

# Where are We Going & Where do We Want to Go?



**Million Hearts™**

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Executive Director, Million Hearts  
CDC and CMS Innovation Center



**U.S. Department of  
Health and Human Services**  
Centers for Disease  
Control and Prevention

# 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**



Roger VL, et al. Circulation 2012;125:e2-e220  
Heidenreich PA, et al. Circulation 2011;123:933-4



# Status of the ABCS

**A**spirin

People at increased risk  
of cardiovascular events  
who are taking aspirin

**47%**

**B**lood pressure

People with hypertension  
who have adequately controlled  
blood pressure

**46%**

**C**holesterol

People with high cholesterol  
who are effectively managed

**33%**

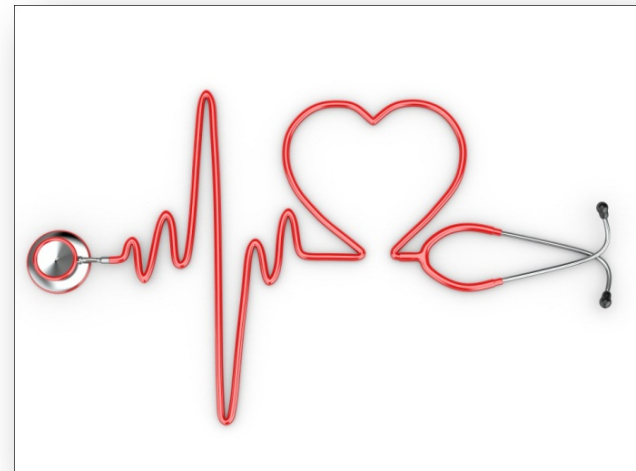
**S**moking

People trying to quit smoking  
who get help

**23%**

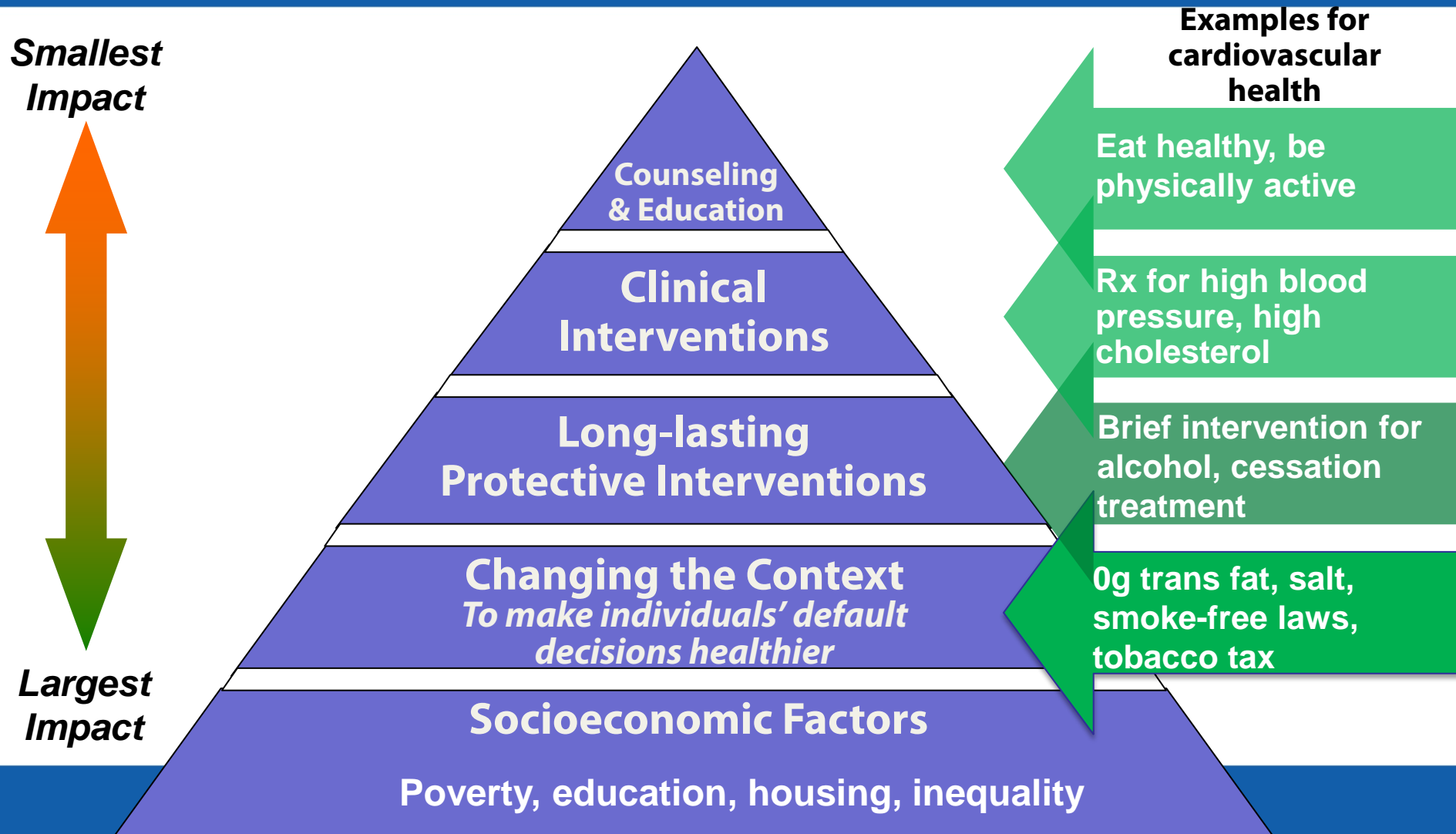
# Why Prioritize the ABCS?

- ❑ 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



# ABCS

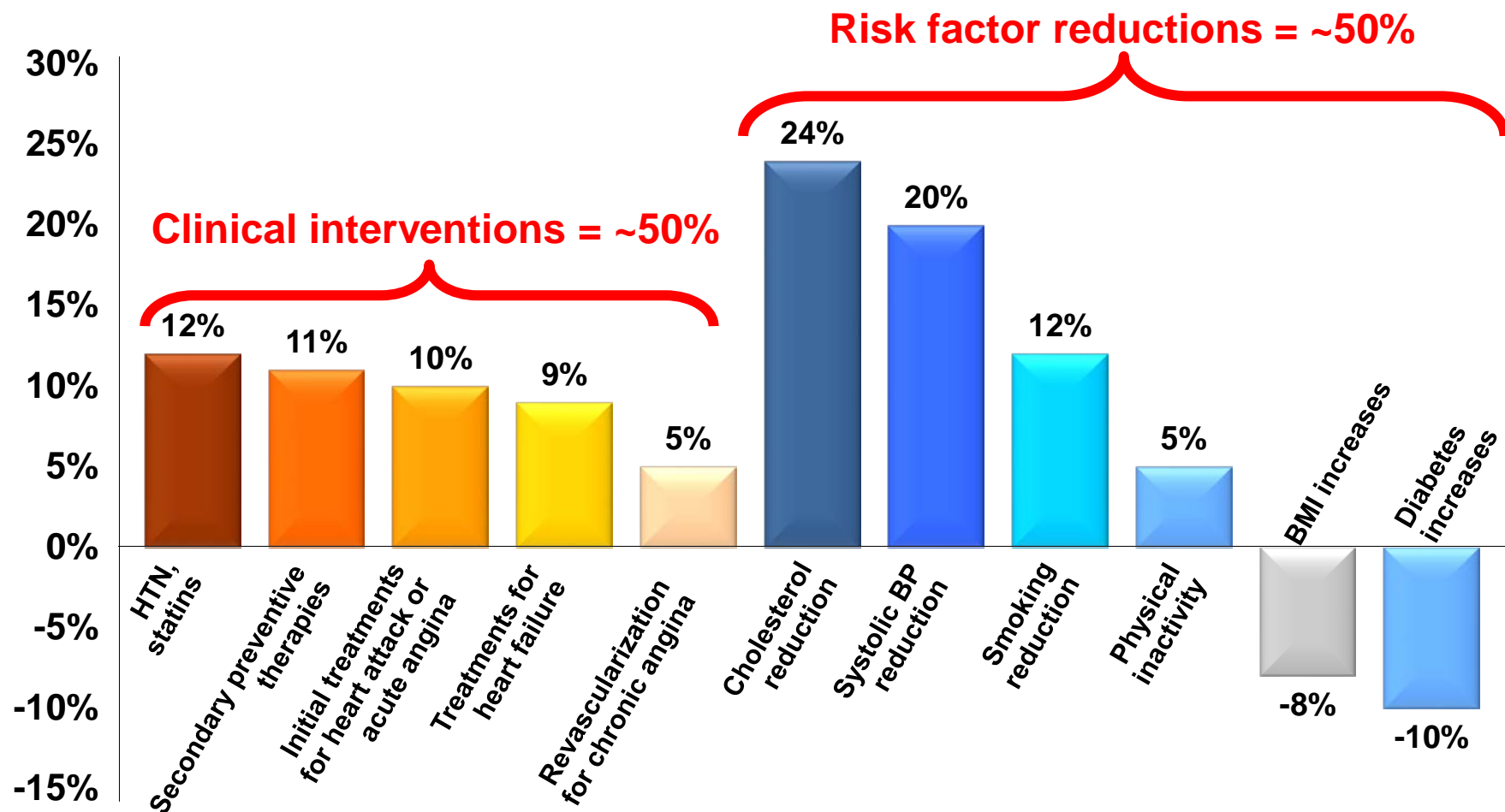
# Factors That Affect Health





# Clinical and Public Health Progress

## Each Contributed About Half to the 50% Reduction in Heart Disease Deaths, US, 1980–2000



Ford ES, et al. NEJM 2007;356(23):2388-97

HTN, Hypertension

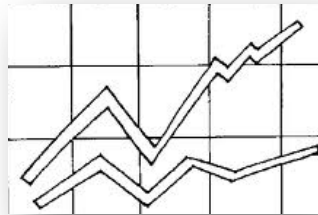
BP, Blood pressure

BMI, Body mass index

# Key Components of Million Hearts

## CLINICAL PREVENTION *Optimizing care*

**Focus on  
ABCS**



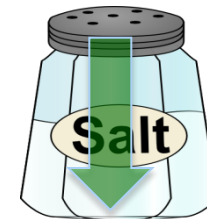
**Health  
information  
technology**



**Clinical  
innovations**



## COMMUNITY PREVENTION *Changing the context*





# Two Tracks ... Merging Over Time

## ❑ **Community prevention**

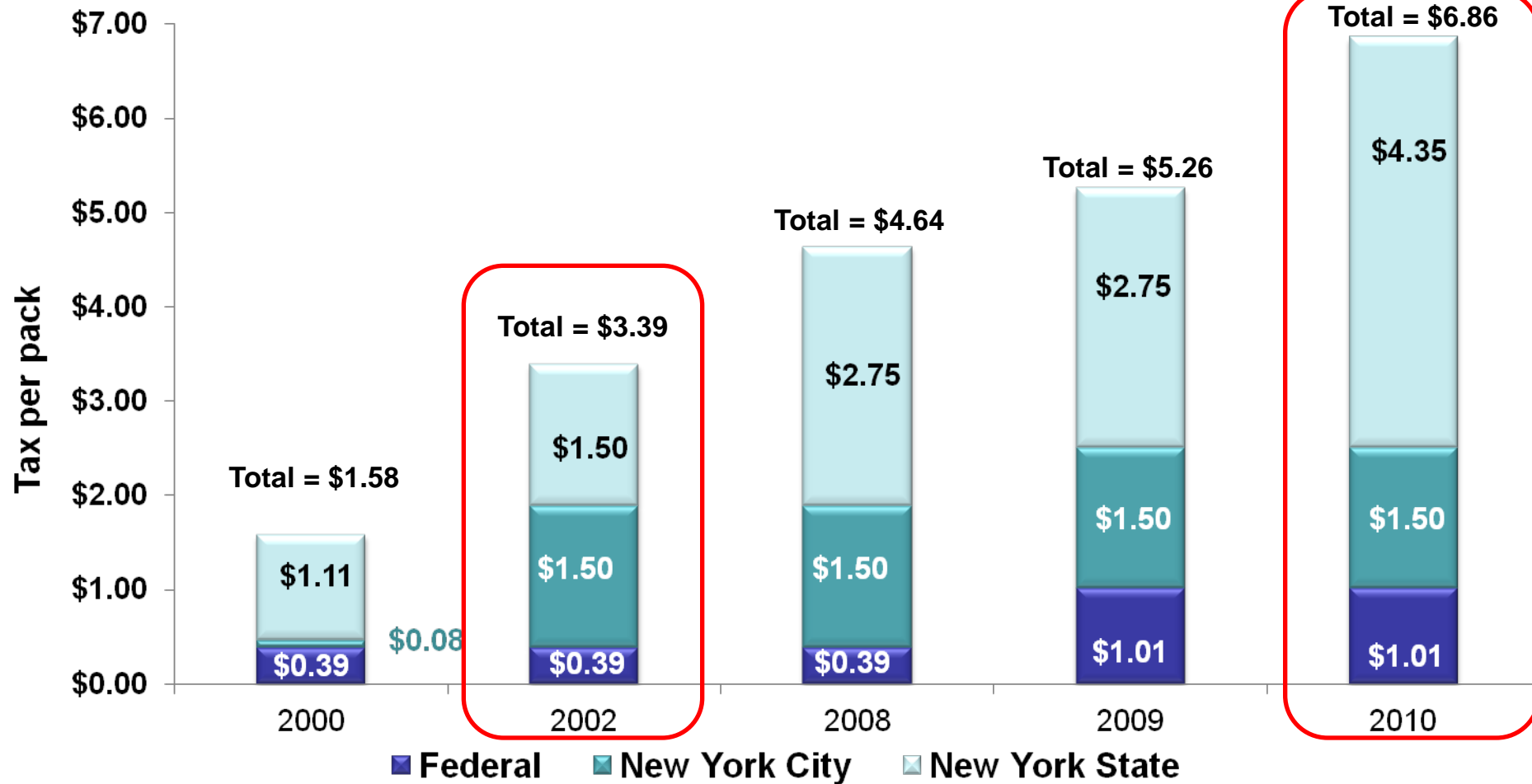
- Reducing the need for treatment

## ❑ **Clinical prevention**

- Improving quality, access, and outcomes



# Raising the Price of Cigarettes Through Excise Taxes



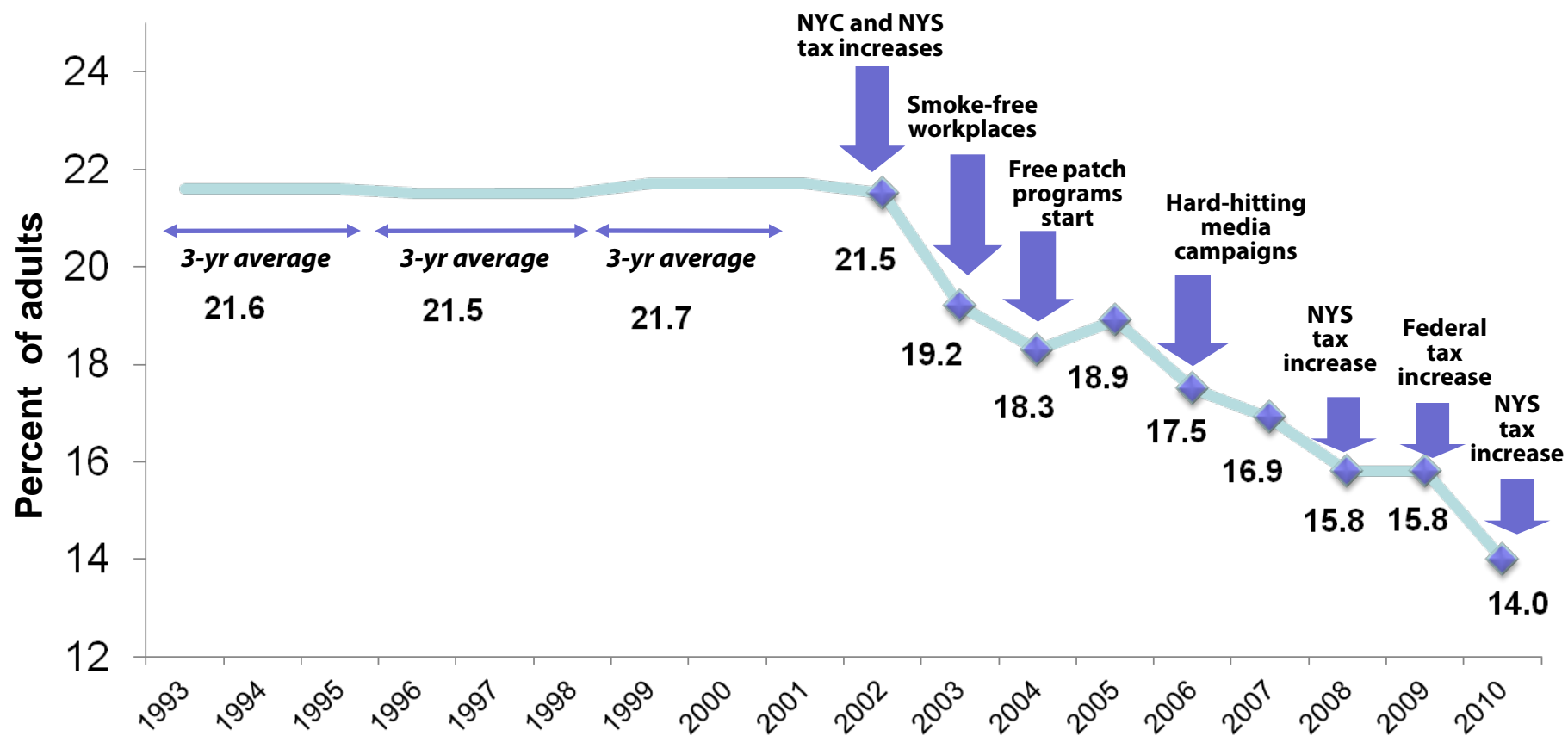
# Community Prevention: Reducing the Need for Treatment by Reducing Tobacco Use

- ❑ **Comprehensive tobacco control programs are most effective**
- ❑ **Graphic mass media campaign**
- ❑ **Smoke-free public places and workplace policies**
- ❑ **Cigarette price increases**
- ❑ **Grants to communities for tobacco use prevention and cessation programs**



# Decline in Smoking in New York City, 2002–2010

## 450,000 Fewer Smokers





# Community Prevention: Reducing the Need for Treatment by Reducing 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**

# Community Prevention: Reducing the Need for Treatment by Reducing Trans Fat

## ❑ Trans fat

- Increases LDL (bad) and decreases HDL (good) cholesterol

## ❑ IOM: Reduce intake as close to zero as possible

## ❑ FDA: Requires labeling of trans fat content

## ❑ Replacing artificial trans fat is feasible and it does not increase cost or change flavor or texture of foods

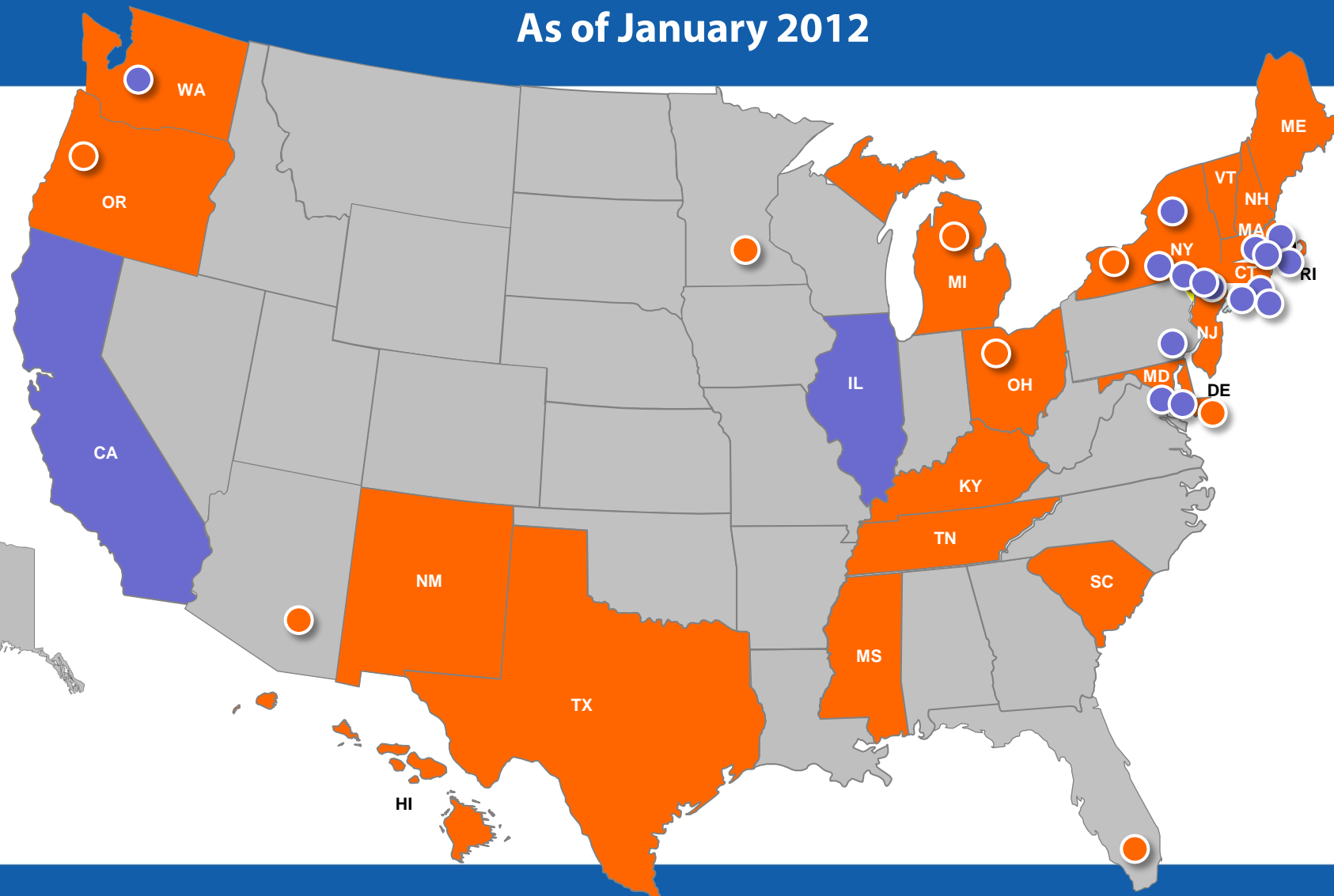
## ❑ Monitor and publish trans fat levels in the population



## ❑ Encourage food industry to eliminate trans fats



# State Trans Fat Regulations

## As of January 2012



-  Enacted or passed trans fat regulation in food service establishments (FSEs)
-  Trans fat regulation in FSEs introduced, defeated, or stalled

# Clinical Prevention: Optimizing Quality, Access, and Outcomes

- ❑ **Focus on the ABCS**
- ❑ **Fully deploy health information technology**
- ❑ **Innovate in care delivery**







# Size and Scope of CMS Responsibilities

## **Largest purchaser of health care in the world**

- 105 million beneficiaries: Medicare, Medicaid, and Children's Health Insurance Program
- Medicare alone pays >\$1.5 B in benefit payments each day
- Replies to >75 M inquiries each year

## **Millions will receive health care coverage through new health insurance exchanges authorized in the Affordable Care Act**



# Clinical Prevention: Optimizing Quality, Access, and Outcomes

## □ 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

ABCS



# Six Month Progress:

## *Alignment of Clinical Quality Measures*

MH CQMs	PQRS	MU	PQRS CV Prevention Measures Group	ACOs	HRSA UDS	NQF
Aspirin Use	PQRS #204	S1 opt, S2 core (prop)	Yes	Yes	Yes (2012)	NQF #0068
BP Screening	PQRS #317		Yes	Yes		
BP Control	PQRS #236	S1 opt, S2 core (prop)	Yes	Yes	Yes	NQF #0018
Chol Control – Pop	PQRS #316	S2 core (prop)				TBD*
Chol Cont – DM	PQRS #2	S1 opt, S2 opt (prop)	Yes	Yes <sup>†</sup>		NQF #0064
Chol Cont – IVD	PQRS #241	S1 opt, S2 opt (prop)	Yes	Yes		NQF #0075
Smoking Cessation	PQRS #226	S1 core, S2 core (prop)	Yes	Yes	Yes (2011)	NQF #0028

\* The Measure Applications Partnership recommended it be submitted to NQF for endorsement (Jan 2012)

† Part of an all-or-nothing group of measures for diabetes care

# 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 CVD
- Timely and smart clinical decision support
- Reminders and other health-reinforcing messages



# Clinical Prevention: Optimizing Quality, Access, and Outcomes

## □ Innovations in care delivery

- Embed ABCS and incentives in new models
  - Patient-centered medical 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





# CMS Activities Supporting Million Hearts™

- ❑ Clinical Standards and Quality
  - Physician Quality Reporting System
  - Medicare and Medicaid Electronic Health Record Incentive Program
  - Quality Improvement Organizations (QIO)
- ❑ Medicaid, CHIP, and Survey and Certification
  - Medicaid Core Quality Reporting Measures, Incentives to Prevent Chronic Disease, Smoking Cessation Services
  - Medicaid Health Homes
- ❑ Consumer Information and Insurance Oversight
- ❑ Medicare & Medicaid Innovation
  - Health Care Innovation Challenge
- ❑ Medicare-Medicaid Coordination
  - Targeted State Demonstrations and Innovations

# 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 Association
- ☐ National Committee for Quality Assurance
- ☐ National Community Pharmacists Association
- ☐ National Consumers League
- ☐ Samford McWhorter School of Pharmacy
- ☐ SUPERVALU
- ☐ The Ohio State University
- ☐ UnitedHealthcare
- ☐ University of Maryland School of Pharmacy
- ☐ Walgreens
- ☐ WomenHeart
- ☐ YMCA of America
- ☐ Maryland Dept of Health and Mental Hygiene
- ☐ New York State Dept of Health



# Everyone Can Make a Difference to Prevent 1 Million Heart Attacks and Strokes





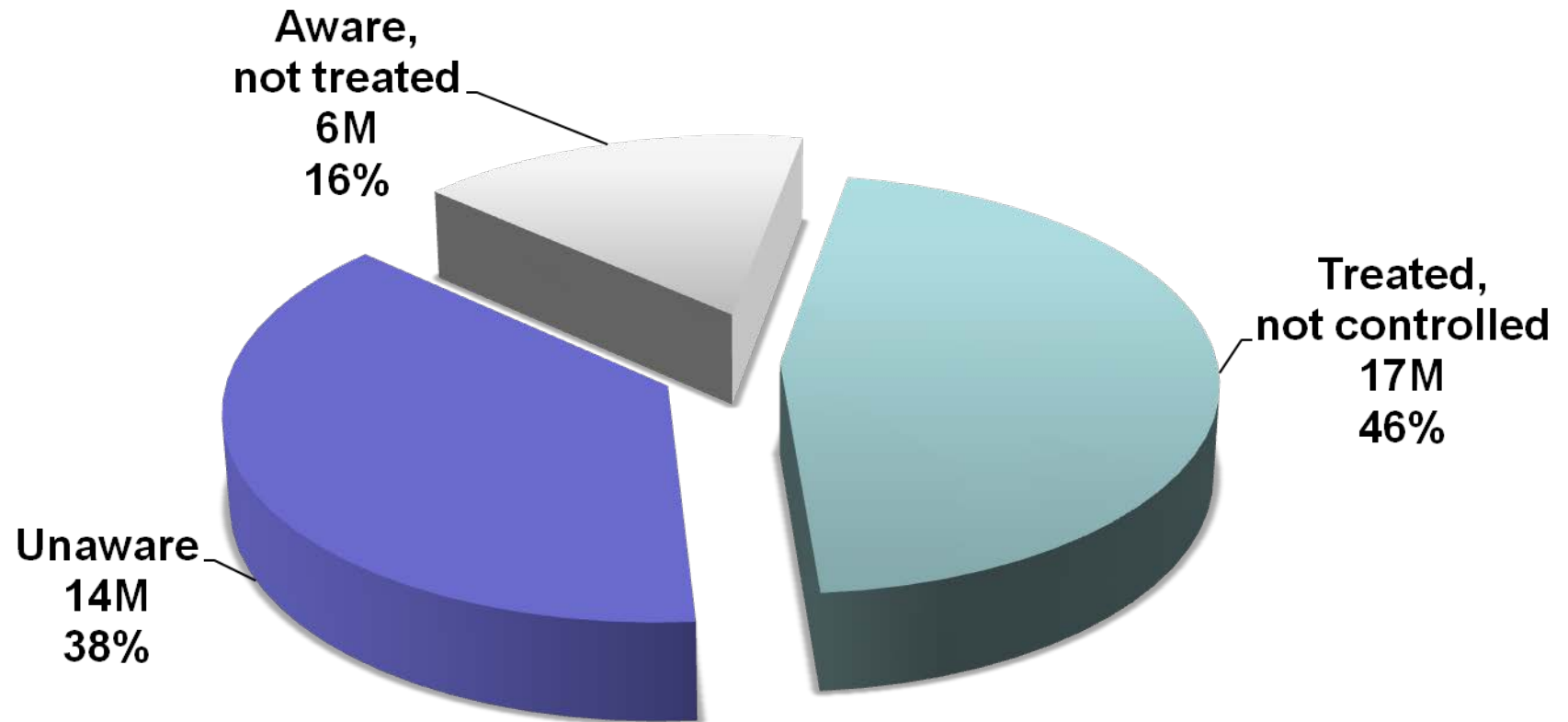
# Where We Are Going

Intervention	Baseline	Target	Clinical target
<b>A</b> spirin for those at high risk	47%	65%	70%
<b>B</b> lood pressure control	46%	65%	70%
<b>C</b> holesterol management	33%	65%	70%
<b>S</b> moking cessation	23%	65%	70%
Sodium reduction	~ 3.5 g/day	20% reduction	
Trans fat reduction	~ 1% of calories	50% reduction	

Unpublished estimates from Prevention Impacts Simulation Model (PRISM)

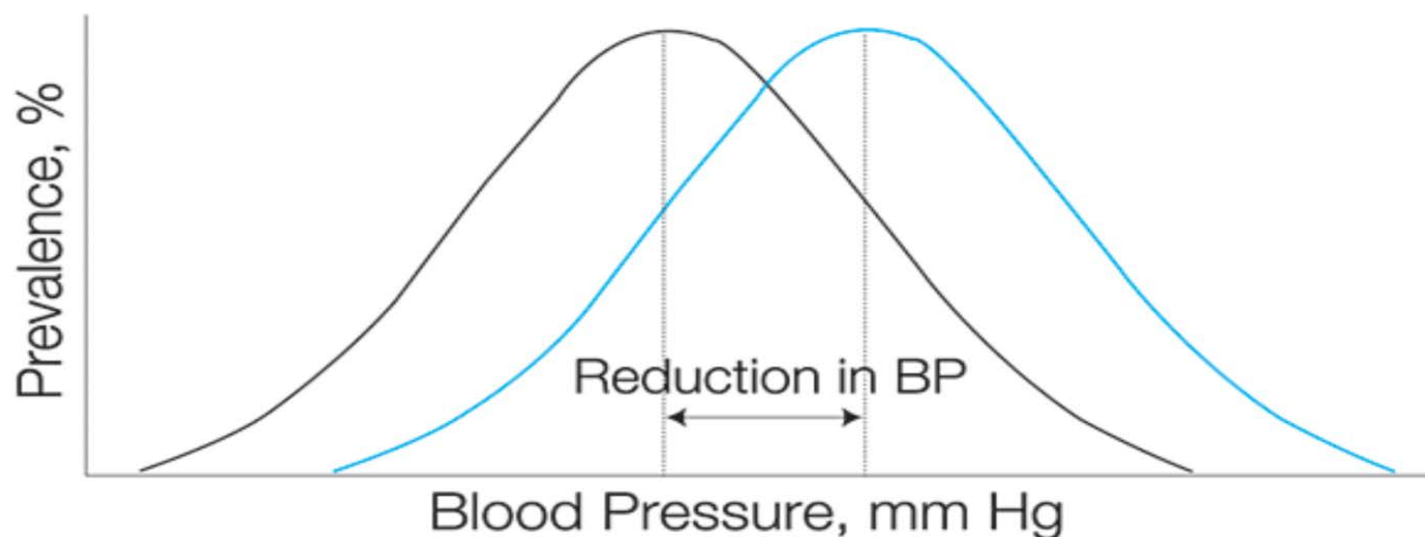


# 37 of the 65 Million Americans with Hypertension Are Un-Controlled



National Health and Nutrition Examination Survey (NHANES), 2005-2008

# Small SBP Reductions Across the Population Can Save Many Lives



Reduction in BP, mm Hg	% Reduction in Mortality		
	Stroke	CHD	Total
2	-6	-4	-3
3	-8	-5	-4
5	-14	-9	-7



# Where We Are Going.....

- ❑ Focusing early on BP Control
- ❑ Highlighting high performers' use of Million Hearts pillars
  - Team-based care
  - HIT to enable PI, adherence, disparity reduction
  - Focus on and incenting of ABCS
  - Reductions in Na, ATF, tobacco use
- ❑ Providing a QI module for interdisciplinary care
- ❑ Distributing the Video Challenge to "Beat Down High Blood Pressure"
- ❑ Launching "Team Up, Pressure Down"
- ❑ Igniting partners across country to control BP

# Blood Pressure Control In Focus: What the Future Could Look Like

- ❑ **Foods are less salty**
- ❑ **Effective home blood pressure monitoring with successful control**
- ❑ **Seamless data flow between settings**
- ❑ **Timely access to professional advice**
- ❑ **No or low co-pays for medications**

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



# Optimizing Quality in Clinical Practice: What You Can Do Today

Focus on the ABCs



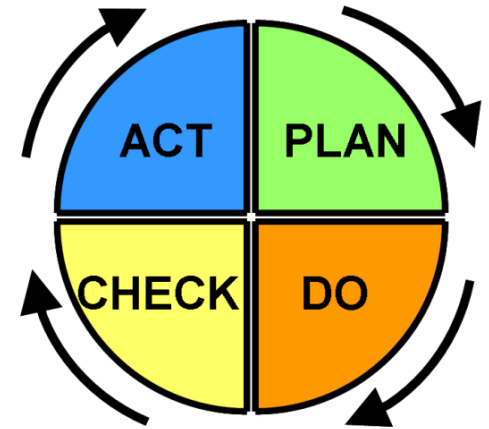
Collect Your Practice Data



Innovate Patient Care Delivery -  
Make Improvements



Recollect Data to Measure Change





# Support Million Hearts In Your Clinical Practice

Intervention	Baseline	Target	Clinical target	Your Practice Data
<b>A</b> spirin for those at high risk	47%	65%	70%	?
<b>B</b> lood pressure control	46%	65%	70%	?
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# Join Us: Take the Pledge



<http://millionhearts.hhs.gov>



[Million Hearts](#)



[@millionheartsus](#)

# Resources

Resources were shared with you in a zip file accompanying this presentation.

- ❑ Million Hearts Initiative materials
- ❑ Relevant peer reviewed journal articles
- ❑ CDC research reports (MMWR)
- ❑ Links to videos

# Conclusion

- ❑ Question and Contact info:
- ❑ CDC's Office for State Tribal Local and Territorial Support's Point of Contact is John Maynard at [eoq9@cdc.gov](mailto:eoq9@cdc.gov)
- ❑ For more information about Million Hearts™, <http://millionhearts.hhs.gov>