# Table of Contents

**INTRODUCTION**

<table>
<thead>
<tr>
<th>Purpose</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mission</td>
<td>5</td>
</tr>
<tr>
<td>Funding Responsibilities</td>
<td>5</td>
</tr>
</tbody>
</table>

**ADPH RESPONSIBILITIES**

<table>
<thead>
<tr>
<th>PROVIDER RESPONSIBILITIES</th>
</tr>
</thead>
</table>

| HIPAA | 7 |
| Patient Rights | 7 |
| Informed Consent | 7 |
| Patient Enrollment | 8 |
| Record Keeping | 8 |
| Reporting Requirements | 8 |
| Contracts/Reimbursement | 8 |

**AL WISEWOMAN PATIENT FLOW**

| Integrated Office Visit | 9 |
| CVD Screening | 9 |
| Risk Reduction Counseling | 10 |
| Healthy Behavior Options Session | 10 |

**AL WISEWOMAN FLOW CHART**

| Follow Up AFTER Integrated Office Visit | 10 |
| Nutritional Counseling | 10 |
| One Month Medical Follow up Office Visit | 10 |
| Follow up Assessment | 10 |

| Follow Up Services through the AL WISEWOMAN Social Worker | 10 |

**AL WISEWOMAN SCREENING TESTS**

| Height/Weight/BMI | 13 |
Fasting Lipid Profile

Fasting Glucose

A1C

Blood Pressure

HYPERTENSION POLICY

ALERT VALUE PROTOCOL

ALERT AND DISEASE-LEVEL VALUES

Glucose

Cholesterol/Lipids

Blood Pressure

UNCONTROLLED HYPERTENSIVE PARTICIPANTS

DATA COLLECTION FORMS

Purpose

Data Collection Requirements

AL WW Data Collection Form: BASELINE/RISK REDUCTION

HICF 1500 Billing Form

AL WW Health Coaching Contact Form

How to Change Patient Information

BILLING AND REIMBURSEMENT

Requirements

Integrated Office Visit Reimbursement

Clinical Lab Tests

Risk Reduction Counseling Codes

Nutritional Counseling Session Codes

Medical Follow Up Office Visit Codes

APPENDICES

A: National Clinical Guidelines, p. 22-25

B: Authorization for Services, p. 26-27

C: ABCCEDP/AL WW Informed Consent/Release of Information, p. 28-29
D: Hypertension Flowchart, p. 30

E: Program Data Forms, p. 31
   - Baseline/Risk Reduction Form, p. 31-32
   - AL WW Contact Form, p. 33-34
   - **Home Monitoring BP Agreement Contract, p. 35**
   - HICF 1500 Form, p. 36

F: CPT/Reimbursement Table, p. 37

G: Clearance Letter for Participation in Physical Activity, p. 38

H: Blood Pressure Measurement Procedure, p. 39

INTRODUCTION

PURPOSE

In 1993, the Centers for Disease Control and Prevention (CDC), within the Division for Heart Disease and Stroke Prevention (DHDSP), was given authority by Congress to facilitate the WISEWOMAN (Well-Integrated Screening and Evaluation for Woman Across the Nation) program, with the clear aims of helping women ages 40 to 64 years to understand: 1) their risk factors for developing CVD and/or other chronic diseases such as diabetes, hyperlipidemia, and hypertension, and 2) how to make lifestyle changes to prevent disease and to produce overall health.

In the summer of 2013, CDC offered the opportunity for federal funding to states with current breast and cervical cancer screening programs to apply for additional funding for WISEWOMAN Program services. The Alabama Breast and Cervical Cancer Early Detection Program (ABCCEDP) of the Alabama Department of Public Health (ADPH) applied for and was granted funding to conduct the Alabama WISEWOMAN Program (AL WISEWOMAN), operating from July 01, 2013 through June 29, 2017. The Alabama Department of Public Health is accountable to the CDC for the appropriate use of these funds.

MISSION

The mission of AL WISEWOMAN is to manage and reduce cardiovascular disease risk factors among underserved women, ages 40 to 64 in Mobile County, Alabama. AL WISEWOMAN will provide comprehensive cardiovascular disease risk factor screenings for women 40-64 receiving breast and cervical cancer screenings through ABCCEDP at Franklin Primary Health Care Center (FPHC) and Mobile County Health Department (MCHD). All program components are related to the delivery of screening and diagnostic services, and delivery of support to those in need.

Among Mobile County women, our target population, death rates are higher compared to US women for all major causes; CVD-related death rates are 19% higher, diabetes-related rates are 37% higher; cancer is 5% higher, cardiovascular disease is 14% higher and stroke-related death rates are 36% higher. Alabama’s 2010 age-adjusted mortality rates reported large health disparities existing between Black women and White women living in Mobile County. Compared to Mobile County White women, Mobile County Black women had: 1) a 31% higher mortality rate from CVD, 2) a 117% higher mortality rate from diabetes, and 3) a 60% higher rate from stroke. These data demonstrate a significant need to monitor the cardiovascular health of at-risk Mobile women and to provide them necessary skills, like those found in evidence-based lifestyle programs, for improving and maintaining healthy behaviors.

FUNDING REQUIREMENTS

CDC requires 60% of ADPH grant funds be used for expenses directly for AL WISEWOMAN clinical services, such as:

- Screening clinical and blood tests with diagnostic testing as needed
- Risk Assessment and Risk Reduction Counseling
- Nutritional Counseling
- Review and interpretation of clinical and blood tests, both in writing and orally
- Social Work Services
- Referral for community support services used to maximize participation in screening and risk reduction services

Clinical services must be provided in accordance with National Clinical Guidelines listed in Appendix A.
CDC also requires no more than 40% of grant funds be used for activities/services not directly benefiting AL WISEWOMAN participants, such as:

- Management activities*
- Recruitment and outreach
- Professional development
- Data management, quality assurance, and quality improvement
- Development and maintenance of partnerships
- Community engagement
- Surveillance and evaluation activities
- Travel
- Evaluation

*No more that 10% of ADPH funds can be used for administrative costs. The 10% administrative costs are considered to be part of the 40% distribution

**Note:** **No funds may be used to pay for inpatient hospital services for AL WISEWOMAN participants**

**ADPH RESPONSIBILITIES**

CDC provides a framework and guidelines that ADPH is charged with following as a recipient of CDC WISEWOMAN funds. These guidelines are implemented through ADPH in combination with ADPH fiscal and programmatic guidelines and establish the basis for contracted providers to plan, implement, and evaluate the provision of services. ADPH is responsible to ensure AL WISEWOMAN providers provide quality patient care in all facets of the program, including: 1) all components of the Integrated Office Visit, 2) all AL WISEWOMAN Social Worker follow up services, and 3) the rescreening services at 12-18 months.

ADPH has contracted with two healthcare agencies, **Franklin Primary Health Care Center and the Mobile County Health Department**, to provide for the AL WISEWOMAN Program, the focus of which is cardiovascular disease prevention.

- ADPH ensures contracted providers use established CDC-approved protocols for AL WISEWOMAN service delivery.
- Contracted providers are accountable to the ADPH for the appropriate use of funds.
- Supervision of AL WISEWOMAN staff will be per intuitional guidelines and in compliance with state licensure requirements.

In addition to providing financial support, ADPH will assist contracted providers through:

- Guidance in hiring of two licensed social workers who will serve as AL WISEWOMAN Social Workers, one per facility
- Professional education, program development trainings, data management trainings, and meetings for contracted provider staff
- Technical assistance with program planning, development, implementation, operations, and evaluation in accordance with federal and state government directives
- Program guidance in implementing and maintaining an electronic tracking/follow-up and referral system for the delivery of program services
- Technical assistance with quality assurance and improvement activities
- Assistance with enhancing and/or developing public/participant education activities
- Assistance with program promotion and recruitment of eligible participants
- Standardized forms and templates for all mandatory fiscal and programmatic reporting requirements
- List(s) of allowable CPT codes and reimbursement rates for program services
• Annual updates of eligibility guidelines including income eligibility
• Regular program information_updates via e-mail, conference calls, trainings, webinars, meetings, and site visits

PROVIDER RESPONSIBILITIES

The Alabama WISEWOMAN Policy and Procedure Manual provides program guidance for AL WISEWOMAN providers, Franklin Primary Health Care Center and the Mobile County Health Department, in delivering appropriate screening services for AL WISEWOMAN participants.

A. HIPAA

AL WISEWOMAN providers are required to follow the U.S. Department of Health and Human Services Privacy Rule and implement the requirements of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). The Standards for Privacy of Individually Identifiable Health Information ("Privacy Rule") establishes a set of national standards for the protection of certain health information. The U.S. Department of Health and Human Services ("HHS") issued the Privacy Rule to implement the requirement of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). The Privacy Rule standards address the use and disclosure of individuals’ health information—called “protected health information” by organizations subject to the Privacy Rule — called “covered entities,” as well as standards for individuals' privacy rights to understand and control how their health information is used. Within HHS, the Office for Civil Rights ("OCR") has responsibility for implementing and enforcing the Privacy Rule with respect to voluntary compliance activities and civil money penalties.

B. Patient Rights

AL WISEWOMAN contracted providers are required to:

• Protect the use/disclosure of any woman’s medical or social information of a confidential nature
• Consider medical services and information contained in medical records as confidential
• Disclose the woman’s medical records to contracted ABCCEDP physicians or medical facilities accepting the woman
• Disclose the woman’s medical records to the ABCCEDP State Office
• Disclose—in summary or other form— information which does not identify individuals or providers, if such information is in compliance with applicable federal and state regulations, and the exchange of medical record information is in keeping with established medical standards and ethics

C. Informed Consent Participants of the AL WISEWOMAN agree to have personal and family history information collected and shared with the ADPH.

• By signing the AL WISEWOMAN consent form, the participant grants permission to health care providers to report all information concerning screenings tests and procedures, treatment, patient navigation services, and any related care or activity to ADPH.
• This form must be completed at the time when the participant enrolls in the AL WISEWOMAN Program.
• A new consent form must be signed at each annual rescreening. Verbal consent at the time of annual rescreening is not acceptable. See Appendix B, Authorization for Services Form

D. Patient Enrollment

For enrollment into AL WISEWOMAN, the screening provider must complete the following:
• Determine eligibility based on income, age, and insurance status
• Obtain a tracking number for all WISEWOMAN participants through the web-based Enrollment site Med-IT @ http://Med-ITweb.com during the patient’s initial or annual visit

  ➢ In order to create a WISEWOMAN tracking number in Med-IT, first select the correct patient or create a new patient and then click “Set Appointment” on the Med-IT Enrollment Page
  ➢ Then check WISEWOMAN box on the “Screening Guidelines” page along with BCC, then create an appointment date
  ➢ The WISEWOMAN tracking number will have a “W” before the number

E. Record-Keeping

• Copies of the signed patient consent forms, the WISEWOMAN baseline data/risk reduction form, and all AL WW Contact forms are to be entered into the patient’s permanent medical record/E.H.R. maintained by the primary provider.
• The provider must document all education provided to participants.
• The provider must establish a system for tracking women which notifies her when it is time for routine screening, follow ups, rechecks, and rescreening visits.
• Ensure all women found to have ALERT values are referred for medical evaluation and treatment immediately or within 7 days, the integrated office visit counting as DAY 1 and that ALERT workups are completed and documented in the EHR
• Ensure all women found to have ABNORMAL/DISEASE-LEVEL values are referred for medical evaluation and treatment immediately or within 30 days, the integrated office visit counting as DAY 1, and that this follow up is complete and documented in the HER

F. Reporting Requirement

To receive reimbursement by ADPH, the screening provider will submit, by the 15th of the month, the following:

• AL WISEWOMAN Data Collection Form: Baseline/Risk Reduction
• Any AL WISEWOMAN Contact Forms
• The Health Insurance Claim Form (HIFA 1500) complete with all services codes and date of service

G. Contract/Reimbursement

• AL WISEWOMAN providers must maintain current and applicable federal and/or state licenses.
• All screening providers must agree to accept the program-approved reimbursement fee as payment in full for services rendered. That reimbursement, by law, cannot be over the current Medicare reimbursement rate. See Appendix F for Reimbursement Table

H. Quality Assurance/Quality Improvement

Providers are required to participate in quality assurance and quality improvement activities as deemed appropriate by the ADPH. This includes compliance with contractual performance measures and participation in scheduled site visits and professional development trainings.
ALABAMA WISEWOMAN PATIENT FLOW: see flow chart on page 12

AL WISEWOMAN offers currently-enrolled ABCCEDP women, ages 40 to 64, the following:

- Cardiovascular disease risk factor screenings to determine risk factors
- Risk reduction counseling to help women under their risks and discuss the participant’s readiness to embrace more healthful behaviors
- Health coaching and support to help women discover healthy lifestyle behaviors to prevent, minimize, or delay the onset of chronic disease

The program includes a baseline screening visit followed by a rescreening visit in 12-18 months.

Baseline Screening/The Integrated Office Visit

AL WISEWOMAN participants will receive an Integrated Office Visit which provides: 1) their annual breast and cervical cancer screenings and 2) cardiovascular disease (CVD) work-up to determine their risk for developing chronic diseases such as heart disease, stroke, and diabetes.

AL WISEWOMAN participants will be called for appointment scheduling and will be asked to be fasting for their screening lab tests.

The Integrated Office Visit

The Integrated Office Visit consists of four major sections:

1. Annual breast and cervical cancer screenings
2. CVD risk factor screening tests
3. Risk-reduction counseling by medical staff
4. A Healthy Behavior Support Options Session by the AL WISEWOMAN Social Worker

CVD risk factor screening tests include:

- High blood pressure (2 blood pressure readings with a calculated average)
- High cholesterol (Fasting lipid panel)
- Diabetes (Fasting glucose for non-diabetic participants*; A1C by POC for diabetic participants)
- Height, Weight and BMI, waist and hip measurements
- Smoking status
- Medical history and risk factor assessment
- Healthy lifestyle assessment
- Physical and emotional well-being assessment

*If non-diabetic patient is not fasting at time of appointment, an A1C by venipuncture will be drawn and tested at a reference lab approved for NGSP certified and standardized DCCT assay.

The Risk Reduction Counseling Session by medical staff will include:

- Review medical history, healthy lifestyle assessment, lab and clinical results
- Conduct a CVD 10-year risk calculation and discuss CVD risks
- Determine hypertensive patients with their target blood pressure reading
- Determine participant’s priority areas and readiness to change
- Discuss diet and physical activity
- Make referrals to the AL WISEWOMAN Social Worker for continued Lifestyle/Health Coaching (LSP/HC) sessions
- A medical determination of ability to participate in physical activity *(See Appendix G for Clearance Letter)*
- Provide participant with a written copy of their health values

**Healthy Behavior Support Options Session** by AL WISEWOMAN Social Worker:

The AL WISEWOMAN Social Worker will act as the coordinator for support of participants’ needs, providing practical strategies for making healthy lifestyle changes.

Using motivational interviewing techniques and social work skills, the AL WISEWOMAN Social Worker will:

- Review the risk reduction counseling session
- Provide healthy lifestyle options
- Work to find specific and personal actions for achieving a healthier lifestyle
- Introduce AL WW services/New Leaf Lifestyle program*
- Provide health coaching for skill, confidence and knowledge building
- Provide community-based referrals for other healthy lifestyle options
- Provide medication assistance referrals
- Provide supportive counseling to improve and maintain healthy behavior over time

*See Appendix I for expanded explanation of New Leaf*

**Follow Up Services AFTER the Integrated Office Visit:**

For AL WISEWOMAN participants who have alert or disease-level clinical findings at the Integrated Office Visit, the program provides for two follow up referrals:

1) A **Nutritional Counseling** session with a registered dietician within **1 to 2 months** after the Integrated Office Visit

2) A **Medical follow up office visit** with medical staff for evaluation or other assessment of abnormal values, from **1 week to 1-2 month post integrated office visit, one visit per AL WISEWOMAN cycle.**

3) **At approximately 7 months, each woman who completed the LSP and/or health coaching will have a follow up assessment**, in order to evaluate short-term progress and to facilitate goal adjustments as needed.

- Use of medications to lower cholesterol, blood pressure or blood sugar
- Blood pressure self-monitoring
- Diet
- Physical activity
- Smoking and tobacco exposure
- Quality of life issues

**Follow Up By AL WISEWOMAN Social Worker:**

In order to provide support and reinforce lessons learned, the AL WISEWOMAN Social Worker will provide follow up to include:
• Supportive counseling and follow up on progress toward goals
• An invitation to monthly support meetings held throughout the community
• Follow up calls to be made to participants beginning or changing hypertension medication regime within 10 days
• Follow up for all community referrals within 10 working days of appointment
• Scheduling of rescreening appointment at 12 to 18 months
• Reminder calls for rescreening appointment
• Quarterly contact, at a minimum
• Follow up as needed
See www.adph.org/earlydetection, the Alabama WISEWOMAN webpage for access to all program forms.
AL WISEWOMAN SCREENING TESTS:

- Providers must ensure all women enrolled in AL WISEWOMAN with ALERT or disease-level (abnormal) screening results have access to appropriate medical evaluation in the time frame specified, that it is complete, and that is documented in the participant's EHR.
- Providers must comply with CDC National Clinical Guidelines and all ADPH protocols. *(See Appendix A)*
- Providers must ensure participants are fasting, to the extent is it possible, for their lab tests. To be considered fasting, a woman must not have eaten or taken fluids for 9 hours.
- Providers are encouraged to establish a tracking system that includes reminders to participants to keep their appointments for the office visit, mammography, laboratory blood tests, and other related screening tests or procedures.

- **Height/ Weight/BMI/Waist/Hip measurements:**
  
  Each participant must have a height and weight taken with BMI calculated, along with hip and waist measurements when desired.

- **Fasting Lipid Profile:**
  
  This fasting profile will be ordered in lieu of total cholesterol and HDL-C since AL WISEWOMAN participants are to be fasting*. This profile includes a total cholesterol, LDL-cholesterol, HDL-cholesterol, and triglycerides.
  
  *For those women who are not fasting, check only the Total cholesterol and HDL-cholesterol.

- **Fasting Glucose:**
  
  All participants who are not diabetic will be screened by fasting glucose. In the event that a fasting glucose cannot be drawn for a non-diabetic participant, an A1C percentage can be tested but ONLY if the blood is collected by venipuncture and tested in a lab by NGSP certified and standardized DCCT assay.
  
  NOTE: A fasting glucose is not done on any participant diagnosed with diabetes; instead, an A1C is drawn.

- **A1C:**
  
  Participants previously diagnosed with diabetes will receive an HbA1C by ministick.

- **Blood Pressure:**
  
  Each participant must have two blood pressure measurements taken and the average calculated. The averaged blood pressure number is the final blood pressure reading.
  
  NOTE: When the systolic and diastolic blood pressure readings fall into two different categories, the higher category should be used to classify the blood pressure level. For example, 160/80 mm Hg would be Stage 2 hypertension (high blood pressure). The higher reading of the systolic blood pressure of 160 mm Hg determines the classification of Stage 2 hypertension.
HYPERTENSION

Detection and Control

Long-term objectives for the WISEWOMAN Program include developing “systems that monitor, improve, and sustain the cardiovascular health of the population served.” (Version 2, WISEWOMAN Technical Assistance and Guidance Document, page 7) Preventing, whenever possible, and controlling hypertension are critical steps in accomplishing that broad goal. The Alabama WW Program has made the detection, treatment, and management of hypertension among participants a major focus. By following screening guidelines required by CDC, we anticipate identifying: 1) undiagnosed hypertensive participants, 2) hypertensive women who have been diagnosed in the past but their disease is uncontrolled, and 3) diagnosed hypertensive women who need regular monitoring and maintenance in order to reduce further risk for serious cardiovascular complications.

Management of Stage 1 and Stage 2 hypertension is a complex process involving many health care providers: physicians, physician assistants, nurses, social workers, dietary and pharmacy staff, and mental health personnel. These professionals are needed to ensure the best possible outcomes for hypertensive patients, and Alabama WISEWOMAN is designed to involve this team in the instruction and management of its hypertensive women.

In addition to team-based efforts, self-monitoring blood pressure (SMBP) devices will be available to eligible WW participants as another practical and convenient tool for tracking and monitoring hypertension, outside of a medical setting. These monitors will be provided to participants free-of-charge who: 1) have been diagnosed with Stage 2 hypertension, or 2) have been diagnosed with Stage 1 hypertension and who take a cholesterol or lipid-reducing medication, or 3) who take two or more blood pressure medications, or 4) are recommended by their physician.

In order to receive a monitor, Alabama WW participants must agree to the following stipulations:

- To check their blood pressure at least one time per day, in each arm, and record the results
- To bring in their blood pressure tracker to all doctor appointments so that their readings may be shared with their health care provider
- To contact their health care provider if they have any symptoms or questions related to their blood pressure readings
- To contact their health care provider if their blood pressure reads higher than a specified level as defined by their physician
- To immediately contact their health care provider if their blood pressure reading is 180/110 or higher

Protocols for managing all aspects of hypertension are found in the Alabama WW Policy and Procedure Manual, in the following documents:

- The Alert Value Protocol, page 15
- Procedures for managing Disease-level hypertension levels, pages 16-17
- The Alabama WW Hypertension Flow Chart, page 30
**ALERT VALUE PROTOCOL:**

Alert values (very high values) for blood pressure and glucose, singly or in combination, can cause damage to the blood vessels (arteriosclerosis), brain (stroke), heart (heart attack), kidneys (renal failure), and eyes (compromised vision/blindness).

**Policy:**

The Provider is responsible for ensuring WW participants with alert values are evaluated immediately, i.e., the same day the readings were taken, or within 7 days— the integrated office visit counting as DAY 1.

- The serious implications of alert values represent for the health status of program participants, there are no exceptions to this policy.
- Participants who were seen recently by their clinician or will be seen by their clinician soon are not exceptions to this guideline.
- Providers need to track participants by telephone to ensure that they keep their medical appointment.
- Providers need to ensure that all provider staff is educated/re-educated concerning the management of alert values.
- If women with alert screening values are not seen in the expected time frame, providers should consider doing an assessment of the referral procedures to identify areas where areas of improvement are needed.
- All women with alert values should be referred to the WISEWOMAN Social Worker to provide access to WISEWOMAN services, follow up on medical management, and assistance with prescription medications.

**Documentation for Alert Value Follow-up:**

Providers must document in the participant’s EHR, the following information for any patient with an alert value:

- The date the medical evaluation was started and completed
- All treatment information
- Providers must document any reasons why a participant did not receive medical evaluation and treatment within the seven business days, in patient’s EHR

Please see page 30 for the Alabama WISEWOMAN Hypertension Flow Chart
**ALERT and DISEASE-LEVEL VALUES:**

Women with alert level glucose readings are to be evaluated immediately. Those with disease-level readings who are not already taking medication must be evaluated immediately or within a 30-day period. These evaluations must be documented on the screening form and in the patient’s medical record.

**Glucose:**

**ALERT** fasting glucose: \( \leq 50 \text{ mg/dl} \) or \( \geq 250 \text{ mg/dl} \)

**ALERT Action:** Women who have Alert fasting glucose values must receive medical attention immediately or within 7 days—the integrated office visit counting as DAY 1—at the clinic, office or emergency room. See Alert Value Protocol, pg 14

**Disease level** fasting glucose: \( \geq 126 \text{ mg/dl} \)

**Disease-Level Action:** Women found to have disease-level glucose results who are NOT already being treated must receive a medical evaluation immediately or within 30 days—the integrated office visit counting as DAY 1.

**Cholesterol/lipids:**

**Disease levels:**

<table>
<thead>
<tr>
<th>Fasting total cholesterol</th>
<th>( \geq 240 \text{ mg/dl} )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fasting LDL-cholesterol</td>
<td>160-189 mg/dl</td>
</tr>
<tr>
<td>Fasting triglycerides</td>
<td>200-499 mg/dl</td>
</tr>
</tbody>
</table>

**Disease-level Action:** All women found to have disease-level fasting cholesterol/lipid results who are NOT already being treated must receive a medical evaluation immediately or within 30 days—the integrated office visit counting as DAY 1.

**Blood Pressure:** [See Appendix D and H for Hypertension Flow chart and proper blood pressure measurement procedures]

Each participant must have two blood pressure measurements taken and the average calculated. The averaged blood pressure number is the final blood pressure reading.

**NOTE:** When the systolic and diastolic blood pressure readings fall into two different categories, the higher category should be used to classify the blood pressure level. For example, 160/80 mm Hg would be Stage 2 hypertension (high blood pressure). The higher reading of the systolic blood pressure of 160 mm Hg determines the classification of Stage 2 hypertension.

**ALERT Blood Pressure:** Systolic BP of > 180 mmHg or Diastolic of > 110 mmHg

**Alert Action:** Any woman who has an alert BP value must receive immediate medical attention or within 7 days—the integrated office visit counting as DAY 1—at the clinic, office or emergency room. See Alert Value Protocol, p. 15
**Disease-Level Blood Pressure:**

<table>
<thead>
<tr>
<th>Hypertension Stage 1*</th>
<th>Systolic ≥ 140 - 159</th>
<th>Diastolic ≥ 90-99</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypertension Stage 2</td>
<td>Systolic ≥ 160</td>
<td>Diastolic ≥ 100</td>
</tr>
</tbody>
</table>

*JNC 8 guideline for ≥ 60 year olds without diabetes or chronic kidney disease (CKD) = <150/90 mmHg

**Action:** All women found to have disease-level BP results who are NOT already being treated must receive a medical evaluation immediately or within 30 days— the integrated office visit counting as DAY 1.

**For Uncontrolled Hypertensive Participants:** See Appendix D for Hypertension Flow Chart

All women with uncontrolled hypertension must receive patient navigation services and follow up to include:

- Medication counseling through a team approach of physicians, medical staff, pharmacists, nutritionists and Social Workers
- Health Coaching/supportive counseling
- Counseling on the importance of blood pressure monitoring and educated on blood pressure monitoring opportunities in the community

**NOTE:** At a minimum, all hypertensive WISEWOMAN participants must have their blood pressure checked and documented in the patient’s record at 1, 3, and 6 months from the enrollment date.
**DATA COLLECTION FORMS**

**Purpose**

AL WISEWOMAN has mandatory reporting requirements and data elements that are required by the CDC. The data collected from the WISEWOMAN forms provides evidence to the funding agencies that monies used by WISEWOMAN programs are used to:

- Ensure AL WISEWOMAN women receive cardiovascular disease screening tests in conjunction with ABCCEDP screenings
- Ensure women with alert values and disease-level values are followed according to CDC guidelines
- Ensure the program is reaching the in-need segment of the population
- Evaluate the effectiveness of the WISEWOMAN Program
- Ensure the availability of high quality data for program planning as well as quality assurance of the program.

**Data Collection Requirements**

AL WISEWOMAN program uses several data collection forms for data reporting. See Appendix E, p. 29.

A. Alabama WISEWOMAN Data Collection Form: Baseline/Risk Reduction
B. The Alabama WISEWOMAN Contact form
C. HICF 1500 form or UB form

**General Information concerning all Forms**

- All forms should be filled correctly.
- The original forms will be sent to the Program Manager with an invoice by the 15th of each month.
- All forms can be printed from the Med-IT Enrollment web site.
- Copies of all forms must be kept in the woman’s file.
- The results of the lab tests should be carefully recorded so that women receive adequate follow up and providers receive proper payment.
- The AL WISEWOMAN Consent form appears on the back of the ABCCEDP Screening form. The consent must be signed before any services are rendered, and the signed document must be maintained in the patient’s medical record.

**AL WISEWOMAN Data Collection Form: Baseline/Risk Reduction**

This form should be filled on all WISEWOMAN patients at the initial office visit or integrated office visit. The purpose of the Baseline/Risk Reduction Form:

- To provide documentation of the patient history, health assessment information, baseline lab and clinical values and risk reduction counseling information.
- To serve as the monthly data report on provider activity and the documentation for billing.
- To track patients regarding medication compliance and lifestyle programs, etc.
- Generated by the primary provider at the time of the WISEWOMAN screening.

**The HICF 1500 form** is the standard billing form used to submit charges accrued for AL WISEWOMAN services to accurately reimburse providers.
The Alabama WISEWOMAN Contact form will be completed whenever there is any contact between the participant and the WISEWOMAN Social Worker and the Nutritional Counselor. The purpose of this Form is to:

- Collect patient participation in lifestyle program and track completed sessions
- Provide documentation of patient referrals to community resources, including smoking cessation programs
- To serve as the monthly data report for Social Worker activity
- To provide tracking and documentation for the Nutritional Counseling sessions

How to Change Client Information

If there are changes in client information after you have submitted the screening forms or follow-up forms for the client, notify the WISEWOMAN Social Worker in writing of the change to be made. Include in your note the following, so that the correct record is changed:

- Name that is currently in WISEWOMAN program records
- Social Security Number
- Date of Birth
- MED-IT Tracking Number
- Initial office visit Date
- Name that the current name will be changed to

BILLING AND REIMBURSEMENT Current Procedural Terminology (CPT Codes)/Reimbursement

Requirement: Providers are required to use appropriate CPT Codes as defined by CDC.

Guidance: Current Procedural Terminology (CPT) is a listing of descriptive terms and identifying codes for reporting medical services and procedures performed by physicians. The purpose for the terminology is to provide a uniform language that will accurately describe medical, surgical, and diagnostic services, and will thereby provide an effective means for reliable nationwide communication among physicians, patients and third parties.

- AL WISEWOMAN funds can only be used to reimburse for services outlined by CDC as approved procedures and at the current Medicare reimbursement amounts.
- AL WISEWOMAN funds cannot be used for treatment services of any kind

NOTE: Treatment services include medication and other highly specialized counseling such as diabetes education programs. Given that no-cost tobacco cessation resources and diabetes education programs are readily available and accessible in the community, AL WISEWOMAN funds cannot be used to reimburse for these services.

- AL WISEWOMAN funds cannot be used to reimburse costs related to ALERT value medical evaluations such as ambulance transportation or subsequent hospitalizations.

Alabama WISEWOMAN Paid Services:

- Clinical laboratory tests at initial screening
• Risk Reduction counseling session with medical professional
• Nutritional Counseling session with a registered dietician
• One Follow up Office Visit with medical professional

In the Integrated Office Visit, the clinical screening portion is funded through ABCCEDP. AL WISEWOMAN funds pay for **lab testing** and the **risk reduction counseling** segment of the Integrated Office Visit.

**Clinical Laboratory Tests:**

The AL WISEWOMEN program will pay for the following screening lab tests for AL WISEWOMAN participants: 83718, 82947, 80061, 82948, or 83036

**NOTE:** No fasting glucose is to be performed on any AL WISEWOMAN participant who had been diagnosed with Diabetes.

**Risk Reduction Counseling:**

Med-IT Reimbursement Codes 99401, 99402, 99403 will be used for WISEWOMAN program risk reduction counseling. CDC protocols require the provision of risk reduction counseling to each WISEWOMAN Program participant, including women with and without risks for cardiovascular disease. Providers will be reimbursed for the time spent conducting risk reduction counseling services. Reimbursement should be for the risk reduction counseling that is provided and is billed separately from the time spent conducting the clinical screening services that are part of the office visit. The risk reduction counseling services can take place on the same day as the screening office visit or on a different day but must be billed separately. CDC requires risk reduction counseling to be provided at the office visit based upon whatever assessments and test results are available. If all test results are available, including blood work, risk reduction counseling is required to take place at the office visit. This is referred to as completed risk reduction counseling at the office visit. If part of the assessments, measurements, and test results are available but not all of them, risk reduction counseling is to be provided on the information that is available at the office visit, a CDC requirement. This is referred to as partial risk reduction counseling at the office visit. To complete the risk reduction counseling providers are required to follow-up with participants by telephone or face-to-face. **Providers are reimbursed only for completed risk reduction counseling.** The use of the ministick during the office visit allows for risk reduction counseling to be completed during the office visit, eliminating the need to carry out follow up at a later time.

**Nutritional Counseling Sessions**

Outside of the Integrated Office Visit, AL WISEWOMAN will pay for one **nutritional counseling** session with a registered dietician. Appropriate CPT code is: 97802 or 99804

**Medical Follow up Office Visit**

Medical staff will meet with AL WISEWOMAN participants with ALERT or abnormal screening tests who were put on medication or had a change in dosage for **one follow up visit per WISEWOMAN cycle.** AL WISEWOMAN funds will pay for the following codes: 99202, 99203, 99211, 99212, and 99213.

**Follow up Assessment** (Version 2, CDC TA manual, pending IRB approval)

Follow up assessment, in order to evaluate short-term patient progress, is required by CDC for all who complete health coaching and/or LSP. Evaluation must cover, at a minimum: medications, blood pressure, diet, physical activity, smoking, and quality of life issues. Per CDC Technical Assistance manual, version 2.0, this assessment may or may not include an office visit. Until firmer guidelines are set, Alabama WW will conduct these assessments, and any additional lab testing, on a case-to-case basis.
## Appendix A: National Clinical Guidelines

### Overview

National clinical, diet, and lifestyle guidelines translate the best available science to practice. Guidelines assist clinicians and patients in making health care decisions. Guidelines do not take the place of the health care provider’s judgment.

Clinical practice guidelines on Hypertension, Cholesterol, Overweight and Obesity are developed through collaborative efforts of national organizations. Additional guidelines on diseases and lifestyle are developed by national organizations such as the American Heart Association, American Diabetes Association and the American College of Cardiology. All the national guidelines are based on a rigorous review process.

### Requirements

Grantees must ensure that WISEWOMAN service providers follow standard care practices, generally the current national guidelines. Each WISEWOMAN health care facility should have a Medical Director or Board that establishes which specific set of guidelines that facility will follow and also provides guidance for situations not addressed by guidelines.

### Guidance

Grantees should assure the quality of all WISEWOMAN services provided. Examples of methods to assure standards of care are met for clinical and preventive services are:

- Specify expectations regarding adherence to current guidelines in contractual agreements, training, and program manuals.
- Provide professional development and technical assistance on guidelines and quality assurance regarding their use.
- Conduct chart audits and/or data audits.

### References/Resources

**Cardiovascular Risk and Blood Pressure**

Million Hearts® Evidence-based Treatment Protocols for Improving Blood Pressure Control

[http://millionhearts.hhs.gov/resources/protocols.html](http://millionhearts.hhs.gov/resources/protocols.html)

Go AS, Bauman MA, Coleman King SM, Fonarow GC, Lawrence W, Williams KA, Sanchez E. An effective approach to high blood pressure control: A Science Advisory From the American Heart Association, the American College of Cardiology, and the Centers for Disease Control and Prevention. *Hypertension*. 

http://hyper.ahajournals.org/content/63/4/878


http://millionhearts.hhs.gov/resources/action_guides.html

2013 ACC/AHA Guideline on the Assessment of Cardiovascular Risk: A Report from the American College of Cardiology/American Heart Association Task Force on Practice Guideline

http://circ.ahajournals.org/content/early/2013/11/11/01.cir.0000437741.48606.98.citation

*Guideline on the Assessment of Cardiovascular Risk Slide Set*


http://www.nhlbi.nih.gov/guidelines/hypertension/

**Cholesterol**


http://circ.ahajournals.org/content/early/2013/11/11/01.cir.0000437739.71477.ee.citation

*Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults Slide Set*

**Diabetes**

American Diabetes Association Standards of Medical Care in Diabetes—2014.

http://care.diabetesjournals.org/content/37/Supplement_1/S14.full

**Overweight and Obesity**

Guideline for the Management of Overweight and Obesity in Adults Slide Set

**Tobacco Control**

Best Practices for Comprehensive Tobacco Control Programs—2014; Centers for Disease Control and Prevention


**Diet & Lifestyle Guidelines**


[http://circ.ahajournals.org/content/early/2013/11/11/01.cir.0000437740.48606.d1.citation](http://circ.ahajournals.org/content/early/2013/11/11/01.cir.0000437740.48606.d1.citation)


Your Guide to Lowering Your Blood Pressure With DASH: DASH Eating Plan

2008 Physical Activity Guidelines for Americans.

Position Stand: American College of Sports Medicine (ACSM) Quantity and Quality of Exercise for Developing and Maintaining Cardiorespiratory, Musculoskeletal, and Neuromotor Fitness in Apparently Healthy Adults: Guidance for Prescribing Exercise.

GET THE FACTS: Sodium and the Dietary Guidelines.
<table>
<thead>
<tr>
<th><strong><a href="http://www.cdc.gov/salt/pdfs/sodium_dietary_guidelines.pdf">http://www.cdc.gov/salt/pdfs/sodium_dietary_guidelines.pdf</a></strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong><a href="http://www.physicalactivityplan.org/theplan.php">http://www.physicalactivityplan.org/theplan.php</a></strong></td>
</tr>
</tbody>
</table>
Appendix B:

Authorization for Services

The Alabama WISEWOMAN Program's aim is to help you reduce your risk of cardiovascular disease and stroke. Eligibility criteria for WISEWOMAN are current enrollment in the ABCCEDP. The services provided through this program include medical screenings to evaluate your blood pressure, glucose and cholesterol level. These tests require that you provide a small sample of blood. This routine finger prick may cause you some minor discomfort. You will have your weight, height taken, your BMI calculated, and will be asked if you use tobacco products.

I understand if my blood pressure, glucose and cholesterol levels are in the normal range, I will be rescreened for these risk factors at my annual breast and cervical cancer screening visit in 12 to 18 months.

I understand if my blood pressure, glucose or cholesterol levels are slightly elevated I will be referred to a Social Worker. I understand that I will be asked health questions to determine if I am healthy enough to participant in physical activity. I agree to follow my provider’s recommendation regarding participating in any physical activity.

I understand that as a WISEWOMAN participant, I will meet with a Social Worker who will utilize a life style program shown to be effective in improving cardiovascular health. I understand I might qualify for social services provided in the community. I hereby give permission to the Alabama WISEWOMAN Program to disclose information about me to social service agencies, community agencies, and health care providers for the limited purpose of consultation or referral. This permission may include the disclosure of information about my medical condition but does not include the release of the written medical record. I have been given an opportunity to discuss how this form will be used. I know that I have the right to revoke this permission at any time (except to the extent that action has already been taken).

RISK OF USING E-MAIL

Information contained in email messages may be privileged and confidential. There is some risk that any protected health information contained in an email may be disclosed to, or intercepted by, unauthorized people. These include, but are not limited to, the following risks:

a. The Health Insurance Portability and Accountability Act of 1996 recommends that any E-mail containing protected health information should be encrypted. The E-mails sent from the Alabama Department of Public Health are not encrypted, so E-mails may not be secure. Therefore, it is possible that the confidentiality of such communications may be breached by a third party.

b. E-mail can be circulated, forwarded, stored electronically and on paper, and broadcast to unintended recipients.

c. E-mail senders can easily misaddress an E-mail.

d. E-mail can be intercepted, altered, forwarded, or used without authorization or detection.

e. E-mail can be used to introduce viruses into computer systems.

f. E-mail can be used as evidence in court.

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with communication of E-mail between me and the Alabama Department of Public Health/Franklin Primary Health Center staff. Any questions I may have had were answered. If I provide my E-mail below, I understand the risks, and give my consent for the Alabama Department of Public Health/Franklin Primary Health Care to communicate with me regarding my protected health information by E-mail. This consent will be reaffirmed or discontinued, at my choice, at each clinic visit.

I understand if my blood pressure, glucose and cholesterol levels are in the normal range, I will be rescreened for these risk factors at my annual breast and cervical cancer screening visit in 12 to 18 months.

I understand if my blood pressure, glucose or cholesterol levels are slightly elevated I will be referred to a Social Worker. I understand that I will be asked health questions to determine if I am healthy enough to participant in physical activity. I agree to follow my provider’s recommendation regarding participating in any physical activity.

I understand that as a WISEWOMAN participant, I will meet with a Social Worker who will utilize a life style program shown to be effective in improving cardiovascular health. I understand I might qualify for social services provided in the community. I hereby give permission to the Alabama WISEWOMAN Program to disclose information about me to social service agencies, community agencies, and health care providers for the limited purpose of consultation or referral. This permission may include the disclosure of information about my medical condition but does not include the release of the written medical record. I have been given an opportunity to discuss how this form will be used. I know that I have the right to revoke this permission at any time (except to the extent that action has already been taken).

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c. E-mail senders can easily misaddress an E-mail.

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e. E-mail can be used to introduce viruses into computer systems.

f. E-mail can be used as evidence in court.

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with communication of E-mail between me and the Alabama Department of Public Health/Franklin Primary Health Center staff. Any questions I may have had were answered. If I provide my E-mail below, I understand the risks, and give my consent for the Alabama Department of Public Health/Franklin Primary Health Care to communicate with me regarding my protected health information by E-mail. This consent will be reaffirmed or discontinued, at my choice, at each clinic visit.
By signing below, I certify I have read and understand the above information and give consent to authorize one or more of the above-listed services for myself.

_____ I understand that I may withdraw from the WISEWOMAN program at any time while continuing to receive screening services via ABCCEDP.

Unless otherwise revoked, this authorization will expire 18 months from the date signed.

WISEWOMAN Signature: __________________________  Date: ______________________

Phone #: __________________________

Email Address: __________________________

____________________________

Franklin Primary /Department of Public Health Representative  Date

Note: The clinic or your doctor may suggest or offer services which are not part of Alabama WISEWOMAN. If you decide to use these services, they will not be paid for by ABCCEDP.
Appendix C:

ABCCEDP INFORMED CONSENT/RELEASE OF INFORMATION CONSENT

### PROGRAM DESCRIPTION

The Alabama Breast and Cervical Cancer Early Detection Program, ABCCEDP, is a cooperative effort between clinics and doctors, the Alabama Department of Public Health and the U.S. Centers for Disease Control and Prevention to encourage screening for breast and cervical cancer. The purpose of screening is to detect cancer in the earliest stage so that it can be treated or cured. Screening for breast cancer involves a breast examination and a breast X-ray called a mammogram. Screening for cervical cancer involves a pelvic examination and a scraping from the cervix (opening of the uterus) called a Pap smear.

- You will be able to receive your clinic/doctor visit, Pap smear and/or mammogram for FREE, if you meet the income eligibility requirements of the program and have no insurance or these services are not covered fully by your insurance.
- If you have an abnormal screening test result, the clinic/doctor will work with the program to help you obtain further diagnostic tests and treatment. The program can pay for limited diagnostic services but cannot pay for treatment. Your health care provider at the clinic or doctor can tell you which specific services can be paid for and which are not covered by the program. In the event that a biopsy is done and it is necessary to do further surgery (at that time) for treatment purposes, the ABCCEDP cannot pay for the treatment portion of the surgery.
- In order to assure that adequate diagnostic and treatment services are available, following abnormal screening results, the ABCCEDP program and/or service provider may need to do additional medical evaluation and assessment with the patient in the form of case management.
- The program will work with this clinic/doctor to let you know when you are due for your next Pap smear and/or mammogram.

### CONSENT FOR SERVICES/RELEASE INFORMATION

I have read the above and understand the explanation about the Alabama Breast and Cervical Cancer Early Detection Program and hereby consent to receive the health services as indicated. By agreeing to take part in this program, I give permission to any and all of my doctors, clinics, mammography facilities and/or hospitals to provide all information concerning my Pap smears, breast exams and mammograms and any related diagnostic and treatment procedures to the ABCCEDP, which may include referral to case managers employed by the Alabama Department of Public Health.

Any information released to the program will remain confidential, which means that the information will be available only to me and the employees of the Alabama Department of Public Health working with this program. The information will be used only to meet the purposes of the program described above and any published reports which result from this program will not identify me by name.

I understand that my participation in this program is voluntary and that I may drop out of the program and withdraw my consent to release information at any time.

Privacy Notice:
I have received notice of my privacy rights and I have been given or offered a copy of the “Notice of Privacy Practices” by the Alabama Department of Public Health or your health care provider.

Signature ____________________________________________

Clinic or MD Name ____________________________________

Name ________________________________________________

Date __________

(If print) Last First M

NOTE: CLINICS/DOCTORS MAY SUGGEST OR OFFER SERVICES WHICH ARE NOT PART OF ABCCEDP. IF YOU DECIDE TO USE THESE SERVICES, THEY WILL NOT BE PAID FOR BY ABCCEDP.
Alabama WISEWOMAN Informed Consent/Release of Information Consent

You may receive Alabama WISEWOMAN (WW) services if you are an ABCCEDP patient and are between the ages of 40-64. The Alabama WW Program’s aim is to help you reduce your risk for developing cardiovascular disease and/or stroke. As a participant, you will receive screening tests to identify your cardiovascular disease risk factors and help in reducing or controlling them. Alabama WW tests include: 1) taking two blood pressure measurements, 2) taking a small amount of blood (this may cause you some minor discomfort) to check your fasting glucose (or A1C level if you have Diabetes) and your cholesterol/lipid levels, 3) taking your weight, height, your body mass index (BMI), and, if desired, your waist and hip measurements, and 4) you will be asked if you use tobacco products. You will also be asked health questions to determine if you are healthy enough to participate in physical activity. You will then meet with a doctor or medical professional to discuss your clinical and blood test results. (Note: It’s important to follow your doctor’s recommendations regarding any physical activity.)

- On the same day, if your blood pressure, glucose/AIC, or cholesterol/lipid levels are high or if you smoke, you will be referred to an Alabama WW Social Worker. The WW Social Worker will assist you with lifestyle changes designed to reduce your risk factors and will share with you a program called New Leaf which is effective in improving cardiovascular health. The WW Social Worker will also assist you in accessing social services provided in the community.
- If your results are high, you may be asked to return to the clinic for a follow up office visit with your doctor and for a nutritional counseling session with a diettian, the cost of these visits are paid for by the Alabama WW Program. Please note that your doctor may recommend additional office visits besides these two which may not be covered by Alabama WW.
- If the risk factor screening results are normal, you will receive Alabama WW services again at your next annual ABCCEDP screening visit, in 12 to 18 months.

RISK OF USING E-MAIL: Information contained in email messages may be privileged and confidential. There is some risk that any protected health information contained in an email may be disclosed to, or intercepted by, unauthorized people. These include, but are not limited to, the following risks:
- a) The Health Insurance Portability and Accountability Act of 1996 recommends that any E-mail containing protected health information should be encrypted. The E-mails sent from Franklin Primary Health Care Center or Mobile County Health Dept. are not encrypted, so E-mails may not be secure. Therefore, it is possible that the confidentiality of such communications may be breached by a third party.
- b) E-mail can be circulated, forwarded, stored electronically and on paper, and broadcast to unintended recipients.
- c) E-mail senders can easily misaddress an E-mail.
- d) E-mail can be intercepted, altered, forwarded, or used without authorization or detection.
- e) E-mail can be used to introduce viruses into computer systems.
- f) E-mail can be used as evidence in court.

Consent for Services/Release Information

I have read the above and understand the explanation about WISEWOMAN and hereby consent to receive the health services as indicated. I know that I have the right to revoke this permission at any time (except to the extent that action has already been taken).

I understand the risks associated with email communications between me and ______ Franklin Primary Health Care Center staff OR ______ Mobile County Health Dept. staff. Any questions I may have had were answered. If I provide my e-mail below, I understand the risks, and give my consent for ______ Franklin Primary Health Care Center OR ______ Mobile County Health Dept. to communicate with me regarding my protected health information by e-mail. This consent will be reaffirmed or discontinued, at my choice, at each clinic visit.

Any information released to the program will remain confidential, which means that the information will be available only to me and the employees of the Alabama Department of Public Health working with this program. The information will be used only to meet the purposes of the program described above and any published reports which result from this program will not identify me by name. I hereby give permission to the Alabama WISEWOMAN Program to disclose information about me to social service or community agencies and health care providers for the limited purpose of consultation or referral. This permission may include the disclosure of information about my medical condition but does not include the release of the entire written medical record.

By signing below, I certify I have read and understand the above information and give consent to authorize one or more of the above-listed services for myself ______ I understand that I may withdraw from the WISEWOMAN program at any time while continuing to receive screening services via ABCCEDP. Unless otherwise revoked, this authorization will expire 18 months from the date signed.

Patient Signature: ____________________________ Date: __/__/____

Phone #: ____________________________ Email Address: ____________________________ Date: __/__/____

__________________________ Date: __/__/____

__________________________ Date: __/__/____

The clinic or your doctor may suggest or offer services which are not part of Alabama WISEWOMAN. If you decide to use these services, they will not be paid for by ABCCEDP.

See www.adph.org/earlydetection, the Alabama WISEWOMAN webpage for access to all program forms.
Appendix D:

Alabama WISEWOMAN Hypertension Flow Chart

At the OFFICE VISIT, 2 BP readings are taken and averaged.

**Alert Level Hypertension:** Provide medical evaluation immediately; if not possible, the medical evaluation must occur within 7 days of when the alert level was detected. The integrated OP will occur by day 1.

- Systolic BP > 180 or Diastolic BP > 110 mmHg

**Disease Level Hypertension:** IF PARTICIPANT IS NOT BEING TREATED, medical evaluation must be provided immediately or within 30 days of the integrated OP visit when first detected. The integrated OP will occur by day 1.

- Hypertension Stage 1: Systolic = 140-159, Diastolic = 90-99
- Hypertension Stage 2: Systolic ≥ 160, Diastolic ≥ 100

**Eligibility Guidelines for receipt of a SMBP device:**
- Diagnosed with Stage 2 hypertension
- Have Stage 1 hypertension and take lipid-reducing medication
- Take 2 or more BP medications
- Recommended by doctor

**During Health Coaching Session 1, WW Social Worker will:**
- Reinforce findings of Risk Reduction Counseling
- Provide health coaching including referral to smoking cessation program
- Assist participants in securing low cost medications
- Distribute and provide training for eligible participants on SMBP devices (after obtaining signed contract)

**Medical Staff will:**
- Conduct one Medical follow up office visit for evaluation of BP medication regimens (within 1-4 weeks)
- Evaluate clinical and SMBP readings, instructing hypertensive participants in returning for re-checks as required by physician

**Social Worker will:**
- Follow-up WITHIN 10 days for review of medication regimens and adherence
- Assist participants in keeping medical appointments/rechecks
- Encourage participants to regularly monitor BP

**Nutritional Counselor/Health Coaching Session 2 (within 1 to 3 months):**
- All hypertensive WW participants will attend Nutritional Counseling for Diet and Dietary Assessment
- Blood pressure will be monitored by medical staff prior to session with registered dietician

**Health Coaching Session 3 (within 3 to 6 months):**
- Will provide reinforcement and support for healthy eating, increased physical activity, medication adherence, and smoking cessation
- Ensure access to community resources promoting healthy living
- Repeat smoking assessment and cessation resources/referral for identified smokers

**Follow-up Assessment (at 7 months):**
- *Follow-up Assessment, to include meds, BP, diet, physical activity, smoking, quality of life
- Social Worker will provide quarterly contact with participants to encourage BP self-monitoring and smoking cessation
- Social worker will conduct participants needs assessment and make appropriate community referrals

*Pending approval of CDC TA Guidance Manual, Version 2.0

See [www.adph.org/earlydetection](http://www.adph.org/earlydetection), the Alabama WISEWOMAN webpage for access to all program forms.
Appendix E: Program Data Forms

See www.adph.org/earlydetection, the Alabama WISEWOMAN webpage for access to all program forms.

Alabama WISEWOMAN Data Collection Form: BASELINE/RISK REDUCTION

SS #: _______ Date: _______ Provider: _____________________________

Name: ___________________________________________ DOB: _______ _______ Telephone #: (____) _____________________________

Address: _____________________________________________ Email: _____________________________

Race: White _______ Black/AA _______ Asian _______ Native Hawaiian or Other Pacific Islander _______ American Indians or Alaska Native _______

Ethnicity: Hispanic _______ non-Hispanic _______ Primary Spanish language in your home: English _______ Spanish _______ other: _____________________________

Highest grade completed: < 8th grade _____ some high school _____ high school graduate/equivalent _____ some college/higher _____

**Cardiovascular**

1. Do you have high cholesterol? Yes _______ No _______
2. Do you take medication to lower your cholesterol? Yes _______ No _______ No, could not obtain medication _______
3. During the past 7 days (including today), on how many days did you take prescribed medication to lower your cholesterol? Number of days _______

4. Do you have hypertension (high blood pressure)? Yes _______ No _______
5. Do you take medication to lower your blood pressure? Yes _______ No _______ No, could not obtain medication _______
6. During the past 7 days, on how many days did you take prescribed medication (including diuretics/water pills), to lower your blood pressure? Number of days _______
7. Do you measure your blood pressure at home or using other calibrated sources? Yes _______ No _______ was never told to measure her blood pressure _______ No, doesn’t know how to measure her blood pressure _______ No, doesn’t have equipment to measure her blood pressure _______
8. How often do you measure your blood pressure at home or using other calibrated sources? Multiple times per day _____ Daily _____ A few times per week _____ Weekly _____ Monthly _____
9. Do you regularly share blood pressure readings with a healthcare provider as feedback? Yes _______ No _______

**Blood Pressure**

10. Do you have diabetes? (Type 1 or 2?) Yes _______ No _______
11. Do you take medication to lower your blood sugar (for diabetes)? Yes _______ No _______ No, could not obtain medication _______
12. During the past 7 days, on how many days did you take prescribed medication to lower your blood sugar (for diabetes)? Number of days _______

**Diabetes**

13. Have you been diagnosed by a healthcare provider as having any of these conditions? Yes _______ No _______

Coronary heart disease or chest pain; heart attack; heart failure; stroke/transient ischemic attack (TIA); vascular disease; congenital heart defects

**Health Assessment**

1. How much fruit do you eat in an average day? Number of cups: _______
2. How many vegetables do you eat in an average day? Number of cups: _______
3. Do you eat two servings or more of fruit weekly? Yes _______ No _______
4. Do you eat 3 ounces or more of whole grains daily? Yes _______ No _______
5. Do you drink less than 36 ounces (450 calories) of beverages with added sugars weekly? Yes _______ No _______
6. Are you currently watching or reducing your sodium or salt intake? Yes _______ No _______
7. How moderate physical activity do you get in a week? Number of minutes: _______ none _______
8. How vigorous physical activity do you get in a week? Number of minutes: _______ none _______
9. Do you smoke? Includes cigarettes, pipes, or cigars (smoked tobacco in any form)? Current smoker _______ Quit (1-2 months ago) _______ Quit (more than 12 months ago) _______ Never smoked _______
10. About how many hours a day, on average, are you in the same room or vehicle with another person who is smoking? Number of hours: _______ none _______
11. Thinking about your physical health, which includes physical illness and injury, on how many days during the past 30 days was your physical health not good? Number of days: _______
12. Thinking about your mental health, which includes stress, depression, or problems with emotions, on how many days during the past 30 days was your mental health not good? Number of days: _______
13. During the past 30 days, on about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? Number of days: _______
Patient: ___________  Tracking number: ___________  Today’s Date: ___________


**Blood Pressure:**
#1 BP reading: ___/___ mm Hg  
#2 BP reading: ___/___ mm Hg  
AVERAGE BP reading: ___/___ mm Hg

**Alert/Disease Level Blood Pressure Documentation:**
Was Alert BP/Disease level evaluation workup completed?  
Yes Date: ______  
No: Pt. saw other provider ___ Refused ___ Lost to follow up ___

**Cholesterol and Lipids:**
Total Cholesterol: ___ mg/dl  
HDL Cholesterol: ___ mg/dl  
**Fasting Blood Specimens Only:**  
LDL cholesterol: ___ mg/dl  
Triglycerides: ___ mg/dl

**Disease Level/Cholesterol/High Blood Pressure Documentation:**
Evaluation work up completed?  
Yes Date: ______  
No: Pt. saw other provider ___ Refused ___ Lost to follow up ___

**Blood Glucose/Alc Testing:**
HgA1C for Diabetes monitoring only by POC: HgA1C by POC: ___%  
For non-diabetic participants only: Fasting Glucose: ___ mg/dl  
*HgA1C for Diabetes Screening: HgA1C by Venipuncture: ___%  
*Must be submitted to lab for NCS certified and standardised ICT assay

**Alert/Disease Level Glucose Documentation:**
Was Alert/Disease level Glucose workup completed?  
Yes Date: ______  
No: Pt. saw other provider ___ Refused ___ Lost to follow up ___

**CVD 10-year Risk Calculation:**
Age: ___  Gender: ___
T. Chol: ___  LDL: ___  Smoker: ___
SBP: ___  CVD Risk: ___%

Was this patient prescribed a BP medication for the first time today?  
Yes ___  No ___
Was this patient prescribed a Diabetes medication for the first time today?  
Yes ___  No ___
If this patient is currently taking BP or Diabetics medication, was there an adjustment made to this medication today?  
Yes ___  No ___

**Target Blood Pressure:**
_____/_____

**For Alert/Disease Level BP, Glucose or Cholesterol/High:**

Medical follow-up Office Visit:  
Nutritional Counseling Appointment: 

For Staff Only: Risk Reduction Counseling Session
Start Date: ______  Completion Date: ______

Participant decided at this time to:  
 prioritize counseling on ___ ___ ___  
Nutrition: Yes ___  No ___
Physical activity: Yes ___  No ___
Smoking cessation: Yes ___  No ___
Medication adherence for hypertension: Yes ___  No ___

Readiness to Change Assessment Date: ______

Participant Stage of Change:
- Pre-contemplation: (Little or no intention to change)
- Preparation: (Ready to plan how she will make a change)
- Action: (In the process of trying to make a change)
- Maintenance: (Trying to maintain a change)
- Refused: (Refused to answer readiness to change questions)

Reviewed all lab values with patient.  
Reviewed risk factors for CVD, stroke, chronic disease with patient.  
Addressed smoking status.

Discussed role of diet and physical activity with patient (see question below).

*Does patient have medical clearance to participate in a physical activity program?  Yes ___  No ___  Date clearance given: ______

Do you wish to participate in a lifestyle intervention program?  Yes ___  No ___  Referral Date: ______

Revised 06/25/2011
Alabama WISEWOMAN Health Coaching Contact Form

Date: ______________________   ABC.CEDP Provider: ________________________________

Client Name: _________________________   DOB: _______   Cell Phone: (____) ________

First   Middle initial   Last

Address: ____________________________________________

Email: ____________________________________________   Telephone: (____) ________

Referred to Health Coaching for: (circle all that apply) Hypertension   Diabetes   Hyperlipidemia   Weight   Smoking Cessation

Does patient wish to participate in New Leaf?   Yes ☐ No ☐   Not at this time ☐

If so and if applicable, was patient provided with community resource materials?   Yes ☐ No ☐

Was a referral made of patient’s behalf?   Yes ☐ No ☐   Where?   ____________________________________________

New Leaf Session 1:   ____________________________________________   Face to face required for:   Yes ☐ No ☐

Date: ______________________   Type: ______________________   Duration: _________ minutes

Topics/Goals Completed:   ____________________________________________

Is patient on hypertension medications?   Yes ☐ No ☐   How does patient purchase medications?   ____________________________________________

Does patient need a referral to compassionate care program for hypertension medications?   Yes ☐ No ☐ (document referral)

Adherence Plan:   ____________________________________________

Does patient have access to home BP monitoring?   Yes ☐ No ☐

Were community BP monitoring resources discussed or provided?   Yes ☐ No ☐

Does patient plan to monitor BP?   Yes ☐ No ☐

Is patient a smoker?   Yes ☐ No ☐   Was a smoking cessation referral made?   Yes ☐ No ☐ (document referral)

Why not?   ____________________________________________

New Leaf Materials Provided:   ____________________________________________

Nutritional Counseling appointment made?   Yes ☐ No ☐   Date of Appointment: ______________________

New Leaf Session 2:   ____________________________________________   Face to face required for:   Yes ☐ No ☐

Date: ______________________   Type: ______________________   Duration: _________ minutes

Person completing session:   ____________________________________________

Topics/Goals Completed:   ____________________________________________

Is patient a smoker?   Yes ☐ No ☐   Was a smoking cessation referral made?   Yes ☐ No ☐ (document referral)

Why not?   ____________________________________________

New Leaf Materials Provided:   ____________________________________________

New Leaf Session 3:   ____________________________________________   Face to face required for:   Yes ☐ No ☐

Date: ______________________   Type: ______________________   Duration: _________ minutes

Topics/Goals Completed:   ____________________________________________

Is patient a smoker?   Yes ☐ No ☐   Was a smoking cessation referral made?   Yes ☐ No ☐ (document referral)

Why not?   ____________________________________________

New Leaf Follow up:   New Leaf completion date: ______________________   Date: _______ completion follow up made on: ______________________
**Patient:**

**Tracking #:**

**Hypertension Medication Follow up:** must be completed on all patients beginning hypertension medications

Was follow up completed within 10 working days following an addition/change in hypertension medication? Yes ☐ No ☐ Date: __________

Is patient’s medication plan working? ____________________________

Changes to plan: ____________________________________________

**Additional Health Coaching Activities Including: phone contact, support groups, follow up etc.**

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**Community Referrals**

<table>
<thead>
<tr>
<th>Date</th>
<th>Agency</th>
<th>Follow up (required)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

Date: __________  Weight: __________  Blood Pressure: __________  Taken By: __________

Date: __________  Weight: __________  Blood Pressure: __________  Taken By: __________

Date: __________  Weight: __________  Blood Pressure: __________  Taken By: __________

Date: __________  Weight: __________  Blood Pressure: __________  Taken By: __________

Date: __________  Weight: __________  Blood Pressure: __________  Taken By: __________

Date: __________  Weight: __________  Blood Pressure: __________  Taken By: __________

Next WISEWOMAN Screening date: __________/_________/_________ (12 to 18mos)

Annual Reminder Call completed on: ________________________________

(Revised: 062514)
HOME BLOOD PRESSURE MONITORING

Name: __________________ Date of Birth:_____

You are being given a home blood pressure monitor so you check your blood pressure at home. You are eligible to receive this monitor because you meet one of the following conditions:

- You have been diagnosed with Stage 2 hypertension (Systolic Pressure "top number" 160 or higher, or diastolic pressure "bottom number" 100 or higher)
- You take 2 or more medications for blood pressure control
- You have been diagnosed with Stage 1 Hypertension (Systolic Pressure 140-159 or diastolic pressure 90-99) AND are taking a lipid-lowering agent to control cholesterol or
- Your physician recommended it

Self Blood Pressure Monitoring Instructions

- Take your blood pressure (BP) at least 1 time per day in each arm, or as recommended by your doctor.
- Sit with your back straight and supported with your feet flat on the floor.
- Your arm should be supported on a flat surface with the upper arm at heart level.
- Make sure the middle of the cuff is placed directly over your brachial artery (about ½ an inch above your elbow joint). See diagram in BP monitor instruction booklet - page 6, Figure D and E
- Each time you measure your BP, take a reading in each arm, one minute apart, and record all the results.
- The blood pressure cuff should fit comfortably on your arm. If the blood pressure cuff is too small, it can cause the blood pressure reading to be higher than it actually is.

HOME BLOOD PRESSURE SELF MANAGEMENT AGREEMENT

- I agree to check my blood pressure at least 1 time per day in each arm, and write it on my blood pressure tracker for the purpose of getting to my blood pressure goal which is ______/_____
- I agree to bring my blood pressure tracker to all of my doctor’s appointments.
- I agree to contact my doctor at (phone #) _____________ if I have any symptoms or questions related to my blood pressure.
- I agree to contact my doctor at the above phone number if my blood pressure is higher than ______/____ or lower than ______/____.
- If my BP is 180/110 or higher, I agree to contact my doctor immediately at the above phone number.

Patient’s Signature: __________________________ Date: ______

Organization Representative: __________________________ Date: ______

See www.adph.org/earlydetection, the Alabama WISEWOMAN webpage for access to all program forms.
See www.adph.org/earlydetection, the Alabama WISEWOMAN webpage for access to all program forms.
### Appendix F: CPT/Reimbursement Table

#### Alabama WISEWOMAN Program

**FY14 Reimbursement Rate Table, Revised 12/02/2014**

(Effective for Dates of Service Beginning February 01, 2014 to December 31, 2014)

<table>
<thead>
<tr>
<th>Laboratory Test</th>
<th>CPT Code</th>
<th>Global Rate</th>
<th>Modifier – QW rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lipid Panel</td>
<td>80061</td>
<td>$15.51</td>
<td>$15.51</td>
</tr>
<tr>
<td>Total cholesterol</td>
<td>76465</td>
<td>$5.93</td>
<td>$5.93</td>
</tr>
<tr>
<td>HDL cholesterol</td>
<td>23718</td>
<td>$11.17</td>
<td>$11.17</td>
</tr>
<tr>
<td>Glucose, quantitative</td>
<td>82947</td>
<td>$5.36</td>
<td>$5.36</td>
</tr>
<tr>
<td>Glucose, blood, reagent strip</td>
<td>82948</td>
<td>$4.32</td>
<td>N/A</td>
</tr>
<tr>
<td>Hemoglobin, glycated (A1c)</td>
<td>83696</td>
<td>$13.24</td>
<td>$13.24</td>
</tr>
</tbody>
</table>

#### Preventive Medicine Counseling/Risk Reduction Services

<table>
<thead>
<tr>
<th>Preventive Medicine Counseling/Risk factor reduction</th>
<th>CPT Code</th>
<th>Global Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Patient – detailed history, exam, straightforward decision-making, 30 minutes</td>
<td>99203</td>
<td>$99.94</td>
</tr>
<tr>
<td>New Patient – expanded history, exam, straightforward decision-making, 20 minutes</td>
<td>99202</td>
<td>$58.80</td>
</tr>
</tbody>
</table>

#### Medical follow up office visit: New Patient

| Established Patient – history, exam, straightforward decision-making, 15 minutes | 99213 | $57.71      |
| Established Patient – history, exam, straightforward decision-making, 10 minutes | 99212 | $40.09      |

#### Medical Nutrition Therapy – Delivered by RD after PN Referral

| Medical Nutrition Therapy, Initial Assessment, 15 min | 97892 | $33.47      |
| Group (2 or more individuals), each 30 min. | 99804 | $12.15      |

See [www.adph.org/earlydetection](http://www.adph.org/earlydetection), the Alabama WISEWOMAN webpage for access to all program forms.
Appendix C: Clearance Letter for Participation in Physical Activity

Date: ____________________

Re: Clearance for Participation in Physical Activity

Dear _________________________:

_________________________ (Name of patient) recently had a cardiovascular disease risk screening through the Alabama WISEWOMAN Program. During the screening, the participant was asked a question to assess her cardiovascular health. The participant answered "yes" to the following question:

Have you ever been diagnosed by a healthcare provider as having any of the following conditions? YES ___ NO ___

Coronary heart disease or chest pain: heart attack: heart failure:
stroke/transient ischemic attack (TIA): vascular disease: congenital heart defects

The Alabama WISEWOMAN guidelines require that participants who answer "yes" to the above question receive medical clearance concerning whether or not to participate in low to moderate intensity physical activity, such as slow to brisk walking.

Please indicate below, in the appropriate category, whether or not it is safe for the participant to engage in low to moderate physical activity and indicate any restrictions that may apply.

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

The participant: ___________________________________________________________________________

___ can participate in physical activity with no restrictions.
___ can participate in physical activity with the following restrictions:

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

___ CANNOT participate in physical activity

Comments: ______________________________________________________________________________

___________________________________________________________ Date: ____________________

Signature: ___________________________________________

See www.adph.org/earlydetection, the Alabama WISEWOMAN webpage for access to all program forms.
Blood Pressure Measurement Technique

Accurate blood pressure measurements are critical for detecting and managing high blood pressure. Blood pressure measurements should be done using the following proper technique (adapted from JNC 6 and JNC 7):

- 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.
### Appendix I: Health Coaching/NEW LEAF Lifestyle Program

**Health Coaching ID #:AL13HCG001**

<table>
<thead>
<tr>
<th>Key Elements</th>
<th>Lifestyle Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Setting</td>
<td>At health facility or community-based facility</td>
</tr>
<tr>
<td>Timing/Occurrence</td>
<td>After risk reduction counseling or at any point that the woman indicates readiness,</td>
</tr>
<tr>
<td>Intended participants</td>
<td>Participants who have indicated an interest and readiness</td>
</tr>
<tr>
<td>Number of sessions</td>
<td>3 sessions</td>
</tr>
<tr>
<td></td>
<td><strong>Delivery methods</strong></td>
</tr>
<tr>
<td></td>
<td>Utilizing motivational interviewing:</td>
</tr>
<tr>
<td></td>
<td>1. Session 1: Face-to-face visit immediately following risk reduction counseling (typically lasting 60 minutes)</td>
</tr>
<tr>
<td></td>
<td>2. Sessions 2 and 3: either face-to-face, in a group setting or by phone. (typically lasting 15-60 minutes based on type of session and participant need)</td>
</tr>
<tr>
<td></td>
<td>3. Follow-up within four weeks after completion to assess progress and reinforce goals. Follow up contact, either by phone, email or letter as needed. (Follow up via phone or email, 5-10 minutes). After the New Leaf sessions are complete, contact with participants will be maintained to provide continued support and ensure return for annual rescreening.</td>
</tr>
<tr>
<td>Content</td>
<td>The focus of <em>A New Leaf... Choices for Healthy Living</em> is to provide practical strategies for incorporating changes in diet and physical activity to prevent/treat cardiovascular disease, diabetes, obesity and other chronic disease. It is a comprehensive program designed to help improve healthy eating behaviors, increase physical activity, control hypertension, improve lipid profile, achieve a healthy weight and cease tobacco use. The core elements of New Leaf is an assessment of diet, physical activity and smoking, goal setting, self efficacy, guidelines and strategies, feedback, follow up and social support.</td>
</tr>
<tr>
<td>Follow-up required</td>
<td>Follow-up within four weeks after completion of each session to assess progress and reinforce goals. To encourage participation and offer support, each facility will conduct monthly community meetings featuring different topics/speakers (12 meetings per year). Each meeting will include a demonstration and relevant door prize.</td>
</tr>
</tbody>
</table>
Example of topics/prizes includes healthy cooking demonstrations with a vegetable steamer as the door prize, relaxation/stress relief with a manicure has the door prize. AL WISEWOMAN will utilize The Alabama Cooperative Extension System and the American Cancer Society, to assist with activities to encourage participation as well as provide support for New Leaf participants.

**Lifestyle Program (LSP) Approval Form:**

**Alabama Expanded Food and Nutrition Education Program**

Criteria for acceptable WISEWOMAN lifestyle programs (LSP) includes evidence that the proposed program will result in improvement in an individual's health status by increasing physical activity, improved healthy eating, control of hypertension, weight loss when appropriate, and/or smoking cessation.

Grantees must submit the following information for each program they propose to offer as a lifestyle program option.

**Part I: Evidence-Base & Background of Proposed Program**

LSP ID: AL14LSPEFX

Alabama Expanded Food and Nutrition Education Program (EFNEP) - Eating Smart • Being Active

**Focus and Overview of the Program**

Provide a brief description of the program. Include length of time it has been in the field.

The Expanded Food and Nutrition Education Program (EFNEP) conducted throughout the nation by the Cooperative Extension Services began in 1968. In 1964, the pilot project was conducted in Alabama and began in 5 counties. Baldwin, Calhoun, Houston, Marion and Walker counties were selected to test ways to reach limited resource families with homemaking skills and education. The remaining 57 Alabama counties began providing the program in 1977.

EFNEP targets two primary audiences: low-income youth and low-income families with young children. The adult program “Eating Smart Being Active” (ESBA) targets low-income homemakers/individuals living either in rural or urban areas, who are responsible for planning and preparing the family's food, with emphasis on households with young children. THE EFNEP program has been in the field since 1968 and has been utilizing the ESBA curriculum in Alabama since 2011. ESBA is designed for paraprofessional nutrition educators to use when teaching low-income families who have children infants-18 years of age in the household. The teaching techniques in the lesson plans are based on the adult learning principles, dialogue-based learning and learner-centered education. The lesson plans, activities and participant materials were developed using this theory of adult learning.

During 2013, 2,632 heads of households from Alabama’s most vulnerable populations completed EFNEP ESBA curriculum. 99% of adults showed
Improvement in one or more nutrition behaviors such as making healthy food choices, reading nutrition labels, planning meals and feeding children breakfast. Positive changes in these behaviors will improve participants’ health and quality of life. Alabama WISEWOMAN is using ESBA as an LSP option due to the impact it will have on our participants and their families.

| Dosage/intensity of the program (i.e. frequency of contact and duration) | The ESBA curriculum consists of eight core lessons taught over 5-7 weeks. Each 90 minute lesson is designed to be taught in order. Each lesson includes a food preparation activity, hands on learner centered activities and a physical activity segment. |
| Key activities and the mode of delivery (e.g., in person, by phone) | Group sessions are provided in English. The nutrition educator acts as a |
Alabama WISEWOMAN Expanded Food and Nutrition Education Program Flow Chart

Risk Reduction Counseling by Medical Provider
Medical Providers will refer to Social Worker for Health Coaching and encourage participation

- No to Health Coaching
- Yes to Health Coaching

Community Resource Packet, including literature on Eating Smart Being Active Life Style Program and contact information, given to patient

Health Coaching Session 1
Patient will be informed of expectations and benefits of participation in ESBA

- No to ESBA (resource packet will be provided)
- Yes to ESBA

Referral to ESBA (referral will be documented in the EHR and Med-It)

Reminder Call
One week prior to ESBA series social worker will contact participant to remind of series (all contact attempts will be documented in the EHR and Med-It)

ESBA Lesson Series
Patient will attend the ESBA 8 lesson series over a 5 week period (attendance will be documented in the EHR and Med-It)

Follow Up
Social Workers will follow up per health coaching requirements and a follow up or rescreen reminder (follow up attempts and content will be documented in the EHR and Med-It)

Health Coaching Session 3
Patient will be reminded of ESBA, informed of expectations and benefits of participation. (content of health coaching session will be documented in the EHR and Med-It)

- No to ESBA
- Yes to ESBA

Health Coaching Session 2
Patient will be reminded of ESBA, informed of expectations and benefits of participation. (content of health coaching session will be documented in the EMR and Med-It)

- No to ESBA
- Yes to ESBA
Community-Based Referrals:

The goals of AL WISEWOMAN will be accomplished through partnerships/referrals made with community programs and with ADPH Chronic Disease partners, such as:

- The Cardiovascular Health Program, the Alabama Tobacco Control Program, Office of Women's Health, Office of Minority Health, The Nutrition and Physical Activity Division, Living Well Alabama Program and the Diabetes Prevention and Control Program, providing AL WISEWOMAN with education materials or as a referral source for participants seeking an alternative LSP
- The Alabama QuitNow Tobacco quit line and the American Lung Association's Freedom from Smoking, available as a group clinic, an online program or a self-help book
- YMCA programs promoting healthy diets, physical activity and progress tracking, such as the Healthy Family Home Initiative
- The Alabama Extension Service, to provide nutritional information and healthy living demonstrations
- The Alabama Farmer’s Market Authority and local growers, to make healthy foods available to participants in their own neighborhoods
- The American Cancer Society and their community health workers (CHWs) who will assist in the development and circulation of the quarterly AL WISEWOMAN newsletter, featuring articles on how to incorporate exercise into daily life, success stories, and healthy cooking techniques/recipes. CHWs will assist in: 1) securing locations in targeted communities to hold monthly support meetings, 2) scheduling speakers and facilitating demonstrations, and 3) in data collection, development and maintenance of a community resource guide.
- Prescription medication assistance programs
- Community organizations and businesses, to provide access to low-cost resources that promote healthy behaviors and appropriate chronic disease management in the community