



TRANSFORM

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Risk Reduction by Lifestyle Management: How to Reinvigorate Your Daily Clinical Practice

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**Cardiology and Interventional Vascular Associates,
Dallas, TX**


March 14, 2015

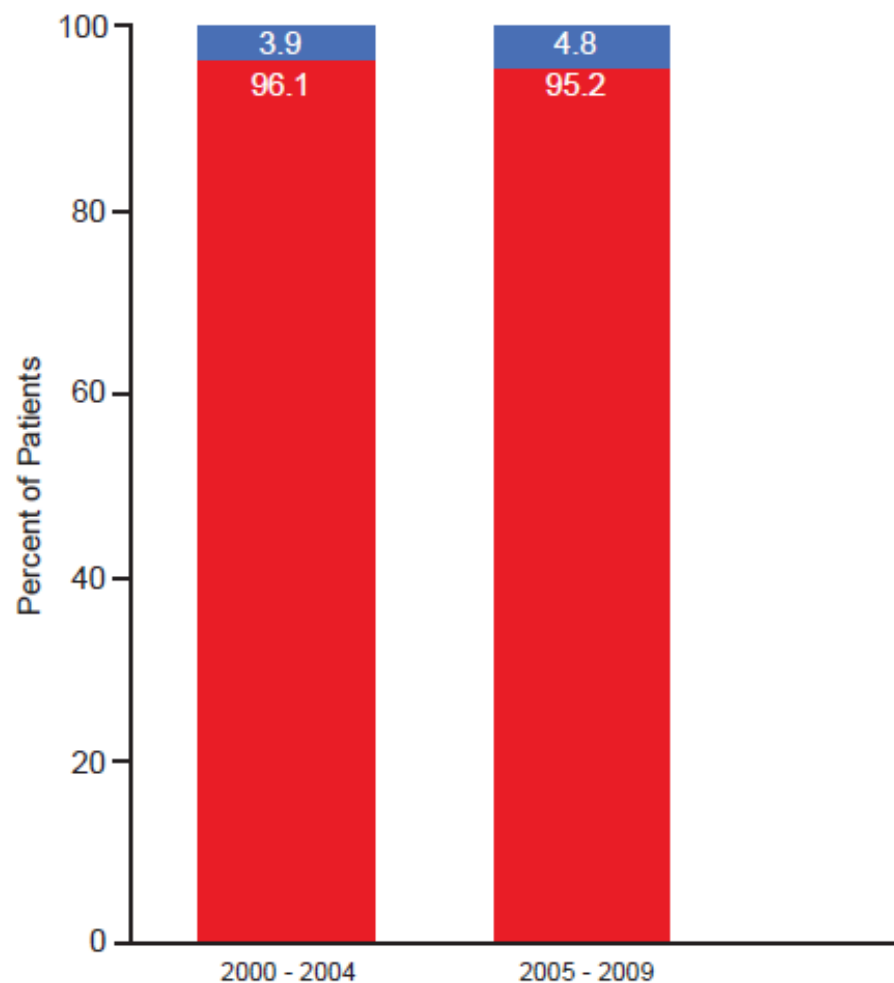
In a group of 100 adults in the US:

- **69** are overweight or obese
- **35** are obese
- **79** do not meet recommended physical activity guidelines
- **33** have hypertension
- **36** have prehypertension
- **32** have high LDL cholesterol
- **20** have low HDL cholesterol
- **34** have the metabolic syndrome
- **18** smoke cigarettes
- **9** are diagnosed diabetics
- **3** are undiagnosed diabetics
- **35** have prediabetes
- **Only 3 are non-smokers, not overweight, physically active and eat a healthy diet!**
- **Only 1 will exhibit ideal cardiovascular health for all 7 American Heart Association metrics!**

Temporal Trends in the Achievement of Atherosclerotic Cardiovascular Disease Risk Factor Goals During Cardiac Rehabilitation (n=12,984; Manuscript In Review)

 Percent with ≥ 1 biomarkers not at ideal level at CR completion

 Percent with all biomarkers at ideal level at CR completion



“Third-party payers should cover the costs of evidence-based alternative models of delivery that have been shown to be effective in peer-reviewed published clinical trials...”



Circulation

JOURNAL OF THE AMERICAN HEART ASSOCIATION



**Referral, Enrollment, and Delivery of Cardiac Rehabilitation/Secondary
Prevention Programs at Clinical Centers and Beyond : A Presidential Advisory
From the American Heart Association**

Gary J. Balady, Philip A. Ades, Vera A. Bittner, Barry A. Franklin, Neil F. Gordon,
Randal J. Thomas, Gordon F. Tomaselli and Clyde W. Yancy

Circulation 2011, 124:2951-2960: originally published online November 14, 2011
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“Given Americans’ increasing access to mobile phones and Internet, telemedicine programs are emerging as promising alternatives to in-person programs, with improved accessibility and reduced costs”



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REVIEW TOPIC OF THE WEEK

Cardiac Rehabilitation and Risk Reduction



Time to “Rebrand and Reinvigorate”

Pratik B. Sandesara, MD,* Cameron T. Lambert, MD,* Neil F. Gordon, MD, PhD, MPH,† Gerald F. Fletcher, MD,‡
Barry A. Franklin, PhD,§ Nanette K. Wenger, MD,* Laurence Sperling, MD*

ABSTRACT

Atherosclerotic cardiovascular disease (ASCVD) continues to increase annually in the United States along with its associated enormous costs. A multidisciplinary cardiac rehabilitation (CR) and risk reduction program is an essential component of ASCVD prevention and management. Despite the strong evidence for CR in the secondary prevention of ASCVD, it remains vastly underutilized due to significant barriers. The current model of CR delivery is unsustainable and needs significant improvement to provide cost-effective, patient-centered, comprehensive secondary ASCVD prevention. (J Am Coll Cardiol 2015;65:389-95) © 2015 by the American College of Cardiology Foundation.

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“ I quit smoking, started exercising. It’s amazing how much energy I have today.
Carolyn, living with High Blood Pressure

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Congenital Heart Defects

THRIVE

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DISCOVER

The Latest Heart Research and Events

Stress Hinders Heart Attack Recovery in Women
Feb 10, 2015

CardioSmart *OnCall*

Are you struggling to find the time, resources or infrastructure to provide meaningful lifestyle management services as part of regular office visits?

We have a solution for you — Provide your patients with guideline-based lifestyle management programs that work.



Offer your patients the opportunity to enroll in a proven lifestyle management program featuring:

- Health risk assessments
- Online baseline assessment providing lifestyle management and cardiovascular disease risk reduction goals and an action plan for achieving goals
- Comprehensive one-on-one telephonic coaching program or individualized web self-help programs
- Guided assistance with making and adhering to healthy lifestyle changes, including physical activity/exercise, nutrition, weight management, stress management and tobacco cessation
- Follow-up assessments with computer generated reports
- Participant tracking to increase compliance
- Option for physician involvement and compensation
- Aggregate outcomes reports

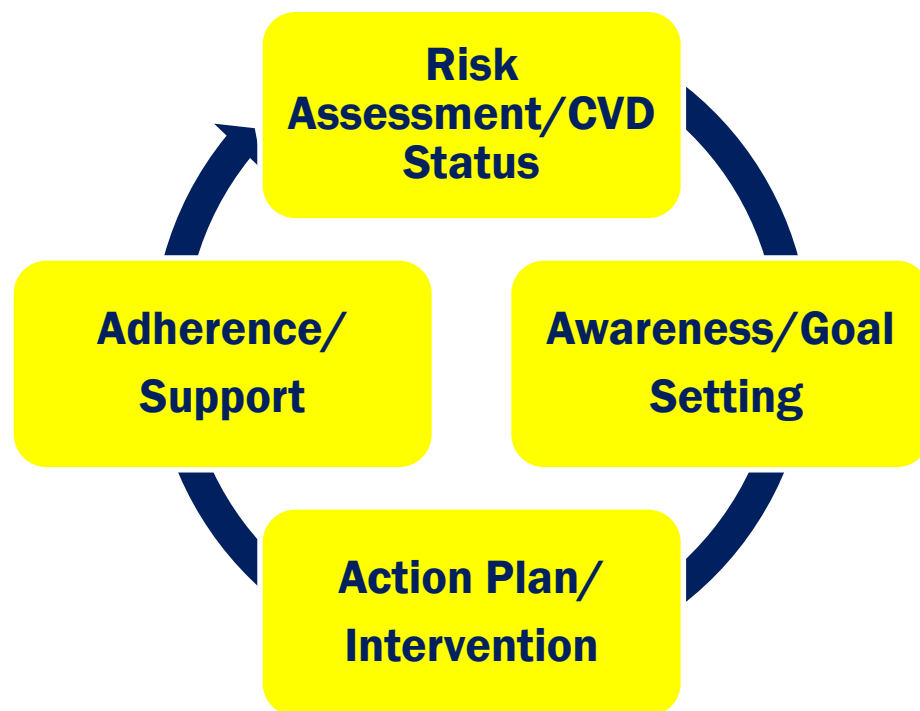
Together, the American College of Cardiology and INTERVENT provide immense expertise. This unprecedented partnership allows your practice easy access to trusted resources and content. Programs are integrated with each patient's regular medical care. Your practice can receive fees for certain services you provide to support this program.

For more information including FAQs, revenue generation and program pricing options please visit us at www.CardioSmart.org or contact us at cardiosmart@myintervent.com



- Most adult Americans do not lead a healthy lifestyle.
- Physicians are enthusiastic about prevention. However, they generally don't have the time, resources or infrastructure for the provision of certain preventive services (especially lifestyle management).
- CardioSmart *OnCall* allows physicians to provide their patients with credible, affordable, evidence-based lifestyle management programs without burdening them or their staff with significant additional work or overhead.

- Expertise in CVD education and treatment
- Enable performance measurement
- Support for novel technology solutions
- Scaled delivery of research-driven improvement programs
- Proven results (~100 published manuscripts/abstracts) and >1.5 million participants



Online Risk Assessment and Reports

- Wellness and ASCVD risk scores
- Comprehensive goals and action plan reports for participant
- Physician summary report

Online Lifestyle Management Programs

- Exercise/physical activity
- Nutrition
- Weight management
- Stress management
- Tobacco cessation

Telephonic/Online Health Coaching Programs

- Formal, structured approach to behavior change/risk reduction
- Comprehensive approach
- Address multiple behaviors and risk factors in an integrated manner

Key Program Elements*

- Comprehensive risk assessment and reports
- Health portal (recipes, challenges, health tips and more)
- 18 telephonic coaching sessions over one year
 - Individualized goals and action plan
 - Educational kits and audios on multiple behaviors and risk factors
 - Meal and exercise plans
 - Food and exercise diaries
- Follow-up evaluations and progress reports
 - 12 weeks
 - 12 months
 - Once or twice per year in subsequent years
- Available in English and Spanish
- Option for physician involvement (ability for physicians to review and provide input into participant reports using secure online portal)

**This is the most effective program. Other options are available.*

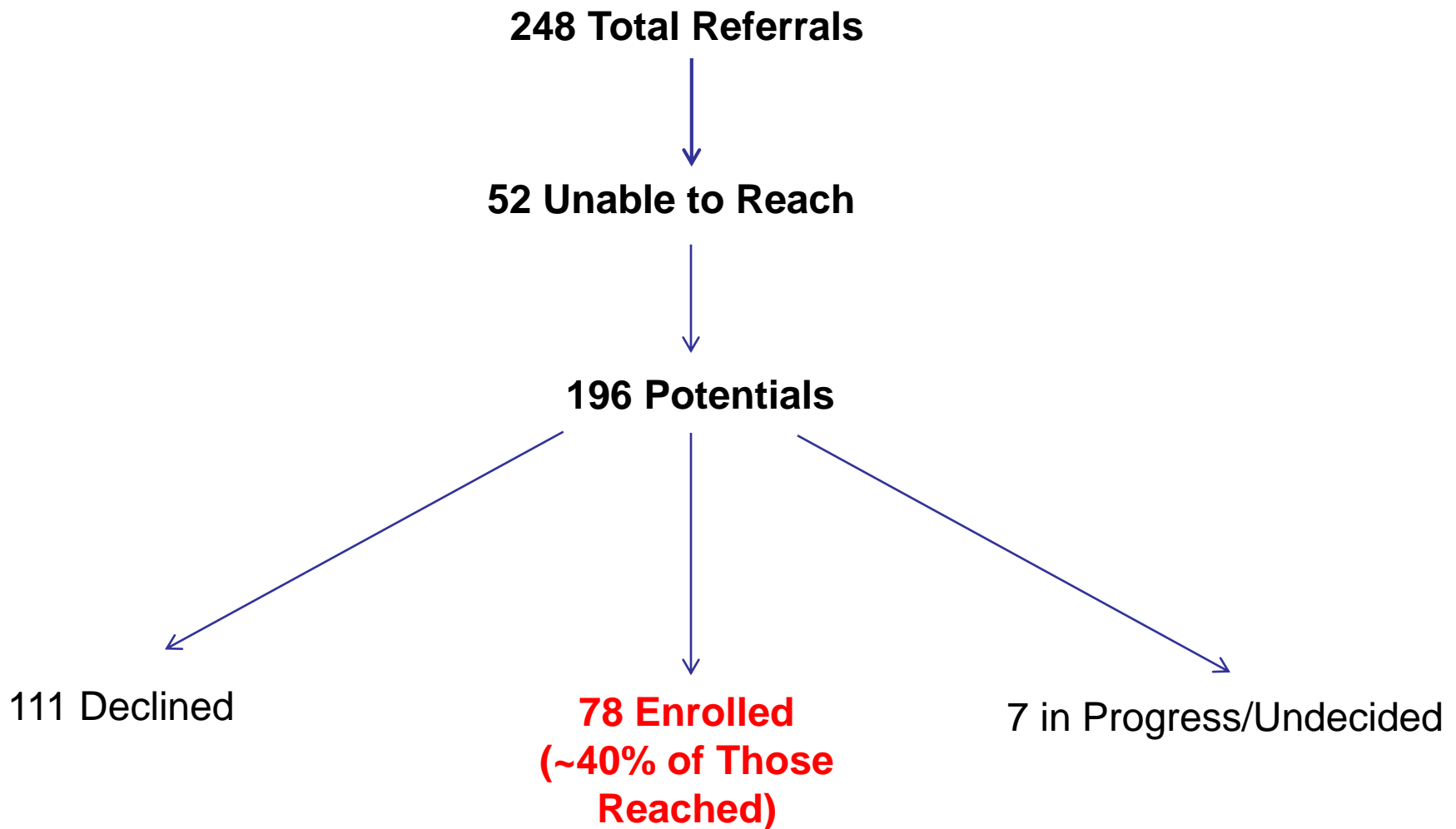
Uses a formal structure, for both coach and participant, to achieve pre-specified goals. Core components of program include:

- Risk Factor Determination
- Goal Setting (guideline-based)
- Action Plan Formulation (guideline-based)
- Action Plan Implementation
- Follow-up Evaluation and Progress Reports
- Compliance Enhancement/Tracking
- Aggregate Outcomes Assessment

Consider Referring Patients with The Following Conditions or Needs:

- Atherosclerotic cardiovascular disease
- Prehypertension/hypertension
- Hyperlipidemia
- Prediabetes/diabetes
- Metabolic syndrome
- Overweight/obesity
- Other patients who can benefit from making and adhering to meaningful lifestyle changes

Dr. Martin Berk: Referral and Enrollment Statistics for a Single Cardiologist During the Past ~12 Months



Dr. Martin Berk: Cardiologist's Patients Who Completed the Risk Assessment (n=79)



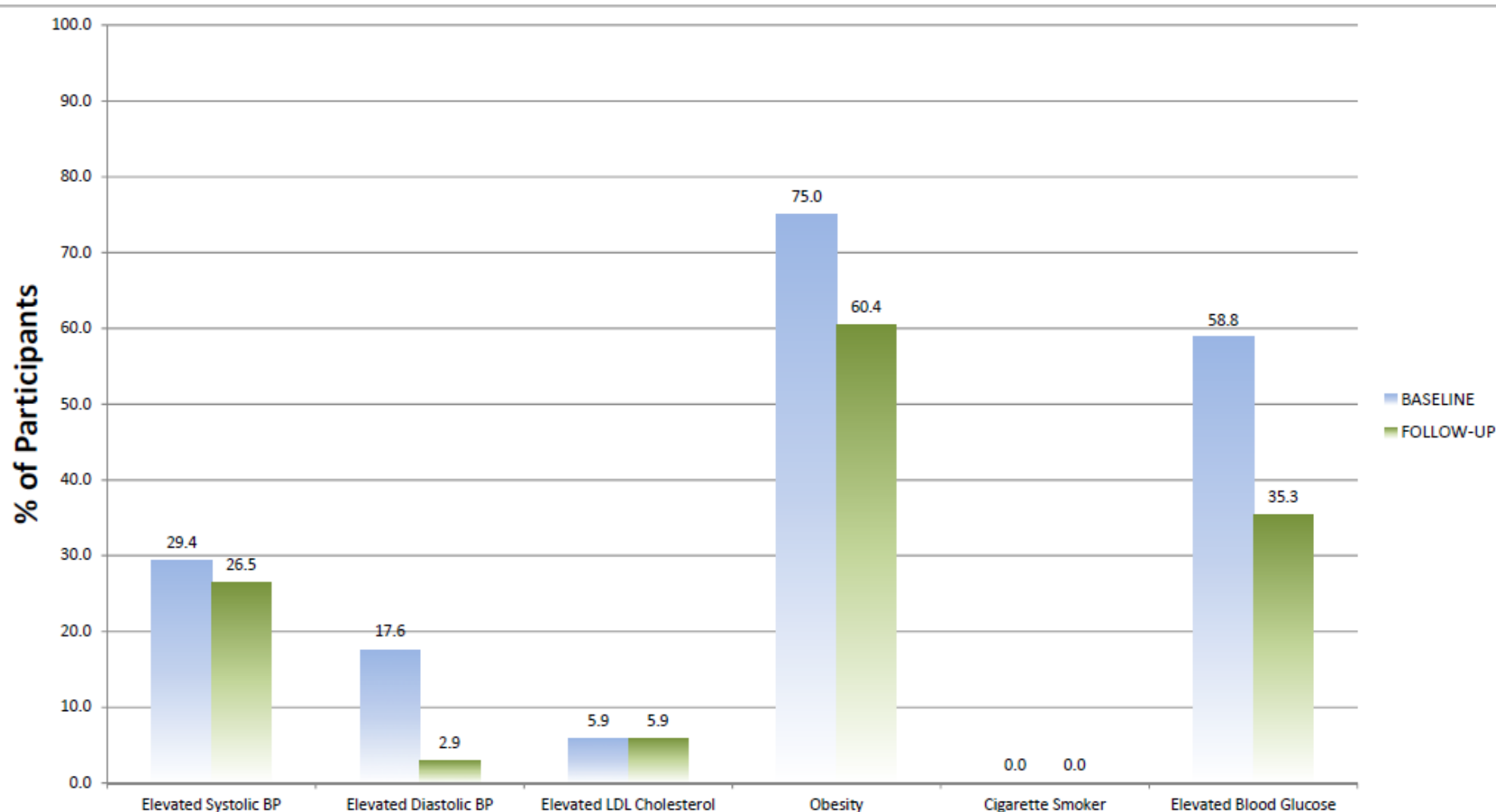
- **66%** were male (age=67 yrs)
- **34%** were female (age=64 yrs)
- **96%** were overweight or obese
- **54%** reported excessive stress
- **49%** did not meet recommended physical activity guidelines
- **0%** were cigarette smokers
- **92%** had history of prehypertension/hypertension
- **90%** had history of hyperlipidemia
- **48%** had a diagnosis of CAD
- **35%** had history of sleep apnea
- **28%** had history of diabetes
- **23%** met biomarker criteria for metabolic syndrome

Dr. Martin Berk: Outcomes Data for Cardiologist's Patients (Mean follow-up=135 days)



Participants at Baseline & Follow-up (n = 48)

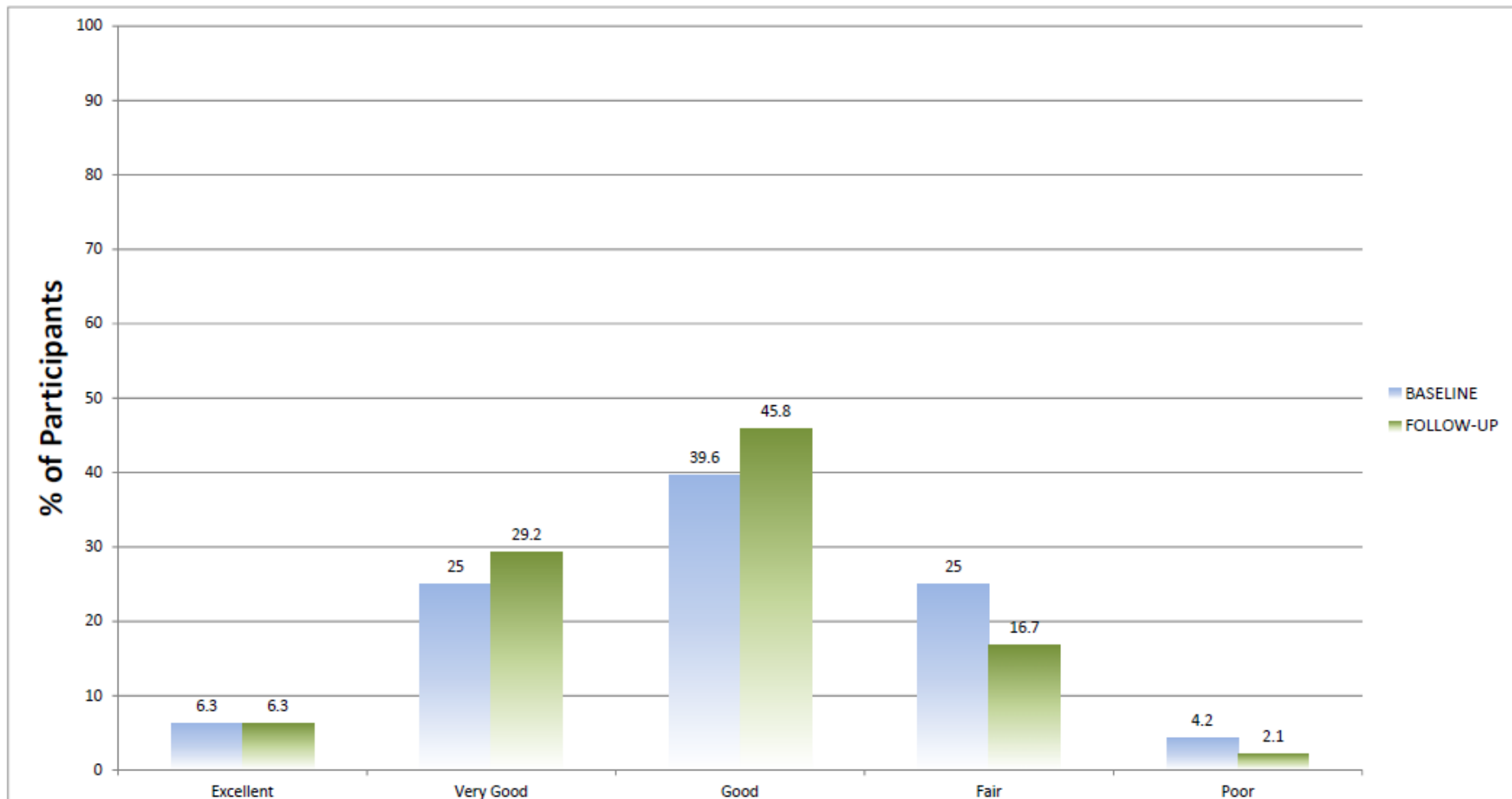
Prevalence of Select Potentially Modifiable Risk Factors (%)



Dr. Martin Berk: Outcomes Data for Cardiologist's Patients (Mean follow-up=135 days)

Participants at Baseline & Follow-up (n = 48)

Effect of Program Participation On Current General State of Health (%)



Improvements in multiple risk factors included:

- **11.1 lbs decrease** in mean body weight
- **1.6 kg/m² decrease** in mean body mass index
- **5 mmHg decrease** in mean systolic BP
- **6 mmHg decrease** in mean diastolic BP
- **2.3 mg/dl increase** in mean HDL cholesterol
- **36 mg/dl decrease** in mean triglycerides in participants with baseline ≥ 150 mg/dl
- **18 mg/dl decrease** in mean fasting glucose
- **82% decrease** in prevalence of unhealthy eating habits
- **30% decrease** in prevalence of excessive stress
- **16% decrease** in prevalence of those not meeting recommended physical activity guidelines

What Patients Are Saying...

“This program has been a catalyst to a new and improved me. My coach is amazing....The reading material was easy to follow and relevant. It’s delivered in PDF so I can reference the material from my iPad anytime. I’ve lost 46 pounds... and I’m still going strong. It works!”

“I have now lost 21 pounds and gone from a 34 waist to 32. At my last doctor’s appointment, he was so pleased with my diet and exercise program that it was not necessary to continue using blood pressure medicine. Thanks again.”

“My journey has been long and hard, but it has had its rewards. My coach has been there with me every step of the way! I was once 306 pounds, thinking that I was always going to be like this. Today, I am 185 pounds, healthier and stronger than ever!”

It's easy! Choose from these options:

- Refer online
- Use smart phone app
- Refer via fax
- Refer via telephone

To get started, contact:

- Email: cardiosmart@myintervent.com
- Mobile: 423-702-1583 (Chip Faircloth, Executive VP, INTERVENT)

Please visit:

www.CardioSmart.org

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