Million Hearts Campaign: Clinical Perspective

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Goals

- Increase access and improve quality of care
- Define effective “Care”: Data gathering, identify risk, treatment/intervention, monitor, motivate, provide incentive to improve
- Preemptive strike: despite current tools, limited ability to identify impending MI/sudden death victims
- Frontline Anecdotes:
  - High rate of young patients with acute cardiac events
  - Obesity and smoking are prevalent: lifestyle patterns differ geographically and socioeconomically leading to increased CV risk
  - Weight extremes
  - Young women smoking
  - Stress and modern society: economic, employment pressures, working mothers, multitasking, inadequate sleep

Clinical Context: current tools

- SYMPTOMS: acute or functional, age and gender differences in symptom character
- RISK FACTORS: medical condition, lifestyle/habits, biochemical markers, family history
- PHYSIOLOGIC TESTING: role with or without symptoms? Health concerns and cost effectiveness.
- ANATOMY: imaging options

Health Statistics Data in Perspective

- **Clinician objectives**
  - Pursue ***meaningful risk factors*** in order to maximize screening opportunities
  - Translate ***data into action***: tailor medical therapy and affect behavioral change
  - Provide ***means to achieve goals*** (eg: weight loss directly reduces triglycerides and glucose levels; BP decrease from 150 to 130mmHg cuts CV risk in half)

Health Statistics Data in Perspective

- **Patient perspective**
  - How does this data affect me?
  - What do I need to do?
  - What should I eat/drink and not eat/drink?
  - Takeaway from doctor visit: tangibles (points to remember, resources, directives, goals)
  - Attitude: proactively engaged, taking control vs. disillusioned and feeling judged

Patient XY

- 44 yo Asian man presenting to the hospital with acute MI: stent, recovery, discharge on meds
- First office visit: 5’9” 192lbs (BMI 28.4)
  - BP 145/84, HR 62
  - Waist 36”, Hip 30”
  - Habits: weight lifting, fruit juice, diet soda, pasta
  - LDL 138, HDL 32, TG 210, Glu 130
  - Plan: **MED**: ASA, statin therapy; **ACTIVITY**: aerobic and light resistance interval training; **DIET**: portion reduction, eliminate sugar containing beverages, reduce carbs: white bread, white pasta, dairy, ice cream

Patient XY

- 6 months later:
  - Wt 190 to 176lbs BMI:
  - Waist 36” to 33”
  - BP 118/70
  - LDL 144 to 78
  - TG 210 to 88
  - HDL 32 to 36
  - Glucose 130 to 88
  - Feels great, looks great! Risk for recurrent MI low.

Patient XX

- 48 yo African American woman presenting with fatigue, shortness of breath
  - 5’4” 225lb (BMI 38.6)
  - BP 162/90 HR 88
  - Waist 38” Hip 34”
  - LDL 150, HDL 65 TG 288, glu 140, Hgb A1C 6.3
  - Habits: sedentary office job, diet soda, chips, healthy juice
  - Plan: Med: ARB/HCTZ, Activity: walking program, light dumbbells, Diet: 2 4oz servings fresh fruit, no juice, 1 oz unsalted nuts twice daily, no chips, decrease bread, pastry and pasta intake

What's Missing?

- Patient friendly publications/internet resources: most can't remember specifics of doctor visit
- "Go to" resources for info/nutrient content of individual foods and commercial diet plans: (calories, % CHO/Pro/Fat, Fat composition: sat/.unsat./chol, vitamin content)
- Cooking methods: effect on nutrient values
- Office tools: %body fat, metabolic rate, visit preparation given time limits: review pre-loaded data before visit (patient portal)
- Specific Exercise plans
- Age/Gender specific info- calorie expenditure