

Million Hearts



Agenda

- Housekeeping/Introductions
- An overview of the Million Hearts initiative
- An overview of the partnership between Baptist Health South Florida and the Health Foundation of South Florida
- Resources/Next training
- Questions/Comments

Presenters

- Janet Wright, Executive Director, Million Hearts, U.S. Department of Health and Human Services
- Jackie LeBouef, Administrative Program Analyst, Baptist Health South Florida
- Allison Bivin, Grants Administrator, Baptist Health South Florida
- Martha Pelaez, Healthy Aging Regional Collaborative Director, Health Foundation of South Florida

Million Hearts™

Community Leaders Making a Difference



Janet Wright MD FACC
Executive Director, Million Hearts

Million Hearts™ Initiative

**A national initiative, co-led by
CDC and CMS**

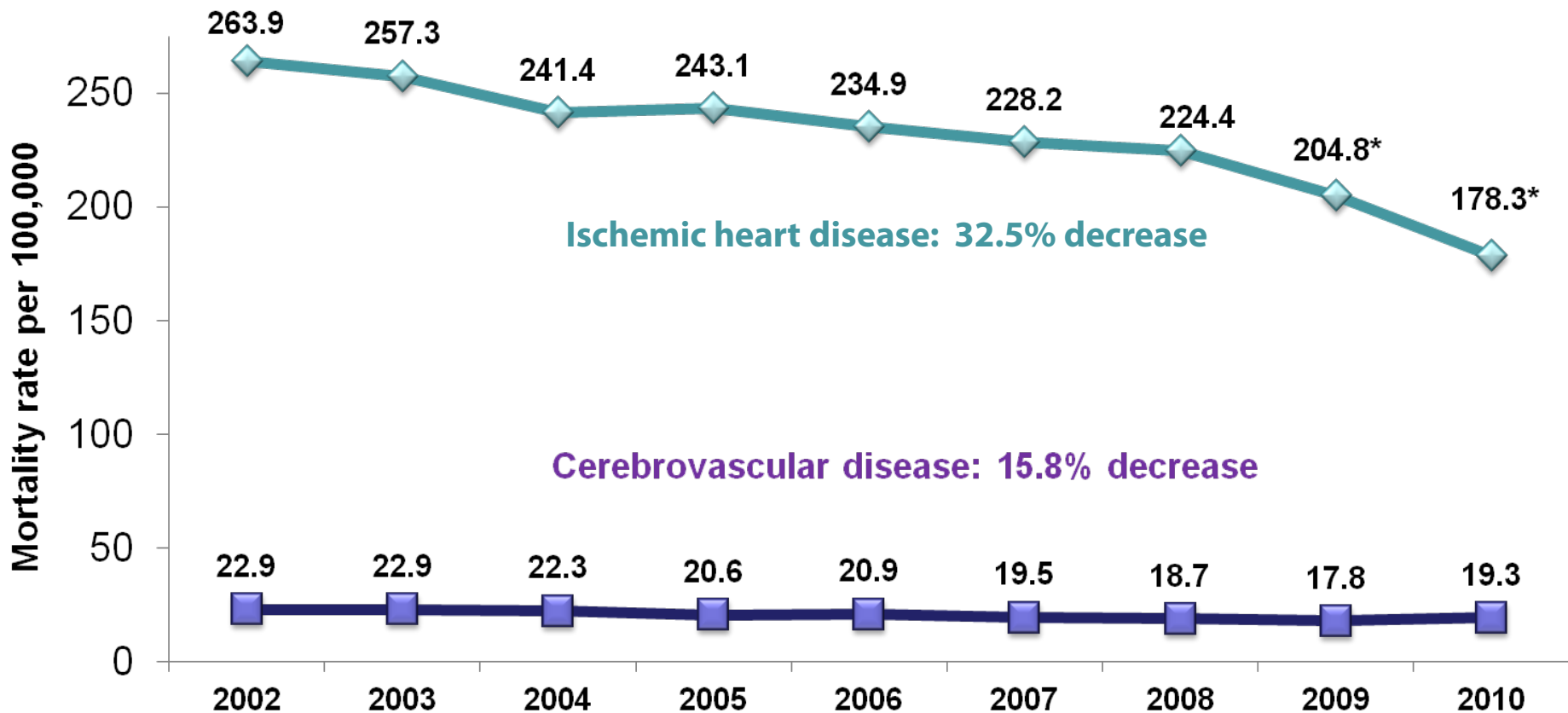
**Supported by many federal and
state agencies
and private-sector
organizations**



**Goal: Prevent 1 million heart attacks
and strokes in 5 years**

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

Declining Mortality Rates for Heart Disease and Stroke



Crude rates for both ischemic heart disease (ICD 10: 120-125) and cerebrovascular disease (ICD-10: 160-169).

New York City Department of Health and Mental Hygiene, Bureau of Vital Statistics, 2012

*Decline may be due in part to data reporting changes:

<http://www.nyc.gov/html/doh/downloads/pdf/vs/vs-population-and-mortality-report.pdf>



Heart Disease and Strokes

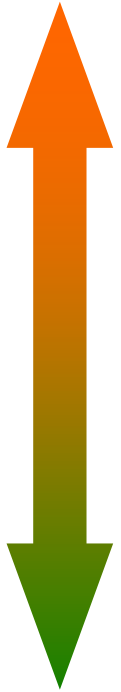
Leading Killers in the United States

- 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

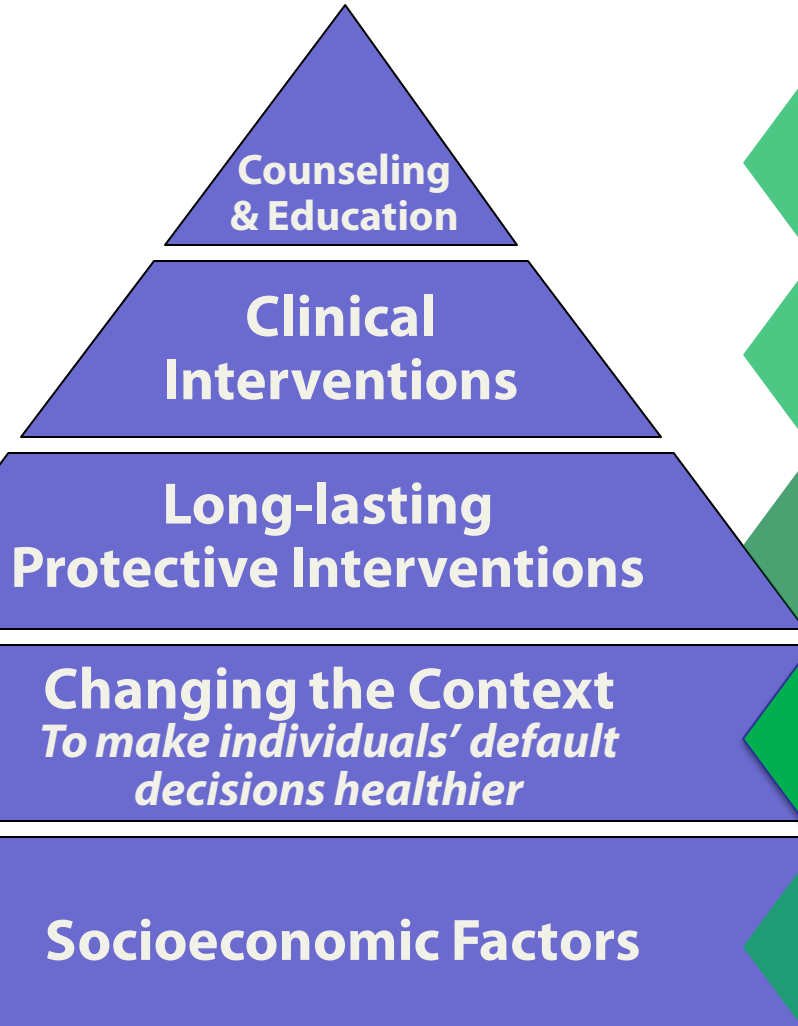


Factors that Affect Health

**Smallest
Impact**



**Largest
Impact**



Examples for
cardiovascular health

Eat healthy, be physically
active

Rx for high blood pressure,
high cholesterol

Brief intervention for
alcohol, cessation
treatment

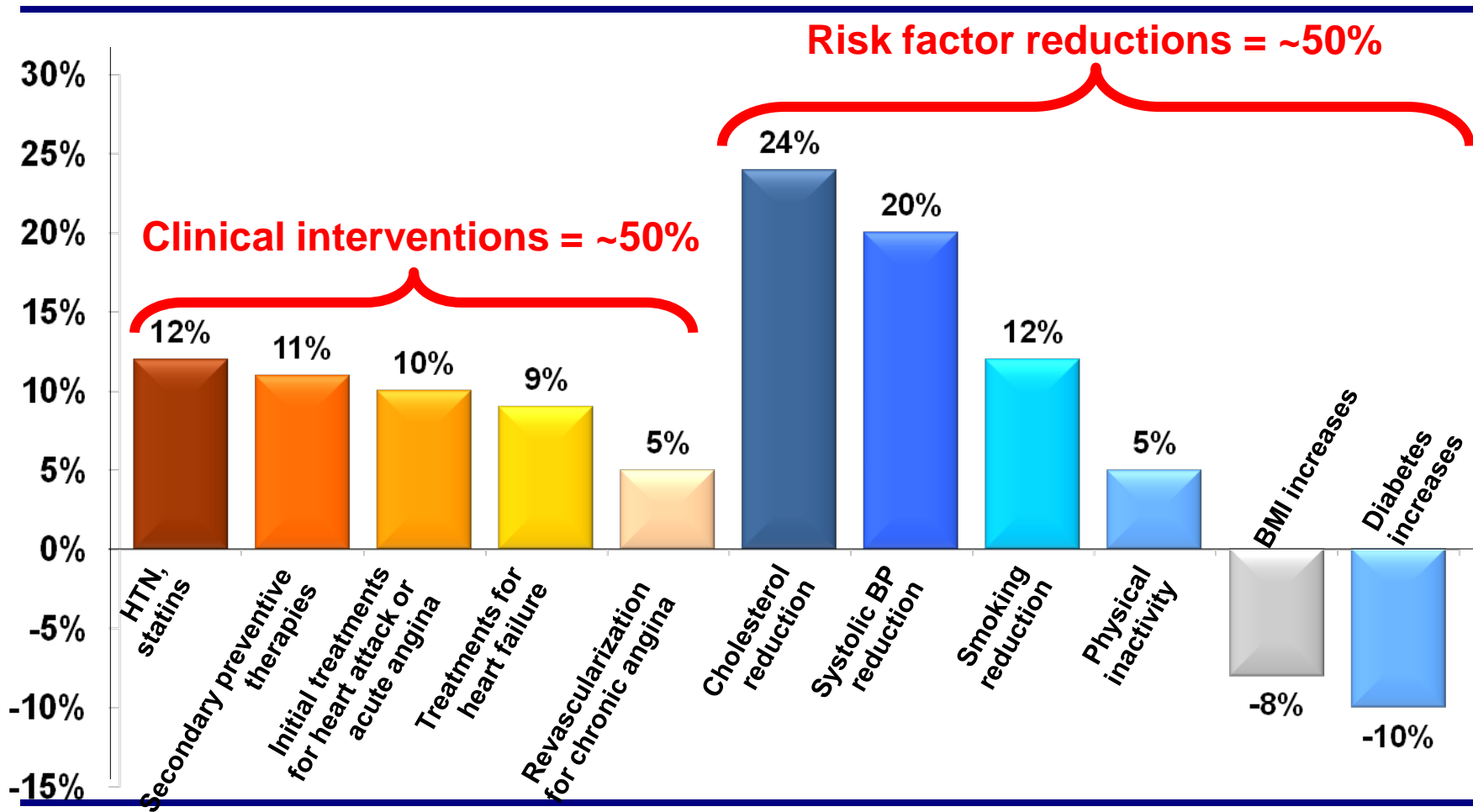
0g trans fat, salt, smoke-
free laws, tobacco tax

Poverty, education,
housing, inequality



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

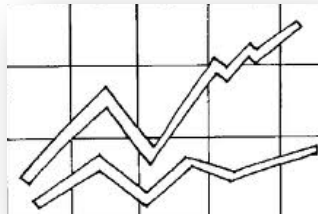
BMI, Body mass index



Key Components of Million Hearts

**CLINICAL
PREVENTION**
Optimizing care

**Focus on
ABCS**



**Health
information
technology**



**Clinical
innovations**



**COMMUNITY
PREVENTION**
Changing the context



Status of the ABCS

Aspirin

People at increased risk
of cardiovascular events
who are taking aspirin

47%

Blood
pressure

People with hypertension
who have adequately
controlled blood pressure

46%

Cholesterol

People with high cholesterol
who are effectively managed

33%

Smoking

People trying to quit smoking
who get help

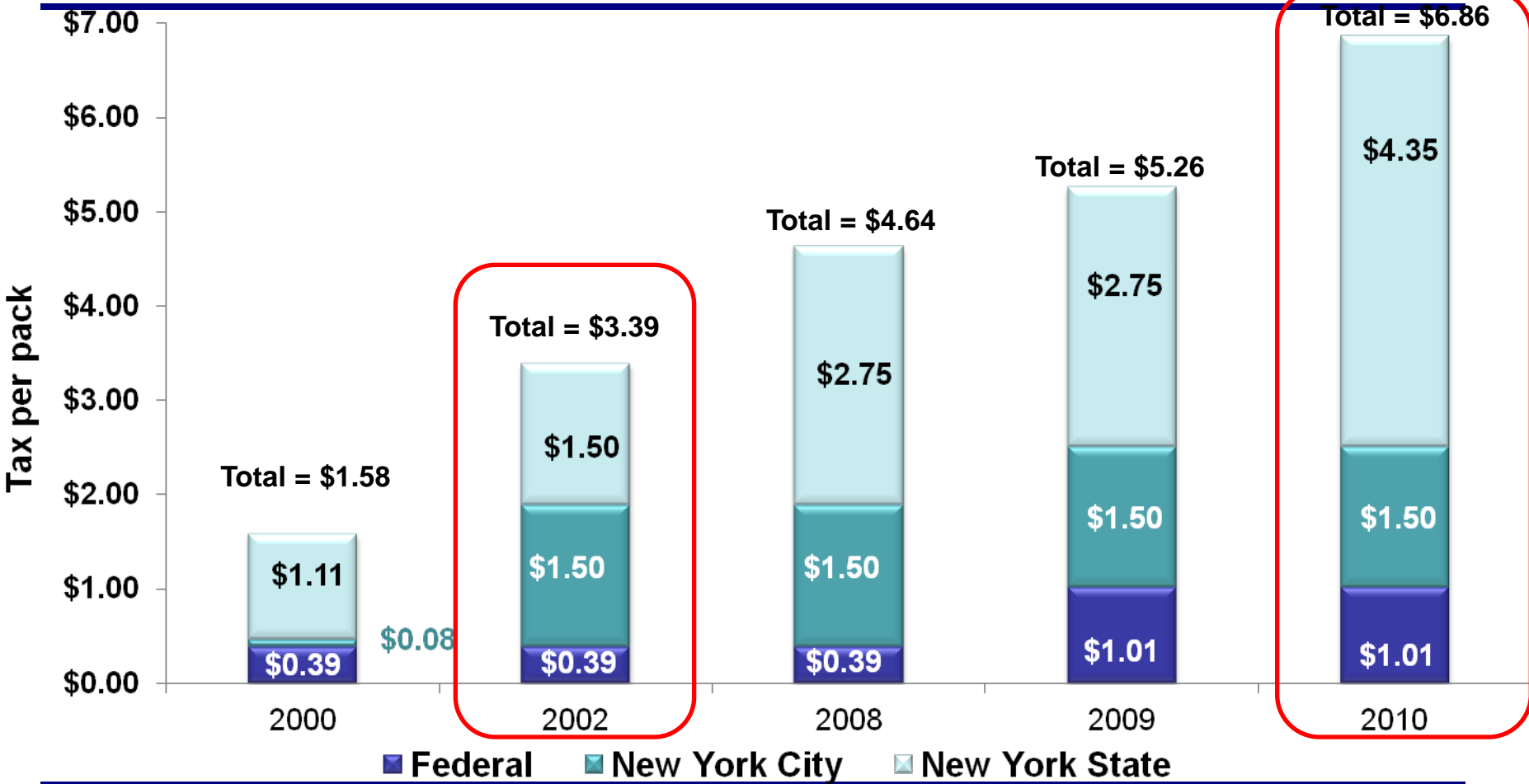
23%



MMWR: Million Hearts: Strategies to Reduce the Prevalence of Leading Cardiovascular Disease Risk Factors — United States, 2011, Early Release, Vol. 60

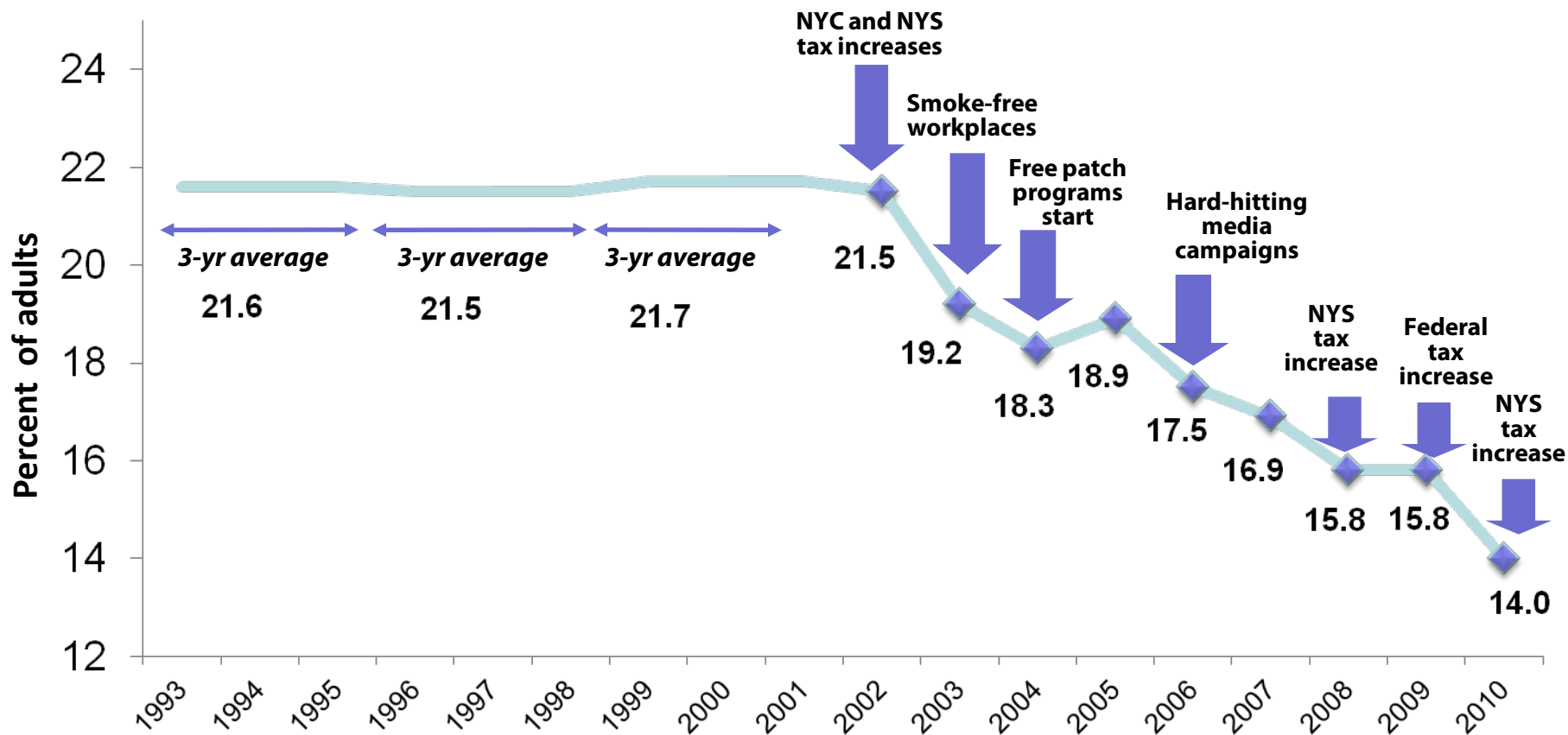


Raising the Price of Cigarettes Through Excise Taxes



Decline in Smoking in New York City, 2002–2010

450,000 Fewer Smokers



New York City Community Health Survey



Community Prevention

Reducing the Need for Treatment: Sodium

- Menu labeling requirements in chain restaurants
- Food purchasing policies to increase access to low sodium foods
- Public and professional education about the impact of excess sodium
- Collect and publish info on sodium consumption

About 90% of Americans exceed recommended sodium intake

Community Prevention

Reducing the Need for Treatment: Trans Fat

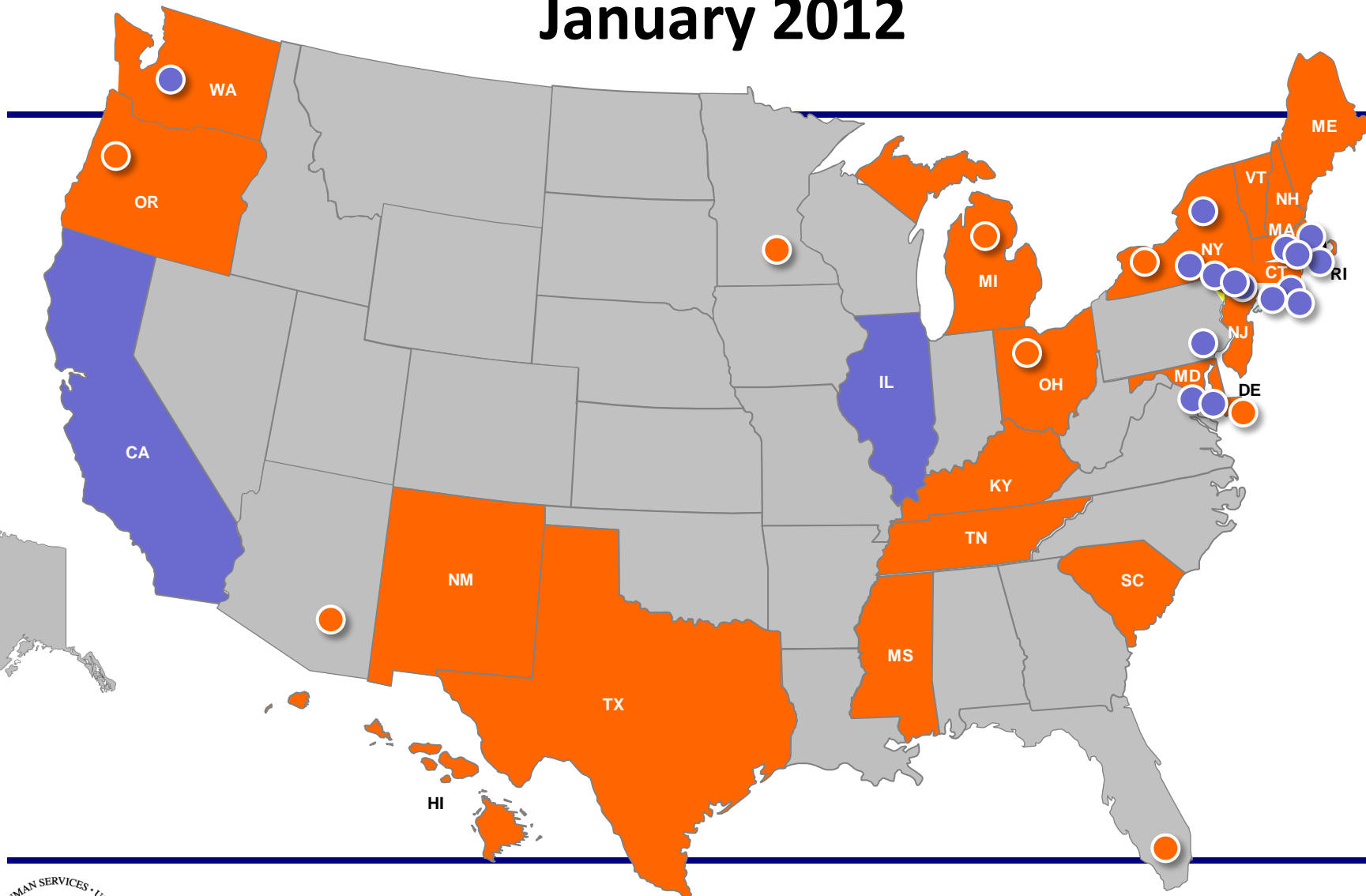
- Trans fat
 - Increases LDL (bad) and decreases HDL (good) cholesterol
 - IOM: Reduce intake as close to zero as possible
- FDA: Requires labeling of trans fats content
- Replacing artificial trans fat is feasible and it does not increase cost or change flavor or texture of foods
- Monitor and publish trans fat levels in the population
- Encourage food industry to eliminate trans fats



IOM, Institute of Medicine
FDA, Food and Drug Administration



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 billion in benefit payments/day
 - Medicare and Medicaid pay ~1/3 of national health expenditures
 - >1.2 B fee-for-service claims and replies to >75 M inquiries/year
 - **Millions of consumers will receive health care coverage through new health insurance programs authorized in the Affordable Care Act**
-



CMS Three-Part Aim

- Better health for the population
- Better care for individuals
- Lower cost through improvement



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



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 cardiovascular disease
 - Timely and smart clinical decision support
 - Reminders and other health-reinforcing messages



Clinical Prevention

Optimizing Quality, Access, and Outcomes

- Innovate in care delivery
 - Embed ABCS and incentives in new models
 - o Health Homes, Accountable Care Organizations, bundled payments
 - o Interventions that lead to healthy behaviors
 - Mobilize a full complement of effective team members
 - o Pharmacists, cardiac rehabilitation teams
 - o Health coaches, lay workers, peer wellness specialists



Million Hearts™: Getting to the Goal

| Intervention | Baseline | Target | Clinical target |
|--|---------------------|------------------|-----------------|
| A spirin for those at high risk | 47% | 65% | 70% |
| B lood pressure control | 46% | 65% | 70% |
| C holesterol management | 33% | 65% | 70% |
| S 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)



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



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 Associations**
- **National Committee for Quality Assurance**
- **National Community Pharmacists Association**
- **Samford McWhorter School of Pharmacy**
- **SUPERVALU**
- **The Ohio State University**
- **UnitedHealthcare**
- **University of Maryland School of Pharmacy**
- **Walgreens**
- **WomenHeart**
- **YMCA of America**

What the Future Could Look Like

- Lower sodium foods are abundant and inexpensive
- Blood pressure monitoring starts at home and ends with successful control
- Data flows seamlessly between settings
- Professional advice when, where, and how you need it
- No or low co-pays for medications

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



Green BB, et al. JAMA 2008;299:2857-67

Take the Pledge



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



[Million Hearts](#)



[@millionheartsus](#)

Baptist Health Follow-up Care at Homestead



Baptist Health South Florida

Healthy Aging Regional Collaborative

- Created and supported by the Health Foundation of South Florida
- Increases the region's attention to healthy aging
- An established cost-effective, evidence-based approach to improve and maintain the health and quality of life of older adults

Primary Points



**Introduction:
Baptist
Health South
Florida /
Homestead
Hospital**



**What Drives
the Need for
the Clinic**



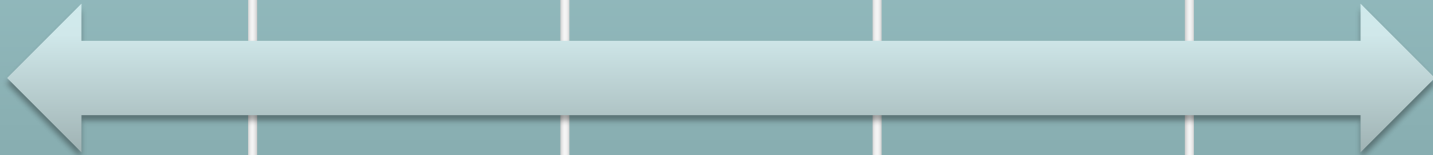
**Clinic Care
Philosophy:
Approach**



**Stanford
Chronic
Disease Self
Management
Program
(CDSMP)**



Goals

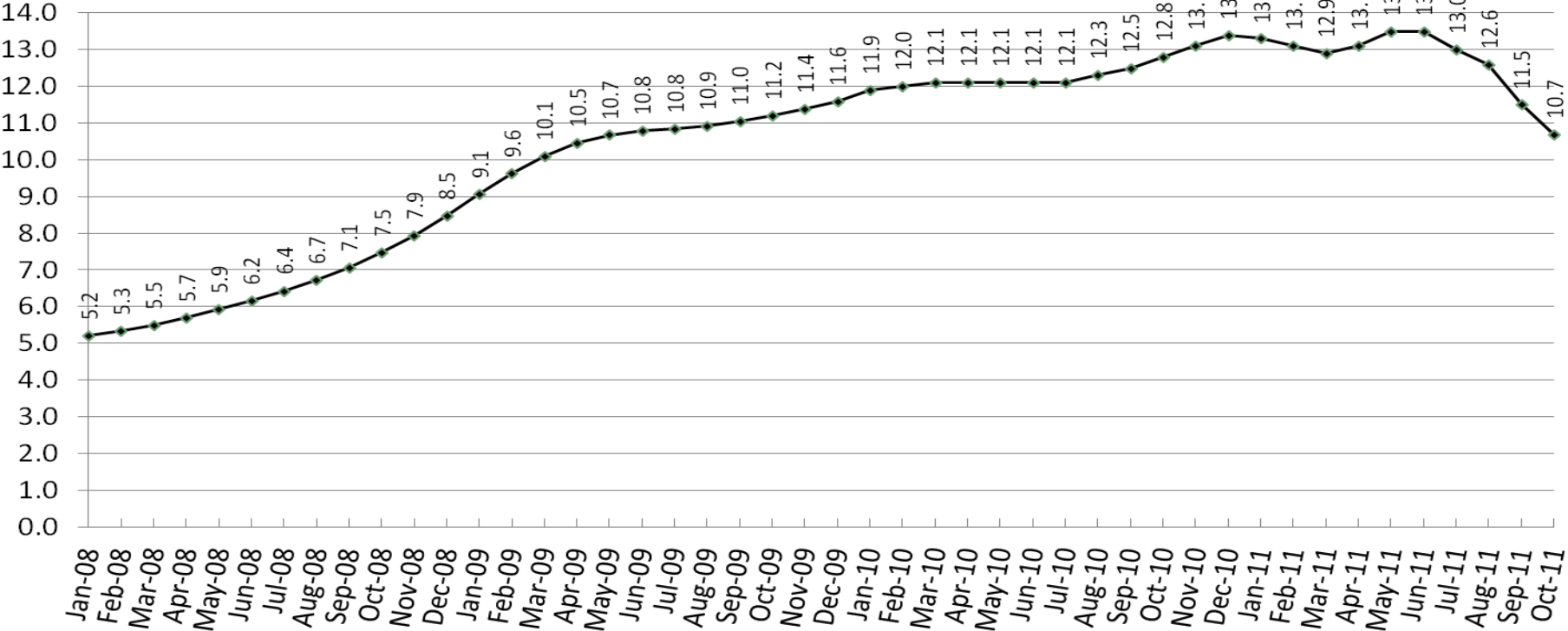


Introduction

- Baptist Health South Florida
- Community demographics
- Homestead Hospital – facility
- Patient service utilization
- Unique needs of our patients

Miami-Dade Unemployment Rate

Miami Dade Percent Unemployment

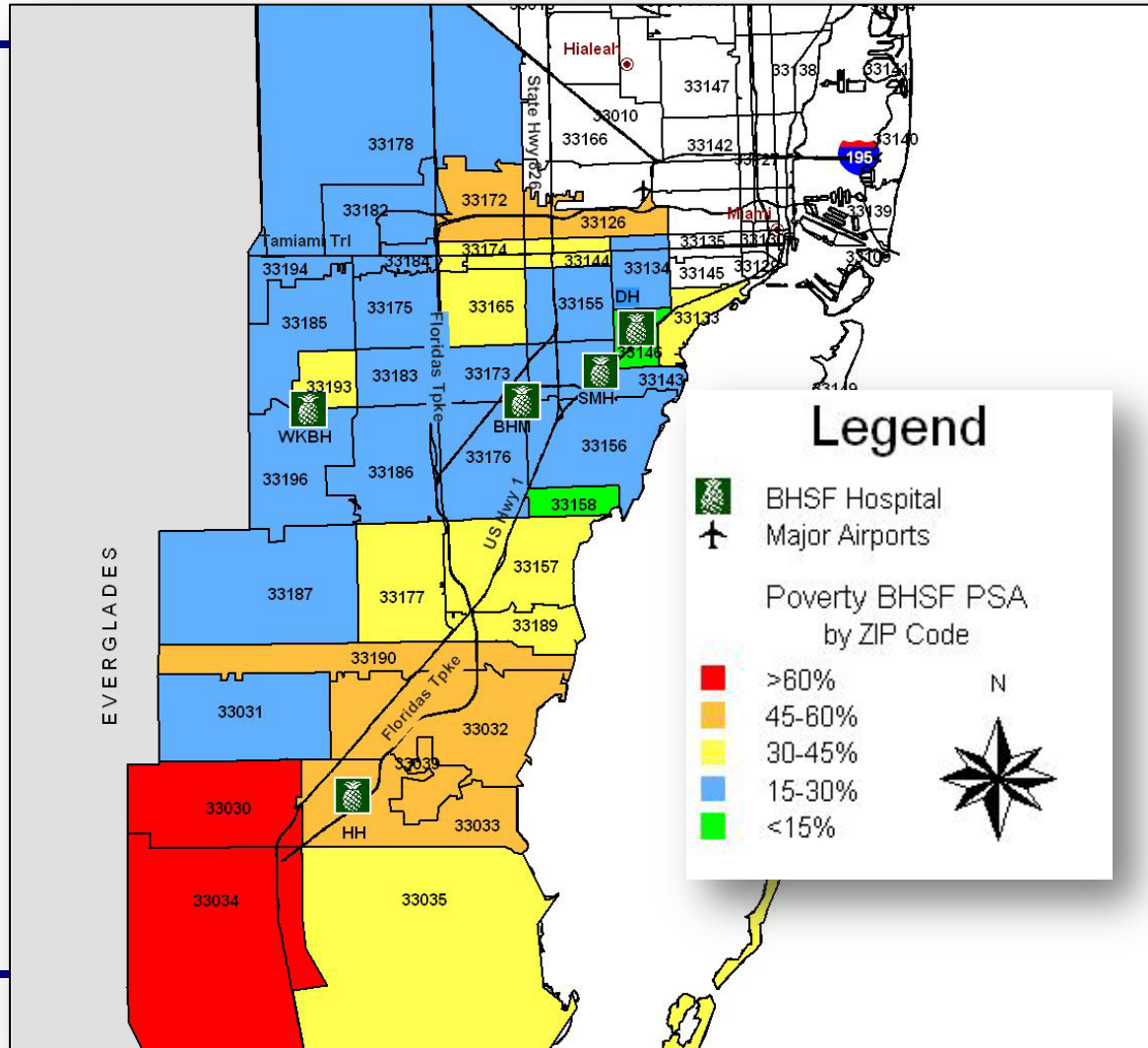


Source: US Government, Bureau of Labor Statistics

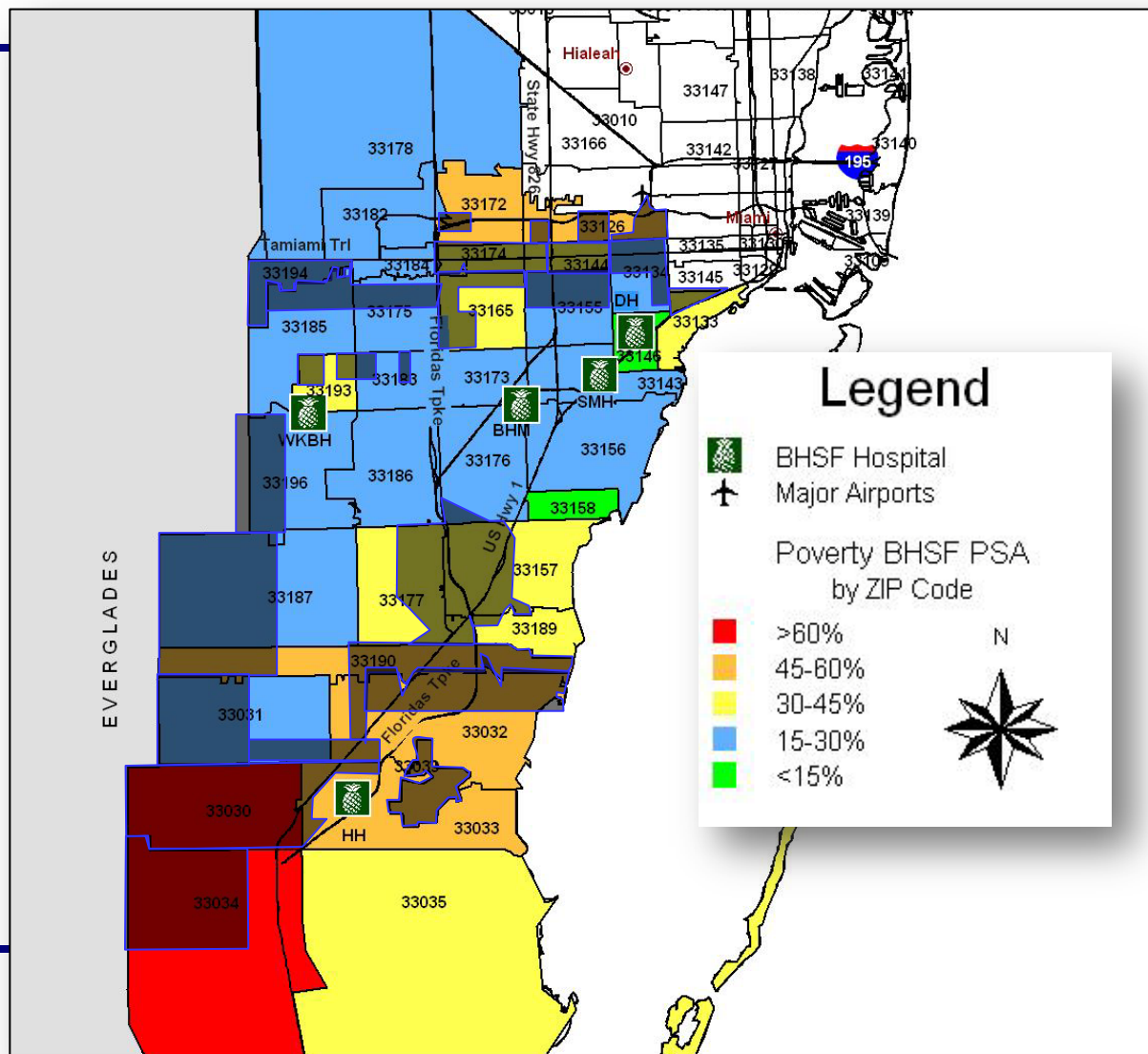


Population At or Below 200% Federal Poverty Level

Level



Medically Underserved Areas in Combination with at/below 200% FPL



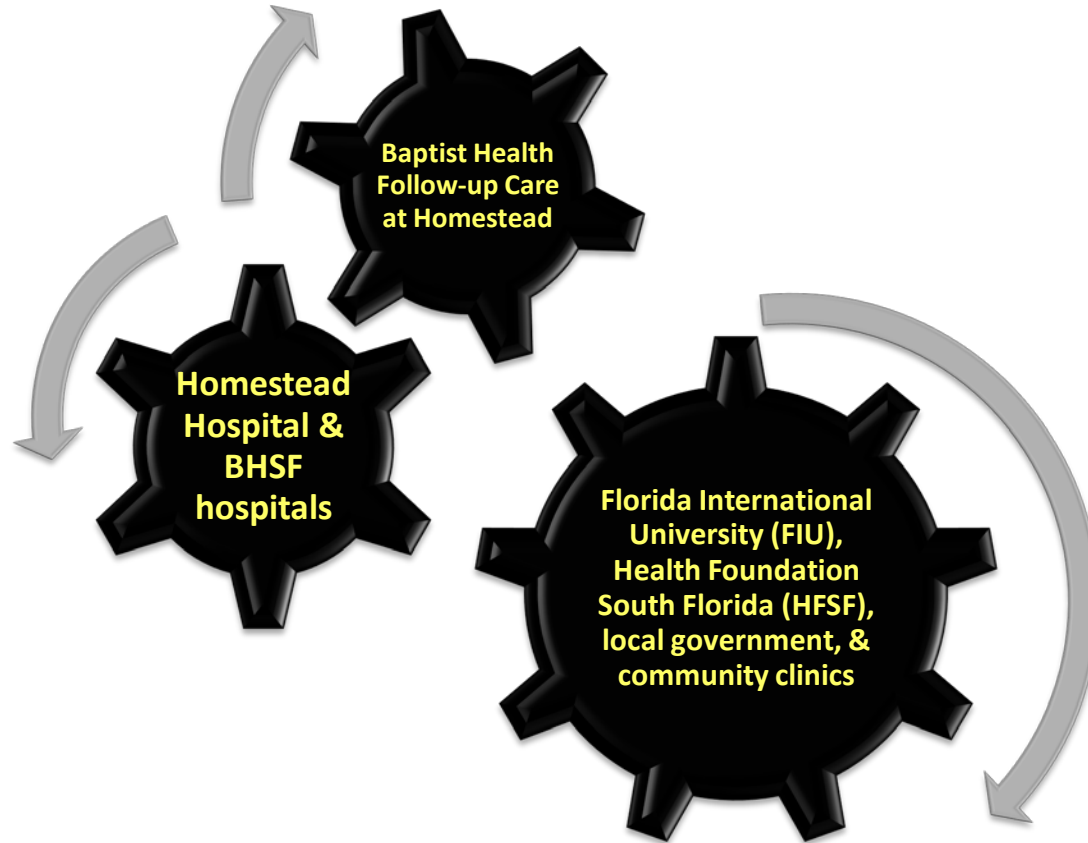
Source: UDS Mapper



Program Justification

- Needs Assessment:
 - Readmission rates
 - Indigent community
 - Community clinics
 - Access to primary care
 - Limited primary care providers

Patient, Family, & Community Centered Approach



Clinic Care Philosophy: Approach

- ARNP managed clinic
- Transitional Primary Care
- The Stanford Chronic Disease Self-Management Program (CDSMP)

Clinic Care Philosophy: Approach

- The CDSMP workshops ~ Healthy Aging Regional Collaborative
- Florida International University ~ ARNP students

Benefits & Barriers

- ARNP direct billing
- Managed Care
- Patient participation
- Clinic location

Thank You and Questions

How to Reach Us:

- Adaeze “Chika” Ohaeto, ARNP: adaezeo@baptisthealth.net
 - Allison Bivin, Grants Administrator: allisonlb@baptisthealth.net
 - Ana Cabrera, DNP, ARNP: anacab@baptisthealth.net
 - Ann Marie Allen, MSN, MS/HSA: annmaria@baptisthealth.net
 - Jackie LeBoeuf, Administrative Project Analyst: jackiel@baptisthealth.net
 - Martha Pelaez, PhD, Healthy Aging Regional Collaborative Director,
Health Foundation of South Florida: mpelaez@hfsf.org
-



Resources

- <http://millionhearts.hhs.gov> (Million Hearts web page)
- http://www.aoa.gov/AoARoot/AoA_Programs/HPW/ARRA/ (AoA CD-SMP web page)
- <http://www.ncoa.org/improve-health/center-for-healthy-aging/> (Center for Healthy Aging web site)

Next Training

- *We will continue our series on care transitions and long-term supports and services*
 - Watch your email in early-mid March for registration information

Questions/Comments/Stories/ Suggestions for Future Webinar Topics?

Send them to:

AffordableCareAct@aoa.hhs.gov

