

Million Hearts and Cholesterol



Check. Change. *Control.*
CHOLESTEROL™

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Million Hearts and Cholesterol From 1.0 to 2022

American Heart Association
Cholesterol Summit
April 11, 2017



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Executive Director, Million Hearts

Disclaimer and Disclosure

The opinions expressed by the speaker do not necessarily reflect the opinions of the US Department of Health and Human Services, the Centers for Disease Control and Prevention, or the Centers for Medicare and Medicaid Services. Use of trade names is for identification only and does not imply endorsement.

Dr. Wright has no relevant conflicts.





Today's Key Questions

- What is the current state of cholesterol management?
- What lessons from Million Hearts 1.0 are relevant?
- How will Million Hearts 2022 contribute to progress?

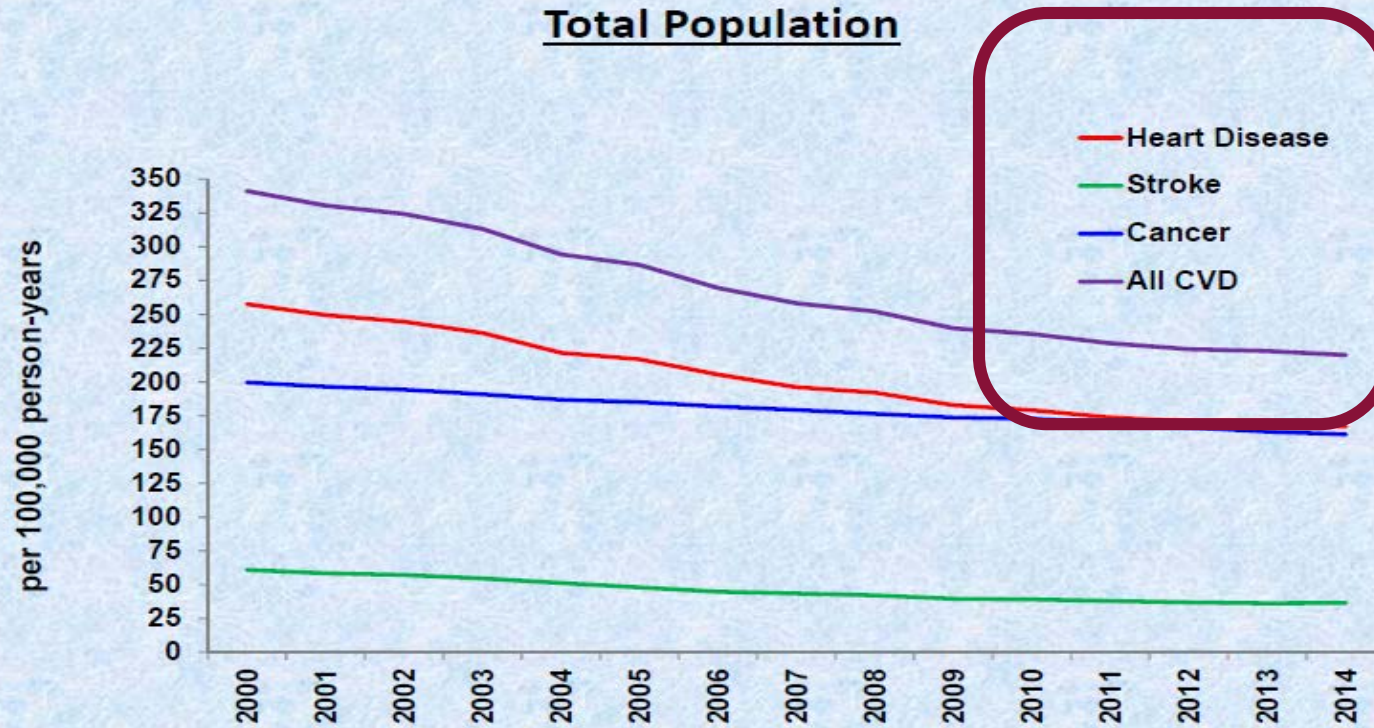


The Cardiovascular Disease Headwind

Why We All Care about Cholesterol

Age-adjusted mortality rates in U.S. 2000-2014

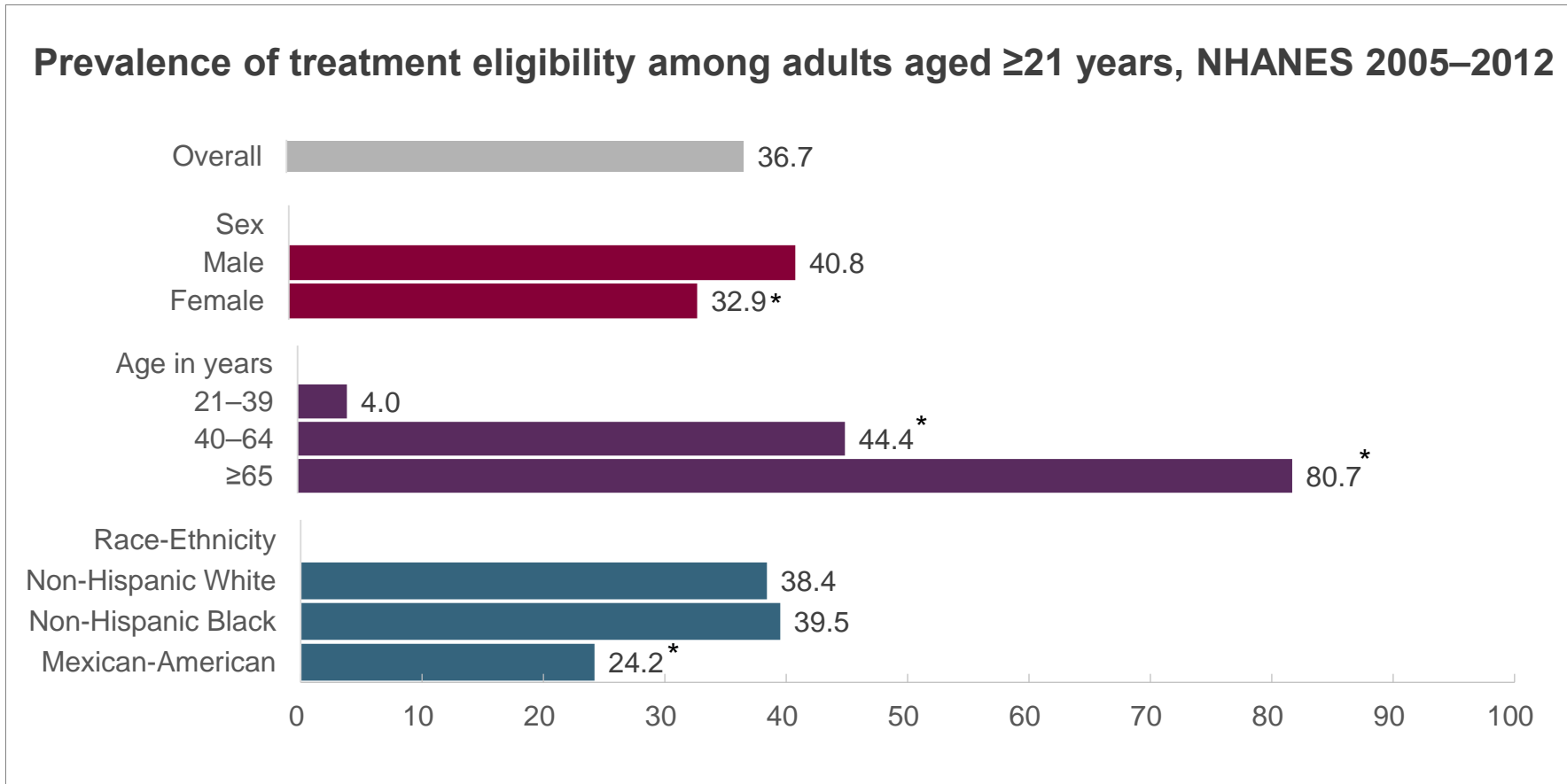
Total Population



Sidney, et al. *JAMA Cardiol.* doi:10.1001/jamacardio.2016.1326



Cholesterol Treatment Eligibility

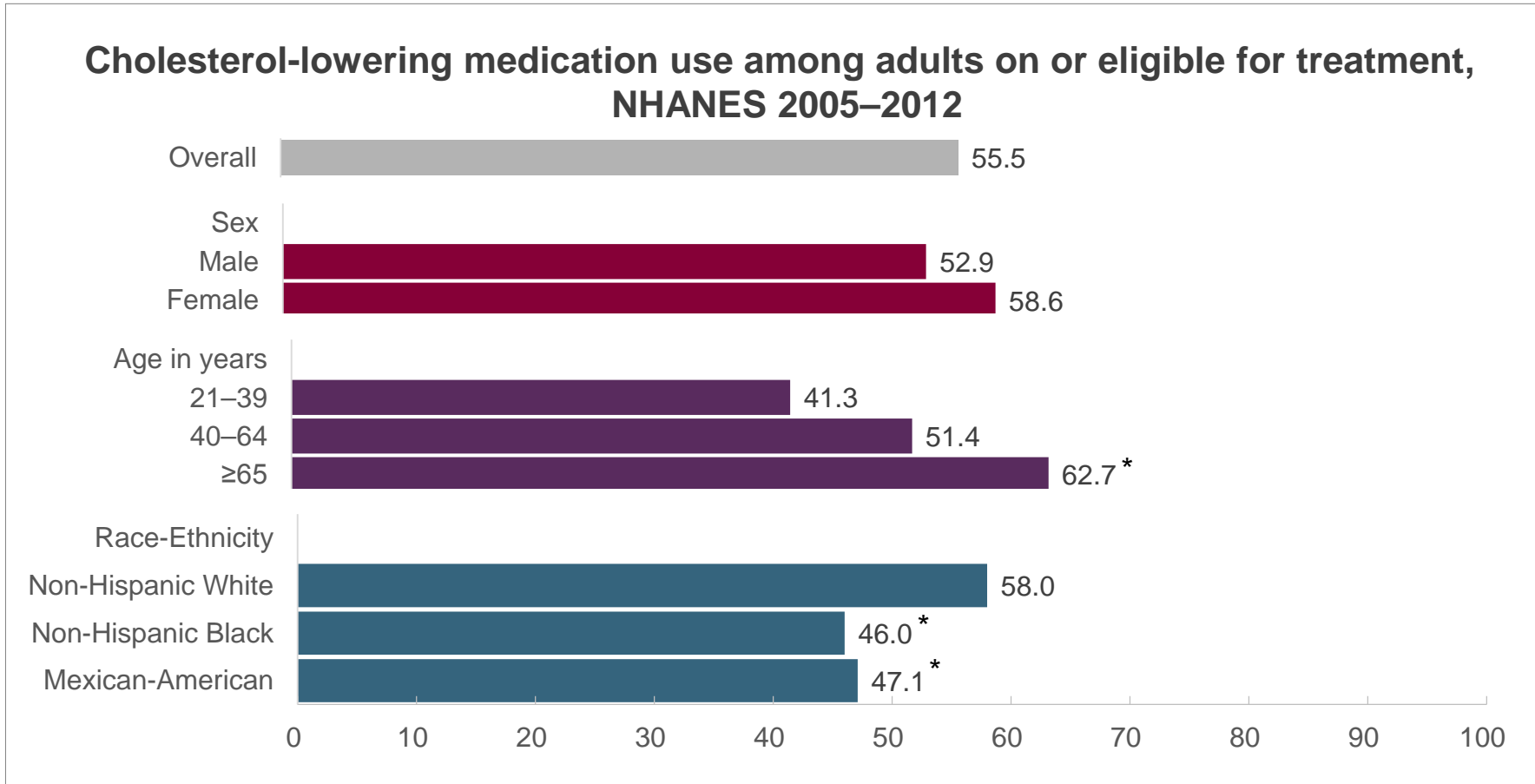


* Significantly different



Source: Mercado C, DeSimone A, Odom E, Gillespie C, Ayala C, Loustalot F; Centers for Disease Control and Prevention. Prevalence of Cholesterol Treatment Eligibility and Medication Use Among Adults — US, 2005–2012. MMWR Morb Mortal Wkly Rep. 2015; 64(47):1305-11

Cholesterol Med Use Among the Eligible



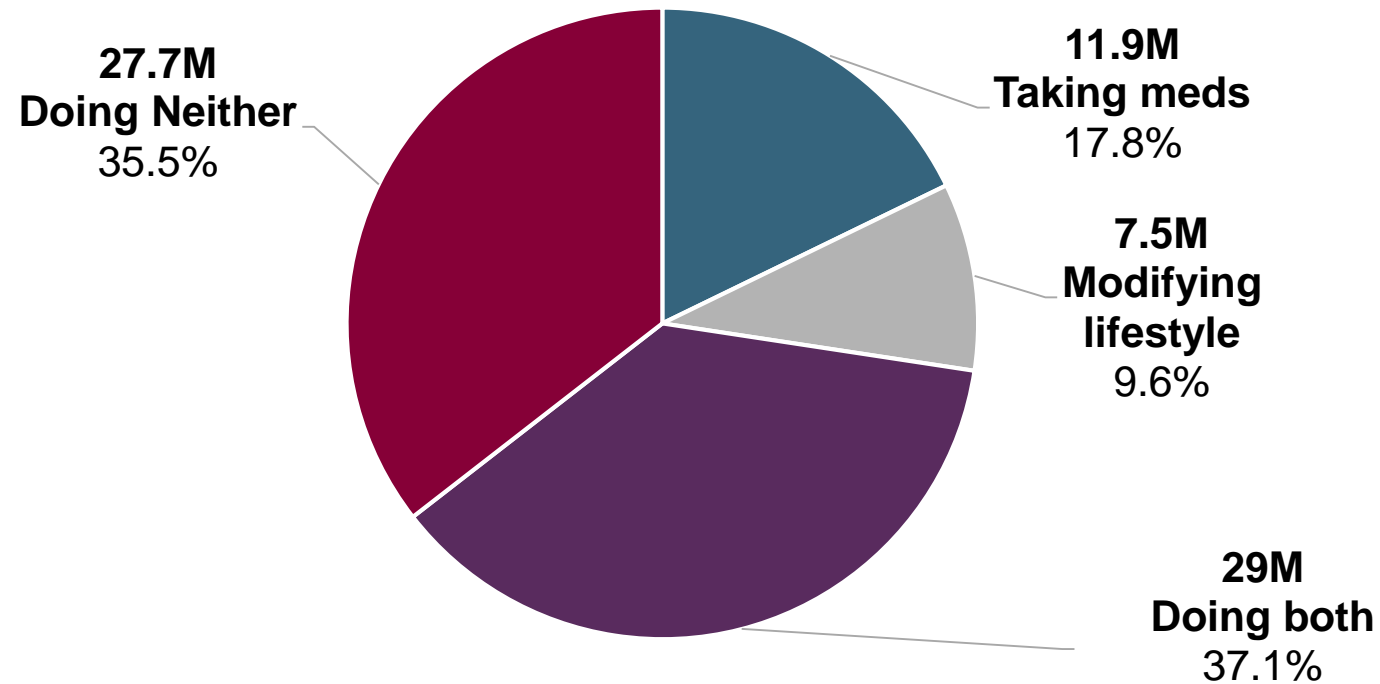
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Cholesterol Management Snapshot

78.1 M Adults Aged ≥ 21 Years Who Are On Or Eligible For Cholesterol-Lowering Treatment

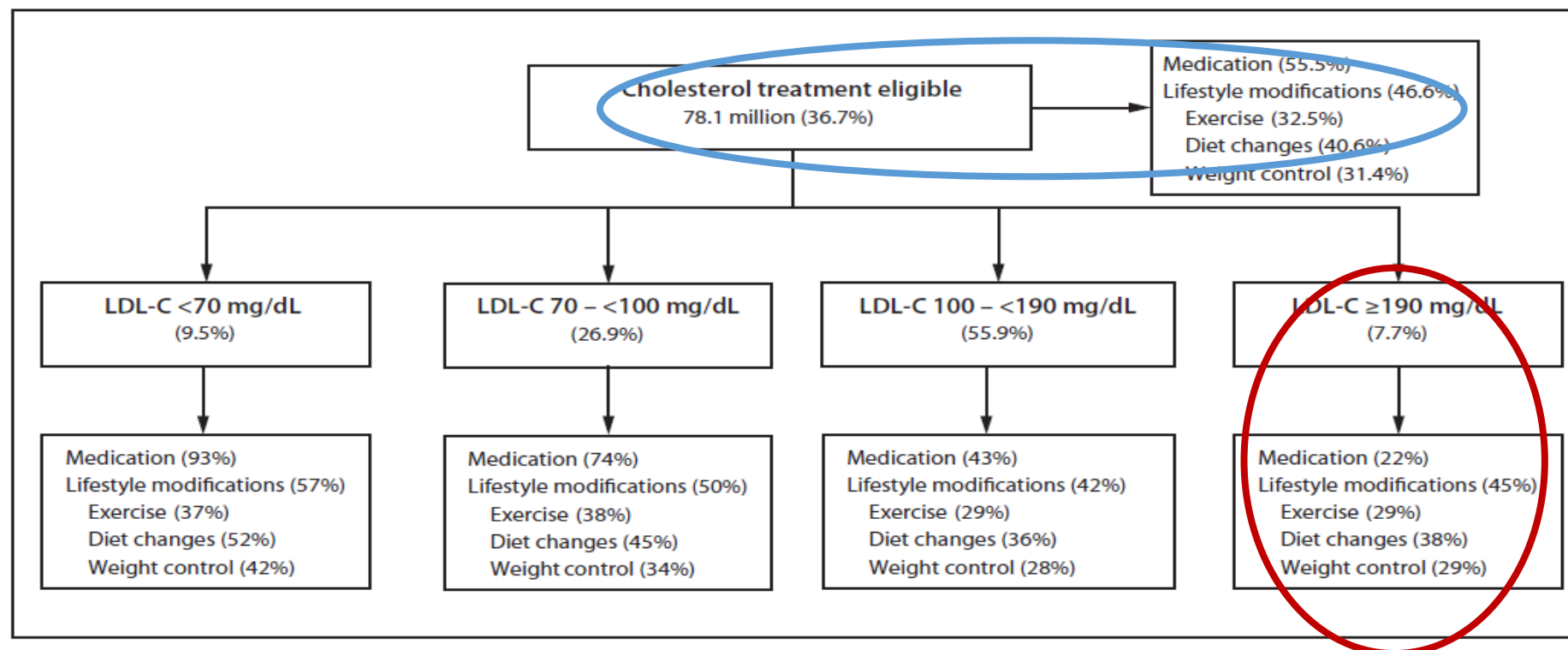


Source: Mercado C, DeSimone A, Odom E, Gillespie C, Ayala C, Loustalot F; Centers for Disease Control and Prevention (CDC). Prevalence of Cholesterol Treatment Eligibility and Medication Use Among Adults — United States, 2005–2012. MMWR Morb Mortal Wkly Rep. 2015; 64(47):1305-11

The Cholesterol Challenge

Getting Those Eligible on Treatment

FIGURE. Number* and percentage of adults aged ≥ 21 years who are on or eligible for cholesterol-lowering treatment,[†] distribution of LDL-C[§] levels, and percentage taking cholesterol-lowering medication,[¶] making lifestyle modifications,^{**} or both — National Health and Nutrition Examination Survey, United States, 2005–2012



Familial Hypercholesterolemia

A Chance to Change a Family

- Genetic abnormality resulting in high LDL and untreated, a 20-fold increased risk of coronary heart disease
- >800K (1 in 250) adults in the US are estimated at risk for preventable events
- FH accounts for ~5% (13K) of annual heart attacks in those younger than 60 in the US
- Untreated men have a 50% risk of CHD by age 50 and women, 30% risk by age 60
- Optimal treatment, usually a generic statin-based regimen, reduces risk to that of the general population



Fewer than 10% have been diagnosed...



Lessons from Million Hearts 1.0



Lesson #1: *Partner Up*



Lesson #2

Focus on a Small Set of High Impact Measures

Measure	Measure Number	Million Hearts 1.0 Clinical Quality Measures
Aspirin When Appropriate	NQF 0068	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic Percentage of patients aged 18 years and older with IVD with documented use of aspirin or other antithrombotic
Blood Pressure Control	NQF 0018	Hypertension: Controlling High Blood Pressure % of patients aged 18 - 85 years with a diagnosis of HTN and an office BP of <140/90 during the measurement year
Cholesterol Management	NQF 0075	Ischemic Vascular Disease: Complete Lipid Panel and LDL-C Control % of patients aged 18 years and older with IVD who received at least one lipid profile within 12 months and had most recent LDL-C level < 100 mg/dL.
Smoking Cessation	NQF 0028	Preventive Care and Screening: Tobacco Use % of patients \geq 18 years who were screened about tobacco use one or more times within 24 months and who received cessation counseling intervention if a tobacco user



NOTE: ABCS included in Cardiology, Internal Medicine, and General Practice/Family Medicine Specialty Measure Sets

Lesson #3a

Be Nimble because Science--and Measures--March On

All 4
changed
by year
4!!!

Measure	Measure Number	Million Hearts 1.0 Clinical Quality Measures
Aspirin When Appropriate	NQF 0068	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic Percentage of patients aged 18 years and older with IVD with documented use of aspirin or other antithrombotic
Blood Pressure Control	NQF 0018	Hypertension: Controlling High Blood Pressure % of patients aged 18 - 85 years with a diagnosis of HTN and an office BP of <140/90 during the measurement year
Cholesterol Management	NQF 0075	Ischemic Vascular Disease: Complete Lipid Panel and LDL-C Control % of patients aged 18 years and older with IVD who received at least one lipid profile within 12 months and had most recent LDL-C level < 100 mg/dL
Smoking Cessation	NQF 0028	Preventive Care and Screening: Tobacco Use % of patients \geq 18 years who were screened about tobacco use one or more times within 24 months and who received cessation counseling intervention if a tobacco user



NOTE: ABCS included in Cardiology, Internal Medicine, and General Practice/Family Medicine Specialty Measure Sets

Lesson #3b

Be Nimble because Science--and Measures--March On

Measure	Measure Number	Million Hearts 2022 Clinical Quality Measures
Aspirin When Appropriate	NQF 0068	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic Percentage of patients aged 18 years and older with IVD with documented use of aspirin or other antithrombotic
Blood Pressure Control	NQF 0018	Hypertension: Controlling High Blood Pressure % of patients aged 18 - 85 years with a diagnosis of HTN and an office BP of <140/90 during the measurement year
Cholesterol Management	PQRS 438	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease % who were prescribed or on statin therapy during the measurement period: <ul style="list-style-type: none"> Adults aged ≥ 21 years who were previously diagnosed with or currently have an active diagnosis of clinical atherosclerotic cardiovascular disease; OR Adults aged ≥ 21 years with a fasting or direct LDL-C level ≥ 190 mg/dL; OR Adults aged 40-75 years with a diagnosis of diabetes with a fasting or direct LDL-C level of 70-189 mg/dL
Smoking Cessation	NQF 0028	Preventive Care and Screening: Tobacco Use % of patients ≥ 18 years who were screened about tobacco use one or more times within 24 months and who received cessation counseling intervention if a tobacco user



NOTE: ABCS included in Cardiology, Internal Medicine, and General Practice/Family Medicine Specialty Measure Sets

Lesson #4

Widely Embed the Small Set of High Impact Measures *Focuses Action, Reduces Reporting Burden, Strengthens Performance Assessment*

Million Hearts® Quality Measure Alignment in National Quality Reporting Systems

Quality Reporting Initiative	Primary Measures				Secondary Measures	
	Aspirin when Appropriate	Blood Pressure Control	Cholesterol Management	Smoking Assessment and Treatment	Cardiac Rehab Referral	BMI
CMS Quality Payment Program	✓	✓	✓	✓	✓	✓
AHRQ EvidenceNow	✓	✓	✓	✓	No	No
ABFM Prime Registry	✓	✓	✓	✓	No	✓
AHA Guideline Advantage	✓	✓	No	✓	No	✓
ACP Genesis Registry	✓	✓	No	✓	No	✓
ACC PINNACLE Registry	No	✓	No	✓	✓	No
CMS ACO Shared Savings	✓	✓	No	✓	No	✓
TCPI	✓	✓	No	✓	No	✓
CMS Home Health CV Data Registry	✓	✓	No	✓	No	No
HRSA Uniform Data System	✓	✓	Pending‡	✓	No	✓
Comprehensive Primary Care	No	✓	No	✓	No	No
IHS RPMS	No	✓	Pending‡	✓	No	✓
Medicaid Adult Core Set	No	✓	No	0027†	No	No

✓ 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

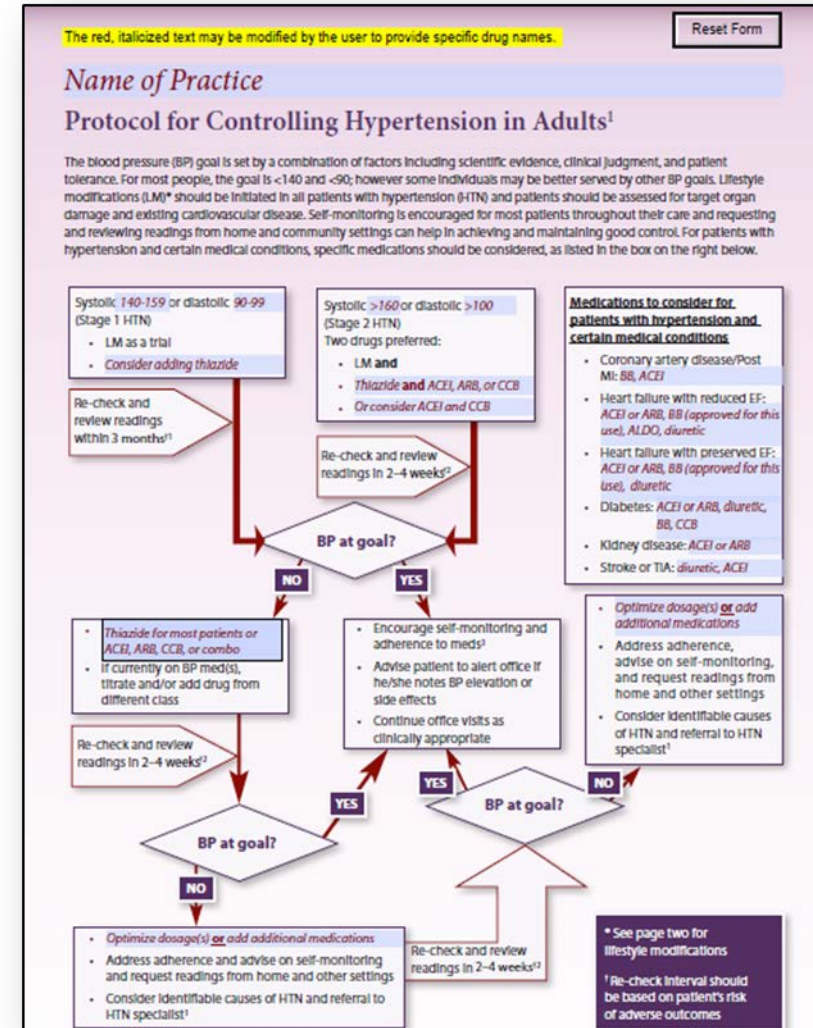
NOTE: ABCS measures are in the Cardiology, Internal Medicine, and General Practice/Family Medicine Specialty Measure Sets



Lesson #5

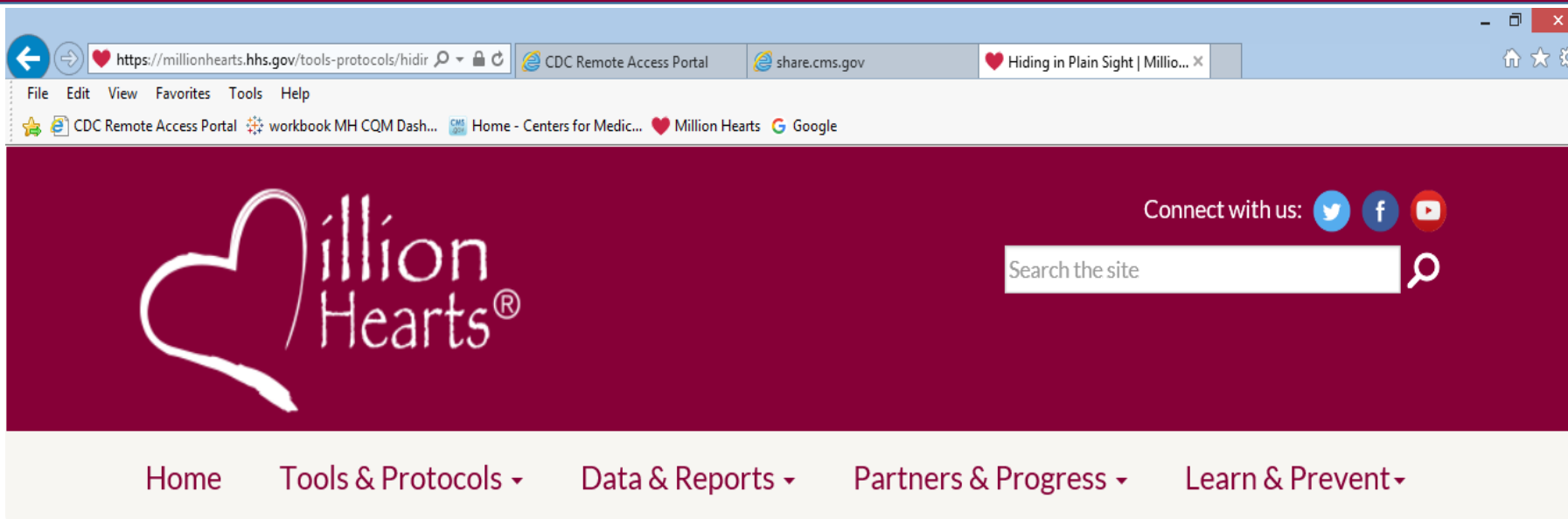
Drive Use of Evidence-Based Treatment Protocols

- Expands the care team that can assist in achieving control
- Standardizes the content and delivery of lifestyle modification advice
- Lends clarity, efficiency, and cost-effectiveness to selection of meds
- Specifies intervals and processes for patient follow up



Lesson #6

Apply “Hiding in Plain Sight” Tools for High LDLs



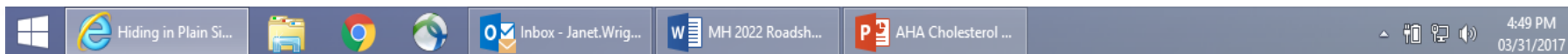
The screenshot shows a web browser window with the URL <https://millionhearts.hhs.gov/tools-protocols/hidir>. The browser's address bar shows several tabs: "CDC Remote Access Portal", "share.cms.gov", and "Hiding in Plain Sight | Millio...". The browser's menu bar includes "File", "Edit", "View", "Favorites", "Tools", and "Help". The browser's toolbar shows "CDC Remote Access Portal", "workbook MH CQM Dash...", "Home - Centers for Medic...", "Million Hearts", and "Google". The website's header features the "Million Hearts" logo on the left, social media icons for Twitter, Facebook, and YouTube on the right, and a search bar with the text "Search the site". The navigation menu includes "Home", "Tools & Protocols", "Data & Reports", "Partners & Progress", and "Learn & Prevent".

Home > Tools & Protocols > Undiagnosed Hypertension

Undiagnosed Hypertension

Are there patients in your practice with undiagnosed hypertension who may be "hiding in plain sight"?

- Video: Finding Undiagnosed Hypertensive Patients
- Hypertension Prevalence Estimator Tool
- References, Resources, and Case Studies

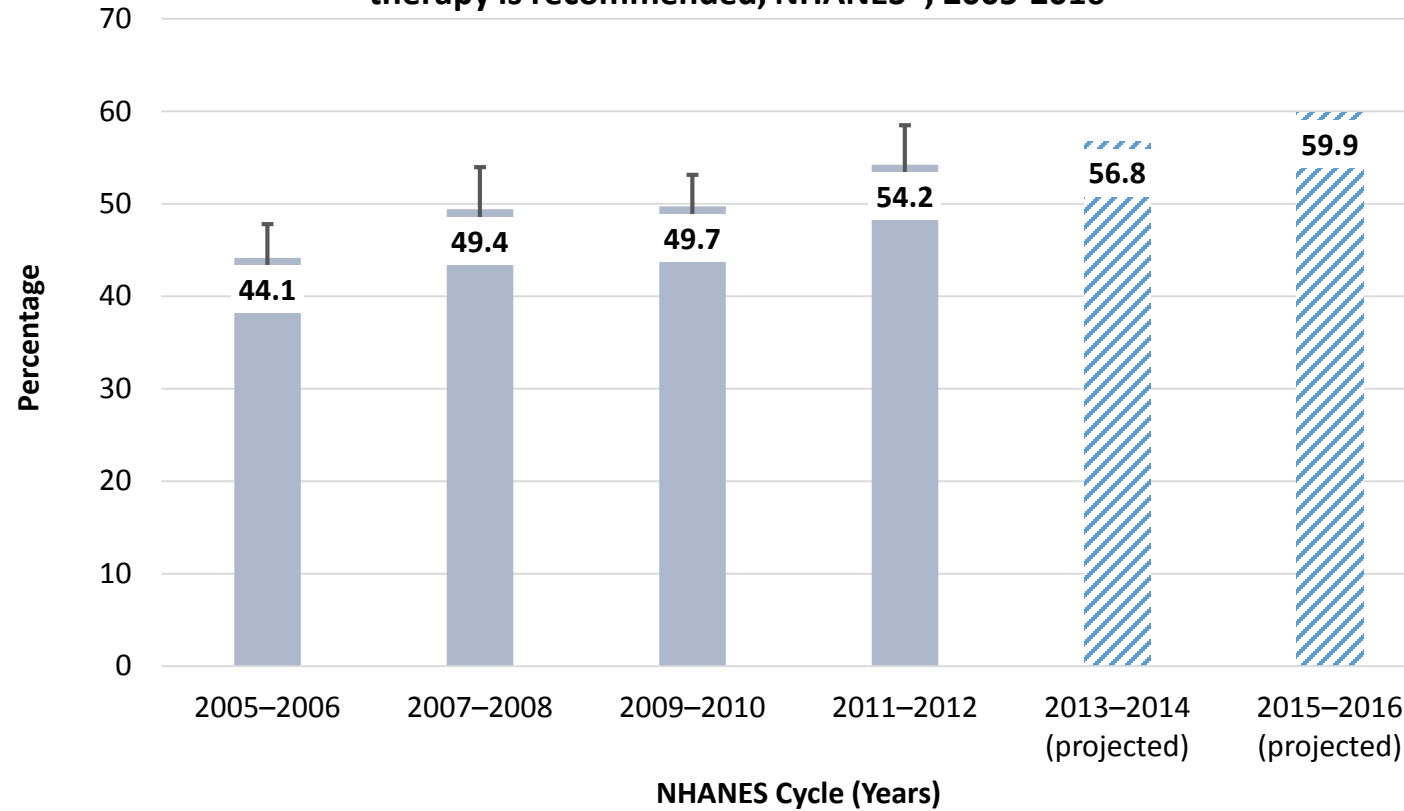


The Windows taskbar shows several open applications: "Hiding in Plain Si...", "Inbox - Janet.Wrig...", "MH 2022 Roadsh...", and "AHA Cholesterol ...". The system tray on the right shows the time as 4:49 PM on 03/31/2017, along with icons for network, volume, and power.

Lesson #7

Improvement is TOO Slow

Figure 2. Prevalence of statin use among adults (≥21 years) for whom statin therapy is recommended, NHANES*, 2005-2016



* National Health and Nutrition Examination Survey (NHANES)

Million Hearts[®] 2022 Aim: *Prevent a Million Heart Attacks and Strokes in Five Years*

Keeping People Healthy

Optimizing Care

COMMUNITY



Improving Outcomes for
Priority Populations



Million Hearts® 2022

Priorities and Goals

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

35-64 year olds

People who have had a heart attack or stroke

People with mental illness or substance use disorders

*Aspirin, Blood pressure control, Cholesterol management, Smoking cessation



Optimizing Care

Goals	Effective Healthcare Strategies
Improve ABCS* 80% Targets	<p><i>High Performers Excel in the Use of.....</i></p> <ul style="list-style-type: none">• Technology – decision support, patient portals, e- and default referrals, registries, and algorithms to find gaps in care• Teams – including pharmacists, nurses, community health workers, cardiac rehab professionals• Processes – treatment protocols; daily huddles; ABCS scorecards; proactive outreach; finding patients with undiagnosed high BP, high cholesterol, or tobacco use• Patient and Family Supports – training in home blood pressure monitoring; problem-solving in medication adherence; counseling on nutrition, physical activity, tobacco use, risks of particulate matter; referral to community-based physical activity programs and cardiac rehab
Increase Use of Cardiac Rehab 70% Target	
Engage Patients in Heart-healthy Behaviors Targets TBD	



*Aspirin, Blood pressure control, Cholesterol management, Smoking cessation

Cholesterol Management

Questions and Gaps

- What is your biggest obstacle/tip related to cholesterol management?
- How—and by whom--can the value proposition be best conveyed?
- What are measureable actions that qualify as patient engagement in cholesterol management?

