Matters of the Heart: Women’s Cardiovascular Health Initiative in Primary Care

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Veterans Health Care System of the Ozarks (VHSO), Fayetteville, AR

Problem

- Cardiovascular Disease in Women
  - Leading cause of death
  - 1 in 3 female deaths
  - Gender and ethnic disparities
  - 80% of women – 1 risk factor (NHLBI, 2012)
  - Risk factors (obesity, htn, hyperlipidemia, tobacco use, family hx of premature CVD)
  - 1 risk factor doubles the chances of developing heart disease
Problem

- American Heart and Stroke Associations
  - Gender Differences
  - Symptoms
  - Smokers
  - Acute Coronary Syndrome
  - Clinical Trials
  - Disparities
  - Treatment
  - Diagnosis


Background - VHSO

- 2013 – 2500 women veterans
- 2012 – Veterans Health Administration Data
  - Top 5 diagnoses in women veterans at the VHSO
    - Tobacco Use
    - HTN
    - Borderline personality
    - PTSD
    - Hyperlipidemia
  - Gender Disparity
    - HTN and ischemic heart disease measures

Synthesis of Evidence

- Decreased and lack of awareness
- Misinformation
- Delay treatment
- Disparities
- Use of risk assessment/risk models
- Shared decision making
- Medical Home Models/Nurse Led Teams
VHSO Strategies

- Patient Aligned Care Team (PACT)
- Personalized Health Plan (PHP)
- Risk Assessments
  - Framingham Cardiac Risk
  - AHA Guidelines
- Shared Medical Appointments (SMA)
- Other
  - MOVE Program
  - Nutrition
  - Physical Therapy
  - Tobacco Cessation Program
  - Diabetes Education

Department of Veterans Affairs/Veterans Health Administration

- PACT – Patient Aligned Care Team
  - Purpose and goal of the PACTs is “to provide Veterans with primary care that is patient centered, data driven, continuously improving, team-based, accessible, timely, comprehensive, coordinated, and provides continuity of care over time.” (VHA HANDBOOK 1101.10)

Department of Veterans Affairs/Veterans Health Administration

- Patient Centered Medical Home Model
  - 3 Major Principles
    - Patient Centered Care
    - Coordination of Care
    - Access to Care
  - Launched in 2009 – VA-Wide
  - VHSO - 2010
VHSO Women’s PACT

- Members
  - Veteran
  - Primary Care Provider (MD, APRN, PA)
  - RN Care Manager
  - LPN or Clinical Associate
  - Administrative Associate

VA PACT Model

VHSO Women’s PACT

- Examples/strategies
  - Huddle
  - Secure Messaging
  - Pre-Visit Calls
  - Care Management – BP, diabetes, weight
  - Care Coordination – Tele-health, nutrition, MOVE
Personalized Health Plan (PHP)
- Self-Care – 8 areas
  - Working your Body “Energy & Flexibility”
  - Surroundings “Physical and Emotional”
  - Personal Development “Personal Life and Work Life”
  - Food and Drink “Nourishing and Fueling”
  - Recharge “Rest and Sleep”
  - Family, Friends, and Co-Workers “Hearing and Being Heard”
  - Spirit and Soul “Growing and Connecting”
  - Power of the Mind “Strengthen and Listen”
  - Professional Care “Engaged and Proactive”
  - Community “Connections”

PHP
- Working the Body – Movement and physical activities like walking, dancing, gardening, sports, lifting weights, yoga, cycling, swimming, working out in a gym
- Current State: 1- low 10- high
- Desired State: Where would you like to be?
- What are the reasons you choose this number?
- What changes could you make to help you get there?

Risk Assessments
- Framingham Risk
  - Age, gender, cholesterol profile, smoking, BP
  - Assesses 10-year risk
- Reynolds Risk
  - Designed for women
  - Family hx, inflammatory biomarkers, a1c, other risk factors
- AHA Guidelines
  - High-risk, at-risk, ideal-risk- lifetime risk
AHA Guidelines

- High-Risk
  - Existing CAD, hx of MI, Vascular dz, PAD, AAA
  - Stroke, Diabetes, ESRD

- At Risk
  - 1 or more risk factors to include the following –
    HTN, Elevated Chol, Obesity, RA, Lupus, Autoimmune dz, Smoker, Family Hx of early CAD, Metabolic Syndrome, PCOS, Hx of gestational DM, pre-diabetes

- Ideal/Optimal Risk
  - Normal BP and no meds, total chol less than 200, trig less than 150, LDL less than 100, HDL greater than 50, no diabetes, normal BMI, exercises 30 min, 5 days weekly, and diet is healthy

Shared Medical Appointments (SMA)
- Every other month, 3rd Tuesday
- Education Topic
- Women’s Clinic PACT, RD, PharmD
- Target 6-8 patients
- 1-2.5 hours

Other VHSO Strategies
- MOVE Program
- Nutrition
- Physical Therapy
- Tobacco Cessation
- Diabetes Education
- Health Promotion Disease Prevention
- Veteran Education
Implications for Nursing

- An opportunity exists for nurses at every level to make an impact in the CVD health of women, since nurses continue to be viewed as the most trustworthy profession. Long-term support and ongoing feedback, including individual problem-solving can impact CVD outcomes in women. Collaboration and partnership with the patient and other health professionals are essential to reducing the cardiovascular risk factors in women.

References

References

- Women Veterans Health Education. (2011). Cardiovascular Disease in Women presented by David Winchester, MD.