

# CARDIOVASCULAR DISEASE POLICIES AND PRACTICES AMONG HMOs IN GEORGIA



## 2004 Georgia Health Plan Survey

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The Georgia Cardiovascular Health Initiative (CVHI) is a part of a national effort funded by the Centers for Disease Control and Prevention to address heart disease and stroke prevention. The CVHI seeks to improve cardiovascular outcomes by employing system and environmental change strategies in four broad domains: healthcare, worksites, communities, and schools.

Cardiovascular Disease (CVD) is the leading cause of death in Georgia, accounting for 23,295 deaths in 2003. Approximately 142,000 hospitalizations from CVD accounted for \$3.3 billion in hospitalization charges and approximately 51,000 emergency room visits accounted for \$98 million in charges<sup>1</sup>. The burden of CVD is substantial in terms of morbidity, mortality, and financial costs. The modifiable risk factors for CVD are smoking, physical inactivity, obesity, poor diet, high blood cholesterol, high blood pressure, and diabetes. In order to reduce the risk of CVD, individuals must make healthy lifestyle choices. Primary and secondary prevention measures are the key to reducing cardiovascular disease events in Georgia. Health plans play an important role in shaping policies, programs, services, and environments with potential to encourage health plan members to reduce their CVD risk through lifestyle changes.

The Health Plan Policies and Practices Survey conducted in 2004 was Georgia's first effort to collect information on existing policies and practices for primary and secondary prevention of cardiovascular disease. The following is a summary of results from the survey.

### Survey Purpose

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The Health Plan Policies and Practices survey was conducted in 2004 to gather data from licensed health plans in Georgia on:

- Policies and guidelines for primary and secondary prevention of CVD.
- Counseling and health education on physical activity, nutrition, and tobacco cessation.
- Assessment and counseling for high blood pressure and high blood cholesterol.

### Key Findings

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The majority of participating Health Maintenance Organizations (HMOs):

- Had policies and practices to address primary and secondary prevention of CVD.
- Routinely provided health education on primary prevention such as tobacco, physical activity, and nutrition.
- Routinely provided blood pressure and cholesterol screening.

### Implications

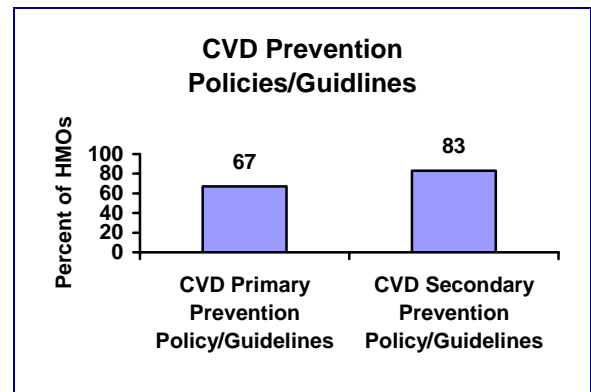
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- Results were conveyed to representatives from Georgia HMOs plans.
- The survey provided a vehicle to partner with HMOs to improve quality of care.

## Policies and Guidelines for Prevention of CVD

### Primary Prevention

- Four of the six (67%) health plans have a written policy statement or guidelines related to the primary prevention of CVD.
  - One of the health plans (17%) established their policy and guidelines based on American Heart Association's (AHA) *Guide to Primary Prevention of CVD*
  - All six health plans (100%) reported they did not review charts to assess compliance with their policies/guidelines.



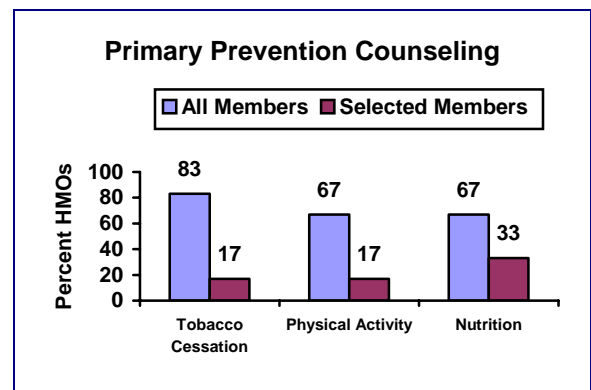
### Secondary Prevention

- Five health plans (83%) had written policy statement or guidelines related to secondary prevention of CVD.
  - Two health plans (33%) established their policy or guidelines using the AHA's *Guide to Comprehensive Risk Reduction for Patients with Coronary and Other Vascular Diseases*
  - Four health plans (67%) distributed the policy to their network of providers.
  - Only one health plan (17%) assessed compliance with their policy/guidelines through patient chart audits.

## Counseling

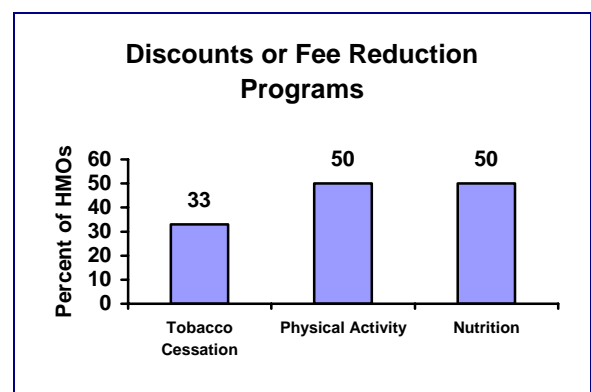
### Smoking Cessation Counseling

- Five health plans (83%) offered assessment and counseling to all their members for tobacco cessation, whereas one health plan (17%) offered the assessment and counseling to selected members.
- Four health plans (67%) were aware of the Georgia Quit Line. One health plan (17%) referred all members and one health plan (17%) referred selected members.
- Two health plans (33%) provided discounts or fee reductions for Tobacco Cessation Programs.



### Physical Activity Counseling

- Four health plans (67%) encouraged providers to assess and counsel all members on physical activity, whereas one health plan (17%) offered the assessment and counseling to selected members.
- Three health plans (50%) provided discounts or fee reductions for exercise or fitness clubs.

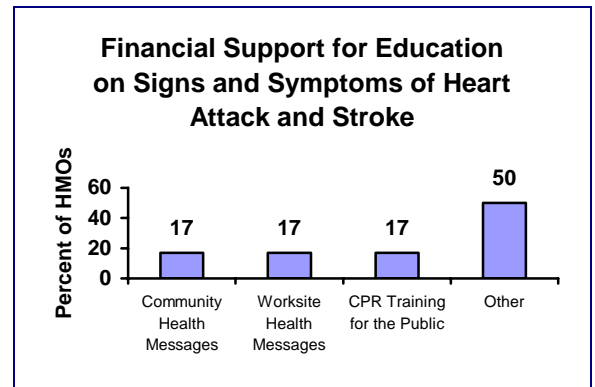
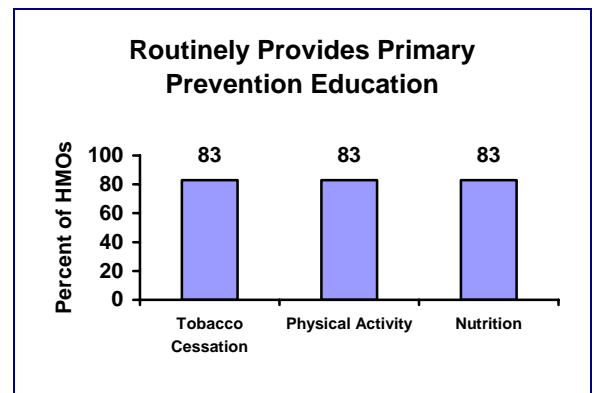


### Nutrition Counseling

- Four health plans (67%) encouraged providers to assess and counsel all members on nutrition, whereas two health plans (33%) offered the assessment and counseling to selected members.
- Three health plans (50%) provided discounts or fee reductions for nutrition resources (e.g. Weight Watchers).
- None of the health plans utilized chart audits to assess whether providers were performing counseling services for smoking, physical activity, or nutrition.

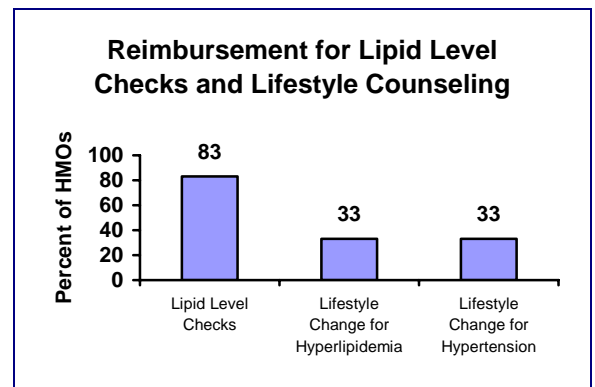
## Health Education

- Five health plans (83%) provided primary prevention education for tobacco cessation, physical activity, and nutrition.
- There was considerable variability for the education and materials provided to members.
  - 1 health plan (17%) offered classes.
  - 4 health plans (67%) used newsletters.
  - 1 health plan (17%) used media campaigns.
  - 2 health plans (33%) used posters.
  - 3 health plans (50%) used brochures.
  - 1 health plan (17%) used videos.
- Four health plans (67%) provided financial support for education programs regarding the signs and symptoms of heart attack and stroke.
  - Only one health plan (17%) utilized community health messages, worksite health messages, and CPR training for the public.
  - Three health plans (50%) provided other financial support for health education.
  - None of the health plans offered discounts on CPR training for individual members.



## Services for High Blood Pressure and High Cholesterol

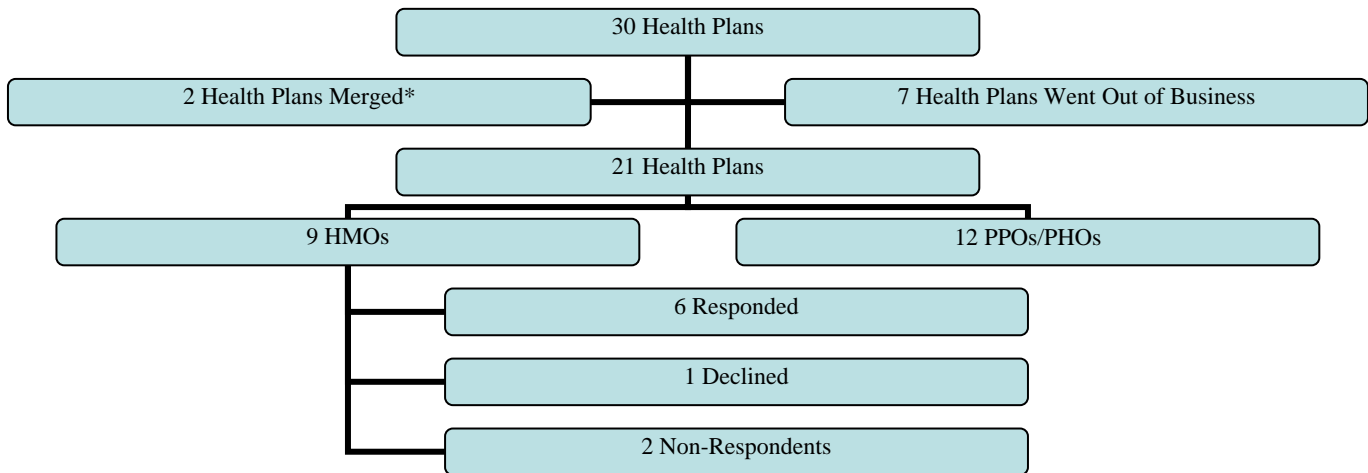
- Five health plans (83%) reimbursed providers or paid members to have their lipid levels checked, including total serum cholesterol, high and low density lipoproteins, and triglycerides.
- Five health plans (83%) encouraged members to have their lipid levels checked annually and one health plan (17%) did not know how often they recommend.
- Two health plans (33%) reimbursed providers for therapeutic lifestyle change counseling for patients with hyperlipidemia, two health plans (33%) did not, and two health plans (33%) were unsure.
- Two health plans (33%) reimbursed physicians for therapeutic lifestyle counseling for patients with hypertension, two health plans (33%) did not, and two health plans (33%) were unsure.
- Five health plans (83%) assisted physicians in achieving blood pressure and/or cholesterol control (protocols/algorithms, feedback using claims data, diet & exercise).



## Methods

- Survey tool was adapted from existing tools in Montana and New York.
- All licensed health plans in Georgia were sent pre-interview packets containing:
  - Cover letter explaining the data collection efforts.
  - Confidentiality agreement ensuring anonymity of health plans providing information.
  - Survey instrument.
- Requests for data were sent to all health plans in Georgia, however only Health Maintenance Organizations had direct managed care responsibility for members and were eligible to provide data.
- Face-to-face interviews were conducted with the Chief Medical Officer or other appropriate person from each participating HMO.

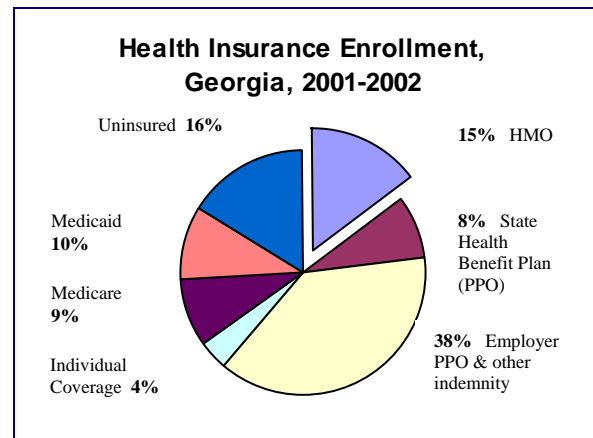
## Georgia Health Plans' Participation Algorithm



\*2 health plans were merged into other existing health plans

## Response Rate and Survey Representation

- 9 HMOs were eligible to provide data, which represented approximately 15% of all Georgians in 2001-2002.
- 6 of the 9 eligible HMOs provided data (Response Rate=67%).
- Participating HMO's represented approximately:
  - 93% of the 1.2 million HMO enrollees in Georgia.
  - 14% of all Georgians.



Source: Henry J. Kaiser Family Foundation: State Health Facts Online. <http://statehealthfacts.kff.org>

## References

1. Gregory, KS, Wu, M, Kanny, D. Cardiovascular Disease in Georgia, 2005. Georgia Department of Human Resources, Division of Public Health, and the American Heart Association, Southeast Affiliate, December 2005. Publication number DPH05/094HW

The Georgia Health Plan Survey was funded by the Georgia Cardiovascular Health Initiative Program through a grant from the Centers for Disease Control and Prevention (#U50/CCU421331-04).

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*Suggested citation:* Kanny D, Powell KE, Choi HS, Gregory KS. Cardiovascular Disease Policies and Practices Among HMOs in Georgia. Georgia Department of Human Resources, Division of Public Health, December 2005. Publication Number DPH05/103HW.