



Closing Prevention Gaps in Women's Cardiovascular Health Using a Scalable Group Virtual Care Model

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Background

Cardiovascular disease remains the leading cause of death among women in the United States. Persistent gaps in prevention are driven by provider shortages, under-recognition of sex-specific risk factors, declining awareness, and structural barriers to care access. Scalable care delivery models capable of addressing these gaps are limited.

Objective

To evaluate the effect of a six-week, physician-led virtual shared medical appointment (SMA) program on cardiovascular risk factor optimization in women with elevated cardiometabolic risk or established cardiovascular disease.

Methods

Design:

Single-group, prospective pre-post analysis

Population:

- 45 women enrolled across 13 cohorts
- Participants from 16 U.S. states
- Mean age: 52 ± 12 years
- 53% had ≥ 3 unoptimized cardiovascular risk factors



Intervention:

- Six-week group virtual cardiovascular prevention program
- Weekly physician-led shared medical appointments
- Health coaching
- Peer support

Outcomes assessed:

- LDL cholesterol (lab-verified)
- Blood pressure (one-week average of home readings)
- Body mass index (self-reported)

Paired two-sample t-tests were used to evaluate changes from baseline to program completion.

Results**Treatment intensification****44%**

of participants
received medication
management

1.8 ± 1.5

mean medication
titrations per patient
(36 total performed)

8

days (IQR 12.8) was
the median time to
treatment intensification

Risk factor changes

Statistically significant reductions observed in:

↓ -25.2%

(p = 0.001)
LDL cholesterol

↓ -7.4%

(p < 0.001)
Systolic blood pressure

↓ -3.7%

(p < 0.001)
Body mass index

No statistically significant change was observed in diastolic blood pressure.

Interpretation

Clinically meaningful improvements in key cardiovascular risk factors were observed over a short, six-week intervention period.

These outcomes likely reflect rapid medication optimization combined with reinforced lifestyle behaviors in a structured group care setting.

Limitations

- Small, self-selected sample
- Use of self-reported and home-based measurements
- Pre-post design without external control group

Conclusion

This study demonstrates that a brief, physician-led group virtual care intervention can drive rapid and clinically meaningful cardiovascular risk reduction in women, highlighting its potential as a scalable strategy to address persistent prevention gaps.