



Million Hearts

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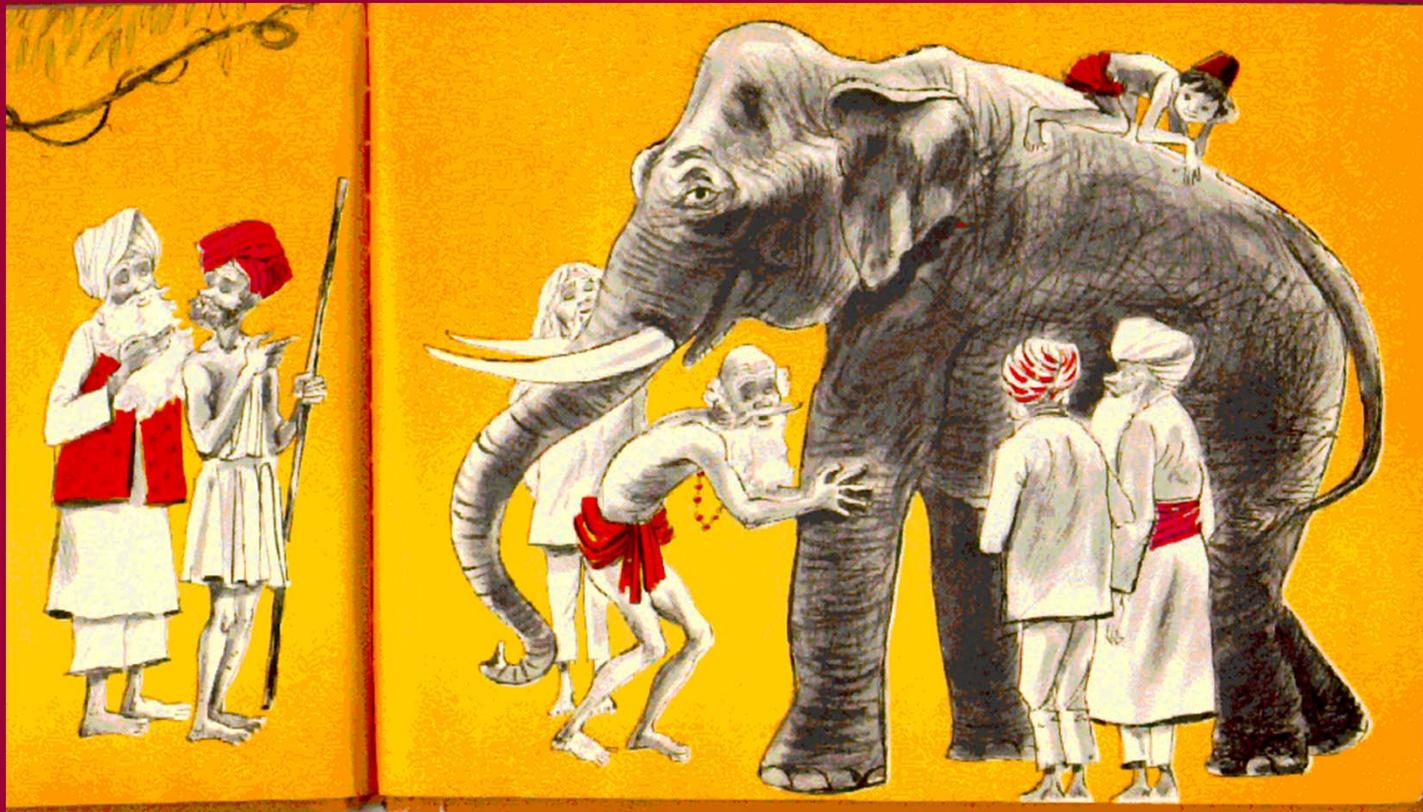
Branch Chief, Applied Research and Evaluation Branch

WISEWOMAN All Program Call

October 26, 2011



What is Million Hearts?



Million
Hearts™

What is Million Hearts?

- **Goal:** Prevent 1 million heart attacks and strokes over the next 5 years
- Engage public and private sector partners in a coordinated approach to:
 - Reduce the number of people who need treatment
 - Improve the quality of treatment for those who need it
 - Maximize current investments in cardiovascular health



Status of the ABCS

A spirin	People at increased risk of cardiovascular disease 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 have adequately controlled hyperlipidemia	33%
S moking	People trying to quit smoking who get help	23%

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



Monitoring progress of Million Hearts

Population Metric	Baseline	Goal
Aspirin for those at high risk ¹	47%	65%
Blood pressure control ²	46%	65%
Cholesterol control ²	33%	65%
Smoking prevalence ³	19%	17%
Average sodium intake ²	3.5g/day	20% reduction
Artificial trans fat intake ²	1% of calories	50% reduction

¹As measured in NAMCS

²As measured in NHANES

³As measured in NHIS



Pillars of Action for Million Hearts

- **Prioritize focus and attention around the ABCS**
- **Encourage meaningful use of health information technology to drive improvement**
- **Deliver care innovations**
- **Foster community innovations**
- **Measure success and shortfalls in clinical and community prevention**



Clinical prevention

Focus on ABCS

- Improving management of ABCS can prevent more deaths than other clinical preventive services
- Increasing utilization of these simple interventions could save more than 100,000 lives a year
 - Patients reduce risk of heart attack or stroke by taking aspirin as appropriate
 - Treating high blood pressure and high cholesterol substantially and quickly reduces mortality among high-risk patients
 - Even brief smoking cessation advice from clinicians doubles likelihood of successful quit attempt – use of cessation medications increases quit rates further



Clinical Prevention *Opportunities*

- **Health care providers**
 - Focus on prevention of heart disease and stroke; improve care of ABCS; use health IT, including decision supports and registries, to drive quality improvements
- **Pharmacists**
 - Monitor medication refill patterns; engage doctors and patients in managing health
- **Insurers**
 - Include ABCS in performance measures; collect and share data for quality improvement; empower consumers
- **Individuals**
 - Take aspirin, if appropriate; take blood pressure and cholesterol medications as prescribed; if you smoke, quit



Supportive Actions

- Quality measurement and improvement
 - Health IT and Data Harmonization – uniform measures for hypertension control, high cholesterol control & smoking cessation across public and private systems (NQF, MU, PQRS, HRSA, GA, Pinnacle, NCQA); enhance clinical decision supports
- Focus in Chronic Disease Grants
 - Community Transformation Grants (communities and national networks); Coordinated Chronic Disease Prevention and Health Promotion



Supportive Actions

- New health care delivery and payment models
 - AHRQ Innovation Exchange to support the scale and spread of effective strategies; CMMI opportunities and linkage via Executive Director, Janet Wright
 - Attention and support for utilizing pharmacies and involving pharmacists in MTM (NPhA, Walgreens); recognition of patient centered medical home approaches (HRSA)
- Focus in Medicare and Medicaid
 - Medicaid Incentive grants (\$85M) to 10 states for Prevention of Chronic Disease; Quality Improvement Organizations; Medicare Advantage 5-star rating system



Opportunities for DHDSP Grantees

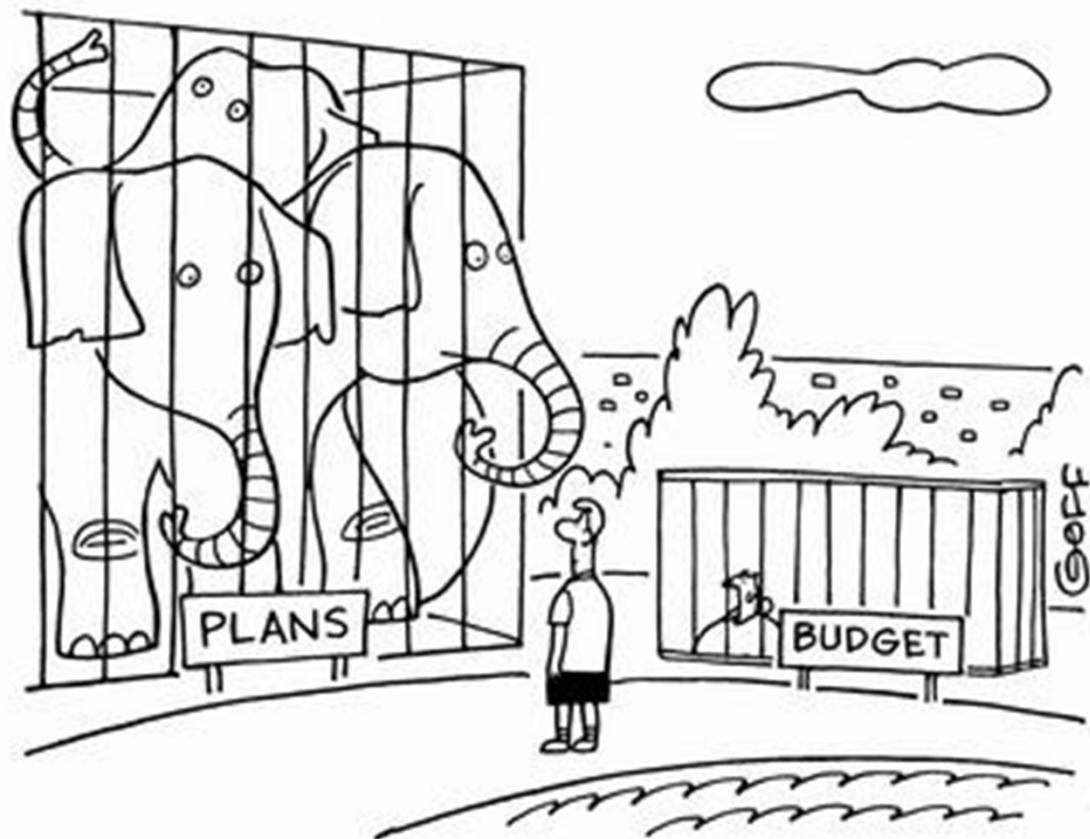
- Use Million Hearts to draw attention to heart disease and stroke; build upon partnerships
- Continue to focus on ABCS; use Million Hearts to get others focused on ABCS
- Promote supportive actions (e.g., Health IT, team-based care, pharmacy/ist)
- Collaborate with health centers, Medicaid, and Quality Improvement Organizations
- Support community programs and linkages (CTG's)



Get involved and share your commitment to help prevent 1 million heart attacks and strokes in the next five years.

Get Involved

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Million Hearts Announcement

Web Site: millionhearts.hhs.gov
Facebook: become a fan
Twitter: follow @MillionHeartsUS
YouTube: subscribe to CDC
StreamingHealth



Million Hearts Publications

Centers for Disease Control and Prevention
MMWR

Morbidity and Mortality Weekly Report
 September 13, 2011

Million Hearts: Strategies to Reduce the Prevalence of Leading Cardiovascular Disease Risk Factors — United States, 2011

Cardiovascular disease (CVD) causes one in three (approximately 800,000) deaths reported each year in the United States (1). Annual direct and overall costs resulting from CVD are estimated at \$273 billion and \$444 billion, respectively (2). Strategies that address leading CVD risk factors, such as hypertension, high cholesterol levels, and smoking, can greatly reduce the burden of CVD (3). To estimate the U.S. prevalence of these three risk factors, CDC analyzed data from the National Health and Nutrition Examination Survey (NHANES) on uncontrolled hypertension, uncontrolled high levels of low-density lipoprotein cholesterol (LDL-C), and current smoking. This report summarizes the results of that analysis, which found that 49.7% of U.S. adults aged ≥20 years (an estimated 107.3 million persons) have at least one of the three risk factors. To reduce the prevalence of CVD risk factors among persons in the United States, the U.S. Department of Health and Human Services, in collaboration with nonprofit and private organizations, is launching Million Hearts, a multifaceted combination of evidence-based interventions and strategies aimed at preventing 1 million heart attacks and strokes over the next 5 years.

NHANES is a complex, multistage probability sample of the civilian, noninstitutionalized U.S. population that combines interviews and physical examinations.* Data from 2007–2008, the most recent NHANES survey data available, were used to estimate the current U.S. prevalence of uncontrolled hypertension, uncontrolled high levels of LDL-C, and current smoking among adults aged ≥20 years; five NHANES survey cycles (1999–2000, 2001–2002, 2003–2004, 2005–2006, and 2007–2008) were analyzed to examine changes in prevalence over time. Examination participation rates for the five cycles ranged from 75% to 80%. During 1999–2008, a total of 24,693 persons aged ≥20 years were interviewed and examined for NHANES. From that total, 1,154 pregnant women were

excluded. Of the 23,539 remaining randomly assigned to a morning or 8–24 hours. Of the 9,891 ex blood pressure or LDL-C measures were missing smoking status), yield

Uncontrolled hypertension was pressure ≥140 mm Hg or a diastolic Hg, based on the average of up Uncontrolled high levels of LDL-C: the treatment goals established by Education Program (NCEP) Adult III) guidelines: <160 mg/dL, <130 for low-, intermediate-, and high-LDL-C was used because it is id primary target for lipid-lowering; smoking was defined in persons smoked ≥100 cigarettes in their li smoke every day or some days, or cotinine (the primary nicotine met

All analyses were conducted us account for the complex sampling prevalence estimates and 95% conf estimated number of persons with at risk factors was derived from Cu based on weighted, unstandardized

In 2007–2008, among U.S. a estimated 49.7% (CI = 46.4%–5; the following CVD risk factors: u uncontrolled high levels of LDL. That prevalence represented an (CI = 99.9–114.8) persons aged

*Among the participants, 72% had two or d during a single physical examination at th those with only one blood pressure measure used in place of an average.
 † Available at <http://www.nhanes.gov/guid>



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



The NEW ENGLAND JOURNAL of MEDICINE

Perspective

The “Million Hearts” Initiative — Preventing Heart Attacks and Strokes

Thomas R. Frieden, M.D., M.P.H., and Donald M. Berwick, M.D., M.P.P.

Each year, more than 2 million Americans have a heart attack or stroke, and more than 800,000 of them die; cardiovascular disease is the leading cause of death in the United States and the largest

cause of lower life expectancy among blacks. Related medical costs and productivity losses approach \$450 billion annually, and inflation-adjusted direct medical costs are projected to triple over the next two decades if present trends continue.¹

To reduce this burden, the Department of Health and Human Services (DHHS), other federal, state, and local government agencies, and a broad range of private-sector partners are today launching a “Million Hearts” initiative to prevent 1 million heart attacks and strokes over the next 5 years by implementing proven, effective, inexpensive interventions (see table).

Cardiovascular prevention works in two realms: the clinic and the community. Clinical and community interventions each contributed about equally to the 50% reduction in U.S. mortality due to heart attacks between 1980 and 2000.² If used consistently, proven interventions could prevent more than half of heart attacks and strokes. It's time to take the next big step.

In the clinical realm, Million Hearts will improve management of the “ABCs”—aspirin for high-risk patients, blood-pressure control, cholesterol management, and smoking cessation. As for community-based prevention, the initiative will encourage efforts to

reduce smoking, improve nutrition, and reduce blood pressure. It will implement the cardiovascular-disease-prevention priorities of the National Quality and National Prevention Strategies and help in meeting targets set by Healthy People 2020.

Improving management of the ABCs can prevent more deaths than other clinical preventive services.³ Patients reduce their risk of heart attack or stroke by taking aspirin as appropriate. Treating high blood pressure and high cholesterol substantially and quickly reduces mortality among high-risk patients. Even brief smoking-cessation advice from clinicians doubles the likelihood of a successful quit attempt, and the use of medications increases quit rates further.

Currently, less than half of people with ischemic heart disease take daily aspirin or another

AHA Presidential Advisory

The American Heart Association and the Million Hearts Initiative

A Presidential Advisory From the American Heart Association

Gordon F. Tomaselli, MD, FAHA; Mary-Beth Harty, MPH, JD; Katie Horton, RN, MPH, JD; Mark Schoeberl, MPA

Building healthier lives, free of cardiovascular diseases and stroke” is the mission that unites the volunteers and the Association (AHA). When the Health Impact Goal, “to improve of all Americans by 20% while invascular diseases and stroke by o reach this goal the AHA would f its time, attention, and resources at health through a diverse range

Protection and Affordable Care we health community with multiple the importance of clinical- and n and thereby to reduce the mor- cardiovascular disease (CVD) and : a more fundamental way these care costs. Although the result ally division, a number of key ve the potential to transform the system and its preponderance for better incorporation, coordination, and quality and prevention. Many said in Title IV: Promotion of iving Public Health, leading A- Howard Koh and Secretary of US Human Services (HHS) Kathleen

moving prevention toward the will be one of the most lasting gulations.³ The question is whether : fully leverage these provisions to

One reason to be optimistic about the potential for a transformation to a focus on prevention is the HHS’ recently announced Million Hearts Initiative (Million Hearts). This new initiative will focus, coordinate, and enhance CVD prevention in the programs, activities, and implementation of the ACA across all HHS agencies with the aggressive goal of preventing 1 million heart attacks and strokes over the next 5 years (by 2016). By pledging to partner with and work alongside healthcare providers, nonprofit organizations, and the private sector, Million Hearts represents an unprecedented commitment on the part of Secretary Sebelius and the HHS to make preventing heart attacks and stroke a top national health priority. The AHA not only applauds the launch of Million Hearts but also is grateful for the opportunities we have been provided to help inform, shape, and support the initiative. We look forward to joining and partnering with Secretary Sebelius and the HHS in implementing this initiative, which has the potential to advance the mission and work of the AHA dramatically and to help us achieve our ambitious 2020 Health Impact Goal.

CVD: A Growing Burden
 The burden of CVD in terms of life-years lost, diminished quality of life, racial and ethnic disparities, and direct and indirect healthcare costs is staggering. CVD is the leading cause of death in the United States and is responsible for 17% of national health expenditures.⁴ In the past decade, the medical costs of CVD (including stroke) have grown at an average annual rate of 6% and account for ~15% of the increase in US healthcare spending.⁵

CVD and stroke prevalence and associated costs are projected to increase substantially in the future. The AHA

tion makes every effort to avoid any actual or potential conflicts of interest that may arise as a result of an outside interest, or business interest of a member of the writing panel. Specifically, all members of the writing group are required must (Questionnaire showing all such relationships that might be perceived as real or potential conflicts of interest. by the American Heart Association Science Advisory and Coordinating Committee on August 25, 2011. A copy of the by <http://americanheart.org/statements> by selecting either the “By Topic” link or the “By Publication Date” link. To purchase *2533 or e-mail letter.manus@wileyblackwell.com. The American ion supports that this document be cited as follows: Tomaselli GF, Harty M-B, Horton K, Schoeberl M. The American ion Hearts Initiative: a presidential advisory from the American Heart Association. *Circulation*. 2011;124:1000-1004. conflict Statements in conducted at the AHA National Center. For more on AHA statements and guidelines development, statements and submit the “Public and Development” link.
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The 'Next Big Step': Preventing 1 Million Heart Attacks And Strokes

HHS Announces Initiative to Prevent One Million Heart Attacks and Strokes

U.S. unveils ambitious plan to reduce heart attacks

New effort by gov't and health groups seeks to prevent 1M heart attacks and strokes in 5 years

- Associated Press
- Washington Post
- Fox News
- Medscape Medical News
- Reuters
- Nurse.com
- NPR's Health Blog
- US News & World Report
- Forbes



Public sector support

- Administration on Aging
- Agency for Healthcare Research and Quality
- **Centers for Disease Control and Prevention**
- **Centers for Medicare & Medicaid Services**
- Food and Drug Administration
- Health Resources and Services Administration
- National Institutes of Health, National Heart Lung and Blood Institute
- National Prevention Strategy
- National Quality Strategy
- Substance Abuse and Mental Health Services Administration



Private sector support

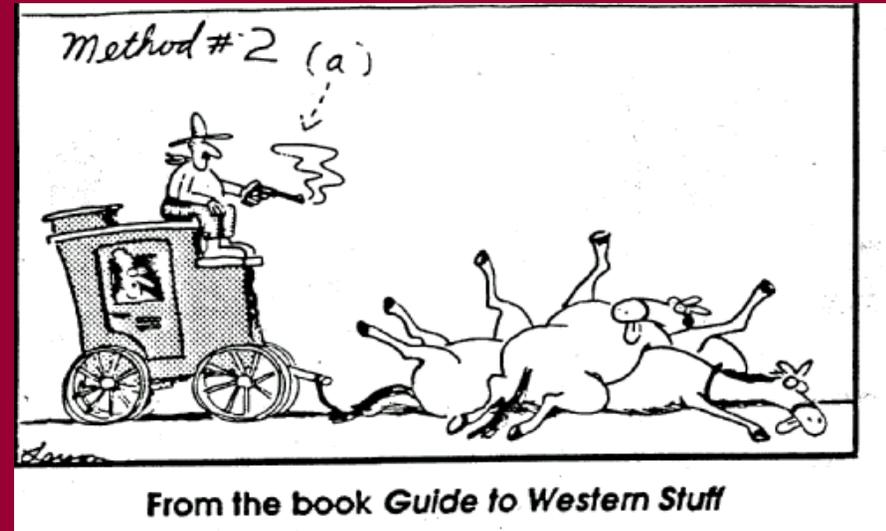
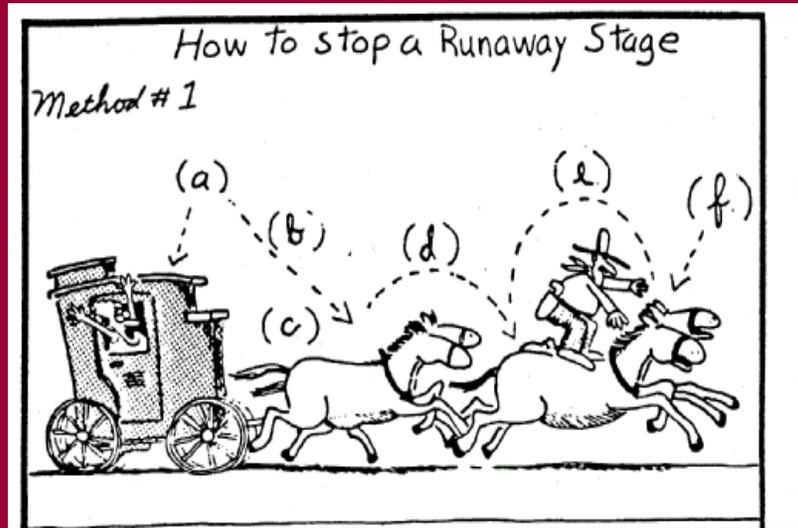
- American Heart Association
- America's Health Insurance Plans
- American Medical Association
- American Nurses Association
- American Pharmacists' Association and the American Pharmacists' Association Foundation
- Kaiser Permanente
- The National Alliance of State Pharmacy Associations and the Alliance for Patient Medication Safety
- The National Community Pharmacists Association
- UnitedHealthcare
- Walgreens
- The Y



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Note: No animals were harmed in the planning of this initiative

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For More Information:
millionhearts.hhs.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

