



Sharing Best Practices to Achieve Outstanding Cardiovascular and Diabetes Health Outcomes for all Ohioans

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MetroHealth System



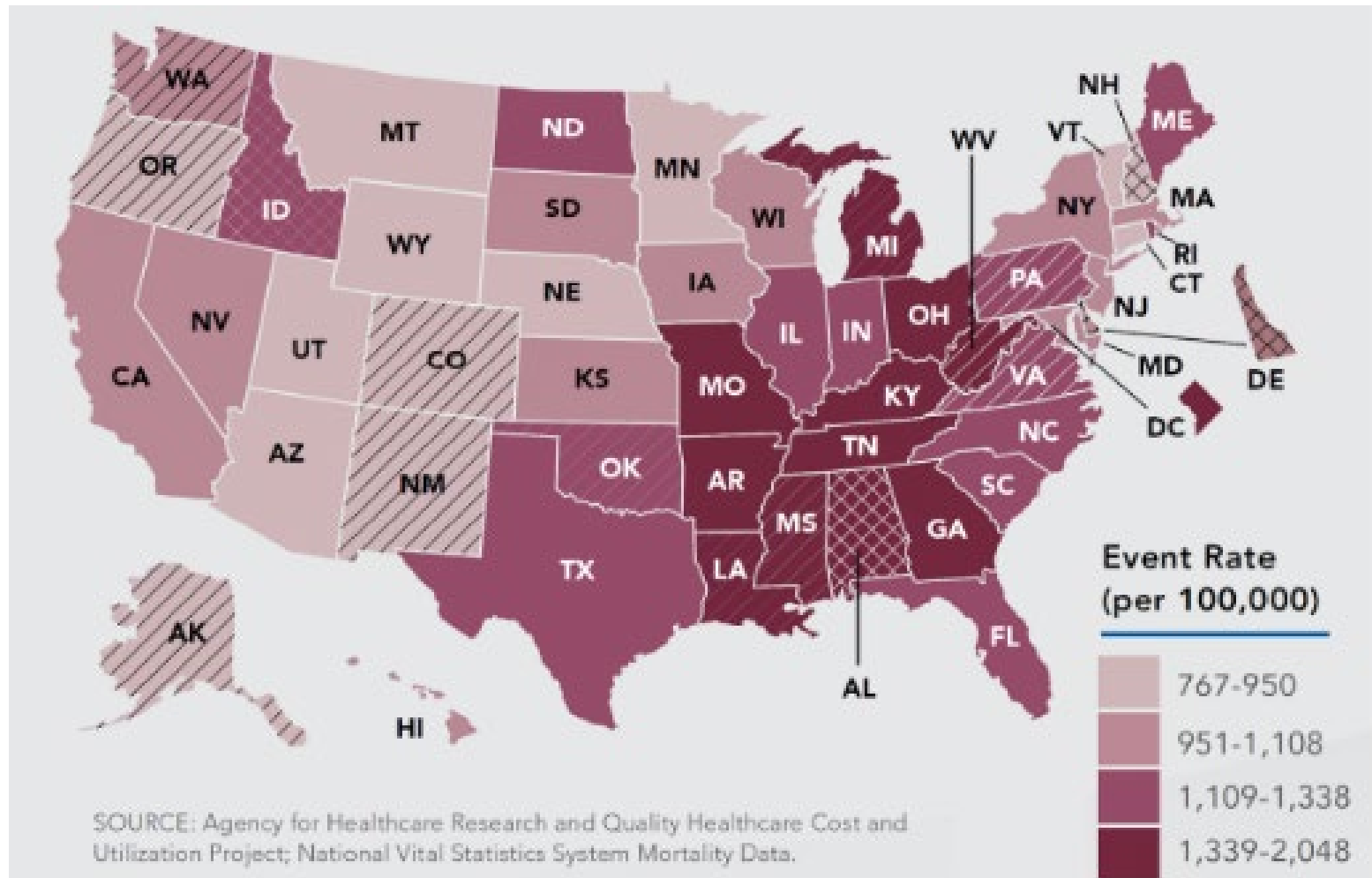
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partnership
with:*



Goals

- Discuss cardiovascular health in Ohio briefly
- Describe Cardi-OH's activities to improve cardiovascular health and reduce disparities in cardiovascular health
- Identify ways you can get engaged with Cardi-OH

Ohio is in the Top Quartile of States for Cardiovascular Disease Events



Ohio Cardiovascular Health



- Ohio has a high adult prevalence of key modifiable cardiovascular disease (CVD) risk factors in 2016-18
 - ✓ Hypertension (35%), Smoking (21%), and Diabetes (11%)
- Disparities exist with higher rates of uncontrolled hypertension, diabetes, and CVD events among Black and Hispanic populations compared with Whites
- Greater hypertension and diabetes prevalence in rural and urban vs. suburban settings
- Smoking rates are higher in geographic areas with lower socioeconomic factors

RWJF County Health Rankings, 2020



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Length of Life

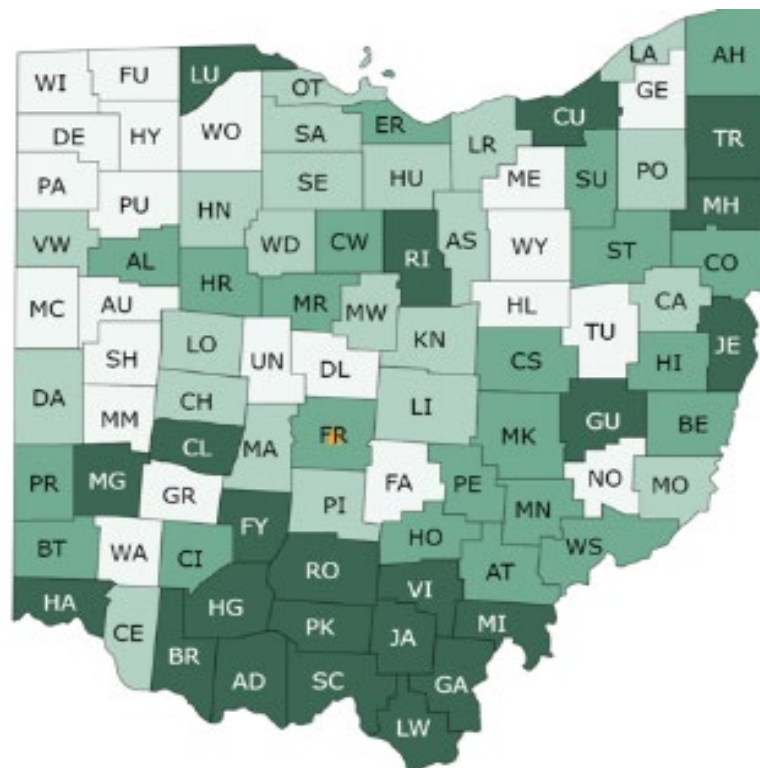
Premature death
*(years of potential life lost
before age 75)*

AND

Quality of Life

Self-reported health status

Percent of low birthweight newborns



Health Outcome Ranks

| 1 to 22 | 23 to 44 | 45 to 66 | 67 to 88 |
|----------------|-------------|--------------|------------|
| Lightest Green | Light Green | Medium Green | Dark Green |



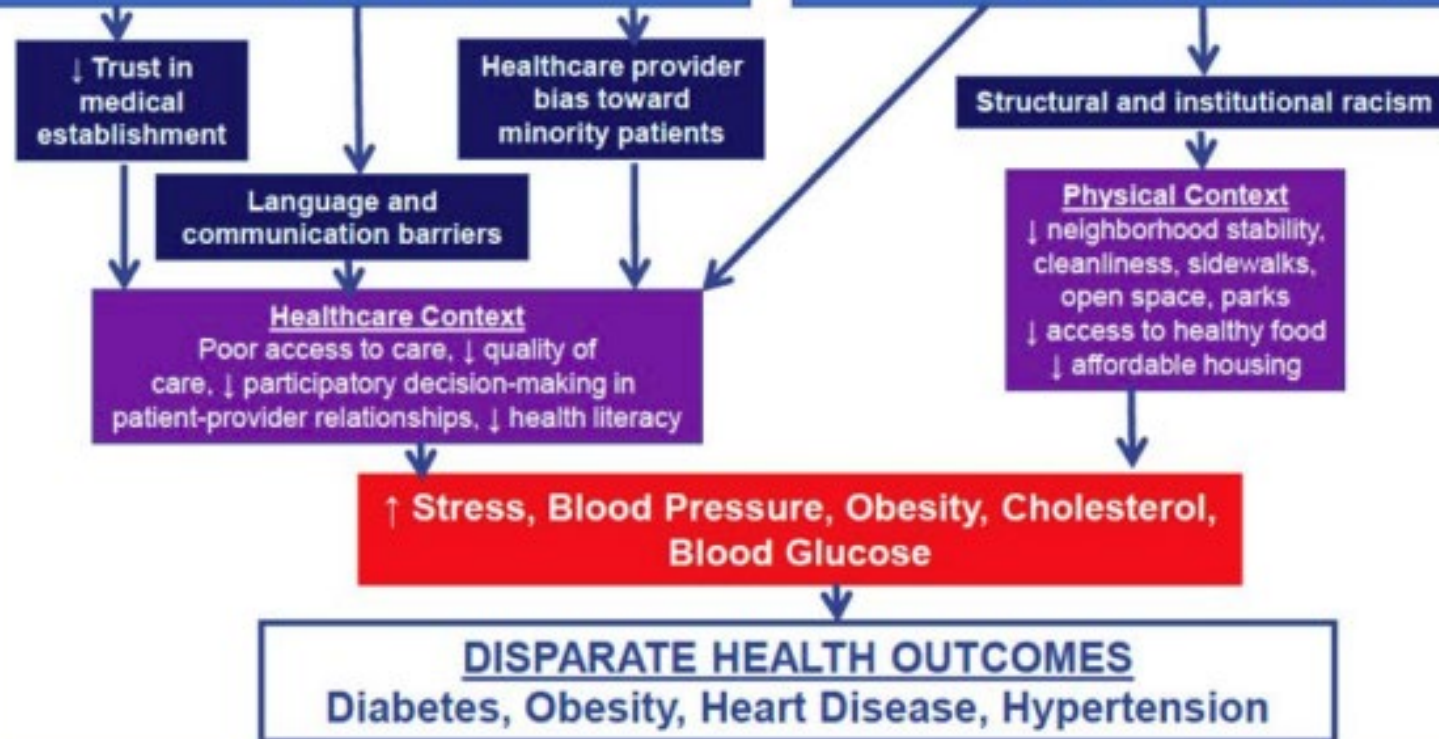
HISTORICAL DISCRIMINATION AND RACISM DURING SLAVERY AND POST-CIVIL WAR

Medical and Scientific Contributors

- Eugenics Theory defining certain races and ethnicities as biologically inferior
- Closure of medical schools training black physicians in 1910s
- Experimentation on vulnerable groups without their consent

Social Conditions and Policies

- Redlining and predatory lending leading to racial residential segregation and housing insecurity
- Inadequate investment to maintain public works and school systems in minority neighborhoods
- Discrimination in access to high quality jobs with adequate health insurance



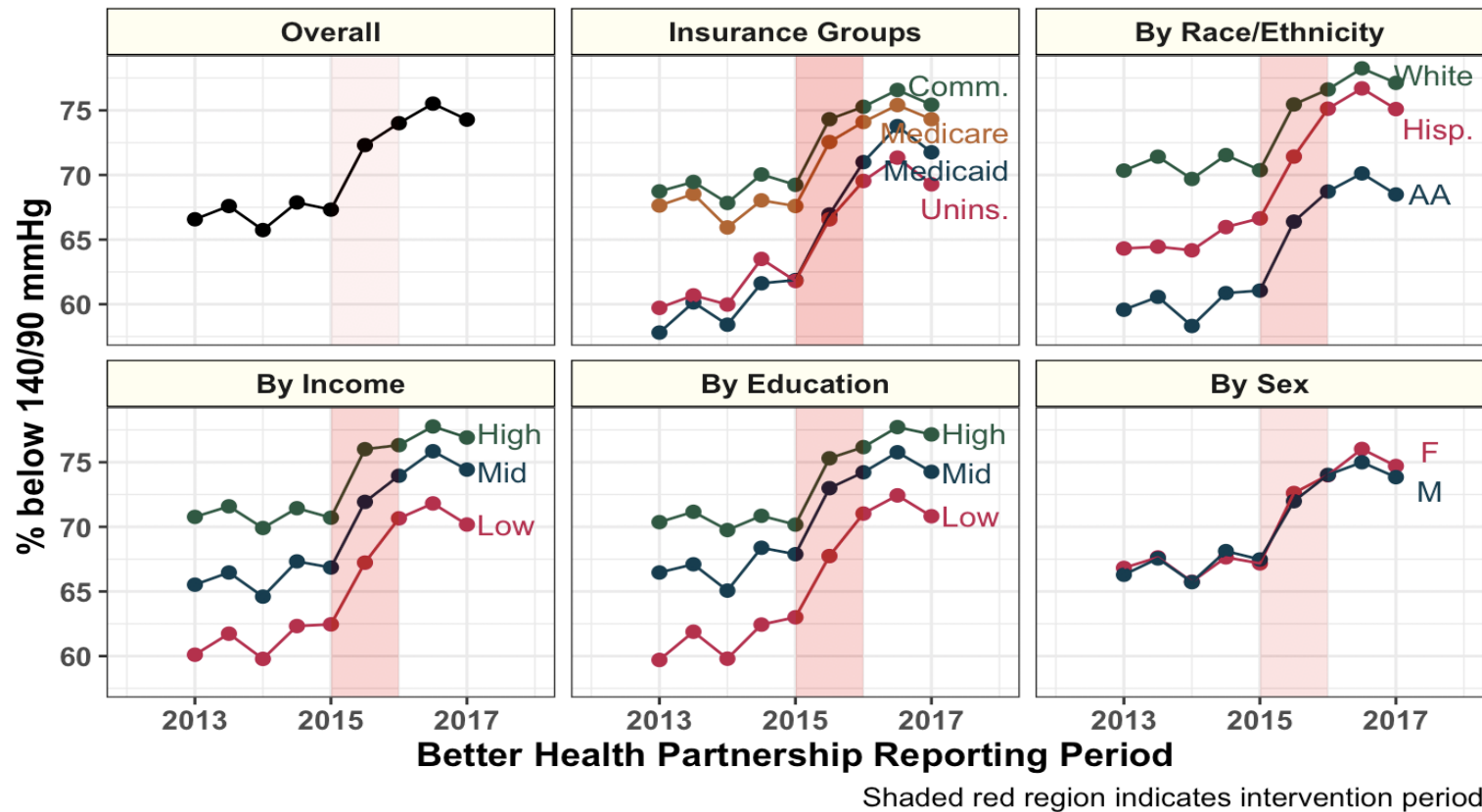
Collaboratives Can Improve Cardiovascular Health

- Regional and statewide efforts and quality improvement (QI) activities are often fragmented
- Coordinated collaboratives can have a strong impact on cardiovascular outcomes

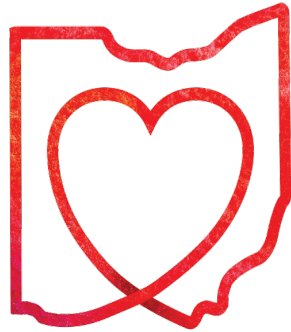


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Better Health Partnership Blood Pressure Control Improvement



About Cardi-OH



CARDI•OH

Ohio Cardiovascular and Diabetes Health Collaborative

Founded in 2017, the mission of Cardi-OH is to improve cardiovascular and diabetes health outcomes and eliminate disparities in Ohio's Medicaid population.

WHO WE ARE: An initiative of health care professionals across Ohio's seven medical schools.

WHAT WE DO: Identify, produce and disseminate evidence-based cardiovascular and diabetes best practices to primary care teams.

HOW WE DO IT: Utilize monthly newsletters and an online repository of resources at Cardi-OH.org, podcasts available on Cardi-OH Radio, the Project ECHO® virtual training model, annual statewide conferences and webinars.

[Learn more at cardi-oh.org](http://cardi-oh.org)



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Executive PIs for Cardi-OH



Case Western Reserve University

PI: Michael Konstan, MD Co-PI: Shari Bolen, MD



University of Cincinnati

PI: Sandra Regan, PhD



University of Toledo

PI: Lance Dworkin, MD Co-PI: Juan Jaume, MD



Wright State University

PI: Glen Solomon, MD Co-PI: James Lamb, MD



The Ohio State University

PI: Randy Wexler, MD Co-PI: Kathleen Dungan, MD



Ohio University

PI: Elizabeth Beverly, PhD



Northeast Ohio Medical University

PI: Kris Baughman, PhD



Six Amazing Teams

Data & Evaluation



Cardi-OH ECHO



Best Practices



Informatics & Web



Advisory



Marketing & Communication



Website: Cardi-OH.org



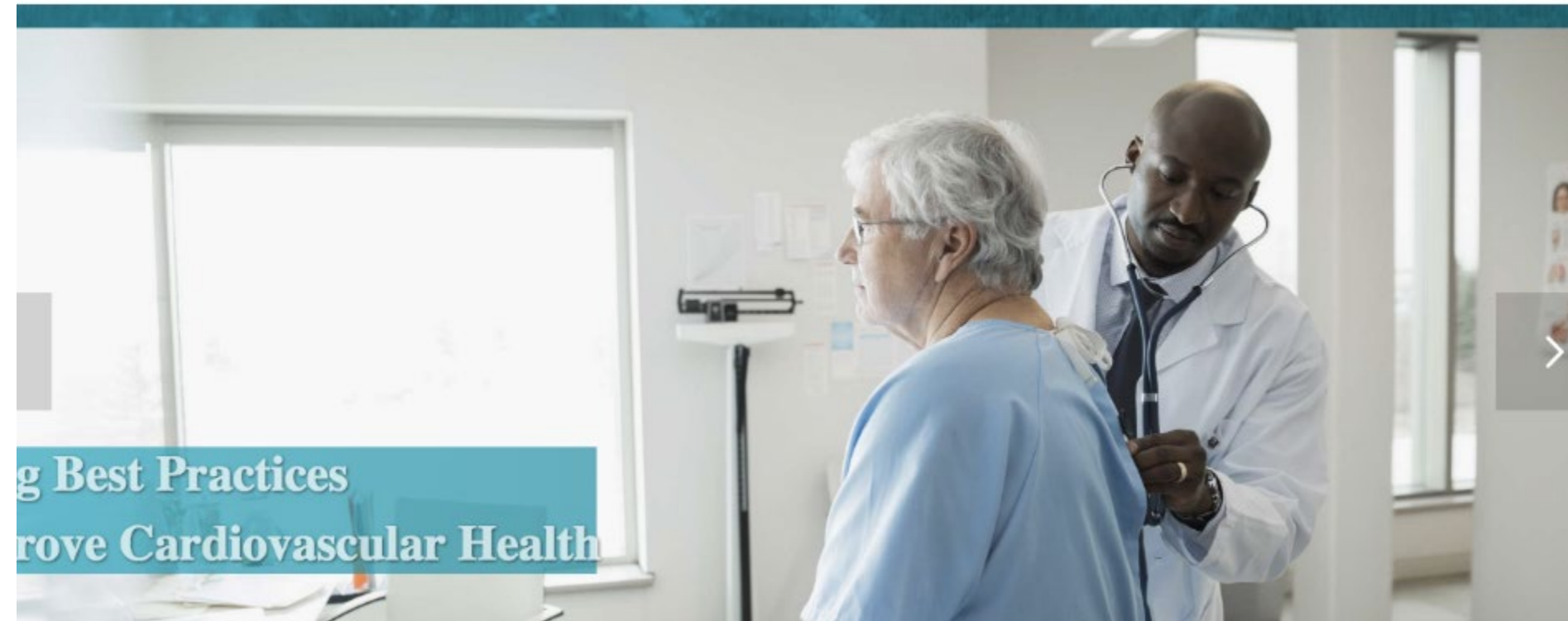
[ABOUT US](#) ▾

[BEST PRACTICES](#) ▾

[CARDI-OH ECHO](#) ▾

[EVENTS](#) ▾

[LOGIN/SIGN UP](#)



Website Resources

(Mar 2019- Feb 2021)

- Website materials (launched March 2019; N=58)
 - Hypertension management (N=18)
 - Diabetes management (N=6)
 - Lifestyle management (N=15)
 - Social determinants of health (N=6)
 - Patient adherence and engagement (N=7)
 - Practice improvement (N=2)
 - Effective joyful teams (N=4)
- ECHO didactics (started February 2019; N=60)
- Podcasts (started March 2020; N=17)
- Capsules (started January 2020; N=17)
- Currents (started July 2020; N=12)

Website Fact Sheet for Primary Care Teams



JULY 2020

Social Needs Screening Tools



Coming Soon: HUB Pathways



Ohio Network of Certified Pathways Community HUBs

Member HUB Referral Information

Better Health Pathways HUB: Cleveland

jlever@metrohealth.org

Bridges to Wellness HUB: Tuscarawas County

sarah@accesstusc.org

Central Ohio Pathways HUB: Columbus

<http://www.hcgc.org/hub-referrals.html>

Community Action Pathways HUB: Canton

<https://eform.pandadoc.com/?eform=c15f4cb9-4b93-4206-a635-4488c7c80195>

Community Health Access Project: Mansfield

director@chaphub.org

Health Care Access Now: Cincinnati

<https://www.surveymonkey.com/r/HCANReferral>

Mahoning Valley Pathways HUB: Youngstown

medison@mahoninghealth.org

Northwest Ohio Pathways HUB: Toledo

csalamone@hcno.org

Pathways HUB Community Action: Akron

<https://www.ca-akron.org/hub/contact>

Stark County THRIVE: Canton

<https://www.cantonhealth.org/thrive/?pg=548>





Cardi-OH

14 February 2020



Structure of ECHO Clinics



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| Duration | Item |
|------------|--|
| 5 minutes | Introductions, roll call, announcements |
| 10 minutes | Didactic presentation, followed by Q&A |
| 20 minutes | Case Study 1 presentation and discussion |
| 20 minutes | Case Study 2 presentation and discussion |
| 5 minutes | Wrap-up/Post-Clinic Survey completion |

▶ 1:17 / 53:50



Example “Capsule”

FEBRUARY 2020 — CAPSULE 2

Home Blood Pressure (BP) Monitoring: Practical Instructions for Patients

CONTRIBUTING AUTHORS: Shari Bolen, MD, MPH; Shireen Khoury, MD, MPH;
and Jackson T. Wright Jr., MD, PhD on behalf of Team Best Practices



How many blood pressure (BP) readings should a patient take at home to inform a hypertension treatment decision?

Home BP monitoring is an important step in the evaluation and management of hypertension. Clinicians can facilitate more meaningful home BP readings by educating patients on how to measure their BP accurately.

Cardi-OH has developed [practical instructions](#) to share with patients for accurate home BP monitoring. Consider adapting these tips for use in clinical after-visit instructions.



When Should You Measure Your Blood Pressure?

In the 3-5 days before your next visit, take your blood pressure according to the schedule below, and record all blood pressure readings in a log.¹



Each day, take:

2 blood pressure readings in the **morning**, before taking your medications and
2 blood pressure readings in the **evening**, before going to bed²

How to Take Your Blood Pressure at Home:

- 1 Do NOT smoke, exercise, or drink caffeine in the 30 minutes before checking your blood pressure.
- 2 Sit in a chair with your back supported, and feet flat on the floor.
- 3 Rest your arm on a table at heart level.
- 4 Sit at rest for at least 5 minutes before taking the first blood pressure reading.
- 5 Do NOT talk during the 5 minute rest period or while taking your blood pressure.
- 6 Wait 1 minute before taking the second reading each time (morning and evening).
- 7 Write down the two readings along with the date and time.

Example “Currents”

Community Health Workers and Telehealth: Improving A1C Levels in Patients with Diabetes



Cardi-OH

30 October 2020

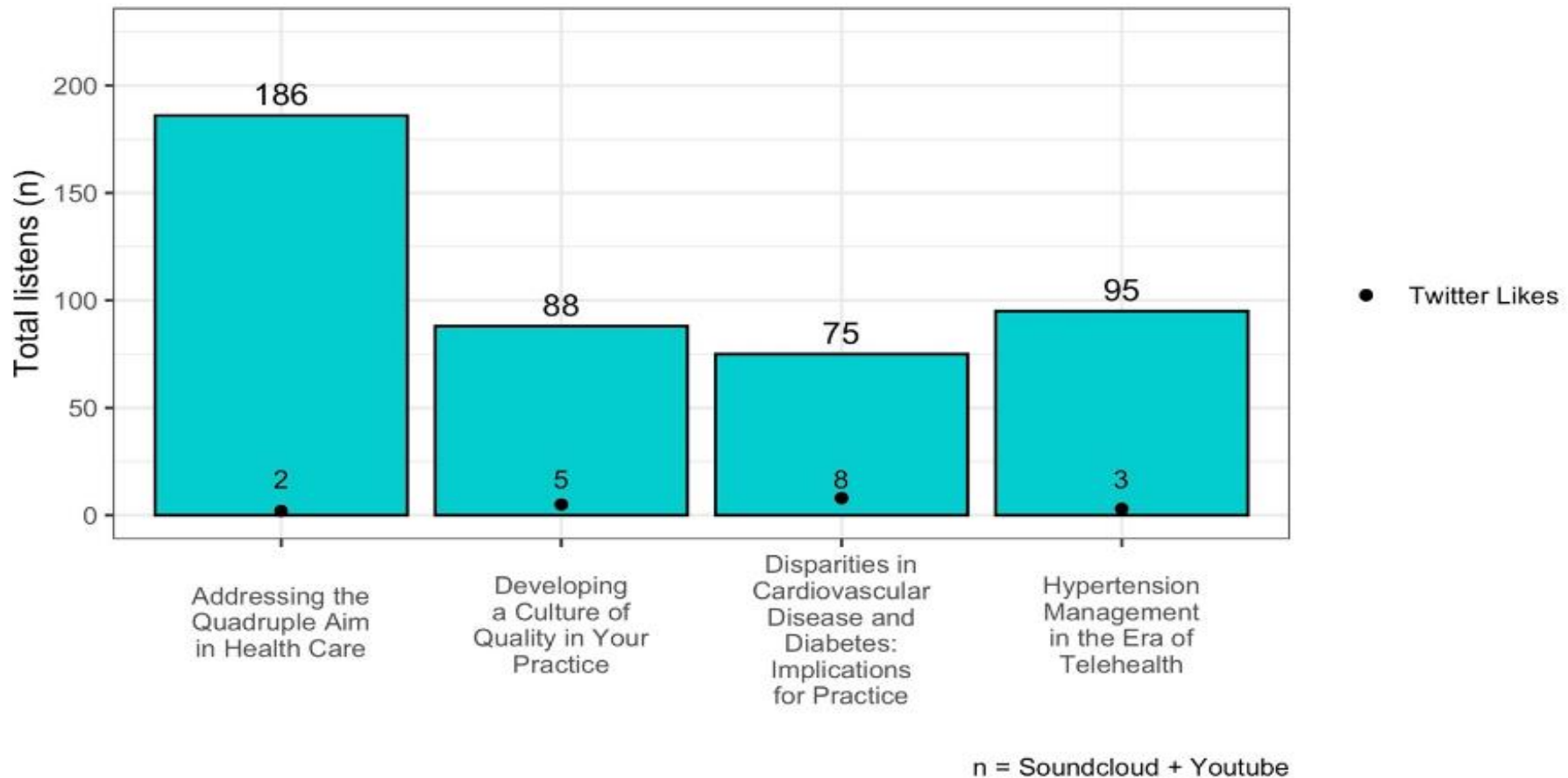


Community health workers (CHWs), as part of an integrated care team, can use telehealth to improve A1C levels in patients with diabetes.

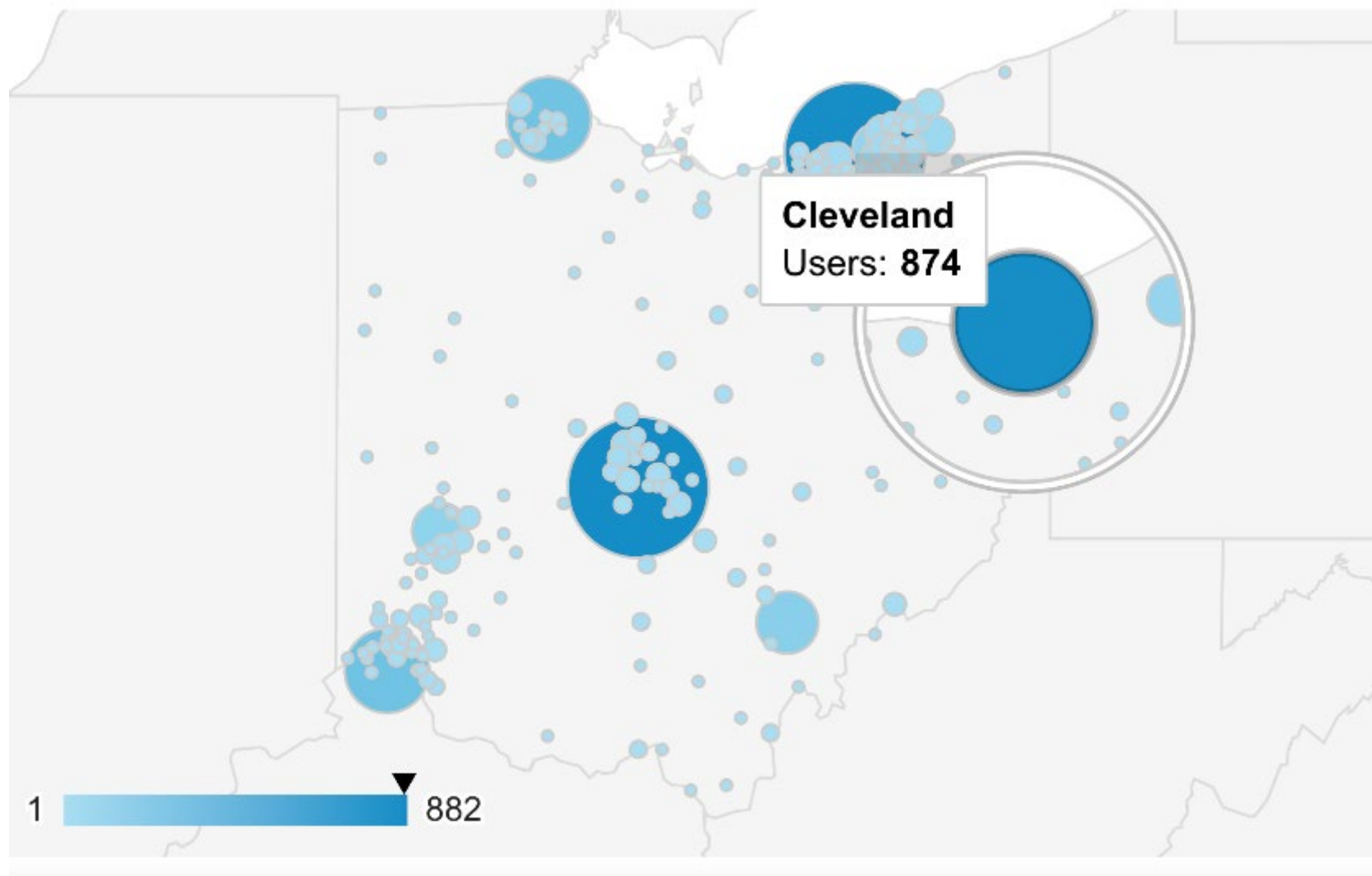
A recent randomized clinical trial¹ highlights the effectiveness of CHW-led telehealth, involving both weekly physician-led video conferences for CHWs exploring topics in diabetes care, as well as weekly patient outreach from CHWs to address concerns about home glucose control or medication adherence. Community health workers also led monthly, in-person sessions with large and small groups, while a physician oversaw medication management.² The intervention group achieved a statistically significant improvement in A1C and blood pressure control during the study period as compared to the usual care group.

While the monthly, CHW-led group sessions were performed in-person in this pre-pandemic study, this novel use of CHWs to facilitate both group sessions and weekly telehealth outreach to patients provides a tool that could be adapted to become fully delivered via telehealth during the COVID-19 pandemic.

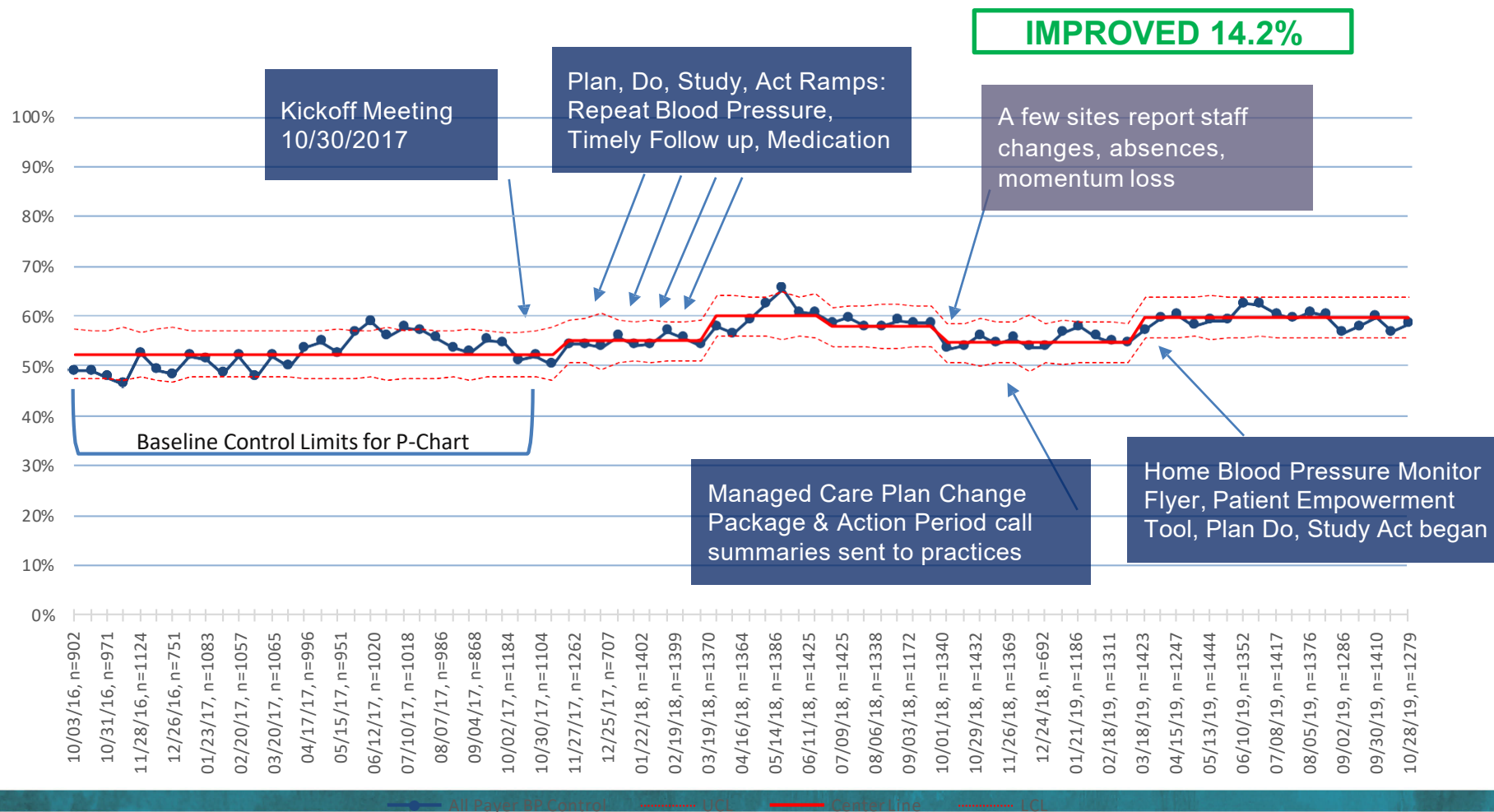
Number of Listeners to Podcasts (March-June 2020)



Map of Unique Ohio Users

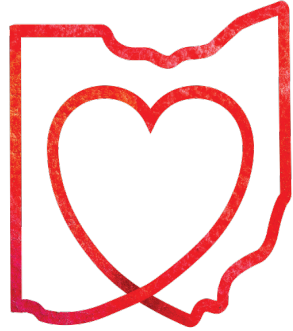


Percentage of Hypertensive Patients with Controlled Blood Pressure (<140/90)



Summary

- Cardi-OH has grown over the last 4 years and has successfully engaged with a number of key stakeholders
- TeleECHO series, capsules, webinars, conferences, podcasts and newsletters have been effective engagement strategies
- Improving hypertension control and sustaining improvements is possible in diverse clinic settings, including those serving high proportions of disadvantaged populations
- Practice facilitation in the context of collaboratives can have a strong impact in a region or across a state



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Get Engaged



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WEBINAR

Wednesday, December 1, 2021
12 - 1 p.m.

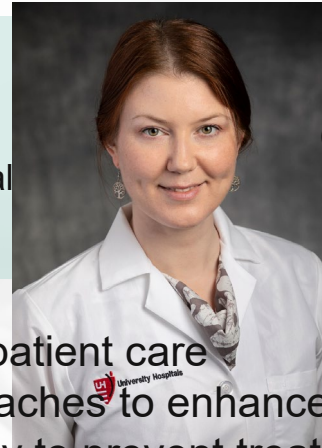


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Management of Type 2 Diabetes in the Adolescent and Young Adult: Preventing Diabetes-Related Comorbidities and Bridging the Transition to Adulthood



Rose Gubitosi-Klug, MD, PhD
Case Western Reserve University
UH Rainbow Babies and Children's Hospital



Erika Lundgrin, MD, MS
Case Western Reserve University
University Hospitals

OBJECTIVES

- Review evidence-based guidelines to improve patient care
- Describe family-based assessments and approaches to enhance diabetes management
- Identify transition of care models and technology to prevent treatment lapses and urgent medical care

The Ohio Cardiovascular & Diabetes Health Collaborative (Cardi-OH) is a statewide initiative of health care professionals who share knowledge to improve Medicaid patient outcomes and eliminate health disparities across Ohio.

The MetroHealth System is accredited by the Ohio State Medical Association to provide continuing medical education for physicians. The MetroHealth System designates this educational activity for a maximum of 1.00 AMA PRA Category 1 Credit(s)[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity. Other Healthcare Professionals: check with your professional association as these credits might be applicable for licensure renewal.

Register now — [Cardi-OH.org](https://www.Cardi-OH.org)

CME credit provided at no cost.

Ohio Cardiovascular & Diabetes Health Collaborative

Other Upcoming Webinars



- **February 2021** – The Use of Race in Medical Guidelines: Current and Emerging Practices
- **Spring 2021** – LGBTQ+ populations and cardiovascular health

Spring 2022 TeleECHO Clinic

January 27 to April 14, 2022

Thursdays, 8 - 9 a.m.



Weight Management and Behavior Change: Cases and Discussions

How Does it Work?

- Utilizes simple videoconferencing technology to conduct virtual clinics with community health care providers in Ohio
- Includes a brief didactic session followed by an interactive discussion of de-identified case studies
- Offers a whole-person approach to diabetes and cardiovascular risk management

Why Join?

- Improves cardiovascular and diabetes health outcomes
- Enhances professional development and retention
- Provides continued learning through the sharing of best practices
- Increases efficiency and joy of practice

Register now — [Cardi-OH.org](https://www.Cardi-OH.org)

CME credits provided at no cost.

Cardi-OH Update

Check Out What Other People Are Reading!

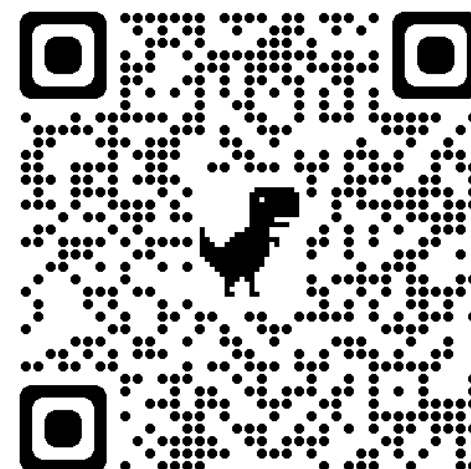
- 1) *Recommendations for the Treatment of Confirmed Hypertension in People with Diabetes*
- 2) *Five Pearls for Motivational Interviewing*
- 3) *Beyond the A1C: Targets for Blood Glucose and Methods of Measurement*
- 4) *Long-Acting, Low-Cost Medications to Achieve Blood Pressure Targets: Evidence for Chlorthalidone, Amlodipine, and Spironolactone*
- 5) *Outpatient Diabetes Management for Primary Care Providers: Medications Intensification and Algorithm*

Did your favorite best practices content make the August 2021 list?

CARDI-OH.ORG
TOP 5
★★★★★
DOWNLOADS



Sign up for our
monthly
newsletter at:
www.cardi-oh.org





Heart Healthy Ohio Quality Improvement Project



- Focused on primary care practices
- Improving hypertension and smoking cessation across diverse populations
- A few slots open still for the April cohort
- Contact Cathy Sullivan at csullivan1@metrohealth.org if you would like to learn more about the project

“Never doubt that a small group of thoughtful committed people can change the world. Indeed, it is the only thing that ever has.”

- Margaret Mead

Acknowledgements



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- The regional hypertension work was funded by a CDC REACH grant, Mt. Sinai Foundation, St. Luke's Foundation and Better Health Partnership.
- The views expressed in this presentation are solely those of the author and do not represent the views of the state of Ohio, federal Medicaid programs, CDC, the US Department of Health and Human Services or any other funder.
- Better Health Partnership staff, partner organizations, and member clinics.
- Cardi-OH and QIP Team Members, organizations, and clinics.