



Cardiovascular Prevention Enhancement Program (CPEP)

What's the goal of the program?

The goal is to help clinical settings in Wisconsin improve preventive services and clinical outcomes for patients of ages 18 and up who have been diagnosed with hypertension, type 2 diabetes, lipid disorders, or any combination of those disorders. We refer to these patients below as “qualified patients.”

Such services will include:

- Systematic screening, motivational interventions, and ongoing support for patients to engage in healthier behaviors around medication adherence, diet, physical activity, obesity, and tobacco and alcohol use
- Screening and collaborative care for depression, which frequently hinders self-management of chronic disease
- Systematic cardiovascular risk assessment to identify possible candidates for daily aspirin prophylaxis

This program aligns with the goals of the US Department of Health Human Services' Million Hearts Campaign, which advocates attention to the ABCS (aspirin prophylaxis, blood pressure control, cholesterol control and smoking cessation) in preventing one million heart attacks and strokes across the nation by 2017.

Who funds and administers this program?

CPEP is funded by a Community Transformation Grant from the Centers for Disease Control and Prevention to the Wisconsin Clearinghouse for Prevention Resources of the University of Wisconsin. This grant established “Transform Wisconsin” (transformwi.com), whose major thrust has been to strengthen community-based prevention activities on tobacco free living, active communities and healthy food systems 30 Wisconsin communities. A portion of Transform Wisconsin funding is intended to strengthen the delivery of cardiovascular prevention services in clinical settings, and those are the funds that support CPEP. The Wisconsin Initiative to Promote Healthy Lifestyles (wiphl.org) has a subcontract from Transform

Wisconsin to coordinate CPEP, provide training and support to participating clinics, and collect service delivery and outcome data.

What clinics are eligible to participate?

Wisconsin-based outpatient settings where patients of ages 18 and up receive continuing care for hypertension, type 2 diabetes, and lipid disorders are eligible. Eligible clinics include primary care clinics, specialty clinics, for-profit and not-for-profit clinics, federally qualified health centers, other community health clinics, and clinics within or outside of the UW Health system.

Other CDC Community Transformation Grant funds are currently going to the Great Lakes Intertribal Council (GLITC). Therefore, the CDC does not allow the Transform Wisconsin grant to serve clinics owned or operated by GLITC-affiliated tribes. Additionally, the County of Milwaukee was not included in the Transform Wisconsin Grant as it applied for, but did not receive, a county-based Community Transformation Grant. For this reason, the CDC does not allow the Transform Wisconsin grant to serve clinics located in the County of Milwaukee.

What is expected of participating clinics?

Prevention Specialist Position

Clinics will hire a new staff member or appoint a current staff member to serve as a full-time or part-time Prevention Specialist (PS). The PS may be a registered nurse or bachelor's-level paraprofessional. WIPHL will need to interview each clinic's final candidate(s) to help with selection and ensure compatibility with the position.

Clinics are encouraged to allocate as much of the PS's time as possible to this project. The CDC does not allow its grant funds to support Prevention Specialist compensation. (See below for reimbursement opportunities.) The CPEP application form includes a question on the number of hours per week the Prevention Specialist will devote to this project. There is no absolute minimum requirement for Prevention Specialist time commitment. However, Prevention Specialist time commitment will be an important clinic selection criterion.

Prevention Specialist Training and Support

The PS will attend initial training workshops. Initial training will include a 3- to 5-day workshop in April 2014, and a second 2- to 5-day workshop about a month later. The workshops will likely take place in Madison. CPEP will cover Prevention Specialists' transportation, lodging and meal expenses in accord with federal and University of Wisconsin policies.

The PS will participate in ongoing development activities. These include case conference calls, which will take place weekly for the first few months and perhaps

less frequently thereafter, as the PSs find helpful. In addition, with patients' written consent, each PS will audiotape four sessions over several months, submit each tape and a transcript to a WIPHL trainer, and collaboratively identify strengths and goals for improvement. Research has shown that these development activities are necessary to help clinicians attain excellence in motivational interviewing.

Service Delivery

The PS will meet at least once a year with as many qualified patients as possible to conduct screening, assessment, intervention, and referral for the behavioral risks and disorders mentioned above. The PS will continue to meet with patients regularly to support behavior change, either in person or by phone.

Registry Use

For each patient encounter, the PS will enter data on service delivery and disease outcomes into an Access database program, which will serve as the CPEP registry. WIPHL will provide participating clinics with this registry software.

On a weekly basis, the PS will execute an automatic function that creates an Excel file with complete de-identified data. The PS will email that file to WIPHL. WIPHL will review the data to track clinics' successes and identify quality improvement opportunities. WIPHL will share such data with Transform Wisconsin and CDC staff as required for project oversight. Clinics may opt out of registry use if their electronic medical record system can satisfy project data collection and reporting needs.

CPEP Quality Improvement Team

Clinics will appoint a CPEP Quality Improvement Team to optimize workflow, service delivery and clinical outcomes. Team members will consist of:

- A Champion - A Champion is typically a formal or informal authority figure – usually an administrator, clinician, nurse or manager – who may or may not be involved with day-to-day project management but is visibly committed to the project's success. His or her role would be to speak forcefully and frequently in favor of the project, and to help sway individuals who might pose barriers to success.
- A Manager - A Manager will lead CPEP Quality Improvement Team meetings, oversee implementation of plan-do-study-act (PDSA) cycles, take responsibility for day-to-day project implementation, and supervise the Prevention Specialist.
- The Team will include representatives from each segment of clinic staff that will be involved in or affected by CPEP, including receptionists, medical assistants, nurses, providers, billing staff, managers, and administrators. With guidance

from WIPHL, the CPEP Quality Improvement Team will design initial workflow modifications, track performance on key service delivery and outcome metrics, and modify workflow to optimize performance on metrics. Several meetings are anticipated as new procedures are designed and optimized. Once all is running smoothly, meetings may no longer be necessary.

Other Project Requirements

Clinics will also need to provide for their Prevention Specialists:

- Space for meeting with patients
- A phone for calling patients
- A laptop PC, which Prevention Specialists may wish to have with them when seeing patients
- Microsoft Access 2010 software for running the registry software

What can participating clinics expect of WIPHL?

WIPHL has worked with dozens of clinics to implement systematic screening and intervention for tobacco, alcohol, drugs, depression and other behavioral risks and disorders. Through that experience, WIPHL has developed a list of best practices, which will be shared with participating clinics. WIPHL's intent will be to provide encouragement and guidance while recognizing that every clinic is different, and that some clinics will need to deviate from "best practices" to take advantage of strengths or to adjust to other special circumstances. WIPHL will be open to feedback on how best to support clinics' success.

WIPHL will:

- Conduct all training and support activities for the Prevention Specialists, as described above, including state-of-the-art training in motivational interviewing
- Provide guidance to clinic CPEP Quality Improvement Teams on workflow and documentation
- Reimburse for travel expenses incurred by Prevention Specialists in attending initial trainings in Madison
- Provide training materials for Prevention Specialists
- Distribute a recorded presentation for clinics on submitting fee-for-service claims for the services that the Prevention Specialist delivers

To what extent will clinics be able to bill for services delivered by the Prevention Specialist, and are there other incentives to participate?

Through WIPHL's experience with dozens of Wisconsin-based clinics in prior projects, we have found that:

- Medicaid (H0049 and H0050) and most commercial plans (CPT 99408 and 99409) reimburse when paraprofessionals deliver alcohol or drug screening and intervention services.
- Most commercial plans reimburse when paraprofessionals deliver tobacco screening and intervention services (CPT 99406 and 99407).
- Medicare and some commercial plans reimburse for depression screening and initial care coordination (G0444).

With changes brought about by the ACA, there may be additional opportunities to bill for services intended to improve outcomes for chronic diseases. For example, there are new billing codes for Complex Chronic Care Coordination (99487, 99488 and 99489) that may be applicable.

WIPHL is engaging a billing and reimbursement specialist to develop a recorded presentation on billing and reimbursement opportunities, and this presentation will be made available to participating clinics via the Internet. Unfortunately this presentation will not be available before February 28, the deadline for CPEP clinic applications.

Aside from generating fee-for-service reimbursement, participation in this project will help clinics:

- Satisfy dozens of NCQA patient-centered medical home criteria, which can help generate higher reimbursement across the board from certain payers
- Improve performance on several WCHQ and Centers for Medicare and Medicaid Services (CMS) accountable care organization (ACO) quality metrics
- Generate shared savings for ACOs
- Gain an additional edge in competing for purchasing contracts
- Take an important step toward delivering team-administered, value-based healthcare, and
- Help prevent cardiovascular disease for their patients with cardiovascular risk factors

How do clinics apply to participate?

There will be a two-step application process.

1. Please complete the application form and email it to Dr. Rich Brown at rlbrown@wisc.edu by February 28. Feel free to include letters of support that demonstrate the potential and commitment of your clinic to succeed in this project and to sustain service delivery after project completion.
2. For clinics that remain under consideration after applications are reviewed, there will be a 30-minute group telephone interview with key clinic leaders.

Who will decide on clinic selection and how?

Transform Wisconsin and WIPHL staff will select the participating clinics. Six clinics will be selected to participate in 2014. If the program succeeds in 2014, and if CDC funding continues as expected, there will likely be another call for applications in 2015.

As the CDC has directed, we will aim to select a total of 6 clinics that serve a total of at least 54,000 patients of ages 18 and up (including qualifying and non-qualifying patients).

As the CDC has directed, we will aim to select at least 2 clinics from Wisconsin counties that the CDC regards as rural. Those counties are Adams, Ashland, Barron, Bayfield, Buffalo, Burnett, Clark, Crawford, Dodge, Door, Dunn, Florence, Forest, Grant, Green, Green Lake, Iron, Jackson, Jefferson, Juneau, Lafayette, Langlade, Lincoln, Manitowoc, Marinette, Marquette, Menominee, Monroe, Oneida, Pepin, Polk, Portage, Price, Richland, Rusk, Sauk, Sawyer, Shawano, Taylor, Trempealeau, Vernon, Vilas, Walworth, Washburn, Waupaca, Waushara, and Wood Counties.

Clinics in Milwaukee County and GLITC-affiliated Tribal clinics are not eligible, as stated above.

Additional selection criteria will be:

- The clinic serves substantial numbers of patients with hypertension, type 2 diabetes, or lipid disorders.
- Across the 6 selected clinics, a racially and ethnically diverse pool of patients are served.
- The clinic demonstrates prior experience and success in carrying out quality improvement initiatives.

- The clinic commits to deploying ample resources for the project, including Prevention Specialist time to attend trainings and deliver services.
- The clinic staff realistically anticipates likely implementation barriers and proposes how those barriers can be overcome.
- The clinic leadership and staff demonstrate support for the program and commitment to its success.

Are there opportunities to learn more about CPEP and the application process?

Yes, four repeating introductory webinars are offered:

- Tuesday, January 14, at 7:30 am
- Tuesday, January 14, at 12:15 pm
- Wednesday, January 22, at 8:00 am
- Wednesday, January 22, at 12:30 pm

Each webinar will cover the same material, so interested individuals are encouraged to attend only one webinar. The initial presentation will take less than 30 minutes. With a subsequent Q&A session, each webinar may take up to 60 minutes.

Please email Dr. Rich Brown at rlbrown@wisc.edu to reserve spots in webinars.

Thank you for considering an application to the CPEP program.

If you have any questions, please contact Dr. Rich Brown at rlbrown@wisc.edu.

If you prefer a phone conversation to an email exchange,
please email times you'd be available for a call.