Beyond 2018: Sharing Million Hearts Lessons and Road Rash

Building the Bridge Beyond 2018
National Colorectal Cancer Round Table
December 7, 2017

Janet Wright MD FACC
The opinions expressed by the speaker do not necessarily reflect the opinions of the US Department of Health and Human Services, the Public Health Service, the Centers for Disease Control and Prevention, or the Center for Medicare and Medicaid Services.

Dr. Wright has no conflicts to disclose.
"Depend upon it Sir, when a man knows he is to be hanged in a fortnight, it concentrates his mind wonderfully."

Samuel Johnson
Molly......and Today’s Plan

• A
• B
• C
• D
• E
• F
Focus on the Mission

- A
- B
- C
- D
- E
- F
3 Phase Framework for Million Hearts
January 2016 - July 2017
*Primary Activities, Timelines, and Deliverables*

**Finishing Strong**
January to December 2016
- Plant and push key actions
- Measure and report impact
- Collect and tell stories
- Celebrate

**Transition Zone**
March 2016 - July 2017
- Gather input from stakeholders
- Incorporate findings of eval/modeling
- Set framework, metrics, budget
- Engage partners, leadership
- Disseminate final report

**Million Hearts 2.0**
January - July 2017 Launch
- Issue new aim and targets
- Ignite novel collaborations
- Gather powerful commitments
- Serially launch at events in 1st 6 mos

Cogent Final Report

Refeshed, Bold, Engaging Initiative

Bigger, Deeper Impact
Embrace the Evolution

• A
• B
• C
• D
• E
• F

Engage stakeholders, implement evidence-based strategies. 1M fewer events.
Simulation Modeling for Million Hearts® Planning

Original Million Hearts® Initiative

First 5-year Period

Second 5-year Period

Risk Factors Assessed
- Aspirin use for secondary CVD prevention
- Blood pressure control
- Cholesterol management
- Smoking prevalence
- Secondhand smoke exposure
- Mean daily sodium intake reduction
- Obesity prevalence
- Diabetes incidence
- Diabetes management
- Particulate matter
- Poor fruit and vegetable diet
- Excess junk food
- Inadequate physical activity

Three Models
- CVD Policy Model
- Prevention Impacts Simulation Model (PRISM)
- HealthPartners ModelHealth™: CVD Microsimulation Model

## Preliminary CVD Simulation Modeling Outcomes: Estimated Events Prevented at 5 and 10 Years (10/18/16)

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Our Most Current Estimate</th>
<th>Target</th>
<th>CVDPM</th>
<th>PRISM</th>
<th>HPM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aspirin use for secondary CVD prevention</td>
<td>81.1% (2011-12, NHANES)</td>
<td>5% increase</td>
<td>11,685</td>
<td>23,006</td>
<td>12,700</td>
</tr>
<tr>
<td></td>
<td></td>
<td>10% increase</td>
<td>49,536</td>
<td>86,289</td>
<td>58,500</td>
</tr>
<tr>
<td>Blood pressure control</td>
<td>59.0% (projected 2015-16, NHANES)</td>
<td>70% control</td>
<td>139,341</td>
<td>468,081</td>
<td>381,500</td>
</tr>
<tr>
<td></td>
<td></td>
<td>75% control</td>
<td>441,178</td>
<td>1,406,713</td>
<td>1,039,600</td>
</tr>
<tr>
<td>Cholesterol management (eligible using statins)</td>
<td>59.9% (projected 2015-16, NHANES)</td>
<td>70% managed/treated</td>
<td>149,971</td>
<td>138,726</td>
<td>313,900</td>
</tr>
<tr>
<td></td>
<td></td>
<td>75% managed/treated</td>
<td>446,943</td>
<td>409,296</td>
<td>536,600</td>
</tr>
<tr>
<td>Smoking (cigarette) Prevalence</td>
<td>16.8% (NHIS Cigarette, 2014)</td>
<td>21% reduction</td>
<td>61,112</td>
<td>359,546</td>
<td>156,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>42% reduction</td>
<td>221,572</td>
<td>535,678</td>
<td>538,200</td>
</tr>
</tbody>
</table>

Sub-total of events prevented for the ABCS: 362,109 1,159,229 989,359 2,437,976 864,100 2,172,900
Deal with the Data

• A
• B
• C
• D
• E
• F
Million Hearts 1.0
Will We Prevent the ‘Million’?
Celebrate Progress

• A
• B
• C
• D
• E
• F
Million Hearts® Accomplishments*

Changing the Environment

Reduce Smoking

Reduce Sodium Intake

Eliminate Trans Fat Intake

More than 7 million fewer cigarette smokers†

Accomplished: FDA issued draft Voluntary Sodium Guidance to Industry. 6/1/16

Accomplished: FDA issued the final determination on artificial trans fat§

*Note this is a select set of notable accomplishments
† National Health Interview Survey, comparing 2011 to 2015 data
§ http://www.fda.gov/forconsumers/consumerupdates/ucm372915.htm#top
Million Hearts®® Accomplishments

Optimizing Care in the Clinical Setting

**Focus on the ABCS**

- Millions of Americans are covered by health care systems that are recognizing or rewarding performance in the ABCS**

**Health Tools and Technology**

- Over half a million patients have been identified as potentially having hypertension using health IT tools**

**Innovations in Care Delivery**

- Millions of dollars in public and private funds have been leveraged to focus on improving the ABCS**

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** CMS Physician Compare and HRSA Uniform Data Set
** Unpublished data from AMGA/MUPD and NACHC HIPS project
** CMS Million Hearts Risk Reduction Model, AHRQ EvidenceNOW, AHA Southwest Affiliate HTN project
2017 Hypertension Control Champions

- 24 Champions
- Achieved blood pressure control rates at or above 70%
- Collectively serve more than 1.2 million adults
- Range from small and solo practices to large systems.

Learn more from Million Hearts®
“Belong” to Stakeholders

• A
• B
• C
• D
• E
• F
Million Hearts 2.0

Network Analysis

Modeling Exercises

Stakeholder Feedback

Million Hearts 2.0
Million Hearts Cardiac Rehab Collaborative

- Amer Assoc of Cardiac and Pulm Rehab
- Amer Association of Nurse Practitioners
- American Academy of Family Practice
- American College of Cardiology
- American College of Physicians
- American College of Sports Medicine
- American Council on Exercise
- America’s Essential Hospitals
- American Heart Association
- American Hospital Association/HRET
- Blue Cross Blue Shield Assoc
- Christiana Care
- Cleveland Clinic
- Clinical Exercise Physiology Assoc
- CR Participants & Caregivers
- Emory University
- George Washington University School of Public Health and Health Services
- Heart Failure Society of America
- Hospital of the University of PA
- Howard University
- Johns Hopkins
- Mended Hearts
- MedStar Health System
- National Medical Association
- Ohio State University
- PCORI
- Preventive CV Nurses Assoc
- Relevate Health Group
- Rush University Medical Center
- Seton Hall University
- University Hospitals
- UCLA
- U of Pennsylvania
- U of Pittsburg
- U of Vermont Health Network
- Vanderbilt University
- Visiting Nurse Service of NY
- WomenHeart
Increasing Cardiac Rehabilitation Participation From 20% to 70%: A Road Map From the Million Hearts Cardiac Rehabilitation Collaborative

A. Ades, MD; Steven J. Keteyian, PhD; Janet S. Wright, MD; Jennifer F. Hamm, PhD; Karen Lui, RN, MS; Kimberly Newlin, ANP; Donald S. Shepard, PhD; and Randal J. Thomas, MD, MS

The primary aim of the Million Hearts initiative is to prevent 1 million cardiovascular events over 5 years. Concordant with the Million Hearts’ focus on achieving more than 70% performance in the “ABCS” of aspirin for those at high risk, blood pressure control, cholesterol management, and smoking cessation, we outline the cardiovascular events that would be prevented and a road map to achieve more than 70% participation in cardiac rehabilitation (CR)/secondary prevention programs by the year 2022. Cardiac rehabilitation is a class Ia recommendation of the American Heart Association and the American College of Cardiology after myocardial infarction or coronary revascularization, promotes the ABCS along with lifestyle counseling and exercise, and is associated with decreased total mortality, cardiac mortality, and rehospitalizations. However, current participation rates for CR in the United States generally range from only 20% to 30%. This road map focuses on interventions, such as electronic medical record—based prompts and staffing liaisons that increase referrals of appropriate patients to CR, increase enrollment of appropriate individuals into CR, and increase adherence to longer-term CR. We also calculate that increasing CR participation from 20% to 70% would save 25,000 lives and prevent 180,000 hospitalizations annually in the United States.

Million Hearts® 1.0

Keeping Us Healthy
Changing the environment

Excelling in the ABCS
Optimizing care

Health Disparities

Focus on the ABCS

Health information technology

Innovations in care delivery

Aspirin when appropriate
Blood pressure control
Cholesterol management
Smoking cessation
Million Hearts 2.0
Draft 10/12/16

Keeping People Healthy
(Community)

Excelling in the ABCS
(Healthcare)

Focusing on Risk
(Priority Populations)

PP
Million Hearts 2.0 Concept
Draft, 10/19/16

Keeping People Healthy
Public Health Actions:
- Sodium Reduction
- Tobacco Control
- Air Quality PM 2.5
- Physical Activity

Excelling in the ABCS
Healthcare Actions:
- Teams
- Technology
- Innovative Care Delivery

Focusing on Risk
Priority Populations:
- Race/ethnicity
- Gender
- Geography
- Socio-economic Status
- Conditions

-PP-
Million Hearts 2.0 Concept

Keeping People Healthy

Optimizing Care

COMMUNITY

Priority Population
Million Hearts® 2022
Aim: Prevent 1 Million Heart Attacks and Strokes in 5 Years

Keeping People Healthy

Optimizing Care

Priority Populations

COMMUNITY
Million Hearts® 2022
Aim: Prevent 1 Million Heart Attacks and Strokes in 5 Years

Keeping People Healthy

Optimizing Care

COMMUNITY

Priority Populations
### Million Hearts® 2022 Priorities

#### 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- to 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

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*Aspirin use when appropriate, Blood pressure control, Cholesterol management, Smoking cessation*
Align and Adapt

- A
- B
- C
- D
- E
- F
A Small Set of High Impact Measures, Widely Embedded

Focuses Action, Reduces Burden, Strengthens Performance Assessment

### Million Hearts® Quality Measure Alignment in National Quality Reporting Systems

<table>
<thead>
<tr>
<th>Quality Reporting Initiative</th>
<th>Primary Measures</th>
<th>Secondary Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Aspirin when Appropriate</td>
<td>Blood Pressure Control</td>
</tr>
<tr>
<td>CMS Quality Payment Program</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>AHRQ EvidenceNow</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>ABFM Prime Registry</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>AHA Guideline Advantage</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>ACP Genesis Registry</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>ACC PINNACLE Registry</td>
<td>No</td>
<td>✓</td>
</tr>
<tr>
<td>CMS ACO Shared Savings</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>TCPI</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>CMS Home Health CV Data Registry</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>HRSA Uniform Data System</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Comprehensive Primary Care</td>
<td>No</td>
<td>✓</td>
</tr>
<tr>
<td>IHS RPMS</td>
<td>No</td>
<td>✓</td>
</tr>
<tr>
<td>Medicaid Adult Core Set</td>
<td>No</td>
<td>✓</td>
</tr>
</tbody>
</table>

✓ Indicates measure alignment as of February 2017
† Measure is not identical, but similar and meets stakeholders needs
‡ Measure will be added for reporting in 2019 after e-specifications are released in May 2017

**NOTE: ABCS measures are in the Cardiology, Internal Medicine, and General Practice/Family Medicine Specialty Measure Sets**
“Somebody needs to do something. It’s just incredibly pathetic that it has to be us.”

Jerry Garcia
Thank you

- More information about Million Hearts 2022 at www.millionhearts.gov
- Reach me at janet.wright@cms.hhs.gov