-American Male Patients](#)," was also developed for primary care physicians. The guide includes information and resources to help physicians improve patient-centered communication, cultural competency, and collaborative patient engagement. The guide also includes guidelines for blood pressure and cholesterol management and information about improving factors that affect blood pressure, such as diet. The toolkit may be viewed on the [ASTHO Million Hearts webpage](#).

In April 2013, OAFP began piloting the toolkit in 10 primary care practices. The practices were strategically recruited between January and April 2013 to achieve a representative sample of primary care practices across the state that serve African-American patients and include a mix of rural and urban practices. Practices receive a modest stipend for participating. All African-American male patients age 18 and older at these practices are asked to participate and, if they agree, are given a pre-test risk assessment survey and a \$15 Subway gift card. The survey measures awareness and knowledge about cardiovascular health and risk factors, as well as the patients' own health behaviors that affect cardiovascular health and blood pressure. The pre-test facilitates a discussion between the patient and physician about risks of high blood pressure and high cholesterol, and the patients are asked to consider making changes suggested in the toolkit. One month later, usually during a blood pressure or cholesterol check visit, by mail, or by a phone call from practice office staff, the patients are given a second Subway gift card and a post-test that measures changes in knowledge and behaviors, as well as solicits feedback on the toolkit itself. An additional survey for practices solicits feedback about the overall pilot project, the patient education materials' usefulness in developing cultural sensitivity and building relationships with patients, and physician guideline materials. OAFP finished collecting survey data at the end of June 2013 and the final report will be submitted to ODH by the end of July 2013.

Resources

All funding for the toolkit development, printing, pilot project, and dissemination comes from ODH's CDC Heart Disease and Stroke Prevention grant.

Next Steps

Upon the pilot's completion, ODH and OAFP will analyze the patient and practice survey results, make any additional modifications to the toolkit that are necessary based on patient and physician feedback, and disseminate the toolkit statewide through several methods:

- A copy of the toolkit will be mailed to every OAFP member (more than 4,000 physicians, residents, and medical students) with the fall 2013 issue of OAFP's quarterly journal.
- OAFP is developing a website and converting the toolkit materials to electronic form so practices may upload them to their electronic medical record (EMR) system and easily print materials for patients.

If additional funding is secured, the toolkit will be scaled up to include a self-assessment module modeled after the New Jersey Academy of Family Physicians' nationally-recognized module for colorectal cancer screening. The module will provide intensive, hands-on training for practice teams to implement the toolkit in their practices and track impact on quality of care around blood pressure and cholesterol management. The module will be made available to practices in the state and eventually, nationwide.

ODH and OAFP also plan to partner with the Ohio Association of Community Health Centers to train federally-qualified health centers (FQHCs) in the toolkit. Because a large percentage of Ohio's African-American population lives in the three large metro areas where a large number of the state's FQHCs operate, working with FQHCs will allow ODH and OAFP to access a large group of their target population. The long-term goal is to adapt the toolkit to be appropriate for a variety of different patient population groups.

RESULTS/BENEFITS

Successes

Key successes achieved to date include:

- A strengthened relationship and dialogue between ODH and OAFP.
- Increased opportunities for higher quality communication between physicians and patients at the pilot practices about blood pressure and cholesterol management. It is hoped these conversations will create a ripple effect to the patients' families as well.
- Recruiting 10 practices to participate in the pilot since January 2013.

Measurement

Data collection during the pilot phase occurs through patient and practice surveys (described above). The surveys are available on the [ASTHO Million Hearts web page](#). Survey data will be used primarily to share best practices with other physicians, modify the toolkit if necessary, and inform broader dissemination and use of the toolkit. If additional funding is secured, OAFP will work with practices to

collect more health indicator data from their EMRs, such as blood pressure and body mass index, that will help OAFP evaluate how effectively the toolkit improves health outcomes.

LESSONS LEARNED

Key lessons learned and recommendations to date include:

- **Know the community.** It is paramount to have a strong understanding of the community's or state's key health issues. This awareness should include priority health issues that are not adequately being addressed, specific populations at higher risk, and factors influencing that risk.
- **Don't reinvent the wheel.** Find out what resources or partners exist in the community or state and actively reach out to them. Don't focus only on professional resources and settings. Other community settings, such as barber shops, can also have an important impact.
- **Target both healthcare professionals and patients.** Addressing cardiovascular disease is a partnership between the patient and physician, so initiatives should support that partnership by addressing the needs of both.
- **Involve target populations/audiences in planning and tool development.** Getting physician and target patient population input on barriers and needs regarding tools and resources is key to developing the most effective, relevant tools and materials.
- **Emphasize cultural sensitivity.** Be very wary of unintentionally playing into stereotypes and cultural sensitivities. Take the time and effort to ensure materials are culturally appropriate to the target population.

INFRASTRUCTURE TO SUPPORT COLLABORATION AND SUSTAINABILITY

The relationship between ODH and OAFP is grounded in years of working together on various health issues. ODH and OAFP staff leads work very well together, and every stage of the toolkit project to date—from material development to piloting the toolkit to discussions about planning evaluation activities—has been a cohesive and collaborative endeavor. ODH's role to date has included initiating the project, leading the toolkit development and revision process, providing funding, assisting OAFP in developing surveys for the pilot phase, and providing resources or technical assistance to pilot practices as requested. OAFP's role to date has included facilitating access to the family physicians who participated in the focus groups and the 10 practices participating in the pilot, as well as overseeing the pilot phase. OAFP's credibility with family physicians across the state and its experience working with family physicians on projects similar to the toolkit have been extremely valuable.

Both ODH and OAFP are committed to continuing to support the toolkit and address blood pressure control. Funding is the primary resource required to ensure long-term support for expanding toolkit dissemination and increased use among primary care practices. This funding ideally will take several forms:

Enhanced reimbursement — At the practice level, improved reimbursement for preventive care is critical. Payers could increase reimbursement for the high level of preventive counseling promoted through the toolkit. National-level influences, such as the Patient Protection and Affordable Care Act and the Centers for Medicare and Medicaid Services' Comprehensive Primary Care Initiative, support payer decisions to reimburse for preventive services.



Reintegration of Public Health and Healthcare

Sponsorships — Unique funding mechanisms at the project level may include securing multiple smaller sponsors at the local or state level (such as Subway, schools, local groceries, or places of worship). This funding strategy may not only provide financial resources, but could also encourage patients and practices to participate if organizations with which they have a relationship are sponsors.

FOR MORE INFORMATION

Kate Mahler, CAE
Deputy Executive Vice President
Ohio Academy of Family Physicians
(614) 267-7867
kmahler@ohioafp.org
www.ohioafp.org

Barbara Pryor, MS, RD, LD
Manager, Heart Disease & Stroke Prevention Program and Chronic Disease Section
Ohio Department of Health
(614) 644-6963
barbara.pryor@odh.ohio.gov
www.healthyohioprogram.org

Julia Schneider, MPH
Director, Chronic Disease Prevention
Association of State and Territorial Health Officials
jschneider@astho.org
www.astho.org