

## Million Hearts™—Where Population Health and Clinical Practice Intersect



The following is a synopsis of “Million Hearts—Where Population Health and Clinical Practice Intersect,” published in the July 2012 issue of *Circulation: Cardiovascular Quality and Outcomes*.

### What is already known on this topic?

Cardiovascular disease (CVD) is the leading cause of death in the United States. Heart attacks and strokes—the most common types of CVD—cause nearly 800,000 deaths each year. The prevalence of several CVD risk factors, including high blood pressure, high cholesterol, and tobacco use, remains high.

Million Hearts™ is a national population-health initiative to prevent one million heart attacks and strokes by 2017 through systems-level changes that affect community *and* clinical practice interventions. Jointly led by the Centers for Disease Control and Prevention (CDC) and the Centers for Medicare and Medicaid Services (CMS), Million Hearts™ works with numerous partners, including clinicians, state and local health departments, and advocacy groups.

### What is added by this document?

Million Hearts™ can assist with challenges that arise in clinical practice that the health care system alone cannot control, including promotion of broad-reaching systems changes that complement health care efforts and can support the implementation of evidence-based practices and guidelines, such as health information technology (HIT) and team-based care. Such efforts can spur development of tools for providers and patients on how to better manage risk factors or chronic conditions.

On behalf of Million Hearts™, clinicians and scientists from CDC, CMS, and the Office of the National Coordinator for HIT selected a set of clinical quality measures to monitor and

improve care at the population level related to the ABCS— aspirin use, blood pressure control, cholesterol management, and smoking cessation. (See table on following page.) Whenever possible, selected measures had been endorsed by the National Quality Forum (NQF) or included in the CMS Physician Quality Reporting System (PQRS), which indicates that the measures had been open for public comment.

### What are the applications for these findings?

Million Hearts™ provides a focused set of clinical quality measures for the ABCS to monitor and improve the care reflected by these measures. Public health practitioners can encourage groups of providers and payers to support the use of these measures, implement evidence-based systems changes or conduct recommended quality improvement activities to improve performance on the measures, and report publicly on their performance.

### What are the implications for public health practice?

Million Hearts™ seeks to bridge the gap between public health and clinical practice through effective public policies, organizational systems change, clinical quality measurement and reporting, and implementation of evidence- and practice-based interventions. By successfully working together, public health practitioners, clinicians, health care systems, and other partners may be able to prevent one million—or more—heart attacks and strokes by 2017.

| Domain                        | Measures*  |
|-------------------------------|--|
| <b>Aspirin Use</b>            | <b>IVD: use of aspirin or another antithrombotic</b><br>Percentage of patients aged 18 years and older with IVD with documented use of aspirin or other antithrombotic (PQRS 204/NQF 0068)   |
| <b>Blood Pressure Control</b> | <b>Preventive care and screening: HBP</b><br>Percentage of patients aged 18 years and older who are screened for HBP (PQRS 317)<br><b>HTN: controlling HBP</b><br>Percentage of patients aged 18 through 85 years who had a diagnosis of HTN and whose blood pressure was adequately controlled (<140/90) during the measurement year (PQRS 236/NQF 0018)  |
| <b>Cholesterol Management</b> | <b>Preventive care and screening: cholesterol—fasting low LDL test performed and risk-stratified fasting LDL</b><br>Percentage of patients aged 20 through 79 years whose risk factors have been assessed and a fasting LDL test has been performed AND whose risk-stratified fasting LDL is at or below the recommended LDL goal (PQRS 316)<br><b>Diabetes mellitus: LDL control in diabetes mellitus</b><br>Percentage of patients aged 18 through 75 years with diabetes mellitus who had most recent LDL-C level in control (<100 mg/dL) (PQRS 2/NQF 0064)<br><b>IVD: complete lipid panel and LDL control</b><br>Percentage of patients aged 18 years and older with IVD who received at least 1 lipid profile within 12 months and who had most recent LDL-C level in control (<100 mg/dL) (PQRS 241/NQF 0075) |
| <b>Smoking Cessation</b>      | <b>Preventive care and screening: tobacco use</b><br>Percentage of patients aged 18 years and older who were screened about tobacco use 1 or more times within 24 months and who received cessation counseling intervention if identified as a tobacco user (PQRS 226/NQF 0028)  |

\*PQRS indicates 2012 Physician Quality Reporting System; NQF, National Quality Forum; IVD, ischemic vascular disease; HBP, high blood pressure; HTN, hypertension; and LDL-C, low-density lipoprotein cholesterol.

## Resources

U.S. Department of Health and Human Services  
*Million Hearts™*  
<http://millionhearts.hhs.gov>

National Quality Forum  
*Quality Positioning System*  
[www.qualityforum.org/Qps](http://www.qualityforum.org/Qps)

Centers for Medicare and Medicaid Services  
*Physician Quality Reporting System*  
[www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/MeasuresCodes.html](http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/MeasuresCodes.html)

## Citation

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*The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.*

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