

## Appendix 4.5

# Local CHAP Coordinator Family Physician Recruitment Guide

Date of Visit: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel.: \_\_\_\_\_ (public line) \_\_\_\_\_ (business line, if applicable)

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Instructions: Check each section as you review CHAP with each family physician**

### Introduction to CHAP

- Provide the **CHAP Fact Sheet** (Appendix 2.1) and **Family Physician Frequently Asked Questions** (Appendix 4.9), and explain CHAP including the focus on supporting participants to address modifiable risk factors (use of the Heart & Stroke Foundation of Ontario Blood Pressure Action Plan™, peer mentoring activities at the sessions, and MedsCheck referrals)
  - Explain that CHAP targets community-dwelling older adults that are at high-risk for future cardiovascular disease and stroke (older adults that have controlled or uncontrolled diagnosed high blood pressure, suspected hypertension, and/or other risk factors such as obesity, dyslipidemia, diabetes, impaired glucose tolerance, etc.)
- Outline the benefits of CHAP to physicians and their high-risk patients
  - Patients receive monitoring, follow-up and education to increase awareness and self-management of cardiovascular disease and stroke risk factors
  - Physicians receive risk factor data collected on their patients at CHAP sessions
  - CHAP requires minimal effort on the part of the physician
  - Improved physician diagnosis and management of hypertension

### CHAP Sessions

- Review the **CHAP Session Blood Pressure Recommendation Protocol** (Appendix 4.4). Explain that CHAP is designed to support physicians and that you as the local CHAP Coordinator will work with them to address aspects of the protocol that they have questions or concerns about it.
  - Describe what patients need to do.
  - Participants sign a consent form at CHAP sessions to release information collected on their risk profile to their family physician and pharmacist.



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### Inviting Patients

- Explain the role of the physician and his/her staff in inviting patients to participate in CHAP. Review the letter of understanding and the preferred options for patient invitation. Emphasize that personalized letters are the preferred option and can be used with minimal effort
- Provide the **Family Physician Letter of Understanding** (Appendix 4.2) and ask for their signature and completion of the preferred options section

#### Personalized Invitation Letters Option:

1. Review the patient invitation letter (Appendix 4.6) with the physician/practice staff
2. Provide physicians/practice staff with a list of their high-risk patients identified from previous CHAP sessions if available. Ask physicians or practice staff to verify the list by crossing out individuals who are deceased or mentally and/or physically incapable of attending CHAP sessions in the community. Ask for the names of other high risk patient names that are not on the list.
3. Obtain from practice offices, the verified list and physician signature (on a blank piece of paper) and securely send via fax or Canada Post to CHAP Central. Make sure to keep information for each physician separate and clearly labelled when faxing/mailing lists for multiple physicians
4. Have practices print off mailing labels for patients identified on the list. Mailing labels should be formatted using Canada Post specifications. See Appendix 4.10 **Canada Post Address Requirements** for details
5. CHAP Central will create the letters and send them to you along with stamped envelopes. You, your staff, or family physician practice staff will prepare letters for mailing using the mailing labels printed in Step 4.

### Patient Feedback

- Explain the patient feedback process; family physicians receive a ranked list of patients by blood pressure status, and the individual risk profile form for those CHAP participants with extreme blood pressure readings

### Follow-Up

- If the family physician has signed the letter of understanding to participate in CHAP, tell them you are pleased with their support
- Should the family physician choose not to participate in CHAP, explain that you will follow-up with them at a later date to determine if they may want to participate in CHAP

Notes: \_\_\_\_\_  
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