Million Hearts

Preventing 1 million heart attacks and strokes in 5 years
What is Million Hearts?

- **Goal**: Prevent 1 million heart attacks and strokes over the next 5 years

- Focus efforts of public and private partners to
  - Reduce the number of people who need treatment
  - Improve the care for those who need it
Heart disease and strokes are leading killers in the U.S.

- 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
- Treatment accounts for ~ $1 of every $6 spent
- Greatest expression of racial disparities in life expectancy
## Status of the ABCS

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Aspirin</strong></td>
<td>People at increased risk of cardiovascular disease who are taking aspirin</td>
<td>47%</td>
</tr>
<tr>
<td><strong>Blood pressure</strong></td>
<td>People with hypertension who have adequately controlled blood pressure</td>
<td>46%</td>
</tr>
<tr>
<td><strong>Cholesterol</strong></td>
<td>People with high cholesterol who have adequately controlled hyperlipidemia</td>
<td>33%</td>
</tr>
<tr>
<td><strong>Smoking</strong></td>
<td>People trying to quit smoking who get help</td>
<td>23%</td>
</tr>
</tbody>
</table>

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

Clinical Prevention – improving the ABCS through

• *Focus*: simplify and align quality measures; emphasize power of ABCS performance on outcomes

• *Health IT*: enables population management, QI, and behavior change through clinical decision support, patient reminders, registries, and technical assistance

• *Care innovations*: teams, med adherence techniques

Community prevention – Reducing the need for treatment through

• Prevention of tobacco use
• Decreased sodium and trans fat consumption
Clinical prevention
Focus on ABCS

Improving management of ABCS can prevent more deaths than other clinical preventive services

- People can reduce risk of heart attack or stroke by taking aspirin as appropriate

- Optimizing blood pressure and cholesterol levels **substantially and quickly** reduces mortality

- Brief smoking cessation advice from clinicians doubles likelihood of successful quit attempt and use of cessation medications increases quit rates further
Improved cardiovascular care could save 100,000 lives/year in U.S.

Clinical prevention

*Increasing focus on the ABCS*

- Aligning incentives, communication, clinical measurement, and reporting by physicians, health care facilities, and health care systems

- Simple, consistent ABCS indicators into
  - Physician Quality Reporting System,
  - EHR meaningful use criteria
  - Community clinic measures and guidelines from private-sector organizations
  - Medicare Part D & MA/PD Plan Ratings
  - Quality Improvement Organizations
Clinical prevention

Information technology

• Health IT will enable health care providers and facilities to improve cardiovascular care and target intervention to patients in need of intensified care
  – Registries, EHR functions used at point of care

• Include clinical quality measures for hypertension and cholesterol control in Meaningful Use criteria
  – Can include routine assessment of cardiac risk; use of patient recall, reminders, decision support, order sets; and monitoring of medication adherence
Clinical prevention
Team-based approaches to care

• Use the best tool for the job!
• Increasing use of effective ABCS care practices through support, evaluation, and rapid dissemination of innovations including
  – Team-based care
  – Patient-centered medical homes
  – Interventions to promote adherence
Pharmacists can be key partners in CVD prevention

Care from pharmacists* associated with significant reductions in cardiovascular disease risk

<table>
<thead>
<tr>
<th>CVD Risk Factor</th>
<th>Reduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Systolic/diastolic blood pressure</td>
<td>–8.1/–3.8 mm Hg</td>
</tr>
<tr>
<td>Total cholesterol</td>
<td>–17.4 mg/L</td>
</tr>
<tr>
<td>LDL cholesterol</td>
<td>–13.4 mg/L</td>
</tr>
<tr>
<td>Smoking</td>
<td>23% reduction</td>
</tr>
</tbody>
</table>

* Interventions exclusively conducted by a pharmacist or implemented in collaboration with physicians or nurses; may include patient educational interventions, patient reminder systems, measurement of CVD risk factors, medication management and feedback to physician, and/or educational intervention to health care professionals.

What can be done

In the medical system

• Health care providers
  – Use your role to emphasize power of prevention; get an “A” in the ABCS; use HIT that includes decision supports and registries to facilitate QI

• Pharmacists
  – Monitor medication refill patterns; share tips and techniques to improve med adherence

• Insurers
  – Include ABCS in performance measures; share aggregate data for QI, trending; incentivize to achieve excellence

• Individuals
  – Know your numbers—and goals
  – Take aspirin, if appropriate
  – Get aggressive with BP and Cholesterol
  – If you smoke, quit
Community prevention  
*Tobacco control*

- Tobacco is leading preventable agent of death
- Strengthen tobacco control, discourage initiation and encourage cessation
  - Use package labeling, mass media, and other
  - Create smoke-free public places and workplaces
- Comprehensive tobacco control programs are most effective
Reasons for hope:
Reduced smoking in New York City

- 350,000 fewer adult smokers
- >100,000 fewer smoking-related deaths in future years
Community prevention
*Reducing sodium intake*

- Most Americans consume far too much sodium
- ~80% sodium comes from processed/restaurant foods
- Federal actions:
  - Federal procurement guidelines and school food standards focus
  - FDA/USDA have issued an RFI on sodium reduction
  - CDC is increasing public and professional education about sodium
  - NHANES will expand monitoring related to sodium consumption
Community prevention

Eliminating artificial trans fat

• Trans fat
  – Increases LDL cholesterol
  – Decreases HDL cholesterol
  – Can be replaced without cost, taste, or texture changes

• FDA requires listing of trans fat content on labels
  – Food industry has been voluntarily reformulating foods
  – Americans’ trans fat consumption has dropped by half
What can be done

*In the community*

- **Food producers and vendors**
  - Reduce sodium content in foods
  - Continue progress on trans fats
  - Make available and promote healthier food items

- **Government**
  - Smoke-free policies in communities and systems
  - Food procurement standards
  - Provide data for action

- **Foundations**
  - Support consumer and provider activation efforts

- **Advocacy groups**
  - Track and demand progress toward goal
  - Promote actions that work
New CDC Community Supports

• Community Transformation Grants
  – >$100 M in prevention grants
  – ~60 Communities
  – All communities will address tobacco, physical activity, nutrition, clinical preventive services – specifically to control HTN, HBC
  – Dissemination and acceleration networks to support communities
### Monitoring progress of Million Hearts

<table>
<thead>
<tr>
<th>Population Metric</th>
<th>Baseline</th>
<th>2017</th>
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</thead>
<tbody>
<tr>
<td>Aspirin for those at high risk(^1)</td>
<td>~50%</td>
<td>65%</td>
</tr>
<tr>
<td>Blood pressure control(^2)</td>
<td>~50%</td>
<td>65%</td>
</tr>
<tr>
<td>Cholesterol control(^2)</td>
<td>~33%</td>
<td>65%</td>
</tr>
<tr>
<td>Smoking prevalence(^3)</td>
<td>~19%</td>
<td>17%</td>
</tr>
<tr>
<td>Average sodium intake(^2)</td>
<td>~3.5g/day</td>
<td>20% reduction</td>
</tr>
<tr>
<td>Artificial trans fat intake(^2)</td>
<td>~ 1% of calories</td>
<td>50% reduction</td>
</tr>
</tbody>
</table>

**Note:** Population-wide indicators – clinical performance goals higher

\(^1\)As measured in NAMCS

\(^2\)As measured in NHANES

\(^3\)As measured in NHIS
Reasons for hope

• HRSA Health Centers Collaborative Study increased daily aspirin intake from 53% to 67%

• KP Colorado High Blood Pressure and Cholesterol Management Program improved cholesterol control from 26% to 73%

• Rhode Island CV Chronic Care Collaborative saw an increase in blood pressure control from 20% to 60%

• Work by Medicaid MA dropped the smoking rate from 38% to 28% in 2.5 yrs
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
- Indian Health Service
- Substance Abuse and Mental Health Services Administration
- National Institutes of Health, National Heart Lung and Blood Institute
- National Prevention Strategy
- National Quality Strategy
Selected 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
How will you help?
For More Information

www.millionhearts.hhs.gov