

SECTION X WEST VIRGINIA WISEWOMAN

30.0 WISEWOMAN POLICY

30.1 Purpose of the West Virginia WISEWOMAN Project

The purpose of the West Virginia WISEWOMAN Project is to provide low-income, underinsured, or uninsured 40-64 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 (CV) and other chronic diseases.

The priority population for WISEWOMAN is women aged 40-64 who are enrolled in the WVBCCSP. By *integrating* the two screening services, WVBCCSP participants have access to additional preventive health screening for heart disease and stroke risk factors. Also provided are lifestyle interventions that are tailored to each woman's cardiovascular disease risk factors and her readiness to make lifestyle behavior changes.

WISEWOMAN screening and lifestyle interventions include:

- ♥ reducing heart disease and stroke,
- ♥ reducing other chronic disease risk factors through primary prevention (screening),
- ♥ implementing health promotion strategies which emphasize
 - healthful eating,
 - being physically active, and
 - living tobacco-free.

30.2 Goals of the West Virginia WISEWOMAN Project

The primary goal of WISEWOMAN is to offer WVBCCSP enrolled women screenings and interventions for obesity, sedentary behavior, poor dietary habits, high blood pressure, high cholesterol and smoking.

Goals of the West Virginia WISEWOMAN Project include:

1. Decreasing heart disease and stroke risk factors of the WISEWOMAN population.
2. Working to eliminate health disparities (by serving those most in need).
3. Maximizing the reach of the Project (i.e., provide services to as many women as possible).
4. Maximizing the number and variety of settings that deliver WISEWOMAN services (i.e., screening, lifestyle intervention).

5. Ensuring that WISEWOMAN is delivered as intended (i.e., direct services are implemented with fidelity).
6. Sustaining the benefits of WISEWOMAN over time at the individual level (i.e., linking participants to low-cost community-based resources that support heart health) and organizational level (i.e. implementing policies and procedures that reflect a focus on primary prevention and follow national guidelines as outlined in Attachment A, WISEWOMAN Screening Algorithm).

30.3 WISEWOMAN Eligibility Guidelines

- Women enrolled in the WVCCSP
- 40-64 years of age
- Income at or below 200% of the Federal Poverty Level (FPL)
- Uninsured or underinsured

Note: If a woman is enrolled in Medicaid, Medicare Part B, or an HMO, she is not eligible to participate in WISEWOMAN.

30.4 Screening Visit

At the time of the woman's Initial or Annual WVCCSP screening visit, WISEWOMAN services may also be offered to the patient.

30.4.1 Screening Components

WISEWOMAN screening measurements and labs:

1) Blood Pressure

At least two blood pressure measurements which must be separated by a minimum of 2 minutes (record two systolic and two diastolic measurements) and record the average of the two measurements.

- Refer to Attachment B, Blood Pressure Guidelines, for additional requirements in obtaining blood pressure measurements.

2) Cholesterol

Fasting or non-fasting total and HDL cholesterol, at minimum

- If participants are fasting, a lipoprotein panel may be used which includes LDL cholesterol and triglycerides.

If the result of a **non-fasting** cholesterol test is **abnormal or alert**, the patient should be retested prior to the Diagnostic and Referral Follow-Up visit using the fasting method in order to accurately diagnose the condition.

- Refer to Section 30.5, Diagnostic and Referral Follow-Up Visit

3) **Glucose**

Fasting or non-fasting blood glucose

- Note: Women previously diagnosed with diabetes receive an A1C (glycosolated hemoglobin) test for the purposes of monitoring blood glucose control.

If the result of a **non-fasting** blood glucose test is **abnormal or alert**, the patient should be retested prior to the Diagnostic and Referral Follow-Up visit using the fasting method in order to accurately diagnose the condition.

- Refer to Section 30.5, Diagnostic and Referral Follow-Up Visit

REMINDER: If a participant has a fasting abnormal or alert result for blood cholesterol or blood glucose, WISEWOMAN funds cannot be used to pay for any additional diagnostic tests for the participant.

4) **Body Mass Index (BMI)**

Body mass index (using measured height and weight)

- Use Body Mass Index table
- or
- Calculation: $BMI = [\text{weight} \div (\text{height})^2] \times 703$

30.4.2 **Health History Component**

In addition to the CV screening measurements and labs, the patient's cardiovascular health history risk must also be obtained during the screening visit. Additional questions on the health history form also allow the provider to assess the woman's behavioral risk factors and her willingness to make behavioral changes.

30.4.3 Required Documentation

- **Complete the WV WISEWOMAN Health History Form (W102).**
 - Note: The patient may complete this form while in the waiting area.
- **Complete the WV WISEWOMAN Screening Form (W100).**

All screening measures must be completed in a timely manner and must be completed before a woman can participate in cardiovascular risk reduction counseling and lifestyle interventions available through WISEWOMAN at the Diagnostic and Referral Follow-Up visit (Refer to Section 30.5.3, Lifestyle Interventions).

Baseline Screening Values and Required Action

	Blood Pressure (2 Readings)	Cholesterol	Blood Glucose	Required Action
Normal Range	Systolic <120 mmHG And Diastolic <80 mmHG	Total Cholesterol <200 mg/dl HDL ≥ 40 mg/dl LDL <100 mg/dl Triglycerides <150 mg/dl	Fasting <100 mg/dl Non-Fasting <200 mg/dl	<u>Annual Rescreen</u>
Abnormal	Systolic ≥120 mmHG And Diastolic ≥80 mmHG	Total Cholesterol ≥200 mg/dl HDL <40 mg/dl LDL ≥100 mg/dl Triglycerides ≥150 mg/dl	Fasting ≥100 mg/dl Non-Fasting ≥200 mg/dl	<u>Refer</u>
Alert	Systolic >180 mmHG And Diastolic >110 mmHG	Total Cholesterol >400 mg/dl Triglycerides >150 mg/dl	Fasting >375 mg/dl Non-Fasting >375 mg/dl	<u>Immediate Referral</u>

Refer to Attachment A - WISEWOMAN Screening Algorithm

30.5 Diagnostic and Referral Follow-Up Visit

Once the patient's lab results are received, schedule the follow-up telephone call or face-to-face visit based on the woman's screening results.

At the follow-up visit, utilize the patient's information on the Health History form and Screening form to assess her need for CV risk reduction counseling, behavior and readiness to change and lifestyle interventions.

Determine the appropriate follow-up based on her results:

30.5.1 Normal results:

- If **Normal** screening/lab results:
 - Follow-up with a **telephone call** to the patient.
 - Discuss results and recommendations.
 - Provide appropriate counseling and set goals.
 - Complete the Lifestyle Intervention form.
 - Mail a copy of the Screening and Lifestyle Intervention forms to the patient after the call.
 - Mail a list of community-based resources to the patient.

30.5.2 Abnormal or Alert results:

- If **Abnormal** or ***Alert** screening/lab results:
 - Follow-up must be a **face-to-face visit**.
 - Discuss results and recommendations.
 - Provide appropriate counseling and set goals.
 - Complete the Lifestyle Intervention form.
 - Give a copy of the Screening and Lifestyle Intervention forms to the patient.

***Note: Alert results require the follow-up visit to occur within one week of receiving the results.**

30.5.2. a Medical Referrals for Abnormal Baseline Screening Values: **Non-Alert Status**

If a patient has an abnormal, non-alert baseline screening value(s), she must have a medical referral to a physician to address the abnormal value.

Medical referrals for abnormal, non-alert screening values include:

- as needed diagnostic tests and exams,
- access to free or low-cost medications (Refer to Attachment D – List of Discount Prescription Programs, i.e. \$4 Rx Program) and Non-Participating Pharmacies

A major responsibility of providers is to ensure that women are referred for appropriate diagnostic services and medical care in accordance with national clinical care recommendations.

30.5.2.b Medical Referrals for Abnormal Baseline Screening Values: Alert Status

If a patient has an alert baseline screening value(s), she must have a medical referral to a physician to address the alert value *within one week*.

Medical referrals for abnormal and alert screening values include:

- as needed diagnostic tests and exams,
- access to free or low-cost medications (Refer to Attachment D - List of Discount Prescription Programs, i.e. \$4 Rx Program) and Non-Participating Pharmacies,
- need to be seen immediately or within one week,
- case management, as indicated.

A major responsibility of providers is to ensure that women are referred for appropriate diagnostic services and medical care in accordance with national clinical care recommendations.

NOTE: If medications are indicated, refer patients to Attachment D – List of Discount Prescription Programs, (i.e. \$4 Rx Program) and Non-Participating Pharmacies.

30.5.3 Lifestyle Interventions (LSI)

Providers must utilize information from both the WISEWOMAN Health History form and the WISEWOMAN Screening form to assist with assessments and in determining lifestyle interventions for participants.

Baseline screening results; behavioral goals; and assessments related to diet, physical activity, and readiness to make lifestyle behavior changes should be used to determine the intensity of LSI a participant will be offered or if she only needs risk reduction counseling and to be linked to community-based resources.

- Provide interventions based on the patient's:
 - level of heart disease and stroke risk and
 - motivation to make lifestyle behavior changes.

30.5.3a Components of the LSI

There are four resources available to patients as part of the LSI:

- A. *Cookin' Up Health**
- B. Tailored Messages*
- C. Tobacco Quit Line
- D. Community-based Resources

***Required for all WISEWOMAN participants with abnormal or alert values.**

A. **Cookin' Up Health:**

- **What is it?**
A computer-based education tool used to provide information on healthy eating and physical activity.
- **Screening Provider's Role:**
Recommend to all WISEWOMAN participants with abnormal or alert values.
- **Patient's Role:**
Access via internet:
 - Home computer

- Library
- Friend of family member's computer

B. Tailored Messages:

- **What are they?**
Health communications based on the participant's readiness to change her health behaviors that relate to cardiovascular disease risk. These messages are sent to all WISEWOMAN participants with abnormal or alert values.
- **Screening Provider's Role:**
 - Ensure that the WVBCCSP/WISEWOMAN Client Enrollment/Informed Consent form has the patient's up-to-date mailing address.
 - Ensure that WISEWOMAN receives the participant's Health History form (W102) which provides information on her CV risk factors and stage of readiness to change.
- **Who is responsible for sending these messages to the patient?**
WISEWOMAN intervention staff is responsible for coordinating the tailored messages and ensuring that participants receive the information.

C. Tobacco Quitline:

- **What is it?**
The WV Tobacco Cessation Quitline is a state-funded program designed to assist tobacco users who want to quit using tobacco products.
- **Screening Provider's Role:**
 - Seek approval from the patient to be referred.

- Refer the patient by faxing the Fax-to-Quit referral form to the WV Tobacco Cessation Quitline:

Fax: 304-345-2009

- Participants may be referred to other free or low cost pro-active tobacco cessation programs within her community.
- **Quitline's Role:**
 - The Quitline contacts the WISEWOMAN participant after receiving the referral to offer their tobacco cessation program.

D. Community-Based Resources:

- **What are they?**
Resources within the community that focus on nutrition, physical activity, and tobacco cessation and are available at low or no cost to WISEWOMAN participants.
- **Screening Provider's Role:**
 - Refer the participant to a community resource based on her CV risk assessment.
 - Community-specific resource list is compiled by WISEWOMAN staff and mailed to providers.

30.5.4 Required Documentation

- Lifestyle Intervention form (#W104)
 - Required for all participants
- Diagnostic and Referral form (#W103)
 - Complete for **Abnormal** and **Alert** values only

30.6 Invoicing

West Virginia WISEWOMAN may reimburse for two (2) office visits per patient each year and laboratory services for measurement of cholesterol and glucose. (Refer to Attachment C - WISEWOMAN Payment Fee Schedule)

1.) WISEWOMAN Screening Visit/Laboratory Services

2.) Referral and Diagnostic Follow up Visit

30.6.1 WISEWOMAN Screening Visit/Laboratory Services (Integrated with WVBCCSPP Initial or Annual screening visit)

30.6.1a Required Documentation

Bill on the Batch Invoice form and attach the following:

- WVBCCSPP/WISEWOMAN Informed Consent/Client Enrollment form
- WVBCCSPP Patient Data form
- WISEWOMAN Health History form
- WISEWOMAN Screening form

30.6.1b Laboratory Reimbursement

- If blood work is drawn at the clinic, enter the number of venipunctures completed for WISEWOMAN participants on the Batch Invoice in the "Routine Venipuncture" row.
- If the patient is sent to a lab outside the clinic, there is no reimbursement to the screening clinic.
- If the screening clinic has a lab on site, specific covered lab tests are to be billed on a CMS 1500 to WISEWOMAN with lab results attached.
- Refer to Attachment C, Payment Fee Schedule.

30.6.2 Referral and Diagnostic Follow-Up Visit

30.6.2a Patient with Normal results/Routine telephone follow-up

- Normal WISEWOMAN screening results require a *telephone follow-up* with the patient to discuss results.

30.6.2a.1 Required Documentation

Bill on the Batch Invoice form and attach the following:

- Lifestyle Intervention form (#W104)

30.6.2b Patient with Abnormal or Alert results

- If Abnormal or Alert screening results, WISEWOMAN reimburses for *one (1) required face-to-face office visit* (referral) to discuss results and recommendations.

30.6.2b.1 Required Documentation

Bill the WVBCSP using a CMS-1500 insurance claim form, CPT Code 99241-Consultation Visit-Problem Focus, and attach the following:

- Diagnostic and Referral form (#W103)
- Lifestyle Intervention form (#W104)

NOTE: Any additional follow-up would be considered an uncompensated visit which cannot be reimbursed by WISEWOMAN.

30.7 Rescreening

Emphasis is on providing a WISEWOMAN rescreening for participants who return for their annual WVBCSP exam within 12-18 months of their screening. Women who return outside this time frame, and in subsequent years, for their WVBCSP annual exam may still be provided a WISEWOMAN rescreening.

NOTE: WISEWOMAN rescreenings are available to all WVBCSP enrollees while they continue to meet the Program's eligibility guidelines.

ATTACHMENTS:

Attachment A– WISEWOMAN Screening Algorithm

Attachment B– Blood Pressure Guidelines

Attachment C– WISEWOMAN Payment Fee Schedule

**Attachment D– List of Discount Prescription Programs, (i.e. \$4 Rx Program)
and Non- Participating Pharmacies**

APPENDICES:

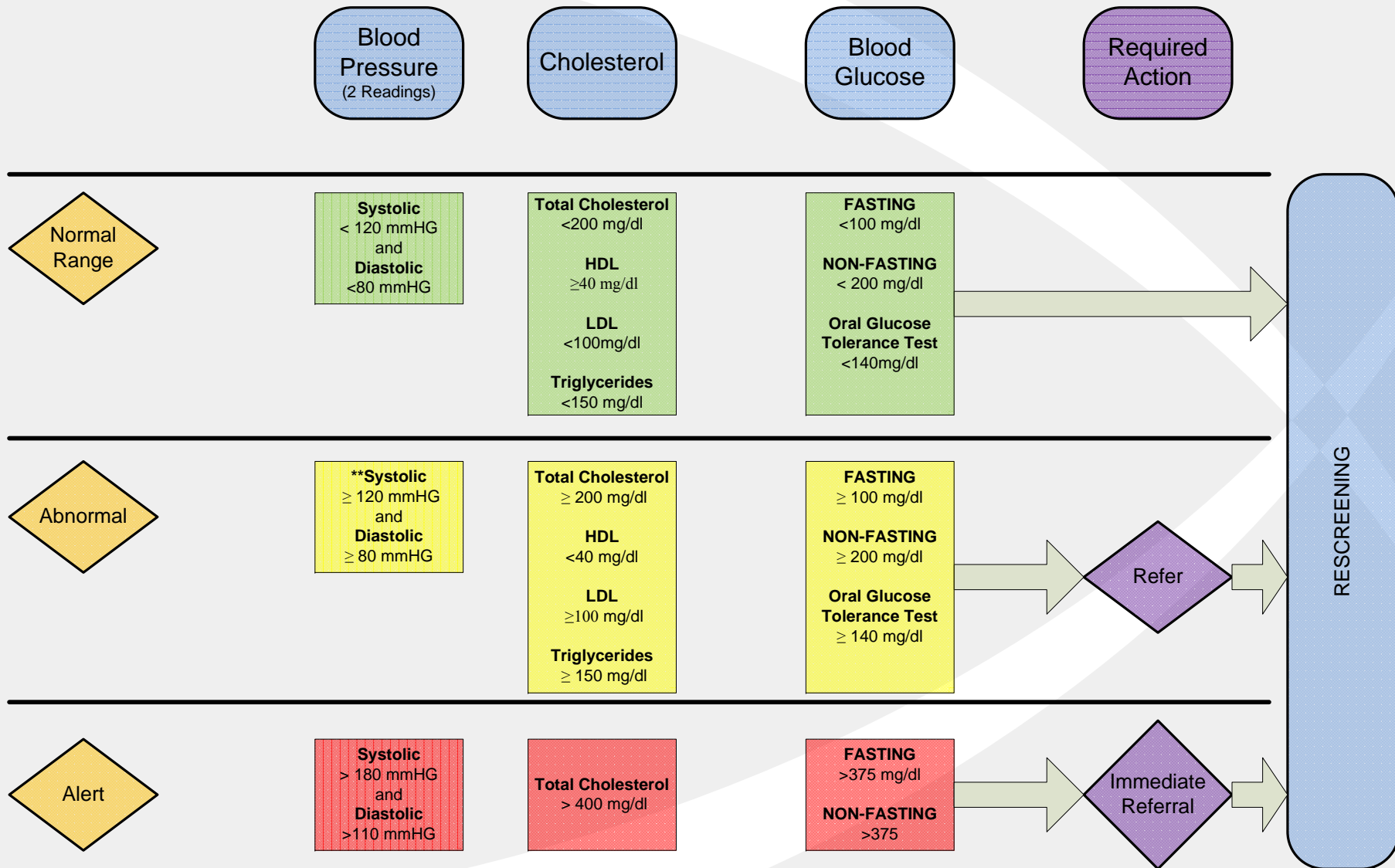
Appendix 2- WISEWOMAN Forms

Appendix 7- WISEWOMAN Provider Directory

WEB ADDRESS:

Refer to the WVCCSP Website at <http://www.wvdhhr.org/bccsp> to access WISEWOMAN directory, forms, and other information related to the project.

WISEWOMAN SCREENING ALGORITHM



*The National Health and Nutrition Examination Survey (NHANES) and the Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7) were used to identify alert values for the WISEWOMAN Program.

**The Division of Perinatal and Women's Health Medical Advisory Committee recommends that women with systolic blood pressure ≥ 160 be referred immediately or within one week for diagnostic follow-up.

Blood Pressure Guidance

Accurate blood pressure measurements are critical for detecting and managing high blood pressure. The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7) report recommends the following for accurately measuring blood pressure:

- Participants should not smoke, exercise, or have caffeine for at least 30 minutes before their blood pressure is measured.
- Participants 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.
- To ensure accuracy, an appropriate sized cuff should be used (cuff bladder encircling at least 80% of the arm).
- Use a mercury sphygmomanometer, a recently calibrated aneroid manometer, or a validated electronic device to measure blood pressure.
- Systolic blood pressure is the point at which the first of two or more sounds is heard (phase 1), and diastolic blood pressure is the point before the disappearance of sounds (phase 5).
- 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. (This information does not appear in JNC 7 but is specified in JNC 6).
- Each participant should be given specific blood pressure numbers and goals, both verbally and in writing.