



**MODERATOR:**

Welcome to today's Coffee Break presented by the Applied Research and Evaluation Branch in the Division for Heart Disease and Stroke Prevention at the Centers for Disease Control and Prevention.

We are fortunate to have **Briana Lucido** as today's presenter. **Briana** is from the Million Hearts® Science Team and is a part of the Applied Research and Evaluation Branch. My name is **Sharada Shantharam** and I am today's moderator. I am a member of the **Applied Research and Translation team in the Applied Research and Evaluation Branch**.

Today's presentation will be on the **Assessment of the Million Hearts® Partner Network**.

## Before we begin

All phones have been placed  
in SILENT mode.

Issues or questions:

- ❑ Q & A box on your screen
- ❑ [AREBheartinfo@cdc.gov](mailto:AREBheartinfo@cdc.gov)



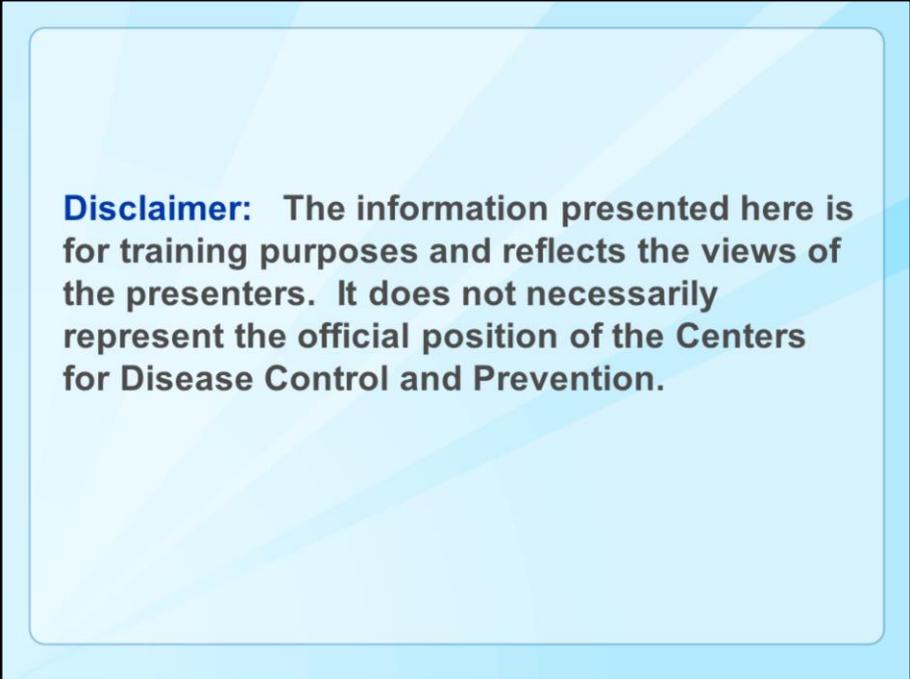
MODERATOR:

Before we begin we have a few housekeeping items.

All participants have been muted. However, to improve audio quality, we ask that you the audience members also please mute your phones and microphones.

If you are having issues with audio or seeing the presentation, please message us using the chat box or send us an email at [AREBheartinfo@cdc.gov](mailto:AREBheartinfo@cdc.gov).

If you have questions during the presentation, please enter it on the chat box on your screen. We will address your questions at the end of the session. Since this is a training series on applied research and evaluation, we do hope you will complete the poll and provide us with your feedback.

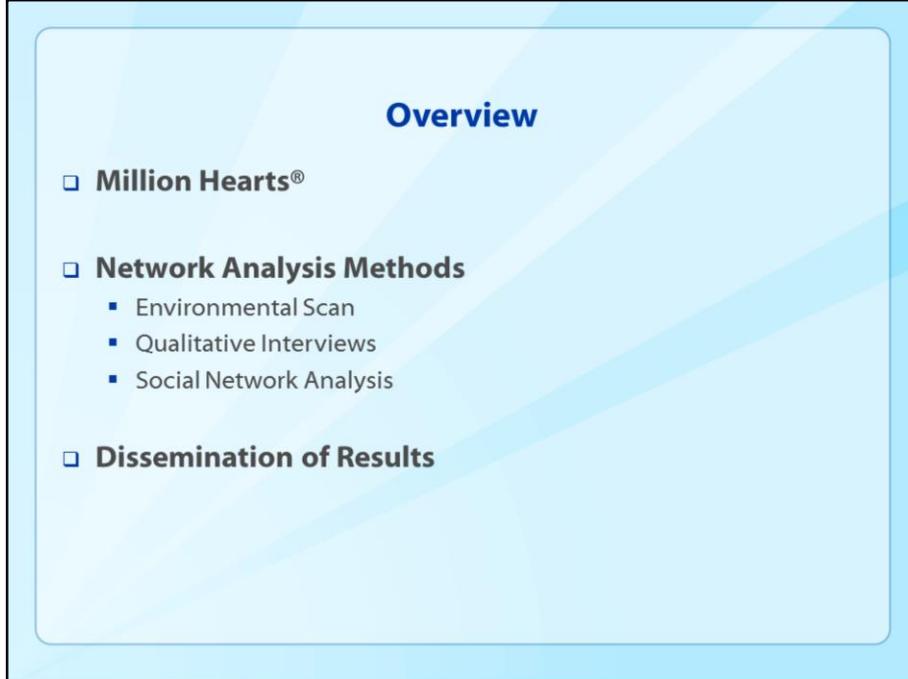


**Disclaimer:** The information presented here is for training purposes and reflects the views of the presenters. It does not necessarily represent the official position of the Centers for Disease Control and Prevention.

MODERATOR:

Just as a disclaimer, the information presented here is for training purposes and reflects the views of the presenters. It does not necessarily represent the official position of the CDC.

And now with all of that out of the way, I'll pass the baton to Briana. The floor is yours.



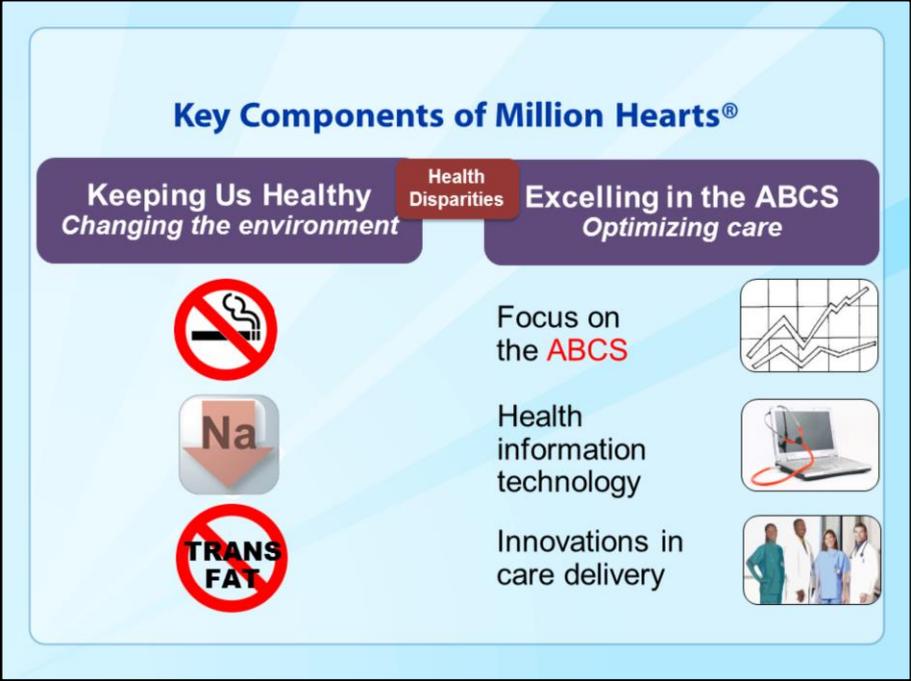
Thank you, Sharada. Hello everyone, we are here today to talk with you about the process being taken to assess the Million Hearts® partnership network. I will begin today's presentation by providing a brief overview of Million Hearts®. Then I will introduce the aims of the network analysis and the methods chosen to assess the Million Hearts® Partner Network, including a brief description of each method. Lastly, I will share some insight on how the results of this assessment will be disseminated.

## **Million Hearts®**

**Goal: Prevent one million heart attacks  
and strokes by 2017**

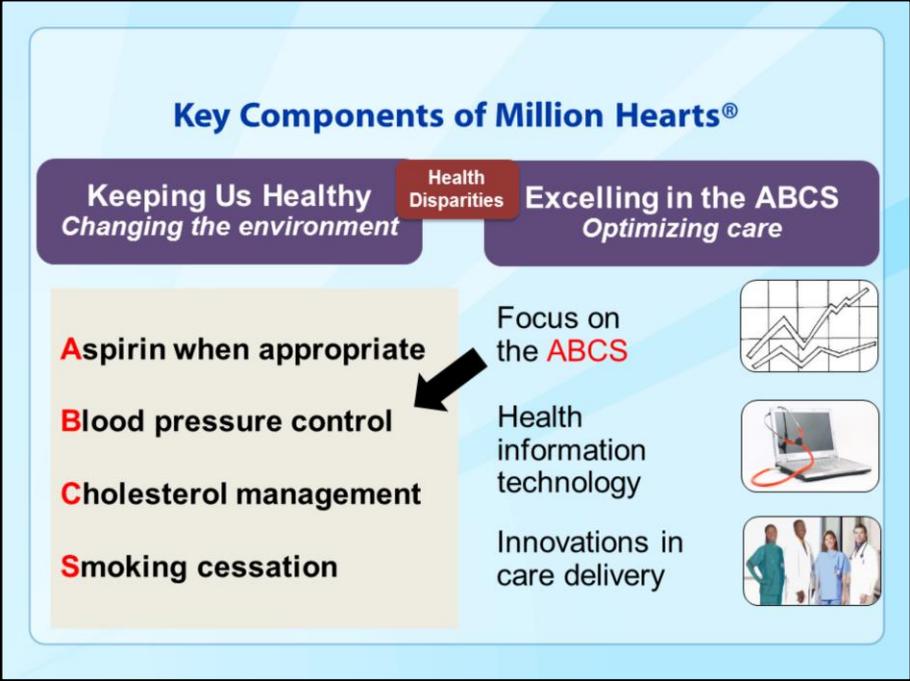
- **US Department of Health and Human Services initiative, co-led by:**
  - Centers for Disease Control and Prevention (CDC)
  - Centers for Medicare & Medicaid Services (CMS)
- **Partners across federal and state agencies and private organizations**

To address the large burden of cardiovascular disease in the United States, in 2012, the US Department of Health and Human Services launched Million Hearts®, with the ultimate goal of preventing one million heart attacks and strokes by 2017. It is co-led by the Centers for Disease Control and Prevention (CDC), and the Centers for Medicare and Medicaid Services (CMS). But, in order to reach this audacious goal, we MUST rely on partners like federal and state agencies, and private partners to help carry out the initiative's mission and work.



Million Hearts® has two arms.

We are trying to keep people healthy in the community by reducing smoking prevalence, lowering sodium consumption, and eliminating artificial trans fat in our food supply.



Additionally, we are trying to improve cardiovascular disease care delivery for those who need it by focusing clinicians and systems in which they work on the ABCS (**A**spirin when appropriate, **B**lood Pressure control, **C**holesterol management, and **S**moking cessation), while harnessing the power of health information technology, and recognizing and rewarding innovations in care delivery.

## Getting to a Million by 2017: Public Health Targets

Intervention	Pre-Initiative Estimate 2009-10	2017 Target
Smoking prevalence*	26%	24%
Sodium reduction	3580 mg/day	2900 mg/day
Trans fat reduction	0.6% of calories	0% of calories

\* Includes all forms of combustible tobacco – cigarettes, pipes, and cigars

National Survey on Drug Use and Health, National Health and Nutrition Examination Survey

The table on this slide compares the baseline estimates for prevalence of smoking, sodium, and trans fat and where we aim to be by 2017.

### Getting to a Million by 2017: Targets for the ABCS

Intervention	Pre-Initiative Estimate 2009-2010	2017 Population-wide Goal	2017 Clinical Target
Aspirin when appropriate	54%	65%	70%
Blood pressure control	52%	65%	70%
Cholesterol management	33%	65%	70%
Smoking cessation	22%	65%	70%

National Ambulatory Medical Care Survey, National Health and Nutrition Examination Survey

Moving to the clinical side, you will see the ABCS that I mentioned before, what these measures showed in terms of performance before Million Hearts® was launched, and the clinical targets for 2017.

Here we asking practices and health systems to achieve at least 70% on these measures, which will help bring up the population-wide goal to 65%, recognizing that the population-wide goal reflects people who are not yet connected to healthcare.

## Million Hearts® Accomplishments

### Optimizing Care in the Clinical Setting

#### Focus on the ABCS



Millions of Americans are covered by health care systems that are recognizing or rewarding performance in the ABCS\*\*

#### Health Tools and Technology



Over half a million patients have been identified as potentially having hypertension using health IT tools\*\*

#### Innovations in Care Delivery



Millions of dollars in public and private funds have been leveraged to focus on improving the ABCS\*\*

\*\* CMS Physician Compare and HRSA Uniform Data Set

\*\* Unpublished data from AMGA/MUPD and NACHC HIPS project

\*\* CMS Million Hearts Risk Reduction Model, AHRQ EvidenceNOW, AHA Southwest Affiliate HTN project

Having many committed partners working to implement clinical and community prevention was key to the success of Million Hearts®. Additionally, bringing together non-traditional partners to sit down at the table together to address the same health concerns was essential to moving forward the tenants of Million Hearts®.

Partners from across the public and private health sectors support Million Hearts® through a wide range of activities. Some of the activities partners have participated in to support the initiative include:

- Making achieving excellence in the ABCS a priority among health professionals,
- Aligning and incorporating Million Hearts® priorities into new and existing programs, including chronic disease prevention programs and health information technology projects,
- Encouraging healthcare professionals to develop and implement patient protocols in areas such as hypertension and tobacco use,
- And Promoting the use of validated home blood pressure monitors, training of patients in the use of these devices, recording the readings, and incorporating them into patient care.

## Million Hearts® Partners and Progress



Million Hearts® partners play a key role in the initiative and the success of these partnerships has contributed to the success of the initiative. While complex, this partnership network provides a foundation to the work of Million Hearts® and can serve as a model for other health programs and initiatives.

As we have continued to observe success in Million Hearts® there was a need to understand how these partnerships played a role in this success and have influenced efforts in cardiovascular disease.

### **Network Analysis Aims**

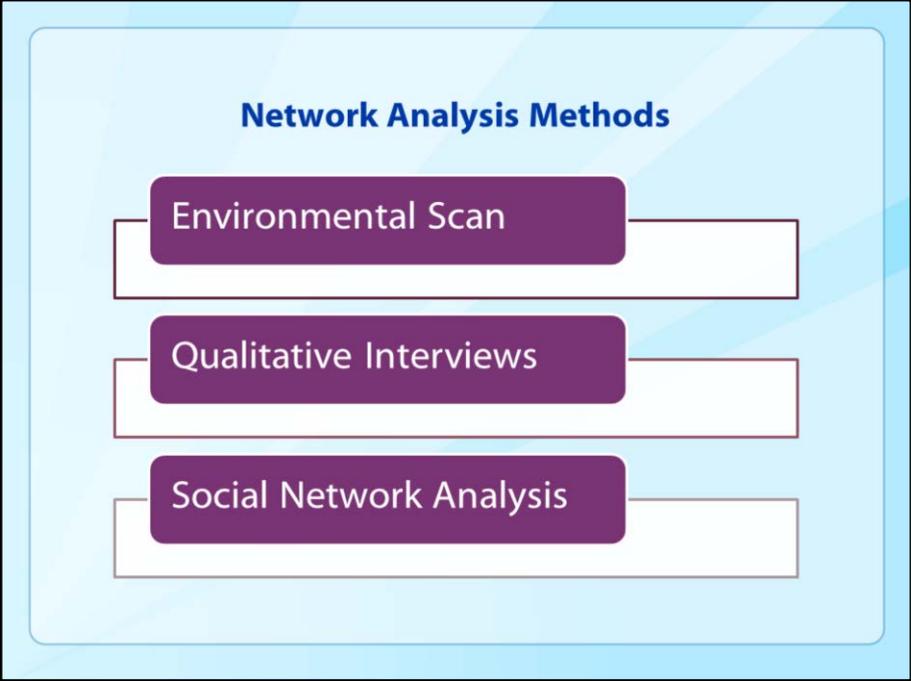
- 1. To assess the partnership engagement process and the level of communication among partners in Million Hearts®.**
- 2. To assess changes in activities, policies, programs, or systems that have occurred as a result of the initiative.**
- 3. To identify facilitators and barriers of public/private partnerships with the federal government.**
- 4. To use the information developed through this research to inform future partner efforts.**

To accomplish this, the Office of the Assistant Secretary for Planning and Evaluation or ASPE, was charged with leading an analysis, along with a team from the RAND Corporation and the University of Colorado Denver. These teams have been provided support and collaboration to perform the analysis from a technical working group comprised of staff from ASPE, CDC, and CMS.

The purpose of this Network Analysis is to understand the changes in activities, policies, programs, or systems by partners that have occurred as a result of Million Hearts® and to assess the Million Hearts® partner engagement process across public-private sectors.

This purpose is centered around 4 aims:

- 1) To assess the partnership engagement process and the level of communication among partners in Million Hearts®.
- 2) To assess changes in activities, policies, programs, or systems that have occurred as a result of the initiative.
- 3) To identify facilitators and barriers of public/private partnerships with the federal government.
- 4) To use the information developed through this research to inform future partner efforts.



The RAND Corporation and the University of Colorado Denver have expertise in social network analysis, qualitative methods, and conducting environmental scans, which provided new and innovative approaches to collecting data and understanding partnerships and networks, and were the 3 methods chosen for this analysis.



To begin this analysis, a scan of the literature on Million Hearts® activities across the country was performed as the first method of data collection. The purpose of this Environmental Scan was to provide a high level overview on how stakeholders involved in Million Hearts® are connected, and an understanding of how community-level activities, policies, and programs designed to address the goals of the initiative have changed and the features of the network that have contributed to these changes.

This scan was completed by reviewing websites, peer-reviewed and grey literature, and other materials from the past 5 years. The content reviewed included information that described Million Hearts® activities, whether activities were collaborative, the types of collaborations, the level of understanding on the benefits to collaboration in terms of impact, and the current reach of Million Hearts® and the initiative's strategies.

Through this scan, over 275 articles, reports, and web documents were identified that either mentioned or related to Million Hearts® activities and partnerships in the past 5 years of the initiative. From these materials, 74 documents were identified that described unique partnerships and other Million Hearts® activities across the country. These 74 documents shed light on a wide range of efforts to address cardiovascular health, including national, state, and local approaches.

Other elements these documents highlighted were which partners or stakeholders are involved in the Million Hearts® partner network, the various levels of involvement from these partners, the populations targeted through partners' efforts, the goals of partnership activities, and facilitators and barriers to these partnerships.



The second data collection method used in this analysis were qualitative interviews. The purpose of the qualitative interviews were to:

- Fill in any knowledge gaps remaining after the environmental scan,
- And collect data on the network that would help inform the third phase of data collection, which is the Partner network survey, and assist in “bounding” the Million Hearts® partner network.

Approximately 50 interviews were performed with key Million Hearts® leaders from the Department of Health and Human Services, partnering federal organizations, state and local partners, and public- and private-sector partners. Informants selected to participate in the interviews were chosen through a process of cross-referencing the participant lists of regular Million Hearts® Federal and Private Partner calls, consultation with CDC and ASPE, and organizations identified during the Environmental Scan. Additional informants to interview were identified through a snowball, respondent-driven sampling approach.

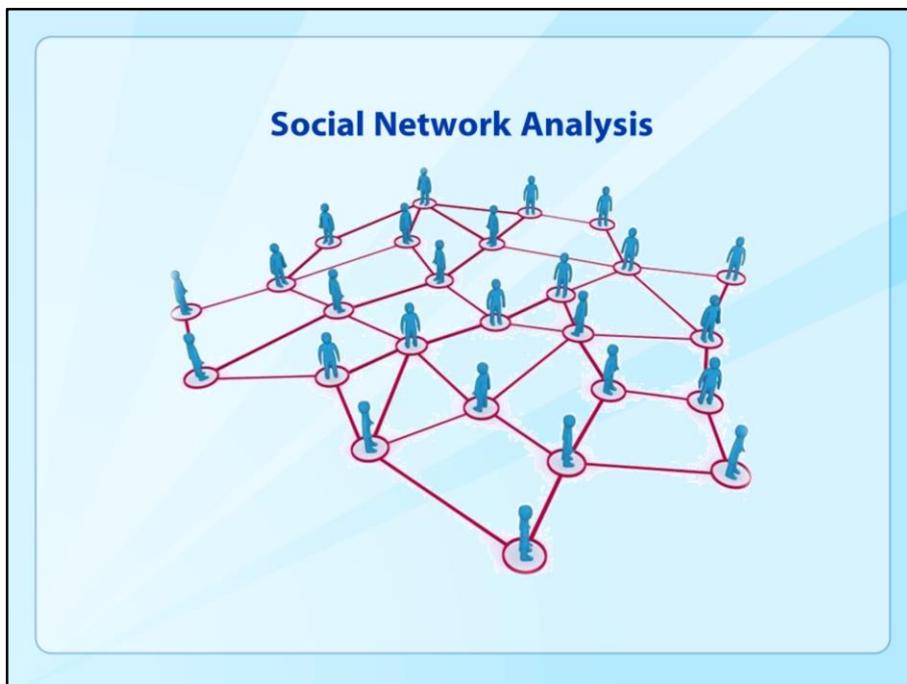
For each interview, an interview protocol, which is a matrix-based format, was used, and began with a “grand tour question” to start the conversation and moved the discussion to cover 2 main areas:

- Level and/or type of organizations
- Key domains of information

Specifically, the qualitative interviews assessed 3 main areas:

- 1) Characteristics of cardiovascular disease prevention networks impacted by Million Hearts®
- 2) Organizational experiences with Million Hearts®
- 3) Organizational experiences of changes in cardiovascular disease prevention networks associated with Million Hearts®

The interviews were completed in September, and as coding and understanding of these results is underway, we are hopeful that the data will provide interesting and helpful perspectives from our Million Hearts® partners. Some of the initial and preliminary findings to date have covered the areas of communication and outreach, relationships, facilitators, barriers, success stories, and recommendations.



The third and final data collection method was the social network analysis. For this, data is collected through the University of Colorado Denver PARTNER survey, PARTNER which stands for **P**rogram to **A**nalyze, **R**ecord, and **T**rack **N**etworks to **E**nhance **R**elationships. The PARTNER survey questions collect a retrospective baseline on the partner relationships to get a pre-post analysis, and allow for comparison on partnership indices with 450 other similar networks in the PARTNER database.

Specifically, questions included in this survey fell into the following areas:

- Resources contributed to Million Hearts<sup>®</sup>,
- The extent of Million Hearts<sup>®</sup> impact on the partner organization's work,
- The development of relationships with partners in Million Hearts<sup>®</sup>,
- The impact of the Million Hearts<sup>®</sup> brand,
- Barriers to implementation and coordination of Million Hearts<sup>®</sup> activities,
- Partnership facilitators in Million Hearts<sup>®</sup>, and
- Outcomes.

The survey was distributed to over 60 Million Hearts<sup>®</sup> partners from the federal, state, local, levels as well as from the public and private sector. Currently, partners are still participating in the survey and data is still being collected. We anticipate having results from the survey by November.



With the final phase of data collecting wrapping up and analysis underway, we anticipate having results from this network analysis later this year and a final report in early 2017. At that time the team will then move to focus on disseminating the results to CDC, ASPE, Million Hearts® partners and stakeholders, and practice, research, and academic audiences in the field of cardiovascular disease.

Our current dissemination plan places focus on communicating these results, translating the data into practice, and sharing knowledge gained with the larger community involved in the initiative. To accomplish this, some proposed activities include:

- Webinars,
- Research briefs,
- Social Media,
- Conferences,
- Reports, and
- Journal publications.

The results from this network analysis will also be incorporated in the design and implementation of the next phase of Million Hearts®, an initiative that will build on the success of the first 5 year effort in order to prevent cardiovascular disease and improve cardiovascular health. Findings from this analysis will help inform the new design and how

to engage and strengthen new and continuing partnerships for participation in the program in 2017 and beyond.



I want to say thank you to everyone who joined this Coffee Break today. I hope this was an informative presentation. I would like to extend a special thanks and acknowledgements to my colleagues in the Million Hearts® team, CDC, ASPE, RAND, and University of Colorado Denver for their efforts in this project.

## Any Questions?



At this time, we'll take any questions. Let's first check the chat box...

Here we have a couple of questions.

**Sharada:**

Q1: When could we expect learning more about the network analysis results?

**Briana:**

Response: We expect the final report to be complete early 2017. Results will then be disseminated beginning early 2017, which is when you will be able to learn more about the network analysis findings.

**Sharada:**

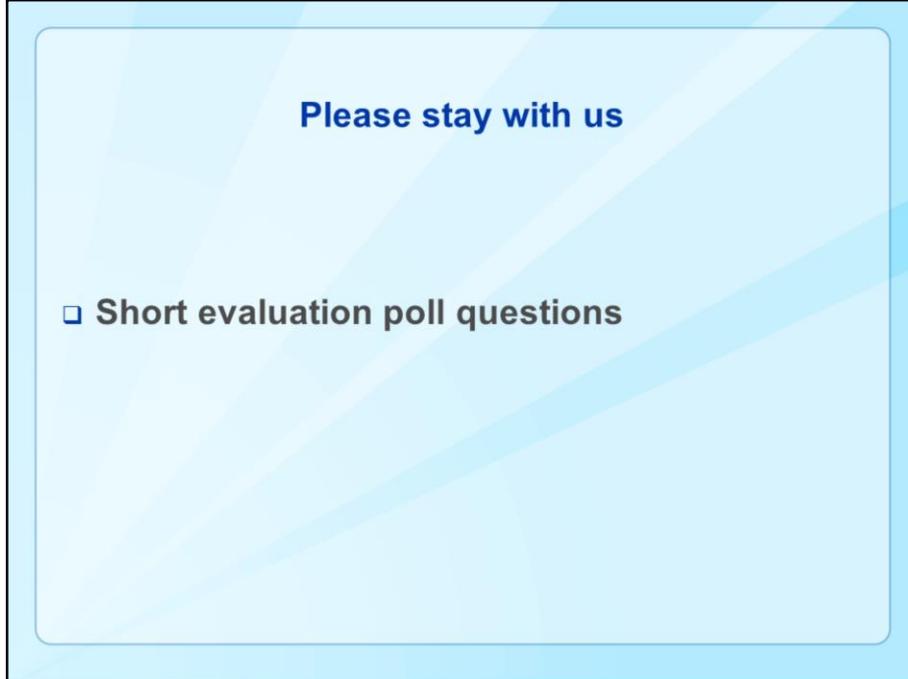
Q2: Where can I get more information on Million Hearts®?

**Briana:**

Response: You can find much more information on Million Hearts® by visiting the Million Hearts® website: <http://millionhearts.hhs.gov/>

Along with additional information about the initiative, the Million Hearts® website houses

the tools and protocols developed by Million Hearts<sup>®</sup>, the Clinical Quality Measures Dashboard, and Data Snapshots, and it also includes topic specific pages, such as Self-Measured Blood Pressure Monitoring and Medication Adherence, which provide key tools, literature, and resources on these topics.



MODERATOR:

Please stay with us for our poll questions.

The first question is now on the screen...

**This coffee break was worthwhile for me.**

Yes

Very worthwhile

Somewhat

A little

No not at all

**The level of information was...**

Too basic

About right

Beyond my needs

**I plan to visit the Million Hearts® website for more information on the initiative.**

Yes

Maybe

No

## Reminders!

All sessions are archived and  
the slides and script can be accessed at:

**<http://www.cdc.gov/dhdsp/pubs/podcasts.htm>**

If you have any questions, comments, or topic  
ideas send an email to:

**[AREBheartinfo@cdc.gov](mailto:AREBheartinfo@cdc.gov)**

### MODERATOR:

Thank you for answering the poll everyone. Just as a reminder, all sessions are archived and the slides and script for today's presentation will be available in 2-3 weeks on our division website using the link provided.

If you have any ideas for future topics or questions, please contact us at [AREBheartinfo@cdc.gov](mailto:AREBheartinfo@cdc.gov).

## Next Coffee Break

**When: November 8<sup>th</sup>, 2016**

**Topic: Data visualization/strategies for effective communication of data and evaluation findings**

**Presenter: Kincaid Lowe Beasley**



Division for Heart Disease and Stroke Prevention  
National Center for Chronic Disease Prevention and Health Promotion



Our next Coffee Break is scheduled for Tuesday, **November 8<sup>th</sup>, 2016** and is entitled **“Data visualization/strategies for effective communication of data and evaluation findings”**.

Thank you for joining us. This concludes today’s call. Have a terrific day everyone.