



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*

October 20, 2022

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# Cardi-OH ECHO Team and Presenters

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# Disclosure Statements



- 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
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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.

# Patient Empowerment



## Goutham Rao, MD, FAHA

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# Learning Objectives



1. Define patient empowerment
2. Describe empowering patients to seek high-quality care for the prevention of cardiovascular disease
3. Describe an approach to patient empowerment within a busy primary care practice

# Let's talk about gaps in care.



- Consider this:
  - Among patients with both diabetes and established cardiovascular disease, only 57.9% have controlled blood pressure.
  - Why?
    - Lack of guidelines?
    - Lack of quality measures and standards and associated provider incentives?
    - Lack of innovative models of care?

***“Certainly there is no lack of tools, programs, and models of care, many of which are linked to financial incentives for physicians for their effective use, available to improve quality and the lack of such resources cannot explain widespread quality problems in the United States.”***

# Explanations



## Clinical Inertia

- The failure to establish appropriate targets and escalate treatment to achieve goals.
- Clinical inertia is a potential cause of care gaps only when three conditions are met:
  - There is a certain implicit or explicit guideline; The physician believes the guideline applies to the patient; The physician has the resources to apply the guideline (including time).
  - If all 3 conditions are met, but the physician does not follow the guideline, clinical inertia is said to be the cause.

## Patient Factors

- Poor engagement with care.
- Limited interest in self-management, including lifestyle modification.

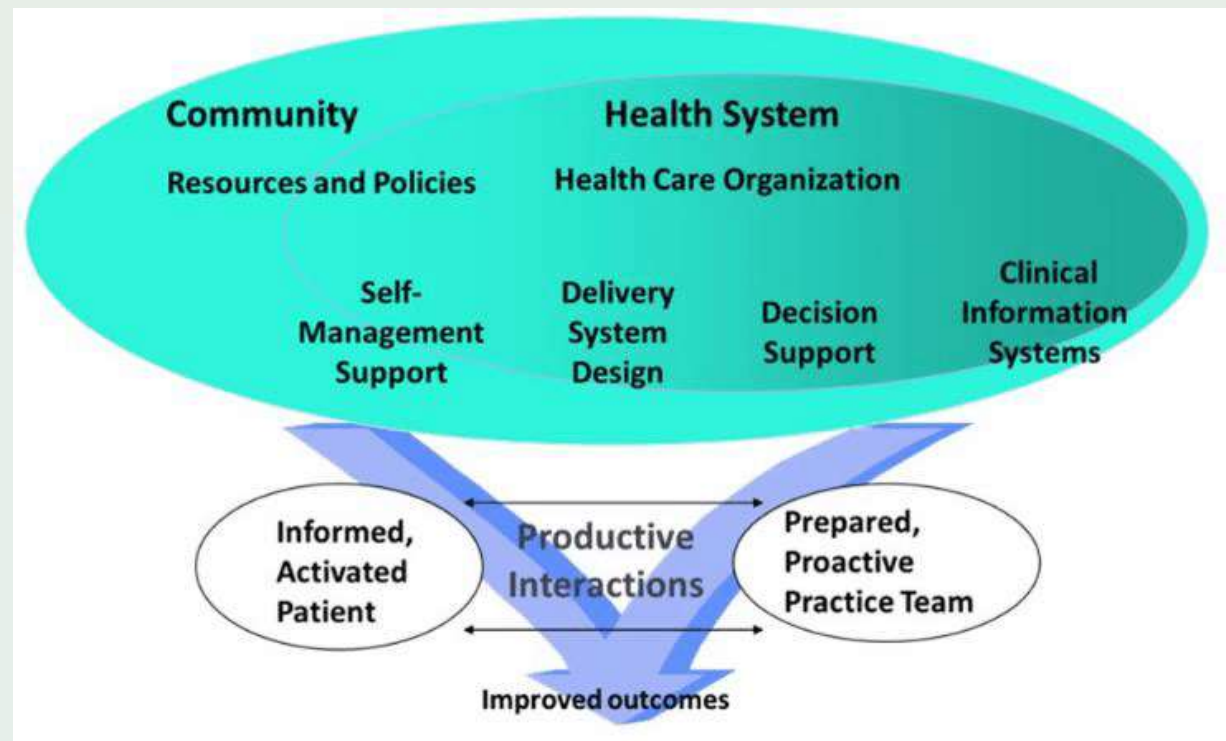
## System Factors

- Time and productivity pressures.
- Primary care structure poorly designed for management of chronic illnesses such as type 2 diabetes.



# Solutions

## Chronic Care Model



# Solutions



**Shared Decision Making**: an approach where clinicians and patients share the best available evidence when faced with the task of making decisions, and where patients are supported to consider options, to achieve informed preferences.

**Patient Activation**: a patient's willingness and ability to take independent action to manage their health and overall care. There is strong evidence that more activated patients have better outcomes. For example, more activated patients with diabetes are more likely to perform foot checks, obtain eye examinations and exercise regularly compared to less activated patients.

# Empowerment

Defined as a, “means to promote autonomous self-regulation so that the individual’s potential for health and wellness is maximized”.



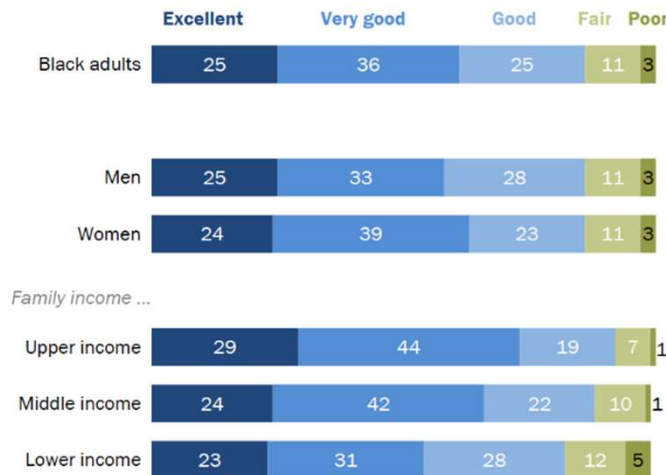
# Pew Research Center Survey

## Published April 2022



### Majority of Black adults give positive ratings to the quality of health care they've received most recently

% of Black adults who rate the quality of care they received most recently from doctors or other health care providers as ...



Note: Respondents who did not give an answer are not shown. Family income tiers are based on adjusted 2020 earnings.

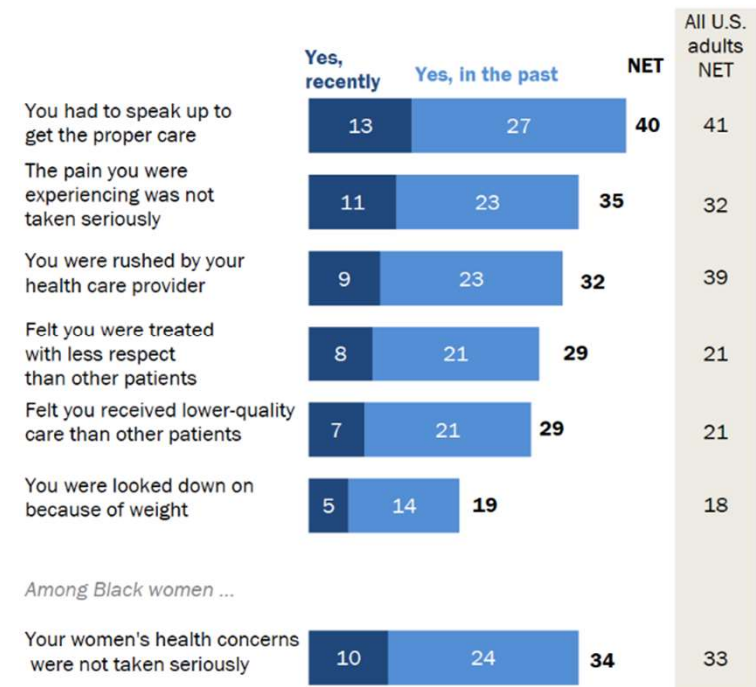
Source: Survey conducted Nov. 30-Dec. 12, 2021.

"Black Americans' Views of and Engagement With Science"

PEW RESEARCH CENTER

### 40% of Black adults say they've had to speak up to get proper medical care

% of Black adults who say they have ever experienced each of the following problems when dealing with doctors or other health care providers



Note: Respondents who gave other responses or did not give an answer are not shown.

Source: Survey conducted Nov. 30-Dec. 12, 2021.

"Black Americans' Views of and Engagement With Science"

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EMPOWER (Enhancing My Patients Ongoing Well-Being through Empowerment and Review) Diabetes Checklist



**EMPOWER Diabetes Checklist**

Answer each of the 12 questions below by circling "Yes", "No" or "Unsure/Can't Remember." If your answer is "No" or "Unsure/Can't Remember" make sure to discuss the question with your doctor at today's appointment.

<b>1) Has your doctor discussed improving control of your diabetes?</b>	Yes	No	Unsure/Can't Remember
<b>2) Has your doctor talked to you about changing or adding medicines to help get your diabetes under control?</b>	Yes	No	Unsure/Can't Remember
<b>3) Did your doctor talk to you about medications to prevent further heart disease?</b>	Yes	No	Unsure/Can't Remember
<b>4) Has your doctor discussed your blood pressure?</b>	Yes	No	Unsure/Can't Remember
<b>5) Did your doctor check and discuss your cholesterol within the past year?</b>	Yes	No	Unsure/Can't Remember
<b>6) Has your doctor talked to you about diet and exercise to improve your diabetes?</b>	Yes	No	Unsure/Can't Remember
<b>7) If you smoke, has your doctor discussed quitting smoking?</b>	Yes	No	I don't smoke/Unsure/Can't remember
<b>8) Has your doctor checked your urine in the past year?</b>	Yes	No	Unsure/Can't Remember
<b>9) Have you had your eyes checked by an eye doctor in the past year?</b>	Yes	No	Unsure/Can't Remember
<b>10) Has your doctor offered you a flu shot?</b>	Yes	No	Unsure/Can't Remember/No flu shots available
<b>11) Does your doctor know who the most important people in your life are?</b>	Yes	No	Unsure
<b>12) In caring for you, does your doctor consider all the factors that affect your health?</b>	Yes	No	Unsure

# Empowering Patients



- *“What questions do you have about your visit today?” VS. “Do you have any questions about your visit?”*
- *“What do you believe you need to better manage your diabetes?” VS. “Here’s what you need to do to better manage your diabetes.”*
- *“How can I help you achieve your goals?” VS. “You need to be more consistent in taking your medication.”*



Thank you!

Questions/Discussion