

Welcome

Office for State, Tribal, Local and Territorial Support
presents...

CDC Vital Signs: Getting Blood Pressure Under Control

September 11, 2012
2:00 pm–3:00 pm (EDT)



Centers for Disease Control and Prevention
Office for State, Tribal, Local and Territorial Support

Agenda

- | | | |
|---------|-----------------------------|--|
| 2:00 pm | Welcome & Introductions | Richard Schieber, MD, MPH
Coordinator, CDC <i>Vital Signs</i> Program, CDC |
| 2:04 pm | <i>Vital Signs</i> Overview | Amy Valderrama, PhD, RN
Epidemiologist, Division of Heart Disease and Stroke Prevention,
National Center for Chronic Disease Prevention and Health
Promotion, CDC |
| 2:10 pm | Presentations | Christopher Tashjian, MD, FAAFP
President, River Falls, Ellsworth, and Spring Valley medical clinics

Joy Brooks, MHA
Director, Heart Disease and Stroke Prevention Division,
Bureau of Community Health and Chronic Disease Prevention,
South Carolina Department of Health and Environmental Control |
| 2:30 pm | Q&A and Discussion | Richard Schieber |
| 2:55 pm | Wrap-up | Richard Schieber |
| 3:00 pm | End of Call | |



CDC
Vitalsigns™ Teleconference
to support STLT efforts and build
momentum around the monthly
release of CDC *Vital Signs*



Getting Blood Pressure Under Control

Opportunities to Prevent Heart Disease and Stroke

Amy L. Valderrama, PhD, RN

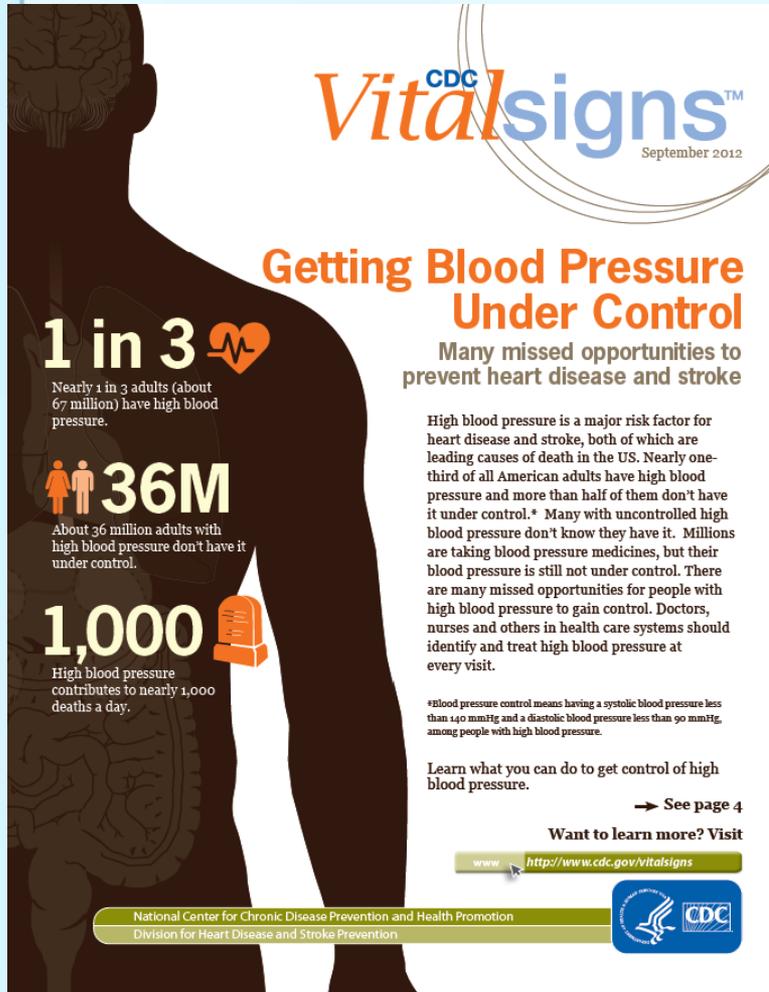
Epidemiologist

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

CDC *Vital Signs* Town Hall Teleconference:
September 11, 2012

Overview

- Why is blood pressure control important?
- Why is blood pressure control challenging?
- How many US adults have uncontrolled hypertension?
- What can be done to improve blood pressure control?



Vital signs[™]
CDC
September 2012

Getting Blood Pressure Under Control

Many missed opportunities to prevent heart disease and stroke

1 in 3 
Nearly 1 in 3 adults (about 67 million) have high blood pressure.

36M 
About 36 million adults with high blood pressure don't have it under control.

1,000 
High blood pressure contributes to nearly 1,000 deaths a day.

High blood pressure is a major risk factor for heart disease and stroke, both of which are leading causes of death in the US. Nearly one-third of all American adults have high blood pressure and more than half of them don't have it under control.* Many with uncontrolled high blood pressure don't know they have it. Millions are taking blood pressure medicines, but their blood pressure is still not under control. There are many missed opportunities for people with high blood pressure to gain control. Doctors, nurses and others in health care systems should identify and treat high blood pressure at every visit.

*Blood pressure control means having a systolic blood pressure less than 140 mmHg and a diastolic blood pressure less than 90 mmHg, among people with high blood pressure.

Learn what you can do to get control of high blood pressure.
→ See page 4

Want to learn more? Visit
<http://www.cdc.gov/vitalsigns>

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



Centers for Disease Control and Prevention
MMWR
Early Release / Vol. 61

Morbidity and Mortality Weekly Report
September 4, 2012

Vital Signs: Awareness and Treatment of Uncontrolled Hypertension Among Adults — United States, 2003–2010

Abstract

Background: Hypertension is a leading risk factor for cardiovascular disease and a significant cause of morbidity and mortality. This report uses data from the National Health and Nutrition Examination Survey (NHANES) to examine awareness and pharmacologic treatment of uncontrolled hypertension among U.S. adults with hypertension and focuses

Why Is Blood Pressure Control Important?

- ❑ Hypertension (high blood pressure) is a major risk factor for heart disease and stroke
- ❑ Costs \$131 billion annually in direct health care costs
- ❑ Contributing cause of nearly 1,000 deaths each day
- ❑ Even modest elevations in blood pressure increase risk
- ❑ Adequate hypertension control can reduce the incidence of heart attacks and strokes, heart failure, and kidney disease, as well as save lives
 - 46,000 deaths might be averted each year if all patients with high blood pressure were treated according to current guidelines



Sources: Heidenreich PA et al. *Circulation* 2011;123:933-44; Farley TA et al. *Am J Prev Med* 2010;38:600-9; Chobanian AV, et al. *Hypertension* 2003;42:1206-52; He J, Whelton PK. *Am Heart J* 1999;138(Pt 2):211-219; Stamler J, et al. *Arch Intern Med* 1993;153:598-615.

Why Is Blood Pressure Control Challenging?

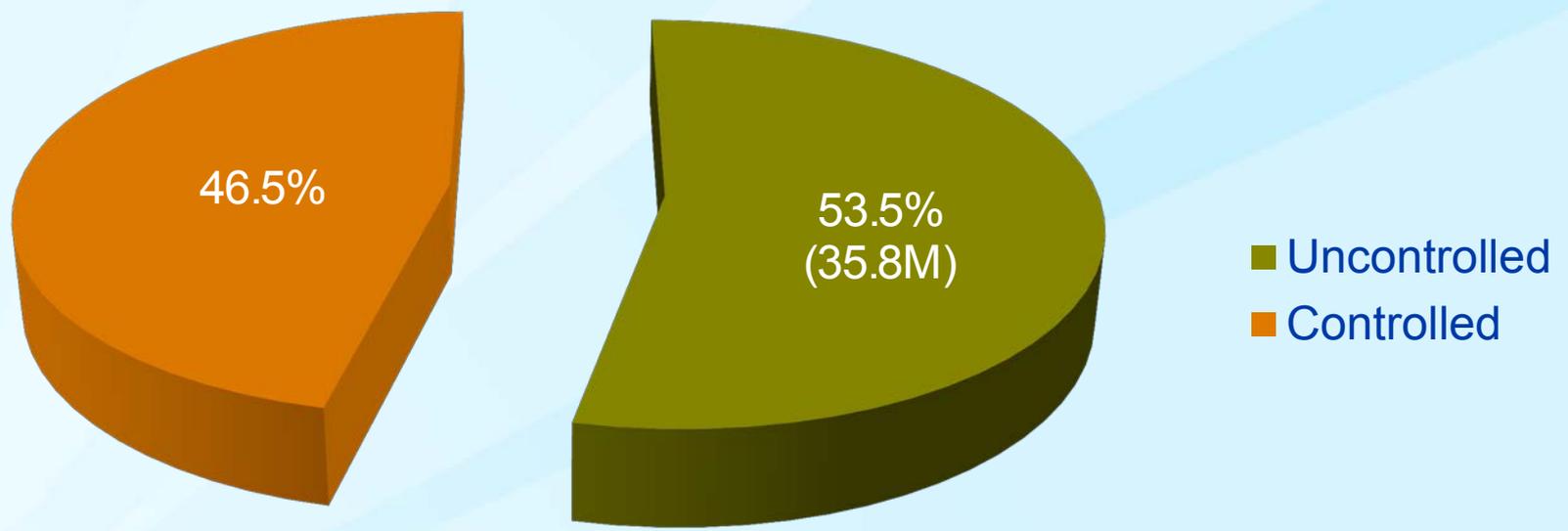
- ❑ **Silent nature of hypertension**
- ❑ **Many barriers to hypertension control**
 - Patients—unhealthy lifestyles, may not adhere to medications
 - Health care providers—may not have the resources for a team approach, challenges for providing optimal medical management
 - Health care systems—systems may not be in place to provide clinical decision support or notify providers when patient has been seen by another provider
- ❑ **Resistant hypertension—hypertension not controlled using a combination of 3 antihypertensive drug classes**



Sources: Wofford MR, Minor DS. *Curr Hypertens Rep* 2009;11:323-8;
Persell SD. *Hypertension* 2011;57:1076-80.

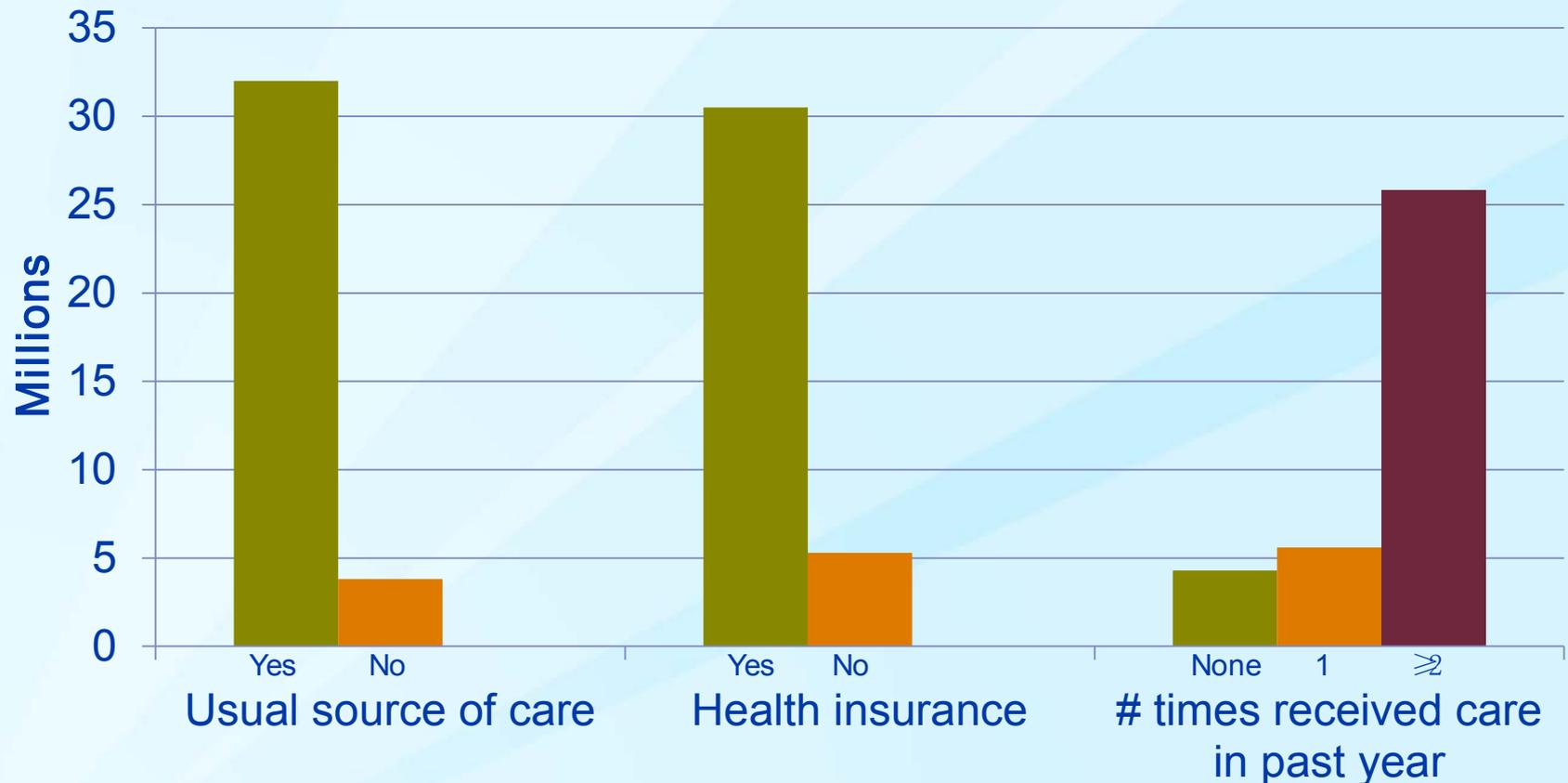
Prevalence of Hypertension Control among US Adults with Hypertension

67 million adults with hypertension (30.4%)



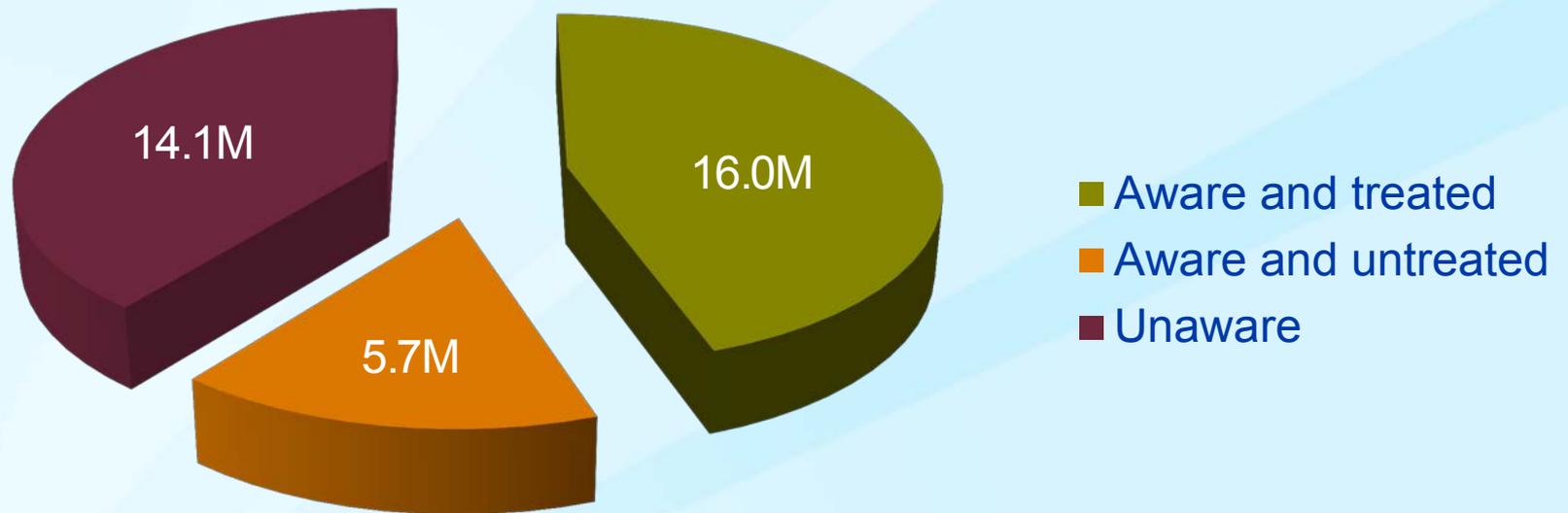
Source: CDC. MMWR;2012;61(Early Release):1-7.

Prevalence of Uncontrolled Hypertension, by Selected Characteristics



Source: CDC. MMWR;2012;61(Early Release):1-7.

Awareness and Treatment among Adults with Uncontrolled Hypertension



Source: CDC. MMWR;2012;61(Early Release):1-7.

What Can Be Done?

Doctors, nurses and others who treat patients

High blood pressure control improves when it's a priority:

- ◊ Focus on blood pressure and track your performance
- ◊ Use a team-based care approach
- ◊ Checking and addressing blood pressure at every visit
- ◊ Simplify treatment:
 - Once-a-day doses of medicine when possible
 - Fewer pills

Health care systems

High blood pressure control throughout health care systems improves by using electronic health records (EHRs) and patient registries to:

- ◊ Include quality measures for performance
- ◊ Identify and follow-up with patients who have high blood pressure
- ◊ Notify doctors about patients with high blood pressure readings

Patients

Blood pressure control improves when patients take action.

- ◊ Take medicines as prescribed
- ◊ Learn to measure blood pressure on your own
- ◊ Lower your risk by:
 - Eating a healthy, low sodium diet.
 - Exercising
 - Maintaining a healthy weight.
 - Limiting alcohol use.
 - Not smoking.

What Can Be Done



Federal government is

- ◊ Joining with the private sector in leading the national Million Hearts™ initiative to prevent a million heart attacks and strokes by 2017 (<http://millionhearts.hhs.gov>).
- ◊ Working with pharmacists on activities to provide education and counseling to patients with high blood pressure.
- ◊ Focusing on the importance of high blood pressure as a Leading Health Indicator. (<http://www.healthypeople.gov/2020/LHI/clinicalPreventive.aspx>).
- ◊ Measuring progress against the specific objectives in Healthy People 2020. (<http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=21>).



Health care systems where patients are seen and treated can

- ◊ Start having doctors, nurses, and others review patient records, looking for patients who need more attention to control their high blood pressure.
- ◊ Create system-wide targets using Healthy People 2020 objectives to achieve blood pressure control.
- ◊ Update staff monthly on progress and give feedback on success measures.
- ◊ Make it easier for patients to stay on medicines:
 - Consider 90-day refills for prescriptions
 - Consider no or lower co-payments for medicines

www <http://www.cdc.gov/vitalsigns>

www <http://www.cdc.gov/immwr>

For more information, please contact
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 Web: www.cdc.gov
 Centers for Disease Control and Prevention
 1600 Clifton Road NE, Atlanta, GA 30333
 Publication date: 09/04/2012



Doctors, nurses and others who treat patients can

- ◊ Flag and monitor patients with high blood pressure or who are at-risk. Report progress on patients using National Quality Forum (NQF) 0018. (<http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=1236#p=2&s=n&so=a>).
- ◊ Counsel patients to take their medicines and make lifestyle changes. Follow their progress.
- ◊ Regularly evaluate the blood pressure medicines they take to determine whether these need to be changed.
- ◊ Address every blood pressure reading that is high by talking with the patient about taking prescribed medicines, adjusting current medicines and/or encouraging lifestyle changes. Consider once-a-day doses of medicines when possible.



Everyone can

- ◊ Take prescribed medicines each day and follow the directions on the bottle. If your blood pressure is still not under control or if you have side effects, talk with your doctor, nurse, or pharmacist about possibly changing your medicine.
- ◊ Work to maintain a healthy weight and meet the Physical Activity Guidelines for Americans. (<http://www.cdc.gov/physicalactivity/everyone/guidelines/>)
- ◊ Follow a heart healthy eating plan with foods lower in sodium.
- ◊ Get help to stop smoking. If you don't smoke, don't start.
- ◊ Measure and write down your blood pressure readings between doctor's visits. This can be done at home, at a grocery store or at the pharmacy.
- ◊ Keep your doctor, nurse, pharmacist or other health care provider informed of your blood pressure readings that you take at home.

Goal: Prevent 1 million heart attacks and strokes by 2017



<http://millionhearts.hhs.gov/>

□ Clinical prevention

- Focus on aspirin, blood pressure, cholesterol, and smoking (ABCS)
- Health Information Technology
- Team-based approaches to care

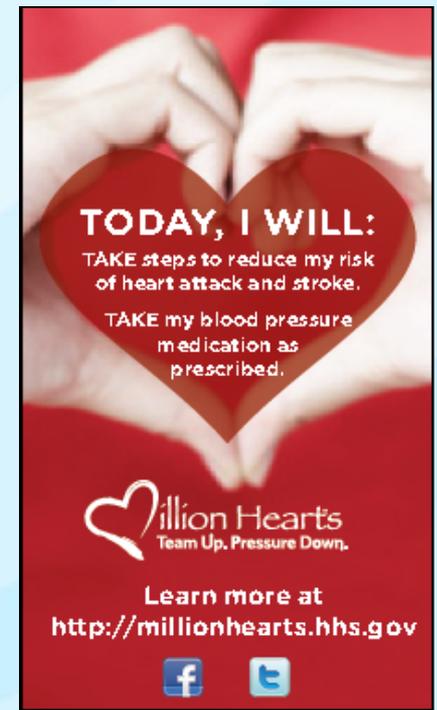
□ Community prevention

- Strengthen tobacco control and reduce smoking
- Improve nutrition through reduced intake of sodium and artificial trans fat consumption



❑ Nationwide program that promotes team-based care to improve medication adherence and more effectively manage blood pressure

- Resources to encourage and support pharmacists in providing advice and counseling to patients with high blood pressure
- Can be tailored for any pharmacy setting
- Patient education materials to help people take a more active role in self-management and to encourage increased interaction with their pharmacists



Pharmacists, take the time to...

<p>High blood pressure. Give your patient the tools and resources to take control of their blood pressure.</p> <ul style="list-style-type: none"> • Take time to ensure your pharmacist, qualified and available to help them reach their blood pressure goals outlined by their doctor. 	<p>Follow up with your patients. Take time to check in when they come in for their blood pressure. Ask whether they are taking their medication as prescribed.</p> <ul style="list-style-type: none"> • Are you comfortable calling your pharmacist for medication advice? • Have you noticed any side effects or trouble with reactions from your medication(s)? • Are you skipping doses or forgetting to take your medication(s) daily? • Do you feel overwhelmed by the number of medications or the number of doses per day?
<p>Monitor and control blood pressure. Establish a baseline blood pressure reading and work with your patients to help them reach and maintain blood pressure goals.</p> <ul style="list-style-type: none"> • Discuss if any health conditions or medications may increase their blood pressure and share their how-to take it safely. 	<p>Encourage patients to learn more. Offer reference resources such as the Million Hearts' medication miller card, blood pressure control, and medication regimen.</p> <ul style="list-style-type: none"> • Encourage patients to learn more at http://bit.ly/mhresources
<p>Discuss medication. Take your patients' concerns about the importance of adhering to medication(s), the risks associated with not doing so, lowering blood pressure, potential side effects, and refilling prescriptions on time.</p> <ul style="list-style-type: none"> • Discuss the health benefits of blood pressure. Including a low sodium diet, regular exercise, eating healthy and being active. • Encourage patients to call with a pharmacist for help with calling 1-877-865-4343 (1-877-865-4343) 	<p>Encourage patients to take control of their blood pressure. Encourage patients to take control of their blood pressure. Encourage patients to take control of their blood pressure.</p>

Health Care Systems Can

- ❑ **Use electronic health records and patient registries**
 - Automatically notify health care providers of patients with high blood pressure readings
- ❑ **Review patient records to identify patients who need more attention to blood pressure control**
- ❑ **Create system-wide targets for blood pressure control**
 - Use Healthy People 2020 objectives*
 - Give providers feedback on measures of success
- ❑ **Make it easier for patients to stay on medicines**
 - Consider 90-day refills for prescriptions
 - Consider no or lower co-payments for medicines

*<http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicId=21>



Health Care Providers Can

- ❑ **Flag and monitor patients with high blood pressure**
 - Report progress on blood pressure control using NQF 0018*
- ❑ **Counsel patients to take their blood pressure medicines and make healthy lifestyle changes**
- ❑ **Regularly evaluate a patient's blood pressure medications**
 - Simplify treatment with fewer pills and once-a-day dosing, when possible
- ❑ **Address every high blood pressure reading**
 - Talk about medication adherence
 - Adjust medications, as needed
 - Encourage lifestyle changes
- ❑ **Consider using a team-based approach**



*<http://www.qualityforum.org/MeasureDetails.aspx?actid=0&SubmissionId=1236#k=0018>

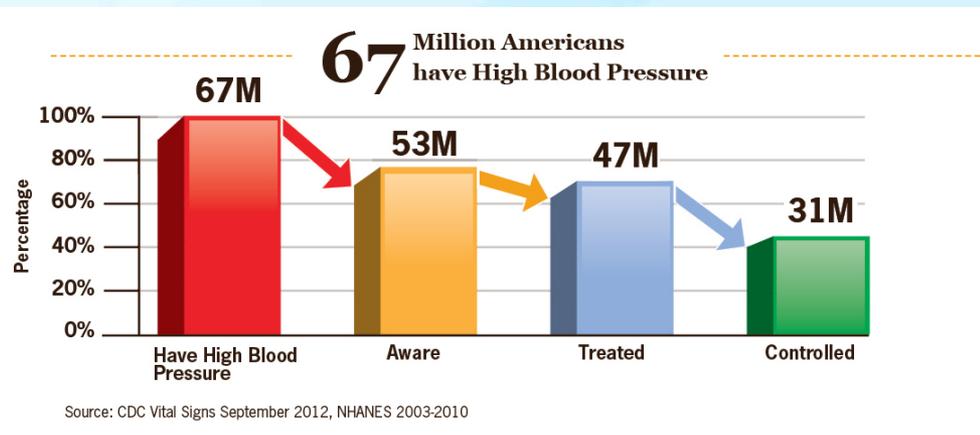
Everyone Can

- ❑ **Take prescribed medications**
- ❑ **Measure and record blood pressure readings**
 - Keep your health care provider informed of your blood pressure readings
- ❑ **Work to maintain a healthy weight and be physically active**
- ❑ **Follow a heart-healthy diet with lower sodium foods**
- ❑ **Stop smoking**



Blood Pressure Control: Opportunities to Prevent Heart Disease and Stroke

- ❑ Nearly one in three US adults has hypertension (67 million)
- ❑ More than half of these adults don't have their blood pressure under control (36 million)
- ❑ Blood pressure control should be a priority
- ❑ Will require a collaborative effort from individuals, health care providers, and health care systems



Acknowledgements

CDC, NCCDPHP,

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CDC, Office of the Director

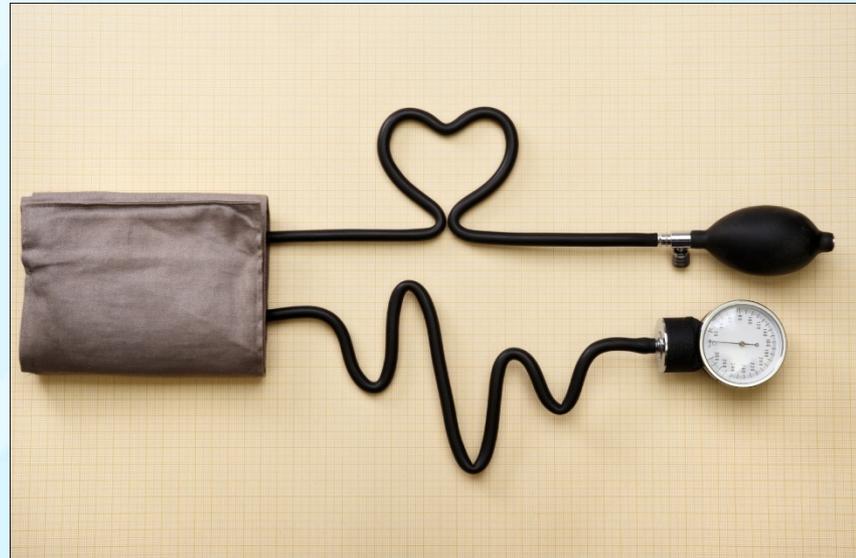
- Richard Schieber
- Lynn Sokler
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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

Making Meaningful Use of Meaningful Use

Combining Medicine and Technology to Improve Quality
and Transform Healthcare

Christopher H. Tashjian, MD, FAAFP

President River Falls, Ellsworth, and Spring Valley medical clinics

About Ellsworth Medical Clinic

- Patient population: average small town America
- Quality care is a team sport
- Electronic medical records and continuous data monitoring are essential

What We Do

- Pre-visit chart review by clinic staff
- The laboratory technician double checks tests
- Exam room magnet for blood pressure alert
- Empower all clinical staff to order lab tests
- Printed visit summaries and follow up guidance
- Return-to-clinic reminders in the electronic health record (EHR) and tracked by front office staff for patient reminder
- Drop in blood pressure checks
- Between visit follow up to check medication

First Take Data from EHR and Export to Excel and Generate Patient Lists

Acrobat

Create PDF Convert Multiple Reports Preferences Create Adobe PDF

Create and Attach to Email Create and Email Create and Send For Review Review And Comment

Switchboard CDR - Patient List

Provider Name: * ALL * DM HTN IVD Issues: Ages 18-75 Source: EMR PAR Refresh Date: 04/11/2012 Excel View

DM	HTN	IVD	MRN	DOB	Patient Name	Date BP	BP	Date A1c	A1c	Date LDL	LDL	ASA	Tobacco	Next Visit
X			1771	04/12/1987	AARON D Testpatient	01/21/12	130/64					No	Yes	
X			1327	04/12/1977	AARON J Testpatient	02/06/12	108/70			02/06/12	133	No	No	
X			2346	04/12/1967	AARON R Testpatient	11/28/11	126/78					No	No	
X			5445	04/12/1976	AARON S Testpatient	06/16/11	110/70			06/18/11	97	No	No	
X			3439	04/12/1994	ABBY P Testpatient	10/31/11	100/78	11/09/11	6.7			No	No	
X	X	X	3899	04/12/1922	ADA K Testpatient	09/08/11	136/76					No	No	
X			5797	04/12/1984	ADAM Testpatient	09/28/10	126/84					No	No	
X			468	04/12/1964	ADAM A Testpatient	09/21/11	128/78	09/26/11	5.6	09/26/11	109	No	Yes	
X			4049	04/12/1973	ADAM C Testpatient	02/23/12	108/70			02/25/12	101	No	No	
X			5104	04/12/1977	ADAM J Testpatient	05/28/11	142/96					No	No	
X			896	04/12/1973	ADAM J Testpatient	12/13/11	120/88					No	No	
X			5534	04/12/1980	ADAM R Testpatient	04/06/12	112/70	04/06/12	15.5	04/06/12	102	No	Yes	
X		X	267	04/12/1985	ADAM S Testpatient	03/23/12	116/80					No	No	
X			5248	04/12/1950	ADELAIDE C Testpatient	12/04/10	144/82	10/30/10	5.8	10/30/10	135	No	No	
X			2396	04/12/1918	ADELAIDE O Testpatient	03/26/12	120/74					No	No	
X	X	X	1687	04/12/1919	ADELIN M Testpatient	04/07/12	110/50	02/14/12	5.9	08/31/11	63	No	No	
X	X		5856	04/12/1925	ADENA C Testpatient	10/10/11	132/70			11/18/10	91	No	No	
X	X		5268	04/12/1964	ADENA T Testpatient	04/03/12	140/82	12/23/11	6.3	12/23/11	142	Yes	No	
X			3283	04/12/1941	ADOLPHN D Testpatient	09/19/11	128/78	10/05/11	5.9	10/05/11	75	No	No	
X			5247	04/12/1956	ADRIAN M Testpatient	06/30/10	138/82					No	No	
X			3802	04/12/1998	AFTON A Testpatient		/					No	No	
X			3444	04/12/1963	AINSWORTH E Testpatient	12/01/10	118/70			12/01/10	116	No	No	
X			5932	04/12/1932	ALAN D Testpatient	08/29/11	112/74			11/30/11	168	No	No	
X			3335	04/12/1954	ALAN D Testpatient	03/19/12	144/86			03/19/12	144	No	No	
X			2977	04/12/1961	ALAN D Testpatient	12/22/11	142/90			12/20/11	175	No	No	
X	X		695	04/12/1947	ALAN E Testpatient	10/18/11	122/68	10/18/11	10.7	04/15/11	58	Yes	No	

Record: 1 of 5886 No Filter Search

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Patient Scorecards

Patient: LAURENCE W Testpatient
MRN: 3322
DOB: 04/12/1945
Age: 67

GLENWOOD CITY, WI 53033

Provider: 18 Helmen MD, Kevin D.

Diabetes	Problem:	Code:	Type
	Diagnosis:	Code:	Type
Hypertension	Problem: 09/29/2010	Code: 401.9	
	Diagnosis: 02/19/2012	Code: 401.9	
IVD	Problem: 09/29/2010	Code: 414.00	
	Diagnosis: 02/19/2012	Code: 414.00	

Advanced Directive Date:
 Care Coordinator Note Date: 01/27/2012

Measures	Date	Result
Last Visit:	09/27/2011	
Blood Pressure	09/08/2011	104/50
A1c		
LDL	09/30/2010	70
Tobacco Use:	09/08/2011	No
Tobacco Cessation:		
Aspirin Order:	07/05/2011	aspirin Aspirin B1 oral enteric coated tablet
	Allergy:	No
Microalbumin:		
Creatinine Ratio:		
Foot Exam:		

Next Appointment Info:

Date: _____ Time: _____
 Provider: _____

CDM - Patient Detail Source: EM/EM PA/PC Refresh Date: 04/11/2012

Provider Scorecards

		Provider Statistics - Optimal Vascular Care										04/11/2012
		Health Partners - Partners in Excellence Award Levels: GOLD:60% - SILVER: 55%										
		Patients	BP	LDL	ASA	Tobacco	4/4	3/4	2/4	1/4	0/4	
0004	Schmitz MD, Stephen R.	90	60	56	77	68	33	28	18	9	2	
			67%	62%	86%	76%	37%	31%	20%	10%	2%	
0005		79	59	47	67	65	31	26	15	6	1	
			75%	59%	85%	82%	39%	33%	19%	8%	1%	
0006		58	38	32	48	50	16	24	14	4	0	
			66%	55%	83%	86%	28%	41%	24%	7%	0%	
0008		53	32	35	49	46	20	20	9	4	0	
			60%	66%	92%	87%	38%	38%	17%	8%	0%	
0018		25	18	16	24	22	13	6	4	2	0	
			72%	64%	96%	88%	52%	24%	16%	8%	0%	
0029		10	4	6	8	8	3	2	3	2	0	
			40%	60%	80%	80%	30%	20%	30%	20%	0%	
0032		41	31	28	37	33	20	11	7	2	1	
			76%	68%	90%	80%	49%	27%	17%	5%	2%	
0037		19	13	11	15	16	6	8	2	3	0	
			68%	58%	79%	84%	32%	42%	11%	16%	0%	
0051		60	34	34	46	46	17	18	15	8	2	
			57%	57%	77%	77%	28%	30%	25%	13%	3%	
0056		33	25	20	29	29	13	12	7	1	0	
			76%	61%	88%	88%	39%	36%	21%	3%	0%	
0067		12	9	5	10	11	4	3	5	0	0	
			75%	42%	83%	92%	33%	25%	42%	0%	0%	
0072		54	31	31	46	51	13	28	10	3	0	
			57%	57%	85%	94%	24%	52%	19%	6%	0%	
0073		11	10	6	10	9	5	4	1	1	0	
			91%	55%	91%	82%	45%	36%	9%	9%	0%	
0074		44	21	27	37	33	10	15	14	5	0	
			48%	61%	84%	75%	23%	34%	32%	11%	0%	
0079		11	6	3	8	9	0	4	7	0	0	
			55%	27%	73%	82%	0%	36%	64%	0%	0%	
0086		7	6	3	6	7	2	4	1	0	0	
			86%	43%	86%	100%	29%	57%	14%	0%	0%	
0100		1	0	0	0	0	0	0	0	0	1	
			0%	0%	0%	0%	0%	0%	0%	0%	100%	
0836		5	2	1	3	3	0	2	1	1	1	
			40%	20%	60%	60%	0%	40%	20%	20%	20%	
NONE		16	2	1	8	12	0	2	6	5	3	
			13%	6%	50%	75%	0%	13%	38%	31%	19%	
		629	401	362	528	518	206	217	139	56	11	
			64%	58%	84%	82%	33%	34%	22%	9%	2%	

Results!

- In just four years, Ellsworth Medical Clinic reported the following improvements in blood pressure control:
 - Among patients with diabetes, hypertension control increased from 73% to 97% (2007–2011)
 - Among patients with cardiovascular disease, hypertension control increased from 68% to 97% (2007–2011)
 - Currently as of August 2012, **ALL** patients with hypertension controlled at 90%

What We Learned

- It takes a patient-centered team approach to deliver the best care
- Patients do best when they are involved in their care and receive consistent messages from all those contributing to their care
- The electronic medical record is a great tool to manage data—and care—if used appropriately

Be BOLD!

Don't be afraid to

take a big  **step**

if one is indicated.

**You can't cross a chasm
in two
small steps**



For more information contact:

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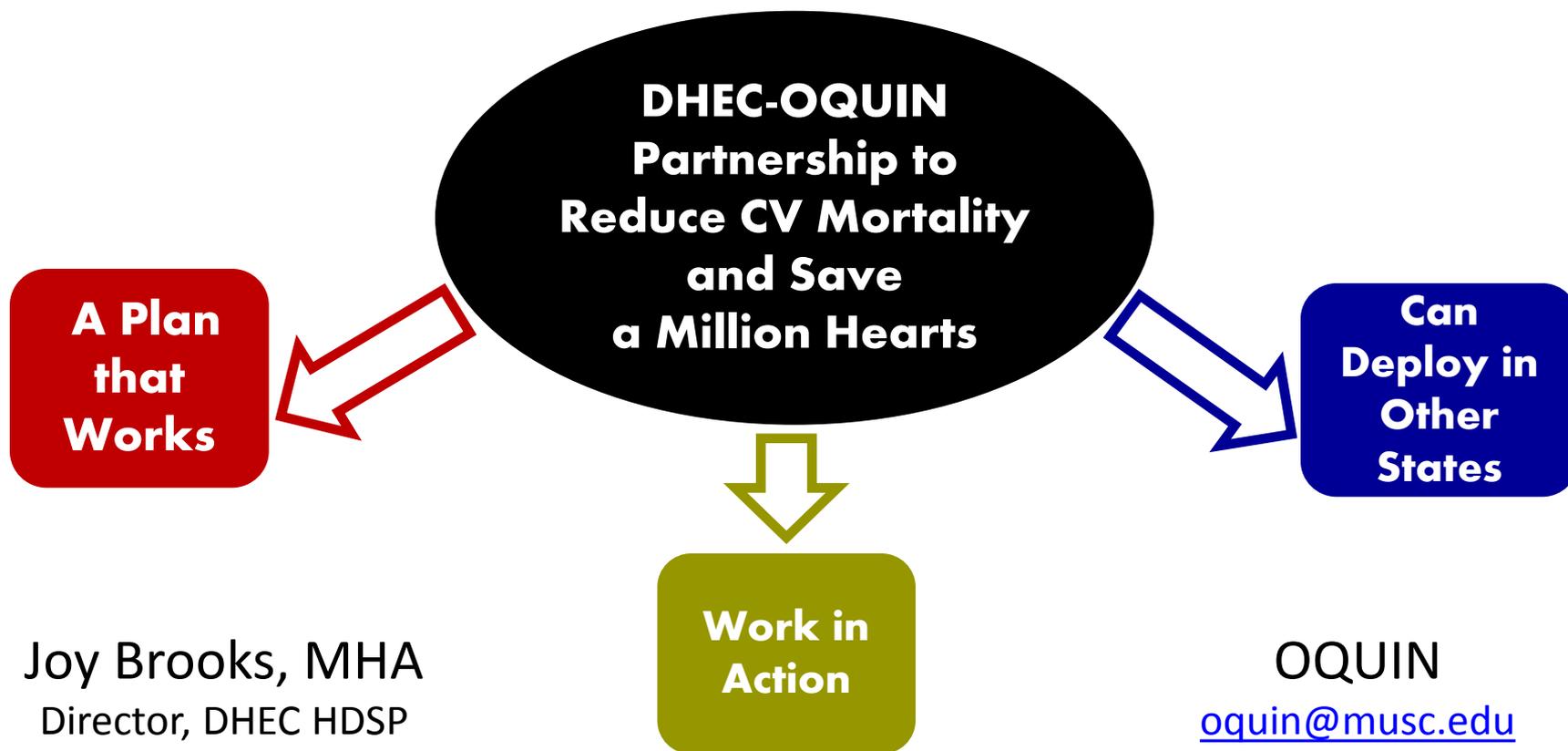
Ellsworth Medical Clinic
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A Successful Public Health Partnership to Take South Carolina from



Worst to First



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SC Improvement in CV Mortality Rank vs. Other 'Stroke Belt' States, 1995–2008



A Plan that Works

**WORST (1995)
50th in US**

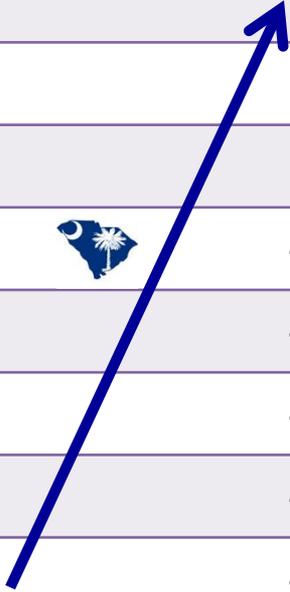


**FIRST (2008)
Most Improved, 33rd in US**

National Rankings and Improvement



1995 Rank	2008 Rank	Change
31—Virginia	25—Virginia	+6
34—North Carolina	31—North Carolina	+3
35—Indiana	33—South Carolina	+17
41—Arkansas	37—Georgia	+7
43—Alabama	38—Indiana	-3
44—Georgia	43—Kentucky	+3
46—Kentucky	44—Tennessee	+5
47—Louisiana	46—Louisiana	+1
49—Tennessee	47—Arkansas	-6
50—South Carolina	49—Alabama	-6
51--Mississippi	51--Mississippi	0



Source: CDC WONDER
Centers for Disease Control and Prevention, National Center for Health Statistics. Compressed Mortality File 1979-1998. CDC WONDER On-line Database, compiled from Compressed Mortality File CMF 1968-1988, Series 20, No. 2A, 2000 and CMF 1989-1998, Series 20, No. 2E, 2003. Accessed at <http://wonder.cdc.gov/cmfi-cd9.html> on Jun 11, 2012 2:54:38 PM and CDC WONDER Online Database, compiled from Compressed Mortality File 1999-2008 Series 20 No. 2N, 2011.



OQUIN Work in Action to Support Million Hearts™



Work in Action

Mission

- Promote health and prevent cardiovascular disease across the lifespan

Strategies

- Healthy lifestyles
 - Physical activity
 - Good nutrition
- Effective healthcare
 - Focus on **ABCS**
 - Access to care
 - Access to medications
 - TRUST, help -- not police

Collect Data

- Business associates agreements
- OQUIN maintains a central, searchable, database containing patient labs, medications, and ABCS data
- EMR data, including blood pressure, lipids, aspirin, tobacco

Innovate and Improve Patient Outcomes

- Evidence-based practice and implementation of strategies
- Quality improvement reports (NCQA and BTE standards), including heart disease and stroke process metrics
- Hypertension specialists
- QI PRO Program
- Comparative effectiveness research

Measure Improvement

- Publications and symposiums with useful and practical tools

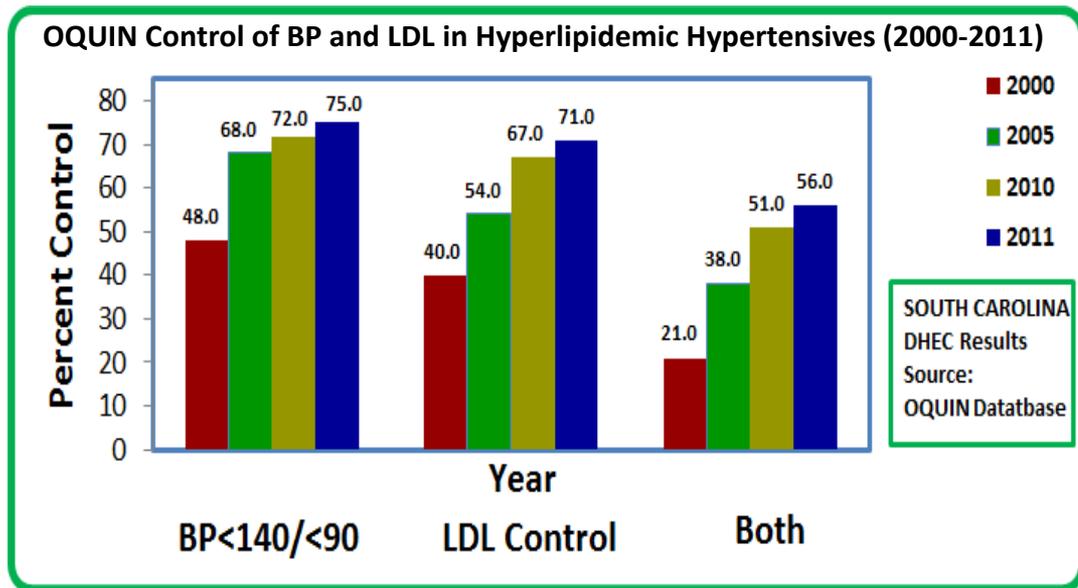
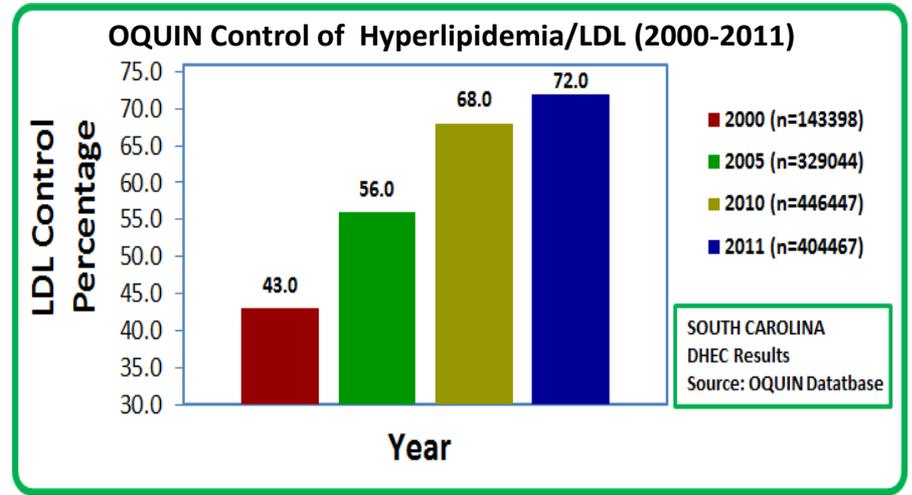
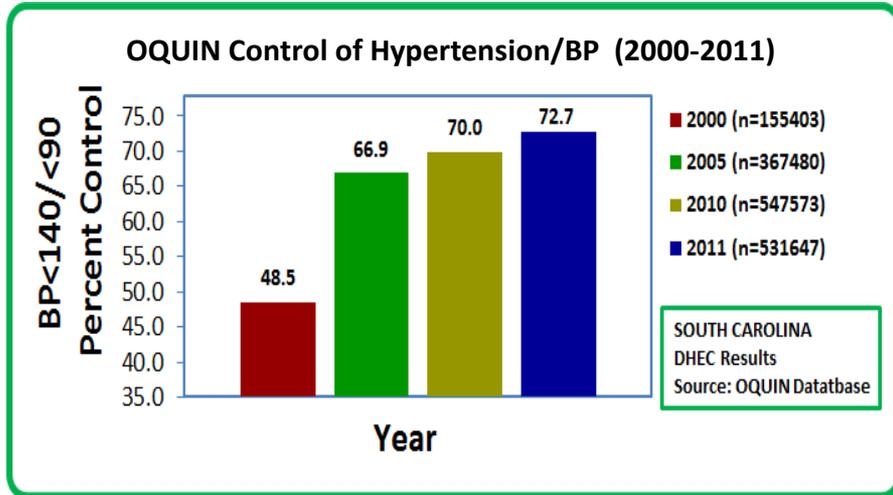


Status of ABCS that Will Impact Million Hearts™



Work in Action		US Population Targets	US Population Current Averages	US Clinical Targets	OQUIN Practices 2011 Results
A spirin	People at increased risk of cardiovascular disease who are taking aspirin	65%	47%	70%	36%
B lood Pressure	People with hypertension who have adequately controlled blood pressure	65%	46%	70%	73%
C holesterol	People with high cholesterol who have adequately managed hyperlipidemia	65%	33%	70%	72%
S moking	People trying to quit smoking and who get help	65%	23%	70%	72%

OQUIN: Control of Blood Pressure and Cholesterol, 2000–2011



Work in Action

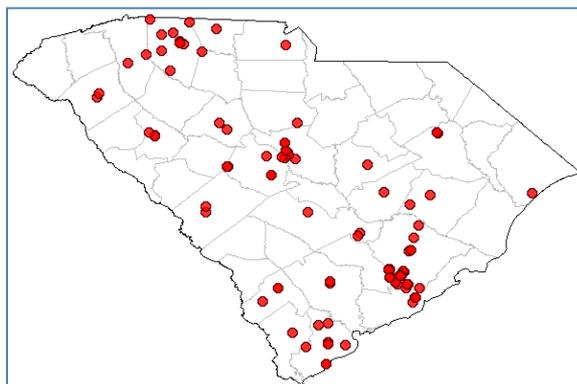
In one decade, SC OQUIN practices had a **relative improvement of**

- **56%** in BP control to <140/<90 mm Hg
- **78%** in LDL control
- **167%** in both BP and LDL control, which reduces CHD ≥50%

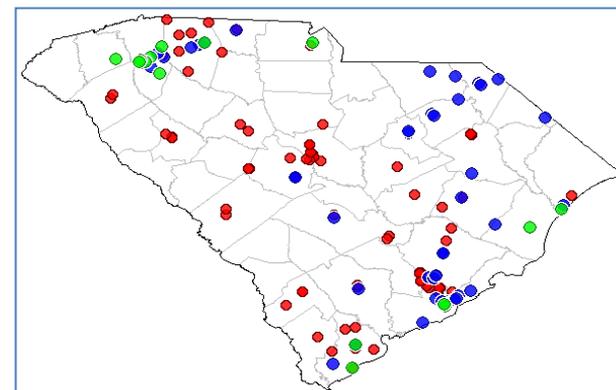
COMMUNITY TRANSFORMATION GRANT OBJECTIVES FOR 2017

- Double the number of OQUIN sites from 108 to 216 in SC
- Increase the number of adult patients in OQUIN from 800,000 to 1.7 million, and the number of pediatric patients from 100,000 to 250,000 in SC
- Increase number of ASH-Designated Hypertension Specialists in SC from 47 to 70

**Established practices
(108 sites)**



Current sites, plus new adult and pediatric practice sites (188 sites)



**Can
Deploy in
Other
States**

PROGRESS IN FIRST YEAR

- Contracts in place to add 80 clinical sites (blue = adult, green = pediatric)
- Contracts in place to add ~200K adults and ~150K pediatric patients



DHEC-OQUIN Partnership: Lives Saved



**Can
Deploy in
Other
States**

Lives Saved from CV Mortality

1995 rate **19,174** — 2008 rate **11,423** = **7,750** /year **SAVED**

If CV mortality remained at the 1995 rate, an additional 7750 people in SC would die this year.

To learn more, please plan to attend
The Primary Care Symposium
sponsored by DHEC and OQUIN
April 19–20, 2013, in Columbia, SC
oquin.musc.edu/symposium

Stroke Belt	Age-Adjusted CV Mortality/100,000		Δ CV Death (1995-2008)	% Δ C V Death (1995-2008)
	1995	2008		
South Carolina	428	255	173	40
Georgia	414	261	153	37
Virginia	382	240	142	37
North Carolina	395	252	143	36
Indiana	407	265	141	35
Tennessee	432	291	141	33
Kentucky	422	286	137	32
Louisiana	423	296	127	30
Mississippi	476	339	137	29
Arkansas	415	298	118	28
Alabama	412	312	100	24

Centers for Disease Control and Prevention, National Center for Health Statistics. Compressed Mortality File 1979-1998. CDC WONDER On-line Database, compiled from Compressed Mortality File CMF 1968-1988, Series 20, No. 2A, 2000 and CMF 1989-1998, Series 20, No. 2E, 2003. Accessed at <http://wonder.cdc.gov/cmfcid9.html> on Jun 11, 2012 2:54:38 PM and CDC WONDER Online Database, compiled from Compressed Mortality File 1999-2008 Series 20 No. 2N, 2011 and using 2008 population as a constant for all comparisons.

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Vital Signs interactive buttons and banners

www.cdc.gov/vitalsigns/SocialMedia.html

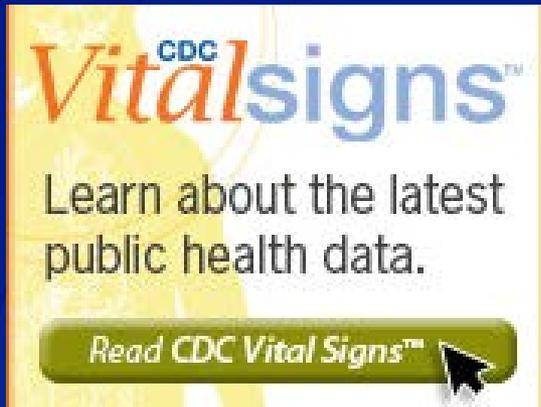
Public Health Practice Stories from the Field

- Stories about the implementation of public health practices in the field



www.cdc.gov/stltpublichealth/phpracticestories

Provide feedback on this teleconference:
OSTLTSFeedback@cdc.gov



Please mark your calendars
for the next **OSTLTS Town
Hall Teleconference:**
October 9, 2012
2:00 pm–3:00 pm (EDT)

For more information, please contact Centers for Disease Control and Prevention.

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E-mail: cdcinfo@cdc.gov Web: www.cdc.gov

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



Centers for Disease Control and Prevention
Office for State, Tribal, Local and Territorial Support