



Policies and Practices to Prevent a Million Heart Attacks and Strokes

Allentown Million Hearts Workshop
March 20, 2014



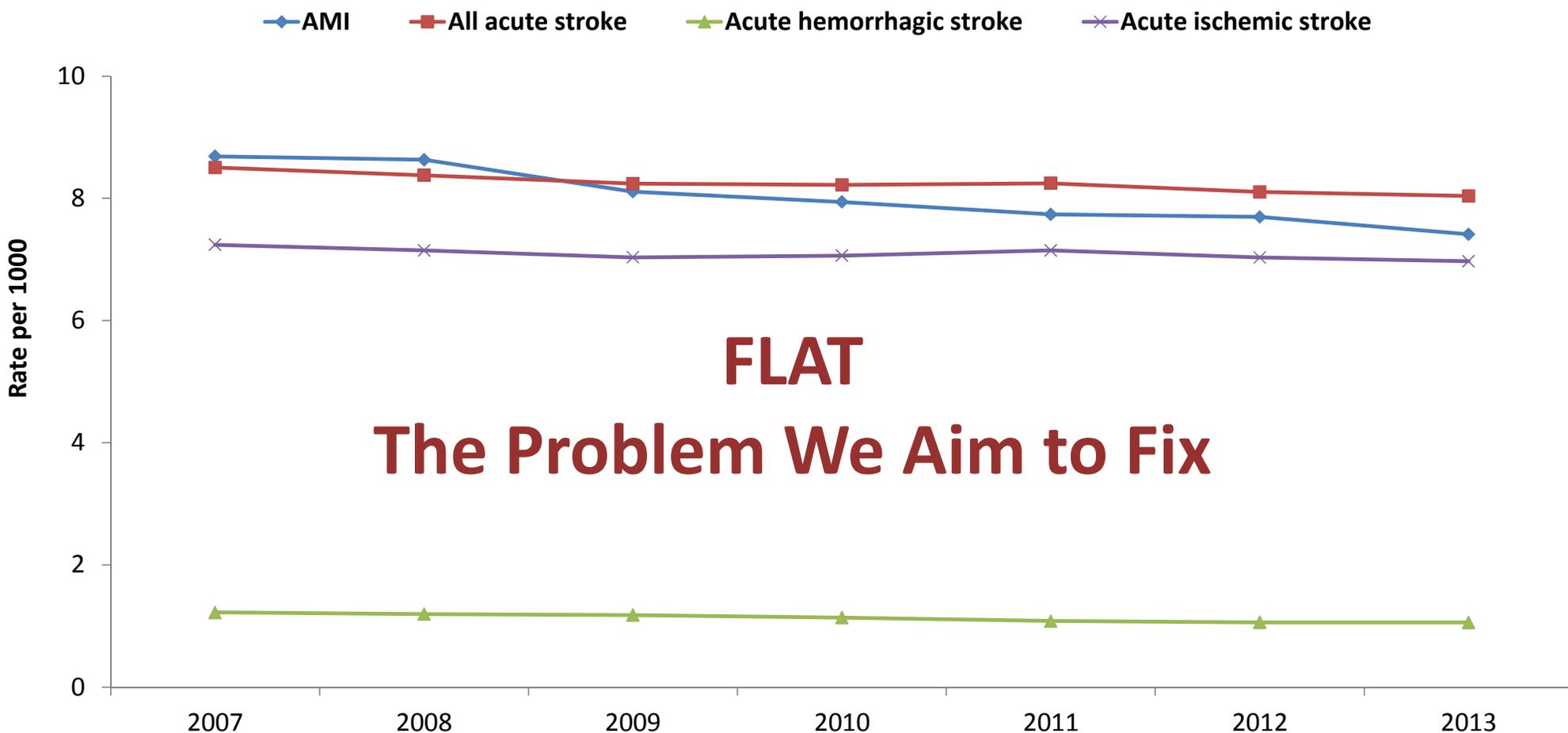
Million Hearts®

**Goal: Prevent 1 million heart attacks
and strokes by 2017**

- National initiative co-led by CDC and CMS
- In partnership with federal, state, and private organizations
- To address the causes of 1.5M events and 800K deaths a year, \$312.6 B in annual health care costs and lost productivity and major disparities in outcomes



Annual acute myocardial infarction (AMI) and stroke hospitalization rates per 1000 Medicare beneficiaries,* 2007-2013



*Rates are among those beneficiaries aged ≥65 years with Medicare Part A and B coverage and were adjusted to appropriately represent the number of full-time equivalent beneficiaries enrolled during the period and the 2010 US Census population distribution. Age-standardized AMI hospitalization rate decreased an average of 2.6% per year during 2007-2013 and stroke hosp rate fell by average of 0.8% per yr. Both rate changes are statistically significant.



Status of the ABCS

Aspirin

People at increased risk
of cardiovascular events
who are taking aspirin

54%

Blood pressure

People with hypertension
who have adequately controlled
blood pressure

52%

Cholesterol

People with high cholesterol
who are effectively managed

33%

Smoking

People trying to quit smoking
who get help

22%



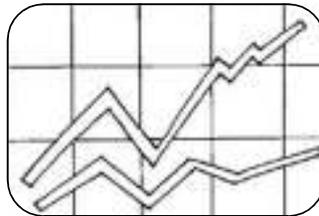
Preventing a Million by 2017

Excelling in the ABCS
Optimizing care

Health
Disparities

Keeping Us Healthy
Changing the context

Prioritizing the
ABCS



Health tools
and technology



Innovations in care
delivery



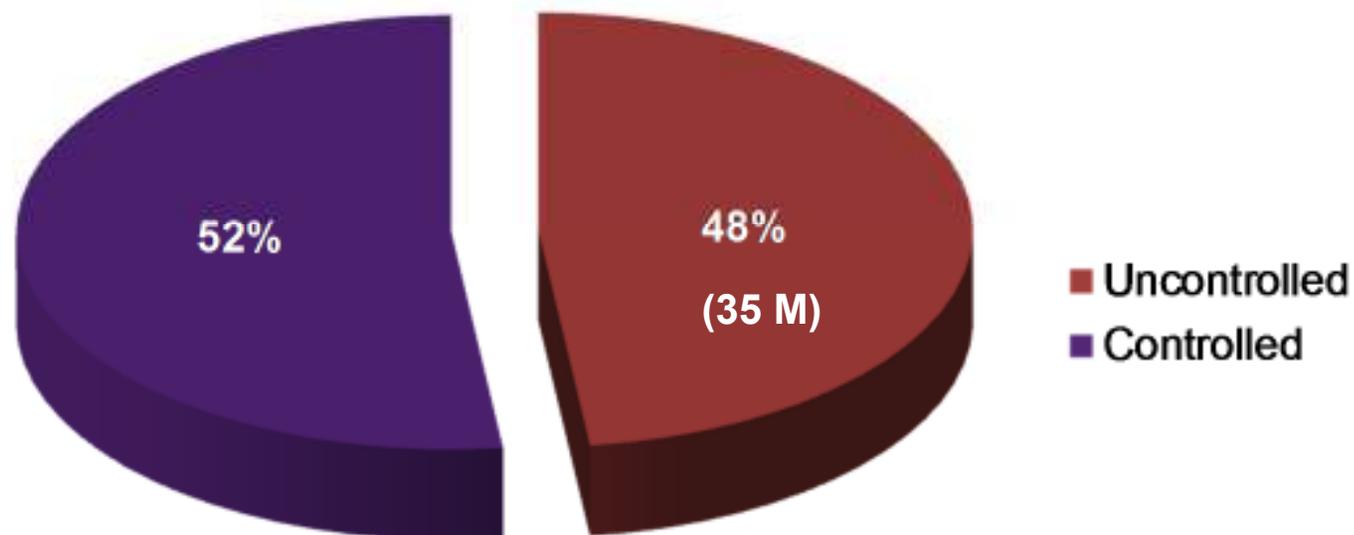
Getting to a Million by 2017: ABCS Targets

Intervention	Pre-Initiative Estimate 2009-2010	2017 Population-wide Goal	2017 Clinical Target
A spirin when appropriate	54%	65%	70%
B lood pressure control	52%	65%	70%
C holesterol management	33%	65%	70%
S moking cessation	22%	65%	70%



Only Half of Americans with Hypertension Have It Under Control

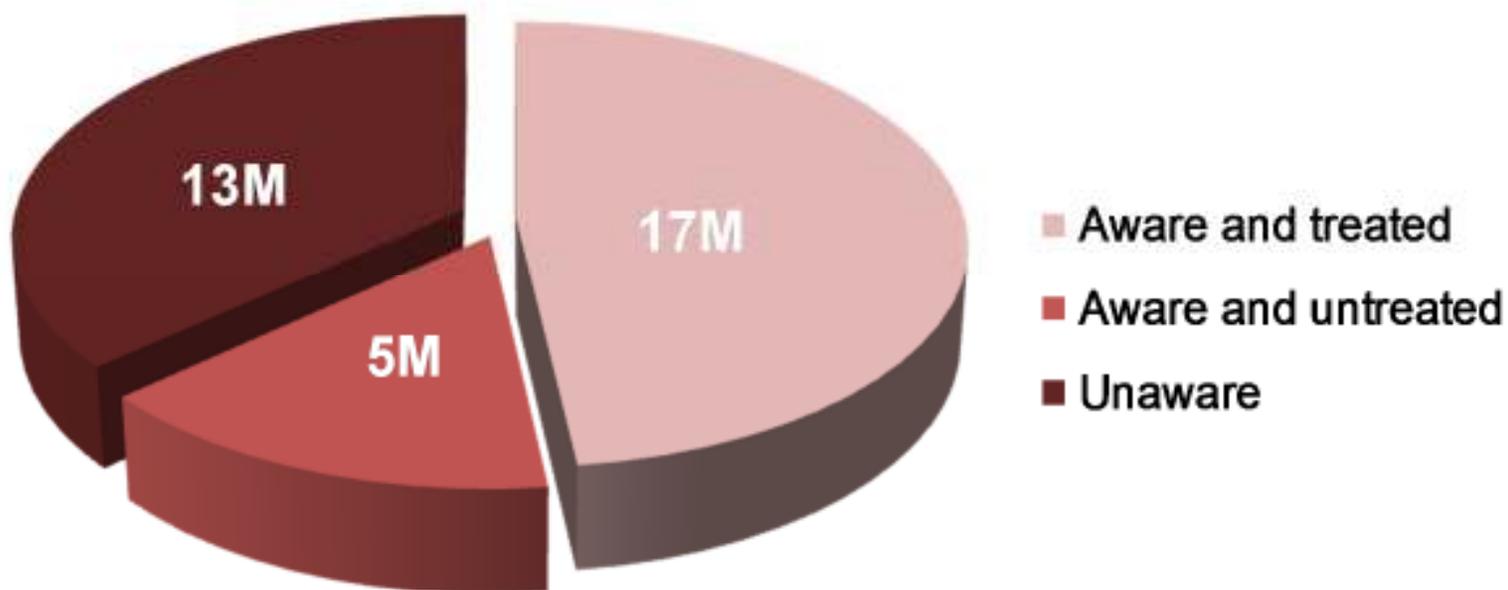
**71 MILLION
ADULTS WITH HYPERTENSION (31%)**



SOURCE: National Health and Nutrition Examination Survey 2011-2012.

Awareness and Treatment among Adults with Uncontrolled Hypertension

35 MILLION
ADULTS WITH UNCONTROLLED HYPERTENSION



SOURCE: National Health and Nutrition Examination Survey 2011-2012.

What Can You Do Today?





The Community Guide: An Important Evidence Base for Public Health



The Community Guide

- Systematic reviews
 - Analyze all available evidence on the effectiveness of community-based programs, services, and policies in public health
 - Assess the economic benefit of all effective programs, services, policies
 - Highlight critical evidence gaps
- Evidence-based findings and recommendations
 - About the effectiveness of these services, and policies
 - Help inform decision making
 - Developed by the Community Preventive Services (Task Force)

The screenshot displays the homepage of 'The Guide to Community Preventive Services: THE COMMUNITY GUIDE'. The header includes the title and a search bar. A navigation menu lists: Home, Task Force Findings, Topics, Use The Community Guide, Methods, Resources, News, and About Us. The main content area features a featured article titled 'Evidence Supports Health Communication Campaigns' with a sub-headline 'The Task Force recommends health communication campaigns when combined with the distribution of free or reduced-price retail products.' Below this is a 'Task Force Meetings' section for 2013, listing dates for February 20-21, June 19-20, and October 23-24. There is also an 'Email Updates' sign-up box. A 'Topics' section lists various health areas: Adolescent Health, Asthma, Birth Defects, Cancer, Cardiovascular Disease, Diabetes, Emergency Preparedness, Excessive Alcohol Consumption, Health Communication, Health Equity, HIV/AIDS, STIs, Pregnancy, Mental Health, Motor Vehicle Injury, Nutrition, Obesity, Oral Health, Physical Activity, Social Environment, Tobacco, Vaccination, Violence, and Worksite. A 'What is The Community Guide?' section provides a brief overview and key questions. On the right side, there are two promotional images for 'WHAT WORKS FACT SHEETS' and 'LEARN HOW COMMUNITIES ARE WORKING TO PREVENT AND IMPROVE HEALTH In Action'.

Community Guide: How is it Used?

- To inform decision making around:
 - Practice
 - Policy making
 - Research
 - Funding for research and programs
- It provides menus of options



The Guide to Community Preventive Services
THE COMMUNITY GUIDE
 What Works to Promote Health

Community Preventive Services Task Force

- Home
- Task Force Findings ▾
- Topics ▾
- Use The Community Guide ▾
- Methods ▾
- Resources ▾
- News ▾
- About Us ▾

Text Size: [S](#) [M](#) [L](#) [XL](#)



Publicized Sobriety Checkpoints Save Lives

Community Preventive Services Task Force recommends publicized checkpoints to reduce alcohol-impaired driving.

[1](#) [2](#) [3](#) [4](#)

Task Force

2014 Meetings

June 18-19
 October 29-30

2015-2016 Meetings

Annual Reports to Congress

Get Email Updates

Submit your email address to get updates on The Community Guide topics of interest.

Your email address

[What's this?](#)

Topics

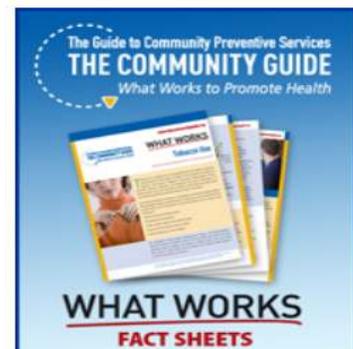
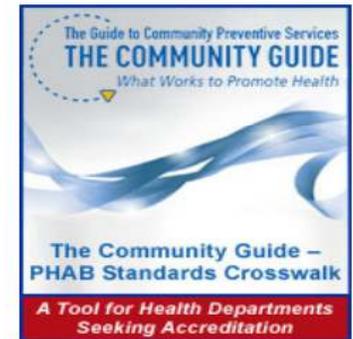
- | | | | |
|---|---|--------------------------------------|------------------------------------|
| Adolescent Health | Diabetes | Motor Vehicle Injury | Social Environment |
| Alcohol - Excessive Consumption | Emergency Preparedness | Nutrition | Tobacco |
| Asthma | Health Communication | Obesity | Vaccination |
| Birth Defects | Health Equity | Oral Health | Violence |
| Cancer | HIV/AIDS, STIs, Pregnancy | Physical Activity | Worksite |
| Cardiovascular Disease | Mental Health | | |

What is The Community Guide?

The Guide to Community Preventive Services is a free resource to help you choose programs and policies to improve health and prevent disease in your community. Systematic reviews are used to answer these questions:

- Which program and policy interventions have been proven effective?
- Are there effective interventions that are right for my community?
- What might effective interventions cost; what is the likely return on investment?

Learn more [about The Community Guide](#), [collaborators](#) involved in its development and dissemination, and [methods](#) used to conduct the systematic reviews.



Contact Us





Community Preventive Services Task Force

Search input field with 'Search' button

- Home
- Task Force Findings
- Topics**
- Use The Community Guide
- Methods
- Resources
- News
- About Us



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Your email address [Submit](#)

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Topics

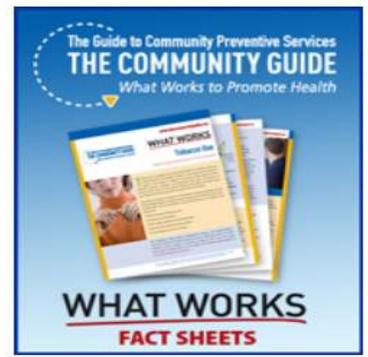
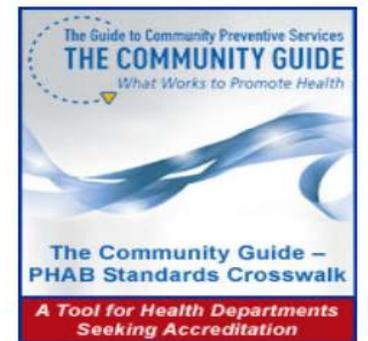
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Contact Us



The Community Guide: Effective Interventions for Cardiovascular Disease Prevention and Control

Task Force Recommendations and Findings

Team-Based Care to Improve Blood Pressure Control	Recommended April 2012
Reducing Out-of-Pocket Costs for Cardiovascular Disease Preventive Services for Patients with High Blood Pressure and High Cholesterol	Recommended November 2012
Clinical Decision-Support Systems to Prevent Cardiovascular Disease	Recommended April 2013
Interventions Engaging Community Health Workers to Prevent Cardiovascular Disease	Recommended December 2014

- More information on these recommendations can be found here: www.thecommunityguide.org/cvd/index.html



Million Hearts Progress to Date

- Engagement and activation
- Clinical Quality Measure alignment
- Understand what works, where, and why

Champions



2014 Million Hearts® Hypertension Control Champions



- 30 practices and systems in 19 states achieved control for at least 70% of their patients with hypertension
- Together, these professionals cared for more than 3.5 million adults.
- Champions used evidence-based strategies such as hypertension protocols, self-measured blood pressure monitoring, frequent check-in's, and team-based care.

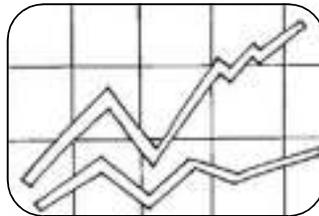
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High Performers' Secrets to Success

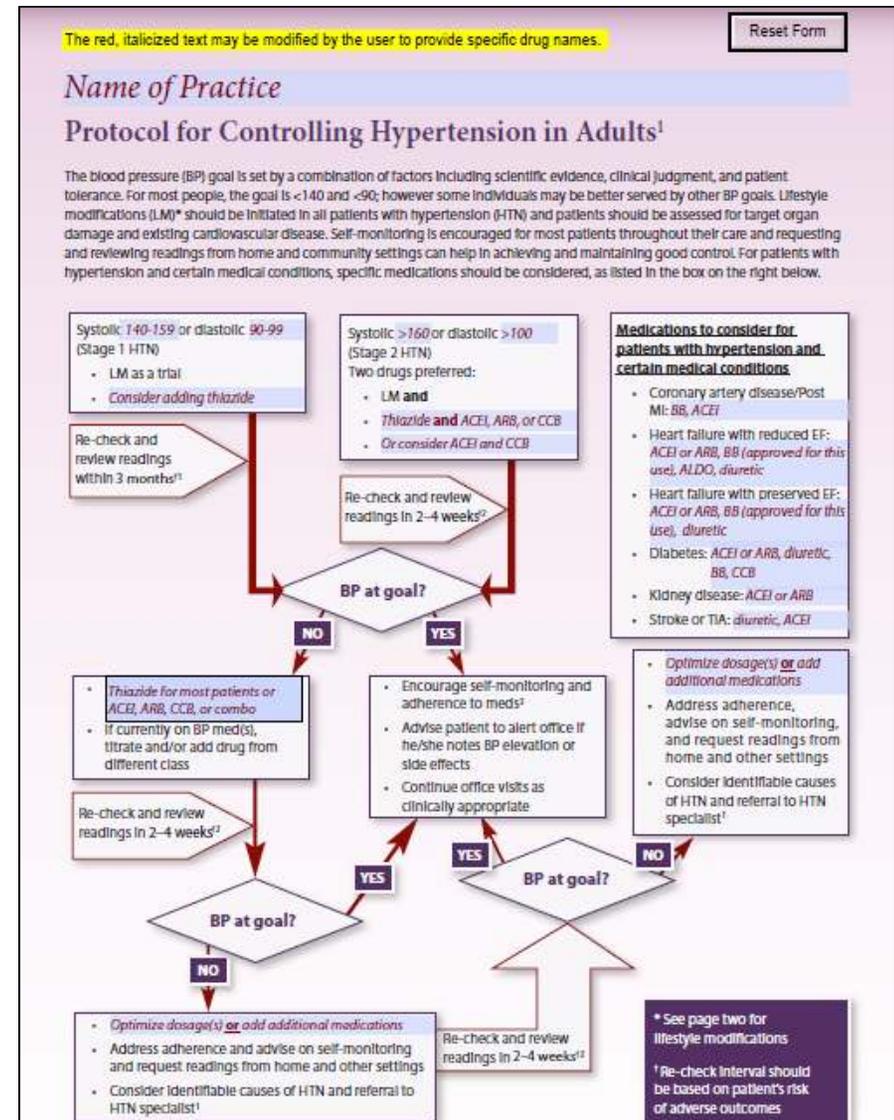
- Make hypertension control a priority
- Deploy a team—working off the same playbook
 - **Use an evidence-based protocol**
 - Connect to community resources that help people achieve & maintain control
- Use the EHR as a tool for quality
 - Maintain a registry of those with hypertension; reach out to those uncontrolled
 - Return timely performance data to the team—and the patient
 - Use a patient portal for prompt exchange of readings and advice
 - Comb through EHR data for those “hiding in plain sight”
- Eliminate or minimize obstacles to good control
 - Teach self-monitoring and proper technique to staff and patients
 - Prescribe 90 day; simplify regimen; encourage mail-order and pillboxes
 - No cost-share for BP checks
- Recognize and reward patients and staff



How Can a Protocol Help?

Move 10M More People with Hypertension into the Safe Zone

- Expands the care team that can assist in achieving control
- Standardizes the content and delivery of lifestyle modification advice
- Lends clarity, efficiency, and cost-effectiveness to selection of meds
- Specifies intervals and processes for patient follow up



How Can a Protocol Help?

Move **10M** More People with Hypertension into the Safe Zone

- Outlines process for management of patients resistant to treatment
- Raises patient and team “radar” about hypertension
- Reduces variation in clinical practice and ensures evidence-based care for **all** patients with hypertension

The collage includes several key documents:

- Adult Hypertension**: A flowchart detailing blood pressure goals ($\leq 139 / 89$ mm Hg) and treatment algorithms for various patient groups, including those with diabetes and pregnancy potential.
- Management of Hypertension**: A flowchart from the ACC/AHA Clinical Practice Guidelines for the Management of Hypertension in Primary Care, showing the process from diagnosis to treatment initiation and monitoring.
- Treatment of Hypertension in Adults**: A flowchart from the ACC/AHA Guidelines for the Primary Prevention of Cardiovascular Disease, focusing on treatment initiation and titration based on blood pressure levels and patient characteristics.
- ICSI Health Care Guideline: Hypertension Diagnosis and Treatment**: A comprehensive guideline from the Institute for Clinical Systems Improvement, including a flowchart for diagnosis and treatment, and a table for blood pressure classification.

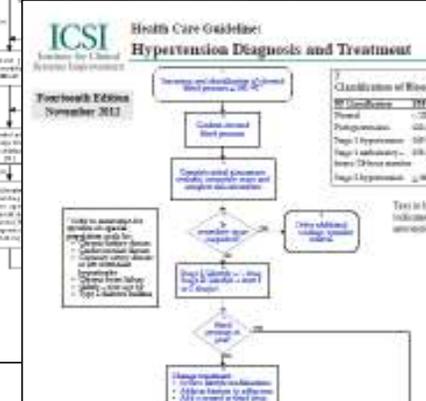
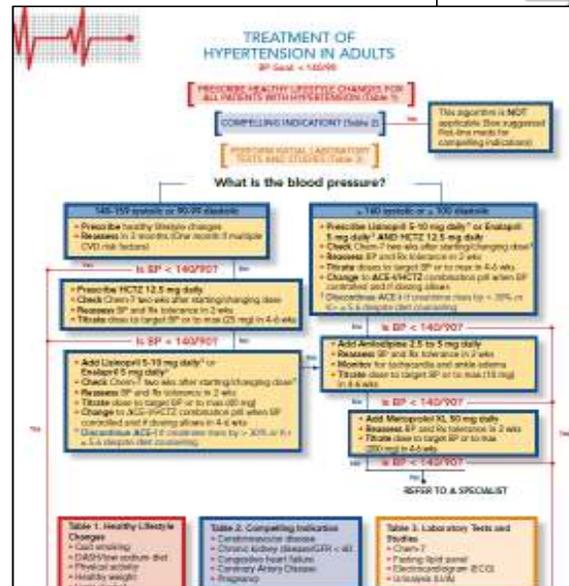
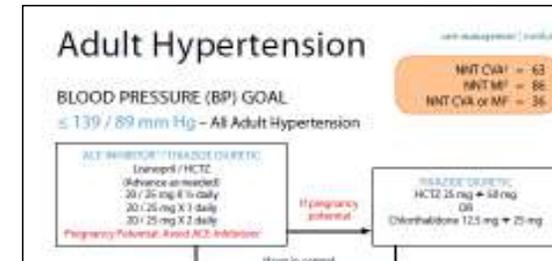
Classification of Blood Pressure (from ICSI guideline):

BP Classification	SBP range
Normal	< 120
Elevated	120-130
Stage 1 hypertension	130-140
Stage 2 hypertension	≥ 140



Protocol Resources

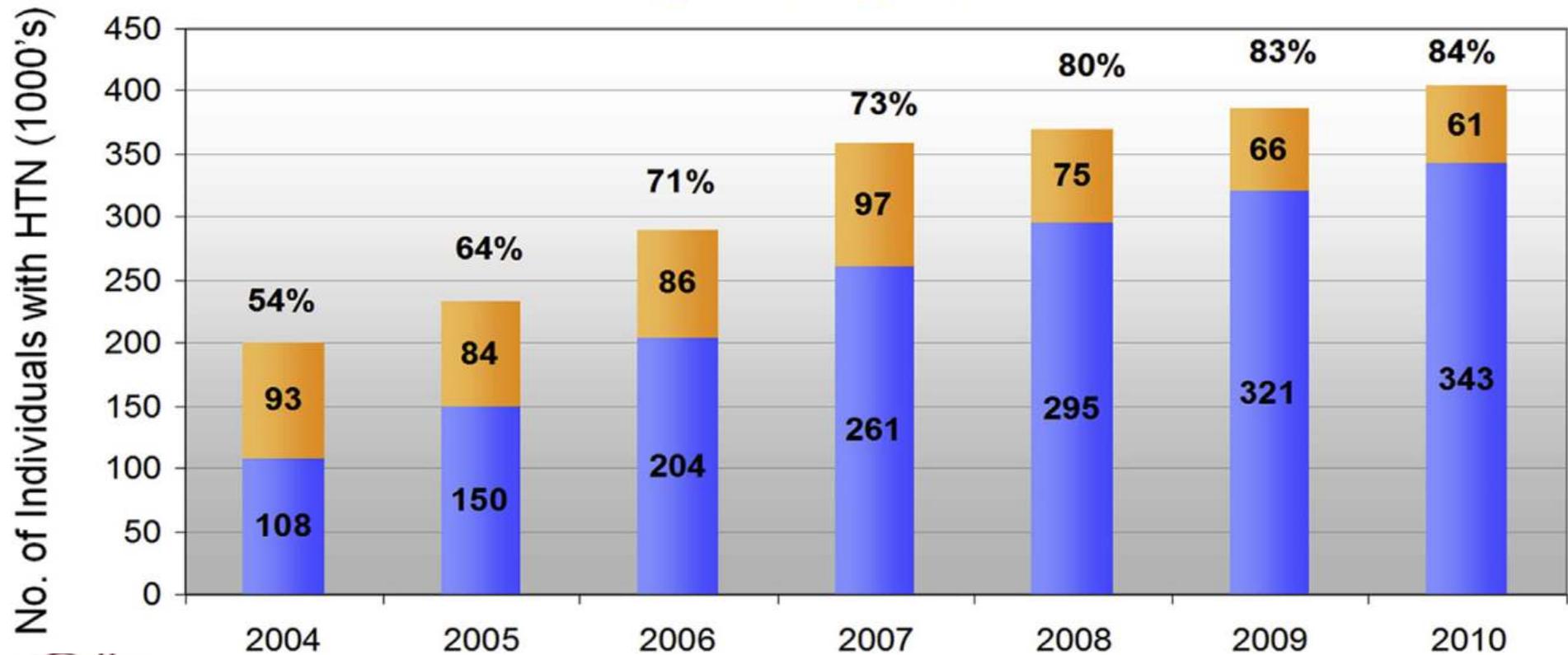
- <http://millionhearts.hhs.gov/resources/protocols.html>
- Evidence-based protocols examples:
 - U.S. Department of Veterans Affairs
 - Kaiser Permanente
 - Institute for Clinical Systems Improvement
 - NYC Health and Hospitals Corporation
- Customizable template
- Key protocol components
- Implementation guidance



Standardized Treatment Protocols Can Help Reduce Disparate Outcomes Kaiser Permanente Southern California

“To help ensure homogeneity of practice delivered, the hypertension treatment had to be standardized as well. This meant that an internal treatment guideline was needed.”

% = Controlled

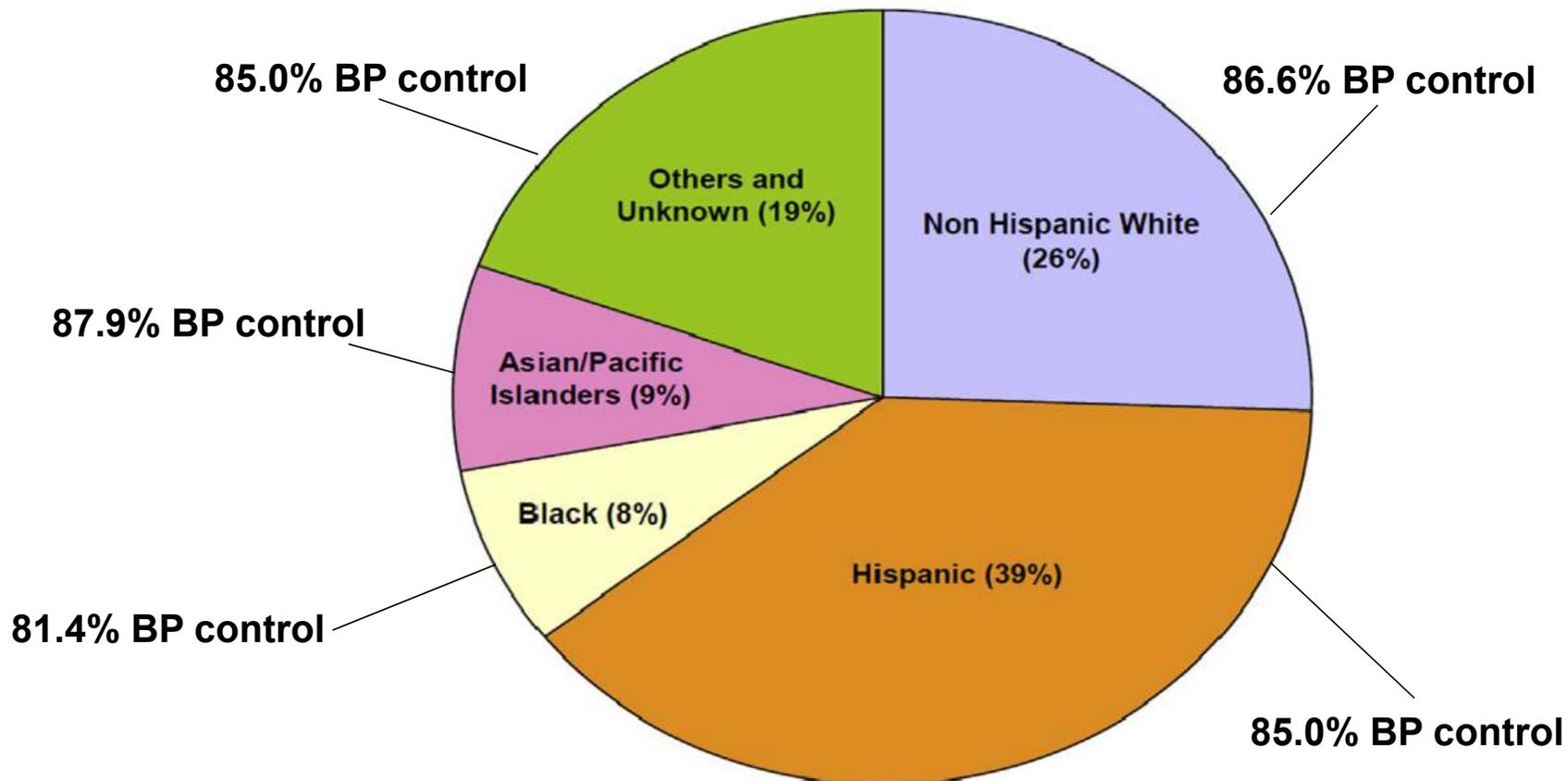


Sim, et al. Systemic Implementation Strategies to Improve Hypertension: The Kaiser Permanente Southern California Experience. *Canadian Journal of Cardiology* 30 (2014) 544-552



Standardized Treatment Protocols Can Help Reduce Disparate Outcomes Kaiser Permanente Southern California

“Across all ages, races, and sexes, hypertension control has exceeded 80%.”



Getting to a Million by 2017: ABCS Targets

Intervention	Pre-Initiative Estimate 2009-2010	2017 Population-wide Goal	2017 Clinical Target
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C holesterol management	33%	65%	70%
S moking cessation	22%	65%	70%



The Community Guide: Effective Interventions to Reduce Tobacco Use and Secondhand Smoke Exposure

Task Force Recommendations and Findings

Comprehensive Tobacco Control Programs	Recommended August 2014
Interventions to Increase the Unit Price for Tobacco Products	Recommended November 2012
Mass-Reach Health Communication Interventions	Recommended April 2013
Mobile Phone-Based Cessation Interventions	Recommended December 2011
Quitline Interventions	Recommended August 2012
Reducing Out-of-Pocket Costs for Evidence-Based Cessation Treatments	Recommended April 2012
Smoke-Free Policies	Recommended November 2012
Incentives and Competitions to Increase Smoking Cessation Among Workers – when combined with additional interventions	Recommended June 2005

• More information on these recommendations can be found here:
<http://www.thecommunityguide.org/tobacco/index.html>



What Can You Do Today?

- Smoke free campus
- Provide counseling and pharmacotherapy at no- or low-cost to employees
- Embed EHR reminders to provide cessation support; e-refer to Quit Line
- Select and report on smoking cessation measure: NQF 0028/PQRS 226
- Use these resources:
 - National Network of Tobacco Cessation Quitline: Call 1-800-QUITNOW (1-800-784-8669). [TTY](#) users call 1-800-332-8615.
 - [CDC information on smoking & tobacco use](#)
 - [NCI's tobacco & cancer information resources](#)
 - [Smokefree.gov](#)
 - [National Institutes of Health](#)
 - [American Lung Association—Tobacco Control Advocacy](#)

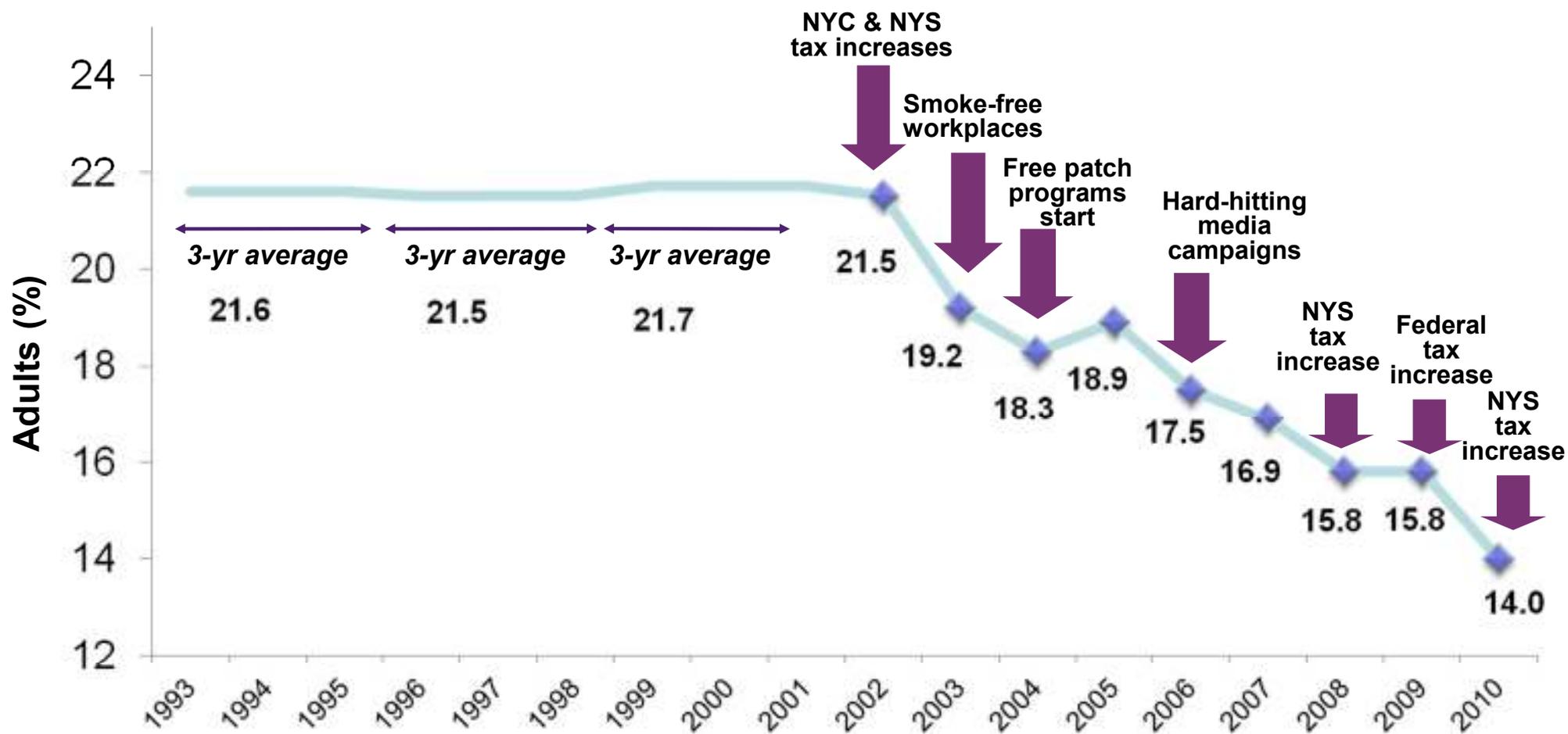


Changing the Context: Cigarette Excise Taxes



Decline in Smoking in New York City, 2002–2010

450,000 Fewer Smokers



New York City Community Health Survey.

44% of U.S. Sodium Intake Comes from Ten Types of Foods

Rank	Food Types	%
1	Bread and rolls	7.4
2	Cold cuts and cured meats	5.1
3	Pizza	4.9
4	...	4.5
5	...	3.8
6	...	3.5
7	Mixed dishes	3.3
8	Mixed dishes	3.3
9	Mixed dishes	3.2
10	Savory snacks	3.1

More than 75% of the sodium in our food is already there and mostly invisible in processed and restaurant foods.



U.S. Dietary Guidelines for Americans

Recommendations for Sodium Intake

- ❑ **Current average intake in adults is ~ 3,400mg/day**
- ❑ **2,300 mg/day for general population**
- ❑ **1,500 mg/day for specific populations**
 - ❑ ≥ 51 years
 - ❑ African Americans
 - ❑ High blood pressure
 - ❑ Diabetes
 - ❑ Chronic kidney disease

**~1/2 U.S. population and
the majority of adults**

Even 400mg less/day means 28K fewer deaths, 35K heart attacks, 23K strokes, and \$7B saved in healthcare costs/year.



Sodium Reduction in Los Angeles County



- **County Vending Machine Policy nutrition standards**
- **Population model for 2004 - 2050**
 - Preliminary estimate: **3,207 - 5,155 deaths averted** from reductions in incidence of heart disease and stroke due to a 400 mg sodium reduction in dietary intake in LAC
 - **Up to 2 lives saved every week**
 - Savings in total medical spending **\$2.2 - 3.6 billion** in LAC from 2004 to 2050

Sodium Reduction in Hospitals—WHY?

- Ideal settings to offer access to and knowledge about healthy foods
- In 2010, 69 hospitals reported average food purchases totaling > \$1.5M per hospital, more than 50% from retail and catering
- Hospitals employ ~5 million people!
- Reducing sodium intake from ~3400mg/d to 2300mg/d = **11 million** fewer people with hypertension



What Can You Do Today?

- Start the conversation about your food environment
- Establish or update your Comprehensive Food Policy
- Modify the Built Environment
- Educate
- Use these resources:
 - [HHS and GSA Health and Sustainability Guidelines for Federal Concessions and Vending Operations](#)
 - [Dietary Guidelines for Americans](#)
 - www.cdc.gov/salt/resources
 - <https://www.cspinet.org/nutritionpolicy/foodstandards.html>



Keeping Us Healthy *Changing the Context: trans fat*

Eliminating *trans* fat in the American diet could prevent 20,000 heart attacks, 7,000 deaths—every year

- Citing new scientific evidence and findings from expert scientific panels, FDA takes first step to eliminate trans fat from processed foods*
- *Federal Register* comment period ended Jan. 2014

*FDA. Tentative Determination Regarding Partially Hydrogenated Oils; Request for Comments and for Scientific Data and Information. *Federal Register* Volume 78, Issue 217 (November 8, 2013)



Million Hearts Progress to Date

- Engagement and activation

>110 partners, 50 states, coalitions
>54K subscribers, 125 Congregations



Public Partners

- Agency for Community Living
- Agency for Healthcare Research and Quality
- Environmental Protection Agency
- Federal Occupational Health
- Food and Drug Administration
- Health Resources and Services Administration
- Indian Health Service
- National Institutes of Health, National Heart Lung and Blood Institute
- National Institute of Neurological Diseases
- Office of the National Coordinator for HIT
- Office of Personnel Management
- Substance Abuse and Mental Health Services Administration
- Veterans Health Administration
- State and Local governments



Activated Private Sector Partners

- Academy of Nutrition and Dietetics
- Aetna
- Alliance for Patient Medication Safety
- America's Health Insurance Plans
- American Association of Nurse Practitioners
- American College of Cardiology
- American College of Physicians
- American Heart Association
- American Medical Association
- American Medical Group Foundation
- American Nurses Association
- American Pharmacists' Association and Foundation
- Arkansas Dept of Health
- Association of Black Cardiologists
- Association of Public Health Nurses
- Blue Cross Blue Shield Association
- Commonwealth of Virginia
- Georgetown University School of Medicine
- HealthPartners
- Humana
- Kaiser Permanente
- Maryland Dept of Health and Mental Hygiene
- Medstar Health System
- Men's Health Network
- Minnesota Heart Health Program
- National Alliance of State Pharmacy Assns
- National Committee for Quality Assurance
- National Community Pharmacists Assn
- National Consumers League
- National Forum for Heart Disease and Stroke Prevention
- National Lipid Association Foundation
- New York State Department of Health
- Ohio State University
- Pennsylvania Dept of Health
- Prescribe Wellness
- Preventive Cardiovascular Nurses Association
- Society for Women's Health Research
- SureScripts
- UnitedHealthcare
- University of Maryland School of Pharmacy
- Walgreens
- Walk with a Doc
- WomenHeart
- YMCA of America

Million Hearts Progress to Date

- Engagement and activation
- Quality Measure: embed, align, track



Million Hearts® Clinical Quality Dashboard *Performance on ABCS*

Smoking Assessment and Treatment

2011



Smoking Assessment and Treatment

2012



Smoking Assessment and Treatment

2013



Performance Rate
■ 0-49%
■ 50%-69%
■ 70%+
■ no data available



Monitoring Progress: Short-term Outcomes

Performance Indicators	2011	2012	2013	2014
Outpatient electronic health record adoption	34%	40%	48%	pending
Million Hearts e-newsletter subscribers	34,071	38,344	43,726	53,030
States with sodium procurement policies	2	5	6	pending
100% smoke-free space policy coverage	48.1%	48.9%	49.1%	54%
Large group practices reporting on ABCS	n=46	n=58	N=147	pending

- Good progress in EHR adoption and e-newsletter subscribers
- Slow adoption of sodium procurement policy
- Progress in smoke-free space policy adoption



Monitoring Progress: Intermediate-term Outcomes A Subset of Providers

Performance Indicators	2011	2012	2013
A spirin use*	n/a	84%	78%
B lood pressure control*	68%	69%	62%
C holesterol management*	53%	56%	54%
S moking assessment and treatment*	n/a	87%	83%

- **Performance is good** from large groups reporting the ABCS via CMS' Physician Quality Reporting System
- **Data reported annually with a time lag of 6-8 months**



Million Hearts Progress to Date

- Engagement and activation
- Clinical Quality Measure alignment
- Understand what works, where, and why
- Resources that help
- Focus on what makes a difference

6.3M smokers quit

10M more people with hypertension achieve control

20% less sodium each day

Focus on those with the greatest burden and at the greatest risk



What Must Happen To Prevent a Million?

Reduce Smoking 6.3M fewer smokers

- Year-round media campaigns; pricing interventions
 - Targeted outreach to drive uptake of covered benefits
 - Systematic delivery of cessation services through use of cessation protocols, referrals to quit lines, and training of clinical staff
 - Widespread adoption of smoke-free space policies
 - Awareness of risks of second-hand smoke and the health benefits of smoke-free environments
-

Control Hypertension 10M more patients

- Detection of those with undiagnosed hypertension
 - Systematic use of treatment protocols and other select QI tools
 - Practice of self-measured BP monitoring with clinical support
 - Recognition of high performers; dissemination of best practices
 - Clinical and community resources connected to benefit people with hypertension
-

Decrease Sodium Intake 20% reduction

- Adoption of Healthy and Sustainable Food Guidelines
- Voluntary sodium reduction and expansion of choices by food industry
- Recognition of high performers and dissemination of best practices
- Clear communication of the evidence supporting the health benefits of population-level sodium reduction



Events will also be prevented by improving aspirin use and cholesterol management and by eliminating artificial trans-fat consumption



Join Us



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Become a Partner



Be One in a Million Hearts®

millionhearts.hhs.gov



Million Hearts®



@MillionHeartsUS



CDC StreamingHealth

John M. Clymer
Executive Director



John.Clymer@NationalForum.org

202-903-7303

