Introduction to Million Hearts™

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2012 National Conference on Health Statistics
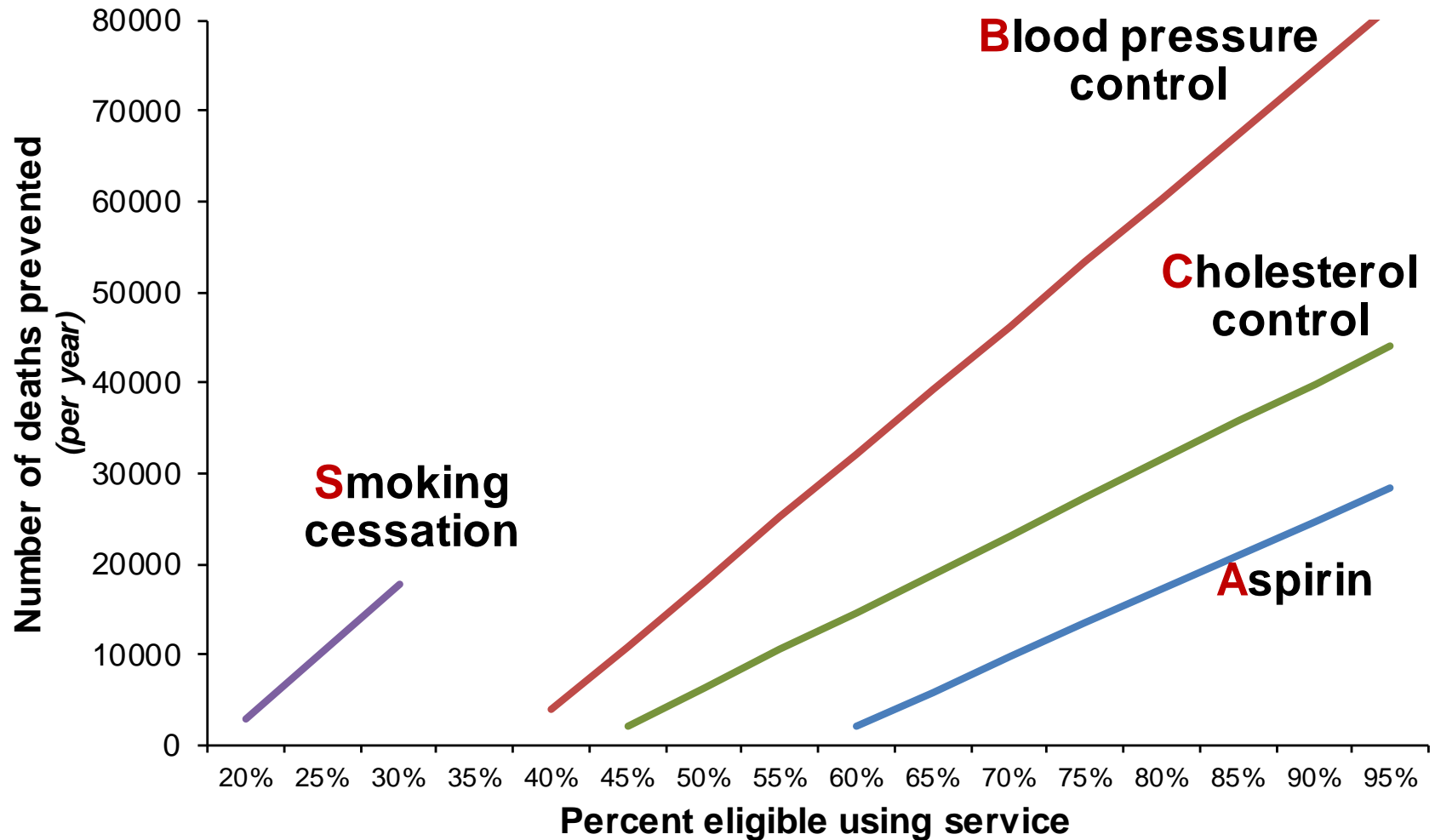
August 7, 2012

Learning Objectives

- Explore the burden of heart disease and stroke
- Discuss the Million Hearts initiative
  - Community focus
  - Clinical focus
- Understand current monitoring and surveillance plans
- Describe current surveillance challenges

Burden of Heart Disease and Stroke

- Cause 1 of every 3 deaths
- >2 million heart attacks and strokes occur every year; 800,000 die
  - Leading cause of preventable death among people <65
  - Treatment accounts for about $1 of every $6 spent on health care
  - $444 B in health care costs and lost productivity

Roger VL, et al. Circulation 2012;125:e2-e220
Heidenriech PA, et al. Circulation 2011;123:933–4

Improved cardiovascular care could save 100,000 lives/year in U.S.

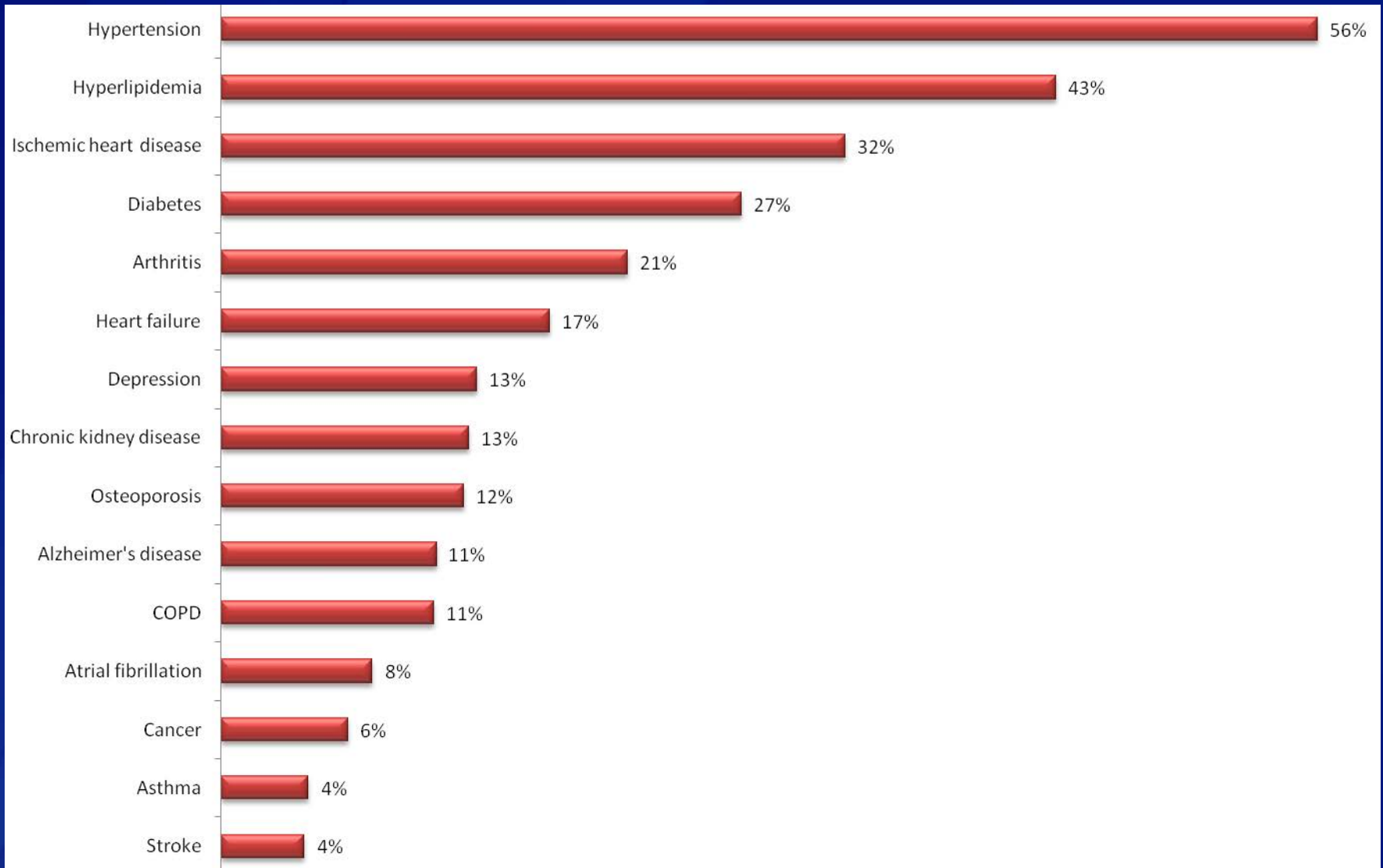*Farley TA, et al. Am J Prev Med 2010;38:600-9.*

Hypertensive Americans

68M hypertensives

- ❏ Uncontrolled and/or unaware – 37M
    - ▪ Treated, not controlled – 17M
    - ▪ Aware, not treated – 6M
    - ▪ Unaware – 14M

National Health and Nutrition Examination Survey (NHANES), 2005-2008

Percentage of Medicare FFS Beneficiaries with 15 Selected Chronic Conditions, 2008

Condition	Percentage
Hypertension	56%
Hyperlipidemia	43%
Ischemic heart disease	32%
Diabetes	27%
Arthritis	21%
Heart failure	17%
Depression	13%
Chronic kidney disease	13%
Osteoporosis	12%
Alzheimer's disease	11%
COPD	11%
Atrial fibrillation	8%
Cancer	6%
Asthma	4%
Stroke	4%

Million Hearts™

❑ Goal: prevent 1M heart attacks and strokes in 5 years

❑ Purpose – Engage public and private sector partners in a coordinated approach to:

- Reduce the number of people who need treatment
- Optimize treatment for those who need it
- Realize the full value of prevention in cardiovascular health

❑ Focus on the ABCS – Aspirin use for secondary prevention, Blood pressure control, Cholesterol control, and Smoking cessation

MH Public Partners

- ❑ Centers for Disease Control and Prevention (co-lead)
- ❑ Centers for Medicare & Medicaid Services (co-lead)
- ❑ Administration on Aging
- ❑ Agency for Healthcare Research and Quality
- ❑ Food and Drug Administration
- ❑ Health Resources and Services Administration
- ❑ Indian Health Service
- ❑ National Institutes of Health, National Heart Lung and Blood Institute
- ❑ National Prevention Strategy, National Quality Strategy
- ❑ Office of the National Coordinator for HIT
- ❑ Substance Abuse and Mental Health Services Administration
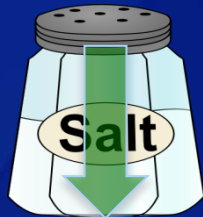
MH Private Partners

- American Heart Association
- America's Health Insurance Plans
- American Medical Association
- American Nurses Association
- American Pharmacists' Association and the American Pharmacists' Association Foundation
- The National Alliance of State Pharmacy Associations and the Alliance for Patient Medication Safety
- The National Community Pharmacists Association

- Kaiser Permanente
- United Healthcare
- Walgreens
- The Y
- Association of Black Cardiologists
- American College of Cardiology
- National Committee for Quality Assurance
- National Consumer League
- American Association of Colleges of Pharmacy

Key Components of Million Hearts™

COMMUNITY PREVENTION *Changing the context*	CLINICAL PREVENTION *Optimizing care*

Focus on ABCS

Health information technology

Clinical innovations

Community Prevention

Focused on policy work designed to:

- ❑ Reduce tobacco use and exposure to second-hand smoke
  - – FDA requires prominent health warnings on all cigarette packaging and ads
- ❑ Reduce sodium content of food
  - – Menu-labeling requirements in chain restaurants will help people make more informed choices
- ❑ Eliminate artificial trans fats
  - – Work with industry to expand voluntary food reformulation initiatives

Clinical Prevention – Care Innovations

- ❑ Team-based care
- ❑ Collaborative Drug Therapy Management (CDTM)
- ❑ Utilizing full scope of practice
- ❑ Self-measured BP Monitoring with supports
- ❑ Medication adherence supports
- ❑ Payment innovations

Clinical Prevention – Health Information Technology

- ❑ Full deployment of Electronic Health Record (EHR) technology
- ❑ Clinical Decision Support (CDS) tools
  - – Treatment algorithms, 10-year CVD risk calculator, drug dosing support, alerts/flags/prompts
- ❑ Patient registries
- ❑ E-prescribing
- ❑ Quality Improvement Organizations (QIOs)
- ❑ Health Information Exchanges (HIEs), Regional Extension Centers (RECs), Beacon Communities

CDC

TECHNOLOGY

Everyone Is Here To Save You, But Unfortunately
... You're Not In The Computer

Clinical Prevention – Focus on the ABCS

- Simple, uniform set of measures
- Measures with a lifelong impact
- Data collected or extracted in the workflow of care
- Link performance to incentives

Clinical Quality Measures (CQMs)

ABCS	Number	Measure	Notes
A	PQRS 204 NQF 0068	**Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic** Percentage of patients aged 18 years and older with Ischemic Vascular Disease (IVD) with documented use of aspirin or other antithrombotic	MU Stage 1 opt, MU Stage 2 core (prop), HRSA UDS
B	PQRS 317	**Preventive Care and Screening: Screening for High Blood Pressure** Percentage of patients aged 18 and older who are screened for high blood pressure	N/A
B	PQRS 236 NQF 0018	**Hypertension: Controlling High Blood Pressure** Percentage of patients aged 18 through 85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90) during the measurement year	MU Stage 1 opt, MU Stage 2 core (prop), HRSA UDS

PQRS – CMS Physician Quality Reporting System; NQF – National Quality Forum; MU = CMS EHR Incentive Program; HRSA UDS – Uniform Data System

CQMs (cont'd)

ABCS	Number	Measure	Notes
C	PQRS 316	**Preventive Care and Screening: Cholesterol – Fasting Low Density Lipoprotein (LDL) Test Performed AND Risk-Stratified Fasting LDL** Percentage of patients aged 20 through 79 years whose risk factors have been assessed and a fasting LDL test has been performed AND who had a fasting LDL test performed and whose risk-stratified fasting LDL is at or below the recommended LDL goal	MU Stage 2 core (prop)
S	PQRS 226 NQF 0028	**Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention** Percentage of patients aged 18 years or older who were screened about tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user	MU Stage 1 core, MU Stage 2 core (prop), HRSA UDS

PQRS – CMS Physician Quality Reporting System; NQF – National Quality Forum; MU = CMS EHR Incentive Program; HRSA UDS – Uniform Data System

Surveillance of MH ABCS

ABCS	Measure	Status	Source
Aspirin	People at increased risk of cardiovascular disease who are taking aspirin	47%	NAMCS, NHAMCS 2007-2008
Blood pressure	People with hypertension who have adequately controlled blood pressure	46%	NHANES 2005-2008
Cholesterol	People with high cholesterol who have adequately controlled hyperlipidemia	33%	NHANES 2005-2008
Smoking cessation	People trying to quit smoking who get help	23%	NAMCS 2005-2008

Valderrama AL, Loustalot F, George MG, Schooley M, Briss P, Dube S, Jamal A, Yoon PW. Million Hearts: Strategies to Reduce the Prevalence of Leading Cardiovascular Disease Risk Factors --- United States, 2011. MMWR 2011; 60(36);1248-1251

Surveillance and Monitoring

❑ We have valid baselines for all of the ABCS

❑ Working on more timely systems to monitor within resource envelope

- – More timely mortality data (Vital statistics)

- – More rapid and frequent monitoring of cardiovascular events (HCUP)

- – More timely monitoring of ABCS

- – Improved monitoring of clinical quality measures (MU reporting, HIEs)

Measurement Challenges

❑ Timely data

❑ Monitoring "events prevented"

❑ State-level estimates

❑ Aspirin specificity (why taking)

❑ Lack of measure specifications

❑ Uptake of ABCS clinical quality measures

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❑ Holmes DR. Zeroes, San Jose, Phoenix, Dallas, San Diego. *J Am Coll Cardiol*. 2012;59(1):88-89.

❑ Frieden TR, Berwick DM. The "Million Hearts" Initiative – Preventing Heart Attacks and Strokes. *NEJM*. 2011;365:e27.

❑ Tomaselli GF, Harty MB, Horton K, Schoeberl M. The American Heart Association and the Million Hearts Initiative : A Presidential Advisory From the American Heart Association. *Circulation*. 2011;124:1-5.

❑ Valderrama AL, Loustalot F, Gillespie G, George MG, Schooley M, Briss P, Dube S, Jamal A, Yoon PW. Million Hearts: Strategies to Reduce the Prevalence of Leading Cardiovascular Disease Risk Factors --- United States, 2011. *MMWR*. 2011;60(36);1248-1251.

For More Information

- http://millionhearts.hhs.gov
- Resources and tools
  - Progress Notes
  - Team-based Care
  - Publications
- Take the Million Hearts pledge

Million Hearts™ Team

CDC

- Janet Wright – Executive Director
- Judy Hannan – Senior Advisor
- Kate Shaw – Science Team
- Allison Goldstein – Science Team
- Rikita Merai – Science Team
- Peter Briss – Medical Director, Science Team
- Fleetwood Loustalot – Science Team
- Kathy Harben – Lead, Communications Team
- Anne Lutz – Co-lead, Field Strategies

CMS

- John O'Brien – Senior Advisor
- Marsha Davenport – Lead, Policy and Partnerships
- Erika Tailor – Science Team

OASH

- Jim Galloway – Co-lead, Field Strategies

- MANY OTHERS

Questions?

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