



CARDI•OH

Ohio Cardiovascular and Diabetes Health Collaborative



In partnership with:



Cardi-OH ECHO

What's New in Cardiovascular Prevention? A Series of Case-Based Discussions

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Fall 2022 Cardi-OH ECHO Participant Sites



1 University Hospitals MacDonald Women's Hospital
Cleveland, OH

2 MetroHealth Cleveland Heights Medical Center
Cleveland Heights, OH

3 MetroHealth Bedford Medical Office
Bedford, OH

4 SRMC Internal Medicine Center
Salem, OH

5 OhioHealth Physician Group Heritage College
Athens, OH

6 ACRMC Family Medicine - Winchester
Winchester, OH

7 ACRMC Family Medicine - West Union
West Union, OH

8 ACRMC Family Medicine - Georgetown
Georgetown, OH

9 ACRMC Family Medicine - Mt. Orab
Mt. Orab, OH

10 Five Rivers Health Centers Family Health Center
Dayton, OH

11 Five Rivers Health Centers Internal Medicine
Dayton, OH

12 Ohio State Outpatient Care Lewis Center
Lewis Center, OH

13 University of Toledo Comprehensive Clinics
Toledo, OH

14 University of Toledo Comprehensive Care Center Family Medicine Clinic
Toledo, OH

Disclosure Statement of Financial Interest



- The following speakers have a relevant financial interest or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of their presentation.
 - Marilee Clemons, PharmD; Danette Conklin, PhD; Kathleen Dungan, MD, MPH; Adam T. Perzynski, PhD; Goutham Rao, MD; Christopher A. Taylor, PhD, RDN, LD, FAND*
- The remaining speakers have no financial relationships with any commercial interest related to the content of this activity.
 - Karen Bailey, MS, RDN, LD, CDCES; Kristen Berg, PhD; Elizabeth Beverly, PhD; James Werner PhD, MSSA; Jackson Wright, MD, PhD
- The following members of the planning committee DO NOT have any disclosures/ financial relationships from any ineligible companies.
 - Shari Bolen, MD; Richard Cornachione; Carolyn Henceroth; Gillian Irwin; Michael Konstan, MD; Elizabeth Littman; Devin O'Neill; Steven Ostrolencki; Ann Nevar; Claire Rollins; Catherine Sullivan

* These financial relationships are outside the presented work.

** For more information about exemptions or details, see: www.acme.org/standards

Person-Centered Language Recommendations



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Person-Centered Language Recommendations



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The ADA and the APA recommend language that emphasizes inclusivity and respect:

- **Gender**: Gender is a social construct and social identity; use term “gender” when referring to people as a social group. Sex refers to biological sex assignment; use term “assigned sex” when referring to the biological distinction.
- **Race**: Race is a social construct that is used broadly to categorize people based on physical characteristics, behaviors, and geographic location. Race is not a proxy for biology or genetics. Examining health access, quality, and outcome data by allows the healthcare system to assist in addressing the factors contributing to inequity.
- **Sexual Orientation**: Use the term “sexual orientation” rather than “sexual preference” or “sexual identity.” People choose partners regardless of their sexual orientation; however, sexual orientation is not a choice.
- **Disability**: The nature of a disability should be indicated when it is relevant. Disability language should maintain the integrity of the individual. Language should convey the expressed preference of the person with the disability.
- **Socioeconomic Status**: When reporting SES, provide detailed information about a person’s income, education, and occupation/employment. Avoid using pejorative and generalizing terms, such as “the homeless” or “poor.”
- **Violent Language**: Avoid sayings like ‘killing it,’ ‘pull the trigger,’ ‘take a stab at it,’ ‘off the reservation,’ etc.

Diabetes Language Recommendations



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<u>Avoid</u>	<u>Recommend</u>
Suffers from X	Lives with ✓
Diabetic, schizophrenic, drug user X	Person with 'diabetes,' 'schizophrenia,' 'who uses drugs' ✓
Good/bad/poor control X	A1C level, blood pressure reading ✓
Obese, morbidly obese, fat X	Body weight, BMI ✓
Compliance or adherence X	Medication-taking ✓
Regimen X	Plan, choices ✓
Test X	Monitor ✓
Control X	Manage ✓
Committed suicide X	Died by suicide ✓

Home Blood Pressure Monitoring



Goutham Rao, MD, FAHA

Chief Clinician Experience and Well-Being Officer, University Hospitals Health System

Jack H. Medalie Endowed Professor and Chairman

Department of Family Medicine and Community Health

Division Chief, Family Medicine, Rainbow Babies and Children's Hospital

Case Western Reserve University School of Medicine & University Hospitals Cleveland Medical Center

Learning Objectives



1. List a minimum of 3 indications for home BP monitoring.
2. List advantages and disadvantages of home BP monitoring compared with clinic-based monitoring
3. Describe where and how patients can obtain home BP monitors.

My Own Experience



- *PI, Improving Diagnosis of Hypertension in Children (IDHC) – AHRQ*
- *PI, Center to Improve Clinical Diagnosis*

Video Clip



Every patient with hypertension should be measuring BP at home



- Home BP monitoring (HBPM) better correlated with 24-hour ABPM and cardiovascular morbidity.
- HBPM encourages patient-centered care.
- HBPM improves patient outcomes.
- HBPM devices are inexpensive and widely available. (Roughly 2/3rds of patients with hypertension already have a device.)
- HBPM devices are easy to use.
 - <https://youtu.be/rAwliNWe1bI>
 - Text link to a patient's cell phone at the time of prescribing HBPM.
- Consistent with remote care.
- Promotes health equity.

Health Equity



RESEARCH ARTICLE | HEALTH EQUITY

[HEALTH AFFAIRS](#) > [VOL. 37, NO. 3](#): ADVANCING HEALTH EQUITY

Promoting Health Equity And Eliminating Disparities Through Performance Measurement And Payment

[Andrew C. Anderson](#), [Erin O'Rourke](#), [Marshall H. Chin](#), [Ninez A. Ponce](#), [Susannah M. Bernheim](#), and [Helen Burstin](#)

[AFFILIATIONS](#) ▾

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Leading health care organizations have demonstrated promising findings using interventions designed to reduce disparities between different groups and improve the care and outcomes of at-risk populations. For example, Aetna collaborated with the Morehouse School of Medicine and Health & Technology Vector Inc. to implement a high-intensity, multimodal, culturally competent disease management program for African Americans insured by Aetna to achieve and maintain blood pressure control. The intervention consisted of telephonic lifestyle and diet counseling by trained nurses, along with the use of home blood pressure monitoring devices. The program increased the frequency of self-monitoring for African Americans and improved systolic hypertension control by 50 percent. The program could likely be applied to African Americans enrolled in other private health plans.³⁰

Indications

- AHA – Deliberately Broad
 - Identifying white coat hypertension; masked hypertension (confirmatory diagnosis)
 - As an alternative to ABPM
 - Monitoring/medical decision making
 - Empowerment

How

- 2 readings each in AM and PM for a minimum of 3, and preferably 7 days.
- Most devices will store and average values.

Clinic	HBPM	Daytime ABPM	Nighttime ABPM	24-Hour ABPM
120/80	120/80	120/80	100/65	115/75
130/80	130/80	130/80	110/65	125/75
140/90	135/85	135/80	120/70	130/80
160/100	145/90	145/90	140/85	145/90

ABPM = ambulatory blood pressure monitoring; BP = blood pressure; DBP = diastolic blood pressure; SBP = systolic blood pressure; HBPM = home blood pressure monitoring

Durable Equipment Providers



DME Providers for Ordering BP Monitors

Edgepark (SW, NW, CSW, NE, and MyCare)

Ph: 1-800-321-0591 or 1-844-564-1007
for the CM support line
Fax: 330-963-6172 (use the Edgepark Order form)
Email: cmsupport@edgepark.com

Home Care Delivered (NE)

<https://www.hcd.com/healthcare-professionals/>
Click the "Submit A Referral Form" button
on the homepage

Crosby's Drugs (CSW)

2609 N High St
Columbus, OH 43202
Ph: 614-263-9424
Fax: 614-263-2929

Advanced Home Medical (CSW)

6665 Huntley Rd
Columbus, OH 43229
Ph: 614-433-9011
Fax: 614-433-9013

Dasco (CSW)

375 N. West St
Westerville, OH 43082
Ph: 614-901-2226
Fax: 614-901-2228

The Drug Store Pharmacy (CSW)

2940 Groveport Rd.
Columbus, OH 43207
Ph: 614-491-3446
Fax: 614-409-3272

McKesson Patient Care Solutions (CSW)

Ph: 1-855-404-6727
Fax: 1-800-749-0711
Email: MPCSEorders@McKesson.com

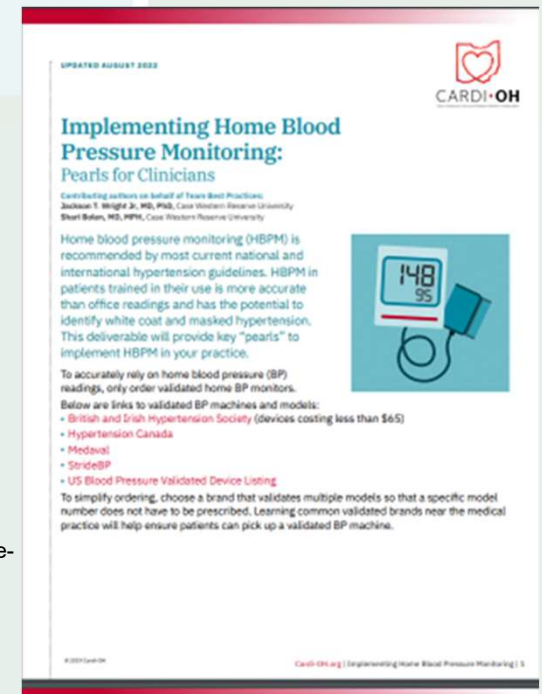
Hocks Medical (MyCare team)

732 W. National Rd.
Vandalia, OH 45377
Ph: 937-898-5536
Fax: 937-890-0327

An example of one approach to
writing the prescription:

Validated [Enter Manufacturer
name] home blood pressure monitor
with arm cuff and memory. Code:
A4670

<https://www.cardi-oh.org/assets/Implementing-Home-Blood-Pressure-Monitoring.pdf>





Thank you!

Questions/Discussion