

Iowa Care for Yourself – WISEWOMAN Program FY2019 through FY2023

WISEWOMAN Program Cardiovascular Screening Protocols
Information Manual for WISEWOMAN Healthcare Providers



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Table of Contents

1. Introduction	2
2. Confidentiality Statement	4
3. Provider Participation	5
4. Program Enrollment and Eligibility	6
5. Service Delivery Flow Chart	7
6. CVD Screening Services	8
7. Baseline Screening Protocol	9
8. Abnormal/Alert BP Follow-up Protocol	11
9. Additional WISEWOMAN Services	12
10. Follow-up Screening Visit Protocol	13
11. Data Reporting to WW Local Coordinators	14
12. HBSS Data Reporting	15
13. Compensation and Billing	16
14. Quality Assurance and Quality Improvement	18
15. IDPH WISEWOMAN Contact Information	19
Appendix A. Iowa WISEWOMAN Locations Map and Local Coordinators Contact Information	20
Appendix B. Screening Values	21
Appendix C. Screening Data to be reported to the Local Coordinator	22
Appendix D. Resources	24
Appendix E. Glossary	28

1. Introduction

The Iowa *Care for Yourself* (CFY) WISEWOMAN (**Well-Integrated Screening and Evaluation for Women Across the Nation**) (CFY-WW) is a public health program of the Iowa Department of Public Health. This program provides cardiovascular disease (CVD) screening (focusing on hypertension control) integrated with the Iowa Breast and Cervical Cancer Early Detection Program (IA NBCCEDP) funded by the Centers for Disease Control and Prevention (CDC). Participants receive cardiovascular screening together with breast and cervical cancer screening.

WISEWOMAN extends the BCCEDP with additional preventive health services:

- Heart disease and stroke risk factor screening, which includes blood pressure (two measurements at each screening visit), cholesterol, glucose, weight, height, hip and waist circumference measures, personal history, family medical history, and readiness to change assessments.
- Health Coaching (HC) and Healthy Behavior Support Services (HBSS) that promote blood pressure monitoring, medication adherence, heart-healthy eating and physical activity.
- Links for participants to free or low-cost community-based nutrition, physical activity, and tobacco cessation resources.
- Follow up blood pressure office visit (single follow up visit) for clients found to have alert or abnormal value blood pressure measurements at baseline screening.
- Follow-up screening visit following completion of HC and/or HBSS that includes measurements of the participant's height, weight and blood pressure, as well as a second CVD health risk assessment, and risk reduction counseling. A lipid panel and/or glucose testing may also be carried out as part of this visit, if medically indicated by the physician, for participants who exhibited a high cholesterol level and/or diabetes at the initial screening visit. Participants are also provided with an additional health coaching session.

Vision of Iowa CFY WISEWOMAN

A world where all women can access preventive health services and gain the wisdom to improve their health.

Mission of Iowa CFY WISEWOMAN

Provide low-income, underinsured or uninsured 40- to 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 and other chronic diseases, such as diabetes and cancer.

How and Why Did WISEWOMAN Start?

Heart disease, stroke, cancer, and diabetes account for about two-thirds of all deaths in the United States. Many studies have shown that we can lower people's risk for illness and death from these chronic diseases by reducing risk factors such as high blood pressure, high cholesterol, obesity, poor diet, sedentary lifestyle, and smoking. However, screening, behavioral interventions, and any necessary treatment services for these risk factors are often beyond the reach of underinsured and uninsured women. According to the Small Area Health Insurance Estimates//State and County by Demographic and Income Characteristics 2017 data, 130,410 women of ages 40-64 in Iowa live below the 250% of the poverty level. Ten per cent of these women are uninsured.

To address this unmet need for preventing and detecting heart disease, stroke, and their risk factors among uninsured women, WISEWOMAN was authorized as a program in 1993 through federal legislative supplement to the law that established The Centers for Disease Control and Prevention's (CDC) National Breast and Cervical Cancer Early Detection Program (NBCCEDP).

In 1995, CDC launched the first WISEWOMAN demonstration projects in three states: Massachusetts, Arizona, and North Carolina. In 2001, Congress authorized WISEWOMAN to expand to 15 states, including Iowa. As of 2019, Iowa continues as one of 24-funded programs in 21 states, and three tribal organizations: two in Alaska and one in Oregon.

The Iowa CFY-WW program contracts with seven local boards of health (LBOH) to deliver the WW program services in seven Iowa regional areas that covering 43 of the state's 99 counties. (See Iowa CFY-WW locations map under Appendix A of this document). At the regional level, eight Local Coordinators (LC) are responsible for enrolling participants and ensuring participants are screened by a WISEWOMAN contracted provider. The LC also provide risk reduction counseling, health coaching, and referral to and follow-up on Healthy Behavior Support Services (HBSS), community based-services. The LC are also responsible for collecting and reporting participant-level data to the WISEWOMAN program. Each LC is a trained and certified health coach through the Iowa Chronic Care Consortium's certified health coaching program.

2. Confidentiality Statement

The *Care for Yourself* – WISEWOMAN Program endorses the health care standards of participant confidentiality. These standards apply to all individuals and agencies representing or working in any capacity with the Care for Yourself (CFY) Program. Any information gathered will be used only for program purposes and no participant will be identified by name without written permission.

Confidentiality is both an ethical and legal responsibility. State and federal courts uphold the common patient confidentiality standards such as the American Medical Association (AMA) 'Code of Ethics.' Divulging medical information (verbal, written, phone, fax, electronic, etc.) to a third party without appropriate consent from a participant is considered a breach of confidentiality whether intentional or unintentional.

The Iowa Department of Public Health, CFY Program has federal exemption related to HIPAA (Health Insurance Portability and Accountability Act), the federal law that protects personal medical information and recognizes the rights to relevant medical information of family caregivers and others directly involved in providing or paying for care. Therefore, participant program related medical information (e.g. program related data requirements) allow for accessibility of participant information related with this IDPH-CFY Program and its data requirements.

All data collected and released through the CFY-WW Program is **property of the Iowa Department of Public Health**. All **confidential data** must be either **encrypted and password protected or sent using secure client software** when sending and retrieving data. **Storage of hard copy documents** must be maintained in a **locked room within locked file storage**.

3. Provider Participation

Identified healthcare providers in the state have an opportunity to participate in the *Care for Yourself*-WISEWOMAN Program. Providers who participate in the program must adhere to the following:

- **Sign a five-page contract** - The five-page contract allows health care providers to participate in the Program by agreeing to follow procedures described in each direct service section of the program's Provider Contract Manual.
 - *Care for Yourself* – WISEWOMAN Cooperative Agreement;
 - *Care for Yourself* – WISEWOMAN Application for Health Care Facility and Health Care Provider Enrollment;
- **Copy of the facility W-9 form.**
- **Copy of CLIA Certificate if applicable.**
- **Accept the fee schedule** - See **Care for Yourself website** <http://www.idph.iowa.gov/cfy/information-for-healthcare-providers>, for a complete list of services and the program's reimbursement rates.

WISEWOMAN Providers must agree to:

- Supply needed data about those screened
- Submit for reimbursement of procedures according to program guidelines
- Assure staff participation in professional continuing education
- Assure that healthcare providers serving the clients of the program have a valid, current license, certification or registration
- Maintain appropriate state and federal occupational and facility licenses and certifications
- Adhere to Screening Guidelines and other policies set forth in this manual.
- Utilize only the contracted providers for referral.
- Discuss with client the services that are not covered by the Program and how those services will be paid for.

Email the five-page contract with the attached Cooperative Agreement and Application for Health Care Facility and Provider Enrollment to Sonya Loynachan at sonya.loynachan@idph.iowa.gov.

Questions on provider agreement/application, please call Sonya at 515-371-3387 .

4. Program Enrollment and Eligibility

As of October 1, 2018, the *Care for Yourself* - WISEWOMAN Program Screening Program has implemented new procedures for enrolling women into the screening program. The program will serve the following:

- Women ages **40 to 64 years***
- Have incomes of up to 250% of Federal Poverty Level (FPL);
- Are uninsured or underinsured;
- Must reside in Iowa (Iowa CFY WISEWOMAN Program);
 - In the case where a non-Iowa resident is enrolled in CFY WISEWOMAN Program and uses a non-Iowa health care provider, services will not be reimbursed. The surrounding states of Nebraska, Minnesota, Wisconsin, Illinois, and Missouri all have the National Breast and Cervical Cancer Early Detection Program integrated with WISEWOMAN available to their residents.
- Must be a Breast and Cervical Cancer Early Detection Program (BCCEDP) participant enrolled for integrated CFY program services (breast cancer screening and/or cervical cancer screening combined clinical office visit with WISEWOMAN screening services);

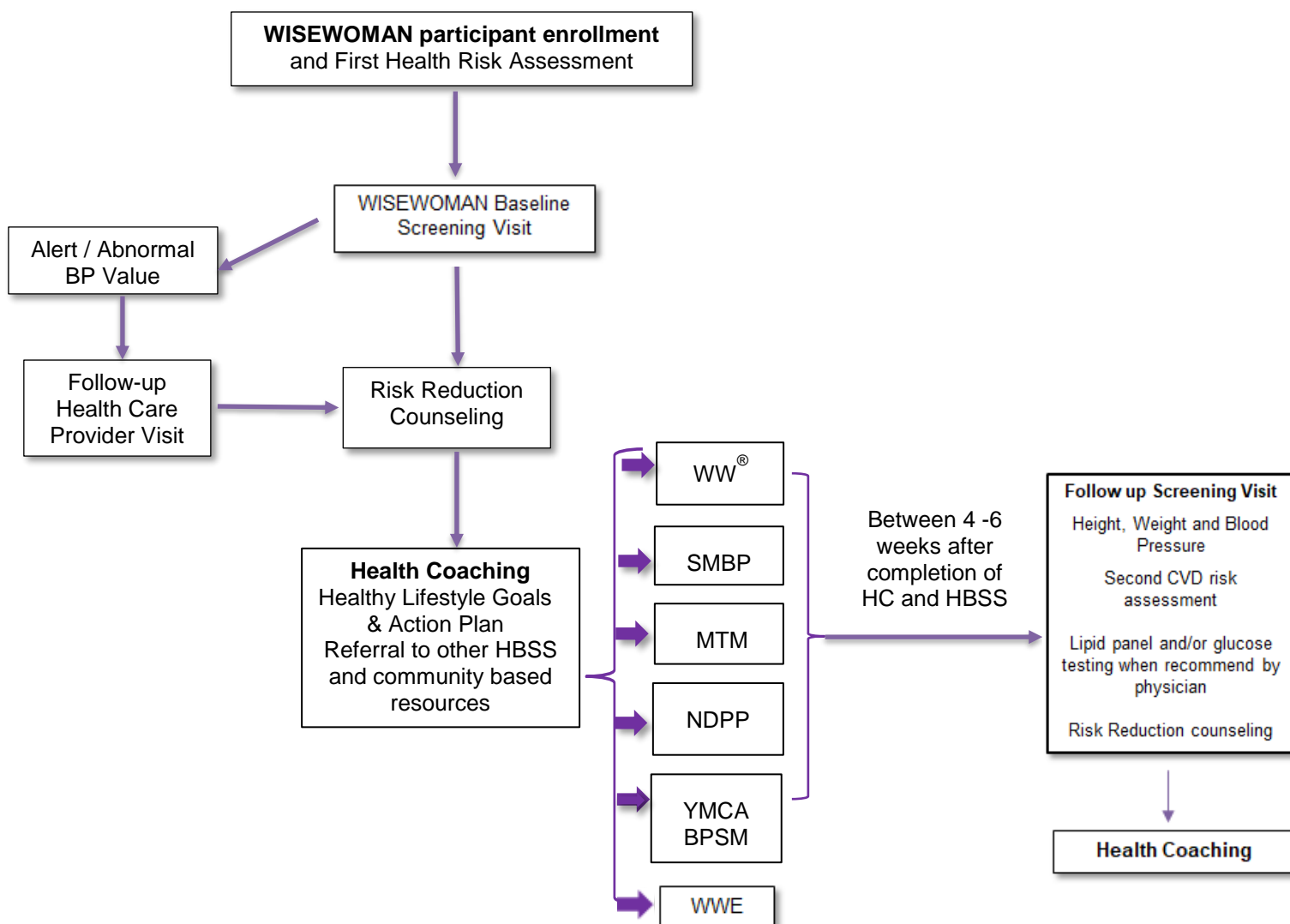
* Non binary individuals, trans men or trans women may qualify.

Enrollment

WISEWOMAN local coordinators (LC) are **solely** responsible for **enrolling participants** in the WISEWOMAN Program and referring to program services such as Medication Therapy Management.

Persons identified by health care providers who may be eligible for the WISEWOMAN Program may be referred to the LC for additional program information (**see Appendix A for your LC contact information**).

5. Service Delivery Flow Chart



6. CVD Screening Services

The CFY-WW Program Screening Services include the following:

- Baseline Screening Services
- Abnormal/Alert BP Follow-up Services
- Follow-Up Screening Services

Each of these services is explained in further detail under sections 7, 8 and 9 of this manual.

7. Baseline Screening Protocol

For Screening Values please refer to Appendix B of this document.

A. Screening Visit Protocol

The *Care for Yourself - WISEWOMAN (CFY-WW)* Baseline Screening Services include a paid office visit that comprises the following:

- Appropriate/recommended breast and cervical cancer screening, and
- Cardiovascular screening – that includes:
 - Two blood pressure measurements
 - Height and weight
 - Hip and waist circumference
 - Fasting blood lipids
 - Fasting glucose measurements or glycated HbA1c (*HbA1c should be carried out only for clients previously diagnosed with diabetes), and
 - Tobacco-use screening and cessation referral.

During the visit, clinicians should also engage in dialog with participants on tobacco use, medication access and adherence if applicable, and risk reduction counseling related to cardiovascular disease.

B. Blood Pressure Measurement Technique

- Patients should not smoke, exercise, or have caffeine for at least 30 minutes before their blood pressure is measured.
- Patients 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.
- An appropriate sized cuff should be used (cuff bladder encircling at least 80% of the arm).
- A mercury sphygmomanometer, a recently calibrated aneroid manometer, or a validated electronic device should be used.

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.

C. Cardiovascular (CVD) / Diabetes Screening Blood Draw Protocol

The *CFY-WW* Baseline Screening paid office visit includes:

- Fasting Total Cholesterol and HDL testing, and
- Fasting Blood glucose or an HbA1C (*HbA1c is to be performed on clients previously diagnosed with diabetes).

For these services:

- The client should arrive at her screening office visit fasting for lab draw if lab draw was not conducted prior to screening visit (No food or drink for nine hours prior).
- Labs should be done within 30 days before or after the screening office visit.

D. Medication Access/Adherence

Due to federal funding restrictions, the *CFY-WW* Program is unable to assist clients financially with any medication a provider may prescribe for clients. A list of resources for free or low-cost medications can be found under Appendix C of this manual.

8. Abnormal/Alert BP Follow-up Protocol

For Screening Values please refer to Appendix B of this document.

The CFY – WW Program will pay for one follow-up office visit for review of abnormal or alert blood pressure (BP) results (abnormal and alert values listed below) observed at the Baseline Screening visit, and to determine an appropriate plan for treatment.

A. Abnormal BP Screening Values:

An **Abnormal Blood Pressure** (hypertension) value in adults is defined by the CDC WW program guidance as a **systolic blood pressure of 140-180 mmHg or a 90-110 mmHg diastolic blood pressure (Refer to Screening Values under Appendix B)..**

Clinicians are expected to provide CFY-WW program participants appropriate medical evaluation in accordance with national guidelines following an abnormal BP measurement observed at the baseline screening visit.

The CFY – WW Program can pay for one follow-up office visit if an abnormal value is identified at the baseline screening visit. This follow-visit should take place **within three weeks of the baseline screening visit.** If the health care provider doesn't recommend a follow-up office visit, some other method to re-check the blood pressure must be completed and reported to program staff.

B. Alert BP Screening Values:

An **Alert Blood Pressure** (hypertension) value is defined by the CDC WW program guidance as **systolic blood pressure >180 mmHg Systolic or >110 diastolic blood pressure (Refer to Screening Values under Appendix B).**

Clinicians are expected to provide appropriate medical evaluation in accordance with national guidelines immediately or within 7 business days of alert BP measurement observed at the baseline screening visit.

The CFY – WW Program can pay for one follow-up visit if one of the alert BP values is identified at the baseline screening visit. This visit should take place **within 7 business days of the baseline screening visit.**

9. WISEWOMAN Additional Services

In addition to the participant's health care provider, each Local Coordinator (LC) must provide the participant with Risk Reduction Counseling (RRC). All the Iowa CFY-WW LC are trained and certified health coaches through the Iowa Chronic Care Consortium's (ICCC) certified health coaching program. During RRC the LC together with the CFY-WW participant would go through the participant's baseline screening results, interpretation of the results and appropriate recommendations in accordance with the national clinical care guidelines. RRC is provided to the participant both in verbally and in writing.

The Iowa CFY-WW Program provides a number of evidence-based Healthy Behavior Support Services (HBSS). The HBSS that are available to WISEWOMAN participants include:

- Health Coaching (HC)
- Medication Therapy Management (MTM)
- National Diabetes Prevention Program (NDPP)
- Self-Monitoring Blood Pressure (SMBP)
- Weight Watchers®
- YMCA Blood Pressure Self-Monitoring (YMCA BPSM)
- Walk With Ease (WWE)

The LC are responsible for referring the CFY-WW program participants to these HBSS and other community based resources after providing participants with Risk Reduction Counseling. All participants are expected to participate in the health coaching sessions. Any client who wishes to participate in MTM, NDPP, SMBP, Weight Watchers, YMCA BPSM, or WWE must participate in the CFY-WW health coaching sessions as well. In addition to assisting the CFY-WW program participant in developing healthy lifestyle goals and an action plan to achieve such goals, the health coaching sessions offer the LC the opportunity to monitor the CFY-WW participant's progress in the other HBSS.

10. Follow-Up Screening Visit Protocol

WISEWOMAN participants who engage in health coaching or in any of the other five HBSS (MTM, NDPP, SMBP Weight Watchers®, and YMCA BPSM) are required to complete an **in-person** follow-up screening visit. **The participant will complete a follow-up screening not less than four weeks but not more than six weeks, following completion of the HBSS and/or HC.** If the participant is taking part in both health coaching and in one or more healthy behavior support service (HBSS), the follow up screening visit should take place after the participant has completed health coaching and at least one of the HBSS.

The overall timeframe from a participant's baseline screening visit to the follow-up screening visit cannot be less than three months. The follow-up screening visit will include:

- Measurements of the participant's height, weight, and blood pressure
- A second CVD health risk assessment
- Risk Reduction Counseling
- A lipid panel and/or glucose testing may also be carried out if medically indicated by the physician, for participants that exhibited a high cholesterol level and/or diabetes at the initial screening visit.
- An additional health coaching session, following completion of the follow-up screening visit.

In most cases, the follow-up screening visit may take place at the CFY-WW local coordinator's office. In cases where the CFY-WW participant had an elevated cholesterol or glucose level at the baseline screening visit, she may receive a lipid and/or glucose test at the follow-up screening visit, if deemed necessary by the healthcare provider. The CFY-WW program will cover the cost of the lab work.

11. Data Reporting to WW Local Coordinators

Screening data from the *CFY-WW* participant's baseline/alert BP follow-up visit/follow-up screening visit, including laboratory results, should be sent to the LC preferably within 21 days of the participant's screening visit or within the time frame set by the LC for reporting the data.

Screening data to be reported to the LC is listed under Appendix C of this document.

12. HBSS Data Reporting

Iowa CFY-WW Medication Therapy Management (MTM) Services

The Iowa *CFY-WW* program offers participants who have been newly diagnosed with hypertension and prescribed medication or previously diagnosed with uncontrolled hypertension while on medication, to be referred to MTM services. MTM services are also available to participants who are newly diagnosed or were previously diagnosed with diabetes, and/or high cholesterol. **Referrals to the *CFY-WW* MTM services may only be made by the LC.**

Through the MTM program, the *CFY-WW* contracted pharmacist will complete a comprehensive medication review with the participant and discuss the following: -

- Difficulties in taking the medication
- Potential interactions between medications
- Potential side effects
- Any allergies
- Refilling process
- Possible low cost medication options
- Importance of and barriers to medication adherence
- Develop medication adherence and lifestyle goals with participant's input

During the course of the MTM sessions, the *CFY-WW* contracted pharmacist may contact the participant's health care provider as necessary.

Iowa CFY-WW Self-Monitoring Blood Pressure Services

The Iowa *CFY-WW* program offers participants who have been identified with newly diagnosed or uncontrolled hypertension at their baseline screening visit the opportunity to participate in the Iowa WISEWOMAN Self-Monitoring Blood Pressure (SMBP) Program. **Referrals to the *CFY-WW* SMBP services may only be made by the LC.**

SMBP participants are provided with blood pressure monitors, blood pressure logs and additional hypertension control materials. Participants are instructed to take blood pressure readings at the same time each day, twice a day (morning and evening) and record these in the blood pressure (BP) log book. The participant will be directed to report these BP readings to the LC at one-month intervals, via phone or mail. The LC will fax the participant's BP readings to the participant's health care provider, to include in the participant's file or electronic health records.

13. Compensation and Billing

Compensation and Billing

Before being reimbursed by the *Care for Yourself*- WISEWOMAN Program healthcare providers agree to provide reports of findings and recommendations which are necessary to compile data and reports to the funder, the Centers for Disease Control and Prevention.

The *Care for Yourself* - WISEWOMAN Program contracts with Medical Billing Services (HSMBS) to process claims and reimburse health care providers for covered services.

Reimbursable Services

Program reimbursement services and payment schedule can be found on the Care for Yourself website - <http://www.idph.iowa.gov/cfy/information-for-healthcare-providers>.

Federal law requires that reimbursement with federal funds may not exceed Iowa Medicare Part B rates. Medicare and IA CFY Program reimbursement rates are updated annually. A woman enrolled in the IA CFY Program should not be billed for:

- o Any *Care for Yourself*- WISEWOMAN Program covered service, and
- o Collection and transportation of specimens. These costs are to be included in the office visit reimbursement. They should not be billed separately.

Claims Processing: Contact Medical Billing Services (HSMBS)

(Please note the new billing service and address)

- 1) Submit claims for reimbursement of services to MBS at the address below:

Paper submissions sent to: Medical Billing Services Attn: Iowa Screening Program 500 East Court Avenue, Suite 305 Des Moines, IA 50309-2057	Electronic claims (837p) TriZetto Provider Solutions One Financial Plaza 501 N. Broadway, 3 rd floor St. Louis, MO 63102
Questions related about claims can be directed to 515-237-3974, ask to speak about the Iowa Screening Program.	

All reimbursements will be paid by Medical Billing Services, dba Iowa Screening Programs.

The current Iowa Screening Program-issued Member Identification Number for each participant must be included to ensure claims are process in a timely manner.

HSMBS will be following the Center for Medicare Services guidelines for claim submission and implementing the Clean Claims Initiative. HSMBS will comply with the ANSI 5010 format and require submission of an 837p claim file.

All claims will be submitted through the participating provider's clearinghouse. The participating provider's billing or credentialing department is required to communicate with its clearinghouse and request transmission to HSMBS payer identification HSMBS

Third- Party Billing

The Care for Yourself – WISEWOMAN program is the payer of last resort. Participating healthcare providers agree to file insurance, Medicare and other third-party claims first. You agree to accept the rates listed on the Fee Schedule (Appendix B) as payment in full.

If the third-party payment is greater than or equal to the maximum allowable cost described in the Fee Schedule, that amount must be considered payment in full. **DO NOT BILL** the program or the client for services.

If the third-party payment is less than maximum allowable costs described in the Fee Schedule, the claim should be sent to the Program, along with a copy of the explanation of benefits from the third-party payer. **Do not bill the client for these services.**

14. Quality Assurance and Quality Improvement

Quality assurance and improvement are integral components of the IA CFY Program and contribute to program success. The purpose of quality assurance and improvement is to:

- Ensure the quality of services delivered through the program
- Monitor performance and identify opportunities for improvement
- Plan effective strategies for improving services
- Program requirements and monitoring activities include:
 - Professional Licensure and Accreditation – health facilities and professionals must be currently licensed or accredited to practice.
 - Reporting standards for radiological, laboratory and pathology – reports must be reported according to national standards
 - Standards for adequacy of follow-up – data reports track appropriate and timely diagnostic, short-term and rescreening services
 - Adherence to CDC policies and guidelines.

LCs are required to attend the Health Care Provider Site Visits for all regional providers.

15. IDPH WISEWOMAN Contact Information

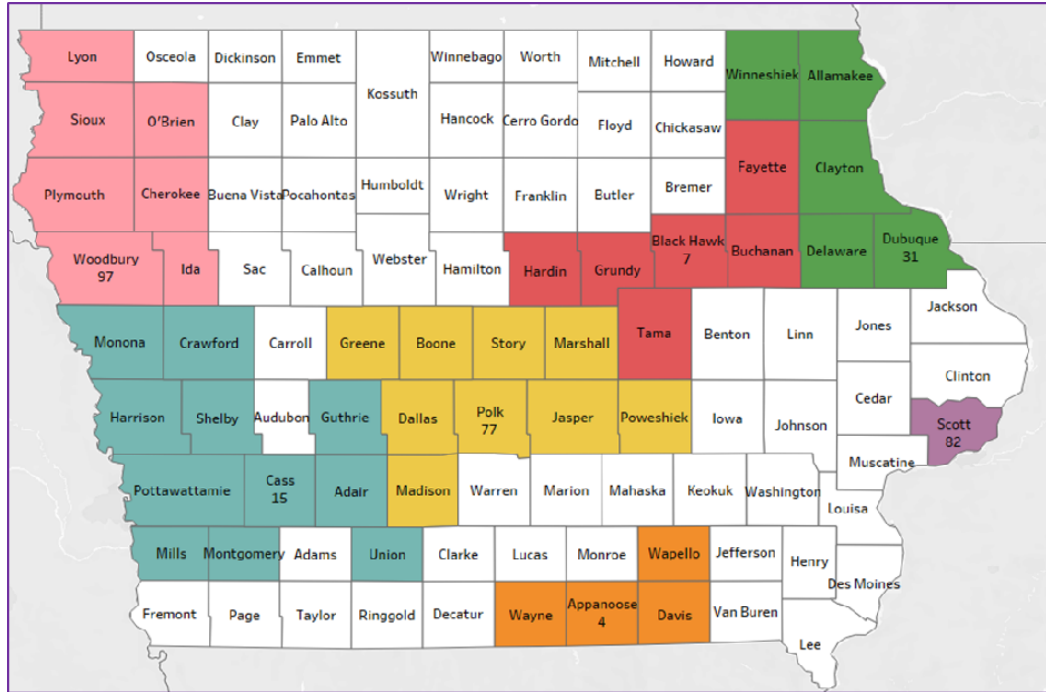
State of Iowa WISEWOMAN Program Contacts

Sonya Loynachan
Iowa Department of Public Health – WISEWOMAN Program
Program Manager
515-371-3387
sonya.loynachan@idph.iowa.gov

Denise Attard Sacco
Iowa Department of Public Health – WISEWOMAN Program
Intervention Coordinator and Evaluation Specialist
515-371-1384
denise.attard-sacco@idph.iowa.gov

Appendix A: Iowa WISEWOMAN Local Coordinators Contact Information

Iowa Care for Yourself-WISEWOMAN Service Area Map & Local Coordinators



<p>4 Appanoose Jerilyn Lasley Appanoose County Public Health 209 E. Jackson Street Centerville, IA 52544 641.437.4332</p>	<p>7 Black Hawk Gabbi DeWitt Black Hawk County Health Department 1407 Independence Ave. Waterloo, IA 50703 319.292.2225</p>	<p>15 Cass Linda Edelman Cass County Health System 1408 E. 10th St Atlantic, IA 50022 712.243.7551</p>	<p>31 Dubuque Cathy Tieskoetter Finley Visiting Nurse Association 660 Iowa Street Dubuque, IA 52001 563.556.6200</p>
<p>77 Polk Louanne Williams Polk County Health Department 1907 Carpenter Ave. Des Moines, IA 50314 515.286.2095</p>	<p>82 Scott Diane Koster Dr. Kenneth H. McKay Center for Breast Health 1227 E Rusholme St. MOB 1 Suite 2100 Davenport, IA 52803 563.421.3081</p>	<p>97 Woodbury Lori Jackson Siouxland District Health Department 1014 Nebraska St Sioux City, IA 51105 712.279.6119</p>	

Appendix B: Screening Values

Care for Yourself Screening and Referral Recommendations
Applies to Grant 2nd Year (September 30, 2019-September 29, 2020)



Based on CDC WISEWOMAN Program Guidance

Measurement		Normal/ Desirable	Abnormal				ALERT*
	Blood Pressure (mmHg) <i>Reminder:</i> Two Systolic and Diastolic readings must be recorded	<120 Systolic <i>and</i> <80 Diastolic	Prehypertension 120-139 Systolic <i>or</i> 80-89 Diastolic	Stage 1 Hypertension 140-159 Systolic <i>or</i> 90-99 Diastolic	Stage 2 Hypertension ≥160 Systolic <i>or</i> ≥100 Diastolic		ALERT* >180 Systolic <i>or</i> >110 Diastolic
	Total Cholesterol (mg/dL)	<200	Borderline-high 200-239	High ≥240			NA
	HDL Cholesterol (mg/dL)	40-59 ≥60 High (High is Desirable)	Too Low <40				
When women have fasted	LDL Cholesterol (mg/dL)	Optimal <100	Near Optimal/ Above Optimal 100-129	Borderline High 130-159	High 160-189	Very High ≥190	NA
	Triglycerides (mg/dL)	<150	Borderline-High 150-199	High 200-499	Very High ≥500		NA
	Blood Glucose (mg/dL)	FPG <100 OGTT <140	Prediabetes FPG 100-125 OGTT 140-199		Diabetes FPG ≥126 OGTT ≥200		ALERT* ≤50 ≥250
Blood Glucose (Random/Casual) (mg/dL)	<200 with no symptoms	Diabetes ≥ 200 plus symptoms					ALERT* ≤50 ≥250
HbA1c (or A1c)	Normal <5.7%	Prediabetes/At Risk 5.7% - 6.4%			Diabetes ≥6.5%		NA
Height & Weight - Body Mass Index (BMI kg/m ²)	18.5-24.9	Overweight 25-29.9	Obesity (Class 1) 30-34.9	Obesity (Class 2) 35-39.9	Extreme Obesity (Class 3) ≥40		NA
Waist Circumference	≤35 inches (88 cm)	>35 inches (waist measurement >35 inches for adult women is considered an indicator of heart disease risk)					NA
Waist-to-Hip Ratio – women (divide the waist circumference measurement by the hip circumference, in inches)	≤0.8	>0.8					NA

The table represents the measurements that at minimum, are expected to be done on all *Care for Yourself* participants at baseline/annual screening appointment. Fasting cholesterol and glucose (with a minimum 9-hour fast) is preferred, in some instances it may not be convenient to require the women to fast prior to their appointment. The program measurements are allowed to be completed within 30 days either side of the annual exam screening visit date (30 days before or 30 days after the annual screening visit date).

***Women with ALERT Value Blood Pressure must be evaluated and treated immediately or within 1 week (or seven business days) through evidence of a documented health care provider office visit or treatment, depending on the clinical situation and complications, in accordance with national and program guidelines. Complete the Iowa Care for Yourself program CVD Follow-Up form.**

Client Identification	Client History		Screening Measurements
Program # ID # Visit Date: ____/____/____ (Earliest of 10a, 11a, 12a, 13a, 14a below) (mm / dd / yyyy) Limited Comprehensive Last Name _____ First Name _____ Middle Initial _____ Facility # _____ ANSI # _____ NPI # _____	1. High Risk for Breast Cancer? <input type="radio"/> 1. Yes <input type="radio"/> 2. No <input type="radio"/> 3. Not assessed/Unknown 2. High Risk for Cervical Cancer? <input type="radio"/> 1. Yes <input type="radio"/> 2. No <input type="radio"/> 3. Not assessed/Unknown 3. Has the woman ever had a pap test? <input type="radio"/> 1. Yes 3a. Date previous: ____/____/____ (month/year: Enter 06 if month unknown) <input type="radio"/> 2. No <input type="radio"/> 3. Unknown		4. Height inches 5. Weight _____pounds 6. Waist Circumference _____inches 7. Hip Circumference _____inches <input type="radio"/> Unable to obtain 8. Blood Pressure (<i>two readings required</i>): 8a. 1st Reading: / mmHg 8b. 2nd Reading: ____ __ / ____ __ mmHg *Avg. value > 180/110 needs immediate workup <input type="radio"/> Unable to obtain 9. Measurement Date: ____/____/____ (mm / dd / yyyy)
Examination	Date Performed/Type	Result	Payer
10. Clinical Breast Exam <input type="radio"/> 1. Performed <input type="radio"/> 2. Not performed <input type="radio"/> 3. Refused	10a. CBE Date ____/____/____ (mm / dd / yyyy)	10b. CBE Result <input type="radio"/> 1. Normal or benign (including fibrocystic, lumpiness, or nodularity) <input type="radio"/> *2. Abnormality—suspicious for cancer	10c. CBE paid by <input type="radio"/> 1. BCCEDP <input type="radio"/> 2. Other <input type="radio"/> 3. Unknown <input type="radio"/> 4. BCCEDP / Insurance <input type="radio"/> 5. Insurance Only
11. Mammogram <input type="radio"/> 1. Performed; routine screening mammogram <input type="radio"/> 2. Performed to evaluate symptoms, positive CBE, or previous abnormal mammogram <input type="radio"/> 3. Performed, not paid by BCC; patient referred for DX Evaluation: DX referral date: ____/____/____ <input type="radio"/> 4. Not performed <input type="radio"/> 5. Refused	11a. Mamm. Date ____/____/____ (mm / dd / yyyy)	11b. Mammogram Result <input type="radio"/> 1. Negative (BI-RADS 1) <input type="radio"/> 2. Benign (BI-RADS 2) <input type="radio"/> 3. Probably benign—short interval follow-up indicated (BI-RADS 3) <input type="radio"/> *4. Suspicious abnormality— consider biopsy (BI-RADS 4) <input type="radio"/> *5. Highly suggestive of malignancy (BI-RADS 5) <input type="radio"/> *6. Need evaluation or Film comparison (BI-RADS 0)	11c. Mamm paid by <input type="radio"/> 1. BCCEDP <input type="radio"/> 2. Komen <input type="radio"/> 3. Other <input type="radio"/> 4. Unknown <input type="radio"/> 5. BCCEDP / Insurance <input type="radio"/> 6. Insurance Only
12. Screening MRI <input type="radio"/> 1. Performed <input type="radio"/> 2. Not performed <input type="radio"/> 3. Refused	12a. MRI Date ____/____/____ (mm / dd / yyyy)	12b. MRI Result <input type="radio"/> 1. Negative (Category 1) <input type="radio"/> 2. Benign (Category 2) <input type="radio"/> 3. Probably benign (Category 3) <input type="radio"/> 4. Suspicious (Category 4) <input type="radio"/> 5. Highly suggestive of malignancy (Category 5) <input type="radio"/> 6. Known malignancy (Category 6) <input type="radio"/> 7. Incomplete—Need additional imaging evaluation (Category 0)	12c. MRI paid by <input type="radio"/> 1. BCCEDP <input type="radio"/> 2. Other <input type="radio"/> 3. Unknown <input type="radio"/> 4. BCCEDP / Insurance <input type="radio"/> 5. Insurance Only
13. Pap Test <input type="radio"/> 1. Performed; routine pap test <input type="radio"/> 2. Performed; patient under surveillance for previous abnormal test <input type="radio"/> 3. Performed, not paid by BCC; patient referred for DX Evaluation: DX referral date: ____/____/____ <input type="radio"/> 4. Performed Pap after primary HPV+ <input type="radio"/> 5. Not performed <input type="radio"/> 6. Refused	13a. Pap Test Date ____/____/____ (mm / dd / yyyy)	13b. Pap Test Result <input type="radio"/> 1. Negative <input type="radio"/> 2. ASC-US <input type="radio"/> 3. Low grade SIL (including HPV changes) <input type="radio"/> *4. ASC-H <input type="radio"/> *5. High grade SIL <input type="radio"/> *6. Squamous cell carcinoma <input type="radio"/> *7. Atypical glandular cells <input type="radio"/> *8. Adenocarcinoma in situ* <input type="radio"/> *9. Adenocarcinoma <input type="radio"/> 10. Other _____ <input type="radio"/> 11. Unsatisfactory	13c. Pap paid by <input type="radio"/> 1. BCCEDP <input type="radio"/> 2. Other <input type="radio"/> 3. Unknown <input type="radio"/> 4. BCCEDP / Insurance <input type="radio"/> 5. Insurance Only
14. HPV Test <input type="radio"/> 1. Co-Test or Screening <input type="radio"/> 2. Reflex <input type="radio"/> 3. Not performed <input type="radio"/> 4. Refused	14a. HPV Test Date ____/____/____ (mm / dd / yyyy)	14b. HPV Test Result <input type="radio"/> 1. Positive with genotyping not done/unknown <input type="radio"/> 2. Negative <input type="radio"/> *3. Positive with positive genotyping (types 16 or 18) <input type="radio"/> 4. Positive with negative genotyping (positive HPV, but not types 16 or 18) <input type="radio"/> 5. Unknown	14c. HPV paid by <input type="radio"/> 1. BCCEDP <input type="radio"/> 2. Other <input type="radio"/> 3. Unknown <input type="radio"/> 4. BCCEDP / Insurance <input type="radio"/> 5. Insurance Only
* Immediate Diagnostic Testing Indicated			

Client Identification

Program # _____ Last name _____ Visit Date ____/____/____
(mm / dd / yyyy)

ID # _____ First Name _____ Middle Initial _____

Follow-up Plan

- 15. Breast diagnostic workup planned? 1. Yes 2. No
- 16. Breast short-term (less than 9 months) visit recommended? 1. Yes 2. No
 |_____→ 16a. Breast short-term visit date: ____/____(mm/yyyy)
- 17. Cervical diagnostic workup planned? 1. Yes 2. No
- 18. Cervical short-term (less than 9 months) visit recommended? 1. Yes 2. No
 |_____→ 18a. Cervical short-term visit date: ____/____(mm/yyyy)
- 19. **Alert** Blood Pressure workup planned? 1. Yes 2. No 3. Follow-up—workup by alternate provider 4. Refused
- 20. **Abnormal** Blood Pressure follow-up recommended? 1. Yes 2. No
 |_____→ 20a. Abnormal follow-up date: ____/____(mm/yyyy)

Appendix D: Resources

Professional and Public Education and Informational Resources

- **American Heart Association**
Statements, Guidelines & Clinical Updates
http://www.heart.org/HEARTORG/Professional/Professional_UCM_001093_SubHomePage.jsp
- **Blood Pressure**
The Eight Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 8)
<http://thepafp.org/website/wp-content/uploads/2017/05/2014-JNC-8-Hypertension.pdf>
- **United States Preventive Services Task Force (USPSTF) – Screening for High Blood Pressure Task Force Recommendation’s**
<https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/high-blood-pressure-in-adults-screening>
- **Diabetes**
American Diabetes Association Clinical Practice Recommendations:
<http://professional.diabetes.org/ResourcesForProfessionals.aspx?cid=84160>
- **CDC Diabetes:** www.cdc.gov/diabetes
- **Diet – Healthy Eating**
 - **Dietary Guidelines for Americans**
<https://health.gov/dietaryguidelines/2015/guidelines/>
 - **DASH eating plan**
<https://www.nhlbi.nih.gov/health/health-topics/topics/dash>
 - **Cholesterol: Therapeutic Lifestyle Changes (TLC) diet principles (ATP III)**
<http://www.webmd.com/cholesterol-management/tc/therapeutic-lifestyle-changes-tlc-diet-for-high-cholesterol-#1>
- **Heart and Stroke**
 - **Million Hearts Initiative:** <http://millionhearts.hhs.gov/index.html>
 - **CDC Heart Disease and Stroke Prevention:** <http://www.cdc.gov/dhdsp/>

- **Krames Patient Education**

<https://www.kramesstore.com> One-stop-shop for client education materials in a variety of print and electronic formats available for purchase.

- **Medline Plus**

www.medlineplus.gov

A service of U.S. National Library of Medicine and the National Institutes of Health. Site contains information on more than 650 health topics, drug information, a medical encyclopedia, and dictionary, as well as directories, current news and interactive tutorials. (Select articles available in 40 different languages, downloadable in PDF format.)

- **Medication Access**

Due to federal funding rules WISEWOMAN program funds cannot be used for treatment, including medication. Therefore, State/Tribal programs must develop a system to ensure access to free or low-cost medications for women who require this augmentation to lifestyle behavior changes.

Minimum data elements related to medication access for women with alert screening values must be collected and submitted to CDC.

A list of potential resources follows.*

- **SafeNetRx**

safenetrx.org

SafeNetRx programs serve the unique medication needs of safety net patients, health providers, and pharmacies.

Safety net patients in Iowa represent a diverse group of individuals with unique and significant health challenges. A safety net patient is generally defined as an uninsured or underinsured individual with a household income of 200% of the Federal Poverty Level or below. Patients meeting this criteria, may include working adults who have purchased health insurance on the Federal Exchange; temporarily dislocated workers; justice-involved populations; relocated minority populations, or even Medicare participating Iowans.

SafeNetRx programs enable health providers such as pharmacies, Federally Qualified Health Centers, Free Clinics, Critical Access Hospitals, Primary Care and Specialty Clinics, Community Mental Health Centers, Rural Health Clinics, and others to serve the unique medication needs of vulnerable patients at little or no cost.

To check whether a WISEWOMAN participant is eligible to take part in the SafeNetRx Medication Assistance Program, please contact Dr Jaclyn Myers at 515-276-0066 or pharmacy@safenetrx.org

- **State Pharmaceutical Assistance Programs**

<https://www.medicare.gov/pharmaceutical-assistance-program/state-programs.aspx>

It identifies states that have programs to provide pharmaceutical coverage or assistance, primarily to low-income older people or people with disabilities who do not qualify for Medicaid.

- **340B Drug Discount Program**

<http://www.hrsa.gov/opa/eligibilityandregistration/index.html>

This website is a Health Resources and Services Administration program that gives certain Federally-funded grantees access to low-cost pharmaceutical drugs.

- **Goodrx.com**

<http://www.goodrx.com>

The website compares the prices of pharmaceutical drugs available at local pharmacies.

- **Medicine Assistance tool.org**

<https://medicineassistancetool.org/>

Pharmaceutical Research and Manufacturers of America (PhRMA) created the Medicine Assistance Tool (MAT) to provide a dedicated search engine that allows users to search for financial assistance resources available to them, their loved ones or patients in their lives through the various biopharmaceutical industry programs available for patients who are eligible.

Building upon the Partnership for Prescription Assistance (PPA), MAT gives patients, loved ones and health care providers a single point of access to hundreds of public and private assistance programs, as well as connecting them with more transparent information about the cost of medicine.

PhRMA represents the top innovative biopharmaceutical research companies. MAT is the result of an ongoing effort between PhRMA, health care providers, pharmacists, patient advocacy organizations and community groups interested in helping patients access the information they need to be more empowered as they navigate a complex, and sometimes overwhelming, health care system. MAT's focus is to help people who visit the site be more aware of the various programs that make prescriptions more affordable for those in need.

The groups that support MAT include the largest and most influential in health care, ranging from patient groups to consumer groups to health care provider organizations and more.

MAT is a free-to-use search engine that focuses its searches on patient assistance resources available to eligible patients.

- **Rx Assist**

www.rxassist.org

A Web site developed by Volunteers in Health Care, a program of the Robert Wood Johnson Foundation, to provide health care practitioners with information on how to access programs that offer a limited supply of free or low-cost medications.

- **Rx Hope**

<https://www.rxhope.com/>

A free program that helps physician's offices apply for, obtain, and track requests for no-cost medications offered by Federal, State, and charitable organizations.

* **NOTE:** Links to non-Federal organizations in this document are provided solely as a courtesy to health care providers and agencies. These links do not constitute endorsements of these organizations or their programs by CDC or the Federal government. CDC nor the state program is responsible for the content of the individual organizations' Web pages found at these links.

- **Office on Women's Health**

<https://www.womenshealth.gov/>

This site provides information to inform and influence policies, to educate the public, to educate health professionals and to support innovative programs. *Maintained by the U.S. Dept. of Health & Human Services.*

- **National Women's Health Network**

www.nwhn.org

Provides newsletters and position papers on women's health topics.

- **Office of Minority Health**

<https://minorityhealth.hhs.gov/Default.aspx>

The Office is dedicated to improving the health of racial and ethnic minority populations through the development of health policies and programs that will help eliminate health disparities.

- **Obesity**

- **NIH: Obesity, Nutrition, and Physical Activity**

<https://www.nhlbi.nih.gov/science/obesity-nutrition-and-physical-activity>

- **The Practical Guide: Identification, Evaluation, and Treatment of Overweight and Obesity in Adults**

https://www.nhlbi.nih.gov/files/docs/resources/heart/prctgd_c.pdf

- **Physical Activity**

- **Physical Activity Basics**

https://www.cdc.gov/physicalactivity/basics/index.htm?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fphysicalactivity%2Feveryone%2Fguidelines%2Findex.html

- **Surgeon General's recommendations for physical activity**

<http://www.cdc.gov/nccdphp/sgr/contents.htm>

- **The Task Force on Community Preventive Services Findings on Physical Activity**

<https://www.thecommunityguide.org/topic/physical-activity>

- **Tobacco Cessation**

- **Quitline Iowa**

<https://iowa.quitlogix.org/en-US/Enroll-Now>

- **Additional Resources can be found at:**

<http://www.cdc.gov/wisewoman/>

Appendix E: Glossary

A1C Test – Glycated hemoglobin, as known as hemoglobin A1c or A1C, or sometimes also HbA1c. It is a hemoglobin test to measure the average plasma glucose concentration over previous months (approximately over six to 12 weeks of time; over a period of 120 days) to assess how diabetes is being controlled and is used in conjunction with home blood sugar monitoring to make adjustments in medicines for patients with diabetes.

ATP III – Adult Treatment Panel III Report (National Cholesterol Education Program, 2001).

BCCEDP - Breast and Cervical Cancer Early Detection Program a State/Tribal-level program is federal funded through the CDC resulting from the Breast and Cervical Cancer Mortality Prevention Act of 1990 (Public Law 101-354) legislated in 1995. The WISEWOMAN program was a legislative supplement to the Breast and Cervical Cancer Mortality Prevention Act, in 1993 through legislative. WISEWOMAN originally began as a demonstration project and then as a program in 1995

BODY MASS INDEX (BMI) – A measurement of body mass that is correlated with skinfold thickness and body density

BP - Blood Pressure

CARDIOVASCULAR – Pertaining to the heart and blood vessels

CDC – Acronym for Centers for Disease Control and Prevention

CFY- WW – *Care for Yourself* - WISEWOMAN

CLIA – Clinical Laboratory Improvement Amendments standards for laboratories

CHOLESTEROL – A waxy, fat-like substance present in every cell in the body and in many foods

CVD – Acronym for Cardiovascular Disease.

DASH – Dietary Approaches to Stop Hypertension

DBP – Diastolic blood pressure

DHHS – Department of Health and Human Services

DIABETES – Diabetes mellitus is a chronic syndrome of impaired carbohydrate, protein, and fat metabolism due to insufficient secretion of insulin or to target tissue insulin resistance

DIAGNOSTIC SERVICES – Services rendered to a client who needs follow up after a screening visit that resulted in an abnormal finding

FASTING – Abstaining from all food and drink, 9 hours

FOLLOW UP VISIT – A scheduled repeat visit with a client to reevaluate a condition that was noted at the screening visit, as abnormal or alert value

HCP – Health Care Provider

HC - Health Coaching

HBP – High Blood Pressure

HBSS – Healthy Behavior Support Services

HDL-C – High-density lipoprotein cholesterol

HIPAA (Health Insurance Portability and Accountability Act) – The federal law that protects personal medical information and recognizes the rights to relevant medical information of family caregivers and others directly involved in providing or paying for care

HTN – Hypertension

HYPERTENSION – Persistently high arterial blood pressure

JNC 7 – Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC7, 2007)

LC – WISEWOMAN Program Local Coordinator

LDL-C – Low-density lipoprotein cholesterol

LIPID PANEL – A group of blood tests that determines risk of coronary heart disease; includes total cholesterol, HDL, LDL, and triglycerides

MDE – Minimum data element

MTM – Medicated Therapy Management

NDPP – National Diabetes Prevention Program

NHLBI – National Heart, Lung, and Blood Institute

NIH – National Institutes of Health

OBESE – A body mass index (BMI) of 30 or above

RISK FACTORS – An aspect of personal behavior or lifestyle, environment exposure, or inherited characteristic which, on the basis of epidemiologic evidence, is known to be associated with a health related condition considered important to prevent

SCREENING GUIDELINES – Screening requirements for WISEWOMEN for reimbursement by program funder

SBP – Systolic blood pressure

SMBP – Self Monitoring Blood Pressure

TLC – Therapeutic lifestyle changes

Triglycerides – According to Mayo Clinic, triglycerides are a type of fat (lipid) found in your blood. When you eat, your body converts any calories it doesn't need to use right away into triglycerides. The triglycerides are stored in your fat cells. Later, hormones release triglycerides for energy between meals. If you regularly eat more calories than you burn, particularly "easy" calories like carbohydrates and fats, you may have high triglycerides (hypertriglyceridemia)

WW - WISEWOMAN -- (Well-Integrated Screening and Evaluation for Women Across the Nation)

WW® - Weight Watchers®

YMCA BPSM - YMCA Blood Pressure Self-Monitoring Program