



Right Care and Million Hearts®: Tackling Stroke Prevention *Together*

Right Care Initiative Leadership Summit
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Presentation Disclosures:

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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

Aspirin

People at increased risk
of cardiovascular events
who are taking aspirin

47%

Blood pressure

People with hypertension
who have adequately controlled
blood pressure

46%

Cholesterol

People with high cholesterol
who are effectively managed

33%

Smoking

People trying to quit smoking
who get help

23%



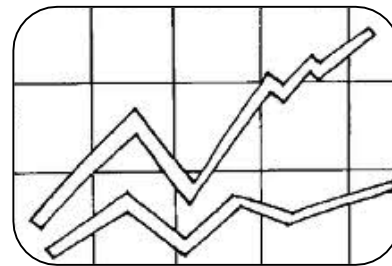
Key Components of Million Hearts®

Excelling in the ABCS
Optimizing care

Health
Disparities

Keeping Us Healthy
Changing the context

Prioritizing
the ABCS



Health tools
and technology



Innovations in
care delivery



Getting to Goal

Intervention	Pre-Initiative Estimate	2017 Target	Clinical target
A spirin for those at risk	47%	65%	70%
B lood pressure control	46%	65%	70%
C holesterol management	33%	65%	70%
S moking cessation	23%	65%	70%
Smoking prevalence	21%	19%	
Sodium reduction	~ 3.5 g/day	20% reduction	
Trans fat reduction	~ 1% of calories	50% reduction	



What Will It Take? An Action Framework

- **K**nowledge Translation and Diffusion
- **I**ncentives Creation and Alignment
- **S**takeholders in Action
- **M**easuring and Reporting Systematically
- **I**nnovating and **I**mplementing for Population Health
- **R**esearch: 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

Cardiovascular disease (CVD) accounts for one of three deaths in the United States each year. Strategies that address



Help prevent **1 million** heart attacks and strokes by 2017.

e-update

American Heart Month 2013

Tools You Can Use

- **Self-Measured Blood Pressure Monitoring: Action Steps for Public Health Practitioners**—This new guide focuses on integrating self-measured blood pressure monitoring into chronic disease prevention efforts.
- **Million Hearts™ en español**—Visit our newly translated website, chock full of information and resources for Spanish speakers.
- **More materials in Spanish**—Several new resources provide strategies and tips to help consumers understand and manage their risk factors for heart disease



Welcome to a special American

Centers for Disease Control and Prevention

MMWR

Morbidity and Mortality Weekly Report

Early Release / Vol. 62

September 3, 2013

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

Abstract

to lack of preventive health care or timely and effective medical care can be considered... able causes of death are either preventable, as in preventing cardiovascular events by... ple, as in treating conditions once they have occurred. Although various definitions for... ave consistently demonstrated high rates in the United States. Cardiovascular disease is... deaths (approximately 800,000 per year) and many of them (e.g., heart disease, stroke, and

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

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 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

Quality Measure	PQRS NQF	Meaningful Use	HRSA Uniform Data System	VA	PQRS CV Prevention Measures Group	PQRS GPRO	CMMI Comp Primary Care	ACOs
A – Aspirin	#204 #0068	S1 optional						
B – BP Screening								
B – BP Control	#236 #0018	S1 optional	✓	✓				
C – Cholesterol Control								
C – Cholesterol Control Diabetes	#2 #0064	S1 opt		✓				
C – Cholesterol Control IVD	#0075	S1 opt		✓				
S – Smoking Cessation	#226 #0028	S1 core						

Quality Measure Alignment in July, 2013

Quality Measure	PQRS NQF	Meaningful Use	HRSA Uniform Data System	VA	PQRS CV Prevention Measures Group	PQRS GPRO	CMMI Comp Primary Care	ACOs
A – Aspirin	#204 #0068	S1 optional S2 optional	✓		✓			#30
B – BP Screening	#317				✓	✓		#21
B – BP Control	#236 #0018	S1 opt S2 core	✓	✓	✓	✓	✓	#28
C – Cholesterol Control	#316	S2 opt						
C – Cholesterol Control Diabetes	#2 #0064	S1 opt S2 opt		✓	✓	✓	✓	
C – Cholesterol Control IVD	#241 #0075	S1 opt S2 opt		✓	✓	✓	✓	#29
S – Smoking Cessation	#226 #0028	S1 core S2 core	✓		✓	✓	✓	#17

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



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 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

Not for Distribution

Name of Practice

Protocol for Controlling Hypertension in Adults¹

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-monitoring² 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*

Re-check and review

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

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- ❖ *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



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CDC StreamingHealth