Iowa Care for Yourself – WISEWOMAN Program FY2019 through FY2023

Cardiovascular Screening Information Manual for Local Program Coordinators

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1. Introduction

Iowa *Care for Yourself* (CFY) WISEWOMAN (**W**ell-**I**ntegrated **S**creening and **E**valuation for **Wom**en **A**cross the **N**ation) is a public health program of the Iowa Department of Public Health, which provides cardiovascular disease (CVD) screening (focusing on hypertension control) integrated with the Iowa Breast and Cervical Cancer Early Detection Program (IA NBCCEDP) funded by the Centers for Disease Control and Prevention (CDC). Participants receive cardiovascular screening together with breast and cervical cancer screening.

WISEWOMAN extends the BCCEDP with additional preventive health services:

- Heart disease and stroke risk factor screening, which includes blood pressure (two measurements at each screening visit), cholesterol, glucose, weight, height, hip and waist circumference measures, personal history, family medical history, and readiness to change assessments.
- Health Coaching (HC) and Healthy Behavior Support Services (HBSS) that promote blood pressure monitoring, medication adherence, heart-healthy eating and physical activity.
- Links for participants to free or low-cost community-based nutrition, physical activity, and tobacco cessation resources.
- Follow up blood pressure office visit (single follow up visit) for clients found to have alert or abnormal value blood pressure measurements at baseline screening.
- Follow-up screening visit following completion of HC and/or HBSS that includes measurements of the participant's height, weight and blood pressure, as well as a second CVD health risk assessment. A lipid panel and/or glucose testing may also be carried out as part of this visit, if medically indicated by the physician, for participants that exhibited a high cholesterol level and/or diabetes at the initial screening visit.
- An additional health coaching session following completion of the follow-up screening visit.

Vision of Iowa CFY WISEWOMAN

A world where all women can access preventive health services and gain the wisdom to improve their health.

Mission of Iowa CFY WISEWOMAN

Provide low-income, underinsured or uninsured 40- to 64-year-old women with the knowledge, skills, and opportunities to improve their diet, physical activity, and other life habits to prevent, delay, or control cardiovascular and other chronic diseases, such as diabetes and cancer.

Heart disease, stroke, cancer, and diabetes account for about two-thirds of all deaths in the United States. Many studies have shown that we can lower people's risk for illness and death from these chronic diseases by reducing risk factors such as high blood pressure, high cholesterol, obesity, poor diet, sedentary lifestyle, and smoking. However, screening, behavioral interventions, and any necessary treatment services for these risk factors are often beyond the reach of underinsured and uninsured women. According to the SAHIE// State and County by Demographic and Income Characteristics 2017 data 130,410 women of ages 40-64 in Iowa live below the 250% of the poverty level. Ten per cent of these women are uninsured.

To address this unmet need for preventing and detecting heart disease, stroke, and their risk factors among uninsured women, WISEWOMAN was authorized as a program in 1993 through federal legislative supplement to the law that established The Centers for Disease Control and Prevention's (CDC) Nation Breast and Cervical Cancer Early Detection Program (NBCCEDP).

In 1995, CDC launched the first WISEWOMAN demonstration projects in three states: Massachusetts, Arizona, and North Carolina. In 2001, Congress authorized WISEWOMAN to expand to 15 states, including Iowa. As of 2022, Iowa continues as one of 24-funded programs in 21 states, and three tribal organizations: two in Alaska and one in Oregon.

The Iowa *CFY*-WISEWOMAN program contracts with seven local boards of health (LBOH) to deliver the WISEWOMAN program services in seven Iowa regional areas that covering 43 of the state's 99 counties. (See Iowa *CFY*-WISEWOMAN locations map under Appendix A of this document). At the regional level, seven Local Coordinators (LC) are responsible for enrolling participants and ensuring participants are screened by a WISEWOMAN contracted provider. The LC also provide risk reduction counseling, health coaching, and referral to and follow-up on Healthy Behavior Support Services (HBSS), community based-services. The LC are also responsible for collecting and reporting participant-level data to the WISWOMAN program. Each LC is a trained and certified health coach through the Iowa Chronic Care Consortium's certified health coaching program.

2. Confidentiality Statement

The *Care for Yourself* – WISEWOMAN (*CFY*-WISEWOMAN) Program endorses the health care standards of participant confidentiality. These standards apply to all individuals and agencies representing or working in any capacity with the Care for Yourself (CFY) Program. Any information gathered will be used only for program purposes and no participant will be identified by name without written permission.

Confidentiality is both an ethical and legal responsibility. State and federal courts uphold the common patient confidentiality standards such as the American Medical Association (AMA) 'Code of Ethics.' Divulging medical information (verbal, written, phone, fax, electronic, etc.) to a third party without appropriate consent from a participant is considered a breach of confidentiality whether intentional or unintentional.

All participant records and identifying information must be secured in a manner accessible only by CFY Program staff. This includes but is not limited to locking files, providing a private area for verbal communication with participants (face-to-face or by telephone) and a method for securing participant information.

The Iowa Department of Public Health, CFY Program has federal exemption related to HIPAA (Health Insurance Portability and Accountability Act), the federal law that protects personal medical information and recognizes the rights to relevant medical information of family caregivers and others directly involved in providing or paying for care. Therefore, participant program related medical information (e.g. program related data requirements) allow for accessibility of participant information related with this IDPH-CFY Program and its data requirements.

All **data collected and released** through the CFY-WISEWOMAN Program is **property of the Iowa Department of Public Health**. All **confidential data** must be either **encrypted and password protected or sent using secure client software** when sending and retrieving data. **Storage of hard copy documents** must be maintained in a **locked room within locked file storage.**

3. Program Enrollment & Eligibility

As of October 1, 2018, the *CFY*-WISEWOMAN Screening Program serves the following:

- Women* ages **40 to 64 years.**
- Have incomes of up to 250% of Federal Poverty Level (FPL).
    - No proof of income is required.
- Are uninsured or underinsured.
    - Insurance does not cover these services.
    - Unable to pay a co-payment or have a high deductible.
    - No Medicaid or Medicare Part B coverage.
- Must reside in Iowa (Iowa CFY WISEWOMAN Program)
    - In the case where a non-Iowa resident is enrolled in CFY WISEWOMAN Program and uses a non-Iowa health care provider, services will not be reimbursed. The surrounding states of Nebraska, Minnesota, Wisconsin, Illinois, and Missouri all have the National Breast and Cervical Cancer Early Detection Program integrated with WISEWOMAN available to their residents.
- Must be a Breast and Cervical Cancer Early Detection Program (BCCEDP) participant enrolled for integrated CFY program services (breast cancer screening and/or cervical cancer screening combined clinical office visit with WISEWOMAN screening services).

*Non-binary, transgender men and women may be eligible.

4. Program Requirements

The purpose of **CFY-WISEWOMAN Services** is to provide screening, diagnostics, and cardiovascular-related intervention services to low-income, underinsured or uninsured women ages 40-64 years of age, earn less than the set income guidelines, or not enrolled in Medicare Part B.

WISEWOMAN Screening Program Requirements include:

- Determining eligibility of individuals to enroll as a participant in the CFY program.
  - CFY-WW Local Coordinator must assure all enrollment information is collected, entered and submitted into the live Web-based Data System prior to Medical Billing Services (MBS)
- Participant first health risk assessment questionnaire filled out at enrollment
- An office visit that includes appropriate/recommended breast and cervical cancer screening and cardiovascular screening:
  - Clinical breast exam
  - Pelvic exam
  - Pap test and HPV testing, as eligible and recommended by provider
  - Mammography, as eligible and recommended by provider
  - Breast and/or cervical diagnostic services, as recommended by provider
  - Referral for precancer and cancer treatment, as recommended by provider
  - Two blood pressure measurements collected during the same date office visit (Refer to Screening Values section of Coordinator Binder)
    - If an **abnormal** value is identified, one follow-up office visit will be paid for follow-up services, within three weeks after the baseline abnormal measurement value based on U.S. Preventive Services Task Force (USPSTF). (**Refer to Table 1 Screening Values p.8**).
    - If an **alert** value is identified, one follow-up office visit will be paid for follow-up services within seven business days based WISEWOMAN Program requirement (**Refer to Table 1**)
  - Height, weight, hip circumference and waist circumference (**Refer to Table1**)
  - Fasting blood lipids (**Refer to Table 1**)
  - Fasting glucose measurements or glycated HbA1c (initial A1c is only for participants previously diagnosed with diabetes) (**Refer to Table1**)
  - Referral for cardiovascular diagnostics, as recommended by provider
  - Tobacco cessation referral
- Cardiovascular Intervention delivery:
  - Three sessions of health coaching
  - Referral and participation in Healthy Behavior Support Services and/or community-based resources
  - Follow-up screening visit following completion of health coaching
  - One session of health coaching that follows the follow-up screening visit.

Table 1. Screening Values

Care for Yourself Screening and Referral Recommendations
Applies to Grant 4th year (September 30, 2021-September 29, 2022)
Based on CDC WISEWOMAN Program Guidance

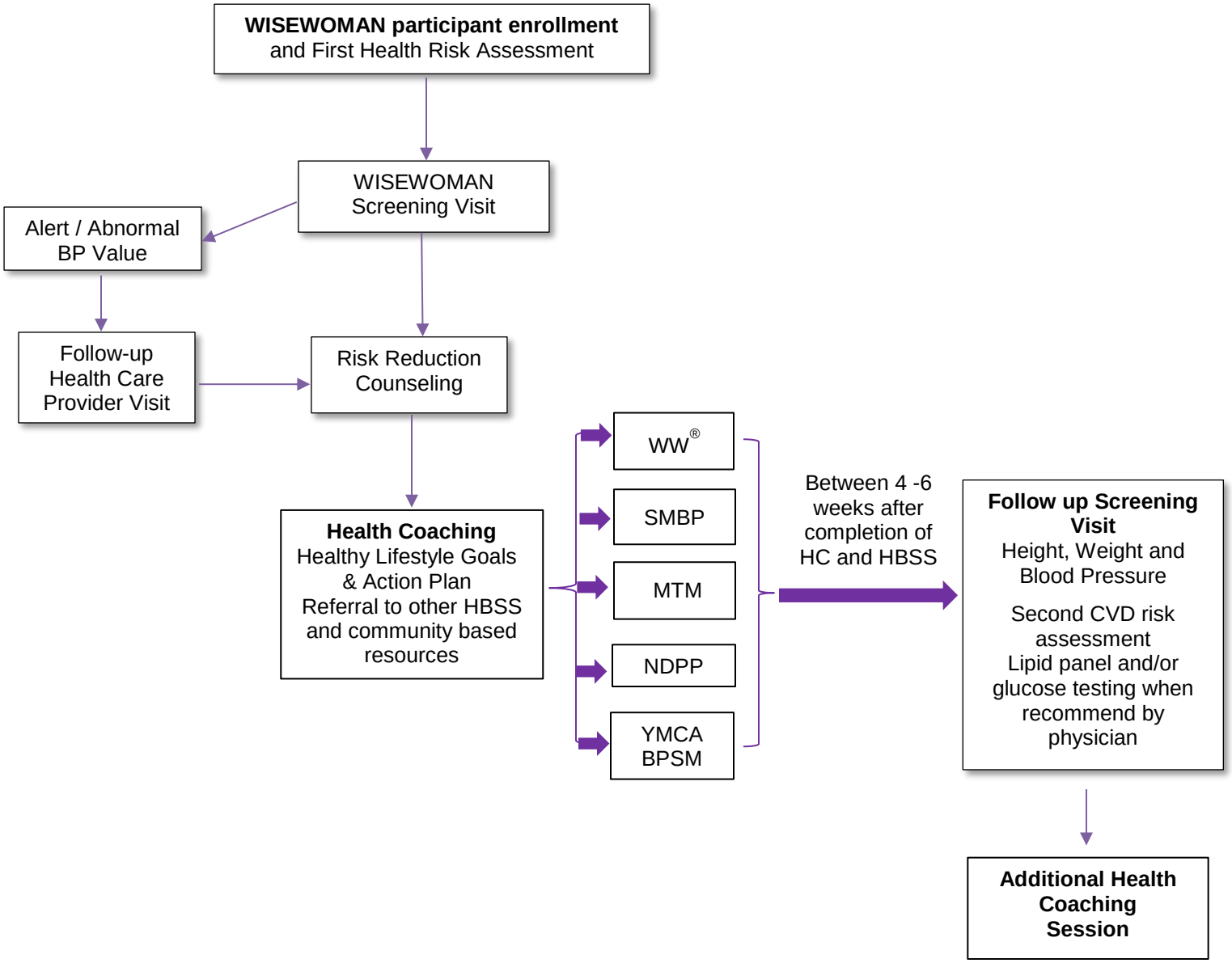
	Measurement	Normal/ Desirable	Abnormal				ALERT*
	Blood Pressure (mmHg) Reminder: Two Systolic and Diastolic readings must be recorded	<120 Systolic *and* <80 Diastolic	**Prehypertension** 120-139 Systolic *or* 80-89 Diastolic	**Stage 1 Hypertension** 140-159 Systolic *or* 90-99 Diastolic	**Stage 2 Hypertension** ≥160 Systolic *or* ≥100 Diastolic		**ALERT*** >180 Systolic *or* >110 Diastolic
	Total Cholesterol (mg/dL)	<200	**Borderline-high** 200-239	**High** ≥240			NA
	HDL Cholesterol (mg/dL)	40-59 ≥60 High (High is Desirable)	**Too Low <40**				NA
When women have fasted	**LDL Cholesterol** (mg/dL)	**Optimal** <100	**Near Optimal/ Above Optimal** 100-129	**Borderline High** 130-159	**High** 160-189	**Very High** ≥190	NA
	Triglycerides (mg/dL)	<150	**Borderline-High** 150-199	**High** 200-499	**Very High** ≥500		NA
	Blood Glucose (mg/dL)	FPG <100 OGTT <140	**Prediabetes** FPG 100-125 OGTT 140-199	**Diabetes** FPG ≥126 OGTT ≥200			**ALERT*** ≤50 ≥250
	Blood Glucose (Random/Casual) (mg/dL)	<200 with no symptoms	**Diabetes** ≥ 200 plus symptoms				**ALERT*** ≤50 ≥250
	HbA1c (or A1c)	**Normal** <5.7%	**Prediabetes/At Risk** 5.7% - 6.4%	**Diabetes** ≥6.5%			NA
	Height & Weight - Body Mass Index (BMI kg/m²)	18.5-24.9	**Overweight** 25-29.9	**Obesity** (Class 1) 30-34.9	**Obesity** (Class 2) 35-39.9	**Extreme Obesity** (Class 3) ≥40	NA
	Waist Circumference	≤35 inches (88 cm)	>35 inches (waist measurement >35 inches for adult women is considered an indicator of heart disease risk)				NA
	Waist-to-Hip Ratio – women (divide the waist circumference measurement by the hip circumference, in inches)	≤0.8	>0.8				NA

The table represents the measurements that at minimum, are expected to be done on all *Care for Yourself* participants at baseline/annual screening appointment. Fasting cholesterol and glucose (with a minimum 9-hour fast) is preferred, in some instances it may not be convenient to require the women to fast prior to their appointment. The program measurements are allowed to be completed within 30 days either side of the annual exam screening visit date (30 days before or 30 days after the annual screening visit date).

***Women with ALERT Value Blood Pressure must be evaluated and treated immediately or within one week (or seven business days) through evidence of a documented health care provider office visit or treatment, depending on the clinical situation and complications, in accordance with national and program guidelines. Complete the Iowa Care for Yourself program CVD Follow-Up form.**

Note: *CDC WISEWOMAN funds cannot be used for treatment, including medications.*

Diagram 1. Service Delivery Flow chart



5. Participant Enrollment

CFY- WISEWOMAN local coordinators (**LC**) are **solely** responsible for **enrolling participants** in the WISEWOMAN Program and referring to program services such as Medication Therapy Management.

Persons identified by health care providers who may be eligible for the WISEWOMAN Program may be referred to the LC for additional program information.

The participant will need to fill out a first health risk assessment questionnaire at enrollment.

The LC must assure all enrollment information is collected, entered and submitted into the live Web-based Data System prior to Medical Billing Services (MBS).

6. CVD Screening Services

The *CFY*-WISEWOMAN Program Screening Services include the following:

- Baseline Screening Services
- Abnormal/Alert BP Follow-up Services
- Follow-Up Screening Services

Each of these services is explained in further detail under sections 7, 8 and 13 of this manual.

7. Baseline Screening Protocol

For Screening Values please refer to Table 1 on page 8.

A. Screening Visit Protocol

The *CFY*-WISEWOMAN Baseline Screening Services include a paid office visit that comprises the following:

- Appropriate/recommended breast and cervical cancer screening, and
- Cardiovascular screening – that includes:
  - Two blood pressure measurements
  - Height and weight
  - Hip and waist circumference
  - Fasting blood lipids
  - Fasting glucose measurements or glycated HbA1c (*HbA1c should be carried out only for clients previously diagnosed with diabetes), and
  - Tobacco-use screening and cessation referral.

During the visit clinicians should also engage in dialog with participants on tobacco use, medication access and adherence if applicable, and risk reduction counseling related to cardio vascular disease.

B. Blood Pressure Measurement Technique

- Patients should not smoke, exercise, or have caffeine for at least 30 minutes before their blood pressure is measured.
- Patients should be seated quietly for at least 5 minutes in a chair (rather than on an exam table), with feet on the floor and arms supported at heart level.
- An appropriate sized cuff should be used (cuff bladder encircling at least 80% of the arm).
- A mercury sphygmomanometer, a recently calibrated aneroid manometer, or a validated electronic device should be used.

At least two measurements should be taken and recorded, separated by a minimum of 2 minutes. If the first two readings differ by more than 5mmHg, additional measurements should be taken.

C. Cardiovascular (CVD) / Diabetes Screening Blood Draw Protocol

The *CFY*-WISEWOMAN Baseline Screening paid office visit includes:

- Fasting Total Cholesterol and HDL testing, and
- Fasting Blood glucose or an HbA1C (*HbA1c is to be performed on clients previously diagnosed with diabetes).

For these services:

- The client should arrive at her screening office visit fasting for lab draw if lab draw was not conducted prior to screening visit (No food or drink for 9 hours prior).
- Labs should be done within 30 days before or after the screening office visit.

D. Medication Access/Adherence

Due to federal funding restrictions, the *CFY*-WISEWOMAN Program is unable to assist clients financially with any medication a provider may prescribe for clients. A list of resources for free or low-cost medications can be found under Appendix C of this manual.

8. Abnormal/Alert BP Follow-up Protocol

For Screening Values please refer to Table 1 on page 8.

The *CFY* – WISEWOMAN Program will pay for one follow-up office visit for review of abnormal or alert blood pressure (BP) results (abnormal and alert values listed below) observed at the Baseline Screening visit, and to determine an appropriate plan for treatment.

A. <u>Abnormal BP Screening Values</u>:

An **Abnormal Blood Pressure** (hypertension) value in adults is defined by the CDC WISEWOMAN program guidance as a **systolic blood pressure of 140-180 mmHg or a 90-110 mmHg diastolic blood pressure** (**Refer to Screening Values under Appendix B**).

Clinicians are expected to provide CFY-WISEWOMAN program participants appropriate medical evaluation in accordance with national guidelines following an abnormal BP measurement observed at the baseline-screening visit.

The *CFY* – WISEWOMAN Program can pay for one follow-up office visit if an abnormal value is identified at the baseline-screening visit. This follow-visit should take place **within three weeks of the baseline-screening visit**. If the health care provider doesn't recommend a follow-up office visit, some other method to re-check the blood pressure must be completed and reported to program staff.

B. <u>Alert BP Screening Values</u>:

An **Alert Blood Pressure** (hypertension) value is defined by the CDC WISEWOMAN program guidance **as systolic blood pressure >180 mmHg Systolic or >110 diastolic blood pressure** (**Refer to Screening Values under Appendix B**).

Clinicians are expected to provide appropriate medical evaluation in accordance with national guidelines immediately or within seven business days of alert BP measurement observed at the baseline screening visit.

The *CFY* – WISEWOMAN Program can pay for one follow-up visit if one of the alert BP values is identified at the baseline-screening visit. This visit should take place **within seven business days of the baseline-screening visit**.

9. Refusal of Services

If a participant refuses any cardiovascular risk factor screening, diagnostic services and/or follow up office visits, this refusal and reason for refusal must be clearly documented in the IA CFY-WISEWOMAN Program participant record.

10. Loss to Follow Up

If a Coordinator is unable to contact a participant in person or via phone to discuss alert and/or abnormal values, a Refusal of Recommended Services Form letter should be sent to the participant via certified mail. The letter discusses the abnormal/alert values, the need for follow up and the availability of additional office visit and services. A copy of the letter sent should be kept in the participant's file. The document is available by request from the Program Manager.

11. Risk Reduction Counseling

In addition to the participant's health care provider, each LC must provide Risk Reduction Counseling to the participant. Requirements for Risk Reduction Counseling include:

- Each participant who receives cardiovascular services must receive her baseline screening results, interpretation of the results and appropriate recommendations in accordance with the national clinical care guidelines, both in writing and verbally.
- Programs should take into consideration the timing of the risk reduction counseling based on the availability of blood cholesterol and blood glucose results when making this decision.
- Programs should provide risk reduction counseling both verbally and in writing.
    - This information should be delivered to participants in easy-to-understand and culturally appropriate language. Programs can use existing materials or can develop program specific-materials to convey baseline screening and rescreening results. All new program materials developed will need approval from CFY- WISEWOMAN state staff prior to distribution.

12. Healthy Behavior Support Services

The CFY-WISEWOMAN Program provides a number of evidence-based Healthy Behavior Support Services (HBSS). The HBSS that are available to CFY-WISEWOMAN participants include:

- Health Coaching (HC)
- Medication Therapy Management (MTM)
- National Diabetes Prevention Program (NDPP)
- Self-Monitoring Blood Pressure (SMBP)
- Weight Watchers®
- Walk with Ease (WWE)
- YMCA Blood Pressure Self-Monitoring (YMCA BPSM)

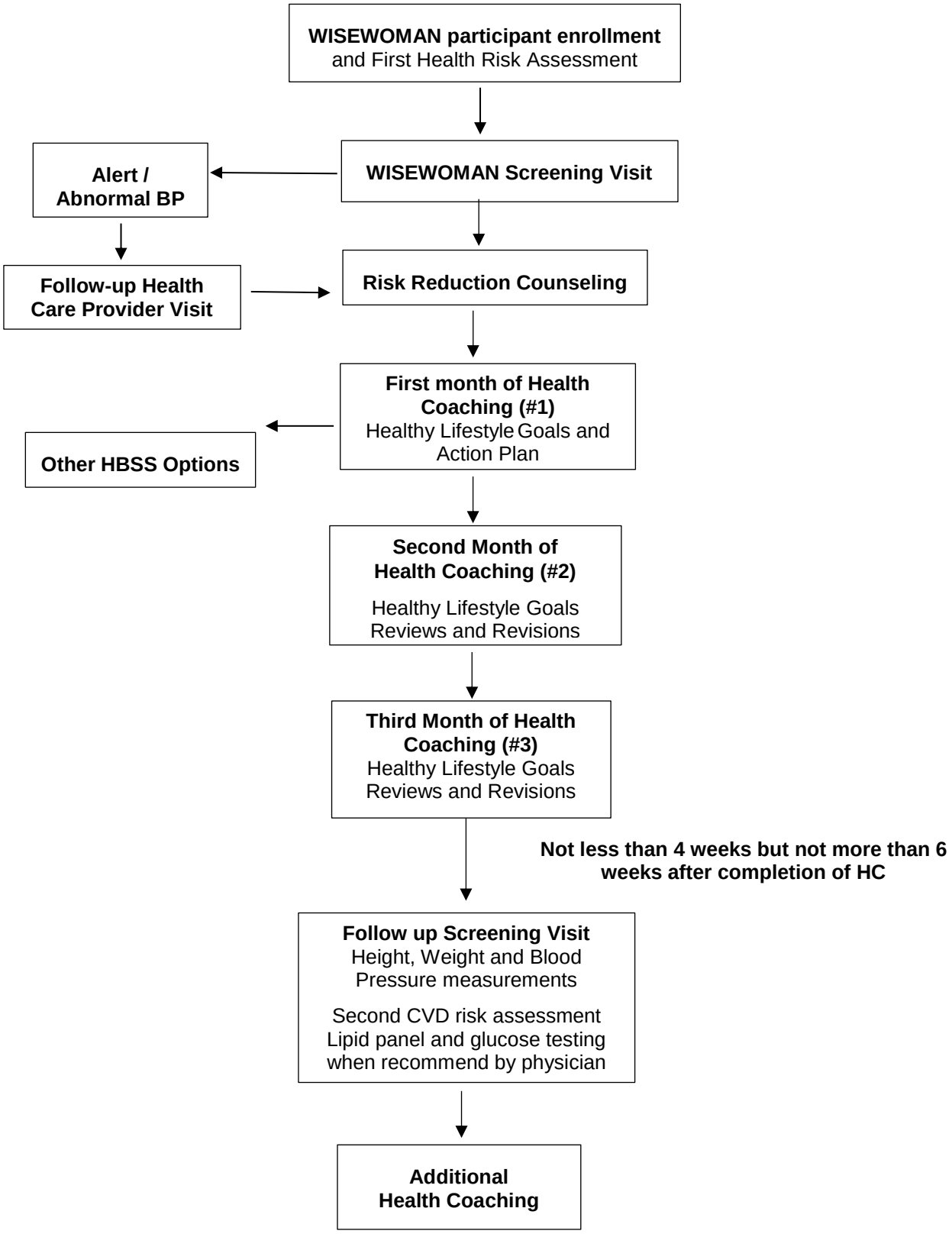
This section of the manual includes protocols for each of the above listed HBSS, as approved by the Centers for the Disease Control and Prevention, for the CFY-WISEWOMAN Program. The protocols detail information on participant referral, enrollment and follow up processes for each of these HBSS, as well as data recording required for each of these activities.

HBSS: Health Coaching Protocol

1. *Describe participant flow through HBSS (referral, participation, follow-up and program time frame).*

- The *Iowa Care for Yourself* - WISEWOMAN (CFY-WISEWOMAN) program is offered in seven regions covering 43 of Iowa's 99 counties. Participants are identified for the program by first being eligible participants in the Iowa Breast and Cervical Cancer Early Detection (IBCCEDP). Women with cardiovascular disease (CVD) risk factors are further identified through: a) the program health risk assessment form questions, and b) by CDC required CVD screening measures for WISEWOMAN.
- CFY-WISEWOMAN participants receive a first health risk assessment and CVD screening, which include measurements of: blood pressure, height and weight to determine Body Mass Index (BMI), and hip and waist circumference, fasting cholesterol lipid panel, fasting glucose and/or HbA1C, at an office visit integrated with BCCEDP. Following the collection of the screening-related data, participants receive risk reduction counseling (RRC).
- Health Coaching is offered on a CFY-WISEWOMAN participants' readiness to change basis as well and identified risk factors. During risk reduction counseling, CFY-WISEWOMAN trained and certified health coaches (HCs), will assess whether the participants are ready, not ready, or would like to be contacted at a later date to further discuss healthy behavior support options (HBSS), including health coaching.
- If the participant self-identifies as "ready" for health coaching services, they are offered health coaching. The three CFY-WISEWOMAN health coaching sessions take place over a three-month timeframe, with each session approximately one month apart. Participants may also take part in other healthy behavior support services and/or community-based programs.
- The participant will undertake a follow-up screening visit not less than four weeks but not more than six weeks, following completion of health coaching. If the participant is taking part in both health coaching and in one or more healthy behavior support service (HBSS), the follow up visit should take place after the participant has completed health coaching and at least one of the HBSS.
- The overall timeframe from a participant's initial screening to **follow-up screening** cannot be less than three months. The **follow-up screening** will include measurements of the participant's height, weight and blood pressure, as well as a second CVD health risk assessment. A lipid panel and/or glucose testing may also be carried out if medically indicated by the physician, for participants that exhibited a high cholesterol level and/or diabetes at the initial screening visit.
- The participant may be offered an additional health coaching session, upon completion of the follow-up screening visit.
- The flow diagram below shows referral of WW participants to health coaching.

Diagram 2. HC Flow Chart



2. *Describe strategies incorporated in the HBSS, client engagement in the HBSS and number of sessions to completion*

- The Health Coaching program is an individualized program adapted to the needs and readiness level of each participant. Coaching will take into consideration the participant's health priorities and willingness/ability to make a change. The health coach utilizes motivational interviewing techniques to assist the participant in setting SMART goals. The health coach assists the participant to overcome barriers, and serves as a source of support and encouragement to the participant when working to reach goals.
- Participants are scheduled for their initial Health Coaching session with the CFY-WISEWOMAN Health Coach (HC). The HC uses motivational interviewing techniques to identify healthy lifestyles areas (i.e. exercise, nutrition or smoking cessation) the participant wants to improve.
- There are three components to health coaching: physical activity, nutrition and smoking cessation. During each health coaching session, the HC performs the following:
  - Assessment of the perceived success of the participant in reaching the goal that they set;
  - Reassessment of health behaviors related to the goal;
  - Determination as to whether other lifestyle changes were made (compare enrollment form to HBSS form once enrolled participant has received some health coaching sessions); and
  - Referrals for support and community-based resources to help the participant reach new or existing goals, and to help assist with any barriers that may have been identified.
- The HCs conduct a minimum of three health-coaching sessions with each participant. At each health coaching session, the HC reviews goals set with the participant. The HC refers participants to HBSS and community based resources, depending on their CVD risks. The HC serves as case manager for the participants.
- A minimum of three health-coaching sessions within a three-month time frame is considered complete. Health coaching sessions range from 30-60 minutes each.
- Following completion of the three health coaching sessions, the participant will undergo **follow-up screening**. The participant will undertake a follow-up screening visit not less than four weeks but not more than six weeks, following completion of health coaching. If the participant is taking part in both health coaching and in one or more healthy behavior support service (HBSS), the follow up visit should take place after the participant has completed health coaching and at least one of the HBSS. The **follow-up screening** will include taking measurements of the participant's height, weight and blood pressure, as

well as a second CVD health risk assessment. A lipid panel and/or glucose testing may also be carried out if medically indicated by the participant's physician, for participants that exhibited a high cholesterol level and/or diabetes at the initial screening visit.

- **Risk reduction counseling (RRC)** is separate from health coaching and should take place before health coaching. During RRC the participant is explained her CVD risks and helps assist in educating the participant on methods for behavior change. This strategy is supported by the **evidence-based "Clinical Decision-Support Systems" from *The Community Guide***. The HC will refer to the participant's first health risk assessment, filled out at enrollment. The HC will also refer to the participant's screening results. If laboratory results are unavailable during the participant's RRC session, the HC will provide RRC based on what information is available at that time. Complete RRC is provided when laboratory results are available. In addition, a copy of the participant's results are to be mailed to their home and discussed once complete information is made available.

3. *Bi-directional referral plan, tracking and feedback*

- The total number and length of each health coaching session will be tracked by the HC. The data will be incorporated in the WISEWOMAN (WW) participant record at the local program's office and in the WW database system for submission with the Minimum Data Elements (MDEs).
- The participant will be directed to report on her participation in any HBSS or community-based resources, during health coaching sessions or at one-month intervals via phone or mail.
- Data on referral to, participation in and completion of the health coaching and any HBSS interventions will be recorded by the HC in the WISEWOMAN database system for submission with the MDEs.
- Iowa has delivered a successful health coaching program in the past, including the accomplishment of consistently providing program participants with two or more healthy behavior support services for each women screened.

4. *Resources required (both human and financial).*

- Health coaching is a required part of the CFY-WISEWOMAN local program contract. It is not fee-for-service-based; therefore, there are no specific CPT codes or reimbursement plans for their activities. The local program contract stipulates a reimbursement of $325 per participant for CFY-WISEWOMAN services including data collection and providing health coaching sessions.
- The CFY-WISEWOMAN program covers the cost of the health coaching certification program for HCs at each of the seven regional programs. Some additional staff have also been trained in some programs. The local program contractor is reimbursed a lump sum

payment per staff approved by the IDPH to complete the Clinical Health Coach® Training Online Certification. IDPH requires verification of the Clinical Health Coach® Training Online Certification completion as documentation prior to payment. Health coaching training with certification costs $1,700 per health coach trained.

5. *Is the HBSS offered by a clinical care team? Yes/No. If Yes, describe how staff, who are implementing HBSS, is integrated into the team. If No, describe who is delivering the HBSS and their qualifications/trainings*

- CFY-WISEWOMAN health coaches (HCs) provide the health coaching sessions in-person and via phone. Each HC has completed health coaching certification training provided through the Iowa Chronic Care Consortium (ICCC). The health coaching program is an online, 26-hour program, which concludes with a practical exam for certification.
- The health coaching certification offers participants health coaching and case management strategies to "Transform the Conversation" and "Transform the Care." The Clinical Health Coach training is designed for healthcare organizations who seek to implement or grow a clinical role in the care management of patients with complex medical needs or chronic conditions. The online version is designed for individuals and healthcare organizations who seek to improve the health outcomes of their patients by actively engaging them in self-management support and providing them with patient-centered care.

  In addition, continued education courses are provided for the HCs through face-to-face meetings and/or through webinars, to assist them in developing and improving skills in population health team-based management, health care management, patient self-management support and building community-clinical linkages. During these continued education opportunities the HCs also receive training on proper blood pressure measurements using Million Hearts and American Heart Association materials. The HCs are trained to instruct participants on how to properly take their blood pressure with the selected blood pressure monitors.

6. *Describe any challenges and solutions to referral and participation in HBSS.*

- Transportation vouchers are made available to participants to reduce barriers to participating in in-person health coaching sessions. The IDPH WW staff track the use and distribution of the vouchers.
- Another challenge in health coaching is a language barrier. Sixty percent of Iowa's WW participants are Latina, most of whom speak limited to no English. Only two of Iowa's regional programs have bilingual health coaching staff. To accommodate Spanish speakers, a language line is used. Some HCs have agreements with college interns to provide translation services.

7. *Describe how the HBSS is evaluated to determine the effectiveness of the program implementation and outcomes.*

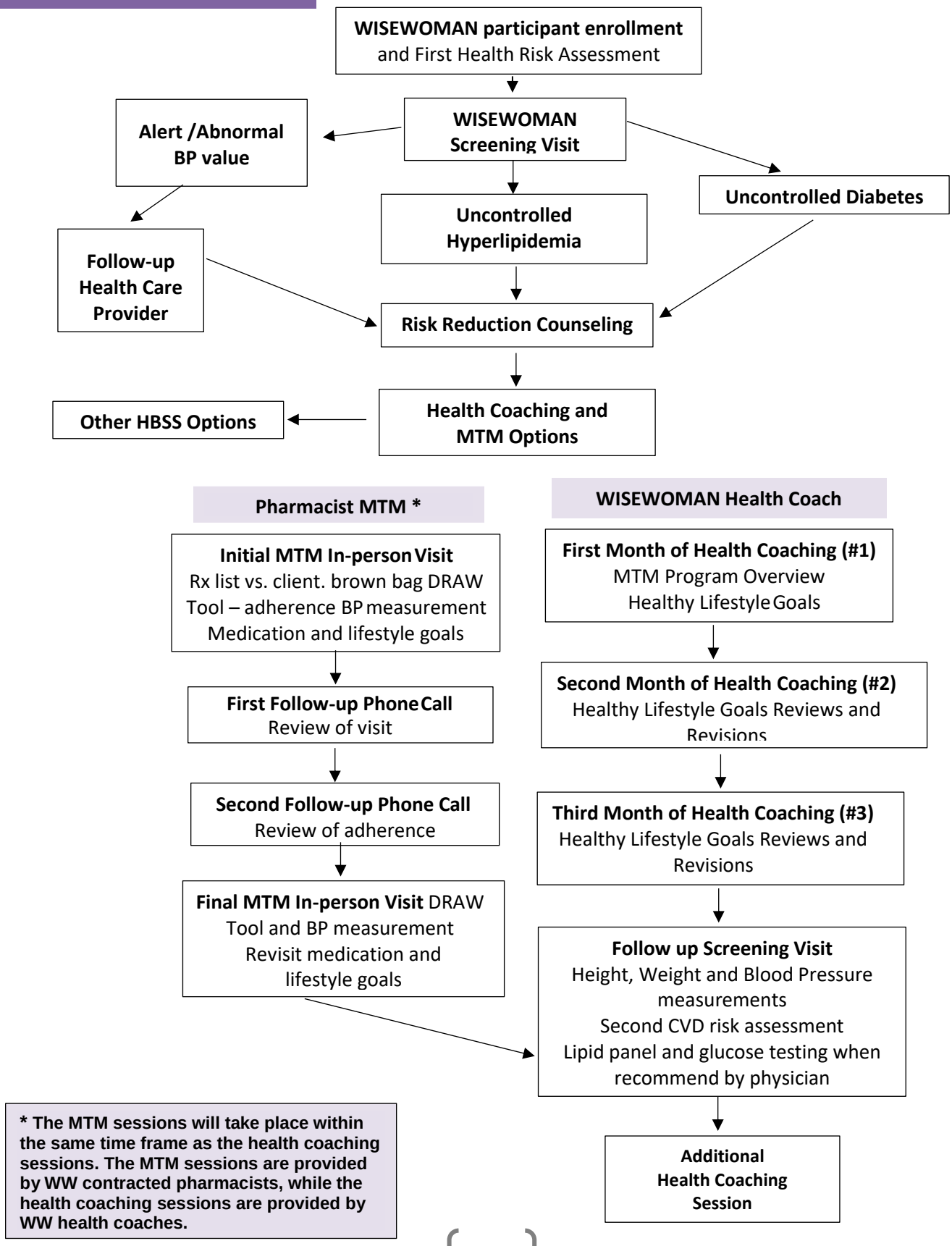
- During Risk Reduction Counseling (RRC), the participant is assessed to determine their level of readiness for change and health priorities and goals. During RRC the participant's screening results and first health risk assessment results will be used to guide the health coaching process and establish a baseline for evaluating the effectiveness of health coaching.
- During the health coaching sessions, the HC assists the participants in setting and recording small measureable goals. Progress toward the goals is assessed and the end results recorded. Improvements in MDE behavioral and health assessment measures will be captured at the follow-up screening visit through the CVD Health Risk Assessment form and the CVD Evaluation form.
- The CFY-WISEWOMAN Evaluation Plan will include questions addressing Health Coaching and HBSS program outcomes:
  - To what extent did participants with uncontrolled HTN (BP values >139 systolic and/or >89 diastolic) reached controlled HTN (BP values equal to <139 systolic and/or equal to or <89 diastolic) following participation in health coaching?
  - To what extent did participation in health coaching/HBSS participation contribute to improving participants' management of CVD risk measures (including risk for diabetes, hyperlipidemia, overweight/obesity; smoking cessation)?

HBSS: Medication Therapy Management (MTM) Protocol

1. *Describe participant flow through HBSS (referral, participation, follow-up and program time frame).*

- Iowa Care for Yourself - WISEWOMAN (CFY-WISEWOMAN) will provide medication therapy management (MTM) to participants taking medication for hypertension, cholesterol or diabetes management.
- CFY-WISEWOMAN program participants, who have been newly diagnosed with hypertension and prescribed medication or previously diagnosed with uncontrolled hypertension while on medication, will be eligible to be referred to MTM services. These services will also be offered to those participants who are newly diagnosed or were previously diagnosed with high cholesterol and prescribed medication to treat their condition, as well as those participants that are newly diagnosed or were previously diagnosed with diabetes.
- The participant must agree to follow program protocols as indicated. Health coaching will be provided by the WISEWOMAN health coaches, in conjunction with the MTM program.
- Participants may participate in other CFY-WISEWOMAN healthy behavior support services and/or community-based programs, while taking part in the MTM intervention.
- The three WW health coach-led health coaching sessions will occur over a three-month timeframe, with each session approximately one month apart.
- The MTM intervention is offered over a three-month period, and includes four sessions with the pharmacist: an initial in-person visit, two follow-up phone calls, and a final in-person visit. The phone calls will be scheduled within two weeks of the initial visit and four-six weeks after the first phone call. The final in-person visit will be scheduled three months after the initial in-person visit. **The MTM sessions will take place within the same timeframe as the health coaching sessions described above.**
- **The participant will complete a follow-up screening not less than four weeks but not more than six weeks, following completion of health coaching and the MTM interventions**. The overall timeframe from a participant's initial screening visit to follow-up screening cannot be less than three months. The **follow-up screening** will include measurements of the participant's height, weight and blood pressure, as well as a second CVD health risk assessment. A lipid panel and/or glucose testing may also be if medically indicated by the physician, for participants that exhibited a high cholesterol level and/or diabetes at the initial screening visit. Upon completion of the follow-up screening visit, the participant may be offered an additional health coaching session.
- The MTM intervention is available to CFY-WISEWOMAN participants through eleven contracted pharmacies within seven Iowa CFY-WISEWOMAN local programs. Health coaching sessions with the health coaches (HCs) are conducted either in the local program office or over the telephone. The MTM services are provided in a private room at each pharmacy.
- The flow diagram below shows how CFY-WISEWOMAN participants will be referred to the MTM intervention.

Diagram 3. MTM Flow Chart



2. *Describe strategies incorporated in the HBSS, client engagement in the HBSS and number of sessions to completion*

1. **Health Coaching sessions with certified health coaches (WISEWOMAN health coach (HC)) (up to 60 minutes)**

- The Health Coaching program is an individualized program adaptable to the needs and readiness level of each participant. Coaching will take into consideration the participant's health priorities and willingness/ability to make a change. The health coach will utilize motivational interviewing techniques to assist the participant in setting SMART goals. The health coach will help the participant overcome barriers and will serve as a source of support and encouragement to the participant when working to reach goals.
- Participants are scheduled for their initial Health Coaching session with their CFY-WISEWOMAN Health Coach (HC). The HC will use motivational interviewing techniques to identify healthy lifestyles areas (i.e. exercise, nutrition or smoking cessation) which they would like to improve. The HCs will conduct a minimum of three health-coaching sessions with each participant. At each health coaching session, the HCs will review goals set with the program participant.
- Data on referral to, participation in, and completion of the MTM intervention will be recorded by the HC in the CFY-WISEWOMAN database system, for submission with the Minimum Data Elements (MDEs).

2. **The Medication Therapy Management Intervention**

- Participants will be scheduled for their initial MTM visit at the pharmacy, by the HC. During this visit the participant must bring all prescriptions, over-the-counter (OTC) medication, vitamins and supplements they currently take.
- During this initial MTM sessions, the pharmacist will:
  - Complete a comprehensive medication review – physician's list vs. participant medications
  - Develop a complete medication list for records and for participant
  - Complete the DRAW tool (See Appendix B)
  - Discuss with participant:
    - Difficulties in taking the medication
    - Potential interactions between medication
    - Potential side effects
    - Any allergies
    - Refilling process
    - Possible low cost medication options Iowa MTM Protocol July 2016
    - Importance of and barriers to medication adherence
    - Lifestyle choices influencing hypertension
    - Develop medication adherence and lifestyle goals with participant's input

- **The participant shall be provided with**
  - One 7-day, 28 compartment medication box
  - Blood pressure readings
  - Understanding and Controlling Your High Blood Pressure/Cholesterol/Diabetes brochure
  - Complete medication list with recommendations and goals set with the pharmacist
- If the participant is also involved in the home blood pressure monitoring program, the pharmacist may review the proper technique for taking a blood pressure, with the participant.
- The pharmacist may contact the participant's health care provider as necessary.
- The pharmacist will fax or email the completed DRAW tool, medication list, and participant tracking form to the HC.
- **Two Follow-up MTM Phone Calls** (up to 30 minutes each). The pharmacist will follow-up via phone with the participant. These phone calls will allow pharmacist to:
  - Reinforce medication adherence and usage.
  - Review medication and lifestyle goals
  - Answer participant questions. The first follow-up call will take place within two (2) weeks of the initial pharmacy visit. A second follow-up call will be provided 4-6 weeks after the first phone call.
- **The final MTM visit** (up to 30 mins) will be scheduled 12 weeks after the initial MTM visit. The pharmacist will:
  - Complete the DRAW Tool (See Appendix B)
  - Review and reinforce medication adherence
  - Review lifestyle goals
  - Complete blood pressure measurements.
  - Fax and email the completed DRAW Tool and participant tracking form to the LC for the participant's records. The participant-tracking tool allows documentation of participant health coaching goals to be shared between the LC and pharmacist. The goals will be reinforced and revisited at all participant encounters.
- Participant completion of the MTM intervention occurs when the participant has completed all the four MTM sessions listed above.

3. *Bi-directional referral plan, tracking and feedback*

- The total number and length of each health coaching session will be tracked by the HC. The data will be incorporated in the CFY-WISEWOMAN participant record at the HC's office and in the CFY-WISEWOMAN database system for submission with the MDEs.
- The participant will be directed to report on their participation in the MTM intervention at the health coaching sessions or at one-month intervals, via phone or mail.
- The Participant Tracking Form is the referral and tracking form used for all CFY-

WISEWOMAN MTM participants. This form will collect participant information, dates and times of appointments, health coaching goals, blood pressure (BP) measurements, MTM goals, notes regarding participant visits and calls, and pharmacist-to-health care provider discussion notes. This form will act as an on-going record for each participant to be shared between the HC and the pharmacist. A copy of the forms will be kept in the participant file with the HC and the pharmacist. Once the form is completed, the HC will provide a copy to the Intervention and Evaluation Specialist for use in program tracking, and data collection and analysis.

- Data on referral to, participation in, and completion of MTM will be recorded by the HC in the CFY-WISEWOMAN database system for submission with the MDEs.

4. *Resources required (both human and financial).*

- Health coaching is a required part of the CFY-WISEWOMAN local program contract. It is not fee-for-service-based; therefore, there are no specific CPT codes or reimbursement plans for their activities. The local program contract stipulates a reimbursement of $325 per participant for CFY-WISEWOMAN services including data collection and providing health coaching sessions.
- Reimbursement for the pharmacist is indicated in the table below.

Participant Encounter	Description
Initial MTM Pharmacist Visit (maximum one hour)	CPT Codes 99605 ($45) and up to three 99607 ($10)
Follow-up MTM Phone Calls (max. 30 minutes each)	CPT codes 99606 ($20) and up to one 99607 ($10)
Final MTM Visit (max. 30 minutes)	CPT codes 99606 ($20) and up to one additional 99607 ($10)

- Additional costs include
  - Pill boxes $10 each
  - Hypertension brochure $2 each
  - Cholesterol brochure $2 each
  - Diabetes brochure $2 each

5. *Is the HBSS is offered by a clinical care team? Yes/No. If Yes, describe how staff, who are implementing HBSS, is integrated into team. If No, describe who is delivering the HBSS and their qualifications/trainings*

- For information pertaining to health coaching implementation, please refer to the Health Coaching Protocol.

- Pharmacists providing services for the Iowa WW MTM program have completed professional development on MTM and patient coaching as part of licensure requirements. All pharmacies currently provide MTM services to their general patient population. Participating pharmacists have received training on the CFY-WISEWOMAN program and MTM program protocol from the CFY-WISEWOMAN Interventions Coordinator.

6. *Describe any challenges and solutions to referral and participation in HBSS.*

- Transportation vouchers will be made available for participants to reduce barriers to participating in MTM sessions. The CFY-WISEWOMAN IDPH staff will track the use and distribution of the vouchers.

7. *Describe how the HBSS is evaluated to determine the effectiveness of the program implementation and outcomes.*

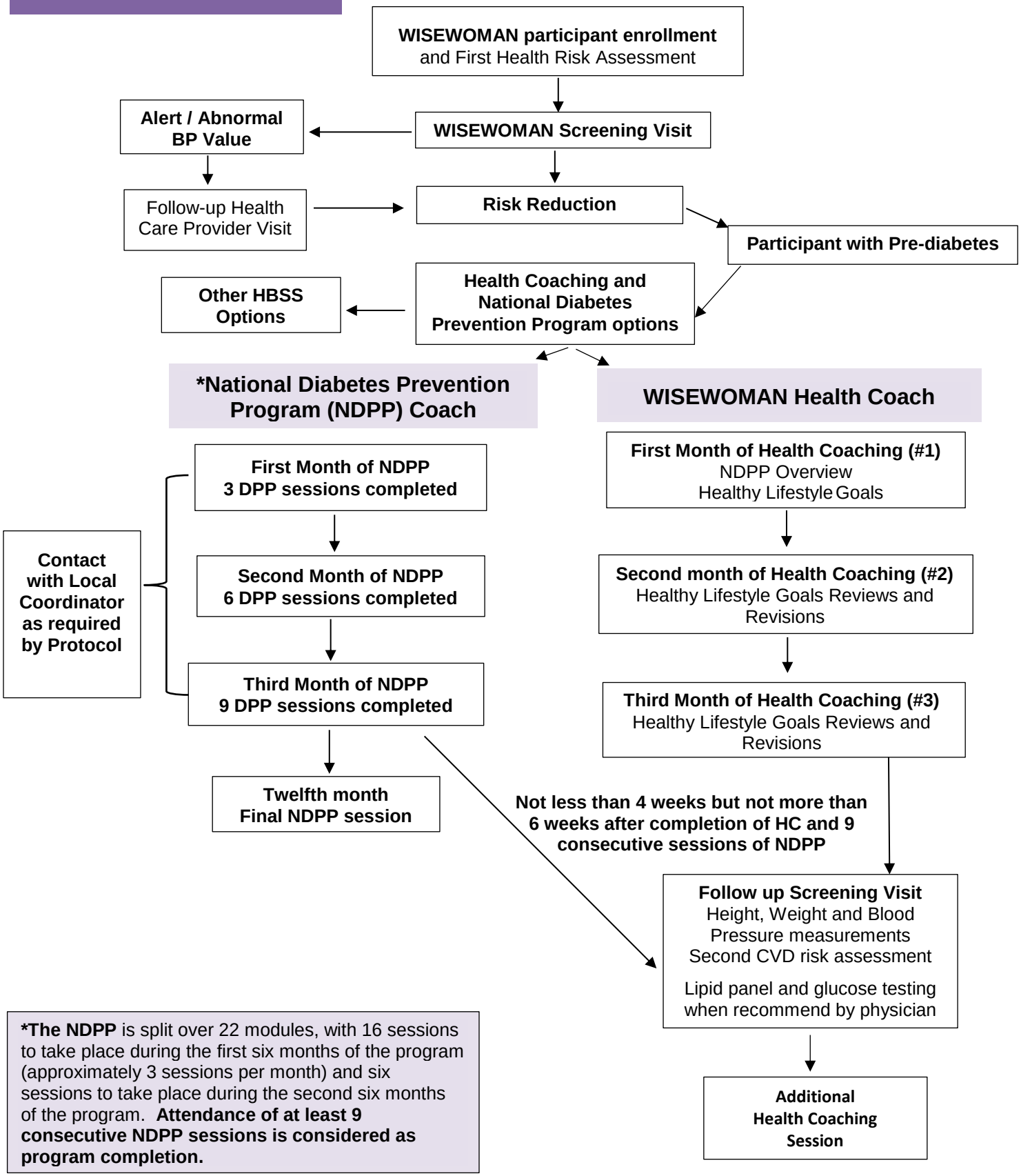
- During Risk Reduction Counseling (RRC), the participant is assessed to determine their level of readiness for change and health priorities and goals. During RRC the participant's screening results and first health risk assessment results will be used to guide the health coaching process and establish a baseline for evaluating the effectiveness of health coaching.
- During the health coaching sessions, the HC assists the participants in setting and recording small measureable goals. Progress toward the goals is assessed and the end results recorded. Improvements in MDE behavioral and health assessment measures will be captured at the follow-up screening visit through the CVD Health Risk Assessment form and the CVD Evaluation form.
- The Evaluation Plan will also include questions addressing Health Coaching and MTM program outcomes:
  - To what extent have women with uncontrolled HTN (BP values >139 systolic and/or >89 diastolic) reached controlled HTN (BP values equal to <139 systolic and/or equal to or <89 diastolic) following participation in health coaching?
  - To what extent did participation in health coaching contribute to improving participants' management of CVD risk measures (including risk for diabetes, hyperlipidemia, overweight/obesity; smoking cessation)?
  - To what extent have participants, who were referred to MTM, reached a controlled BP/cholesterol/diabetes by the end of intervention timeframe?
- CFY-WISEWOMAN staff will compare blood pressure readings and DRAW Tool results from the initial MTM visit to the final MTM visit to assess effectiveness of the intervention, as well as assess participant medication adherence. The staff will also review the number of participants eligible for MTM services versus how many were actually referred for services.

HBSS: National Diabetes Prevention Program (NDPP) Protocol

1. *Describe participant flow through HBSS (referral, participation, follow-up and program time frame).*

- Around 35% (more than 830,000) of Iowa's adult population has pre-diabetes. Left untreated, 15-30% of people with prediabetes will develop type 2 diabetes within the next five years (DoIHavePrediabetes.org, 2016).
- Iowa Care for Yourself- WISEWOMAN (CFY-WISEWOMAN) program participants, previously or newly identified with prediabetes, will be offered the opportunity to participate in the National Diabetes Prevention Program (NDPP) offered by Centers for Disease Control and Prevention (CDC)-recognized sites. Participation in the NDPP will take place concurrently with participation in health coaching sessions with CFY-WISEWOMAN health coaches.
- Participants may participate in other healthy behavior support services and/or community-based programs.
- The three CFY-WISEWOMAN health coach-led health coaching sessions, will occur over a three-month timeframe, with each session approximately one month apart. The participant will undertake a follow-up screening not less than four weeks but not more than six weeks, following completion of health coaching and at least 9 sessions of the DPP program intervention. The overall timeframe from a participant's initial screening to follow-up screening cannot be less than three months. The follow-up screening will include measurements of the participant's height, weight and blood pressure, as well as a second CVD health risk assessment. A lipid panel and/or glucose testing may also be carried out if medically indicated by the physician, for participants that exhibited a high cholesterol level and/or diabetes at the initial screening visit. The participant may be offered an additional health coaching session, upon completion of the follow-up screening visit.
- The NDPP is split over 22 modules, with 16 sessions to take place during the first six months of the program (approximately three sessions per month) and six sessions to take place during the second six months of the program. Attendance of at least nine consecutive NDPP sessions is considered program completion.
- The flow diagram below shows how WW participants will be referred to the NDPP.

Diagram 4. NDPP Flow Chart



***The NDPP** is split over 22 modules, with 16 sessions to take place during the first six months of the program (approximately 3 sessions per month) and six sessions to take place during the second six months of the program. **Attendance of at least 9 consecutive NDPP sessions is considered as program completion.**

2. *Describe strategies incorporated in the HBSS, client engagement in the HBSS and number of sessions to completion*

1. Initial Health Coaching session with certified health coaches (health coaches(HCs)) (up to 60 minutes)

- The Health Coaching program is an individualized program adaptable to the needs and readiness level of each participant. Coaching takes into consideration the participant's health priorities and willingness/ability to make a change. The health coach will utilize motivational interviewing techniques to assist the participant in setting SMART goals. The health coach will help the participant overcome barriers and will serve as a source of support and encouragement to the participant when working to reach goals.
- Participants will be scheduled for their initial Health Coaching session with their CFY-WISEWOMAN Health Coach (HC). The health coach will use motivational interviewing techniques to identify healthy lifestyles areas (i.e. exercise, nutrition or smoking cessation) which the participant would like to improve. The health coach will conduct a minimum of three health coaching sessions with each participant. At each health coaching session, the HC will review goals set with the program participant.
- Data on referral to, participation in, and completion of the National DPP Lifestyle Change Program intervention will be recorded by the HC in the CFY-WISEWOMAN database system for submission with the Minimum Data Elements (MDEs).

2. The National Diabetes Prevention Program

- The NDPP curriculum is designed to help participants achieve moderate weight loss by eating well and being active.
- During the first six months of the program, the participant will work towards the following goals:
  - Lose at least 5 to 7% of their starting weight.
  - Get at least 150 minutes of physical activity each week, at a moderate or greater pace.
- During the second six months of the program, the participant will work towards the following goals:
  - Keep off the weight that has been lost.
  - Keep working toward the goal weight, if not yet reached.
  - Lose more weight if desired.
  - Keep getting at least 150 minutes of activity each week.
- **The NDPP** is split over at least 22 modules, with 16 sessions to take place during the first six months of the program and six sessions to take place during the second six months of the program.

- **Participant Notebook:** During the first NDPP session, participants will be given a Participant Notebook that includes, at least, a participant guide, fitness logs and weight logs. The Participant Guide will be divided by modules, with handouts for each module. Participants will use some of these handouts during sessions, while some will be used at home. For further information on the program modules, please refer to the appendix 1 of this protocol – Prevent T2 Participant Training Guide.
- **Fitness Log:** Participants will be guided to use the Fitness Log to track minutes of daily activity (starting after the Track Your Activity module). The activity must be of at least a moderate pace. The participant will be encouraged to write down other details about her activity. Participants will be required to show their Fitness Log to the NDPP Lifestyle Coach, at the start of each session. Participants will be required to show the Fitness Log to their WISEWOMAN Health Coach, at each health coaching session.
- **Weight Log**: At each session, the participant will be weighed in a private setting. The participant will be asked to record this number in the Weight Log. The participant will be asked to show the Weight Log to the WISEWOMAN Health Coach at each health coaching session.
- **The NDPP Lifestyle Coach** will record the participant's minutes of physical activity and weight data into the Lifestyle Coach Log, and will keep a record of the day and dates that the participant attended the NDPP sessions. This information will be forwarded to the participant's WW health coach per Iowa WW contract requirements.

3. *Bi-directional referral plan, tracking and feedback*

- The total number and length of each health coaching session will be tracked by the HC. The data will be incorporated in the CFY-WISEWOMAN participant record at the health coach's office and in the CFY-WISEWOMAN database system for submission with the MDEs.
- The participant will be directed to report on their participation in the NDPP at the health coaching sessions or at one-month intervals via phone or mail.
- The NDPP provider will also be directed to report on the participant's daily physical activity, weight loss and participation in the NDPP to the health coach on a monthly basis.
- The HC will fax a copy of the fitness and weight logs to the CFY-WISEWOMAN IDPH staff for use in program tracking and data collection and analysis.
- Data on referral to, participation in and completion of the NDPP intervention will be recorded by the HC in the CFY-WISEWOMAN database system for submission with the MDEs.

4. *Resources required (both human and financial).*

- Health coaching is a required part of the CFY-WISEWOMAN local program contract. It is not fee-for-service-based; therefore, there are no specific CPT codes or reimbursement plans for their activities. The local program contract stipulates a reimbursement of $325 per participant for CFY-WISEWOMAN services including data collection and providing health coaching sessions.
- The NDPPP provider will be reimbursed for services rendered, per participant served, as follows:
  - YMCA NDPP providers will be reimbursed $429.00 for the entire NDPP program. This fee will include a one year (12 month) YMCA membership for the CFY-WISEWOMAN participant.
  - All other NDPP providers will be reimbursed at the Medicare rate of $195.00 for the entire NDPP program.

NDPP program attendance will be considered complete when the WISEWOMAN participant attends at least 9 consecutive sessions of the program.

5. *Is the HBSS is offered by a clinical care team? Yes/No. If Yes, describe how staff, who are implementing HBSS, is integrated into team. If No, describe who is delivering the HBSS and their qualifications/trainings*

- For information pertaining to health coaching implementation, please refer to the Health Coaching Protocol.
- NDPP Lifestyle Coaches are trained to the specific NDPP curriculum being used by the CDC-recognized organization. The minimum length of formal training for new NDPP Lifestyle Coaches is at least 12 hours or two days, as required by the CDC NDPP.

6. *Describe any challenges and solutions to referral and participation in HBSS.*

- Transportation vouchers will made available for participants to reduce distance-related barriers to participating in NDPP sessions. The CFY-WISEWOMAN IDPH staff will track the use and distribution of the vouchers.

7. *Describe how the HBSS is evaluated to determine the effectiveness of the program implementation and outcomes.*

- During Risk Reduction Counseling (RRC), the participant is assessed to determine their level of readiness for change and health priorities and goals. During RRC the participant's screening results and first health risk assessment results will be used to guide the health coaching process and establish a baseline for evaluating the effectiveness of health coaching.
- During the health coaching sessions, the health coach will assist the participant in setting and recording small measureable goals. Progress toward these goals will be assessed and

the end results will be recorded. Improvements in MDE behavioral and health assessment measures will be captured at the follow-up screening visit through the CVD Health Risk Assessment form and the CVD Evaluation form.

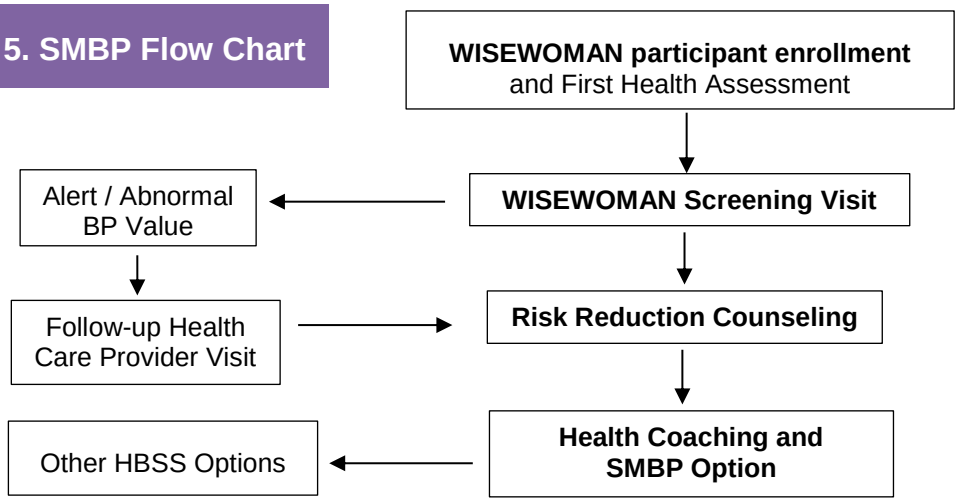
- The CFY-WISEWOMAN Evaluation Plan will include the following question which addresses Health Coaching and HBSS (including NDPP) program outcomes:
  - To what extent did participation in health coaching/HBSS participation contribute to improving participants' management of CVD risk measures (including risk for diabetes, hyperlipidemia, overweight/obesity, smoking cessation)?

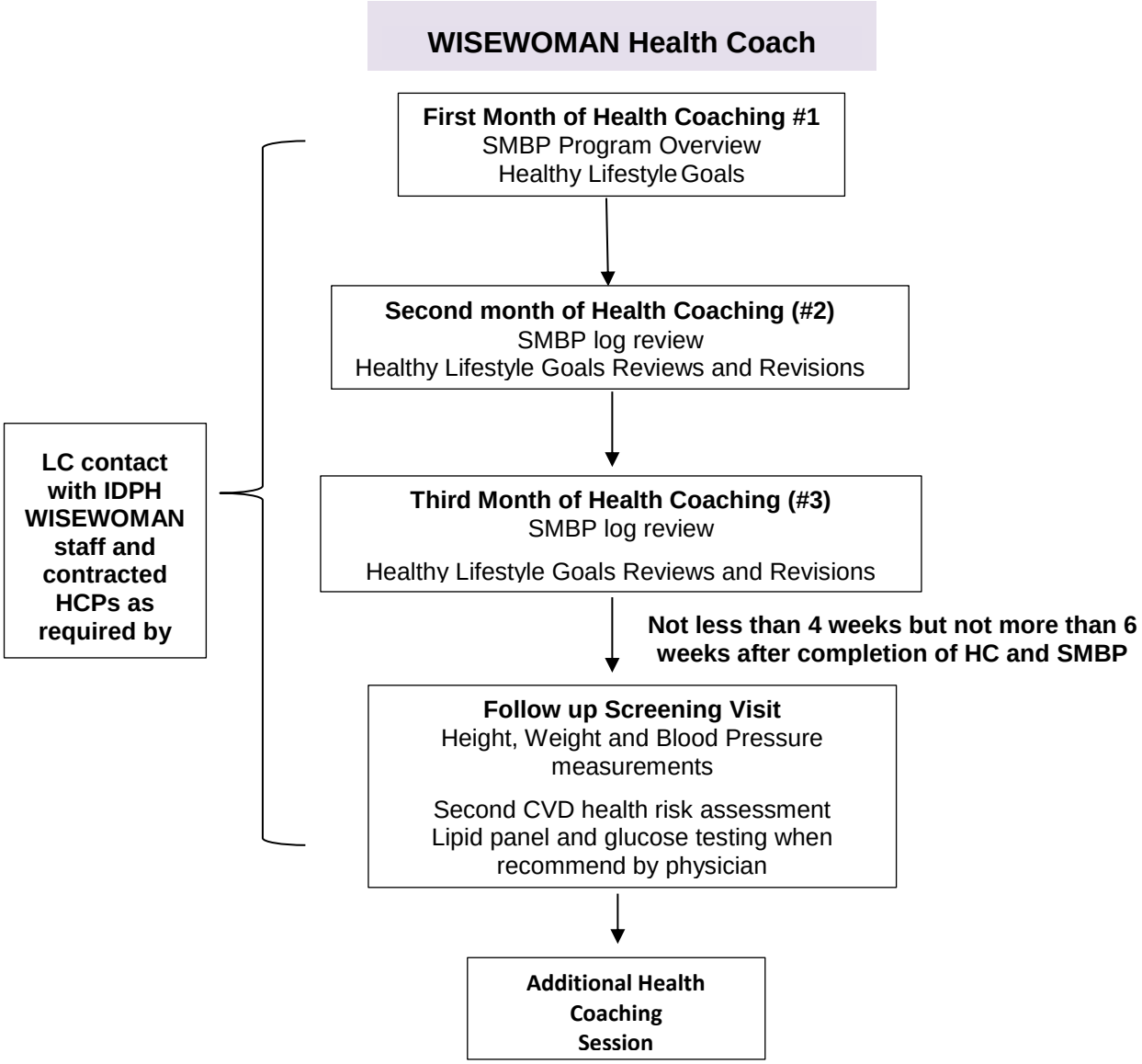
HBSS: Self-Monitoring Blood Pressure (SMBP) Protocol

1. *Describe participant flow through HBSS (referral, participation, follow-up and program time frame).*

- Hypertension (HTN) is the single largest risk factor for cardiovascular disease. Based on previous Care for Yourself - WISEWOMAN (CFY-WISEWOMAN) data (FY 2014-2018), it is estimated that out of the 430 women to be screened, approximately 109 (25%) will have HTN. Research suggests home self-monitoring of blood pressure may help lead to better control of blood pressure in patients.1,2,3
- The CFY-WISEWOMAN program participants who have been identified with newly diagnosed or uncontrolled hypertension at their screening visit with a contracted WW health care provider, will be offered the opportunity to participate in the CFY-WISEWOMAN Self-Monitoring Blood Pressure (SMBP) Program, while also attending health coaching sessions with CFY-WISEWOMAN Health Coaches. Blood pressure monitors, blood pressure logs and additional hypertension control materials will be provided for each individual identified. Monitors will be picked up at regional office from local coordinators to ensure the monitors are functional and cuffs are an appropriate size for the participants.
- Participants may take part in this program in conjunction with health coaching, and other healthy behavior support services and/or community-based programs.
- The three CFY-WISEWOMAN health coach-led health coaching sessions will occur over a three-month timeframe, with each session approximately one month apart. Participation in SMBP will take place within the same timeframe as the health coaching sessions.
- The participant will undertake a follow-up screening not less than four weeks but not more than six weeks, following completion of health coaching and the SMBP interventions. The overall timeframe from a participant's initial screening visit to follow-up screening cannot be less than three months. The follow-up screening will include measurements of the participant's height, weight and blood pressure, as well as a second CVD health risk assessment. A lipid panel and/or glucose testing may also be carried out if medically indicated by the physician, for participants that exhibited a high cholesterol level and/or diabetes at the initial screening visit. Upon completion of the follow-up screening visit, the participant may be offered an additional health coaching session.
- The flow diagram below shows how CFY-WISEWOMAN participants will be referred to the SMBP program.

Diagram 5. SMBP Flow Chart





2. *Describe strategies incorporated in the HBSS, client engagement in the HBSS and number of sessions to completion*

1. Initial Health Coaching session with certified health coaches (health coach (HC)) (up to 60 minutes)

- The Health Coaching program is an individualized program adaptable to the needs and readiness level of each participant. Coaching will take into consideration the participant's health priorities and willingness/ability to make a change. The health coach will utilize motivational interviewing techniques to assist the participant in setting SMART goals. The health coach will help the participant overcome barriers and will serve as a source of support and encouragement to the participant when working to reach goals.
- Participants are scheduled for their initial Health Coaching session with their CFY-WISEWOMAN Health Coach (HC). The HC will use motivational interviewing techniques to identify healthy lifestyles areas (i.e. exercise, nutrition or smoking cessation) which they would like to improve. The HCs will conduct a minimum of three health coaching sessions with each participant. At each health coaching session, the HCs will review goals set with the program participant.
- **During this initial session, the participant will be provided with:**
  - The blood pressure monitor.
  - Printed and verbal instructions on the proper use of the blood pressure monitor.
  - The manufacturer's instruction booklet included with the monitor for complete instructions and safety information.
  - A BP log book and instructions from the LC on how to BP record readings in the BP log book.
  - **Instructions on how to proceed should the participant record an emergency/alert blood pressure reading.** A single high reading of blood pressure is not an immediate cause for alarm but should not be disregarded. When the participant's blood pressure reaches a systolic of 180 or higher OR diastolic of 110 or higher, she should take her blood pressure several more times. If the results are consistent, the participant should contact her health care provider. If participant is unable to reach her health care provider, the participant is encouraged to seek medical attention at an urgent care facility. If any heart attack or stroke symptoms are present, the participant should call 911 immediately. Information on the signs and symptoms of a heart attack and stroke are provided to the participant when starting the SMBP program.
  - The CFY-WISEWOMAN Program and the Department of Public Health (Department) will not reimburse the participant for any expense associated with an ambulance transport, emergency room visit, or urgent care visit. The CFY-WISEWOMAN Program and the Department are not responsible for the participant's actions related to the blood pressure monitor including without

limitation the participant's decision to seek or not seek emergency medical care following a high blood pressure reading.

- **During this initial session, the participants will be instructed how to self-monitor their blood pressure, as follows:**
  - Take blood pressure readings at the same time each day, twice a day (morning and evening) and record these in the BP log book.
  - Not to smoke, drink caffeinated beverages, or not exercise within 30 minutes prior to measuring their blood pressure.
  - To sit with their back straight and supported (kitchen or dining room chair), rather than sitting on the sofa.
  - To sit with feet flat on the floor.
  - To sit with the arm supported on a flat surface and with the upper arm at heart level.
  - To make sure the middle of the cuff is placed directly over the brachial artery as shown by the HC.

***3**. Bi-directional referral plan, tracking and feedback*

- The total number and length of each health coaching session will be tracked by the HC. The data will be incorporated in the CFY-WISEWOMAN participant record at the HC's office and in the CFY-WISEWOMAN database system for submission with the MDEs.
- The participant will be directed to report blood pressure readings to the HC at the health coaching sessions or at one-month intervals, via phone or mail.
- The HC will fax the participants' blood pressure readings to the participant's health care provider office, and to CFY-WISEWOMAN IDPH staff for use in program tracking, and data collection and analysis.
- A final copy of the participants' BP tracking logs will be also sent into CFY-WISEWOMAN IDPH staff following the participant's second health assessment. The BP monitors have a backup memory that stores readings. These may be accessed from the monitor, if the readings are not immediately recorded in the tracking log.
- Data on referral to, participation in, and completion of the SMBP intervention will be recorded by the HC in the CFY-WISEWOMAN database system for submission with the MDEs.

***4**. Resources required (both human and financial).*

- Health coaching is a required part of the CFY-WISEWOMAN local program contract. It is not fee-for-service-based; therefore, there are no specific CPT codes or reimbursement plans for their activities. The local program contract stipulates a reimbursement of $325 per

participant for CFY-WISEWOMAN services including data collection and providing health coaching sessions.

- Additional costs include:
  - Home blood pressure monitors: $100 x 23 participants = $2,300.
  - Blood pressure tracking logs for participant use: 25 logs x $1.50/log = $40

5. *Is the HBSS is offered by a clinical care team? Yes/No. If Yes, describe how staff, who are implementing HBSS, is integrated into team. If No, describe who is delivering the HBSS and their qualifications/trainings*

- CFY-WISEWOMAN health coaches (HCs) provide the health coaching sessions in-person and via phone. Each HC has completed health coaching certification training provided through the Iowa Chronic Care Consortium (ICCC). The health coaching program is an online, 26-hour program, which concludes with a practical exam for certification.
- In addition, continued education courses are provided for the HCs through face-to-face meetings and/or through webinars, to assist them in developing and improving skills in population health team-based management, health care management and patient self-management support, building community-clinical linkages and taking blood pressure readings using monitors provided for the CFY-WISEWOMAN SMBP intervention. The HCs are also provided with training on proper blood pressure measurements using the Million Hearts and American Heart Association materials.

6. *Describe any challenges and solutions to referral and participation in HBSS.*

- Transportation vouchers are made available to participants to reduce barriers to participating in in-person health coaching sessions. The CFY-WISEWOMAN IDPH staff track the use and distribution of the vouchers.

7. *Describe how the HBSS is evaluated to determine the effectiveness of the program implementation and outcomes.*

- During Risk Reduction Counseling (RRC), the participant is assessed to determine their level of readiness for change and health priorities and goals. During RRC the participant's screening results and first health risk assessment results will be used to guide the health coaching process and establish a baseline for evaluating the effectiveness of health coaching.
- During the health coaching sessions, the HC assists the participants in setting and recording small measureable goals. Progress toward the goals is assessed and the end results recorded. Improvements in MDE behavioral and health assessment measures will be captured at the follow-up screening visit through the CVD Health Risk Assessment form and the CVD Evaluation form.

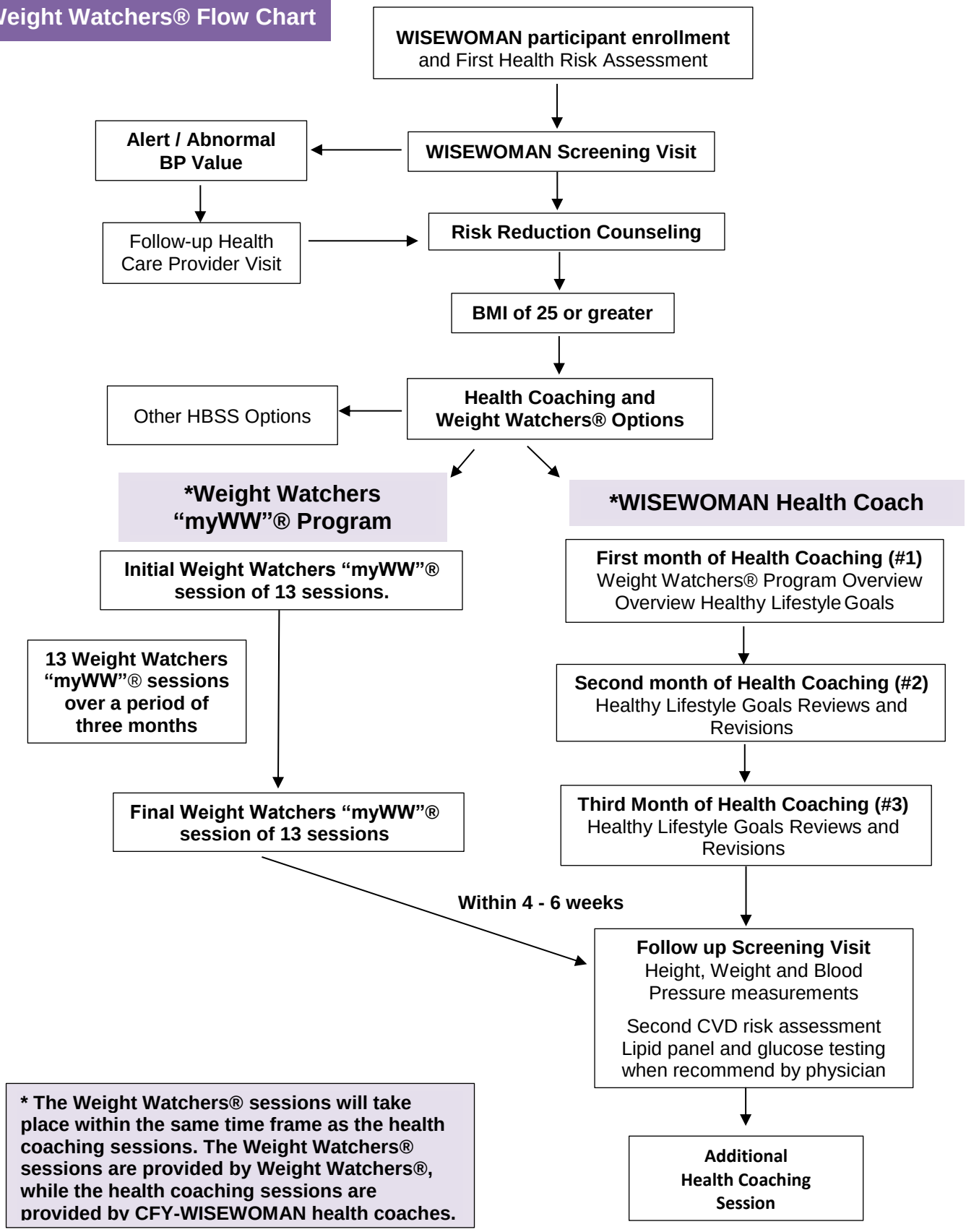
- The CFY-WISEWOMAN Evaluation Plan will also include questions addressing Health Coaching and HBSS (including SMBP) program outcomes:
    - To what extent have women with uncontrolled HTN (BP values >139 systolic and/or >89 diastolic) reached controlled HTN (BP values equal to <139 systolic and/or equal to or <89 diastolic) following participation in health coaching/HBSS?
    - To what extent did participation in health coaching/HBSS participation contribute to improving participants' management of CVD risk measures (including risk for diabetes, hyperlipidemia, overweight/obesity; smoking cessation)?
- CFY-WISEWOMAN staff will compare blood pressure screening readings and BP readings from the participants' SMBP log books to assess effectiveness of health coaching and the SMBP intervention.

HBSS: Weight Watchers "myWW"® Protocol

1. *Describe participant flow through HBSS (referral, participation, follow-up and program time frame).*

- Weight Watchers "myWW"® program is based on the latest research and behavioral interventions to help participants to lose or maintain a healthy weight, as well as to build healthy habits. The program is modeled on group-based social support with weekly one hour meetings that take place at various community venues and various times, to provide flexibility for participants. Core program content is delivered face to face over initial weeks and includes goal setting, a food points system, being more physically active, eating out, and maintaining motivation. A weigh-in occurs at each weekly session, as well as individual counseling.
- Iowa Care for Yourself - WISEWOMAN (CFY-WISEWOMAN) program participants who have a BMI of 25 or greater will be offered the opportunity to participate in the Weight Watchers® "myWW" program. CFY-WISEWOMAN participants referred to Weight Watchers® "myWW" program will be provided with a 13-week, $156 membership vouchers, that include workshop vouchers and vouchers to access the Weight Watchers® "myWW" program application and its tools. A participant is considered to have completed the Weight Watchers® intervention, when they attend 12 of the 13 sessions. The CFY-WISEWOMAN trained and certified health coaches (HCs), will provide guidance on the use of these vouchers, and will gain agreement with the participant on participation and weight loss reporting. The participant must agree to follow program protocols as indicated. Health coaching will be provided by the HCs.
- Participants may also participate in other CFY-WISEWOMAN healthy behavior support services (HBSS) and/or community-based programs.
- The three CFY-WISEWOMAN HC-led health coaching sessions will occur over a three-month timeframe, with each session approximately one month apart. **Attendance of the Weight Watchers® sessions will take place within the same time frame as the health coaching sessions.**
- **The participant will undertake a follow-up screening not less than four weeks but not more than six weeks, following completion of health coaching and the "myWW" program interventions.** The overall timeframe from a participant's initial screening visit to follow-up screening cannot be less than three months. The **follow-up screening** will include measurements of the participant's height, weight and blood pressure, as well as a second CVD health risk assessment. A lipid panel and/or glucose testing may also be carried out if medically indicated by the physician, for participants that exhibited a high cholesterol level and/or diabetes at the initial screening visit. Upon completion of the follow-up screening visit, the participant may be offered an additional health coaching session.
- The flow diagram below shows how CFY-WISEWOMAN participants will be referred to the Weight Watchers "myWW"® intervention.

Diagram 6.
Weight Watchers® Flow Chart



2. *Describe strategies incorporated in the HBSS, client engagement in the HBSS and number of sessions to completion*

1. **Health Coaching sessions with certified health coaches (health coach (HC)) (up to 60 minutes)**
   - The Health Coaching program is an individualized program adaptable to the needs and readiness level of each participant. Coaching will take into consideration the participant's health priorities and willingness/ability to make a change. The health coach will utilize motivational interviewing techniques to assist the participant in setting SMART goals. The health coach will help the participant overcome barriers and will serve as a source of support and encouragement to the participant when working to reach goals.
   - Participants are scheduled for their initial Health Coaching session with their CFY-WISEWOMAN Health Coach (HC). The HC will use motivational interviewing techniques to identify healthy lifestyles areas (i.e. exercise, nutrition or smoking cessation) which they would like to improve. The HCs will conduct a minimum of three health-coaching sessions with each participant. At each health coaching session, the HCs will review goals set with the program participant.
   - Data on referral to, participation in, and completion of the National DPP Lifestyle Change Program intervention will be recorded by the health coach in the CFY-WISEWOMAN database system for submission with the Minimum Data Elements (MDEs).
2. **The Weight Watchers "myWW"® program**
   - The Weight Watchers "myWW"® Program is a wellness program that focuses on three components. Nutrition, Physical Activity and Behavior Modification. The program is delivered through three plan options (Blue, Green and Purple). Based on a personal assessment taken when joining, members will be matched with the option tailored to them. These three plan options offer participants the opportunity to work towards program goals that are customized to their needs, food choices and goals. All three options include the priority areas of Nutrition, Physical Activity and Behavior Modification. All materials are available in both English and Spanish. Audio-versions are also available in English. Participants may access the "myWW" app through the e-tools voucher provided, to undergo a preliminary personal assessment to determine which of the three program options best suits their needs and goals. The Local Workshop vouchers cover the following Weight Watchers "myWW"® program activities:
     - Personalized food fitness and mindset goals.
     - Food and Activity tracking
     - Access to digital tools to make tracking of food, activity and weight easier. Paper based versions are also available for a number of these tools.
     - Access to shared learning strategies from participating peers through group work

and access to participant-only social media forums.
- 24/7 online chat support
- Syncing with fitness trackers
- Weekly group workshops
- Guidance from Wellness Coaches
- Weekly private Wellness Check-ins
- Guidebooks and printed materials
- WW Connect which is a social network consisting of thousands of other women and men who are using WW to reach their weight loss goals
- WW X Headspace which offers curated content and experiences for members. Headspace is a global leader in the meditation and mindfulness space.

3. *Bi-directional referral plan, tracking and feedback*

- The total number and length of each health coaching session will be tracked by the HC. The data will be incorporated in the CFY-WISEWOMAN participant record at the HC's office and in the CFY-WISEWOMAN database system for submission with the MDEs.
- The participant will be directed to report on her participation in the Weight Watchers® "myWW" Program intervention at the health coaching sessions or at one-month intervals, via phone or mail.
- Data on referral to, participation in, and completion of the Weight Watchers® "myWW" Program intervention, will be recorded by the health coach in the CFY-WISEWOMAN database system for submission with the MDEs.

4. *Resources required (both human and financial).*

- Health coaching is a required part of the CFY-WISEWOMAN local program contract. It is not fee-for-service-based; therefore, there are no specific CPT codes or reimbursement plans for their activities. The local program contract stipulates a reimbursement of $325 per participant for CFY-WISEWOMAN services including data collection and providing health coaching sessions.
- Weight Watchers "myWW"® - The 13 week Weight Watchers "myWW"® Local workshop vouchers cost $156.00. In addition to the 13-week local workshop vouchers, this price includes:
  - One 14 week digital access voucher
  - A free kick start kit of Weight Watchers products worth $50.00 (*depends on availability*)
  - Local Workshop registration fee is waived.

5. *Is the HBSS offered by a clinical care team? Yes/No. If Yes, describe how staff, who are implementing HBSS, is integrated into team. If No, describe who is delivering the HBSS and their qualifications/trainings*

- For information pertaining to the health coaching implementation, please refer to the Health Coaching Protocol.
- Weight Watchers® is the most studied commercial weight management program, and results show that it reliably produces weight losses of 5% or more of body weight, which has repeatedly shown to reduce CVD risk factors such as cholesterol, diabetes, high blood pressure, and improves quality of life. Additionally, Weight Watchers® is one of the few commercially available weight management programs that fulfills the United States Preventative Task Force criteria for behavioral lifestyle interventions for weight loss. Evaluated in numerous randomized controlled trials, Weight Watchers® has been shown to be eight times more effective than do-it-yourself weight loss programs[1], and three times more effective than professionally delivered programs in producing 10% weight loss physician counseling[2]. Furthermore, Weight Watchers® has been found effective for those with prediabetes and type 2 diabetes, leading to improvements in weight and glucose control[3]. Lastly, Weight Watchers® has been shown to be one of the most cost-effective[4], clinically-proven, non-surgical weight loss treatment, including medications.
- Weight Watchers "myWW"® sessions are provided by trained Weight Watchers® coaches.
- The Weight Watchers® coaches serve as anchors and facilitators in the community-based Wellness Workshops. Their duties include:
  - Facilitates the Wellness Workshop discussion, ensuring all members of the Weight Watchers® community feel included, involved and invited to participate.
  - Demonstrates active listening.
  - Inspires members to make positive changes and celebrates progress towards goals.
  - Serves as Weight Watchers® Program Expert for members.
  - Establishes rapport with members through one-on-one interaction, workshop facilitation and consistent leadership
  - Has knowledge and understanding of Weight Watchers® tools and digital tools, including Program materials, Apps and technical tools, and can help educate members
  - Prepares for Wellness Workshop Facilitation by understanding weekly topic and relevance to member success
  - Champions the Weight Watchers® Program
  - Has responsibility for Wellness Workshop attendance growth
  - Identifies member needs and recommends Weight Watchers® products and tools.

- Weight Watchers® coaches undergo trainings provided by Weight Watchers®. The coaches are provided trainings in the following areas:
  - The Weight Watchers "myWW"® Program
  - Behavioral Science
  - Nutrition Science
  - Facilitation Skills
- In addition Weight Watchers® coaches are required to have/be:
  - Weight Watchers® members in the past and undergone the Weight Watchers® program.
  - Achieved and maintained (or continued loss) for a minimum of 12 consecutive weeks either a 10% weight loss or healthy BMI weight with minimum five pound loss (if joined outside the healthy BMI range); or five pound loss (if joined within healthy BMI range) on the Weight Watchers® program.
  - Proficient in Microsoft Office suite and web-based applications.
  - Ownership and active use of smartphone and regular access to Internet-enabled computer or tablet.
  - Superior organizational, communication, customer service, and time management skills.
  - Excellent interpersonal skills.
  - Facilitation skills, team leadership, and ability to build community.

References

[1] Johnston CA, et al. A randomized controlled trial of a community-based behavioral counseling program. Am J Med 2013;126:1143.e19-24. DOI: http://dx.doi.org/10.1016/j.amjmed.2013.04.025. This trial was funded by Weight Watchers International, Inc.

[2] Pinto AM, et al. Combining behavioral weight loss treatment and a commercial program: a randomized clinical trial. Obesity (Silver Spring). 2013 Apr;21(4):673-80.

[3] O'Neil et al. (2016). Randomized controlled trial of a nationally available weight control program tailored for adults with type 2 diabetes, Obesity, 24, 2269-2277

[4] Gudzune KA et al. Efficacy of Commercial Weight-loss programs. Annals Intern Med.

6. *Describe any challenges and solutions to referral and participation in HBSS.*

- Transportation vouchers will be made available for participants to reduce distance-related barriers to participating in Weight Watchers® "myWW" sessions. The CFY-WISEWOMAN IDPH staff will track the use and distribution of the vouchers.

7. *Describe how the HBSS is evaluated to determine the effectiveness of the program implementation and outcomes.*

- During Risk Reduction Counseling (RRC), the participant is assessed to determine their level of readiness for change and health priorities and goals. During RRC the participant's screening results and first health risk assessment results will be used to guide the health coaching process and establish a baseline for evaluating the effectiveness of health coaching.
- During the health coaching sessions, the HC assists the participants in setting and recording small measureable goals. Progress toward the goals is assessed and the end results recorded. Improvements in MDE behavioral and health assessment measures will be captured at the follow-up screening visit through the CVD Health Risk Assessment form and the CVD Evaluation form.
- The CFY-WISEWOMAN Evaluation Plan will include the following question which addresses Health Coaching and HBSS (including Weight Watchers® "myWW" Program) outcomes:
    - To what extent did participation in health coaching and/ or HBSS contribute to improving participants' management of CVD risk measures (including risk for diabetes, hyperlipidemia, overweight/obesity smoking cessation)?

HBSS: Walk With Ease (WWE) Program Protocol

1. *About the Walk With Ease (WWE) Program*

1. The Arthritis Foundation developed the WWE program to encourage people with arthritis to start walking to better manage their pain and stay active. However, the WWE program has also been found to be a great exercise program for a broader audience as well.
   • Individuals with health risks or chronic conditions
   • Sedentary individuals or beginners to exercise
   • Individuals who are interested in weight management
   • Individuals who enjoy walking and would like to join a group to make it more social
2. The WWE program offers relief, supports behavior change, and is proven to increase overall health among adults. WWE also offers proven opportunities to keep adults physically active and has been useful as an adjunct to clinical care. Based on research and tested programs in exercise science, behavior change, and arthritis management, WWE has been shown to:
   • Reduce pain and stiffness
   • Increase balance, strength and walking pace
   • Build confidence to be physically active
   • Improve overall health
3. CHPcommunity in partnership with Iowa State University are working together to manage the WWE program in Iowa in collaboration with the National Association of Chronic Disease Directors and the Arthritis Foundation.
4. WWE can be self-directed with encouragement from a WWE coach or can be group-based with walking group programs led by a certified WWE instructor. Participants must be able to stand on their feet for 10 minutes without increased pain to participate. If pain limits an individual's participation, then a referral to a physical therapist to evaluate the individual's condition is recommended. A physical therapist will create a plan of care around safe participation in the WWE program.
5. <u>WWE Self-Directed Program</u>

   The WWE self-directed program helps people learn to walk safely and develop the habit of walking regularly. Individuals referred to the WWE self-directed program are provided a WWE coach (telephonic or virtual) to help the participant get started and ensure success. The participant orders a WWE guidebook and is encouraged to set goals, use a walking log, and is directed to other tools such as automated email alerts. The WWE coach will connect with each individual once a week for 6 weeks via phone

or virtually. CHPcommunity will work with individuals to get medical clearance for the self-directed program to ensure safety and readiness to start a walking program.

6. WWE Group Program

   Group programs are led by certified WWE instructors. In the group-walking program, participants meet either 3x/week for 6 weeks or 2x/week for 9 weeks in groups of up to 15 people. Classes begin with education that could include the following:

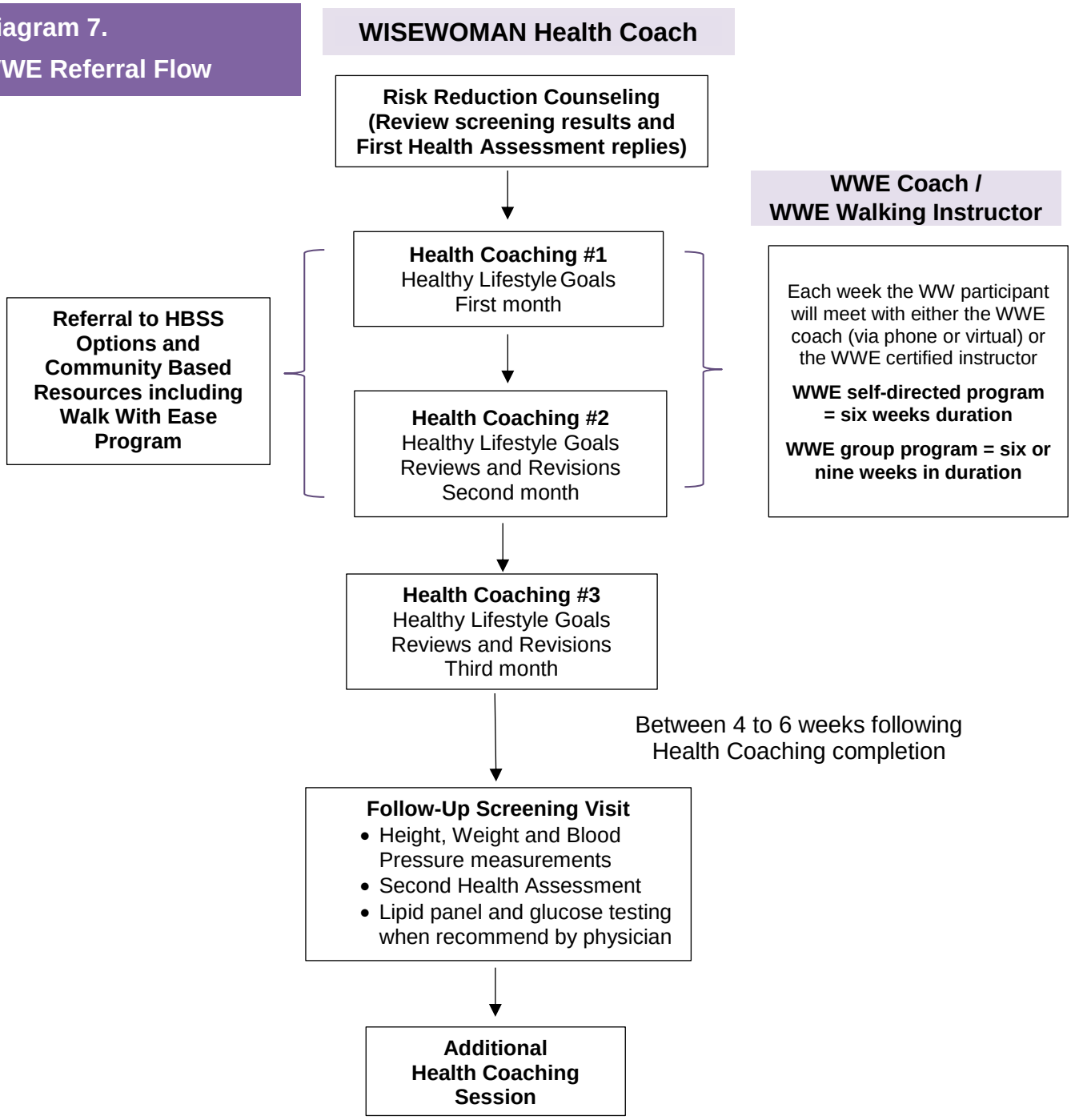
   - Managing pain and stiffness
   - Self-monitoring for physical problems while walking
   - Anticipating and overcoming barriers to being physically active
   - Getting and staying motivated to exercise
   - How to build stamina and walking pace
   - Goal setting

   The certified WWE instructor leads the class through stretching and strengthening exercises and ends with a 10-35-minute walk as a group. Participants receive WWE guidebooks, educational materials and tools to supplement the group classes.

7. The flow diagram below gives an example of how WW participants will be referred to the WWE program.

2. *WISEWOMAN participant flow through the WWE program (referral, participation, follow-up and program timeframe).*

Diagram 7.
WWE Referral Flow



- During risk reduction counseling the Iowa Care for Yourself - WISEWOMAN (CFY-WISEWOMAN) health coach (HC) will ask the CFY-WISEWOMAN participant on which priority areas the participant would like to focus. Participants who select to focus on physical activity may be offered the WWE program. The WW health coach will initiate conversation around physical activity including a review of physical activity goals with their client. The CFY-WISEWOMAN HC may ask, “Would you like to learn about a program that may help you become more physically active?”
- If the participant is interested in learning more about the WWE, the CFY-WISEWOMAN HC will share the following information with them:
  - “The Walk With Ease (WWE) program is a 6-week program designed to help you begin a walking regimen safely and effectively on the way to becoming more physically active. Some of the benefits will be a reduction in pain and stiffness, increased balance, strength, and walking pace. You can walk on your own or bring a friend/loved one along with you for company.”
  - “The WWE program is offered as a self-guided course so you can choose when and where you want to walk. A WWE guidebook will help you develop a walking plan that meets your needs and provides you tools to exercise safely.”
  - “A WWE coach is teamed up with you to help increase your likelihood of reaching your personal goals in the program. They will follow up with you on a weekly basis to see how you are progressing and help you through any barriers you meet during the program. The WWE coach will help you build confidence in your ability to reach your walking goals and improve your overall health”.
  - “There is also the option to join a walking group with a WWE certified instructor. This depends on the availability of WWE instructors and walking groups in your area.”

- If the participant is interested in the WWE program:
  - The CFY-WISEWOMAN HC may provide the participant with the contact information to call and register for the program. The participant will call the number and talk with a CHPcommunity HUB Navigator who will answer any further questions and register the participant for the WWE program.
  - Alternatively, the CFY-WISEWOMAN HC may send the participant’s contact information to the HUB Navigator. In this case, the client needs to provide permission by either signing a consent form (Appendix 1) or have the CFY-WISEWOMAN HC initialize and date the participant’s consent on the consent form (the latter in cases where health coaching with the CFY-WISEWOMAN HC takes place over the phone). The consent form will be kept in the participant’s file at the health coach’s office. The CFY-WISEWOMAN HC will

submit the CFY-WISEWOMAN participant's contact information to the HUB Navigator, using the form in Appendix 2, and fax it to: 515-635-1286. This enters a communication system with strict security standards used by many hospital and clinics.

- The CFY-WISEWOMAN participant will be asked to report on her participation in the WWE program during the CFY-WISEWOMAN HC session.
- Data on referral to, participation in, and completion of the WWE Program intervention, will be recorded by the health coach in the CFY-WISEWOMAN database system for submission with the MDEs.

3. *Walk With Ease walking guidebooks*

- Individuals who are interested in participating in the WWE program, (whether on an individual basis or as part of a walking group) are required to purchase a WWE guidebook. The guidebook is essential for going through the WWE program.
- Iowa WISEWOMAN will be providing a WWE guidebook to those WW participants that choose to be referred to the WWE program by their WW health coach and have provided consent to be referred (see below).
- WW health coaches will need to make a request for the WWE guidebooks from CFY-WISEWOMAN IDPH staff using the CFY-WISEWOMAN Master Form. In addition, the CFY-WISEWOMAN HC will also need to send CFY-WISEWOMAN IDPH staff a copy of the Consent Form under Appendix 1.
- CFY-WISEWOMAN IDPH staff will send the WWE guidebook to the WW participant or the WW health coach, as indicated on the CFY-WISEWOMAN Master Form.
- **If the referred participant ends up not participating in the WWE program, the local program coordinator will request the participant to return the WWE guidebook to the local CFY-WISEWOMAN program office.**

4. *Consent to share WISEWOMAN participant contact information with CHPcommunity HUB Navigator*

WISEWOMAN Participant Consent for Referral to the Walk With Ease Program

Participant Name: (*printed*) _____

By providing a signature on this form, or by telling the WISEWOMAN Local Program Health Coach listed at the bottom of this form on the date noted below, I agree that I am interested in participating in the ***Walk With Ease Program*** provided by CHPcommunity. I consent to have my WISEWOMAN Health Coach give my name, telephone and/or email address to the CHPcommunity HUB Navigator who will give me more information and help me sign up for the ***Walk With Ease Program***.

In-Person Consent:

Participant Signature _____ **Date** __/__/____

☐ **Spanish Language**

Verbal Consent:

Participant Initials _____ **Verbal Consent Date** __/__/____

☐ **Spanish Language**

WISEWOMAN Local Program _____

WISEWOMAN Health Coach Name _____

WISEWOMAN Health Coach Signature _____

A copy of this form will be provided to the WISEWOMAN Participant and the original form will be kept in the participant's file at the WISEWOMAN Local Program.

5. *Walk With Ease Referral Form*

Iowa WISEWOMAN Program – CHPcommunity Collaboration

Walk With Ease Program WISEWOMAN Referral Form

Date _____

WISEWOMAN Participant Name _____

☐ Spanish speaking

Phone number _____

Email _____

WISEWOMAN (WW) Local Program _____

WISEWOMAN Health Coach (Print Name) _____

WW Health Coach Phone Number: _____

WW Health Coach Email: _____

Walk With Ease Program Contact

Trina Radske-Suchan, PT, CSCS
CHPcommunity President
Email: tsuchan@chpcommunity.org
Phone: 515-635-1285
Fax: 515-635-1286
Website: www.chpcommunity.org

Renee Allard
CHPcommunity Hub Navigator
Email: rallard@chpcommunity.org
Phone: 515.635.1285
Fax: 515-635-1286
Website: www.chpcommunity.org

CHPcommunity

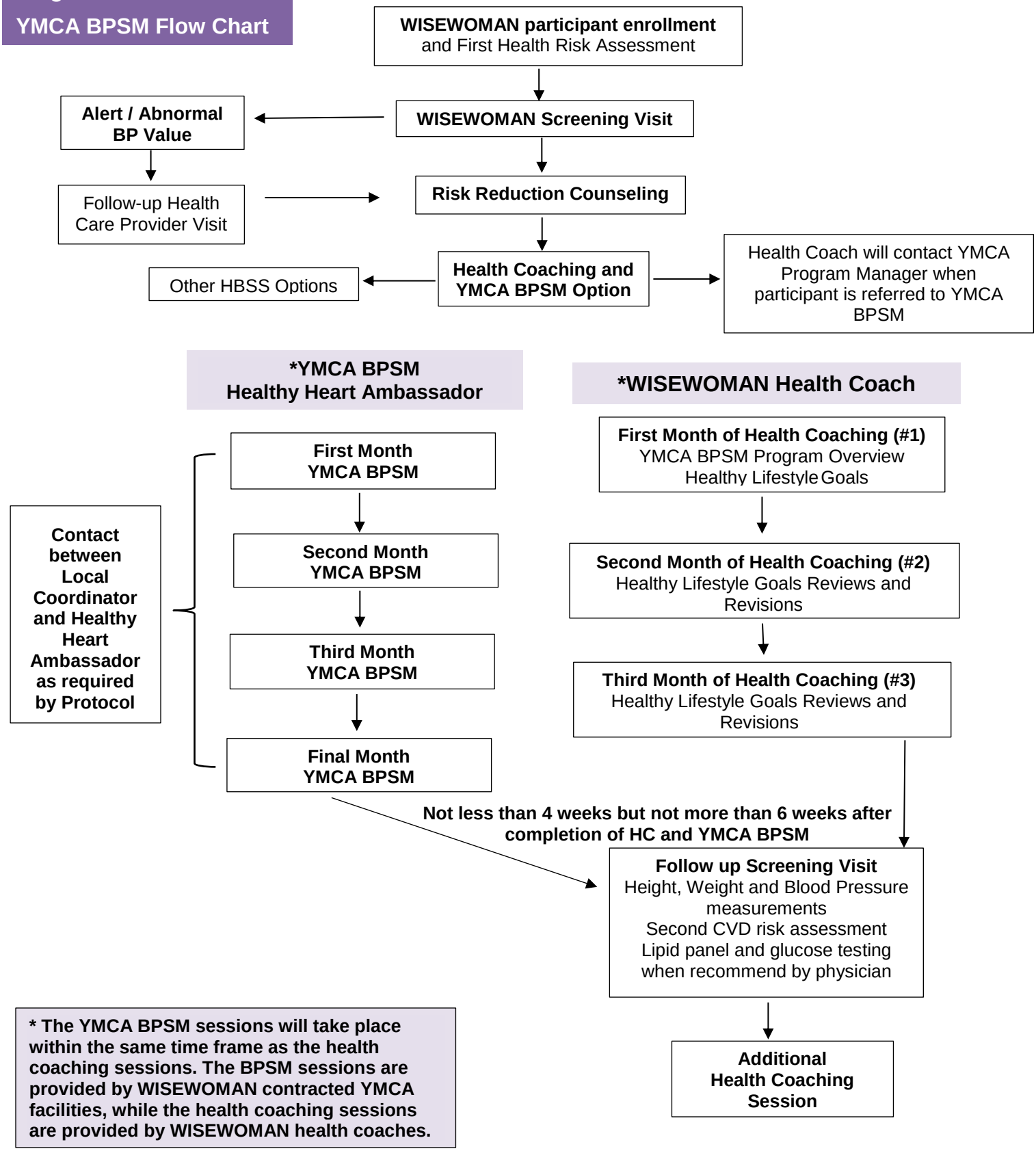
HBSS: YMCA Blood Pressure Self-Monitoring (BPSM) Protocol

1. *Describe participant flow through HBSS (referral, participation, follow-up and program time frame).*

- Hypertension (HTN) is the single largest risk factor for cardiovascular disease. Based on previous Iowa Care for Yourself - WISEWOMAN (CFY-WISEWOMAN) data (FY 2014-2018), it is estimated that out of the 430 women to be screened, approximately 109 (25%) will have HTN. Research suggests home self-monitoring of blood pressure may help lead to better control of blood pressure in patients.[1,2,3]
- The CFY-WISEWOMAN program participants who have been identified with newly diagnosed or uncontrolled hypertension will be offered the opportunity to participate in the YMCA Blood Pressure Self-Monitoring Program, while also attending health coaching sessions with CFY-WISEWOMAN Health Coaches (HCs). Blood pressure monitors, blood pressure logs and additional hypertension control materials will be provided for each individual identified. Monitors will be picked up at regional office from local coordinators to ensure the monitors are functional and cuffs are an appropriate size for the participants.
- CFY-WISEWOMAN participants may take part in this program in conjunction with health coaching, and other healthy behavior support services and/or community-based programs.
- The three CFY-WISEWOMAN HC led health-coaching sessions will occur over a three-month timeframe, with each session approximately one month apart. The YMCA BPSM program will cover a four-month period, and will take place within the same time frame as the health coaching sessions.
- The **participant will undertake a follow-up screening not less than four weeks but not more than six weeks, following completion of health coaching and the YMCA BPSM program**. The overall timeframe from a participant's **initial screening** to **follow-up screening** cannot be less than three months. The **follow-up screening** will include measurements of the participant's height, weight and blood pressure, as well as a second CVD health risk assessment. A lipid panel and/or glucose testing may also if medically indicated by the physician, for participants that who exhibited a high cholesterol level and/or diabetes at the initial screening visit. Upon completion of the follow-up screening visit, the participant may be offered an additional health coaching session
- The flow diagram below shows how participants will be referred to the YMCA-BPSM program.

Diagram 8.

YMCA BPSM Flow Chart



2. *Describe strategies incorporated in the HBSS, client engagement in the HBSS and number of sessions to completion*

1. **Initial Health Coaching session with certified health coaches (health coach (HC)) (up to 60 minutes)**
   - The Health Coaching program is an individualized program adaptable to the needs and readiness level of each participant. Coaching will take into consideration the participant's health priorities and willingness/ability to make a change. The health coach will utilize motivational interviewing techniques to assist the participant in setting SMART goals. The health coach will help the participant overcome barriers and will serve as a source of support and encouragement to the participant when working to reach goals.
   - Participants are scheduled for their initial Health Coaching session with their CFY-WISEWOMAN Health Coach (HC). The HC will use motivational interviewing techniques to identify healthy lifestyles areas (i.e. exercise, nutrition or smoking cessation) which they would like to improve. The HCs will conduct a minimum of three health-coaching sessions with each participant. At each health coaching session, the HCs will review goals set with the program participant.
   - **During this initial session, the participant will be provided with:**
     - The blood pressure monitor.
     - Printed and verbal instructions on the proper use of the blood pressure monitor.
     - The manufacturer's instruction booklet included with the monitor for complete instructions and safety information.
     - A BP log book and instructions from the HC on how to BP record readings in the BP log book.
     - Instructions on how to proceed should the participant record an emergency/alert blood pressure reading. A single high reading of blood pressure is not an immediate cause for alarm, but should not be disregarded. When the participant's blood pressure reaches a systolic of 180 or higher OR diastolic of 110 or higher, she should take her blood pressure several more times. If the results are consistent, the participant should contact a health care provider. If participant is unable to reach their health care provider, participants will be encouraged to seek medical attention at an urgent care facility. If any heart attack or stroke symptoms are present, the participant should call 911 immediately. Information on the signs and symptoms of a heart attack and stroke will be provided to the participants.
     - The CFY-WISEWOMAN Program and the Department of Public Health (Department) will not reimburse the participant for any expense associated with an ambulance transport, emergency room visit, or urgent care visit. The CFY-WISEWOMAN Program and the Department are not responsible for the

participant's actions related to the blood pressure monitor including without limitation the participant's decision to seek or not seek emergency medical care following a high blood pressure reading.

- **During this initial session, the participants will be instructed how to self-monitor their blood pressure, as follows:**
  - Take the blood pressure readings at the same time each day.
  - Not to smoke, drink caffeinated beverages, or not exercise within 30 minutes prior to measuring their blood pressure.
  - To sit with their back straight and supported (kitchen or dining room chair), rather than sitting on the sofa.
  - To sit with feet flat on the floor.
  - To sit with the arm supported on a flat surface and with the upper arm at heart level.
  - To make sure the middle of the cuff is placed directly over the brachial artery as shown by the HC.

2. YMCA BPSM sessions with YMCA Healthy Heart Ambassador

- The YMCA Blood Pressure Self-Monitoring (BPSM) program focuses on regulated home self-monitoring of one's blood pressure using proper measuring techniques, individualized support and nutrition education for better blood pressure management. Through the support of a YMCA Heart Health Ambassador, program participants are expected to:
  - Measure and record their blood pressure at least two times per month
  - Attend two personalized consultations with the Heart Health Ambassador, per month. These consultations also include a blood pressure reading each.
  - Attend monthly Nutrition Education Seminars
- **During the personalized YMCA BPSM consultations, Healthy Heart Ambassador will:**
  - Remind participants of their expectations for the 10-minute consultation.
  - Use Listen First skills in conversation, including open-ended questions, reflections, summaries, affirmations and asking permission.
  - Ask open-ended questions about the participant's experience with monitoring blood pressure at home.
  - Assist the participant to identify barriers to monitoring at home, and support him or her with establishing an action plan.
  - At the end of the consultation properly measure participant's blood pressure:
    - Confirm that the participant has not consumed caffeine nor alcohol, has not exercised nor smoked, and has an empty bladder.

  - Ensure blood pressure cuff is in correct position with tube running down the front of the arm.
  - Ensure that the cuff is close to the skin (on a bare arm or thin shirt).
  - Ensure correct body position (no legs crossed, feet planted on floor, etc.)
  - Keep monitor facing away Record blood pressure reading on office hours log.
  - Use the American Heart Association risk level chart (see reverse side).
  - Ask to review tracking log (The tracking tool will be provided to the participant by the CFY-WISEWOMAN HC); note status of participant's tracking tool on office hours log.
  - Ask if they have attended nutrition education seminars/remind about nutrition education seminars. Ask if they have shared their readings with their WISEWOMAN coordinator and their health care provider.
  - Focus conversation on the future, not the past. Be optimistic.
  - Enter office hour data within 24 hours.
  - Forward participant data to the participant's CFY-WISEWOMAN HC, via secure mail or fax, as per Iowa CFY-WISEWOMAN contract requirements.

- **Inclusion and Exclusion Criteria for Participation in the YMCA BPSM**
  - Must have a diagnosis of hypertension
  - No cardiac event within the past year (e.g. heart attack, pacemaker implantation, etc.).
  - No lymphedema or risk for lymphedema
  - No atrial fibrillation or other dysrhythmia

3. *Bi-directional referral plan, tracking and feedback*

- The total number and length of each health coaching session will be tracked by the HC. The data will be incorporated in the CFY-WISEWOMAN participant record at the HC's office and in the CFY-WISEWOMAN database system for submission with the MDEs.
- The participant will be directed to report blood pressure readings to the HC at the health coaching sessions or at one-month intervals, via phone or mail.
- The HC will contact the YMCA BPSM Program Manager via phone, after each health coaching session, to provide an update on the participant.
- The YMCA BPSM provider will also be directed to report the participant's BP readings and participation in the YMCA BPSM program, to the HC.
- The HCs will fax the participants' blood pressure readings to the participant's health care provider office, and to CFY-WISEWOMAN IDPH staff for use in program tracking, and

data collection and analysis.

- A final copy of the participants' BP tracking logs will be also sent to IDPH staff after their second health assessment. The BP monitors have a backup memory that stores readings. These may be accessed from the monitor, if the readings are not immediately recorded in the tracking log.
- Data on referral to, participation in, and completion of the YMCA BPSM intervention will be recorded by the HC in the CFY-WISEWOMAN database system for submission with the MDEs.

4. *Resources required (both human and financial).*

- Health coaching is a required part of the CFY-WISEWOMAN local program contract. It is not fee-for-service-based; therefore, there are no specific CPT codes or reimbursement plans for their activities. The local program contract stipulates a reimbursement of $325 per participant for CFY-WISEWOMAN services including data collection and providing health coaching sessions.
- The YMCA BPSM provider will be reimbursed for services rendered at $200 per participant served. This will include a 6 month YMCA membership for the CFY-WISEWOMAN participant.
- Additional costs include:
  - Home blood pressure monitors: $100 x 7 participants = $700.
  - Blood pressure tracking logs for participant use. 10 logs x $1.50/log = $15

5. *Is the HBSS is offered by a clinical care team? Yes/No. If Yes, describe how staff, who are implementing HBSS, is integrated into team. If No, describe who is delivering the HBSS and their qualifications/trainings*

CFY- WISEWOMAN Health Coaches (HCs)

- For information pertaining to health coaching implementation, please refer to the Health Coaching Protocol.

YMCA Healthy Heart Ambassadors (HHAs)

- YMCA HHAs are trained through the YMCA's national training system. Trainings include the following:

Course Name	Format	Description
Foundations of Listen First	Online, self-paced (60 minutes)	An introduction to basic Motivational Interviewing skills
Orientation to Healthy Living at the Y	Online, self-paced; approx. 30 min	An overview of how the Y advances healthy living for all by meeting individuals where they are and offering primary, secondary, and tertiary prevention services.
Introduction to the YMCA's Blood Pressure Self-Monitoring Program	Online, self-paced; approx. 30 minutes	Overview of the burden of hypertension and BPSM program evidence base, goals, & structure. Introduces the role of the HHA in educating, encouraging, and supporting development of the habit of blood pressure self-monitoring.
HIPAA Privacy & Security Certification	Online, self-paced; approx. 40 minutes (must be re-taken annually)	Reviews basic principles of HIPAA privacy and security laws and issues employees should recognize and respond to.
Healthy Heart Ambassador Instructor	Classroom course, 4 hours	Preparation to serve in the role of HHA for the BPSM program: health coaching skills, best practices for program delivery, proper blood pressure measurement technique. Must demonstrate key skills to pass course.
HHA Instructor Knowledge & Skills Verification	In-person skills check (annual)	Administered by certified BPSM Program Managers, this is an annual knowledge and skills check required to maintain HHA certification.

- HHAs are required to sit for and pass an annual knowledge and skills check, as well as re-take the HIPAA training annually, in order to maintain their certification.

6. *Describe any challenges and solutions to referral and participation in HBSS.*

- Transportation vouchers will be made available for participants to reduce barriers to participating in MTM sessions. The CFY-WISEWOMAN IDPH staff will track the use and distribution of the vouchers.

7. *Describe how the HBSS is evaluated to determine the effectiveness of the program implementation and outcomes.*

- During Risk Reduction Counseling (RRC), the participant is assessed to determine their level of readiness for change and health priorities and goals. During RRC the participant's screening results and first health risk assessment results will be used to guide the health coaching process and establish a baseline for evaluating the effectiveness of health coaching.
- During the health coaching sessions, the HC assists the participants in setting and recording small measureable goals. Progress toward the goals is assessed and the end results recorded. Improvements in MDE behavioral and health assessment measures will

be captured at the follow-up screening visit through the CVD Health Risk Assessment form and the CVD Evaluation form.

- The CFY-WISEWOMAN Evaluation Plan will also include questions addressing Health Coaching and HBSS (including YMCA BPSM)program outcomes:
  - To what extent have participants with uncontrolled HTN (BP values >139 systolic and/or >89 diastolic) reached controlled HTN (BP values equal to <139 systolic and/or equal to or <89 diastolic) following participation in health coaching/HBSS?
  - To what extent did participation in health coaching/HBSS participation contribute to improving participants' management of CVD risk measures (including risk for diabetes, hyperlipidemia, overweight/obesity; smoking cessation)?
- CFY-WISEWOMAN staff will compare blood pressure screening readings and BP readings from the participants' YMCA BPSM log books to assess effectiveness of health coaching and the YMCA BPSM intervention.

References

1. Bosworth HB, et al. Two Self-management Interventions to Improve Hypertension Control: A Randomized Trial. Ann Intern Med. 2009; 151(10): 687–695.

2. Agarwal R, Bills JE, Hecht TJW, and Light RP. Role of Home Blood Pressure Monitoring in Overcoming Therapeutic Inertia and Improving Hypertension Control A Systematic Review and Meta-Analysis. Hypertension. 2011;57:29-38.

3. Pickering TG, Miller NH, Ogedeghe G, Krakoff LR, Artinian NT, and Goff D. Call to Action on Use and Reimbursement for Home Blood Pressure Monitoring: A Joint Scientific Statement From the American Heart Association, American Society of Hypertension, and Preventive Cardiovascular Nurses Association. Hypertension. 2008;52:10-29.

13. Follow-Up Screening Visit Protocol

WISEWOMAN participants that engage in health coaching or in any of the other six HBSS (MTM, NDPP, SMBP, Weight Watchers®, WWE and YMCA BPSM) will be required to undergo an **in-person** follow up screening visit. **The participant will complete a follow-up screening not less than four weeks but not more than six weeks, following completion of the HBSS and/or HC.** If the participant is engaging in both health coaching and in one or more healthy behavior support service (HBSS), the follow up visit should ideally take place after the participant has completed health coaching and at least one of the HBSS.

The overall timeframe from a participant's initial screening visit to the follow-up screening visit cannot be less than three months. The follow-up screening visit will include:

- Measurements of the participant's height, weight and blood pressure
- A second CVD health risk assessment
- A lipid panel and/or glucose testing may also be carried out if medically indicated by the physician, for participants that exhibited a high cholesterol level and/or diabetes at the initial screening visit.

Data collected from the follow-up screening visit will be recorded as follows:

- The second CVD health risk assessment data will be recorded in the *CVD Health Risk Assessment* form.
- Measurements of the participant's height, weight and blood pressure, as well as the lipid panel and/or glucose test results will be recorded in the *CVD Evaluation* form.

Both forms need to be submitted into the database for vouching purposes.

In most cases, the follow-up screening visit may take place at the *CFY*-WISEWOMAN local coordinator's office. In cases where the *CFY*-WISEWOMAN participant had an elevated cholesterol or glucose level at the baseline screening visit, she may receive a lipid and/or glucose test at the follow-up screening visit, if deemed necessary by the healthcare provider. The *CFY*-WISEWOMAN program will cover the cost of the lab work.

14. Additional Health Coaching Session

Participants that complete the Follow-up Screening Visit, may be offered an additional health coaching session. This session may take place any time following completion of the Follow-up Screening Visit, however should be completed by the end of FY22, which is September 29, 2022.

15. Data Collection Forms

The live Web-based Data System shall be utilized as described below:

- The CFY database system at: https://careforyourselfiowa.com. The CFY database system is operated by the University of Iowa – Center for Public Health Statistics (UI - CPHS) through a contract with the Department. The UI-CPHS provides monthly Data reports to the Department documenting the data entered by each CFY Contractor (e.g. local agency/program, health care providers, and/or laboratory). The Department uses this Data report to determine if data submitted by the Contractor is complete. If corrections to entries are required, they must be completed within the designated timeframe.
- A service is not considered complete until all data is submitted and accepted in the CFY live Web-based Data System.
- The Department strongly recommends that all data be entered within the same month the service occurs, and/or no longer than 60 days from the date of the screening.
- Copies of the program forms are available on the program coordinators' website.

Table 2. Required Forms to be submitted in the Live Web-Based System by the Contractor
Annual Enrollment (Pages 1 and 2)
Screening Form
Laboratory Assessment
CVD Follow-Up (if applicable) – (Abnormal/Alert BP Follow-up visit)
Health Coaching and Healthy Behavior Support Services (Pages 1, 2 and 3)
CVD Health Risk Assessment Form (Pages 1 and 2) (at enrollment and at follow up screening)
CVD Evaluation Form

16. Data Entry& Vouching Reports

WISEWOMAN Screening and Lab Assessment Vouching Criteria

The local program contractor will receive one payment only for each unduplicated participant. The local program needs to determine if the participant is going to be vouched for *limited* or *comprehensive* services.

The **Screening Form** must be submitted in the database system as the starting point to determine if a participant can be placed on the *Comprehensive* vouching report. Participants will be on the *Comprehensive* vouching report if the following criteria are met:

- The **Screening Form** with Comprehensive marked (Client Identification area) and **Laboratory Assessment Form** submitted in the database system with a Height, Weight, and BP Measurement Date that is within 60 days from when the Lab Assessment is submitted in the database system. **The screening form must be submitted within six months of the Height, Weight and BP measurement date on the screening form.** If the Lab Assessment is not submitted within 60 days, the participant will not be eligible for Comprehensive services vouching. **The screening form must be submitted within six months of the Height, Weight and BP measurement date on the screening form.**

- The Height, Weight, and Blood Pressure Measurement Date on the screening form **EXACTLY** matches at least one of the CBE, Mammogram, or Pap exam dates on the Screening form.

- The first **Health Risk Assessment Form** must be submitted for the client.

If a **Screening Form** and **Laboratory Assessment Form** are submitted in the database system, but the above criteria are not met, the form will appear on the Non-Vouched Report.

Health Coaching & Healthy Behavior Support Services (HBSS) Vouching Criteria

The Health Coaching/HBSS form with completed health coaching session information will be used to determine if a participant can be placed on the Health Coaching vouching report.

The Health Coaching/HBSS Form is submitted in the database system. Participants will be placed on the Health Coaching/HBSS Vouching list for each contact if the following criteria are met:

- The **Annual Enrollment, First Health Risk Assessment, Screening** and **Laboratory Assessment** all have visit dates that are the same as, or earlier than, the first health coaching contact date which is submitted in the database system.

- Participant has been listed on a FY2019-FY2020 cardiovascular screening services Vouching Report (this means the Laboratory Assessment has been vouched as well as the Screening Form) within this contract year.

- All Health Coaching contacts must be submitted in the database within the contract year.

Risk Reduction Counseling

Risk Reduction Counseling must be done at the time that the results of the screening visit are communicated to the client, and must be submitted in the database system **within 60 days** of the Height, Weight, and Blood Pressure Measurement Date.

Evaluation and Follow-Up Completion Vouching Criteria

For evaluation purposes, information from the **Second Health Risk Assessment** will be collected on participants who complete **an HBSS and/or three health coaching sessions (the latter in cases where the participant only does health coaching and no other HBSS)**, to see if any progress has been made. The **Second Health Risk Assessment and the CVD Evaluation Form, documenting the follow-up screening visit, need to be submitted in the database.**

The participant will complete a follow-up screening not less than four weeks but not more than six weeks, following completion of an HBSS and/or three health coaching sessions (the latter in cases where the participant only does health coaching and no other HBSS). If the participant is taking part in both health coaching and in one or more healthy behavior support service (HBSS), the follow up visit should take place after the participant has completed health coaching and ideally at least one of the HBSS.

The overall timeframe from a participant's initial screening to follow-up screening cannot be less than three months (90 days). The follow-up screening will include measurements of the participant's height, weight and blood pressure, as well as a second CVD health risk assessment.

The local program will be paid $75.00 for the follow-up screening visit, only if the CVD Evaluation Form (documenting the follow-up screening visit) and second health risk assessment are both submitted into the database.

Please note that the CDC considers <u>three</u> health coaching sessions as complete. The local program will not be paid for the follow-up screening visit, if it takes

place after two health coaching sessions instead of three, or if the follow-up screening visit takes place less than 90 days after the baseline-screening visit.

Please also note that the Evaluation Form is not allowed to be submitted in the system if the follow-up screening visit takes place less than 90 days after the baseline-screening visit.

Health Coaching Session following completion of Follow-up Screening Visit

At the Follow-up Screening Visit (Evaluation for data purposes), the CDC requires that the participant be referred to an additional health coaching session.

The local program will be paid $50 for completion of the additional health coaching session.

The CDC expects risk reduction counseling (RRC) to be completed in conjunction with the health coaching session. To receive payment, both RRC and the health coaching session need to be completed with the client.

The health coaching session will be vouched, only if the Evaluation Form has been submitted and the health coaching session is completed within the contract period.

To be vouched for the additional health coaching session, the local program needs to complete and submit the Health Coaching/Healthy Behavior Support Services 2 data entry form.

17. Health Care Provider Enrollment

Contractors shall conduct Healthcare Provider Recruitment as follows:

- Identify and recruit healthcare providers and laboratories to enroll as official providers of healthcare screening and diagnostic services for the CFY program.
  - Complete a new or renewal WISEWOMAN Healthcare Provider Agreement for each WISEWOMAN healthcare provider as needed.
  - **A separate Healthcare Provider Agreement needs to be completed for Breast and Cervical Cancer and WISEWOMAN Screening Services.**
  - Assure all new healthcare provider applications/agreements are submitted to the Department.
  - Update healthcare provider information after consulting with the Program Consultant (Breast and Cervical Cancer and/or WISEWOMAN).
- The Contracted CFY Local Coordinator is responsible for orienting the enrolled healthcare facilities/providers on all CFY requirements and program updates.
- The Contracted CFY Local Coordinator will work collaboratively with the Department to assure all enrolled healthcare providers within the designated service area collect and report the required data.

Healthcare providers in the state have an opportunity to participate in the *Care for Yourself*-WISEWOMEN Program. Providers who participate in the program must adhere to the following:

- **Sign a five-page contract -** The five-page contract allows health care providers to participate in the Program by agreeing to follow procedures described in each direct service section of the program's Provider Contract Manual. Refer to the health care provider enrollment agreement forms.
  - *Care for Yourself* – WISEWOMAN Cooperative Agreement
  - *Care for Yourself* – WISEWOMAN Application for Health Care Facility and Health Care Provider Enrollment
- **Copy of the facility W-9 form.**
- **Copy of CLIA (Clinical Laboratory Improvement Amendments, standards for laboratories) Certificate,** if applicable.

- **Accept the fee schedule -** Refer to the Health Care Provider website http://WISEWOMANw.idph.iowa.gov/cfy/information-for-healthcare-providers, for a complete list of services and the program's reimbursement rates.
- **Supply needed data about program participants screened.**
- **Submit for reimbursement of procedures according to program guidelines -** Procedures are reimbursed for enrolled clients according to the guidelines set by the program's funder, the Centers for Disease Control and Prevention. These guidelines are designed to meet the greatest public health need.
- **Assure staff participation in professional continuing education** and training necessary to provide competent breast and cervical cancer screening, cardiovascular screening, diabetes screening, and follow up services.
- **Assure that healthcare providers serving the clients of the program have a valid, current license, certification or registration** to practice their profession or occupation as required by state statutes.
- **Maintain appropriate state and federal occupational and facility licenses and certifications** required to perform the services provided.
- **Utilize only the contracted providers for referral.**
- **Discuss with client the services that are not covered by the Program and how those services will be paid for.**

Email the five-page contract with the attached Cooperative Agreement and Application for Health Care Facility and Provider Enrollment to Sonya Loynachan at Sonya.loynachan@idph.iowa.gov

Questions on provider agreement/application, please call Sonya Loynachan, Program Manager at 515-725-0693.

18. Compensation & Billing for Health Care Providers

Compensation and Billing

Before being reimbursed by the *Care for Yourself*- WISEWOMAN Program healthcare providers agree to provide reports of findings and recommendations which are necessary to compile data and reports to the funder, the Centers for Disease Control and Prevention.

The *Care for Yourself* - WISEWOMAN Program contracts with Medical Billing Services (HSMBS) to process claims and reimburse health care providers for covered services.

Reimbursable Services

Program reimbursement services and payment schedule can be found on the Care for Yourself website **- http://WISEWOMANw.idph.iowa.gov/cfy/information-for-healthcare-providers.**

Federal law requires that reimbursement with federal funds may not exceed Iowa Medicare Part B rates. Medicare and IA CFY Program reimbursement rates are updated annually. A woman enrolled in the IA CFY Program should not be billed for:

- Any *Care for Yourself*- WISEWOMAN Program covered service, and
- Collection and transportation of specimens. These costs are to be included in the office visit reimbursement. They should not be billed separately.

Claims Processing: Contact Medical Billing Services (HSMBS)

(Please note the new billing service and address)

- Submit claims for reimbursement of services to MBS at the address below:

Paper submissions sent to:	Electronic claims (837p)
Medical Billing Services	TriZetto Provider Solutions
Attn: Iowa Screening Program	One Financial Plaza
500 East Court Avenue, Suite 305	501 N. Broadway, 3rd floor
Des Moines, IA 50309-2057	St. Louis, MO 63102

Questions related about claims can be directed to 515-237-3974, ask to speak about the Iowa Screening Program.

All reimbursements will be paid by Medical Billing Services, dba Iowa Screening Programs.

The current Iowa Screening Program-issued Member Identification Number for each participant must be included to ensure claims are process in a timely manner.

HSMBS follows the Center for Medicare Services guidelines for claim submission and implementing the Clean Claims Initiative. HSMBS will comply with the ANSI 5010 format and require submission of an 837p claim file.

All claims will be submitted through the participating provider's clearinghouse. The participating provider's billing or credentialing department is required to communicate with its clearinghouse and request transmission to HSMBS payer identification HSMBS

Third- Party Billing

The Care for Yourself – WISEWOMAN program is the payer of last resort. Participating healthcare providers agree to file insurance, Medicare and other third-party claims first. Participating healthcare providers agree to accept the rates listed on the Fee Schedule as payment in full.

If the third-party payment is greater than or equal to the maximum allowable cost described in the Fee Schedule, that amount must be considered payment in full. The program or the client **MUST NOT BE BILLED** for services.

If the third-party payment is less than maximum allowable costs described in the Fee Schedule, the claim should be sent to the Program, along with a copy of the explanation of benefits from the third-party payer. **The client must not be billed for these services.**

19. Quality Assurance and Quality Improvement

Quality assurance and improvement are integral components of the CFY-WISEWOMAN Program and contribute to program success. The purpose of quality assurance and improvement is to:

- Ensure the quality of services delivered through the program;
- Monitor performance and identify opportunities for improvement;
- Plan effective strategies for improving services;
- Program requirements and monitoring activities include:
  - Professional Licensure and Accreditation – health facilities and professionals must be currently licensed or accredited to practice.
  - Reporting standards for radiological, laboratory and pathology – reports must be reported according to national standards
  - Standards for adequacy of follow-up – data reports track appropriate and timely diagnostic, short-term and rescreening services
  - Case Management services – local program staff evaluate needs, implement plans and refer participants who need diagnostic services and/or are diagnosed with cancer or heart disease risks
  - Accurate data and documentation – Minimum Data Elements (MDE) are reported to CDC semiannually
  - Evaluations – reports (e.g. but not limited to: mid-year program progress report and end-of-year final program report) are completed routinely and as needed to assess how well CFY-WISEWOMAN Program is meeting CDC-set goals and
  - Adherence to CDC policies and guidelines.

Local Coordinators (LCs) are required to attend the Health Care Provider Site Visits for all regional providers.

20. IDPH WISEWOMAN Contact Information

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WISEWOMAN Program
Program Manager
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sonya.loynachan@idph.iowa.gov

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WISEWOMAN Program
Intervention Coordinator and Evaluation Specialist
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21. Resources

- **American Heart Association**

  https://www.heart.org/en

- **Blood Pressure**

  The Eight Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 8)
  http://thepafp.org/website/wp-content/uploads/2017/05/2014-JNC-8-Hypertension.pdf

  United States Preventive Services Task Force (USPSTF) – Screening for High Blood Pressure Task Force Recommendation's

  https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hypertension-in-adults-screening

- **Cholesterol**

  https://www.cdc.gov/cholesterol/materials_for_professionals.htm

- **Diabetes**

  American Diabetes Association Clinical Practice Recommendations:
  http://professional.diabetes.org/ResourcesForProfessionals.aspx?cid=84160

  CDC Diabetes: https://www.cdc.gov/diabetes/index.html

- **Diet – Healthy Eating**

  Dietary Guidelines for Americans
  https://health.gov/our-work/nutrition-physical-activity/dietary-guidelines/previous-dietary-guidelines/2015

  DASH eating plan
  https://www.nhlbi.nih.gov/health-topics/dash-eating-plan

- **Heart and Stroke**

  Million Hearts Initiative: https://millionhearts.hhs.gov/

  CDC Heart Disease and Stroke Prevention: https://www.cdc.gov/dhdsp/

- **Medline Plus**

  https://medlineplus.gov/
  A service of U.S. National Library of Medicine and the National Institutes of Health. Site contains information on more than 650 health topics, drug information, a medical encyclopedia, and dictionary, as well as directories, current news and interactive tutorials. (Select articles available in 40 different languages, downloadable in PDF format.)

- **Medication Access**

  Due to federal funding rules WISEWOMAN program funds cannot be used for treatment, including medication. Therefore, State/Tribal programs must develop a system to ensure access to free or low-cost medications for women who require this augmentation to lifestyle behavior changes.

  Minimum data elements related to medication access for women with alert screening values must be collected and submitted to CDC.

  A list of potential resources follows.*

  - **SafeNetRx**
    safenetrx.org
    SafeNetRx programs serve the unique medication needs of safety net patients, health providers, and pharmacies.

    Safety net patients in Iowa represent a diverse group of individuals with unique and significant health challenges. A safety net patient is generally defined as an uninsured or underinsured individual with a household income of 200% of the Federal Poverty Level or below. Patients meeting this criteria, may include working adults who have purchased health insurance on the Federal Exchange; temporarily dislocated workers; justice-involved populations; relocated minority populations, or even Medicare participating Iowans.

    SafeNetRx programs enable health providers such as pharmacies, Federally Qualified Health Centers, Free Clinics, Critical Access Hospitals, Primary Care and Specialty Clinics, Community Mental Health Centers, Rural Health Clinics, and others to serve the unique medication needs of vulnerable patients at little or no cost.

To check whether a WISEWOMAN participant is eligible to take part in the SafeNetRx Medication Assistance Program, please contact Dr Jaclyn Myers at 515-276-0066 or pharmacy@safenetrx.org

- **State Pharmaceutical Assistance Programs**

  https://www.ncsl.org/research/health/state-pharmaceutical-assistance-programs.aspx
  It identifies states that have programs to provide pharmaceutical coverage or assistance, primarily to low-income older people or people with disabilities who do not qualify for Medicaid.

- **340B Drug Pricing Program**

  https://www.hrsa.gov/opa/index.html
  This website is a Health Resources and Services Administration program that gives certain Federally-funded grantees access to low-cost pharmaceutical drugs.

- **Goodrx.com**

  The website compares the prices of pharmaceutical drugs available at local pharmacies.

- **Medicine Assistance tool.org**

  https://medicineassistancetool.org/

  Pharmaceutical Research and Manufacturers of America (PhRMA) created the Medicine Assistance Tool (MAT) to provide a dedicated search engine that allows users to search for financial assistance resources available to them, their loved ones or patients in their lives through the various biopharmaceutical industry programs available for patients who are eligible.

  Building upon the Partnership for Prescription Assistance (PPA), MAT gives patients, loved ones and health care providers a single point of access to hundreds of public and private assistance programs, as well as connecting them with more transparent information about the cost of medicine.
  PhRMA represents the top innovative biopharmaceutical research companies. MAT is the result of an ongoing effort between PhRMA, health care providers, pharmacists, patient advocacy organizations and community groups interested in helping patients access the information they need to be more empowered as they navigate a complex, and sometimes overwhelming, health care system. MAT's focus is to help people who visit the site be more aware of the various programs that make prescriptions more affordable for those in need.

  The groups that support MAT include the largest and most influential in health care, ranging from patient groups to consumer groups to health care provider organizations and more.

MAT is a free-to-use search engine that focuses its searches on patient assistance resources available to eligible patients.

- **Rx Assist**

  https://www.rxassist.org/
  A Web site developed by Volunteers in Health Care, a program of the Robert Wood Johnson Foundation, to provide health care practitioners with information on how to access programs that offer a limited supply of free or low-cost medications.

- **Rx Hope**

  https://www.rxhope.com/
  A free program that helps physician's offices apply for, obtain, and track requests for no-cost medications offered by Federal, State, and charitable organizations.

*** NOTE:** Links to non-Federal organizations in this document are provided solely as a courtesy to health care providers and agencies. These links do not constitute endorsements of these organizations or their programs by CDC or the Federal government. CDC nor the state program is responsible for the content of the individual organizations' Web pages found at these links.

- **Office on Women's Health**

  https://www.womenshealth.gov/
  This site provides information to inform and influence policies, to educate the public, to educate health professionals and to support innovative programs. *Maintained by the U.S. Dept. of Health & Human Services.*

- **National Women's Health Network**

  https://nwhn.org/
  Provides newsletters and position papers on women's health topics.

- **Office of Minority Health**

  https://www.minorityhealth.hhs.gov/
  The Office is dedicated to improving the health of racial and ethnic minority populations through the development of health policies and programs that will help eliminate health disparities.

- **Obesity**

  NIH: Obesity, Nutrition, and Physical Activity
  https://www.nhlbi.nih.gov/science/obesity-nutrition-and-physical-activity

  The Practical Guide: Identification, Evaluation, and Treatment of Overweight and Obesity in Adults

https://www.nhlbi.nih.gov/files/docs/guidelines/prctgd_c.pdf

- **Physical Activity**

  Physical Activity Basics
  https://www.cdc.gov/physicalactivity/basics/index.htm

  Surgeon General's recommendations for physical activity
  https://www.hhs.gov/surgeongeneral/reports-and-publications/physical-activity-nutrition/walking-executive-summary/index.html

  The Task Force on Community Preventive Services Findings on Physical Activity
  https://www.thecommunityguide.org/content/task-force-findings-physical-activity

- **Tobacco Cessation**

  Quitline Iowa
  https://www.quitlineiowa.org/en-US/

22. Glossary

A1C Test – Glycated hemoglobin, as known as hemoglobin A1c or A1C, or sometimes also HbA1c. It is a hemoglobin test to measure the average plasma glucose concentration over previous months (approximately over six to 12 weeks of time; over a period of 120 days) to assess how diabetes is being controlled and is used in conjunction with home blood sugar monitoring to make adjustments in medicines for patients with diabetes.

ATP III – Adult Treatment Panel III Report (National Cholesterol Education Program, 2001).

BCCEDP - Breast and Cervical Cancer Early Detection Program a State/Tribal-level program is federal funded through the CDC resulting from the Breast and Cervical Cancer Mortality Prevention Act of 1990 (Public Law 101-354) legislated in 1995.The WISEWOMAN program was a legislative supplement to the Breast and Cervical Cancer Mortality Prevention Act, in 1993 through legislative. WISEWOMAN originally began as a demonstration project and then as a program in 1995

BODY MASS INDEX (BMI) – A measurement of body mass that is correlated with skinfold thickness and body density

BP - Blood Pressure

CARDIOVASCULAR – Pertaining to the heart and blood vessels

CDC – Acronym for Centers for Disease Control and Prevention

CFY – *Care for Yourself*

CLIA – Clinical Laboratory Improvement Amendments standards for laboratories

CHOLESTEROL – A waxy, fat-like substance present in every cell in the body and in many foods

CVD – Acronym for Cardiovascular Disease.

DASH – Dietary Approaches to Stop Hypertension

DBP – Diastolic blood pressure

DHHS – Department of Health and Human Services

DIABETES – Diabetes mellitus is a chronic syndrome of impaired carbohydrate, protein, and fat metabolism due to insufficient secretion of insulin or to target tissue insulin resistance

DIAGNOSTIC SERVICES – Services rendered to a client who needs follow up after a screening visit that resulted in an abnormal finding

FASTING – Abstaining from all food and drink, 9 hours

FOLLOW UP VISIT – A scheduled repeat visit with a client to reevaluate a condition that was noted at the screening visit, as abnormal or alert value

HCP – Health Care Provider

HC - Health Coach

HBP – High Blood Pressure

HBSS – Healthy Behavior Support Services

HDL-C – High-density lipoprotein cholesterol

HIPAA (Health Insurance Portability and Accountability Act) – The federal law that protects personal medical information and recognizes the rights to relevant medical information of family caregivers and others directly involved in providing or paying for care

HTN – Hypertension

HYPERTENSION – Persistently high arterial blood pressure

JNC 8 – The Eight Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure http://thepafp.org/website/wp-content/uploads/2017/05/2014-JNC-8-Hypertension.pdf

LC – Local CFY-WISEWOMAN Program Coordinator

LDL-C – Low-density lipoprotein cholesterol

LIPID PANEL – A group of blood tests that determines risk of coronary heart disease; includes total cholesterol, HDL, LDL, and triglycerides

MDE – Minimum data element

MTM – Medicated Therapy Management

NDPP – National Diabetes Prevention Program

NHLBI – National Heart, Lung, and Blood Institute

NIH – National Institutes of Health

OBESE – A body mass index (BMI) of 30 or above

RISK FACTORS – An aspect of personal behavior or lifestyle, environment exposure, or inherited characteristic which, on the basis of epidemiologic evidence, is known to be associated with a health related condition considered important to prevent

SCREENING GUIDELINES – Screening requirements for WISEWOMEN for reimbursement by program funder

SBP – Systolic blood pressure

SMBP – Self Monitoring Blood Pressure

TLC – Therapeutic lifestyle changes

Triglycerides – According to Mayo Clinic, triglycerides are a type of fat (lipid) found in your blood. When you eat, your body converts any calories it doesn't need to use right

away into triglycerides. The triglycerides are stored in your fat cells. Later, hormones release triglycerides for energy between meals. If you regularly eat more calories than you burn, particularly "easy" calories like carbohydrates and fats, you may have high triglycerides (hypertriglyceridemia)

WISEWOMAN - (Well-Integrated Screening and Evaluation for Women Across the Nation)

WWE - (Walk With Ease)

YMCA BPSM - YMCA Blood Pressure Self-Monitoring Program