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- Caroline R. Norman, MD & Stephanie Supple, RN
  Lafayette, LA

Tracking Your Way to Success:
Women's Heart Program Justifies Its Existence
by Kristi Montgomery
The Ireland Report (From the Snowmass Institute - www.snowinst.com) on Succeeding in Women's Health - May/June 2002

This is the second half of our article on women's cardiology. Even if you do not have a program, I guarantee that this article contains many take-home ideas. The program's mission is to educate, identify, and intervene - goals that easily apply to other health programs. After reading the article, I'm sure you'll agree that there are many correlations that can be made along with sound marketing techniques vital to this program's continued success -Publisher

Last month, The Ireland Report looked at trends in women's cardiac programming. Women's cardiac initiatives, once perceived as unnecessary, are growing in number. While few argue the value of these programs to the women they serve, the reality in health care today is that a program's growth and longevity is dependent on its ability to document positive clinical and financial outcomes. Lack of tracking looms as a threat to many well-intentioned programs whose main downfall is the inability to prove their worth to the institutions they serve.

Justifying its existence is not a problem for the Women's Heart Program at Our Lady of Lourdes Regional Medical Center in Lafayette, Louisiana. In 200l, the program generated $500,000 in residual hospital charges that produced $252,000 in revenue and another $40,000 in hospital lab revenue. Non-invasive testing increased by 32% and 21% of the patients were given physician referrals. On the patient side, 38% increased their physical activity, 22% are exercising five days/week and 24% have lost weight. Prior to the program's existence, Lafayette women identified cancer as their greatest health risk. In 200l, they identified heart disease as their greatest risk.

Stephanie Supple, RN, is the Administrator of Clinical Research and Grants for Our Lady of Lourdes Regional Medical Center, Franciscan Missionaries of Our Lady Health System. Internist Caroline Norman, MD, is the Medical Director of the Research and Grants Department, the Women's Service Line, and the Women's Heart Program, where she also provides full-time medical care. Supple's nine years as a CV service line manager taught her valuable lessons about data analysis, outcomes, and benchmarking. Norman's years of documenting the failures of traditional disease-oriented medicine and the successes of preventive medicine taught her the value of holistic health care for women. When they combined their expertise, the result was a research-based program that benefits both the community and the hospital.

In the fall of 1999, Supple and Norman set out to determine if a dedicated women's heart program was a viable option for Our Lady of Lourdes. Aware of national statistics, they began an in-depth analysis of internal and external data. Both women are firm believers in letting data guide program decisions. Supple says, "In health care, many program decisions are made based on personal observations. This is unwise, because it assumes you know what your community wants and needs. You are far more effective if you survey for the information you need to address a population. Data takes the guesswork out of how you plan and implement a program." They point out that the secondary gain to pre-program data analysis is you establish a baseline upon which to measure your impact once your program is operational. It came as no surprise to Supple and Norman that data indicated service gaps and program needs. Regarding data, Supple warns, "Don't be falsely comforted by cumulative data that shows your patient split is 50% male and 50% female. There are multiple DRGs within the CV service line that must be analyzed after being broken down by age, gender, and race. In our case, we found significant financial and utilization discrepancies between male and female patients."

Armed with strong supporting data, Supple and Norman began researching existing programs. They found that most programs offered education and screening but rarely provided the important monitored follow-up services so vital to risk factor modification. They also found that there were no existing tracking programs to measure prescribed interventions (i.e. exercise initiation, diet modification, drug therapy, etc). Intent on establishing a program that had a measurable impact on women's health, they designed the Women's Heart Program utilizing the Closed Loop to Care Approach, a 5-phase model which offers multiple access points to research based, multi-faceted program.

The Women's Heart Program opened in July 2000. Its mission is to educate women and healthcare providers about the prevalence of heart disease in women, to identify women at risk for heart disease, and to intervene in a manner appropriate to the differences in a woman's heart The program is staffed by one full-time and one part-time physician, one full-time RN program coordinator, one full-time LPN office nurse, an office manager, and an exercise physiologist and dietitian, both of whom are charged out to the program by other departments. Supple is responsible for business development and data acquisition and analysis. The program is located in a medical building adjacent to the hospital, in a physician practice environment.

Components of the program include:

Phase I. Education and Awareness
Community and healthcare provider education, free self-administered risk assessments, and risk factor, nutrition, and exercise information.

Phase II. Risk Identification
For women wanting more definitive health status information, this phase builds on the self-administered risk assessment by adding objective lab data and a nurse consultation. If problems are identified, a woman is encouraged to seek treatment from her primary care physician (PCP). if there is no PCP, or if a woman prefers, she can follow-up with one of the program's physicians.

Phase III. Identification and Intervention
Involves intervention by one of the program's physicians. Intervention includes an extensive history and physical, in-depth risk factor analysis, and diagnostic testing done in the facility. Women with identified disease are referred to appropriate specialists, with the understanding that they can utilize the Women's Heart Program for risk factor modification.

Phase IV. Intervention and Education
Provides risk factor modification clinics for lipids, hypertension, diabetes, nutrition, exercise,

gender specific smoking cessation and hormone replacement counseling. A multi-disciplinary team offers monthly seminars.

Phase V. Tracking and Benchmarking
Supple and Norman developed a comprehensive tracking and benchmarking program that tracks all patient and program outcomes. The program includes information on: 1) what to track, 2) where to access information, 3) who does the tracking, 4) who maintains the integrity of the data, 5) what systems are used to collect the data, and 6) the purpose of the data and with whom it will be shared. They wrote the module that tracks all risk factor prescriptions (exercise initiation, diet modification, drug therapy, etc.) and provides vital patient outcomes data. Questions about the Women's Heart Program are answered with research-based responses, not gut-feeling guesses. Information gathered through the tracking process is used to guide all program initiatives and decisions.

All patients early a card that identifies them as a program participant Hospital personnel collect data every time a patient accesses hospital services. Prior to program launch, meetings were held with admitting personnel to educate them about the program and its data needs. Emphasis was placed on the importance of collecting data in admitting and on how the department's participation would benefit women in the community. Following the meeting, all attendees were sent a gift in appreciation of their time and upcoming help. After one year of data collection, results were shared with admitting personnel, and again, they were sent a gift thanking them for their contributions to the program's success and encouraging them to keep up the good work.

Women either self-refer to the program or are referred by their healthcare providers.
The role of the physicians in the program is to assess risk factors, identify intervention strategies, educate women, and provide risk factor follow-up care as needed. The physicians do not provide primary care, nor do they have hospital admitting privileges. Great care is taken to work collaboratively with a woman's PCP or, if necessary, to establish a PCP for a woman. OB/GYNs are a major referral source. Says Norman, 'They don't have the time or expertise to do extensive risk assessment and education. They don't see us as threats because they know we won't steal their patients. We do the preventive medicine we love to do, they do what they love to do, and the ultimate winner is the patient" Supple acknowledges the cardiologists were initially leery. "When we told them that the physicians wouldn't have admitting privileges, they relaxed and realized that this program would actually be a referral source for them."

While doing a women's heart disease education program for a local school district, Supple and Norman were approached by the district's Human Resource manager, who said the district had a wellness benefit but nowhere to use it. Says Supple, "She asked if we could structure something for the district so the benefit could be used. This led us to develop the Prevention, Intervention, and Wellness initiative that now serves the corporate community and any men who desire the same type of preventive approach we utilize in the Women's Heart Program." Norman says, "This is a tremendous asset. We'd screen women, and they'd ask if their husbands could come in. Men were reluctant to come through a door marked Women's Heart Program, so the Prevention, Intervention, and Wellness addition makes them more comfortable and also gives us a vehicle to interact with the business community." The same space is utilized and door signage now lists both programs.

When their internal research showed that women heart disease survivors wanted to learn about heart disease from other women survivors, Supple and Norman identified four survivors, two Caucasian and two African-American, and asked if they'd share their stories on a video that would be used to educate women about heart disease. The women eagerly agreed and in February 2001, the Women's Heart Program hosted the Breakfast of Champions. Says Supple, "We invited women heart disease survivors and shared our research data with them, telling them 'this is what you said you wanted and needed from our heart program.' Nancy Loving, the Executive Director of WomenHeart was our guest speaker. With our four video stars in

attendance, we showed the video. The result was a powerful, Oprah-like experience, with women standing one by one to share their stories. It was very moving and gave us valuable programming information for future use."

With a minimal marketing budget and no professional marketing expertise available, Supple and Norman developed marketing strategies using their creative energies and knowledge about women in their community. Core strategies included: I) give women something they can relate to, regardless of their age, 2) market the program and educate women at the same time, using cutting edge technology (in I addition to time Breakfast of Champions video, they developed an interactive educational CD-ROM about women and heart disease); and 3) conduct low cost/high yield events.

Future plans for the program include collaboration with a local girls school to teach heart healthy behavior at an early age and collaboration with African-American pastors' wives to reach the very vulnerable African-American female population.

Clearly, the Women's Heart Program is a clinically excellent program whose beneficiaries are the women of Lafayette, Louisiana. In August 2001, the Women's Heart Program received the 10th Annual Award of Excellence for Comprehensive Women's Ambulatory Service from the National Association of Women's Health.

Supple and Norman's excitement about the program is contagious. They eagerly share their expertise with others through a needs-based preceptor program. Supple says, "We're just a small community hospital doing our part to improve the health of the women we serve. Our success is proof that you don't have to come from a large, academic institution in order to make a difference." We couldn't agree more!