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CardioSmart Initiative Improves Multiple Measures of Population Health

Providing health management tools in the workplace reduces multiple disease risk factors, is associated with very high participant satisfaction ratings.

Washington (March 14, 2017) – Implementing the American College of Cardiology’s CardioSmart population health management initiative in the workplace is associated with improvements in multiple health risks, a reduction in overall heart disease risk and very high participant satisfaction ratings, according to research scheduled for presentation at the American College of Cardiology’s 66th Annual Scientific Session.

CardioSmart is the College’s patient engagement, education and empowerment initiative. It includes population health management components that are specifically designed to help optimize the health outcomes of groups of individuals and, thereby, reduce per capita health care costs. Coming at a time of growing employer concern and congressional debate over escalating healthcare costs, the study is the first to document both the effectiveness of and participant satisfaction with CardioSmart from a population health management perspective.

“Rapidly rising health care costs together with the recent paradigm shift from volume- to value-based health care in the U.S. have focused unprecedented attention on the urgent need for patient-centered population health management solutions that are transformative and truly work,” said Neil Gordon, MD, PhD, MPH, FACC, medical director and chief executive officer of INTERVENT International, Savannah, GA, and the study’s lead author. “The aim of our study was to evaluate CardioSmart’s clinical effectiveness and participant satisfaction in a large, diverse population of employees located throughout the U.S.”

For the study, a cohort of 19,022 adult employees (average age = 42 years; 7,784 men and 11,238 women) were assessed at the start of their participation in the CardioSmart population health management initiative and again after an average of 3 years of follow-up. CardioSmart was provided in partnership with a commercial population health management vendor, INTERVENT International, and included voluntary access to: the CardioSmart.org patient education website; an evidence-based health risk assessment; prevention-related challenges and activities; online lifestyle management programs; and a one-on-one telehealth coaching program. The telehealth coaching program focused primarily on assisting participants with therapeutic lifestyle changes but also addressed gaps in preventive care, education on cardiovascular disease and its risk factors and, where indicated, the need for physician referral for consideration of new medications or medication changes to optimize chronic disease risk reduction in accordance with expert clinical guidelines.

Outcome variables included changes in 13 health risks that have been shown to be predictive of future health care costs and the 10-year heart disease risk score. The 2,370 individuals who participated in the telehealth coaching program were also asked to respond to statements related to satisfaction with the program using a rating scale (5 = most favorable rating; 1 = least favorable rating).

The total number of health risks decreased by 4.9 percent and the magnitude of decrease was significantly greater in those who participated in telehealth coaching compared with those who did not (decrease = 10.5 percent versus 3.6 percent). For employees who had an elevated 10-year heart disease risk score at the start of the study, the score decreased by 2.9 percent and the decrease was significantly greater in those who participated in telehealth coaching compared with those who did not (relative risk reduction = 13.7 percent versus 1.4 percent). For participants in the telehealth coaching program, statements regarding overall satisfaction with the program (average score = 4.62) and recommending it to others (average score = 4.66) received very high ratings.

“In addition to the significant reduction in multiple measures of population health and overall heart disease risk, we were pleased to see very high participant satisfaction ratings from the participants in the telehealth coaching program,” said Dr. Gordon. “This observation is especially important because improving the patient experience of care, including satisfaction, is one of the dimensions of the Institute for Healthcare Improvement’s Triple Aim.”

According to Martha Gulati, MD, MS, FACC, professor of medicine and chief of the division of cardiology, University of Arizona, Phoenix, and one of the study’s coauthors,

“Population health is an integral component of the College’s strategic plan to position itself and its members for success in meeting the Triple Aim of improving cardiovascular health through lower costs, better health and better outcomes.” Dr. Gulati, who also serves as the editor-in-chief of CardioSmart.org, further stated that “The College and its members should be extremely encouraged by the results of this important study and use the findings as an impetus to embrace CardioSmart to help accelerate improving the health of our patient populations through evidence-based lifestyle and prevention interventions in support of true healthcare reform.”

Dr. Gordon will present the study, “Evaluation of the CardioSmart Population Health Management Initiative: Changes in Health Risks and Participant Satisfaction,” on Saturday, March 18, at 3:45 p.m. ET at Poster Hall C at the American College of Cardiology’s 66th Annual Scientific Session in Washington. The meeting runs March 17-19.

INTERVENT International is a global company that develops, licenses and provides evidence-based programs for the prevention and management of cardiovascular and other chronic diseases. The primary purpose of INTERVENT’s programs is to improve individual and population-based measures of health while simultaneously reducing health care costs and enhancing productivity. INTERVENT’s programs have been proven effective in numerous published studies, including randomized and independently-conducted clinical trials. More than two million individuals have participated in INTERVENT’s programs, including patients from over 100 medical centers in the U.S. and Canada as part of two recent multi-center clinical trials funded by the National Institutes of Health. The programs provide unique solutions for employers, health insurers, health care systems, physicians, individual consumers and others. For more information, please visit www.interventhealth.com.

The ACC’s Annual Scientific Session, which in 2017 will be March 17-19 in Washington, brings together cardiologists and cardiovascular specialists from around the world to share the newest discoveries in treatment and prevention. Follow @ACCCardioEd, @ACCMediaCenter and #ACC17 for the latest news from the meeting.

The American College of Cardiology is a 52,000-member medical society that is the professional home for the entire cardiovascular care team. The mission of the College is to transform cardiovascular care and to improve heart health. The ACC leads in the formation of health policy, standards and guidelines. The College operates national registries to measure and improve care, offers cardiovascular accreditation to hospitals and institutions, provides professional medical education, disseminates cardiovascular research and bestows credentials upon cardiovascular specialists who meet stringent qualifications.