

Appendix 4.9

Family Physician Frequently Asked Questions

1. What is the Cardiovascular Health Awareness Program (CHAP)?

CHAP is a community-based program for cardiovascular disease (CVD) and stroke prevention and management targeted to high risk community-dwelling older adults. Recognizing that hypertension is a significant problem among older adults, the primary focus of CHAP is to provide regular blood pressure (BP) monitoring and feedback to family physicians and other health professionals.

High risk older adults who were identified from their previous participation in CHAP sessions or by their family physician, and are invited to attend local CHAP risk factor awareness sessions by their family physician via personalized invitation letters, and/or community-wide advertising. CHAP session locations may include local pharmacies, seniors' centers or residences, and family health team or community health centre buildings. The aim is to establish CHAP as an ongoing community program with regular session delivery.

At CHAP sessions, trained peer volunteers assist older adults to take BP measurements with an automated blood pressure measuring device and ensure the accurate recording of these measurements and other self-reported CVD risk factor data on a standardized risk profile form. This information is given to participants and forwarded to family physicians and pharmacists with participants' consent. Based on their risk factor assessment, participants receive tailored information on modifiable risk factors and links to local programs and resources. An on-call nurse is available to assess participants who have very high or very low BP, and volunteers refer eligible participants to pharmacists for a MedsCheck assessment (please visit www.medscheck.ca for more information).

Diagnosis, treatment and management of hypertension is highly complex and often outside the control of the family physician. By taking reliable BP measurements, promoting lifestyle modification and medication adherence, and providing feedback to family physicians, CHAP supplements family physician care in regards to preventing and managing cardiovascular disease and stroke.

2. Who sponsors CHAP? Is it a drug company?

CHAP is an initiative of the Department of Family Medicine, McMaster University, the Department of Family Practice, University of British Columbia, and the Élisabeth Bruyère Research Institute, a University of Ottawa and Bruyère Continuing Care Partnership. CHAP is funded in part by the Ontario Ministry of Health Promotion. CHAP is supported by Name of Local Lead Organization. Pharmaceutical companies are not funding CHAP.

CHAP has also received full ethics approval from the McMaster University Research Ethics Board in Hamilton and Bruyère Continuing Care Research Ethics Board in Ottawa.

3. Do family physicians recruit their patients to participate in CHAP?

Family Physicians encourage their patients to participate in CHAP. This is done by a letter of invitation, and through community-wide advertising. A letter from a family physician is simply one highly effective method to increase awareness of CHAP. CHAP has found this to be the most effective way to advertise CHAP sessions to older adults

4. Isn't it against the privacy legislation for a physician to hand over patient information?

CHAP can assist family physicians to mail personalized invitation letters. Family physicians provide CHAP with the names and addresses of patients that either, 1) participated in previous CHAP sessions and were identified as having potentially undiagnosed or uncontrolled hypertension, or 2) patients that they consider high risk for CVD and stroke for the sole purpose of mailing the invitations. This information is not used in any other way by CHAP. The list of addresses



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is destroyed after letters are sent on the family physician's behalf. If a patient chooses to attend CHAP, written informed consent is obtained at the session by a volunteer peer health educator who is trained in this procedure and supervised by the local CHAP coordinator. The family physician does not ask for consent from patients to participate in CHAP.

5. I am uncomfortable sending my patient list to a third party service. What is Clinforma?

Clinforma Data Systems (<http://www.clinforma.com>) was the data management company employed by CHAP in 2009 to use the list of patient names and addresses to mail the letters from family physicians. Clinforma is a private, clinical data management company with over 10 years experience in handling patient data; certified by McMaster University Research Ethics Board for handling patient information and are bound by a written, signed Confidentiality Agreement with their employer.

The Personal Health Information Protection Act applies to Health Information Custodians who collect, use and disclose personal health information and to persons or companies who receive personal health information from Health Information Custodians. Hamilton Health Sciences and the Élisabeth Bruyère Research Institute are considered Health Information Custodians and are permitted, under the Personal Health Information Protection Act, with Research Ethics Board approval, to authorize designated agents, such as Clinforma, to act on their behalf.

6. What is the role of the pharmacist in CHAP?

CHAP sessions are normally held in local pharmacies. Pharmacies offer a convenient and familiar environment for older adults to have their BP measured. During CHAP sessions, if participants have questions or concerns about their BP readings or risk profile, they are encouraged to consult with their regular pharmacist to rule out simple drug-related problems. Volunteers also refer eligible participants to pharmacists for a MedsCheck assessment.

7. Pharmacy Blood Pressure devices are not very accurate. Are these devices used at CHAP pharmacy session locations?

CHAP does not use existing pharmacy blood pressure machines to take participant BP readings. CHAP communities use an automated blood pressure measuring device that is validated and meets international standards. In 2009, CHAP communities were using the BpTRU™ automated blood pressure measuring device.

8. What patient information is being collected and how is it being used to evaluate CHAP?

All information collected on the Risk Profile Recording Form is primarily for the benefit of the patient and his/her family physician. The process of collecting patient CVD and stroke risk factors, taking BP readings and providing feedback to patients and their family physician forms the basis of the CHAP program. This information will not be used specifically in the evaluation of CHAP. Information that is collected from the Mentorship and Discussion Form and routinely collected administrative health data will be used to assess the impact of CHAP over time in participating communities. Participant and physician identifiers are encrypted and individuals are not identified in the reporting of results.

9. Will CHAP cause an increase in phone calls and workload for me?

If a CHAP participant is found to have a systolic BP of 180 mmHg at first assessment and again after the on-call nurse reassesses the participant, he/she will telephone the participant's family physician to ensure appropriate follow-up. Previous CHAP sessions have shown that this will occur only in 3-5% of older adult participants who are at risk of CVD. If the participant's systolic BP is 210 mmHg or above and his/her family physician is not available, the on-call nurse will send the participant to the emergency room for follow-up and will notify the family physician. Volunteer peer health educators will recommend to participants that they discuss their BP with their family physician at their next visit if their systolic BP is 140-179 both at the initial reading and again at a return reassessment.

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