

Primordial and Primary Prevention

Chair

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Primordial and Primary Prevention

*Primordial prevention refers to strategies designed to decrease the development of disease risk factors (eg, efforts to decrease the development of obesity, increase exercise, and provide a well-balanced diet). Primordial prevention encompasses the entire population and is not limited to individuals with recognized risk factors for stroke or other cardiovascular diseases. General prevention efforts that target smoking cessation, obesity, and diabetes may benefit the entire population.

*Primary prevention refers to the treatment of established disease risk factors. Much is known about the regimens and therapies that are successful in preventing the vast majority of strokes, including the management of hypertension, lipid levels, diabetes, atrial fibrillation, and other modifiable risk factors. Disease management and medication adherence strategies may help promote the implementation of primary prevention regimens.

*Recommendations for the Establishment of Stroke Systems of Care, Recommendations From the American Stroke Association's Task Force on the Development of Stroke Systems



Primordial and Primary Prevention

Our main mission is to promote collaboration across the eight states to facilitate and maximize primary and primordial preventive strategies to decrease the development of vascular risk factors, such as obesity, smoking, hyperlipidemia, hypertension and diabetes.

Our specific goals are:

- 1.) To collaborate with other stakeholders to define obstacles and to improve support mechanisms to strengthen primary and primordial preventive efforts across the eight state region.
- 2.) To develop innovative tools to aid patients and providers in initiating primary preventive strategies and to increase the rate and long-term adherence to these preventive measures.



Goals

Goals:

- 1.) NECC should continue to serve as a conduit to expand the diverse partnerships focusing on prevention of stroke. Public health partners including state governments, non-profit advocacy, and other like-minded organizations should enhance cooperative outreach and dedicate resources to better educate at-risk patients about stroke and modifiable risk factors, join together to provide primary care physicians with the tools and resources that are necessary to fully educate their at risk patients
- 2.) Continuing medical education of providers, through traditional and e-learning venues should be delivered to increase primary care physician awareness of, and adherence to, stroke prevention guidelines. NECC should partner with like-minded organizations / experts to develop a standardized, simple communication tool to assist healthcare providers in illustrating for patients their current modifiable risk factor profile and their individualized targets for adherence. This patient “report card” should include specific goals for BMI, physical activity, blood pressure, cholesterol, blood glucose and other relevant lab studies, as well as, the medications prescribed for stroke prevention.
- 3.) NECC partners should continue to support the pursuit of public policies that encourage smoking cessation, promote physical activity and proper nutrition, and provide better access to health screening and disease prevention programs.



Intervention

Intervention:

The Primordial and Primary Prevention writing group intends to recruit new members to NECC that focus on primary and primordial prevention as a mechanism to further enhance partnerships in this area.

NECC work group members will also assess available physician tool kits to properly determine the best utilization of this type of primary intervention. With a broadened network of primary and primordial specialists, partners will assist in the implementation of an appropriate tool as potentially part of a pilot initiative.

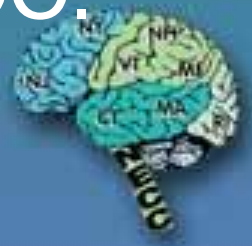
In addition, these strengthened partnerships will also be beneficial in achieving a comprehensive review of potential legislative goals in the NECC region and the pursuit of systemic change through the appropriate preventive measures in public policy.



Outcomes

Outcomes:

Outcomes are anticipated to significantly increase the membership of the Primary and Primordial Prevention work group, conduct an inventory and analysis of existing tool kit prototypes, as well as, identify potential legislative / regulatory policies to benefit the mission of NECC.



Methodology for Measurement of Outcomes:

TBD



Discussion:

Recruitment of Key Partners



Discussion:

Primary Tool Kit



Tools Available:

Possible tool kit assessment includes, but is not limited to:

- Bridges to Excellence (BTE) Primary Care Quality Data
- AHRQ
- Self-Management resources (ex: Kate Lorig model)
- Patient Activation Measures (PAM survey tool)
- EMR models (electronic medical records)
- AAFP tools/resources
- ASA Advocacy / State Health Alliance network of partnering organizations / agencies
- 2009 State & Local Public Policy Priorities (updated annually)



Discussion:

Primordial Prevention through Policy



Public Policy Prevention Priorities

- Tobacco Control
 - Public Funding of Tobacco Control Programs
 - Increased Tobacco Excise Taxes
 - Smoke Free Air Policies
- Obesity Prevention
 - Physical Education / Physical Activity Policies
 - Nutrition / Diet Policies
- Access to Affordable and Adequate Health Care



How can you get involved?

- Participate in the Work Group
- Suggest new partners for the Work Group
- Participate in the Writing Group
- Work with NECC to have your facility be a pilot facility for the tool kit project
- Work with NECC to pursue targeted public policy initiatives



