Welcome

Office for State, Tribal, Local and Territorial Support
presents

CDC *Vital Signs* Town Hall

Preventing 1 Million Heart Attacks and Strokes

September 11, 2018
2:00–3:00 PM (EDT)

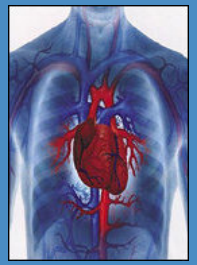
Agenda

Time	Agenda Item	Speaker(s)
2:00 pm	Welcome & Introduction	**Montrece McNeill Ransom, JD, MPH** Senior Public Health Analyst, Team Lead, Public Health Law Training and Workforce Development, Public Health Law Program, Office for State, Tribal, Local, and Territorial Support
2:05 pm	Vital Signs Overview	**Janet Wright, MD, FACC** Executive Director, Million Hearts®, Division for Heart Disease and Stroke Prevention, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention; Centers for Medicare and Medicaid Services
2:15 pm	Presentations	**Crystelle Fogle, MBA, MS, RD** Program Manager, Montana Cardiovascular Health Program, Montana Department of Public Health and Human Services **Terrence D. Welch, MD, FACC, FASE** Cardiologist, Cardiovascular Medicine, Dartmouth-Hitchcock Medical Center **Kristen Frechette, RN** Nurse Manager, Cardiac and Pulmonary Rehabilitation Program, Dartmouth-Hitchcock Medical Center
2:35 pm	Q&A and Discussion	**Ms. Montrece McNeill Ransom**
2:55 pm	Wrap-up	
3:00 pm	End of Call	

CDC Vitalsigns™

TOWN HALL TELECONFERENCE

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



Million Hearts 2022

Data + Actions + You = A Million Fewer Cardiovascular Events

Janet S. Wright, MD, FACC

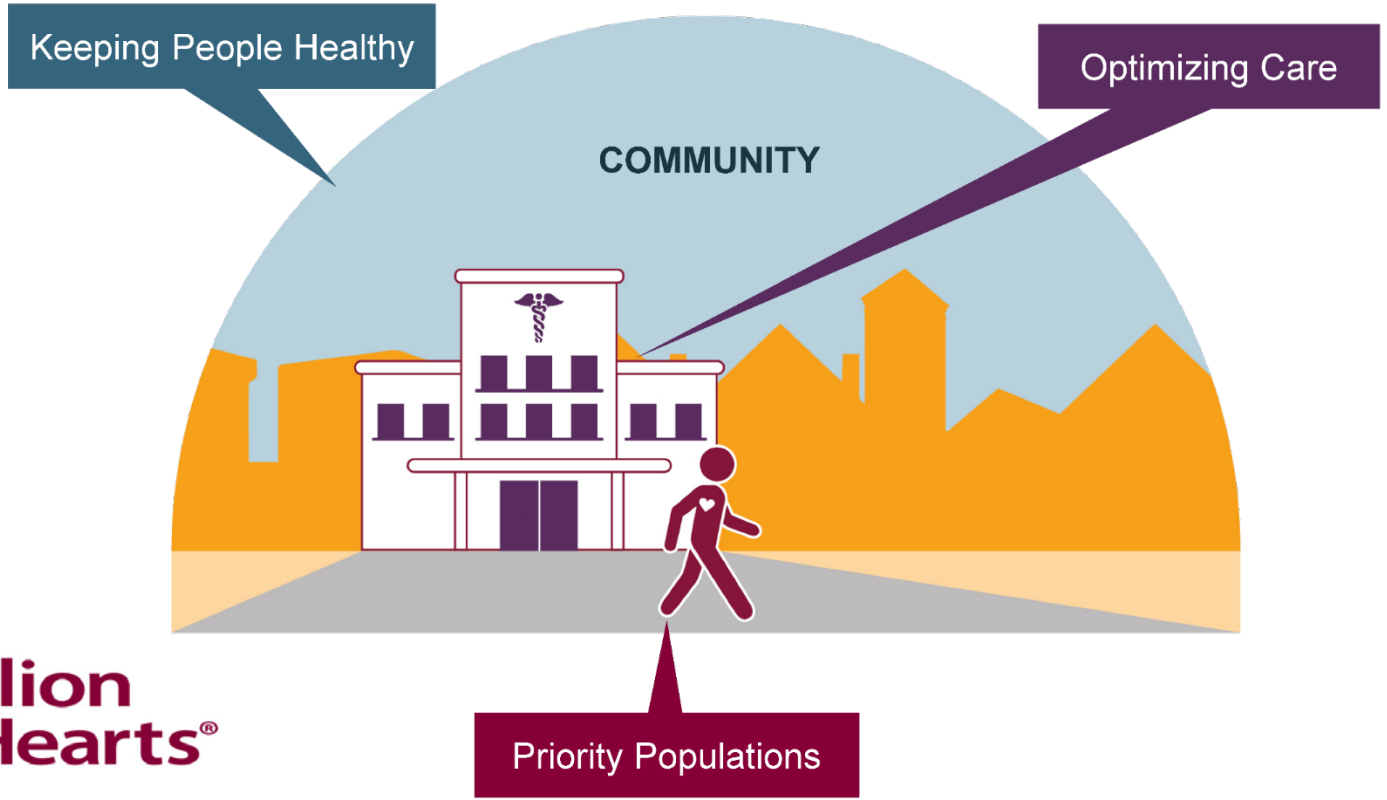
Executive Director, Million Hearts®

Division for Heart Disease and Stroke Prevention, CDC

Center for Clinical Standards and Quality, CMS

Million Hearts® 2022

Aim: Prevent 1 Million Heart Attacks and Strokes in 5 Years



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Million Hearts® 2022 Priorities and Goals

Keeping People Healthy

Reduce Sodium Intake

Decrease Tobacco Use

Increase Physical Activity

Optimizing Care

Improve ABCS*

Increase Use of Cardiac Rehab

Engage Patients in Heart-healthy Behaviors

Improving Outcomes for Priority Populations

Blacks/African-Americans with Hypertension

35-64 year olds due to rising event rates

People who have had a heart attack or stroke

People with mental illness or substance use disorders

*Aspirin, Blood pressure control, Cholesterol management, Smoking cessation

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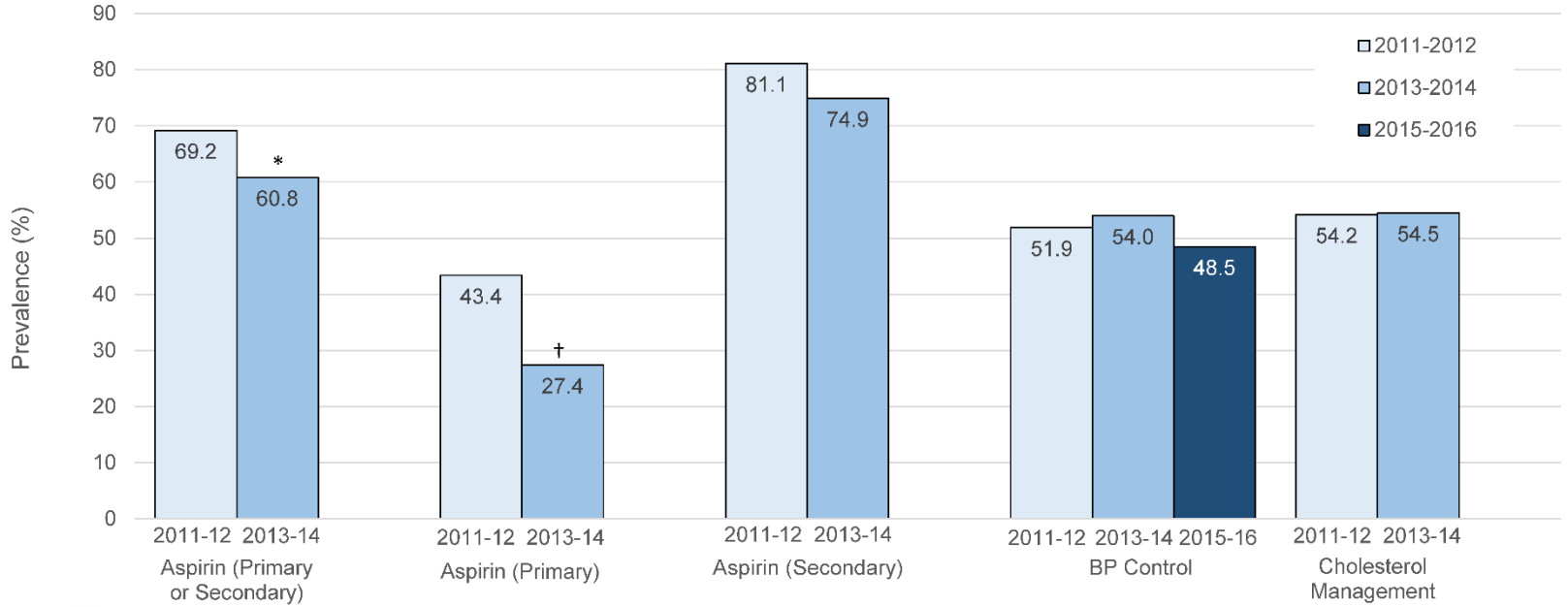
2022 Targets: 20% improvement in sodium, tobacco, physical activity; 80% on the ABCS; 70% participation in cardiac rehab

Prevalence of Million Hearts® 2022 clinical strategies among US adults, 2011-2016



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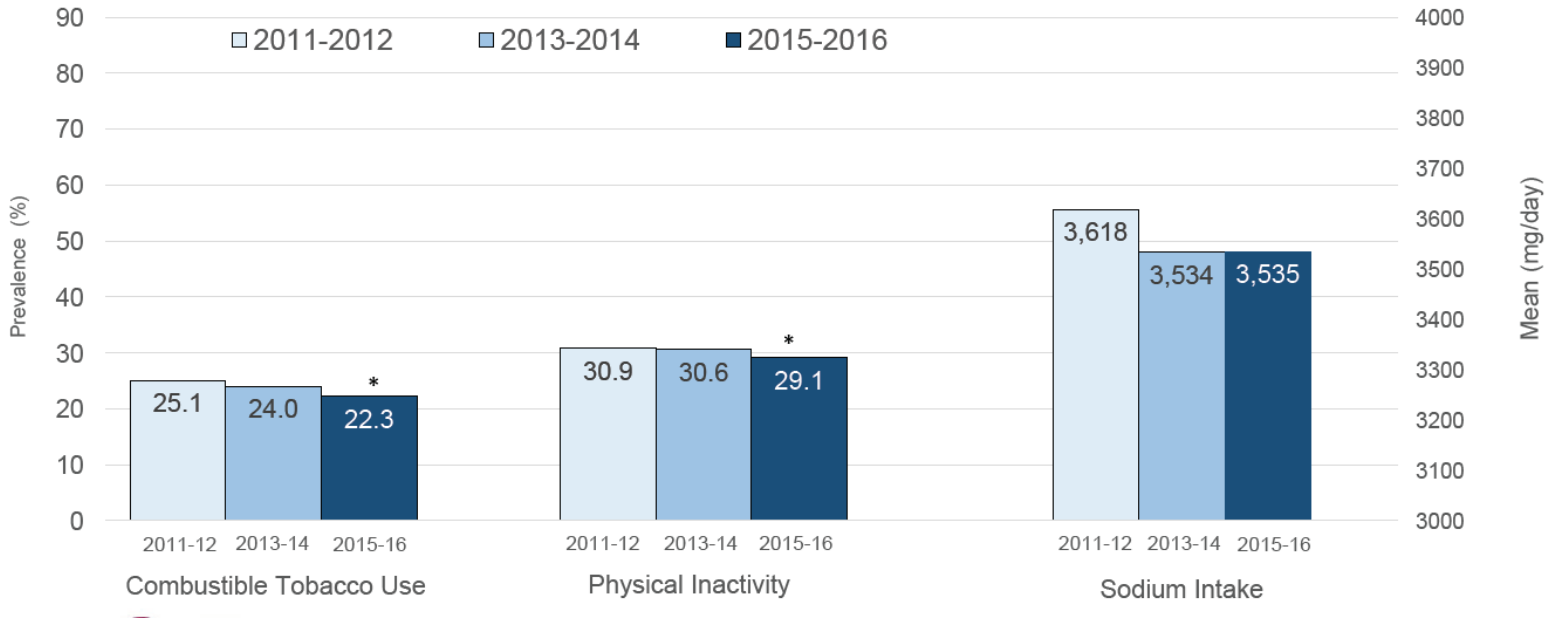
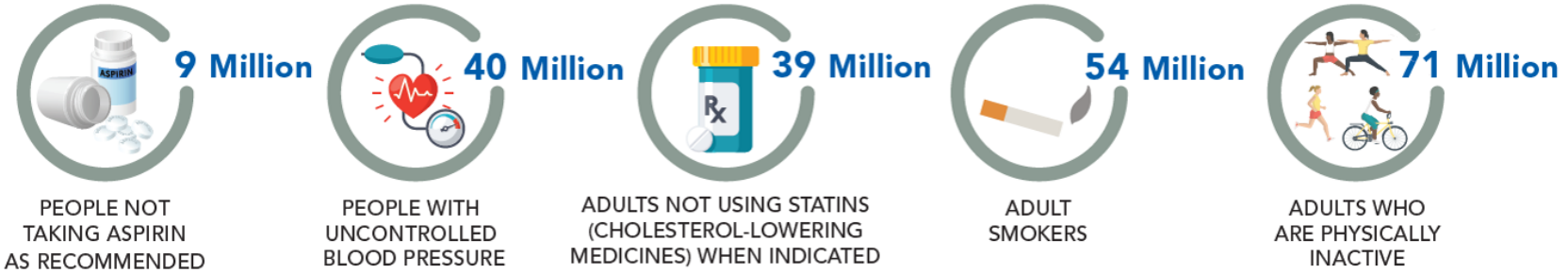
Prevalence of Million Hearts® 2022 community risk factors among US adults, 2011-2016



Millions of Missed Opportunities to Prevent Cardiovascular Events, 2013-2016

- More than 1,000 Americans died each day in 2016 from heart attack, stroke, and other events Million Hearts® is trying to prevent.
- Many opportunities to find and treat risk factors are missed every day.



- 213 M in total
- More than 1 in 2 of these opportunities are among adults aged 35-64

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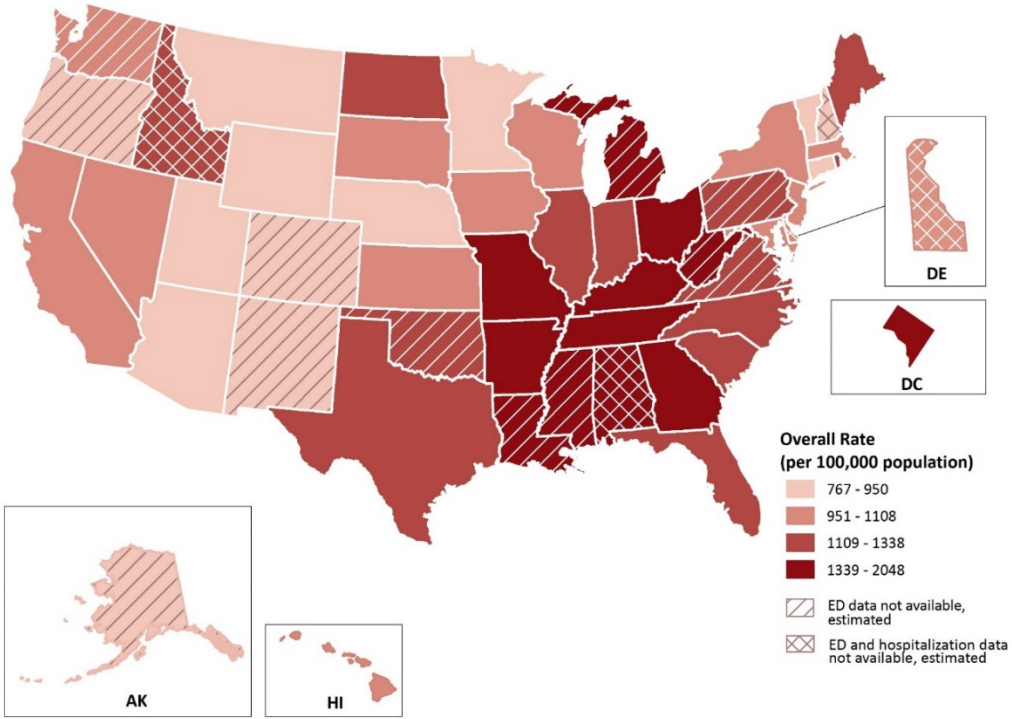
Non-fatal and Fatal Cardiovascular Events Targeted for Prevention by Million Hearts® 2022

- Million Hearts® Events in 2016:
  - 2.2 M hospitalizations, costing $32.7 B
    - About 775,000 in those aged 35-64, costing $13 B
  - 415,480 deaths
    - About 73,000 in those aged 35-64
- 16.3 M events expected 2017-2021 if the 2016 mutually exclusive event rates remain constant:
  - 2.2 million emergency department visits
  - 11.8 million hospitalizations, costing $173.7 B
  - 2.2 million deaths

Million Hearts® -preventable event rates among adults aged ≥18 years by state, 2016

A 6% reduction in events per state would result in one million fewer by 2022



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Source: Agency for Healthcare Research and Quality Healthcare Cost and Utilization Project; National Vital Statistics System Mortality Data

Guide to Million Hearts Vital Signs Data

- State-level data:
  - 2016 Hospitalization & mortality rates; hospitalization costs → **Table 2**
  - 2017-2021 Expected MH events and hospitalization costs → **Table 3**
  - 2016 Age-specific hospitalization & mortality rates; hospitalization costs → **Suppl Table 2**
  - 2016 35-64 yo hospitalization & mortality rates; hospitalization costs; mutually exclusive events → **Suppl Table 3**
- National data:
  - 2016 Hospitalizations, deaths, and hospitalization costs by demographic characteristics and event type → **Table 1**
  - 2017-2021 Expected MH events and hospitalization costs → **Table 3**
  - 2016 35-64y Hospitalization & mortality rates; hospitalization costs; mutually exclusive events; by demographic characteristics and event type → **Suppl Table 3**

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MH Profile: Arkansas

Table 2. Age-standardized Million Hearts® ED, hospitalization, and mortality rates (per 100,000 population) and hospitalization costs among adults aged ≥18 years, 2016

Treat-and-Release ED Visit Rate	Acute Hospitalizations				Mortality Rate
	Rate	Cost, In US$ (2016) billions	Mean cost (US$) per event	Per-capita costs (US$)	
192.5	914.2	0.24	11,307	95	260.0

Table 3. Expected number of Million Hearts-preventable events (in thousands) and hospitalization costs among adults aged ≥18 years during 2017–2021

Treat-and-Release ED Visits	Acute Hospitalizations	Deaths	Total Mutually Exclusive Events	Expected Hospitalization Costs, in US$ (2016) billions
24.7	118.1	34.5	177.3	1.2

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Key: ED=emergency department

Make the Small Changes that Matter

- Preventing heart disease and stroke is possible through a small set of public health, health care, and individual actions
- Improvement in risk factors is slow or stalled and not universal
- Doing what works to improve cardiovascular health and care will protect millions of Americans for years to come
- Join Million Hearts® in turning all communities and clinical teams into high-performers like the ones you will hear about today

Million Hearts®

Thank you!

More on Million Hearts at
www.millionhearts.hhs.gov

Reach me at janet.wright@cms.hhs.gov

Improving Cardiovascular Health with Pharmacies, Health Systems, and Cardiac Rehabilitation

Crystelle Fogle, MBA, MS, RD

Cardiovascular Health Program Manager

Montana Dept. Public Health and Human Services

Promoting Blood Pressure Medication Adherence with Community Pharmacies

Project Objective

- Enhance medication adherence for sample of pharmacy patients on blood pressure (BP) lowering medication
- Disseminate Million Hearts® Team Up. Pressure Down. (TUPD) materials

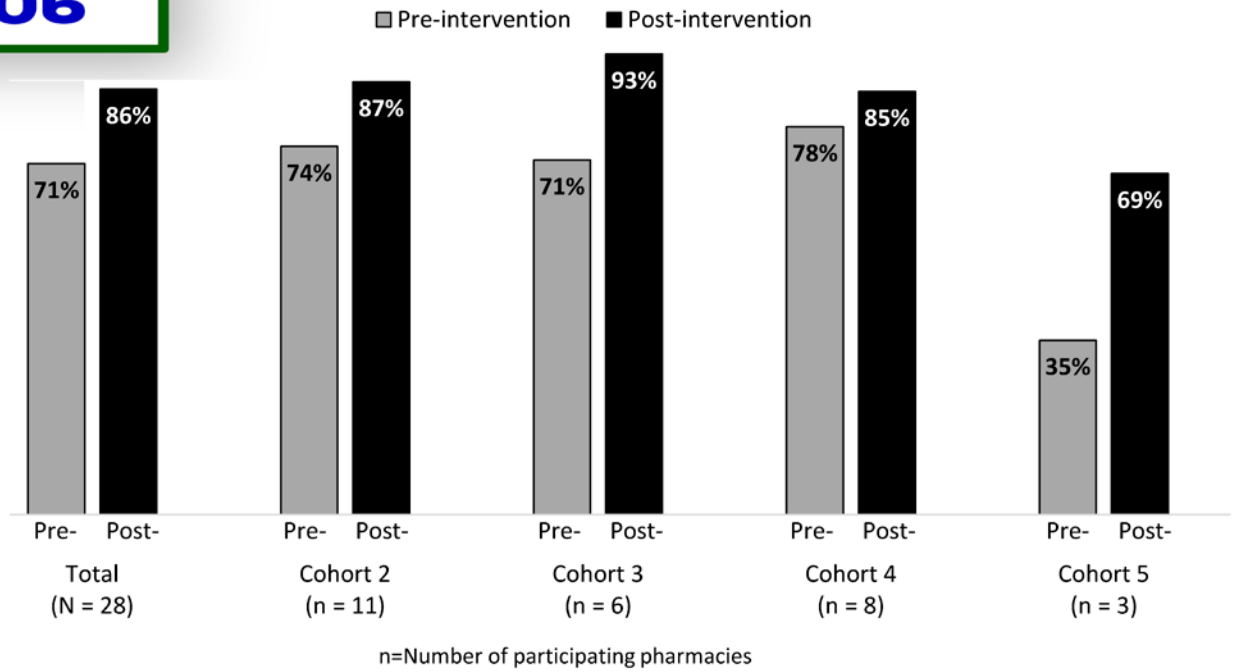
Resources

- Educational materials
- Outreach components
- Tracking tools

Intervention Components

- Brief consultations
- On-site blood pressure measurement
- Assess medication adherence

Participants with PDC*≥ 80%



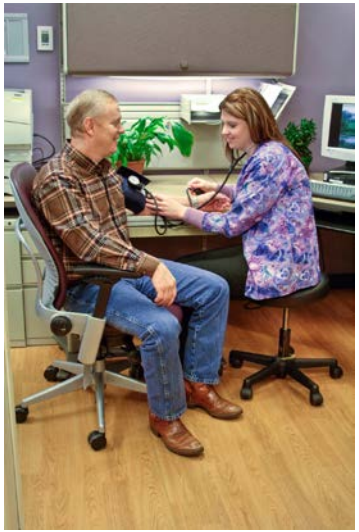
Follow-up period range: 10-11 months

*PDC = Proportion of Days Covered

Implications for Practice

- Can replicate with other chronic disease diseases
- Results can be generalized to other rural states
- Aligns with future grant partnerships
- Project components are sustainable

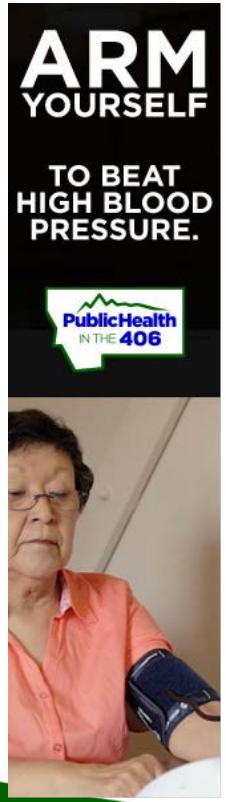
Self Measured Blood Pressure Monitoring (SMBP) with Clinical Support



- Approaches
  - Give BP cuffs to individuals
  - No-cost BP measurements
  - BP cuff loaner program

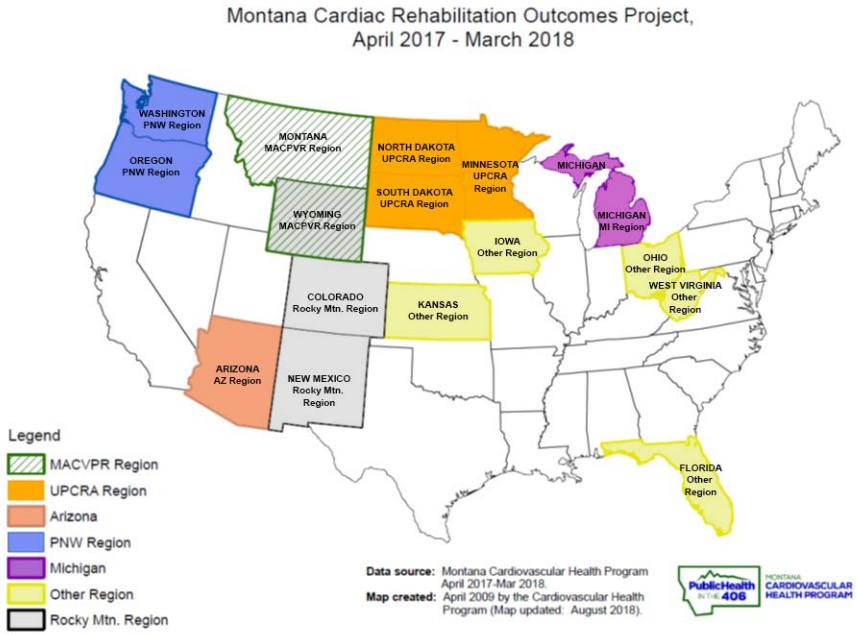
Keys to Successful SMBP

- Single point-of-contact
- Loaner program protocol
- Follow-up appointment
- Share home BP measurements with provider



Cardiac Rehab Outcomes Project

- Registry
- Quarterly data submission to state health department ➔Feedback
- Selected quality improvement



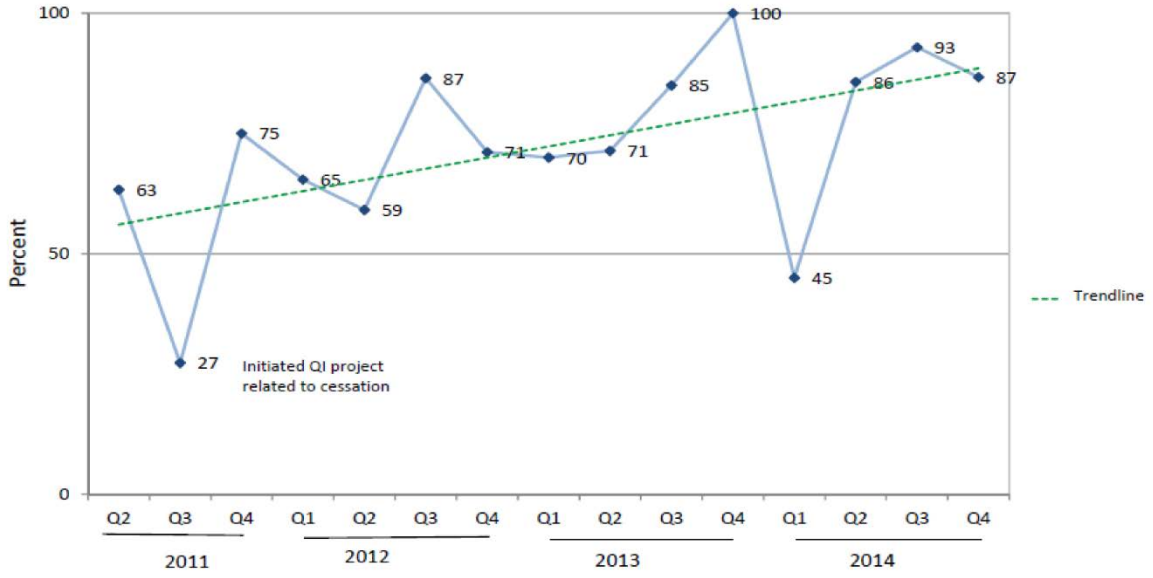
Data Collected

- Cardiac Rehab Domains

- Health (Quality of Life)
- Clinical (BP, Body Mass Index, statin usage, etc.)
- Behavioral (Tobacco use status, fat screener, sodium screener, etc.)
- Service (Patient satisfaction, completion rate, and reasons for not completing)

Example of Cardiac Rehab Quality Improvement

Percentage of adult tobacco users aged ≥ 18 years attending cardiac rehabilitation in participating Outcomes facilities who received Quit Line or cessation referrals, April 2011 – December 2014



Next Step with Cardiac Rehab Partners

- Assessment of MT Association of Cardiovascular & Pulmonary Rehab facilities
- SMBP funding
- Pilot on-line referral system
- Home-based Cardiac Rehab

Questions?

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Dartmouth-Hitchcock HEART & VASCULAR CENTER

Do High Referral Rates Translate to High Participation Rates in Cardiac Rehabilitation? A Regional Experience

Terrence Welch, MD, FACC – Medical Director Cardiac Rehab at the Dartmouth Hitchcock Medical Center

Kristen Frechette, BA, RN- Nurse Manager of Cardiac and Pulmonary Rehab at the Dartmouth Hitchcock Medical Center

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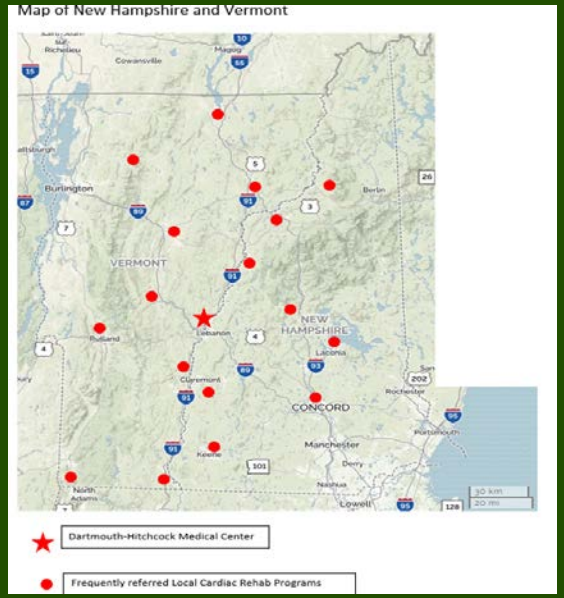
DHMC is a 400 bed tertiary rural academic medical center with a large referral base.



- Cardiac rehab established in 1978
- Devoted RN to inpatient cardiovascular unit
- Works with providers from the inpatient cardiology, catheterization laboratory, and cardiothoracic surgery teams to identify patients with diagnoses that make them eligible for rehabilitation therapy.
- Over 1900 inpatient encounters each year!

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Specific duties and steps taken in the care process are as follows:

- Identifies all patients eligible for cardiac rehabilitation on a daily basis
- Weekend discharge and procedure lists are reviewed so that these patients may be appropriately referred
- Patient education regarding heart disease
- Coordinate and facilitate all referrals to outpatient programs
- Each patient is given a brochure from their local cardiac rehab program (we have over 30 brochures on inpatient unit)

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Opportunity to see how we were doing compared to National rates and if we met Million Heart goals

- Retrospective review of all post Percutaneous Coronary Intervention (PCI) and post Cardiothoracic Surgery patients treated at DHMC between January – June 2015 to assess for appropriate Phase 2 Cardiac Rehab referral.
- DHMC has excellent cardiac rehab referral rates:

Post Percutaneous Coronary Intervention (PCI) Referral Rates:

DHMC = 91.5% National= 61.3%

Post PCI and Cardiothoracic Surgery Referral Rates:

DHMC = 98%

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Do High Referral Rates Translate in to High Participation Rates?

27 Regional CR programs, including DHMC, were contacted and sent a secure list of patients referred to their program

Programs responded: 27

Participation rate of programs (excluding DHMC): 60%

Participation rate at DHMC: 84%

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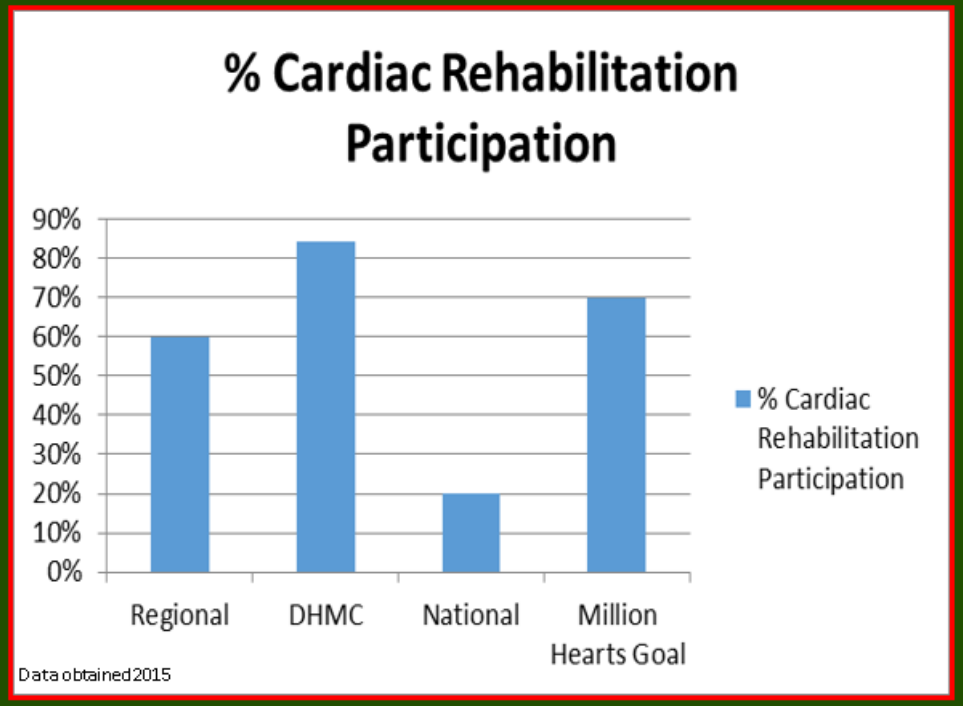
Million Hearts Cardiac Rehabilitation Collaborative:

Increase national Cardiac Rehabilitation participation rates from 20% to 70% by 2022. (1)



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DHMC's success with both high referral rates and participation rates:

- Incorporating a rehabilitation nurse into the inpatient care team to identify and refer eligible patients
  - CR RN is integrated into the hospital, both by location and programming
  - We believe that having the nurses doing the recruiting on the inpatient unit makes a difference!
  - A positive attitude is imperative!
- Minimizing the time delay between hospital discharge and initiation
  - At discharge, the signed discharge summary (which includes an order for phase II CR) is faxed to all the regional referral programs with the face sheet, insurance information. This reduces some of the administrative barriers to starting CR

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Million Hearts® 2022 Resources

- **Million Hearts® Website**
  - **Change Packages**—Hypertension control; ***new*** Cardiac rehabilitation
  - **Action Guides**—Hypertension control; Self-measured blood pressure monitoring (SMBP); Tobacco cessation; Medication adherence; Cardiac rehabilitation
  - **Protocols**—for treatment of Hypertension, Cholesterol, Tobacco use
  - **Tools**—Hypertension prevalence estimator; ASCVD risk estimator
  - **Clinical Quality Measures**
  - **Consumer Resources and Tools**
- **Million Hearts® for Clinicians Microsite**

CDC Vital Signs Electronic Media Resources

- Become a fan on Facebook
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- Follow us on Twitter
  www.twitter.com/CDCgov
- Syndicate Vital Signs on your website
  https://tools.cdc.gov/medialibrary/index.aspx#/media/id/305883
- Vital Signs interactive buttons and banners
  https://www.cdc.gov/socialmedia/tools/buttons/vitalsigns

Thank You

Provide feedback on this teleconference: OSTLTSFeedback@cdc.gov

Please mark your calendars for the next

Vital Signs Town Hall Teleconference

November 27, 2018

2:00–3:00 PM (EST)

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

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