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**The Physician, the Community and Health Care Reform**

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**Abstract**

Since 2000 the Rhode Island Alliance for Retired Americans fostered HealthLink Wellness a program committed to reducing the risk of chronic disease among retirees by promoting health screening, health education and exercise. Its strategy has been to develop partnerships that engage the retiree through their social networking. Starting in 2010 we added a network of primary care physicians who provided medical back up for community based outreach efforts. Essential to the communication process was the use of scientifically derived outcome measures as a means of monitoring both individual and total group health status.

One such measure used since the inception of the program is an estimate of the ten year probability of coronary heart disease developed by the Framingham Heart Study. In 2013 The American College of Cardiology/American Heart Association (ACC/AHA) established guidelines and health monitoring tools for the prevention of cardiovascular disease which includes both cardiac and blood vessel health. In this study we applied their new index to screening data collected at health fairs and participating physician offices in 2010 and 2011. We found it to be a quick and effective way for both community and medical office to compare on-going progress. Since the new index has the endorsement of both ACC and AHA it was readily accepted by our physician partners.

In addition to screenings that include blood glucose, blood pressure and cholesterol levels, we also asked retirees if they were currently being monitored for diabetes, hypertension and elevated cholesterol, all major contributors to chronic disease. We also asked if they were prescribed drugs for those same conditions. Results were that 87.1% of the retirees reported being monitored for any one of the three conditions. Of those monitored, 36.8% were monitored for one, 37.1% for two and 13.2% for all three conditions. In addition retirees exhibited a wide array of obesity concerns as measured by the BMI. The use of empirically derived health monitoring tools aided both HealthLink and medical offices to communicate on a real time basis and combine efforts in targeting both the individual and group.

Future reform will require strong communication links among doctor, patient and community resource. But also the use of empirically derived outcome measures makes it possible to measure health as the ultimate outcome of healthcare delivery and not just the repair of disease once it occurs.