Thomas R. Frieden, MD, MPH
Director, Centers for Disease Control and Prevention
Administrator, Agency for Toxic Substances and Disease Registry

Accessible version: https://youtu.be/Pf3mDZxM7ck
Factors That Affect Health

Socioeconomic Factors

Changing the Context
*To make individuals’ default decisions healthier*

Long-lasting Protective Interventions

Clinical Interventions

Counseling & Education

Smallest Impact

Largest Impact

Examples for cardiovascular health

- Eat healthy, be physically active
- Rx for high blood pressure, high cholesterol
- Brief intervention for alcohol, cessation treatment
- 0g trans fat, salt, smoke-free laws, tobacco tax
- Poverty, education, housing, inequality
Clinical and Public Health Progress
Each Contributed About Half to the 50% Reduction in Heart Disease Deaths, US, 1980–2000

Risk factor reductions = ~50%

Clinical interventions = ~50%

HTN, Hypertension
BP, Blood pressure
BMI, Body mass index
Key Components of Million Hearts

**CLINICAL PREVENTION**
Improving care of ABCS

- Focus on ABCS
- Health information technology
- Clinical innovations

**COMMUNITY PREVENTION**
Changing the context

- No smoking
- Reduce salt
- No trans fats
## Status of the ABCS

<table>
<thead>
<tr>
<th></th>
<th>People at increased risk of cardiovascular events who are taking aspirin</th>
<th>47%</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Aspirin</td>
<td></td>
</tr>
<tr>
<td></td>
<td>People with hypertension who have adequately controlled blood pressure</td>
<td>46%</td>
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<td>B</td>
<td>Blood pressure</td>
<td></td>
</tr>
<tr>
<td></td>
<td>People with high cholesterol who are effectively managed</td>
<td>33%</td>
</tr>
<tr>
<td>C</td>
<td>Cholesterol</td>
<td></td>
</tr>
<tr>
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<td>People trying to quit smoking who get help</td>
<td>23%</td>
</tr>
<tr>
<td>S</td>
<td>Smoking</td>
<td></td>
</tr>
</tbody>
</table>

37 Million Americans with Hypertension Do Not Have Their Blood Pressure Under Control

- **Aware, not treated**: 6M (16%)
- **Unaware**: 14M (38%)
- **Treated, not controlled**: 17M (46%)

National Health and Nutrition Examination Survey (NHANES), 2005-2008
Why Prioritize the ABCS

- If you do one thing for your patients, make it the ABCS
- These evidence-based measures are proven to prevent heart attacks and strokes
- This is how we can save the most lives and get the most health value out of our current health care investments
Million Hearts™ – Making a Difference

Janet Wright, MD, FACC
Executive Director
Million Hearts™
CDC Division for Heart Disease and Stroke Prevention/
CMS Innovation Center
Million Hearts™ Initiative

- A national initiative
- Co-led by CDC and CMS
- Supported by many sister agencies and private-sector organizations

Goal: Prevent 1 million heart attacks and strokes in 5 years

http://millionhearts.hhs.gov
Heart Disease and Strokes
Leading Killers in the United States

- **Cause 1 of every 3 deaths**
- **Over 2 million heart attacks and strokes each year**
  - 800,000 deaths
  - Leading cause of preventable death in people <65
  - $444 B in health care costs and lost productivity
  - Treatment costs are ~$1 for every $6 spent

- **Greatest contributor to racial disparities in life expectancy**

What Are the ABCS?

- Appropriate aspirin therapy
- Blood pressure control
- Cholesterol management
- Smoking cessation
# Status of the ABCS

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</table>

Two Tracks … Merging Over Time

- **Community prevention**
  - Reducing the need for treatment

- **Clinical prevention**
  - Improving quality, access, and outcomes

Community Prevention
Reducing the Need for Treatment: Tobacco

- Comprehensive tobacco control programs are most effective
- Graphic mass media campaign
- Smoke-free public places and workplace policies
- Grants to communities for tobacco use prevention and cessation programs
Community Prevention
Reducing the Need for Treatment: Sodium

- Menu labeling requirements in chain restaurants
- Food purchasing policies to increase access to low sodium foods
- Increase public and professional education about the health effects of excess sodium
- Collect and share information on sodium consumption

About 90% of Americans exceed recommended sodium intake

CDC, MMWR 2011;60:1413–7
Trans fat
- Increases LDL (bad) and decreases HDL (good) cholesterol

IOM: Reduce intake as close to zero as possible

FDA: Requires labeling of trans fats content

Replacing artificial trans fat is feasible and has little impact on cost or changing the flavor or texture of foods

Monitor and publish trans fat levels in the population

Encourage food industry to eliminate trans fats

IOM, Institute of Medicine
FDA, Food and Drug Administration
Clinical Prevention
Optimizing Quality, Access, and Outcomes

- Focus on the ABCS
- Fully deploy health information technology
- Innovate in care delivery
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 Prevention
Optimizing Quality, Access, and Outcomes

- **Fully deploy health information technology (HIT)**
  - Registries for population management
  - Point-of-care tools for assessment of risk for cardiovascular disease
  - Timely and smart clinical decision support
  - Reminders and other health-reinforcing messages
Innovate in care delivery

- Embed ABCS and incentives in new models
  - Healthy homes, Accountable Care Organizations, bundled payments
  - Interventions that lead to healthy behaviors
- Mobilize a full complement of effective team members
  - Pharmacists, cardiac rehabilitation teams
  - Health coaches, lay workers, peer wellness specialists
Blood Pressure Control In Focus
What the Future Could Look Like

- Foods are less salty
- Blood pressure monitoring starts at home and ends with successful control
- Data flows seamlessly between settings
- Professional advice is when and where you need it
- No or low co-pays for medications

Adding web-based pharmacist care to home blood pressure monitoring increases control by >50%

### Million Hearts™: Getting to the Goal

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Baseline</th>
<th>Target</th>
<th>Clinical target</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A</strong> Aspirin for those at high risk</td>
<td>47%</td>
<td>65%</td>
<td>70%</td>
</tr>
<tr>
<td><strong>B</strong> Blood pressure control</td>
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<td>65%</td>
<td>70%</td>
</tr>
<tr>
<td><strong>S</strong> Smoking cessation</td>
<td>23%</td>
<td>65%</td>
<td>70%</td>
</tr>
<tr>
<td>Sodium reduction</td>
<td>~ 3.5 g/day</td>
<td>20% reduction</td>
<td></td>
</tr>
<tr>
<td>Trans fat reduction</td>
<td>~ 1% of calories</td>
<td>50% reduction</td>
<td></td>
</tr>
</tbody>
</table>

Unpublished estimates from Prevention Impacts Simulation Model (PRISM)
Everyone Can Make a Difference to Prevent 1 Million Heart Attacks and Strokes
Public-Sector Support

- Administration on Aging
- Agency for Healthcare Research and Quality
- Centers for Disease Control and Prevention
- Centers for Medicare and Medicaid Services
- Food and Drug Administration
- Health Resources and Services Administration
- Indian Health Service
- National Heart, Lung, and Blood Institute
- National Prevention Strategy
- National Quality Strategy
- Office of the Assistant Secretary for Health
- Substance Abuse and Mental Health Services Administration
- U.S. Department of Veterans Affairs
Private-Sector Support

- Academy of Nutrition and Dietetics
- Alliance for Patient Medication Safety
- America’s Health Insurance Plans
- American College of Cardiology
- American Heart Association
- American Medical Association
- American Nurses Association
- American Pharmacists’ Association
- American Pharmacists Association Foundation
- Association of Black Cardiologists
- Georgetown University School of Medicine
- Kaiser Permanente
- Medstar Health System
- National Alliance of State Pharmacy Associations
- National Committee for Quality Assurance
- National Community Pharmacists Association
- Samford McWhorter School of Pharmacy
- SUPERVALU
- The Ohio State University
- UnitedHealthcare
- University of Maryland School of Pharmacy
- Walgreens
- WomenHeart
- YMCA of America
Pledge Today!

http://millionhearts.hhs.gov
millionhearts@hhs.gov
Million Hearts™ – Seizing the Opportunities

Patrick Conway, MD, MSc
Centers for Medicare and Medicaid Services Chief Medical Officer and Director, Office of Clinical Standards and Quality
Overview

- CMS and our health
- CMS role in Million Hearts™
- Clinical prevention: Improving quality, access, and outcomes
Largest purchaser of health care in the world
- 105 million beneficiaries: Medicare, Medicaid, and Children’s Health Insurance Program
- Medicare alone pays >$1.5 billion in benefit payments/day
- Medicare and Medicaid pay ~1/3 of national health expenditures
- >1.2 B fee-for-service claims and replies to >75 M inquiries/year

Millions of consumers will receive health care coverage through new health insurance programs authorized in the Affordable Care Act
CMS Three-Part Aim

- Better health for the population
- Better care for individuals
- Lower cost through improvement
CMS Role in Million Hearts™
Broad Collaboration

- Convener to identify an agency-wide standard Million Hearts™ measure set for 2012

- Partnering
  - Centers for Disease Control and Prevention
  - Office of the National Coordinator for Health Information Technology (ONC)
  - Health Resources and Services Administration (HRSA)
  - The community, and many, many more
## CMS Programs Supporting Million Hearts™

### Office of Clinical Standards and Quality

- Physician Quality Reporting System & Medicare and Medicaid Electronic Health Record (EHR) Incentive Program (Meaningful Use) as drivers of core quality measures
- Medicare Advantage Plan Star Ratings and Quality Bonuses
- Medicare Part D Plan Star Ratings
- Quality Improvement Organizations (QIO)
- Part D Medication Therapy Management
- Annual Wellness Visit, Health Risk Assessment, and Personalized Preventive Plan Services
# CMS Programs Supporting Million Hearts™

## Center for Medicaid, CHIP, and Survey and Certification
- Medicaid Core Quality Reporting Measures
- Medicaid Electronic Health Records (EHR) Incentive Program
- Medicaid Incentives to Prevent Chronic Disease
- Medicaid Smoking Cessation Services
- Medicaid Health Homes

## Center for Consumer Information and Insurance Oversight
- ABCS in Essential Health Benefits
## Center for Medicare & Medicaid Innovation

<table>
<thead>
<tr>
<th>Test of Innovation: Promoting Adherence to Cardiovascular Medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstration of Scale: ABCS Improvement quarter to quarter</td>
</tr>
<tr>
<td>Innovation Advisors Program “Call for Advisors” tailored to ABCS and Allied/Team-Based Care</td>
</tr>
<tr>
<td>Health Care Innovation Challenge</td>
</tr>
</tbody>
</table>

## Medicare-Medicaid Coordinating Office

| Targeted State Demonstrations and Innovations                   |
CMS Efforts in Clinical Prevention
Optimizing Care for Those Who Need It

- **Improving quality, access, and outcomes**
  - Focus on the ABCS
  - Fully deploy health information technology
  - Innovate in care delivery
Focus on ABCS

- **ABCS measures**
  - Aspirin use for high risk/secondary prevention
  - Blood pressure screening and control
  - Cholesterol screening and control
  - Smoking
    - Tobacco use assessment
    - Tobacco cessation intervention

[www.cms.gov/pqrs](http://www.cms.gov/pqrs)
Medicare and Medicaid Electronic Health Record Incentive Programs

- EHR implementation by 2015
- Monetary incentives for adopters; reductions in payments for non-adopters
- Supports the “meaningful use” of EHRs
  - Use of quality EHR products
  - Electronic prescriptions, orders
  - Secure exchange of health information
- Includes ABCS measures as part of clinical quality reporting requirements
Clinical Decision Support (CDS) tools facilitate optimal care

- Requirement in the Medicare and Medicaid EHR Incentive Programs
- Utilize knowledge bases and clinical guidelines to support clinical care and evidence-based medicine
- Include
  - Prompts for needed tests, screenings
  - Drug dosing support
  - Alerts for medication allergies and drug interactions,
- Working to develop optimal CDS tools that support the ABCS
Clinical prevention
- Providers working with patients to improve adherence and control of the ABCS

Bundled health care with focus on better outcomes, not volume

Team-based care
- Enhance the role and utilization of pharmacists, cardiac nurses, community health workers, health coaches, and peer wellness specialists
 Including the ABCS: Maximizing Impact with the Quality Improvement Organizations

- CMS and the QIOs will develop Learning and Action Networks (LANs) focusing on the ABCS
  - Work closely with all partners
  - Foster, study, adapt, and rapidly spread large-scale improvements
  - Manage knowledge and provide real-time learning
- State-based LANs will work with at least 2,500 physician offices and clinics to address ABCS
  - QIOs will focus on individualized measurement strategies, and evidence-based interventions and practices
  - 250,000 Medicare beneficiaries are expected to be reached through this network of providers

LAN, Learning and Action Network
QIO, Quality Improvement Organization
The role of QIOs for successful impact on the Million Hearts™

- “Boots on the ground” professionals able to bring about measurable quality improvement to achieve the national Million Hearts™ goals
- Convene, organize and motivate change through outreach and education through LANs and facilitate spread through social marketing
- Provide expertise in the collection, analysis, education, and monitoring of quality data
- Utilize quality data to develop efficient and effective improvement strategies in partnership with stakeholders, including beneficiaries and health-care providers
Next Steps
What Are We Missing and How Do We Get There?

- Four changes that could result in 10 million more people reaching blood pressure goal
  - Eliminating co-pays for blood pressure and cholesterol medications
  - Allowing nurses and pharmacists to titrate
  - Capturing the ABCS on all Electronic Health Records
  - Measuring ABCS on all health systems and reporting annually

How do we get there?
Critical Role of Partnerships
How May We Work Together?

- Identify ways the Million Hearts™ team can help
  - Support existing and already released interventions
  - Improve the effectiveness of these interventions
  - Propose new interventions at CMS
  - Align existing CMS interventions across the federal family
  - Include Million Hearts™ and ABCS in outreach and communications
New York City Initiatives to Reduce Heart Disease and Stroke

Thomas Farley, MD, MPH
Commissioner
New York City Department of Health and Mental Hygiene
Cardiovascular Disease Prevention Initiatives
NYC, 2002–2011

- **Environmental**
  - Smoking prevention
    - Smoke-free air policies
    - Cigarette taxes
    - Mass media campaign
  - Trans fat restriction
  - Sodium reduction

- **Clinical**
  - Prevention-oriented electronic health records with quality improvement technical assistance
Comprehensive Smoke-free Air Laws

- **2002: NYC Smoke-Free Air Act**
  - Prohibits smoking in workplaces, restaurants, bars, nightclubs
- **2011: Smoke-free parks/beaches**
- **2012: Institutional policy**
  - City University of New York’s 23 campuses will become tobacco-free
Raising the Price of Cigarettes Through Excise Taxes

<table>
<thead>
<tr>
<th>Year</th>
<th>Federal</th>
<th>New York City</th>
<th>New York State</th>
<th>Total</th>
</tr>
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<tbody>
<tr>
<td>2000</td>
<td>$1.11</td>
<td>$0.39</td>
<td>$0.39</td>
<td>$1.58</td>
</tr>
<tr>
<td>2002</td>
<td>$1.50</td>
<td>$0.39</td>
<td>$0.39</td>
<td>$2.28</td>
</tr>
<tr>
<td>2008</td>
<td>$2.75</td>
<td>$0.39</td>
<td>$0.39</td>
<td>$3.53</td>
</tr>
<tr>
<td>2009</td>
<td></td>
<td>$1.50</td>
<td>$1.01</td>
<td>$2.75</td>
</tr>
<tr>
<td>2010</td>
<td></td>
<td>$1.50</td>
<td>$1.01</td>
<td>$2.51</td>
</tr>
</tbody>
</table>

Total = $6.86
Mass Media for Smoking Prevention

- Develop messages and images
  - Present new information
  - Use new ways of presenting
  - Incorporate testimonials
  - Tested in focus groups of smokers
- Place ads on television and in subways
- Linked to free nicotine patches and gum once a year
Smoking Counter-Advertising
Suffering Every Minute

- Shows how smoking can cause long-term suffering
- Focuses on emphysema and stroke
- Shows family members providing care
Decline in Smoking in New York City, 2002–2010
450,000 Fewer Smokers

New York City Community Health Survey
Trans Fat Restriction

- Trans fat raises heart disease risk
  - 4 grams daily (typical size french fries) increases heart disease risk 23%

- 2006: NYC Board of Health voted to restrict artificial trans fat in restaurants
- 2007: Health Department began issuing violation fines
- 2008: >90% of restaurants were in compliance

Enacted or passed trans fat regulation in food service establishments (FSEs)

Trans fat regulation in FSEs introduced, defeated, or stalled.

State Trans Fat Regulations
As of January 2012

- CA
- TX
- WA
- OR
- NM
- IL
- OH
- MI
- KY
- TN
- SC
- NC

Legend:
- Purple: Enacted or passed trans fat regulation in food service establishments (FSEs)
- Orange: Trans fat regulation in FSEs introduced, defeated, or stalled
National Salt Reduction Initiative (NSRI)

- Reducing sodium intake by <1,200 mg/day could save tens of thousands of lives/year nationally
- NSRI Goal: Decrease sodium intake by 20% over 5 years
- Voluntary; Government-industry collaboration
- Methods
  - Targets set for 62 categories of packaged food and 25 categories of restaurant food for 2012 and 2014
  - Average 25% reduction in sodium
  - Food companies asked to commit

# 28 Major Packaged-Food Companies and Restaurants Have Committed to NSRI

## Packaged Food
- Boar’s Head
- Butterball
- Campbell Soup Co.
- Delhaize America
- Dietz & Watson
- Fresh Direct
- Furmano’s
- Goya
- Hain Celestial
- Heinz
- Hostess Brands
- Ken’s Foods
- Kraft
- LiDestri
- Mars Food
- McCain Foods
- Premio
- Red Gold
- Snyder’s-Lance, Inc.
- Target Corporation
- Unilever
- White Rose

## Restaurants
- Au Bon Pain
- Bertucci’s Italian Restaurant
- Black Bear European Style Deli
- Starbucks
- Subway
- Uno Chicago Grill
Goal: Improve quality of care through health information technology

Currently >3,000 providers serving nearly 3 million patients using prevention-oriented electronic health records

Prevention features include

- Clinical decision support system: Actionable alerts for preventive services
- Ability to generate condition-specific lists of patients in need of care
PCIP Dashboard E-mailed to Providers

Quality Measures

Last 6 Months

<table>
<thead>
<tr>
<th>Measure</th>
<th>PCIP Avg</th>
<th>You</th>
</tr>
</thead>
<tbody>
<tr>
<td>% A1C Testing</td>
<td>46%</td>
<td>50%</td>
</tr>
<tr>
<td>% BP Controlled in Hypertensives</td>
<td>70%</td>
<td>58%</td>
</tr>
<tr>
<td>% Cholesterol Screening among non DM/IVD</td>
<td>100%</td>
<td>47%</td>
</tr>
<tr>
<td>% BMI Entered</td>
<td>100%</td>
<td>63%</td>
</tr>
<tr>
<td>% Smoking Status Taken</td>
<td>62%</td>
<td>61%</td>
</tr>
</tbody>
</table>

Recommendations

Based on this report and the impact of each measure on patient health, 2 measures to target for future improvements are:

- Quality measures: % A1C testing

PCIP, Primary Care Information Project
A1C, The percent of patients age 18-75 with diabetes, who have had one or more HbA1c test results recorded during the past 6 months
BP, Blood pressure; DM, Diabetes mellitus; IVD, Ischemic vascular disease, BMI, Body mass index
Improvements in Delivery of Clinical Preventive Services by PCIP Providers

Prescribed aspirin*  
Blood pressure controlled**  
Smoking-cessation intervention***

* Among patients with vascular disease or diabetes  
** Among patients with high blood pressure  
*** Among patients who currently smoke

New York City Department of Health and Mental Hygiene, PPCIP, Primary Care Information Project
Declining Mortality Rates for Heart Disease and Stroke

Ischemic heart disease: 32.5% decrease
Cerebrovascular disease: 15.8% decrease

Crude rates for both ischemic heart disease (ICD 10: 120-125) and cerebrovascular disease (ICD-10: 160-169).
New York City Department of Health and Mental Hygiene, Bureau of Vital Statistics, 2012
Trends in Life Expectancy at Birth
NYC and the United States

NYC Department of Health and Mental Hygiene, Bureau of Vital Statistics 2011
Note: New York City data have been revised by using interpolated population estimates based on 2010 census counts and are different from previously published. * Data for 2009 are preliminary
Trends in Life Expectancy at Age 40
NYC and the United States

NYC Department of Health and Mental Hygiene, Bureau of Vital Statistics, 2011
Note: NCHS used a revised methodology beginning 2006 and data may differ from those previously published.
New York City data have been revised by using interpolated population estimates based on 2010 census counts and are different from previously published. * Data for 2009 are preliminary
“Mass diseases and mass exposures require mass remedies.”

–Geoffrey Rose
“Be There”: Making San Diego County a Heart Attack and Stroke-Free Zone

Anthony N. DeMaria, MD
Judith and Jack White Chair in Cardiology
University of California, San Diego
Chair, San Diego Right Care-Be There Campaign
Background

- Cardiovascular disease remains the leading cause of death in the United States

- San Diego and cardiovascular disease
  - Heart disease and stroke together are the leading cause of death
    - Nearly 5,000 deaths annually from heart disease (rate 112)

- Risk factors have been identified for which effective interventions exist (ABCS)
San Diego County Health and Human Services
Stakeholders in Cardiovascular Disease Prevention

- **Live Well, San Diego!**
- **Communities Putting Prevention to Work (CDC grant)**
  - Reduce chronic disease by physical activity, nutrition, and school environments
- **Community Transformation Grant (CDC grant)**
  - Tobacco free, active living, healthy eating, reduce hypertension and high cholesterol
- **Beacon Grant (NIH)**
  - Health information exchange

http://www.sdcounty.ca.gov/hhsa/programs/sd/health_strategy_agenda/index.html
How It All Started

- **Coordinated effort to improve quality**
  - State Department of Managed Health Care
  - Medical groups beyond managed care organizations
  - UC Berkeley School of Public Health
  - Rand Health (GO Grant)

- **Goal: Achieve national HEDIS 90% percentile targets**
  - Blood pressure, lipids, blood sugar

- **University of Best Practices meetings**
  - Monthly meetings
  - Physicians, nurses, administrators, pharmacist
  - Discuss successful strategies
  - Now sharing data among group participants

HEDIS, Healthcare Effectiveness Data and Information Set
Be There Campaign

- **Concept:** “Heart Attack and Stroke-free Zone”
  - Audacious goal to capture attention
  - Extends the risk reduction efforts to all citizens
  - Actively engages persons in their own health (care)
  - Conveys ownership to population
  - Taps in to community pride

- **Aim:** Achieve both screening for risk factors and compliance with interventions

- **Funding:** $650,000; philanthropy

- **Steering Committee:** Private-public partnership
Emotional “tug” is critical for commitment to change one’s behavior

Benefit to those we love can be a bigger driver than benefit to oneself

Caring for one’s own health makes it possible to “be there” for those we love!

“When something is missing in your life, it usually turns out to be someone.”
—Robert Brault
Be There Campaign Steering Committee

- Anthony N. DeMaria, MD Judith and Jack White Chair in Cardiology, Professor of Medicine, University of California, San Diego, Editor-in-Chief, Journal of the American College of Cardiology, Chair, San Diego Right Care-Be There Campaign
- Daniel Dworski, MD, Medical Director, Scripps Medical Group
- Jim Dudl, MD, Vice-Chair, Steering Committee, Clinical Lead, Kaiser Care Management Institute
- James Dunford, MD, FACEP, City of San Diego Medical Director of Emergency Medical Services. President, San Diego American Heart Association
- Nora Faine, MD, MPH, Medical Director, Sharp Health Plan
- Scott Flinn, MD, Medical Director, Arch Medical Group
- Lawrence Friedman, MD, Medical Director, Managed Care, Ambulatory Care and Medical Group Quality and Safety, University of California, San Diego
- Lisa Gleason, MD CMIO, Cardiology Department Head, Naval Medical Center San Diego
- Hattie Rees Hanley, MPP, Right Care Initiative Project Director and Special Advisor to the Dean for Outcomes Improvement and Innovation, UC Berkeley School of Public Health and Department of Managed Health Care
- Elizabeth Helms, Executive Director, CA Chronic Care Coalition and Right Care San Diego Coordinator
- Susan Kaweski, MD, President, San Diego County Medical Society
- Jerry Penso, MD, Medical Director, Continuum of Care, Sharp Rees-Steyl Medical Group, Chair: University of Best Practices
- James Schultz MD, Council of Community Clinics
- Robert Smith, MD, Chief Medical Officer, Veteran’s Administration San Diego Medical Center
- Melissa J. Wilimas, Executive Director, American Heart Association
- Nick Yphantides, MD, MPH, Executive Medical Consultant, San Diego County Public Health and Human Services
Technology integration

- Important differentiating component of the Campaign
- Incorporation of innovative medical and health related technological advancements to enhance target user groups’ interest, adherence, and participation in the program
Selected Implementation Activities

- **Recruit physicians using University of Best Practices**
- **Screening events**
  - Shopping malls, pharmacies, schools, faith based groups
- **“Be There San Diego”**
  - Pins worn by pharmacists and medical office staff
  - Bus to implement screening across county
- **Multimedia advertising campaign across all media platforms**
- **Social media viral campaign to connect with community**

Detailed implementation tactics have been developed but as an overview, here is a summary of some of the patient engagement strategies that will be used by the “Be There San Diego” campaign.
Be There Campaign

Heart Attack and Stroke are preventable. See your doctor today to find out your risk for heart disease and stroke and to get on the right treatments to reduce your risk for premature death.

Take charge of your health today and visit: www.betheresandiego.org

The campaign to make San Diego a heart attack and stroke-free zone.
Be There Campaign

Heart Attack and Stroke are preventable. See your doctor today to find out your risk for heart disease and stroke and to get on the right treatments to reduce your risk for premature death.

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The campaign to make San Diego a heart attack and stroke-free zone.
Be There Campaign

Every 5 hours someone in San Diego dies from stroke.

“The thing I miss most, Dad, is our heart-to-hearts.”

Heart Attack and Stroke are preventable. See your doctor today to find out your risk for heart disease and stroke and to get on the right treatments to reduce your risk for premature death.

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The campaign to make San Diego a heart attack and stroke-free zone.
Be There Campaign

Dad, you never let me win.
Now, I would do anything to have you beat me one more time.

Heart disease kills over 100,000 Californians each year.

Heart Attack and Stroke are preventable. See your doctor today to find out your risk for heart disease and stroke and to get on the right treatments to reduce your risk for premature death.

Take charge of your health today and visit: www.bethesandiego.org

The campaign to make San Diego a heart attack and stroke-free zone.
Way Forward

- In response to a call to action to eliminate cardiovascular disease from San Diego
  - The entire medical community has organized
  - Philanthropy has been received
  - Patient activation campaign has been developed
  - Strong integration with San Diego County health programs has been established

- Create a program that can be used in cities throughout the country
Be There Campaign

Be there for yourself, your loved ones, and our community

Heart Attack and Stroke are preventable. See your doctor today to find out your risk for heart disease and stroke and to get on the right treatments to reduce your risk for premature death.

Take charge of your health today and visit:
www.bethesandiego.org

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http://millionhearts.hhs.gov