



WISEWOMAN Program Description

The Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN) Program is an extension of the Michigan Department of Community Health's (MDCH) Breast and Cervical Cancer Control Program (BCCCP). Women are only eligible for the WISEWOMAN Program if they are first enrolled in the BCCCP.

Health care providers are reimbursed for specific Current Procedural Terminology (CPT) Codes associated with screening services, lifestyle counseling contacts and limited follow-up medical services. This document describes specific information related to services eligible for reimbursement.

For each participant, the WISEWOMAN Program begins with an accurate assessment of chronic disease risk factors by conducting a health history, a lifestyle assessment, and a clinical screening.

The health history and lifestyle assessment allow the participant to tell us about her personal and family medical history as well as her current health behaviors.

At the clinical screening, the clinical staff:

1. measure the participant's height and weight in order to calculate her body mass index (BMI),
2. measure her blood pressure,
3. assess her pulse regularity, and
4. collect a drop of blood from the participant's finger in order to determine her total cholesterol, high density lipoprotein (HDL) cholesterol, and glucose.

The program participant receives appropriate medical referrals based on the results of her clinical screening.

A lifestyle counselor at the screening site communicates the participant's risk factors to her in a risk reduction counseling session and works with the participant to identify small steps she can take toward better health.

Each participant, regardless of her risk factors will:

1. receive risk reduction counseling;
2. agree on how she can make small steps toward better health; and
3. receive referrals to Michigan State University Extension Family Nutrition Program and other community resources

After that, her participation in lifestyle interventions (follow-up by a lifestyle counselor) depends on her self-reported readiness to make changes and her risk factors as determined by the lifestyle counselor.

Participants who are ready are offered lifestyle counseling to assist them in making healthy lifestyle behavior changes. The focused areas of change are:

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- 1) dietary behavior,
- 2) physical activity and
- 3) smoking.

Each participant is encouraged to determine the areas in which she wants to make changes. The lifestyle counselor works with her to develop goals related to these areas.

Lifestyle counselors make referrals to smoking cessation counseling, low/no-cost physical activity programs, and low/no-cost nutritional counseling/classes as appropriate. Lifestyle counselors provide face-to-face and telephone lifestyle counseling contacts to support the participant in making progress toward her identified goals.

Program Focus Areas

The WISEWOMAN program has three main focus areas.

1. Identify and communicate risk factors for cardiovascular disease (CVD), stroke, diabetes, and other chronic diseases. The participant is better able to determine where she wants to focus her change efforts if she understands her chronic disease risk factors.
2. Encourage healthy lifestyle choices. Lifestyle counselors assist participants in making lifestyle behavior changes that will positively impact their current chronic disease risk factors and symptoms as well as prevent or delay the development of new chronic disease risk factors.
3. Work with partners to create healthy lifestyle opportunities in WISEWOMAN communities. When local health departments partner within their own communities to bring about policy and environmental changes, those changes benefit the WISEWOMAN participant, but they also benefit the entire community.

5 A's

Each participant will receive each of the 5 A's.

1. Assess each participant using her Healthy Lifestyle Assessment, Health History, and Screening results
2. Advise each participant by conducting Risk Reduction Counseling
3. Agree with each participant on small steps she can take toward better health based on the Risk Reduction Counseling
4. Assist the participant with tools and tips that will help her achieve the small steps she has decided to take toward better health
5. Arrange connections with community resources to help participant with health behavior change

WISEWOMAN Program Flow

Below are guidelines to be used in the implementation of the WISEWOMAN Program.

Baseline Screening

The baseline WISEWOMAN screening initiates a one-year cycle. The WISEWOMAN screening **must** take place at the same time as the BCCCP screening, during the same office visit.

The **Screening Component** assesses for chronic disease risk factors and includes:

- **One Assessment of Blood Pressure**
 - Measure the participant's blood pressure two times following the procedures outlined in the Blood Pressure & Pulse Screening Section of the WISEWOMAN Policies and Procedures Manual. Determine the category by averaging the two measurements.
 - The procedure for measuring the blood pressure on the lower arm (outlined in the Blood Pressure & Pulse Screening Section of the WISEWOMAN Policies and Procedures Manual) should only be used if the upper arm is too large for a large adult cuff and an appropriate sized cuff is not available.
 - **Optimal Blood Pressure:** <120 (systolic) & <80 (diastolic)

- **One Assessment of Plasma Glucose and Total and HDL Cholesterol**
 - Measure the participant's Glucose and Total and HDL Cholesterol using the Cholestech LDX Machine in order to obtain immediate results.
 - When making the WISEWOMAN screening appointment, suggest that the participant fast for 9 hours prior to the appointment in order for the glucose screening to be conducted when the participant is fasting.
 - If the participant is not able to fast for 9 hours prior to the appointment, she can still be screened. There is a spot on the screening form to note whether a participant is fasting.
 - Follow the procedures outlined in the Cholesterol Screening Section of the WISEWOMAN Program Policies and Procedures Manual when conducting the cholesterol screening.
 - If the result of the Total Cholesterol screening is >400 mg/dL, take a second measurement. Reimbursement of a second Total Cholesterol measurement will only be authorized if the first measurement is >400 mg/dL. (See the Screening and Referral Protocols in the Screening and Referral Protocols Section of the WISEWOMAN Program Policies and Procedures Manual for additional protocols related to a cholesterol measurement of >400 mg/dL.)
 - **Optimal Plasma Glucose:** <100 (Fasting)
 - **Optimal Total Cholesterol:** <200
 - **Optimal HDL Cholesterol:** ≥40

- **One Assessment of Pulse Regularity**
 - Assess the participant's Pulse Regularity according to the procedures outlined in the Blood Pressure & Pulse Screening Section of the WISEWOMAN Program Policies and Procedures Manual.

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- **Optimal Pulse Rhythm:** Regular
- **Assess the following based on responses on the WISEWOMAN Health History Questions Form:**
 - Personal history of diabetes
 - Diabetes
 - Gestational diabetes
 - Pre-diabetes
 - Family history of diabetes
 - Parent, sibling, or child
 - Family History of Coronary Heart Disease (CHD)
 - Father, brother or son before age 55
 - Mother, sister or daughter before age 65
 - Personal history of CHD
 - **Optimal Health History:** No personal or family history of CHD or diabetes
- **Assess the following based on responses on the WISEWOMAN Health Risk Questions Form:**
 - Physical Activity
 - Frequency of activity and time spent in activity
 - Cigarette Use
 - **Optimal Physical Activity Level:** Participation in planned physical activity at least 30 minutes per day, at least 5 days per week.
 - **Optimal Cigarette Use Level:** Not at all
- **Assess the following based on information from the WISEWOMAN Screening Form:**
 - Body Mass Index (BMI)
 - **Optimal BMI:** <30 for risk of CVD and <25 for optimal health

In addition to the assessment of chronic disease risk factors, assess each participant's consumption of fruits, vegetables, dairy and grain products based on her responses on the WISEWOMAN Health Risk Questions Form. Use this information to help participants who want to develop nutrition goals. Nutrition recommendations are based on the 2005 Dietary Guidelines for Americans. The optimal consumption for each assessed food group is:

- **Fruits and Vegetables:** 5 cups per day (at least 2 cups fruits and 3 cups vegetables per day) focusing on a variety of colors; to include 3 cups of dried beans or legumes each week
 - Examples of what equals 1 cup of fruits and vegetables are:
 - 1 small apple (2.5" diameter)
 - 1 cup applesauce
 - ½ cup dried fruit
 - 1 cup cooked greens or spinach
 - 2 cups raw spinach or leafy greens
 - 1 cup whole, mashed or cooked dry beans or peas
- **Dairy:** 3 cups fat-free or low-fat milk or an equivalent amount of fat-free/low-fat yogurt and/or fat-free/low-fat cheese every day

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- Examples of what equals 1 cup of dairy are (Most should be fat-free or low-fat.):
 - 1 cup milk
 - 1 regular container (8 fluid ounces) of yogurt
 - 1½ ounces hard cheese
 - 2 ounces processed cheese
 - ½ cup ricotta cheese
 - 1½ cups ice cream
- **Grains and Grain Products:** 6 ounces per day with at least half of the products being whole-grain cereals, breads, crackers, rice, or pasta
 - Examples of what equals 1 ounce of grains are:
 - 1 slice of bread
 - 1 cup dry cereal
 - 5 whole wheat crackers
 - 7 square or round crackers
 - ½ cup cooked oatmeal
 - ½ cup cooked rice
 - ½ cup cooked pasta

Risk Reduction Counseling

Each participant, regardless of her risk factors will receive risk reduction counseling at the time of screening using the WISEWOMAN *My Health Information* pamphlet, geared to low or marginal literacy readers. The pamphlet defines and identifies the participants BMI, blood pressure, total cholesterol, HDL cholesterol, glucose and pulse.

During the risk reduction counseling, the lifestyle counselor will:

- Assess the participant's current risk factors by reviewing the My Health Information pamphlet with the participant.
- Advise the participant about small steps she can take toward better health
- Agree with the participant on the small steps the participant is interested in taking
- Assist the participant with those small steps by providing her with tips and tools
- Arrange for a referral to the Michigan State University Extension Family Nutrition Program and other community resources that will help the participant

Lifestyle Intervention

The participant's risk factors and willingness to change will determine the type of lifestyle intervention she receives. Participants indicating that they are ready and willing to make a change will be offered further assistance with goal setting. Using the Healthy Lifestyle Goals form, the lifestyle counselor and the participant will determine which goal(s) she wants to focus on.

Lifestyle counselors use client-driven goal setting that focuses on identifying small steps in making behavior change. By accomplishing small changes the woman feels empowered to make bigger changes and can be ultimately more successful in making long term behavioral change.

Level 3 Intervention – for participants who are ready to make changes:

- The lifestyle counselor will help the participant develop goals using the Healthy Lifestyle Goals form.
 - It is expected that the Healthy Lifestyle Goals form will be completed in a face-to-face session and that it will take at least 30 minutes to develop.
 - The Healthy Lifestyle Assessment and Health History forms should be utilized when developing healthy lifestyle goals.
 - Provide information, as appropriate, related to lifestyle behavior goals (i.e., nutrition, physical activity and smoking cessation).
- The lifestyle counselor will conduct at least two and up to five additional lifestyle-counseling contacts following healthy lifestyle goals development. The purpose of these contacts is to provide support and assistance related to lifestyle behavior change goals.
 - The first contact should take place 2 – 4 weeks after her initial baseline screening visit.
 - Lifestyle counseling contacts can range from 15 minutes to one hour. Contacts can be face-to-face or telephone. Face-to-face contacts can be individual or in a group setting. Individual contacts are reimbursable at 15, 30, 45 and 60 minutes and group contacts are reimbursable at 30 and 60 minutes.
 - A Lifestyle Counseling Contact Form must be completed for each of these contacts.
 - Agency staff will need to develop a tracking system to ensure Level 3 program participants develop Healthy Lifestyle Goals and receive **at least two** lifestyle-counseling contacts (following completion of the Healthy Lifestyle Goals form).

Level 2 Intervention – for participants who are not ready to make changes but have at least two risk factors:

- The participant will NOT develop goals.
- The lifestyle counselor will contact the participant 2 – 4 weeks after her initial baseline screening visit.
 - This contact, either face-to-face or by phone, will allow the lifestyle counselor to provide encouragement and support toward making small steps toward healthy behavior changes and any additional health education information that the participant might be interested in.
 - If, at this point, the woman expresses a readiness to change she will receive an additional 1 – 3 follow-up contacts (same protocol as participants who express a willingness to change at the initial screening visit).

Level 1 Intervention – for participants who are not ready to make changes and have less than two risk factors:

- The participant will NOT develop goals.
- The participant will receive health education information related to her risk factors and information about community resources that can assist her with making healthy behavior changes when she is ready.

Medical Referrals

- You should refer program participants to a health care provider under the following conditions:
 - **Immediate Medical Care** if any of the following symptoms are present:
 - Shortness of breath
 - Chest pain
 - Sudden weakness/numbness of face, arms or legs
 - Temporary difficulty with or loss of speech
 - Loss of vision/double vision
 - Unsteady on feet/loss of balance/dizziness
 - Difficulty functioning (mentally or physically)
 - Change in ability to remember/understand
 - Sudden severe headache
 - **Alert Values:**
 - BP is **greater than 180** (systolic) and/or **greater than 110** (diastolic)
 - Total Cholesterol is **greater than 400**
 - Glucose is **greater than 375** (fasting or casual)
 - **Abnormal or Elevated Values**
 - BP **160-180** (systolic) **and/or 100-110** (diastolic)
 - BP **140-159** (systolic) **and/or 90-99** (diastolic)
 - Total Cholesterol **240-400**
 - Total Cholesterol **200-239** with HDL **<40** or 2 or more risk factors **or** history of Coronary Heart Disease **or** history of diabetes (Use Borderline Cholesterol Worksheet.)
 - HDL is **less than 40** and Total Cholesterol is **less than 200**
 - Fasting Plasma Glucose **100-375** (After fasting at least 9 hours)
 - Casual Plasma Glucose **160-375** and **participant reporting symptoms** (increased thirst, frequent urination, increased hunger, fatigue, unexplained weight loss, blurred vision, sores that do not heal)
 - Casual Plasma Glucose **100-159** with **one or more risk factors** (Use Diabetes Risk Factor Worksheet.) – Refer participant for a Fasting Plasma Glucose. Refer for diagnostic exam if FPG ≥ 100 .
 - Newly detected irregular pulse
- WISEWOMAN funds will pay for one diagnostic exam, one fasting lipoprotein profile and one follow-up fasting plasma glucose per cycle. Subsequent treatment and follow-up care is not covered by WISEWOMAN funds. Health care providers must agree to provide treatment and follow-up care free or at reduced fees.
- It is expected that health care providers will follow treatment and clinical follow-up care guidelines as recommended by the Adult Treatment Panel III and the Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure (JNC 7), including drug therapy and periodic re-evaluation and re-administration of diagnostic tests.

- It is expected that health care providers will refer participants diagnosed with diabetes to a local diabetes self-management training (DSMT). Agencies are required to obtain contracts or letters of agreement with diabetes self-management training programs that indicate willingness to see WISEWOMAN participants free or at reduced fees following a diagnosis of diabetes.

NOTE: WISEWOMAN funds may not be used to reimburse for diabetes self-management training.

- **Note:** If an irregular pulse is identified in addition to elevated Blood Pressure and/or Total Cholesterol and/or undesirable HDL Cholesterol, include this on the Referral for Diagnostic Exam Form submitted to the health care provider.

Medical Care Case Management

- If a program participant's blood pressure and/or cholesterol and/or glucose measurements fall into the alert range, she will receive Medical Care Case Management. (Less than 3% of program participants will have values in the alert range.) Alert values are:
 - BP is **greater than 180** (systolic) **and/or greater than 110** (diastolic)
 - Total Cholesterol is **greater than 400**
 - Glucose is **greater than 375** (fasting or casual)
- Medical Care Case Management involves establishing, brokering, and sustaining a system of available clinical (screening, diagnostic, and treatment) and support services for all enrolled women with Alert values.
- For women receiving Medical Care Case Management, the case manager must:
 - Assist the program participant with addressing barriers to attending appointments and obtaining needed medications.
 - Track diagnostic exam results and initiation of treatment for all program participants who qualify for Medical Care Case Management.
 - Obtain diagnostic exam results from the health care provider, and submit those results to MDCH.
 - Complete a Medical Care Case Management Form for each program participant who qualifies for Medical Care Case Management.
 - Mail the completed form to MDCH within ten business days after the scheduled diagnostic exam appointment. MDCH staff will enter the appropriate data and authorizations into the MBCIS WISEWOMAN module.
- Medical Care Case Management concludes when the program participant initiates treatment or is no longer eligible for the WISEWOMAN Program.

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- Once the program participant initiates treatment, she will receive either the Level 2 or Level 3 lifestyle intervention. The lifestyle counselor should also encourage the participant to follow-through with medical care and indicated treatment.
- The organization can bill once during each cycle for reimbursement of Medical Care Case Management services provided to eligible program participants. Each organization will determine the way(s) in which they will support the participant in obtaining the needed medical evaluation and subsequent care, if indicated.

Prescription Assistance

WISEWOMAN organizations must obtain prescription assistance for program participants who indicate need for such services. This may include providing prescription assistance directly and/or ensuring participating health care providers are able to secure prescription assistance for the participant.

Tracking System

WISEWOMAN organizations must develop a system to track lifestyle counseling contacts to ensure each program participant receives the appropriate number of lifestyle counseling contacts based on her intervention level. Follow-up lifestyle contacts should be made as follows:

- First contact made 2 – 4 weeks after the goal setting visit (Intervention Level 3)
Or 2-4 weeks after screening (Intervention Level 2)
- Second contact made 2 – 4 weeks after first contact (Intervention Level 3)
- Subsequent contacts scheduled as needed (Intervention Level 3)

The organization should also use the tracking system to remind participants to attend their BCCCP and WISEWOMAN screening appointments 12 to 18 months after their baseline WISEWOMAN screening.

Community Programs to Support Behavior Change

All WISEWOMAN participants should have the opportunity to participate in programs to support identified goals (e.g., smoking cessation, nutrition and physical activity). Some examples include cooking classes, community gardens, gardening classes, and walking clubs.

- Agencies may choose to develop programming for WISEWOMAN participants and other community members. Agencies may be reimbursed for participation by WISEWOMAN participants in a group contact setting within the limits described in the Lifestyle Counseling Protocols and the Billing and Reimbursement Protocols.
- In the absence of local agency programming, WISEWOMAN participants should be referred to appropriate free/low cost community programs to support identified goals. These referrals are not covered by WISEWOMAN funds.

Rescreening

At least 95% of WISEWOMAN program participants who return to be screened by BCCCP within 12 to 18 months of their initial baseline WISEWOMAN screening should receive WISEWOMAN rescreening services. After the initial baseline screening and the 12-18 month

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rescreening, the participant may continue to be rescreened every year. However, priority should be given to participants returning for their 12-18 month rescreening.



WISEWOMAN
Michigan WISEWOMAN
Health Partnership
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