Right Care and Million Hearts®: Tackling Stroke Prevention Together

Right Care Initiative Leadership Summit
Janet Wright, MD, FACC
October 28, 2013
Presentation Disclosures:
The opinions expressed by authors contributing to this presentation do not necessarily reflect the opinions of the US Department of Health and Human Services, the Public Health Service, the Centers for Disease Control and Prevention, the Centers for Medicare and Medicaid Services or the authors’ affiliated institutions. Use of trade names is for identification only and does not imply endorsement. The speaker has no disclosures.
Million Hearts®

Goal: Prevent 1 million heart attacks and strokes by 2017

• National initiative co-led by:
  – Centers for Disease Control and Prevention (CDC)
  – Centers for Medicare & Medicaid Services (CMS)

• Partners across federal and state agencies and private organizations
## Status of the ABCS

<table>
<thead>
<tr>
<th>ABCS</th>
<th>Description</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aspirin</td>
<td>People at increased risk of cardiovascular events who are taking aspirin</td>
<td>47%</td>
</tr>
<tr>
<td>Blood pressure</td>
<td>People with hypertension who have adequately controlled blood pressure</td>
<td>46%</td>
</tr>
<tr>
<td>Cholesterol</td>
<td>People with high cholesterol who are effectively managed</td>
<td>33%</td>
</tr>
<tr>
<td>Smoking</td>
<td>People trying to quit smoking who get help</td>
<td>23%</td>
</tr>
</tbody>
</table>

CDC. MMWR. 2011;60(36);1248–51.
Key Components of Million Hearts®

Excelling in the ABCS
- Optimizing care
- Prioritizing the ABCS
- Health tools and technology
- Innovations in care delivery

Keeping Us Healthy
- Changing the context
- Health Disparities

- No smoking
- Reduced sodium
- Reduced trans fat
## Getting to Goal

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Pre-Initiative Estimate</th>
<th>2017 Target</th>
<th>Clinical target</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Aspirin for those at risk</strong></td>
<td>47%</td>
<td>65%</td>
<td>70%</td>
</tr>
<tr>
<td><strong>Blood pressure control</strong></td>
<td>46%</td>
<td>65%</td>
<td>70%</td>
</tr>
<tr>
<td><strong>Cholesterol management</strong></td>
<td>33%</td>
<td>65%</td>
<td>70%</td>
</tr>
<tr>
<td><strong>Smoking cessation</strong></td>
<td>23%</td>
<td>65%</td>
<td>70%</td>
</tr>
<tr>
<td><strong>Smoking prevalence</strong></td>
<td>21%</td>
<td>19%</td>
<td></td>
</tr>
<tr>
<td><strong>Sodium reduction</strong></td>
<td>~ 3.5 g/day</td>
<td>20% reduction</td>
<td></td>
</tr>
<tr>
<td><strong>Trans fat reduction</strong></td>
<td>~ 1% of calories</td>
<td>50% reduction</td>
<td></td>
</tr>
</tbody>
</table>

Sources: National Ambulatory Medical Care Survey, National Hospital Ambulatory Care Survey, National Health and Nutrition Examination Survey, National Health Interview Survey.
What Will It Take?
An Action Framework

- Knowledge Translation and Diffusion
- Incentives Creation and Alignment
- Stakeholders in Action
- Measuring and Reporting Systematically
- Innovating and Implementing for Population Health
- Research: Understanding What Works and Why
Translate and Diffuse Knowledge

1. Develop and disseminate messages
2. Identify and spread best practices
3. Translate science into practice

- Right Care Leadership Summit
- University of Best Practices
Knowledge Translation and Diffusion

Self-Measured Blood Pressure Monitoring

Cardiovascular Health
ACTION STEPS for Employers

Centers for Disease Control and Prevention
MMWR
Morbidity and Mortality Weekly Report
September 3, 2013

Vital Signs: Avoidable Deaths from Heart Disease, Stroke, and Hypertensive Disease — United States, 2001–2010

Million Hearts® Webinar Series
Nurse Practitioners and Million Hearts® Partnering to Achieve Blood Pressure Control for the Nation
Create and Align Incentives

1. Recognize achievement and improvement
2. Reimburse and reward for high performance
3. Reduce the “hassle factor” by making the most impactful thing the easy thing

- Medical Group and Health Plan Awards
- Payor/Health System Round Table (action squad)
Create and Align Incentives

1. Recognize achievement and improvement
2. Reimburse and reward for high performance
3. Reduce the “hassle factor” by making the most impactful thing the easy thing

- PQRS, EHR Incentive program, Value-Modifier
- CMMI’s Comprehensive Primary Care, State Innovation Models, and ACOs
- Hypertension Control Champions
2013 Million Hearts® Hypertension Control Challenge

• Who is eligible?
  – Clinicians, practices, and health systems that have achieved control rates > 70%

• How are selections made?
  – Successful applicants must submit data to demonstrate performance in controlling hypertension.
  – Reviewers will also consider other factors, such as sustainable systems and challenging populations
Activate Stakeholders

1. Develop meaningful partnerships
2. Support MH plans at state and local levels
3. Facilitate collaborations among stakeholders

- Engaging Patients and Families
- State-wide, regional, and local collaborations
Public Sector in Action

- Administration on Community Living
- Agency for Healthcare Research and Quality
- Environmental Protection Agency
- Federal Occupational Health
- Food and Drug Administration
- Health Resources and Services Administration
- Indian Health Service
- National Heart, Lung, and Blood Institute
- National Institute for Neurological Diseases
- Office of the Assistant Secretary for Health
- Office of the National Coordinator for Health Information Technology
- Office of Personnel Management
- Substance Abuse and Mental Health Services Administration
- U.S. Department of Veterans Affairs
Private Sector in Action

- Academy of Nutrition and Dietetics
- Aetna
- Alliance for Patient Medication Safety
- America’s Health Insurance Plans
- American Association of Nurse Practitioners
- American College of Cardiology
- American College of Physicians
- American Heart Association
- American Medical Association
- American Medical Group Foundation
- American Nurses Association
- American Pharmacists’ Association and Foundation
- Arkansas Dept of Health
- Association of Black Cardiologists
- Association of Public Health Nurses
- Blue Cross Blue Shield Association
- Commonwealth of Virginia
- Georgetown University School of Medicine
- HealthPartners
- Humana
- Kaiser Permanente
- Maryland Dept of Health and Mental Hygiene
- Medstar Health System
- Men’s Health Network
- Minnesota Heart Health Program
- National Alliance of State Pharmacy Assns
- National Committee for Quality Assurance
- National Community Pharmacists Assn
- National Consumers League
- National Forum for Heart Disease and Stroke Prevention
- National Lipid Association Foundation
- New York State Department of Health
- Ohio State University
- Pennsylvania Dept of Health
- Prescribe Wellness
- Preventive Cardiovascular Nurses Association
- Society for Women’s Health Research
- Surescripts
- UnitedHealthcare
- University of Maryland School of Pharmacy
- Walgreens
- Walk with a Doc
- WomenHeart
- YMCA of America
100 Congregations for Million Hearts®

The Commitment

For the next year, we will focus on 2 or more of these actions and share our progress:

- Designate a Million Hearts® Advocate
- Deliver pulpit and other leadership messages
- Distribute wallet cards for recording BP readings
- Promote and use the Heart Health Mobile app
- Facilitate connections with local health professionals and community resources
Measure and Report Systematically

1. Refine and align measures
2. Facilitate reporting
3. Monitor and evaluate
4. Improve data access and surveillance systems

- Metrics chosen and progress report delivered
- Predictive modeling sessions
Measure and Report Systematically

1. Refine and align measures
2. Facilitate reporting
3. Monitor and evaluate
4. Improve data access and surveillance systems

- HHS and CMS efforts to liberate the data
- Epi-Exchange
- Measure alignment across public and private programs
# Quality Measure Alignment, January 2011

<table>
<thead>
<tr>
<th>Quality Measure</th>
<th>PQRS NQF</th>
<th>Meaningful Use</th>
<th>HRSA Uniform Data System</th>
<th>VA</th>
<th>PQRS CV Prevention Measures Group</th>
<th>PQRS GPRO</th>
<th>CMMI Comp Primary Care</th>
<th>ACOs</th>
</tr>
</thead>
<tbody>
<tr>
<td>A – Aspirin</td>
<td>#204</td>
<td>S1 optional</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B – BP Screening</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B – BP Control</td>
<td>#236</td>
<td>S1 optional</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C – Cholesterol Control</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C – Cholesterol Control Diabetes</td>
<td>#2</td>
<td>S1 opt</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C – Cholesterol Control IVD</td>
<td>#0075</td>
<td>S1 opt</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S – Smoking Cessation</td>
<td>#226</td>
<td>S1 core</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Quality Measure Alignment in July, 2013

<table>
<thead>
<tr>
<th>Quality Measure</th>
<th>PQRS NQF</th>
<th>Meaningful Use</th>
<th>HRSA Uniform Data System</th>
<th>VA</th>
<th>PQRS CV Prevention Measures Group</th>
<th>PQRS GPRO</th>
<th>CMMI Comp Primary Care</th>
<th>ACOs</th>
</tr>
</thead>
<tbody>
<tr>
<td>A – Aspirin</td>
<td>#204 #0068</td>
<td>S1 optional S2 optional</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td></td>
<td>#30</td>
</tr>
<tr>
<td>B – BP Screening</td>
<td>#317</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
<td>✓</td>
<td></td>
<td>#21</td>
</tr>
<tr>
<td>B – BP Control</td>
<td>#236 #0018</td>
<td>S1 opt S2 core</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>#28</td>
</tr>
<tr>
<td>C – Cholesterol Control</td>
<td>#316</td>
<td>S2 opt</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C – Cholesterol Control Diabetes</td>
<td>#2 #0064</td>
<td>S1 opt S2 opt</td>
<td></td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>C – Cholesterol Control IVD</td>
<td>#241 #0075</td>
<td>S1 opt S2 opt</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>#29</td>
</tr>
<tr>
<td>S – Smoking Cessation</td>
<td>#226 #0028</td>
<td>S1 core S2 core</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>#17</td>
</tr>
</tbody>
</table>
Innovate and Implement for Population Health

1. Deploy team members, including HIT, effectively
2. Focus community action on MH key areas: ABCS, smoke exposure, sodium and trans-fat
3. Build community-clinical linkages
4. Facilitate self-management

- Trend-bending Stroke Care
- Pharmacists Role
- New Technologies
Innovate and Implement for Population Health

1. Deploy team members, including HIT, effectively
2. Focus community action on MH key areas: ABCS, smoke exposure, sodium and trans-fat
3. Build community-clinical linkages
4. Facilitate self-management

- ONC, CDC, others working on clinical decision support
- CDC state and community funding directed at ABCS
- CMMI Healthcare Innovations Awards
- Adopt a Protocol project
Protocol as Team Playbook

Name of Practice

Protocol for Controlling Hypertension in Adults

The blood pressure (BP) goal is set by a combination of factors including scientific evidence, clinical judgment, and patient tolerance. For most people, the goal is <140 and <90; however some individuals may be better served by other BP goals. Lifestyle modifications (LM)* should be initiated in all patients with hypertension (HTN) and they should be assessed for target organ damage and existing cardiovascular disease. Self-monitoring* is encouraged for most patients throughout their care and requesting and reviewing readings from home and community settings can help in achieving and maintaining good control. For patients with hypertension and certain medical conditions, specific medications should be considered as first line treatments, as listed in Box 1.

Systolic 140–159 or diastolic 90–99 (Stage 1 HTN)
- LM as a trial
- Consider adding thiazide

Systolic >160 or diastolic >100 (Stage 2 HTN)
Two drugs preferred:
- LM and
- Thiazide and ACEI, ARB, or CCB
- Or consider ACEI and CCB

BOX 1
First line treatment for hypertension and certain medical conditions
- Coronary artery disease/Post MI: BB or ACEI
Research: Understanding What Works and Why

1. Identify gaps
2. Fund research to improve outcomes in CVD
3. Conduct research

- Clarifying the questions and gathering the forces
Research: Understanding What Works and Why

1. Identify gaps
2. Fund research to improve outcomes in CVD
3. Conduct research

- Clarifying the questions and gathering the forces
- PCORI, NHLBI, NINDS, AHRQ, among others
What Will It Take?  
The Next Level

• How can today’s action steps be best captured and spread?
• What specific actions will accelerate progress in stroke prevention in California and the nation?
• What can we stop doing today or start doing systematically tomorrow?
• How can Million Hearts help you succeed wildly?
Join Us

Take the Pledge

Become a Partner

Be One in a Million Hearts®

millionhearts.hhs.gov