CASE MANAGEMENT CLINIC IN WOMEN’S CARDIOVASCULAR HEALTH IN RURAL PENNSYLVANIA

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Purpose: The purpose of this poster presentation is to discuss the development and outcomes of a women’s cardiovascular case management clinic implemented in a rural underserved area of Pennsylvania. The American Heart Association (AHA) cardiac guidelines for women will be utilized to screen, assess, diagnosis, educate, and manage clients within the clinic. The clients who will be enrolled into the case management clinic will be women between the ages of 25-55 either without or with inadequate health insurance. The overall goal of the clinic is to research and determine if intensive screening, education, and management make a difference in the cardiovascular care of rural underserved women.

Background: The age adjusted death rate resulting from coronary heart disease (CHD) in females, which accounts for about half of all CHD deaths in women, was 95.7 per 100,000 females in 2007, a third of what it was in 1980. Approximately 50% of this decline in CHD deaths has been attributed to reducing major risk factors and the other half to treatment of CHD including secondary preventive therapies (medications, etc.). The investment in combating this major public health issue for women has been significant. Providers also need to consider the geographical and socioeconomic status of the client, which may make attaining healthy lifestyles and accessing medications more difficult. Those from rural areas and lower socioeconomic levels still lag behind in many health care outcome measures. They are less likely to get the preventive care (screenings and education) needed to stay healthy, more likely to suffer from serious illness such as heart disease and diabetes, and when they do get sick, are less likely to access quality health care (US Department of Health and Human Services, 2011). To assist in meeting these challenges the AHA, in collaboration with national organizations dedicated to women’s health, have released new lifesaving guidelines for the prevention of heart disease as well as protocol for specific follow up and treatment of women when found to have CHD. They are recommending that every woman know her risk level for heart disease. It has been proven that when a person is aware of his/her risk he/she is more apt to take preventive action.

Brief Description: The implementation of the case management clinic in women’s cardiovascular health in a rural underserved region of Pennsylvania will entail the initial screening and follow-up care of approximately 150-200 uninsured or underinsured women over a fifteen week period from January 2014 through May 2014. The clients will be recruited from a free clinic in a rural region of Pennsylvania. Targeting those most vulnerable and in need of preventive and diagnostic cardiac services. The AHA Guidelines will be used as a screening tool and for recommended follow up and treatment parameters. By utilizing the AHA guidelines the women’s cardiovascular case management clinic will be constructed on evidence based research findings of experts in the area of cardiovascular health. The author who has been a Family Nurse Practitioner for the past 20 years and currently volunteers her services at the free clinic will perform the recruitment, screening, and management of clients. Data will be collected via electronic medical records both initially and longitudinally (3 years) to determine if the intensive screening, education, and management of the cohort of rural women with CHD fair better than those who were not part of the initial case management clinic.

Outcomes: Both the implementation process and initial outcomes (description of the initial cohort findings and treatment) of the cardiovascular case management clinic will be presented as part of the poster presentation.

Conclusion: It is the presenter’s goal to educate those involved in treating and managing women in rural populations on the current guidelines, processes, and outcomes of a women’s cardiac case management clinic.