

CARDIO PREVENT[®] PROGRAM

AN EVIDENCE-BASED, THEORY DRIVEN GLOBAL
CARDIOVASCULAR RISK REDUCTION PROGRAM
SUPPORTED BY HEALTH BEHAVIOUR COACHING



UNIVERSITY OF OTTAWA
HEART INSTITUTE
INSTITUT DE CARDIOLOGIE
DE L'UNIVERSITÉ D'OTTAWA

CardioPrevent[®]
Heart Health Program

AT A GLANCE

The CardioPrevent® program provides an evidence-based, tailored primary prevention cardiovascular health program for patients at a moderate to high risk of developing cardiovascular disease (CVD). During the year long program, CardioPrevent® health coaches will guide and support patients through a customized program plan based on their personal risk factor profile using cognitive-behavioural and behaviour change strategies.

GOAL

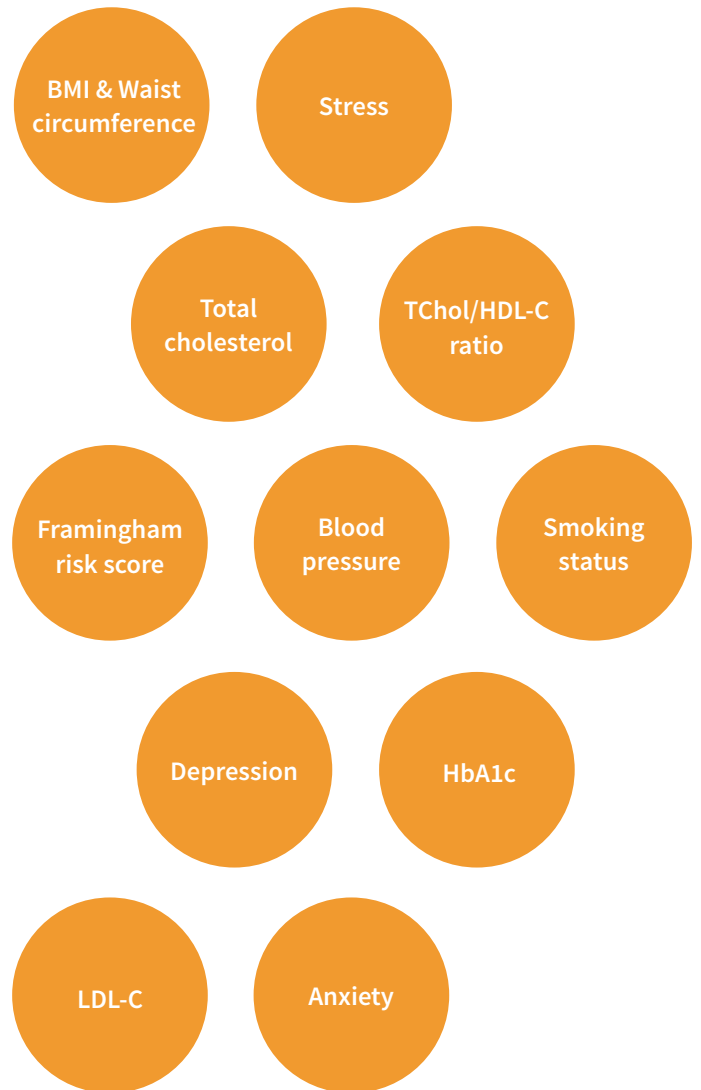
To lower the risk of developing CVD in individuals who may be at a moderate to high risk.

OBJECTIVES

1. To support health care providers through the deployment of CVD preventive care models to support lifestyle screening, behavioural counseling, and community linkages.
2. To improve accessibility to CVD risk screening and risk management through community outreach.

IMPACTS

REDUCTIONS IN:



INCREASES IN:



BACKGROUND

The development and progression of subclinical atherosclerosis begins from as early as the second decade of life. Since the burden of atherosclerosis increases over time, this long pre-clinical phase provides a window of opportunity for risk prediction and cardiovascular disease prevention.

The cornerstone of CVD prevention is the favourable modification of risk factors. Nine modifiable risk factors have been shown to have a consistent association with CVD risk, including:

- lipid/lipoprotein levels
- smoking
- hypertension
- diabetes
- abdominal obesity
- psychosocial factors
- dietary factors
- physical inactivity
- alcohol consumption

Patients and the medical community often focus on medications as a first-line strategy to stabilize or favorably modify risk factors such as hypertension, dyslipidemia, and/or diabetes. However, the most proximal risk factors for CVD are health behaviours, including poor dietary habits, physical inactivity, and cigarette smoking. Notably, these unhealthy lifestyle practices strongly influence blood pressure, lipid/lipoprotein levels, and glucose-insulin homeostasis. Accordingly, modifying unhealthy behaviours is critical to addressing the foundational causes of CVD.





THE NEED

Primary care settings are important to CVD prevention efforts because more than 90% of patient interactions with the health care system occur here. This is where screening for risk factors can occur and where lifestyle and medical interventions to control risk factors can be initiated.

HOWEVER:

- Prevention needs are usually perceived as non-urgent so they are often not addressed and therefore go un-assessed and un-treated.
- Clinicians often lack the knowledge, skills, and support systems to quickly and easily provide a range of different behavioural counseling interventions.
- Physicians report spending an average of only 8 minutes counseling their patients on lifestyle change annually.
- When lifestyle changes are required, primary care providers typically rely on health information and their professional status to convince patients to change.
- Physicians do not rate themselves as very effective in their ability to help patients prevent and manage risk factors.
- In clinical settings, many prevention management activities (e.g., lifestyle screening, behavioural counseling, linkages with community resources) fall outside the scope and culture of clinical medicine.
- Health-behaviour models suggest more effective methods for helping patients accomplish behaviour change goals and compliance with risk reducing treatments.

THE PROGRAM

The CardioPrevent® program is a global risk reduction program that is based on seven years of research, a Randomized Controlled Trial and Family Heart Health pilot, conducted through the University of Ottawa Heart Institute by a multi-disciplinary team of clinicians and behavioural scientists. (Reid RD, McDonnell LA, Riley DL, Mark AE, Mosca L, Beaton L, Papadakis S, Blanchard CM, Mochari-Greenberger H, O'Farrell P, Wells G, Slovynec D'Angelo M, Pipe A. Effect of an intervention to improve the cardiovascular health of family members of patients with coronary artery disease: a randomized trial, Canadian Medical Association Journal. 2014;186(1):23-30).

Outreach Facilitators support and work with primary care practices to introduce systematic processes to screen at-risk individuals who can then be linked into the CardioPrevent® Program.


To be eligible patients must be:

- 18 years of age or older
- Referred by physician or nurse practitioner
- Be at moderate to high risk of developing CVD (or on lipid lowering therapy)
- Have no known CVD or cerebrovascular disease

WHAT IS INCLUDED?

- Complete cardiovascular risk factors screening.
- Personalized programming and education tailored to individual risk factors supported by behavioural-based counseling.
- Patient success guide with worksheets to support counseling sessions.
- Risk factor education kits to support learning and risk factor management.
- Linkages to services to help the patient meet their personal goals.
- Regular follow-up support and guidance from a dedicated Health Coach.
- Weekly, bi-weekly and monthly phone contacts with a dedicated personal Health Coach over the course of the full 12 month program.
- Re-assessment of their cardiovascular risk profile at 6 and 12 months.



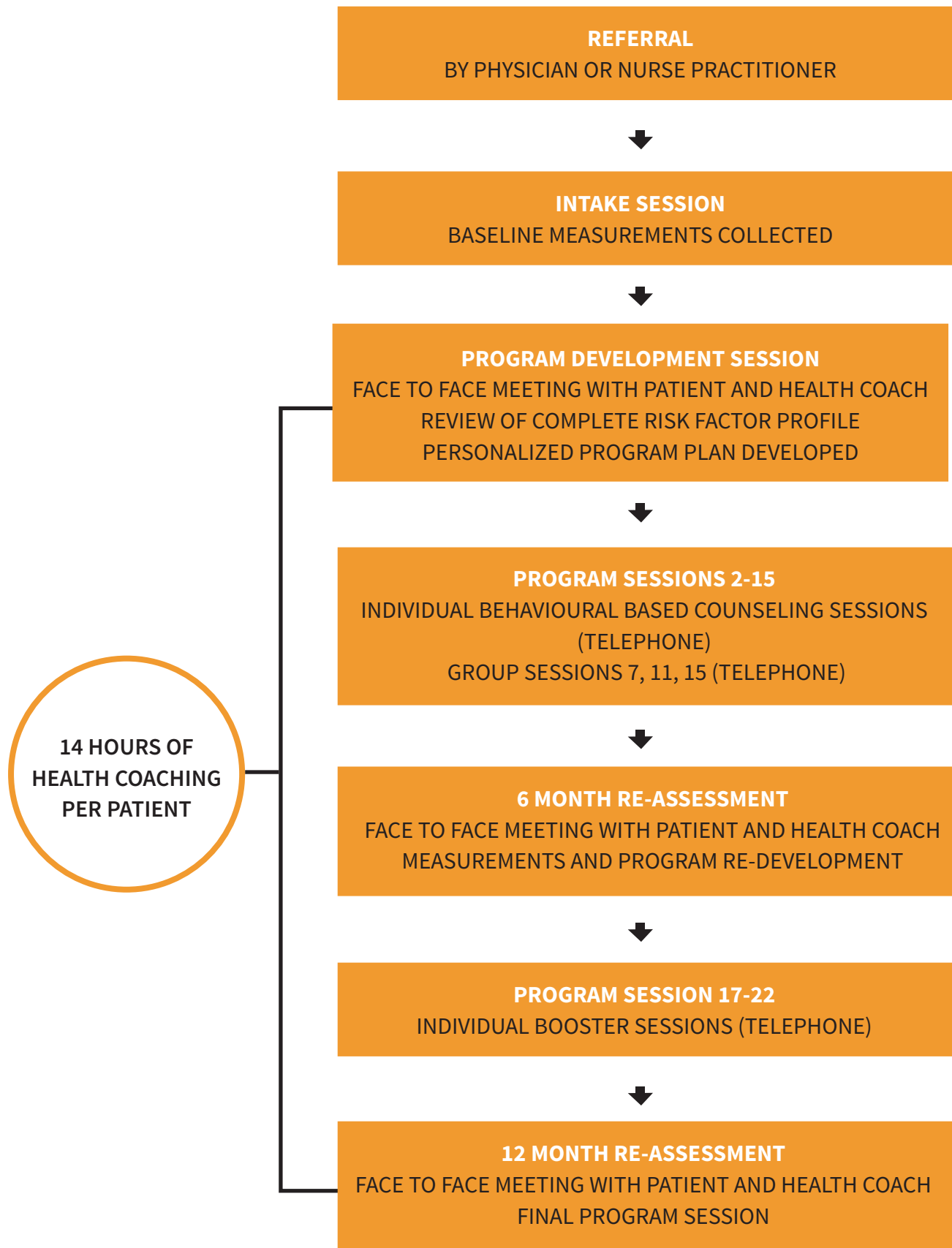
A black and white close-up photograph of an elderly woman with short, light-colored hair. She is smiling warmly, showing her teeth. Her right hand is raised, resting behind her ear. She is wearing a dark-colored top and a light-colored scarf with a dark floral pattern. The background is a plain, light color.

“I found this program invaluable. Getting reports on the numbers from my blood tests showed me just what the changes in my lifestyle were doing.”



“I feel that this program has helped me to take a good look at my life and lifestyle to make the changes needed to prevent a heart attack or stroke. It has given me a healthy future and the knowledge that I needed to know so that I can improve my risk factors and lead a better life.”

HOW IT WORKS



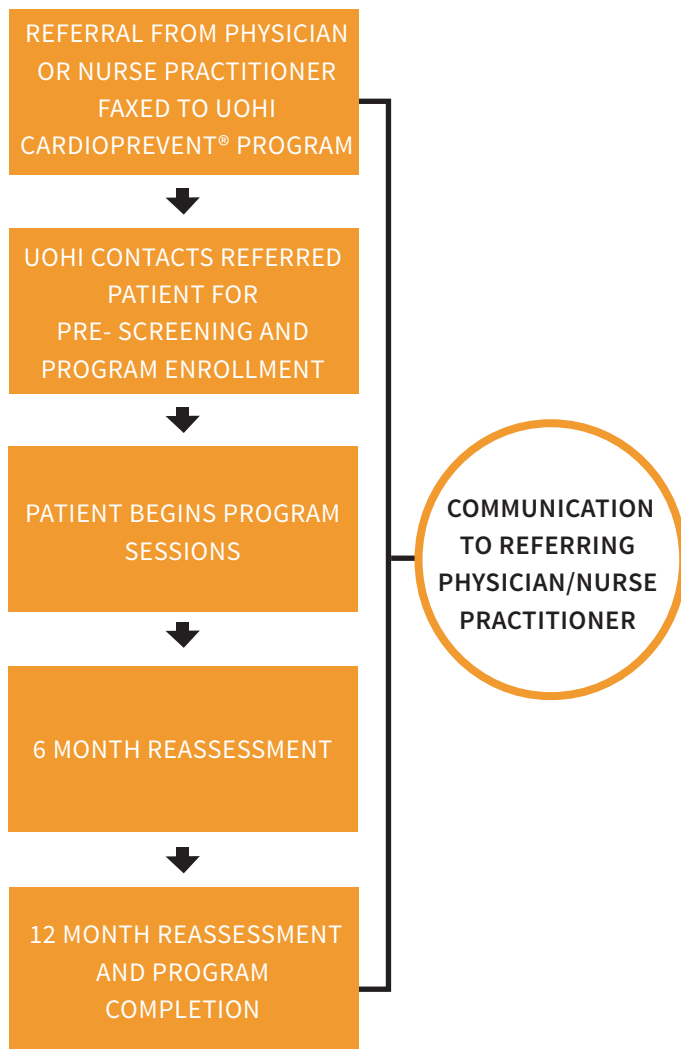
HOW TO GET INVOLVED

We offer two ways for primary care practices to become involved in the CardioPrevent® program.

1. REFERRAL TO UOHI CARDIOPREVENT® PROGRAM

Outreach facilitators will provide support to assist practices with systematic screening of patients to identify at risk individuals who can then be referred to the CardioPrevent® Program at UOHI.

Health Coaches from the UOHI CardioPrevent® team will provide the program counseling sessions to patients and progress updates to referring physicians/nurse practitioners.





2. PROGRAM ADOPTION

With this “train the trainer” approach CardioPrevent® can be integrated into your practice.

Includes:

A) OUTREACH FACILITATION

Facilitation services include the assistance of an Outreach Facilitator specialized in risk factor management and program integration from the UOHI CardioPrevent® Program.

B) PROGRAM MANUALS AND PATIENT MATERIALS

Licensed practices and organizations will receive complete details of the program protocol with step by step instructions in the form of an operating manual and health coach manual.

- **Operating Manual:** A guide outlining program processes related to screening, assessment and follow-up. Templates for all program forms are included.
- **Health Coach Manual:** Detailed scripts for each module and all 23 sessions. Each module provides background information and content with references based on current, best-practice evidence and behavioural change counseling strategies.
- **Patient Success Guide:** A resource guide for patients related to the program session that includes self-management skills and worksheets to align with the health coaching scripts.
- **Risk factor education kits:** Information on eight modifiable CVD risk factors and one general information document addressed in the program. Education kits are provided to patients upon beginning program, and assigned readings by the health coach are issued throughout the program as necessary.

OUTREACH
FACILITATION
SUPPORT

PHASE 1

INTRODUCTION AND
SERVICE AGREEMENT

PHASE 2

PROJECT PLANNING AND
REQUIREMENTS ANALYSIS

PHASE 3

TRAINING & PROGRAM
IMPLEMENTATION

PHASE 4

PROGRAM LAUNCH

PHASE 5

PROGRAM EVALUATION
AND REFINEMENT



C) HEALTH COACHING & PATIENT MANAGEMENT SYSTEM TRAINING

New health coaches, will participate in a workshop concerning delivery of the CardioPrevent® program, counseling principles, mechanics of program delivery and the behaviour change techniques used in the coaching sessions with patients. Administrative staff and health coaches will also receive training concerning the use of the patient management system.

D) WEB-BASED PATIENT MANAGEMENT SYSTEM

An automation system designed to support administrative outputs for health coaches. Patients also complete online surveys, at baseline and follow up assessments (6 and 12 months) through a secure web link, in which the data is automatically transferred to the patient management system

E) ANNUAL REPORTS

Annual reports will be provided indicating site specific outcomes compared to total aggregated data of all sites offering a CardioPrevent® program. Reports will include average results for baseline, 6 and 12 months, and comparison values for baseline to 6 months and baseline to 12 months on all collected measures.

CARDIOPREVENT WORKPLACE HEALTH PROGRAM

THE NEED:

A large and expanding body of health research shows that employees with multiple modifiable risk factors cost more than other workers and that increasing healthy behaviours and decreasing health risks are associated with cost savings.

THE BENEFITS:

Employers offering health promotion programs benefit from: enhanced corporate image, increased employee morale, greater employee retention, reduced absenteeism, and higher on the job productivity.

THE SOLUTION:

The University of Ottawa Heart Institute CardioPrevent® team provides facilitation services to organizations wanting to improve the health of their employees.

Implementation models are selected depending on the needs, capacity, qualifications, wants and process flow of the implementation site.

Full Adoption:

With this train the trainer approach, CardioPrevent will be run at the site, by site employees who have been trained by UOHI staff.

Includes: outreach facilitation, program manuals, patient materials, health coach training, web-based patient management system, annual reports

Service Delivery:

Identified individuals from the site will be linked to UOHI for health coaching.

Includes: outreach facilitation, patient materials, health coaching provided by UOHI, annual reports





HEALTH RISK APPRAISAL

Biometric screening
Risk level determination



RISK FACTOR PROFILE AND WELLNESS PLAN

Individual, customized
profiles and plans



BEHAVIOURAL CHANGE PROGRAM

14 hours of health
coaching per patient
over 12 months



REASSESSMENT: HEALTH RISK APPRAISAL

Biometric screening at
6 and 12 months

FOR MORE INFORMATION AND HOW TO GET INVOLVED WITH THE
CARDIOPREVENT® PROGRAM PLEASE CONTACT:

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