



Speakers Bureau Slides



Million Hearts®

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

- US Department of Health and Human Services initiative, co-led by:
 - Centers for Disease Control and Prevention (CDC)
 - Centers for Medicare & Medicaid Services (CMS)
- Partners across federal and state agencies and private organizations



Overview of Presentation

- Burden of cardiovascular disease
- Key components
- Action steps
- Public/private sector support
- Resources
- What you can do



Heart Disease and Stroke

Leading Killers in the United States

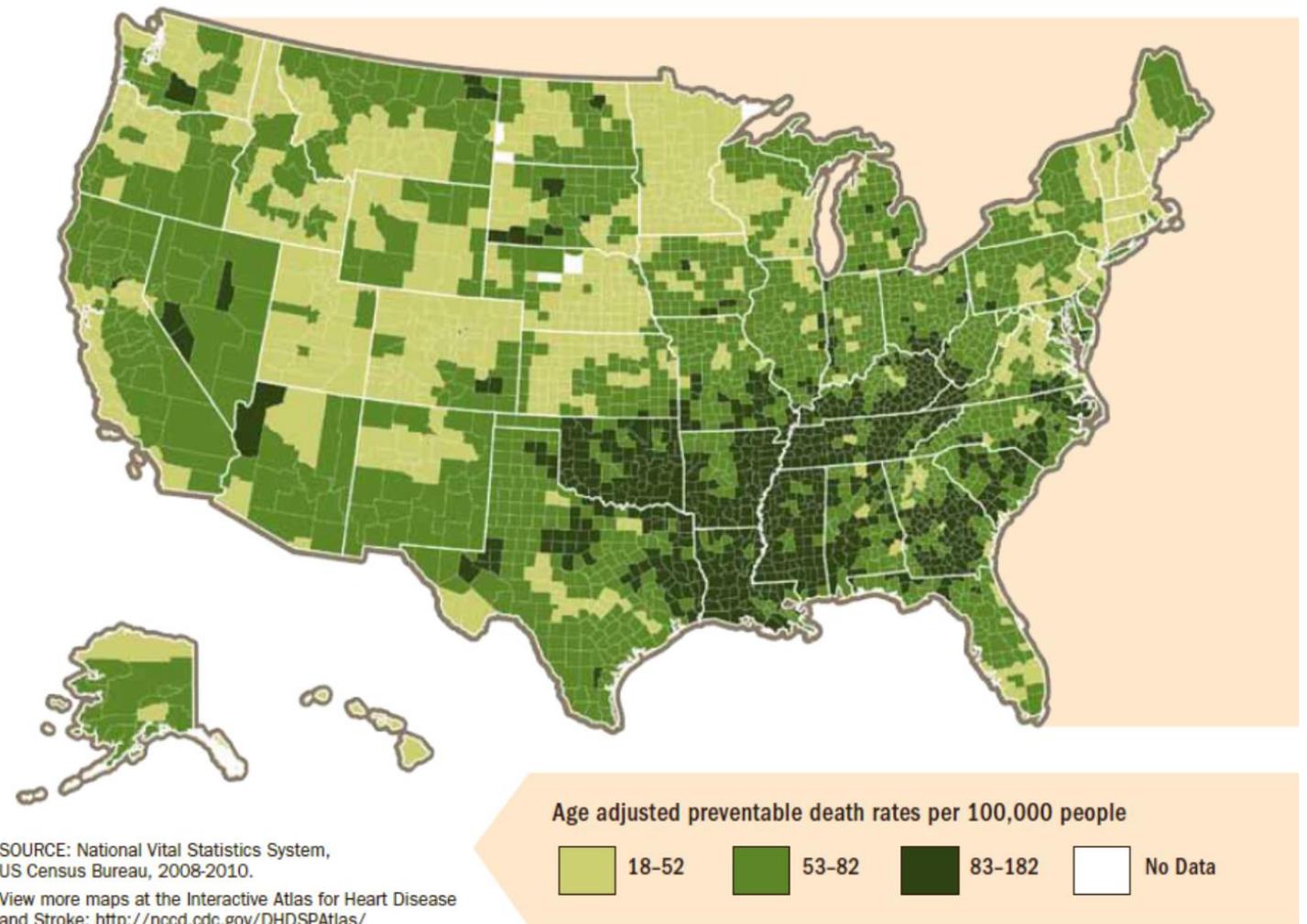
- More than 1.5 million heart attacks and strokes each year
- Cause 1 of every 3 deaths
 - 800,000 cardiovascular disease deaths each year
 - Leading cause of preventable death
 - \$315.4B in health care costs and lost productivity
- Leading contributor to racial disparities in life expectancy



200,000 Preventable Deaths from Heart Disease and Stroke

- Many of the deaths caused by heart disease and stroke are preventable
- Preventable deaths are those attributed to lack of preventive health care or timely and effective medical care

Counties in southern states have the greatest risk overall



Key Components of Million Hearts®

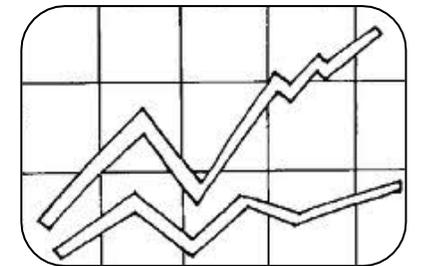
Keeping Us Healthy
Changing the environment

Health
Disparities

Excelling in the ABCS
Optimizing care



Focus on
the ABCS



Health tools
and technology



Innovations in
care delivery



Health Disparities

- African-Americans develop high blood pressure more often, and at an earlier age, than whites and Hispanics do.
- African-Americans are nearly twice as likely as whites to die early from heart disease and stroke.
- American Indians and Alaska Natives die from heart diseases at younger ages than other racial and ethnic groups in the United States. 36% of those who die of heart disease die before age 65.

Source:

Go AS, Mozaffarian D, Roger VL, et al. [Heart disease and stroke statistics—2013 update: a report from the American Heart Association](#). *Circulation*. 2013;127:e6–245.

Morbidity and Mortality Weekly Report (MMWR): Vital Signs: Avoidable Deaths from Heart Disease, Stroke, and Hypertensive Disease — United States, 2001–2010

SS Oh, JB Croft, KJ Greenlund, C Ayala, ZJ Zheng, GA Mensah, WH Giles. Disparities in Premature Deaths from Heart Disease—50 States and the District of Columbia. *MMWR* 2004;53:121–25. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5306a2.htm>



The ABCS to Prevent Heart Attacks and Strokes

Aspirin

People who have had a heart attack and stroke who are taking aspirin

Blood pressure

People with hypertension who have adequately controlled blood pressure

Cholesterol

People with high cholesterol who are effectively managed

Smoking

People trying to quit smoking who get help

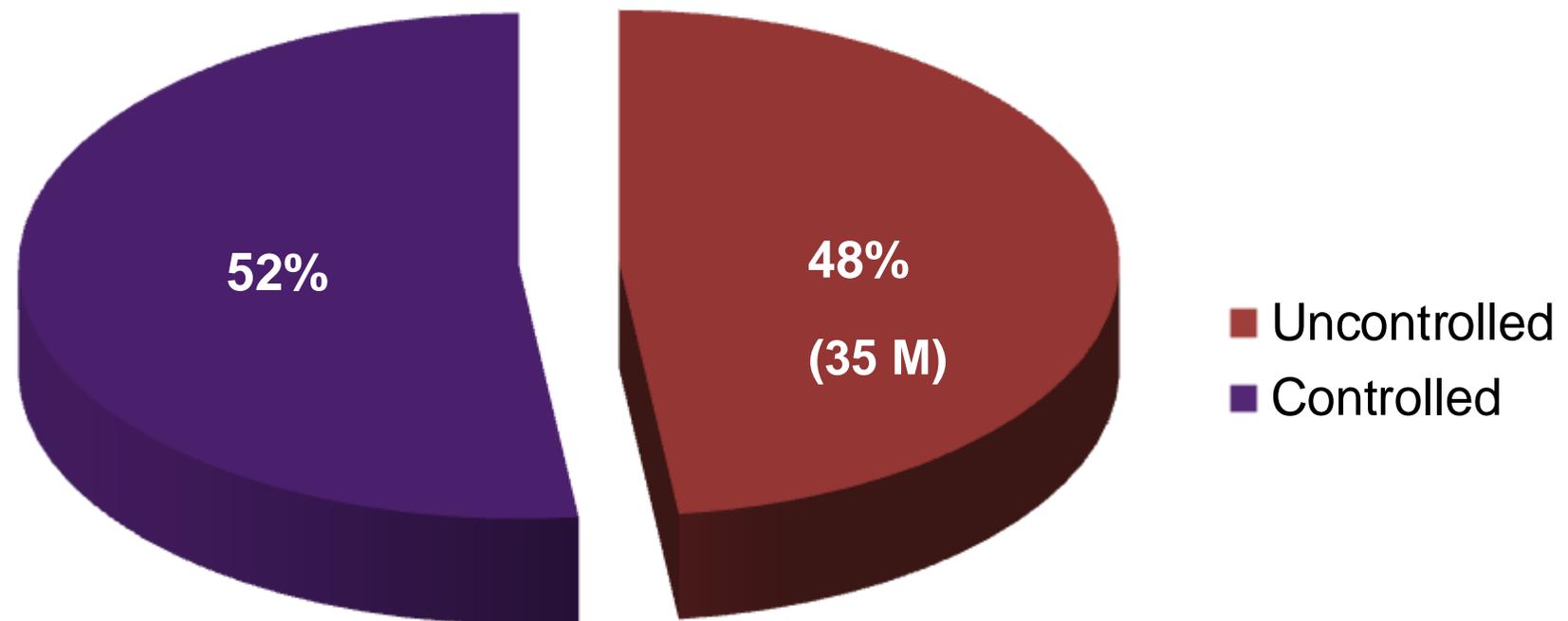


Getting to Goal

Intervention	2009-2010 Measure Value	2017 Target	Clinical target
A spirin for those at risk	54%	65%	70%
B lood pressure control	52%	65%	70%
C holesterol management	33%	65%	70%
S moking cessation	22%	65%	70%
Smoking prevalence	26%	10% reduction (~24%)	
Sodium reduction	3580 mg/day	20% reduction (~2900 mg/day)	
Trans fat reduction (artificial)	0.6% of calories	100% reduction (0% of calories)	

Fewer than Half of Americans with Hypertension Have It Under Control

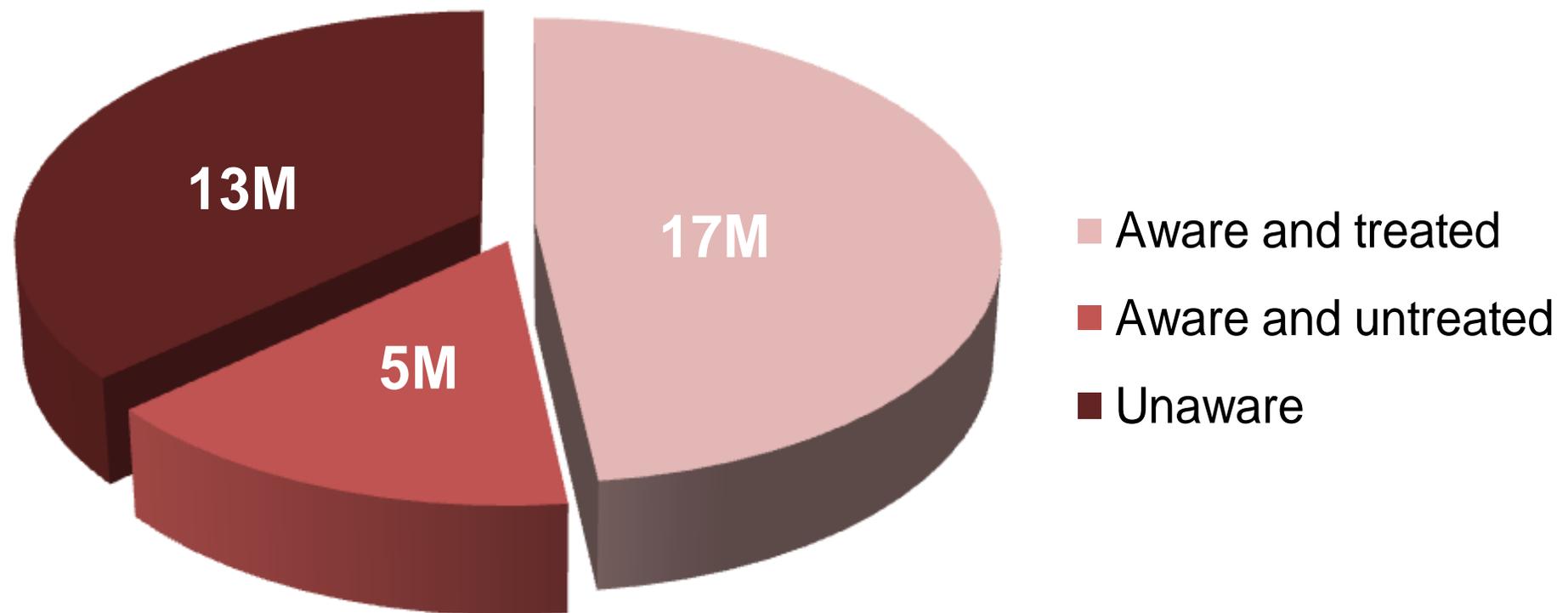
72 MILLION
ADULTS WITH HYPERTENSION (31%)



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

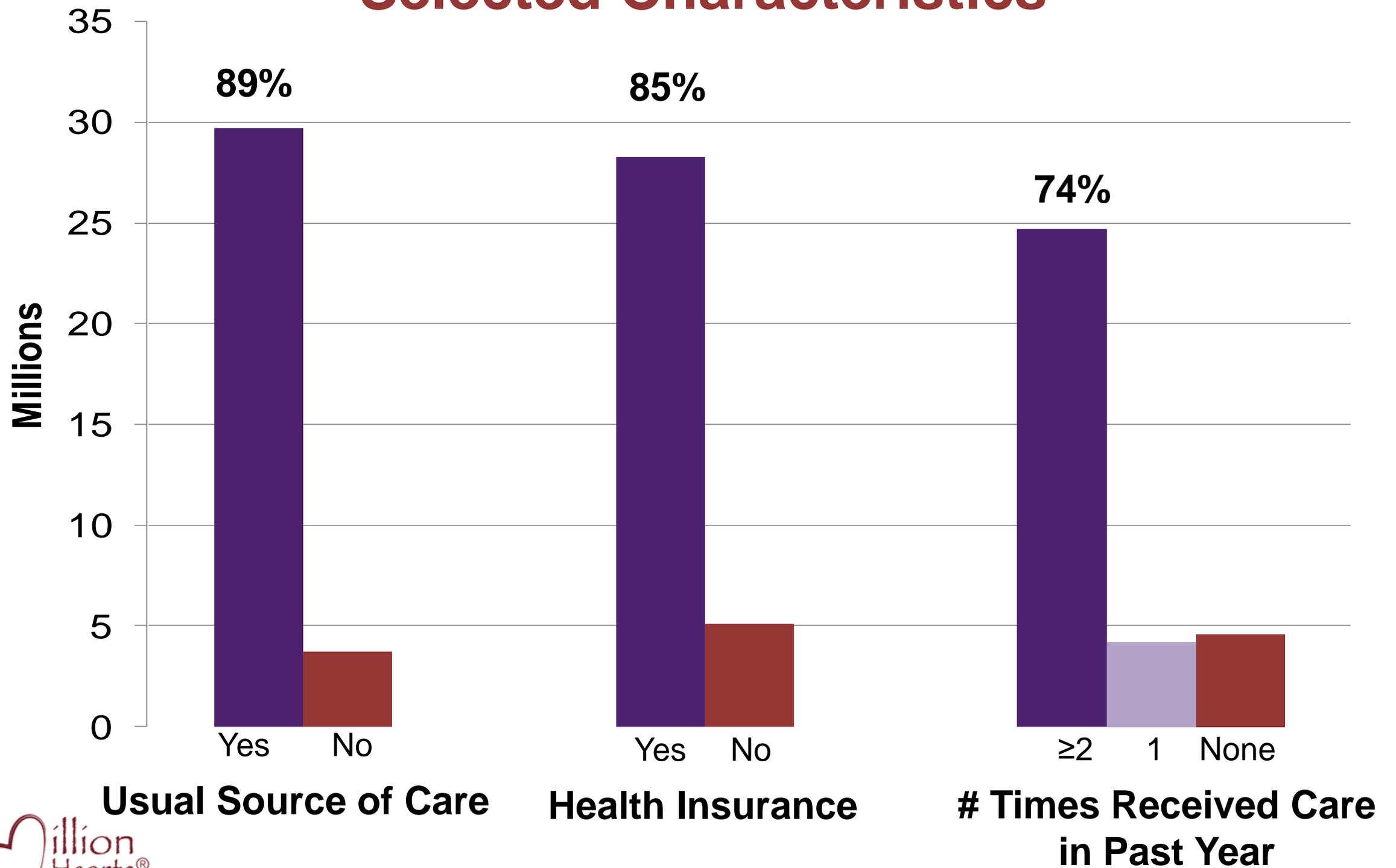
Awareness and Treatment among Adults with Uncontrolled Hypertension

35 MILLION
ADULTS WITH UNCONTROLLED HYPERTENSION



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

Prevalence of Uncontrolled Hypertension by Selected Characteristics



Source: National Health and Nutrition Examination Survey 2009-2012.



MILLION HEARTS IN THE ENVIRONMENT

Targets for the Environment

Intervention	Pre-Initiative Estimate (2009-10)	2017 Target
Smoking prevalence	26%	10% reduction (~24%)
Sodium reduction	3580 mg/day	20% reduction (~2900 mg/day)
Trans fat reduction (artificial)	0.6% of calories	100% reduction (0% of calories)



Keeping Us Healthy

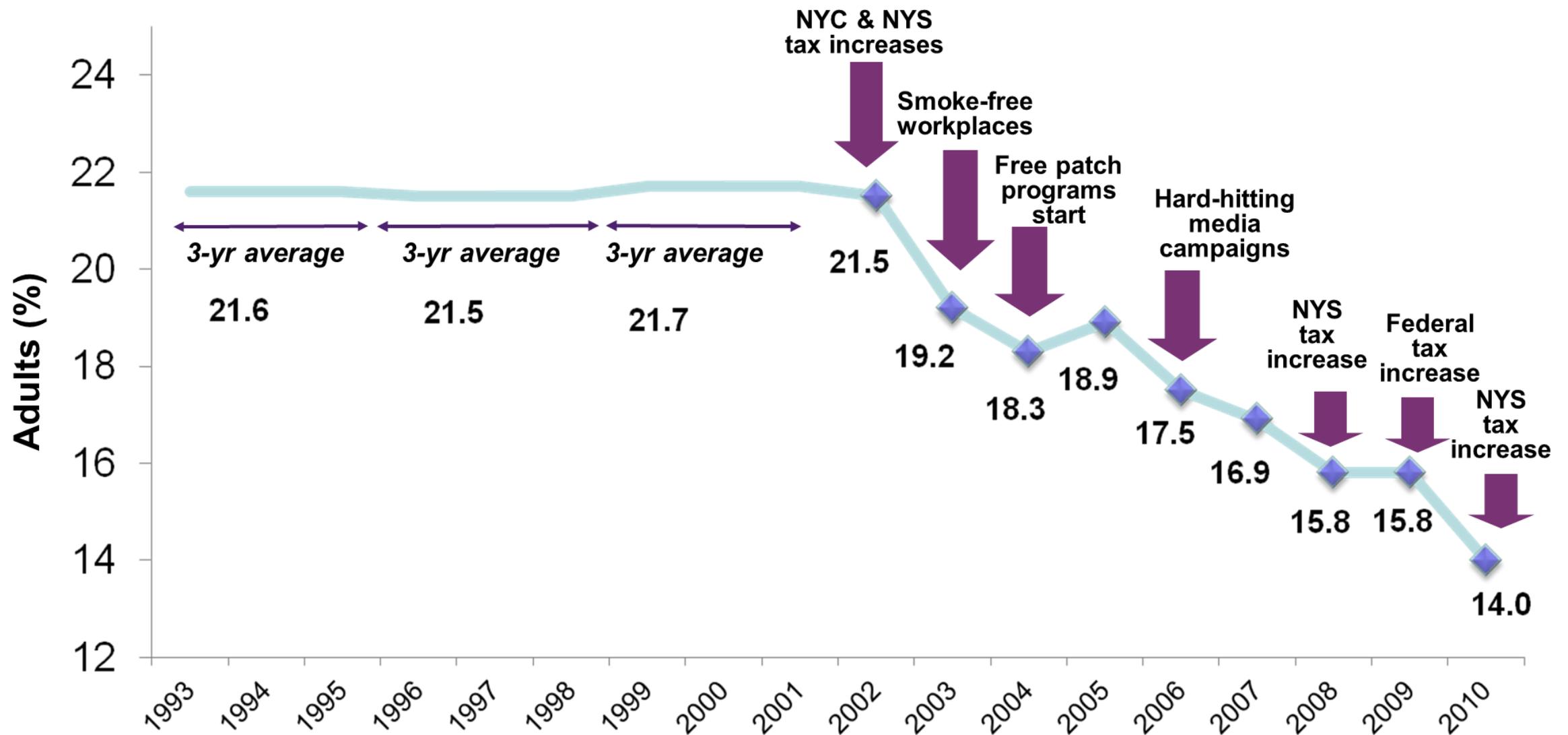
Changing the Environment: Tobacco

Comprehensive tobacco control programs work

- Graphic mass media campaign
- Smoke-free public places and workplace policies
- Free or low-cost counseling and medications
- www.cdc.gov/tobacco/campaign/tips

A graphic mass media advertisement for anti-smoking. It features a man in a blue shirt pulling it open to reveal a vertical surgical scar on his chest. The text reads: "A TIP FROM A FORMER SMOKER" in a black box, "DO YOUR HEART A FAVOR. QUIT SMOKING." in large white letters, and "Roosevelt, Heart attack at age 45 Virginia" in smaller white text. At the bottom, there is a black box with white text: "Smoking causes immediate damage to your body. For Roosevelt, it caused his heart attack. Your heart attack risk drops as soon as you quit smoking. For free help, call 1-800-QUIT-NOW." To the right of this box is the U.S. Department of Health and Human Services logo and the text: "U.S. Department of Health and Human Services Center for Disease Control and Prevention www.smokefree.gov".

450,000 Fewer Smokers in NYC, 2002–2010



New York City Community Health Survey.

Keeping Us Healthy

Changing the Environment : Sodium

About 90% of Americans exceed recommended daily sodium intake

- Increase consumer choice – make more lower sodium options available
 - Implement strategies to lower sodium content of meals and snacks (lower sodium products and recipe modifications)
 - Food purchasing guidelines to increase access to lower sodium foods
- Increase public and professional education about the impact of excess sodium
- Monitor sources of sodium, sodium intake and related health outcomes



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**



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
7	...	3.8
8	Food mixed dishes	3.7
9	Miscellaneous 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.



Keeping Us Healthy *Changing the Context: trans fat*

Eliminating artificial *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 artificial trans fat from processed foods*
- *Federal Register* comment period ended Jan. 2014

Dietz WH, Scanlon, KS. 2012. Eliminating the Use of Partially Hydrogenated Oil in Food Production and Preparation. *JAMA*. 2012;308(2):143-144.

*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)



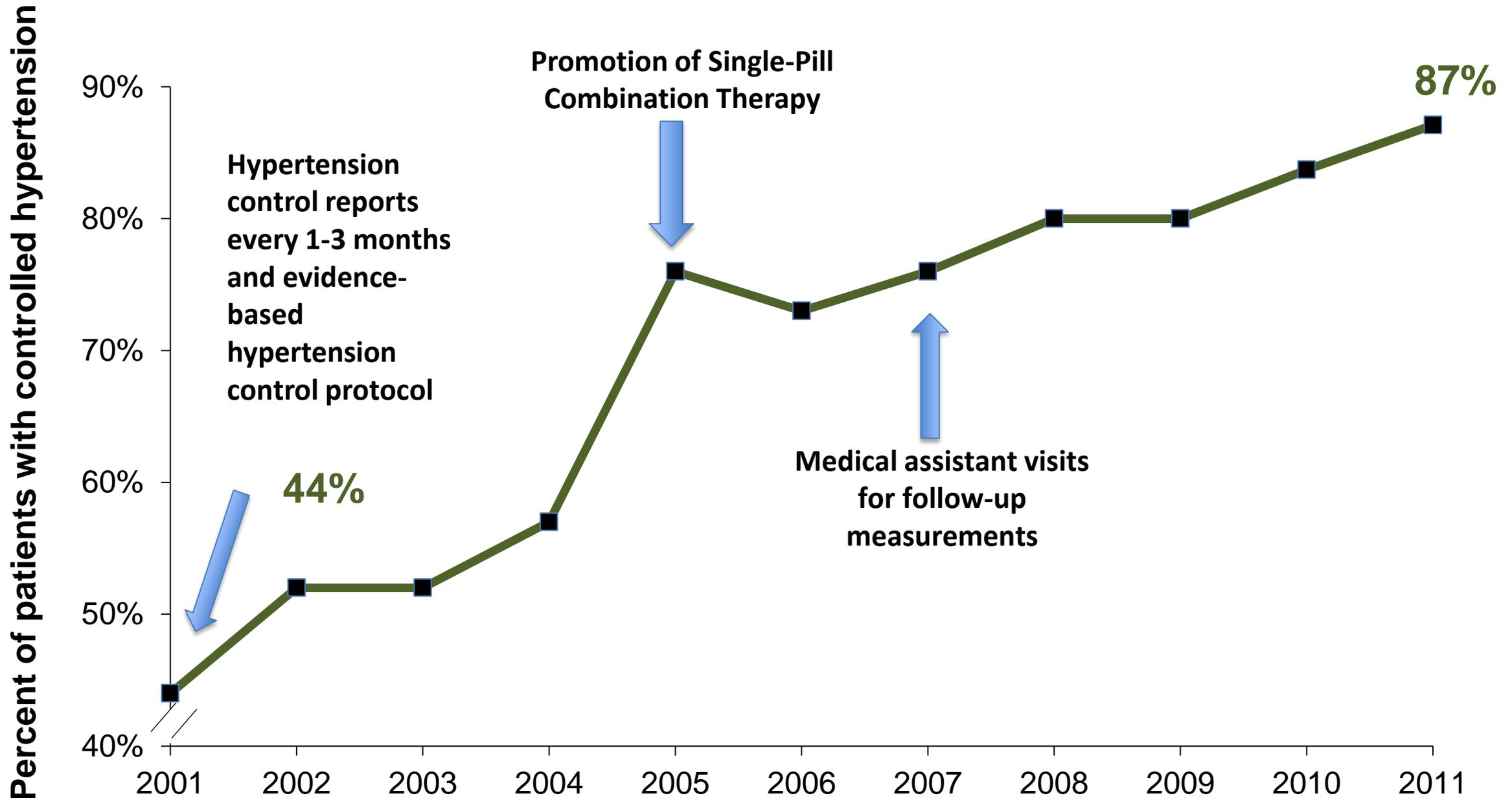
Targets for the ABCS

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%



Increase in Percent of Patients with Controlled Hypertension

Kaiser Permanente Northern California hypertension control rates*



*NCQA: National Committee for Quality Assurance; HEDIS: Healthcare Effectiveness Data and Information Set; KPNC: Kaiser Permanente Northern California
 Source: Jaffe MG, et al. Improved blood pressure control associated with a large-scale hypertension program. JAMA August 21, 2013, Vol 310, No. 7



Clinical Quality Measures

- Clinical quality measures help measure and track performance in the ABCS
- Million Hearts® focuses on:
 - Simple, uniform set of measures
 - Data collected or extracted in the workflow of care
 - Link performance to incentives
- In the future public health and clinical quality data will be available via electronic medical records and Health Information Exchanges



Clinical Quality Measures

ABCS	Number	Measure
A	PQRS 204 NQF 0068	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic Percentage of patients aged 18 years and older with Ischemic Vascular Disease (IVD) with documented use of aspirin or other antithrombotic
B	PQRS 317	Preventive Care and Screening: Screening for High Blood Pressure Percentage of patients aged 18 and older who are screened for high blood pressure
B	PQRS 236 NQF 0018	Hypertension: Controlling High Blood Pressure Percentage of patients aged 18 through 85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90) during the measurement year
C (EHR)	PQRS 316	Preventive Care and Screening: Cholesterol – Fasting Low Density Lipoprotein (LDL) Test Performed AND Risk-Stratified Fasting LDL Percentage of patients aged 20 through 79 years whose risk factors have been assessed and a fasting LDL test has been performed AND who had a fasting LDL test performed and whose risk-stratified fasting LDL is at or below the recommended LDL goal



PQRS = CMS Physician Quality Reporting System, NQF = National Quality Forum,
EHR = electronic health record



Clinical Quality Measures (cont'd)

ABCS	Number	Measure
C (No EHR)	PQRS #2 NQF #0064	Diabetes Mellitus: Low Density Lipoprotein (LDL-C) Control in Diabetes Mellitus Percentage of patients aged 18 through 75 years with diabetes mellitus who had most recent LDL-C level in control (less than 100 mg/dL)
C (No EHR)	PQRS #241 NQF #0075	PQRS Measure #241 (NQF 0075): Ischemic Vascular Disease (IVD): Complete Lipid Panel and Low Density Lipoprotein (LDL-C) Control Percentage of patients aged 18 years and older with Ischemic Vascular Disease (IVD) who received at least one lipid profile within 12 months and who had most recent LDL-C level in control (less than 100 mg/dL)
S	PQRS 226 NQF 0028	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention Percentage of patients aged 18 years or older who were screened about tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user



PQRS = CMS Physician Quality Reporting System, NQF = National Quality Forum, EHR = electronic health record

Excelling in the ABCS

Optimizing care: Health Info Technology

- Goal: Full deployment of health information technology
 - Electronic Health Records (EHRs)
 - Patient registries
 - Clinical decision support tools
 - E-prescribing
 - Medication adherence and other patient reminders
 - Patient portals



Excelling in the ABCS

Optimizing care: Care Innovations

- Team-based care
 - Utilizing full scope of practice
 - Collaborative Drug Therapy Management
- Self-measured BP monitoring with clinical support
- Payment for improved health outcomes from innovative models of care

Million Hearts in Action: *Maryland*

- Million Hearts Implementation Plan bringing all stakeholders to a common table to:
 - Improve clinical care
 - Strengthen tobacco control
 - Promote a healthy diet
 - Encourage workplace wellness
 - Incentivizing local public health action
- Data-driven approach with Maryland's StateStat

Help Million Hearts™ prevent 1 million heart attacks and strokes by 2017.

Control your
blood pressure
and lead a longer,
healthier life.

millionhearts.hhs.gov

Take steps to control your blood pressure:

- Check your blood pressure at home, at a pharmacy, or at a doctor's office
- Talk to your pharmacist or health care professional about what your numbers mean and tips to remember medications
- Take medications as prescribed
- If you smoke, call a tobacco quit line for help: 1-800-QUITNOW



MillionHearts



@MillionHearts

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High blood pressure is a leading cause of heart attack and stroke. One in three Americans has high blood pressure, and less than half of them have it under control.





**YOU CAN PREVENT HEART
ATTACKS AND STROKES BY....**

Action Steps: State and Local Governments Achieving Excellence In The ABCS

- Convene and collaborate with stakeholders across public health and healthcare in order to enhance effectiveness and efficiency of efforts to prevent heart attack and stroke
- Increase awareness of preventability of heart disease and stroke and their risk factors
- Adopt and report on the Million Hearts® Clinical Quality Measures
- Increase efforts to reduce sodium and eliminate trans fats in the food supply
- Promote smoke-free air policies, effective tobacco package labeling, restricted tobacco advertising, and higher tobacco prices to help smokers quit and keep nonsmokers tobacco-free.



Action Steps: Healthcare Systems

Achieving Excellence in the ABCS

- Adopt and report on the Million Hearts® Clinical Quality Measures
- Provide timely feedback on performance to the clinical teams
- Recognize and reward high performing teams
- Implement systems to alert clinicians of patterns of high blood pressure, high cholesterol, and smoking status of patients.
- Support titration of hypertension and cholesterol medications by clinical team members via a physician-approved protocol



Action Steps: Clinicians

Achieving Excellence in the ABCS

- Use registries to identify and proactively target patients with gaps in control of the ABCS
- Adopt a standardized treatment approach for the ABCS; protocols and algorithms can help the team help patients
- Train patients to use validated home blood pressure monitors and incorporate readings into decision-making.
- Assess all patients for tobacco use; provide medications, counseling, and encouragement to use quit lines
- Advocate the use medication reminders like pill boxes, alarms, vibrating watches, and smart phone applications

Action Steps: Payers

Achieving Excellence in the ABCS

- Place blood pressure medications and statins in a no- or low co-pay tier
- Analyze pharmacy claims data to identify non-adherent beneficiaries with hypertension; follow-up with reminders to improve adherence
- Provide coverage of validated home blood pressure monitors
- Provide coverage with no or low out-of-pocket costs for FDA-approved prescription tobacco cessation medications and over-the-counter nicotine replacement products
- Support team-based models that promote patient self-monitoring of blood pressure and medication adherence

Action Steps: Pharmacists/Pharmacies

Achieving Excellence In The ABCS

- Develop policies and systems to allow for 90-day prescription refills
- Provide medication therapy management (MTM) that supports the ABCS
- Track prescription refills and alert prescribers when necessary
- As state laws permit, implement collaborative drug therapy management agreements with clinicians
- Encourage policies that expand the use of generic medications when clinically appropriate.
- Provide blood pressure screening with clinician referrals for follow up
- Sell validated home blood pressure monitors



Action Steps: Employers

Achieving Excellence In The ABCS

- Provide health insurance coverage with no or low out-of-pocket costs for
 - hypertension or cholesterol medications
 - home blood pressure monitoring devices with clinical support
 - prescription tobacco cessation medications and FDA- approved over-the-counter nicotine replacement products
- Provide one-on-one or group lifestyle counseling and follow-up monitoring for employees with high blood pressure or prehypertension, or high cholesterol
- Have a written policy banning tobacco use at worksites
- Make most of food and beverage choices available in vending machines, cafeterias, snack bars, or other purchase points be healthier food items.



Action Steps: Faith Based Organizations Achieving Excellence In The ABCS

100 Congregations for Million Hearts®

- Designate a Million Hearts® Advocate among membership to serve as a resource for heart health information.
- Focus on two or more of these action steps for the next year and share progress:
 - Deliver pulpit and other leadership messages
 - Distribute wallet cards and journals for recording blood pressure readings
 - Facilitate connections with local health professionals and community resources



Public Partners

- Centers for Disease Control and Prevention (co-lead)
- Centers for Medicare & Medicaid Services (co-lead)
- Administration for Children and Families
- Administration for Community Living
- Agency for Healthcare Research and Quality
- Environmental Protection Agency
- Food and Drug Administration
- Health Resources and Services Administration
- Indian Health Service
- National Heart, Lung, Blood Institute
- National Institute for Neurological Diseases
- Offices of Minority Health
- Office of the National Coordinator for Health Information Technology
- Office of Personnel Management
- Substance Abuse and Mental Health Services Administration
- U.S. Department of Veteran's Affairs
- State and Local governments

Private Support

- Health care systems
- Clinicians
- Professional organizations
- Faith-based organizations
- Commercial payers
- Pharmacies
- Employers
- Health advocacy groups





TOOLS & RESOURCES

Million Hearts® Resources

- [Hypertension Treatment Protocols](#)
- [Hypertension Control: Action Steps for Clinicians](#)
- [Hypertension Control Champions](#)
- [Self-Measured Blood Pressure Monitoring Guide](#)
- Grand Rounds:
 - [Million Hearts® Grand Rounds](#)
 - [Hypertension Grand Rounds: Detect, Connect, and Control](#)
- [Cardiovascular Health: Action Steps for Employers](#)
- [Million Hearts® E-update](#)
- Spanish language [website](#)
- [100 Congregations for Million Hearts®](#)
- [Team up. Pressure down. program](#)
- Visit <http://millionhearts.hhs.gov/> to find other useful Million Hearts® resources.



References

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Thank You!