

# Advancing Million Hearts®: AHA and Heart Disease and Stroke Prevention

# **Partners Working Together in Wyoming**

Wolcott Galleria 136 S. Wolcott Street Suite 203 Casper, WY 82601

June 20, 2018
Meeting Summary

The purpose of the meeting is to connect staff from the American Heart Association affiliate, state health departments and other state and local heart disease and stroke prevention partners to establish and engage in meaningful relationships around Million Hearts® efforts.

# Meeting objectives:

- Identify Million Hearts® 2022 focused activities for 2018
- Recognize Million Hearts® 2022 evidence-based and practice-based CVD prevention strategies and approaches
- List partner programs and resources that align with Million Hearts®
- Identify programs efforts that align and ways to work together
- Create a plan for follow-up to increase engagement
- Recognize key contacts within heart disease and stroke prevention

# Million Hearts® 2022:

- Keeping people healthy
- Optimizing care
- Improving outcomes for priority populations

# **Meeting Outcomes:**

Attendees will have expanded their knowledge of evidence-based programs, collaboration strategies, tools, resources and connections to align programs and new initiatives that support Million Hearts®.

# **Key Themes:**

- Provide resources to help providers and empowering patients to address cardiovascular health and hypertension especially given the challenges of a rural state.
- Support non-physician team members such as pharmacists and community health workers.
- Increase utilization of cardiac rehab and addressing challenges such as cost/access issues.
- Establish best practices and streamline systems of care throughout the state.
- Support tobacco prevention and cessation policies and programs amongst adults and youth.

# Participants were asked to introduce themselves and state what they are excited about:

"Seeing the work we are doing on a daily basis impacting the lives of people"

"Working with rural communities and getting patients access to care"

"Improving collaboration on the prevention side so that we have the same outcomes as collaboration on the treatment side"

"The opportunities that collaboration offers us to impact people's lives; the good news is that prevention is effective and there is so much we can do together"

"Empowering the patients to take care of themselves"

"Working on health policy in WY; there are many opportunities moving forward"

"Putting a face to the name of the people we have been working with"

"Exciting to see the work that is happening in the states and all the great work you do"

"Hoping to get some knowledge and some tools to advance my work"

# **Logistics – Preparing for Afternoon Workgroups**

1 LINKING COMMUNITIES TO CLINICAL SERVICES	2 Hypertension Control	3 TOBACCO CESSATION
Amanda Hubbard Stevi Sy John Clymer Jill Ceitlin Julia Schneider	Hannah Herold Melody Bowar April Wallace Miriam Patanian	Kristen Waters Nickola Bratton Joe D'Eufemia Julie Harvill Robin Rinker

**ACTION**: Before lunch is over, please <u>add your name</u> to the Sign-up sheet for the Workgroup you plan to attend/engage.

# **GROUP 1: LINKING COMMUNITIES TO CLINICAL SERVICES**

Participants:

Rachael Settles Stacey Zeidler Maribel Frank Alison Yoenngberg
David Wheeler Debbie Hornor Dian True Julieann Tanachion

Discussion Leads:Flip Chart Notes:Notetaker:Amanda HubbardJohn ClymerJulia Schneider

Stevi Sy Jill Ceitlin

# **TOPIC AREAS**

Community health workers- certification/training and billing

**Pharmacists** 

Financial survival but also good care- how to better serve their patients but also contain costs

Access to care for rural patients

Working with EMS

Stroke systems of care

Educating the community and how to better help with education

Telehealth

Supporting tribal communities and sharing lessons learned/success stories

Parish nurses

EMR interoperability

# **DISCUSSION**

# The WHAT

What are the issues your organization is seeking to address?

What has been successful (strategies and practices)?

What are the key challenges?

Community health workers

Pharmacists

AHA-Working with hospitals on Get with the Guidelines; QI initiatives; corporate partners- better understand what is happening in the community and how to provide resources; "end to end solutions"- how to better connect and develop a continuum;

Financial survival but also good care- how to better serve their patients but also contain costs

WY Med Center- access to care for rural patients; working with EMS; stroke systems of care; educating the community and how to better help with education.

Community Health Workers- one of the largest programs is at Tribal Health- started with staff education and expanded that; collaboration with pharmacists through U of WY School of Pharmacy

U of WY Telehealth Network is a huge resource for the state. DPH has invested for licenses for providers across the state for Zoom- it's encrypted and meets HIPAA. 250 providers have registered. Dr. Wheeler LOVES this program and gives a lot of credit to the state. Dr. Wheeler and Dr. Bush sit on the NW Regional Telehealth Regional Network. Has made life in WY much more manageable. Medicaid pays for all telehealth visits. Other than Medicaid, no one will pay for services in the home. Used Zoom in the clinic- the quality is amazing. A lot of rules around docs using this so there are some challenges. But this has been a great resource for such a rural state.

Working with pharmacy students to work with patients; working with director of pharmacy @medical center Mountain Pacific is getting folks together to talk about resources in the community and how to get patients enrolled with insurance

Stress on caretakers and increased CVD in this population

Lots of disconnected people in the communities of WY. Sense that most folks go to nursing homes-less family support

Challenge of travel to doctor appointments- lack of knowledge, money

Wyoming 211- question on whether this is being used anymore? Is there funding for this?

Grant that supports CHW/lifestyle coach to go out to tribal communities- has made a huge difference for the communities. These 2 women are also certified diabetes educators. Outcomes data is amazing- data should be coming out soon.

NASHP notes WY as not having any CHWs but this might not be the case. Are they certified?

AHA has done a lot of work with tribes. Inter-tribal event that has been native led held in OK but draws in several states. Debbie spoke to Admiral Meeks – which resources are tribes accessing; what are the best practices and successes that can be shared.

Circulate info on funds available via Seeds of Change

Faith community – parish nurses. Several trained in the state. Volunteer-based.

Medicaid expansion- private insurance in WY is very expensive compared to other states for several reasons Overwhelmed with EMRs; need to work with vendors; interoperability is a challenge- many years away from registry reporting being streamlined

Who else should be at the table:

Hospital in Douglas – bringing in people on community paramedicine Primary Care Association- Jan Cartright. There are 6 FQHCs in the state U of WY Family Practice Residence Clinics

What do we choose to focus on?
What would success look like for this work?
What objectives do we seek to accomplish?

Ability for CHWs and others to get paid depends on your license and status. If you work with a physician group and are under the supervision of a physician, you can bill under their name. Not sure if Medicaid pays for CHWs. Job descriptions; working with employers to make the case.

Patient literacy would be covered if it's part of the patients' care plan

Could be Meals on Wheels – has to be 2 conditions like diabetes and hypertension. Finally seeing a small ROI. CMS launched new codes for people with mental health disorders. Requirements are difficult to meet- highly organized team and a lot of administrative burden. Mental health, primary care and FQHC partnered in one rural area to get this done.

Formal training for CHWs- program does exist; who provides certification? No one has wanted to take it on. What about a community college; or a hospital. Tribal health has their own training program. Someone has to employ the CHWs- people need to get paid: volunteerism does not work anymore. Parish nurses who have no budget do not succeed. We need the workers first; and then a defined structure.

Critical access hospitals- offer professional development

PCNA can serve as role models for the quality care they are delivering.

Lindsay is Director of Public health nurses and is a good resource

Explore foundation funding: Myra Fox Skelton Foundation – Eric Munoz sits on the board- cardio thoracic surgeon

### The HOW

How do we accomplish this? What specific actions or tasks need to be carried out in order to complete each step?

Who can we increase awareness of existing or new resources?

How do we want to stay accountable to these plans?

Plan to meet again in the next month-follow up with Nicola

Training and support of CHWs

Support Telehealth throughout the state

Action	Who	By When
Sharing Zoom license info through University of Wyoming	Dr. Wheeler to reach out to Corey Jenkins- Project coordinator for Wyoming Telehealth Network	
Curriculum for CHW training	Dian True to follow up with Hannah Herold	
Follow up with Mountain Pacific (QIO) on CHWs	Amanda Hubbard	
Explore private foundation support for rural areas and identify a good grant writing	Debbie/AHA	
Reach out to PCA (Jan) about CHWs	Amanda Hubbard	

# **GROUP 2: HYPERTENSION CONTROL**

Participants:

Brandi Wahlen Matthew Guerttman

Trisha Thompson

Discussion Leads:	Flip Chart Notes:	Notetaker:	
Hannah Herold	April Wallace	Miriam Patanian	
Melody Bowar			

# **TOPIC AREAS**

# **DISCUSSION**

# The WHAT

What are the issues your organization is seeking to address? What has been successful (strategies and practices)? What are the key challenges?

# QIN/QIO:

- Share resources with our contracted organizations
- Implemented chronic care management in 15 primary care clinics focused on Medicare age, but will reach everyone. Clinics have hired care coordinators
  - Classes are offered for patients
  - Must have 2+ chronic conditions, be a Medicare beneficiary, work with care coordinator to
    establish a care plan, must meet for at least 20 minutes/month for the care coordinator to be able
    to bill for it
  - Involve community organizations
  - Use a HIPAA compliant platform to track the community resources patients use

# Wyoming Medical Center – Pulmonary and Cardiac Rehab:

- Pulmonary rehab take blood pressures before rehab to make sure they are in optimal range before exercise
- Teach them to take their blood pressure at home; verify

# Johnson County:

- Walk-in blood pressures; compare manual BP to their home blood pressure machine
- Provide education around BP

# WY Department of Health:

- Hypertension rates have been increasing over the last 10 years (23.3% from BRFSS 2005; 29.9% from BRFSS 2015)
- Increase in number of patients who have their hypertension under control during this same time period
- Quality care coordination (Medicaid incentive-based payment program) similar trends
- PCMHs: 57% with hypertension have it under control in 2005; now closer to 70%
- Plan to implement SMBP monitor loaner programs similar to NY
- Promote the Million Hearts SMBP toolkits

# THE WHAT

What do we choose to focus on?
What would success look like for this work?
What objectives do we seek to accomplish?

Cultivating collaboration – what opportunities are there?

• How can we get valuable resources and information to our patients?

- O How can we better support clinic staff?
  - Training?
  - Reduce time constraints?
- How can we gather information, collate it, present it?
- Can we focus on training on accurate blood pressure measurement?
  - Care managers/coordinators can educate on proper blood pressure measurement
  - Need to identify gaps in providing patient education
  - How do we address the gaps that exist currently in procuring blood pressure cuffs
    - Which blood pressure cuffs are recommended?
       <a href="http://www.dableducational.org/sphygmomanometers/devices">http://www.dableducational.org/sphygmomanometers/devices</a> 2 sbpm.html
  - There is also an AHA patient care / heart channel has movies related to cardiac and diabetes education

# The HOW

How do we accomplish this? What specific actions or tasks need to be carried out in order to complete each step?

How can we increase awareness of existing or new resources?

How do we want to stay accountable to these plans?

- BP cuff loaner program would likely begin around January 2019
- Make resources available cuffs and education
- Get the ear of payers to pay for cuffs
- Let providers (and the public) know that local health department can measure blood pressure
- QIO works with providers to work with their data
- Target BP incentivizing providers for hypertension control rate (QUESTION FOR AHA: How many clinics are there in Target BP?)
- Million Hearts Hypertension Control Challenge recognizes providers that have at least an 80% hypertension control rate
- Need to increase availability of resources education for patient and provider, equipment, and medication
- Empower patients to continue monitoring blood pressure and encourage them to seek ongoing support
- Support physicians' access to data to monitor blood pressure control in patient populations improve controlled hypertension

# **SUSTAINABILITY**

- Training manual / materials
- Data to benchmark and measure improved outcomes
- Show providers ROI
- Implement ongoing group communication
  - o Chronic disease conference
- Development of chronic disease coalition (DOH can support this)

# **DELIVERABLE -**

Increase availability of resources – education for patients and providers, equipment, and medication Develop a train-the-trainer approach to improve consistent messaging about hypertension control

	7.5	
Action	Who	By When
Identify the content of the training that will coincide with the beginning	Hannah	Mid-August
of a blood pressure cuff loaner program	QIO	
	Clinical setting	
	partners	

Build resource list – ADRC	Brandi as lead	Beginning of
	Each group compile	August –
	your own list of	Brandi will
	resources, then	reach out to
	Brandi will combine	all
	into 1 list	
Identify training venues, events	Hannah	October
Getting the training to clinicians – consider medical society and other	Brandi	Beginning in
meetings to offer the training	Matthew	January 2019
QIO can also train the organizations they contract with	Trisha	

	GROUP 3: TOBACCO CESS	SATION
Participants: Joe D'Eufemia Vitaliy Kroychik		
Discussion Leads:	Flip Chart Notes:	Notetaker: Robin Rinker

# **TOPIC AREAS**

# AHA

- Tobacco Tax \$1
- Information WQTP
- E-cigarettes
  - o Youth
  - o Messaging
  - o Harm reduction language get rid of it
- Tax
  - o \$1 minimum would lead to \$43 million in the first year
  - o Coalition started expanding to more tobacco prevention
  - o Key concepts
    - Consistent messaging
    - Grassroots groups
    - Community engagement
    - Champions

# **Smoke-Free Laws**

- We have a coalition statewide, not state-funded
- Education TPCP and MPHC
- Grassroots community engagement
- Advocacy ACS CAN, AHA, Citizenry

# DISCUSSION

# The WHAT

What are the issues your organization is seeking to address?

What has been successful (strategies and practices)?

# What are the key challenges?

- AHA-focused on tobacco tax
- ACSCAN—cessation materials and line to call, in WY pushing people to state quitline
- Health Dept—chantix cessation rate much better than rest of the country
- Local prevention (PMO)—
- Tribal work—currently being discussed in state legislature. Lawmakers have used reservations as an excuse because they're sovereign (no tax). Non-natives are supposed to be charged tax, but not happening. Discussion of state tax on reservations (happens in NM) with agreement between tribe and state-reservation gets portion of that money. Discussions continue—bill dropping in 2018 leg session to work with the tribes
  - Wyoming's reservation houses two tribes, additional challenge of policies that work for both tribes
  - o There are some opportunities, but must be led by tribes, and must be priority/need for them
- How do we raise a generation less inclines to smoke? How do we limit exposure to second hand smoke?
   Limit exposure for young people?
  - Young people do not think smoking is cool, but do not consider ecigs tobacco products. Juul ecig that looks like memory stick from computer—equivalent to entire pack of cigarettes
- Wyoming has great data around tobacco between DOH and Wyoming Statistics and Analysis Center
  - o PNA (also surveys student attitudes). Elective. Several districts have opted out, but more are reelecting because YRBS is no longer funded. Even years, 6-12 grades.
- Behavioral health—40% of quitline participants have behave health conditions. Want to quit at same rates, but outcomes are 8-10% points lower—trying to figure out why.
  - o There are centers using harm reduction—encouraging people to pick up smoking.
  - One of side effects with Chantix is suicidal thoughts. But removed warning because there isn't correlation, but patient and provider stigma
- E-cigarettes—RJ Reynolds is trying to strengthen harm reduction language in quitline through legislation—some is in place.
  - Wyoming has one of the most generous and comprehensive cessation treatment programs in the country. 3 months of free cessation
- Smoke free policies are better than taxes
  - No state general funds for cessation program. Now have just under \$300,000 from state investments
  - After next biennium funding will look different. Spending a lot of money on quitline and media, bot putting as much money in communities
  - With loss of PMO, will see changes in capacity at community level. Sustainability is challenging due to budget
- Tobacco 21: DOH, don't see point in putting effort into this w/o tax or smokfree law
  - Difficult given WY politics, need impact data
- Media opportunities

- Did have settlement and CDC funds for this, slowly reduced, must now use all CDC funds for media, sometimes some settlement funds. This year considering media for secondhand targeting parents who smoke in front of children.
- Tobacco taskforce?
  - DoH cannot lead, but can play a role. Casper is political bell weather—other communities looking to Casper.
  - 28% of state covered by comprehensive smokefree laws—6 communities have comprehensive,
     13 total have smokefree laws
  - How do we start conversation about smokefree again? A lot of restaurants and bars are independently smokefree even w/o law. Can we link to Tourism office? Tourism can connect small population across large state—common goal, connects all of WY—major economic driver.
  - o How do we all get on same page? Rowing in same direction.
  - Did have coalition in 2003 to work on general tobacco issues, after RWJF funding ended, that group has ended. Have had several specific coalitions on tobacco related topics led by ACSCAN and AHA.
    - Exploring whether WY wants to do this again.

### THE WHAT

What do we choose to focus on?

What would success look like for this work?

What objectives do we seek to accomplish?

- Need a Champion in the state—lots of new young people running for local office
- Tobacco taskforce statewide but not state-funded—one objective is going smokefree---AHA & ACSCAN
  - O Currently have coalition focused on tobacco tax, but coming to terms with fact that that might never happen. What else do we do? ACSCAN optimistic
    - o Action: consistent messaging about outcomes of tobacco tax
    - o Create subworkgroups?
    - NB: Cessation is only paid for for the next 2 years—budget uncertain after next 2 years due to expiration of budget amendment

# The HOW

How do we accomplish this? What specific actions or tasks need to be carried out in order to complete each step?

Who can we increase awareness of existing or new resources?

How do we want to stay accountable to these plans?

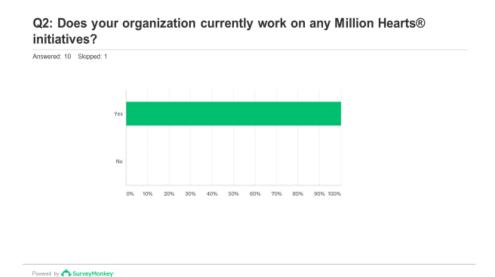
# **SUSTAINABILITY**

- Maintain statewide coalition
- Enhance communications
- Get on the same page

# **Pre-Meeting Survey Questions:**

This survey was used to finalize the meeting agenda and presentations, and to provide you with the most valuable information for your work in heart disease and stroke prevention.

- 1. Organization Name:
- 2. Name:
- 3. What is your primary role/function within your organization?
- 4. Has your organization previously been involved in any Million Hearts® activities?
- 5. Does your organization currently use community health workers to do prevention and/or treatment for heart disease and stroke in Wyoming?
- 6. Does your organization currently work with community peri-medicine for prevention and/or treatment for heart disease and stroke in Wyoming?
- 7. Does your organization currently work on community pharmacy in Wyoming?
- 8. Does your organization currently work on tobacco cessation in Wyoming?
- 9. Does your organization currently work on self-management of blood pressure in Wyoming?
- 10. What does success look like at the end of the meeting?



# **Presentations:**

# Million Hearts® 2022

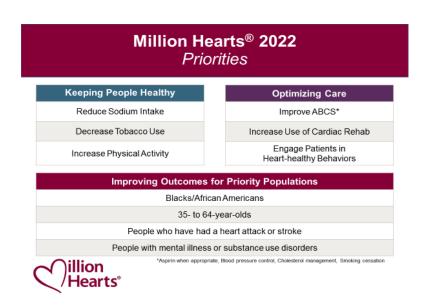
Robin Rinker, MPH, CHES Health Communications Specialist Division for Heart Disease and Stroke Prevention, CDC

The goal of Million Hearts is to prevent 1 million heart attacks, strokes, and other cardiovascular events. During the first 5-year phase of Million Hearts®, we made significant



progress in many areas. And while final numbers will not be available until 2019, we estimate that up to half a million events may have been prevented from 2012-2016. With new strategies in place, we are hoping to build on our momentum over the next five years.

Million Hearts® 2022 is co-led by the Centers for Disease Control & Prevention and the Centers for Medicare and Medicaid Services. But it is carried out by a variety of partners across federal and state agencies, and private organizations. Million Hearts® provides a platform to shine light on a selection of evidence-based strategies for cardiovascular disease prevention, and it serves as a learning lab and repository of tools, protocols, and resources for partners to use to implement these strategies. The important thing to note, however, is that while Million Hearts® provides the platform, the strategies, the tools, protocols and resources, it's the partners who are the ones really driving this initiative.



# Wyoming Department of Health Address Priorities that Align with Million Hearts®

- 100% Federally Funded through CDC's "State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health" (known as 1305)
- October 2018 through June 2023: Funded through "Improving the Health of Americans Through Prevention and Management of Diabetes and Heart Disease and Stroke" (known as 1815)



# Wyoming Department of Health Million Hearts Activities

Hannah Herold, MPH, MA, CHES Chronic Disease Prevention Program Manage

> Vitaliy Kroychik, CHES, CTTS, NCTTP Tobacco Prevention Specialist

# **Priorities:**

- ✓ Improve environments in worksites, schools, early childhood education services, state and local government agencies, and community settings to promote healthy behaviors.
- ✓ Improve the delivery and use of quality clinical and other health services aimed at preventing and managing high blood pressure and diabetes.
- ✓ Increase implementation of quality improvement processes in health systems.
- ✓ Increase use of team-based care in health systems.
- ✓ Increase links between community and clinical organizations to support prevention, selfmanagement and control of diabetes, high blood pressure, and obesity.
- ✓ Improve ABCS, Engage Patients in Heart Healthy Behavior
- ✓ Integrated Pharmacy Project: Partnership with University of Wyoming School of Pharmacy; Enrolling pharmacists through the Practice-Based Research Network; Training on motivational interviewing, CDSME, and appropriate referrals to community resources; Use of Pharmacists' Patient Care Process and Collaborative Practice Agreements
- ✓ Tobacco Prevention and Control-Increase Cessation; Decrease Youth Initiation



Mountain-Pacific Quality Health Address their Work and Alignment with Million Hearts®

- ✓ **Engage providers**: To improve patient care with evidence-based best practices
- ✓ **Encourage collaboration**: Among providers and other community stakeholders
- ✓ Empower patients: To take an active role in managing their health



Align with the Million Hearts® Initiative to improve preventive care measures, including aspirin use, blood pressure control, cholesterol management and smoking/tobacco education

Target disparate populations, including gender, racial and ethnic disparities and rural populations, to improve cardiac health

- Offer technical assistance on the cardiovascular measures submission for participating clinics
- Assist home health agencies with measures reporting through the Home Health Cardiovascular Data Registry
- Help clinics utilize EHRs for data analysis and performance improvement activities focused on clinical quality measures

# <u>American Heart Association/American Stroke Association Programs and</u> <u>Resources that Align with Million Hearts</u>

# **Policy Priorities:**

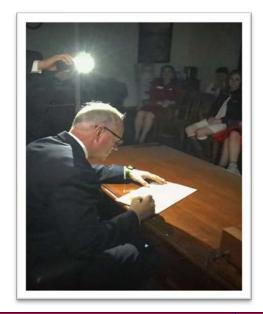
- ✓ Support efforts to increase active living and healthy eating through policy: SNAP; Every Student Succeeds Act
- ✓ Support policy that establishes best practices and streamlined protocols of care throughout the state: 911 Dispatch Training
- ✓ Support efforts to decrease tobacco use in Wyoming: Tobacco tax at a \$1 minimum; smokefree laws; Tobacco 21; tobacco cessation funding



# **Resources:**

- Heart Attack Risk Calculator <u>www.cvriskcalculator.com</u>
- AHA's Smoking Cessation Tools and Resources
- Get with the Guidelines <u>www.heart.org/quality</u>
- My Life Check Health Assessment
   http://www.heart.org/HEARTORG/Conditions/My-Life-Check---Lifes-Simple 7 UCM 471453 Article.jsp#.WYynd4WcE2w
- Check, Change, Control: Blood Pressure
   http://www.heart.org/HEARTORG/Conditions/HighBloodPressure/HighBloodPressureTools
   Resources/Find-a-Check-Change-Control-Program-Near You UCM 449325 Article.jsp#.WYynnoWcE2w
- Food and Beverage Tool Kit for a healthy food environment and policies
   http://www.heart.org/HEARTORG/HealthyLiving/WorkplaceHealth/EmployerResources/Healthy-Workplace-Food-and-Beverage-Toolkit UCM 465195 Article.jsp#.WYynwlWcE2w
- Target BP: http://targetbp.org/
- EmPowered to Serve https://www.empoweredtoserve.org/

# February is 'Heart Month' in Wyoming!



Time	Agenda Item/Topic	Speaker/Facilitator
8:30 – 9:00 am	Partner Networking	
9:00	Welcome	John Clymer
		Executive Director
		National Forum for
		Heart Disease and
		Stroke Prevention
	Overview of the Day	Julie Harvill
9:05 – 9:40 am	Introductions	John Bartkus
0.00	In one sentence, what excites you about your role in heart disease and stroke prevention?	Pensivia
9:40 – 10:30am	Million Hearts® 2022	Robin Rinker, MPH, CHES
	Million Hearts® Accomplishments	Health Communications Specialist
	What must happen to prevent?	Division for Heart Disease and Stroke
	• 2018 Focus	Prevention
	Q and A/Group Interaction	Centers for Disease Control and
		Prevention
10:30 – 10:45am	Break	
10:45 – 11:05am	Wyoming Department of Health address priorities that	Hannah Herold, MPH, MA, CHES
	align with Million Hearts®.	Chronic Disease Prevention Program
		Manager
		J J
11:05 – 11:20am	Mountain-Pacific Quality Health address their work and	Nickola Bratton
	alignment with Million Hearts®.	AIM Lead
11:20 – 11:35am	American Heart Association/American Stroke	Kristen Waters, Advocacy
	Association programs and resources that align with	Ben Leonard, QSI
	Million Hearts	Debbie Horner, Health Strategies

11:35 am – 12:15pm	Catered Lunch	
12:15 – 2:00pm	Afternoon Breakouts/Facilitated Discussions	
	<ul> <li>Linking Communities to Clinical Services         (Community Health Worker, Community         Paramedicine)</li> <li>Engagement of Pharmacists</li> <li>Hypertension Control</li> <li>Tobacco Cessation</li> </ul>	John Bartkus
2:00 – 2:30pm	Reports from Breakouts  What are you planning to do? How will you get it done? What are the next steps?	John Bartkus
2:30 – 2:50 pm	Plans for Follow-up/Next Interactions	John Bartkus
2:50 – 2:55pm	Evaluation and Feedback Process	April Wallace, MHA Program Initiatives Manager
2:55p.m.	Wrap Up	April Wallace
3:00p.m.	Adjourn	



# Advancing Million Hearts®: AHA and Heart Disease and Stroke Prevention Partners Working Together in Wyoming June 20, 2018 Contact List

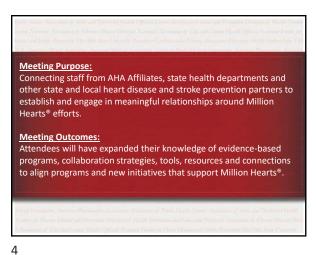
First Name	Last Name	Organization/Company	Job Title
Naomi	Amaha Gollnick	American Heart Association	Regional Vice President, Advocacy
John	Bartkus	Pensivia	Advocacy Program/Project  Management Consultant
Melody	Bowar	Wyoming Medical Center	Stroke Coordinator
Nickola	Bratton	Mountain-Pacific Quality Health	Account Manager
Jill	Ceitlin	American Heart Association	State and Community Advocacy  Manager
John	Clymer	National Forum for Heart Disease & Stroke Prevention	Executive Director
Joe	D'Eufemia	Wyoming Dept of Health	Tobacco Prevention Program Manager
Mica	Elmore	Wyoming Medical Center	Cardiovascular Service Line Coordinator
Maribel	Frank	Wyoming Medical Center	AVP of Population Health & Outreach
Andy	Gienapp	Department of Health	EMS Manager
Matthew	Guerttman	Wyoming Physician Services	Director
Julie	Harvill	American Heart Association	Operations Manager, Million Hearts Collaboration
Hannah	Herold	Wyoming Department of Health	Chronic Disease Prevention Program Manager
Debbie	Hornor	American Heart Association	Senior Vice President, Health Strategies SouthWest Affiliate
Keith	Hotle	PMO	CEO
Kimberly	Hoyt	Cheyenne Cardiology	RN Clinical Supervisor
Amanda	Hubbard	CRMC	Training Center Coordinator
Lindsay	Huse	Wyoming Department of Health	State Supervisor, Public Health Nursing

Diane	Kavanagh	Wyoming Medical Center	RN
Vitaliy	Kroychik	Wyoming Department of Health	Tobacco Prevention Specialist
Ben	Leonard	American Heart Association	QSI Director
Jason	Mincer	ACS CAN	Captain Awesome
Miriam	Patanian	National Association of Chronic Disease Directors	Lead Consultant for CVH and Health Systems
Carol	Rieser	Cheyenne Regional Medical Center	Administrator of Specialty Services
Robin	Rinker	Centers for Disease Control	Project Officer
Julia	Schneider	National Association of Chronic Disease Directors	Consultant, CVH Team
Rachael	Settles	Cheyenne Regional Medical Center	RN
Mary Lynne	Shickich	Shickich Strategies	President
Linda	Stopp	US Dept of Health and Human Services Office of the Assistant Secretary for Health Region 8	Public Health Advisor
Stevi	Sy	Mountain-Pacific Quality Health	Regional Medication Safety Lead
Julieann	Tanachion	Johnson County Public Health	RN
Trisha	Thompson	Johnson County Public Health	Nurse Manager
Trisha	Thompson	Johnson County Public Health	Nurse Manager
Dian	true	Wyoming Association of Diabetes Educators (WADE)	CEO
Brandi	Wahlen	Mountain-Pacific Quality Health	Account Manager
April	Wallace	American Heart Association	Program Initiatives Manager
Kristen	Waters	American Heart Association / American Stroke Association	Government Relations & Community Integration
David	Wheeler	Wyoming Neurologic Associates	Neurologist
Alison	Youngberg	Wyoming Medical Center	RN, CNOR, RNFA
Stacey	Zeidler	Wyoming Medical Center	Physician Liaison









3

		Agenda	Name Annual Property (Aug Person)
9:00 AM	0	Welcome and Overview	John Clymer & Julie Harvill
		Introductions	John Bartkus
		Million Hearts® 2022	Robin Rinker
		Programs and Resources that Align w	vith Million Hearts®
		- WY Dept of Health	Hannah Herold & Vitaliy Kroychil
		- Mountain-Pacific Quality Health	Nickola Bratton
		- AHA/ASA	Debbie Hornor & Kristen Waters
11:35 AM		Lunch	
12:15 PM		Afternoon Breakout Workgroups	John Bartkus
2:00 PM		Workgroup Report-outs	
2:30 PM		Plans for Follow-up	John Bartkus
2:50 PM		Evaluation & Feedback / Wrap Up	April Wallace
3:00 PM		Adjourn	



5 6



**Logistics – Preparing for Afternoon Workgroups** LINKING **HYPERTENSION** Товассо **COMMUNITIES** CONTROL **CESSATION** TO CLINICAL **SERVICES** Amanda Hubbard Hannah Herold Kristen Waters Stevi Sy Melody Bowar Nickola Bratton John Clymer April Wallace Joe D'Eufemia Jill Ceitlin Julia Schneider Miriam Patanian Julie Harvill Robin Rinker **ACTION**: Before lunch is over, please <u>add your name</u> to the Sign-up sheet for the Workgroup you plan to attend/engage.

8

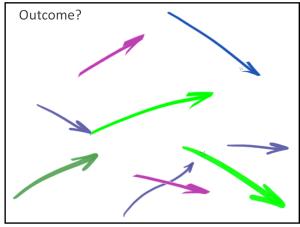


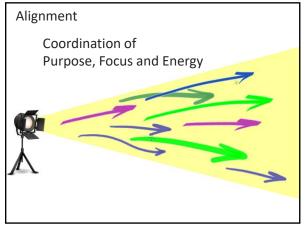
Activity

- "We're all Arrows"
- Look around the room.
   Identify something to focus on.
- · Close your eyes.
- Fully extend your arm to point at it. (Watch out for your neighbors)

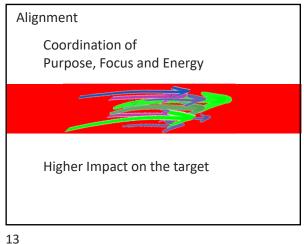


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11 12



One of the sheets in your packet is "My Alignment Notes" Opportunities I found to:

\* Align with My work

\* Align with Others work

If "Alignment" is a key goal of this meeting, then what would evidence of cultivating alignment be?

Preventing 1 Million Heart Attacks and Strokes by 2022

### Robin Rinker, MPH, CHES

Health Communications Specialist Division for Heart Disease and Stroke Prevention Centers for Disease Control and Prevention



15

Million Hearts® 2022

- Aim: Prevent 1 million—or more—heart attacks and strokes in the next 5 years
- · National initiative co-led by:
  - Centers for Disease Control and Prevention (CDC)
  - Centers for Medicare & Medicaid Services (CMS)
- Partners across federal and state agencies and private organizations



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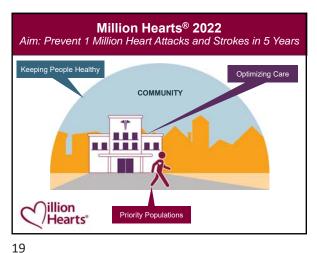
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# Heart Disease and Stroke in the U.S.

- More than 1.5 million people in the U.S. suffer from heart attacks and strokes per year1
- More than 800,000 deaths per year from cardiovascular disease (CVD)1
- CVD costs the U.S. hundreds of billions of dollars per year1
- · CVD is the greatest contributor to racial disparities in life expectancy<sup>2</sup>



**Heart Disease and Stroke Trends** 1950-2015 While CV deaths have been declining for the past 40 years, the reduction in these deaths has slowed. illion



Million Hearts® 2022 **Priorities** Keeping People Healthy Optimizing Care Reduce Sodium Intake Improve ABCS\* Decrease Tobacco Use Engage Patients in Heart-healthy Behaviors Increase Physical Activity **Improving Outcomes for Priority Populations** Blacks/African Americans with Hypertension 35- to 64-year-olds People who have had a heart attack or stroke People with mental and/or substance use disorders who use tobacco illion) Hearts\*

20

Goals	Effective Public Health Strategies	
Reduce Sodium Intake Target: 20%	Enhance consumers' options for lower sodium foods     Institute healthy food procurement and nutrition policies	
Decrease Tobacco Use Target: 20%	Enact smoke-free space policies that include e-cigarettes     Use pricing approaches     Conduct mass media campaigns	
Increase Physical Activity Target: 20% (Reduction of inactivity)	Create or enhance access to places for physical activity     Design communities and streets that support physical activity     Develop and promote peer support programs	

**Optimizing Care** Goals **Effective Health Care Strategies** High Performers Excel in the Use of.. High Performers Excel In the Use of...

Teams—including pharmacists, nurses, community health
workers, and cardiac rehab professionals

Technology—decision support, patient portals, e- and default
referrals, registries, and algorithms to find gaps in care

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 Improve ABCS\* Targets: 80% Increase Use of Cardiac Rehab Target: 70% Engage Patients in Heart-healthy Behaviors Targets: TBD programs and cardiac rehab illion /Hearts®

21 22

Improving Outcomes for Priority Populations			
Priority Population	Intervention Needs	Strategies	
Blacks/African Americans	Improving hypertension control	Targeted protocols     Medication adherence strategies	
35-64 year olds	Improving HTN control and statin use     Decreasing physical inactivity	Targeted protocols     Community-based program enrollment	
People who have had a heart attack or stroke	Increasing cardiac rehab referral and participation     Avoiding exposure to particulate matter	Automated referrals, hospital CR liaisons, referrals to convenient locations     Air Quality Index tools	
People with mental and/or substance abuse disorders	Reducing tobacco use	Integrating tobacco cessation into behavioral health treatment     Tobacco-free mental health and substance use treatment campuses     Tailored quitline protocols	

Million Hearts® Resources and Tools <u>Action Guides</u>—Hypertension control; Self-measured blood pressure monitoring (SMBP); Tobacco cessation; Medication adherence • <u>Protocols</u>—Hypertension treatment; Tobacco cessation; Cholesterol management <u>Tools</u>—Hypertension prevalence estimator; ASCVD risk estimator · Health IT · Clinical Quality Measures · Consumer Resources and Tools )illion /Hearts

23 24

# Partner Opportunities: Hospitals Sample Actions to Consider - Action: Make healthy food and beverage choices available to patients, visitors, and staff - Resource: HHS/GSA Health and Sustainability Guidelines for Federal Concessions and Vending Operations - Success Story: Sodium Reduction Community Program Los Angeles County Department of Public Health - Action: Implement comprehensive smoke-free policies - Resource: The Community Guide: Tobacco Use and Secondhand Smoke Exposure: Smoke-Free Policies - Success Story: Communities Putting Prevention to Work: Tobacco Use Prevention and Control - Action: Institute automatic referral of eligible patients to cardiac rehab - Resource: Increasing Cardiac Rehabilitation Participation From 20% to 70%: A Road Map From the Million Hearts Cardiac Rehabilitation Collaborative

Partner Opportunities: Employers
Sample Actions to Consider

- Action: Make healthy food and beverage choices available to all employees
- Resource: HHS/GSA Health and Sustainability Guidelines for Federal Concessions and Vernding Operations
- Success Story: Sodium Reduction Community Program Los Angeles County Department of Public Health

- Action: Develop and support policies at worksites to encourage use of tobacco cessation services.

- Resource: The Community Guide: Tobacco Use and Secondhand Smoke Exposure: Quittine Interventions
- Success Story: North Carolina Division of Public Health, Tobacco Prevention and Control Branch: Expanding Comprehensive Coverage for Tobacco Cessation

- Action: Provide environmental supports for recreation or physical activity (e.g., onsite exercise facility, walking trails, bicycle racks),
- Resource: CDC Worksite Health ScoreCard
- Success Story: Bike Share Program Offers California State Employees Another Way to Be Active

26

28



Hearts\*

25

Million Hearts® eUpdate Newsletter
 Million Hearts® on Facebook and Twitter
 Million Hearts® for Clinicians Microsite

Stay Connected

Million Hearts® on Facebook

Million Hearts® for Clinicians Microsite

Million Hearts® for Clinicians Microsite

Million Hearts® for Clinicians Microsite

Million Hearts® on Twitter

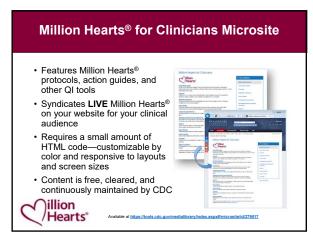
Million Hearts® on Clinicians Microsite

Million Hearts® on Clinicians Microsite

Million Hearts

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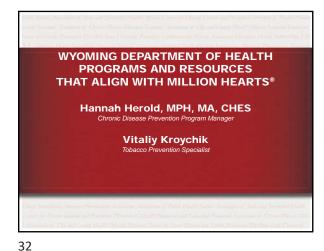
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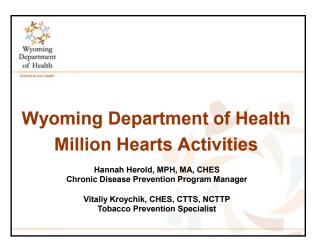




29 30







**Chronic Disease Prevention Program Funding Overview** 

- 100% Federally Funded through CDC
  - "State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health"
  - AKA "1305"

# October 2018 through June 2023...

- Funded through "Improving the Health of Americans Through Prevention and Management of Diabetes and Heart Disease and Stroke"
- "1815"

Wyoming Department of Health

33



# **Current Priorities**

Improve environments in worksites, schools, early childhood education services, state and local government agencies, and community settings to promote healthy behaviors.

- Nutrition
- · Physical Activity



34

# **Current Priorities**

Improve the delivery and use of quality clinical and other health services aimed at preventing and managing high blood pressure and diabetes.

- Increase implementation of quality improvement processes in health systems.
- Increase use of team-based care in health systems.

35 36



# **Current Priorities**

Increase links between community and clinical organizations to support prevention, self-management and control of diabetes, high blood pressure, and obesity.

- Increase access to, use of, and reimbursement for Diabetes Prevention Programs and Diabetes Self-Management Programs
- Increase use of health-care extenders in the community in support of self-management of high blood pressure and diabetes.



# MH Priority: Reduce Sodium Intake

- Nutritional consulting in school districts
  - Partnership with Wyoming Department of Education
  - Consulting and follow-up TA provided to 58 school districts
- Chop Chop Magazine in schools
- Nutrition professional development to Early Care and Education (ECE) providers
  - 1005 ECE Providers received PD

37



# MH Priority: Reduce Sodium Intake/ Increase Physical Activity

- · Worksite wellness initiatives
- Worksite Wellness Grants
  - 5 recipients
  - Required: Increase physical activity and nutrition standards and guidelines.
- Optional: Tobacco cessation, preventative cancer screenings, breastfeeding-friendly environments, suicide prevention

\*\*\*

Departmen of Health

38

# MH Priority: Increase Physical Activity

- Professional development and training to ECE providers
  - Train-the-trainer
  - Stencil Project
  - Stakeholder meeting
  - Partnering with DFS to revise licensing requirements



39



# MH Priority:

Improve ABCS, Engage Patients in Heart Healthy Behavior

- Increasing use of lifestyle change programs for chronic disease management and prevention
  - Technical assistance contractors to provide targeted TA and professional development to providers
  - Mini-grants for Diabetes Prevention Programs

Wyoming Department of Health

40

# MH Priority: Improve ABCS, Engage Patients in Heart Healthy Behavior

- Integrated Pharmacy Project
  - Partnership with University of Wyoming School of Pharmacy
  - Enrolling pharmacists through the Practice-Based Research Network
  - Training on motivational interviewing, CDSME, and appropriate referrals to community resources
  - Use of Pharmacists' Patient Care Process and Collaborative Practice Agreements

41 42



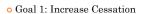
# MH Priority: Improve ABCS, Engage Patients in Heart Healthy Behavior

- · Using HIE for Chronic Care Management
  - Select group of high-needs practices
  - Receiving support on use of Electronic Health Records, reporting of clinical quality measures, and improving patient care for patients with chronic diseases
  - Technical assistance and support provided through Mountain Pacific Quality Health Foundation



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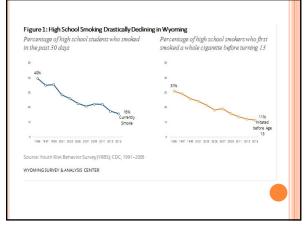
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- · Provide Chantix at no cost to participants
- 31% NRT+Coaching Quit rate
- 44% Chantix+Coaching Quit rate

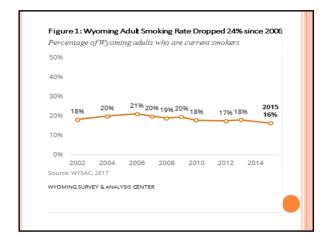
# o Goal 2: Decrease Youth Initiation

- Stay Fresh campaign launched in March
- Peer to peer messaging
- Empowering and educating youth to make their own decision
- Oh Vape No
- Not as bad is still no good



45

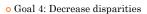
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· Beginning work on secondhand smoke campaign

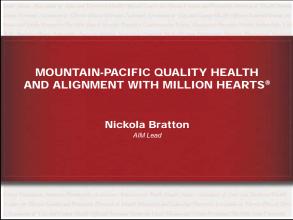
o Goal 3: Reduce secondhand smoke

• ETA Sept/Oct 2018



- · Cessation focus on AI, Pregnant women, and those with behavioral health issues (anxiety, depression)
- · E-Coaching pilot to increase reach to younger population
- · LGBT cultural competency training for cessation





51

**Mountain-Pacific Quality Health Quality Innovation Network – Quality** Improvement Organization (QIN-QIO) Working Together to Improve Health Care

52

# How much do you already know about Mountain-Pacific?

- A. Nothing I'm here to learn!
- B. I've heard the name.
- C. Some, but I don't have a clear understanding of what all Mountain-Pacific does.
- D. I have a good understanding of who they are and what they do.





To improve patient care with evidence-based best practices



• Encourage collaboration Among providers and other community stakeholders



**Empower patients** To take an active role in managing their health

CMS-designated quality improvement organization for Wyoming, Montana, Hawaii and Alaska

53 54

# **The QIO Program**

- One of the largest federal programs dedicated to improving health quality at the local level.
- Each state has a Quality Innovation Network-Quality Improvement Organization (QIN-QIO) that collaborates with other QIO's across the nation.
- Mountain-Pacific Quality Health is the QIN-QIO for Montana, Wyoming, Alaska, Hawaii, Guam, American Samoa and the Commonwealth of the Northern Mariana Islands.

"Boots on the Ground" Quality improvement organizations are CMS' "boots on the ground" **Better Better** Lower Health Ultimate quality improvement goals

# **Quality Improvement Initiatives from CMS**

- 1. Delivering beneficiary- & family-centered care
  - BFCC-QIOs

55

- 2. Healthy People, Healthy Communities
  - Improving Cardiac Health
  - Improving Health of People with Diabetes
  - Improve Adult Immunizations

**Quality Improvement Initiatives from CMS** 

- 3. Better Health Care for Communities
  - Reduce Healthcare-Acquired Conditions in Nursing Homes
  - Improve Coordination of Care
- 4. Better Health Care at Lower Costs
  - Promoting improvement through assistance with quality reporting and federal reimbursement programs
  - Meaningful Use of HIT

57

58

56

# Foundation Principles Better Health - Better Care - Lower Cost



- Enable innovation
- Foster learning organizations
- Eliminate disparities
- Strengthen infrastructure and data systems

# **Areas of Focus**

- Antibiotic Stewardship
- Cancer Prevention
- **Cardiac Health**
- **Care Coordination**
- **Colorectal Cancer** Screening
- Diabetes Care
- Health Care Infections
- Immunizations
- Medication Safety
- Nursing Home Quality
- Quality Payment Program
- Transforming Clinical Practice

# **Our Approach**

- Align with the Million Hearts® Initiative (www.millionhearts.hhs.gov) to improve preventive care measures, including aspirin use, blood pressure control, cholesterol management and smoking/tobacco education
- Target disparate populations, including gender, racial and ethnic disparities and rural populations, to improve cardiac health

# **Our Approach**

- Offer technical assistance on the cardiovascular measures submission for participating clinics
- Assist home health agencies with measures reporting through the Home Health Cardiovascular Data Registry
- Help clinics utilize EHRs for data analysis and performance improvement activities focused on clinical quality measures

61 62

# **Our Approach**

### Focus on the ABCS

- Measure monitoring
- HHQI
- Merit-based Incentive Payment System (MIPS) Calculator

# **Practice Pattern Variance**

- Data driven quality improvement
- Optimizing utilization of health information technology (HIT)
- Support innovations in care delivery

# **Our Partners**



- Home Health Agencies
- Physician Offices
- Hospitals
- Nursing Homes
- Pharmacies
- Care Transition Teams
- DEEP<sup>TM</sup> Facilitators
- · Community Health Workers

63

64

# **Contact Information**

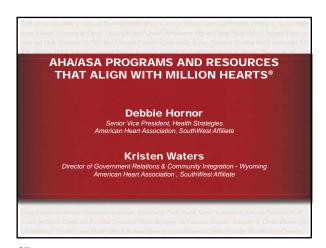
Nickola Bratton 303-726-5013 nbratton@mpqhf.org Brandi Wahlen 307-472-0507

bwahlen@mpqhf.org

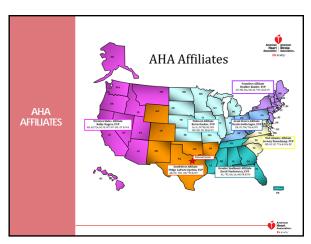
This material was developed by Mountain-Pacific Quality Health, the Medicare Quality Improvedion Network-Quality Improvement Organization (QIN-OI) (of Montains, Wykoming, Alaska, Hawaii, Guam, American Samon and the Commonwealth of the Monthern Martains blands, under control with the Centers for Medicare & Medicare Services (CMS), an agency of the U.S. Department of Health and Human Services. Contents presented do no necessarily reflect CMS resider. 115(NAMEDHE-MVCRIST) and CONTENT of the Conten

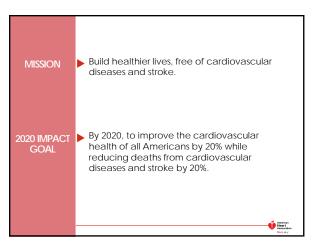


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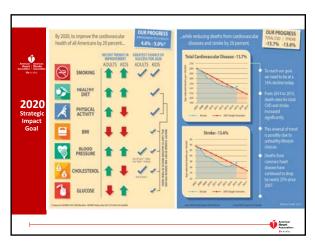


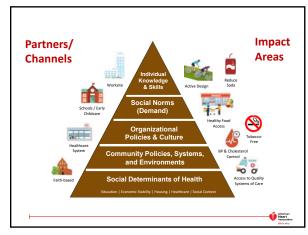






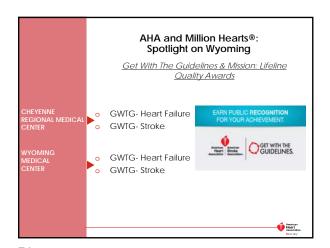
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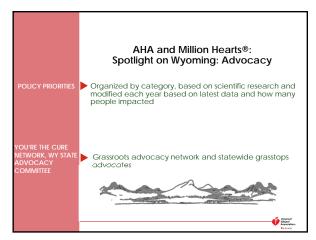


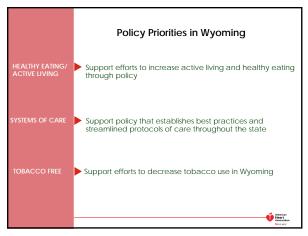


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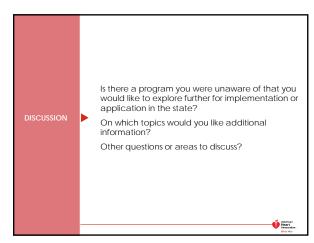






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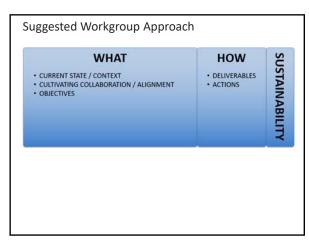
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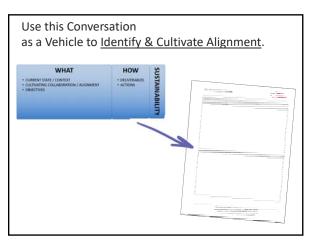














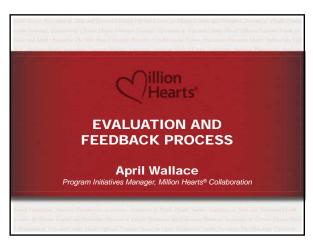
3 LINKING COMMUNITIES **HYPERTENSION CONTROL TOBACCO CESSATION** TO CLINICAL SERVICES Amanda Hubbard Hannah Herold Kristen Waters Melody Bowar April Wallace Stevi Sy Nickola Bratton Joe D'Eufemia John Clymer Jill Ceitlin Miriam Patanian Julie Harvill Julia Schneider Robin Rinker **RORASH MPOMSH CTBYSO** Meeting **C**onversations Room Place To **O**f **O**f **B**low Really Movers & Your **A**mazing **S**hakers Socks **S**tuff Off **H**appening Group Report Outs start in main meeting room at 2:15pm

92



HYPERTENSION CONTROL TOBACCO CESSATION LINKING COMMUNITIES TO CLINICAL SERVICES Amanda Hubbard Hannah Herold Kristen Waters Stevi Sy **Melody Bowar** Nickola Bratton April Wallace Joe D'Eufemia John Clymer Jill Ceitlin Miriam Patanian Julie Harvill Julia Schneider Robin Rinker **CTBYSO RORASH MPOMSH** Meeting **C**onversations Room **P**lace To **O**f **O**f **B**low Really Movers & Your **A**mazing **S**tuff **S**hakers Socks Off **H**appening Group Report Outs start in main meeting room at 2:10pm

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95 96

#### COMPLETE

Collector: Web Link 1 (Web Link)

Started: Wednesday, June 27, 2018 1:35:51 PM Last Modified: Wednesday, June 27, 2018 1:37:31 PM

**Time Spent:** 00:01:40 **IP Address:** 98.127.241.118

### Page 1: Meeting Attendance

**Q1** Did you attend the Advancing Million Hearts®: AHA and Heart Disease and Stroke Prevention Partners Working Together in Wyoming held on June 20, 2018?

Yes

## Page 2: Learning Objectives

with other partner organizations.

**Q2** How useful do you think the information provided in this meeting was related to the following objectives:

Identify Million Hearts focused activities for 2018 Very useful

Recognize Million Hearts® evidence-based and practice-based Very useful

CVD prevention strategies and approaches

List partner programs and resources that align with Million Very useful

Hearts®

Identify programs efforts that align and ways to work together Very useful

Create plan for follow-up to increase engagement Very useful

Recognize key contacts within heart disease and stroke Very useful

prevention

**Q3** Please rate the following statements regarding your experience at the meeting.

During the meeting, I identified opportunities to align my work **Strongly Agree** with Million Hearts priorities.

During the meeting, I identified opportunities to align my work

Strongly Agree

During the meeting, I identified actionable next steps. Strongly Agree

Q4 Which breakout session did you attend? Tobacco cessation

**Q5** Please rate the following statements regarding your experience in the breakout session.

I found value in the breakout session. Agree

I identified new partners to work with. Agree

My breakout group make progress towards our topic area. Agree

Q6 In your opinion, what was the most valuable part of this meeting?

Quality of Information/Networking Opportunity

Q7 In your opinion, what was the least valuable part of this meeting?

--

Q8 Do you have suggestions on how to improve meetings like this in the future?

Appreciate the opportunity to participate.

# #2

## COMPLETE

Collector: Web Link 1 (Web Link)

Started: Wednesday, June 27, 2018 1:58:36 PM Last Modified: Wednesday, June 27, 2018 2:03:28 PM

**Time Spent:** 00:04:52

**IP Address:** 184.166.168.156

### Page 1: Meeting Attendance

**Q1** Did you attend the Advancing Million Hearts®: AHA and Heart Disease and Stroke Prevention Partners Working Together in Wyoming held on June 20, 2018?

Page 2: Learning Objectives

**Q2** How useful do you think the information provided in this meeting was related to the following objectives:

Identify Million Hearts focused activities for 2018

Very useful

Recognize Million Hearts® evidence-based and practice-based CVD prevention strategies and approaches

Very useful

List partner programs and resources that align with Million

**Hearts®** 

Very useful

Identify programs efforts that align and ways to work together

Create plan for follow-up to increase engagement

Very useful

Very useful

Recognize key contacts within heart disease and stroke

prevention

Very useful

Q3 Please rate the following statements regarding your experience at the meeting.

During the meeting, I identified opportunities to align my work

with Million Hearts priorities.

Strongly Agree

During the meeting, I identified opportunities to align my work

with other partner organizations.

Strongly Agree

During the meeting, I identified actionable next steps.

**Strongly Agree** 

Q4 Which breakout session did you attend?

**Tobacco cessation** 

**Q5** Please rate the following statements regarding your experience in the breakout session.

I found value in the breakout session.

**Strongly Agree** 

I identified new partners to work with.

Strongly Agree

My breakout group make progress towards our topic area.

**Strongly Agree** 

**Q6** In your opinion, what was the most valuable part of this meeting?

The most valuable take-away I had was connecting with other stakeholders to make Million Hearts in Wyoming strong!

**Q7** In your opinion, what was the least valuable part of this meeting?

Respondent skipped this question

**Q8** Do you have suggestions on how to improve meetings like this in the future?

We had invited several organizations that were not able to attend including beneficiaries, faith-based organizations and tribal health. They would have brought valuable perspectives to the meeting.

## COMPLETE

Collector: Web Link 1 (Web Link)

Started: Wednesday, June 27, 2018 2:02:14 PM Last Modified: Wednesday, June 27, 2018 2:03:33 PM

**Time Spent:** 00:01:18 **IP Address:** 174.208.3.253

## Page 1: Meeting Attendance

**Q1** Did you attend the Advancing Million Hearts®: AHA and Heart Disease and Stroke Prevention Partners Working Together in Wyoming held on June 20, 2018?

Yes

## Page 2: Learning Objectives

**Q2** How useful do you think the information provided in this meeting was related to the following objectives:

Identify Million Hearts focused activities for 2018 Very useful

Recognize Million Hearts® evidence-based and practice-based Very useful

CVD prevention strategies and approaches

List partner programs and resources that align with Million Very useful

Hearts®

Identify programs efforts that align and ways to work together Very useful

Create plan for follow-up to increase engagement Very useful

Recognize key contacts within heart disease and stroke Very useful

prevention

**Q3** Please rate the following statements regarding your experience at the meeting.

During the meeting, I identified opportunities to align my work 
Strongly Agree

with Million Hearts priorities.

During the meeting, I identified opportunities to align my work

with other partner organizations.

**Strongly Agree** 

During the meeting, I identified actionable next steps. Strongly Agree

Q4 Which breakout session did you attend? Linking communities to clinical services

**Q5** Please rate the following statements regarding your experience in the breakout session.

I found value in the breakout session. Strongly Agree

I identified new partners to work with. Strongly Agree

My breakout group make progress towards our topic area. Strongly Agree

Q6 In your opinion, what was the most valuable part of this meeting?

Making connection

**Q7** In your opinion, what was the least valuable part of this meeting?

Respondent skipped this question

**Q8** Do you have suggestions on how to improve meetings like this in the future?

Respondent skipped this question

#4

## COMPLETE

Collector: Web Link 1 (Web Link)

Started: Thursday, June 28, 2018 10:04:20 AM Last Modified: Thursday, June 28, 2018 10:07:20 AM

Time Spent: 00:02:59
IP Address: 159.238.36.19

Page 1: Meeting Attendance

**Q1** Did you attend the Advancing Million Hearts®: AHA and Heart Disease and Stroke Prevention Partners Working Together in Wyoming held on June 20, 2018?

Page 2: Learning Objectives

Q2 How useful do you think the information provided in this meeting was related to the following objectives:	
Identify Million Hearts focused activities for 2018	Very useful
Recognize Million Hearts® evidence-based and practice-based CVD prevention strategies and approaches	Very useful
List partner programs and resources that align with Million Hearts®	Very useful
Identify programs efforts that align and ways to work together	Very useful
Create plan for follow-up to increase engagement	Very useful
Recognize key contacts within heart disease and stroke prevention	Very useful
Q3 Please rate the following statements regarding your experience at the meeting.	
During the meeting, I identified opportunities to align my work with Million Hearts priorities.	Agree
During the meeting, I identified opportunities to align my work with other partner organizations.	Agree
During the meeting, I identified actionable next steps.	Strongly Agree
Q4 Which breakout session did you attend?	Tobacco cessation
Q5 Please rate the following statements regarding your experience in the breakout session.	
I found value in the breakout session.	Strongly Agree
I identified new partners to work with.	Strongly Agree
My breakout group make progress towards our topic area.	Strongly Agree
Q6 In your opinion, what was the most valuable part of this meeting?	
meeting AHA contacts and the breakout session	
Q7 In your opinion, what was the least valuable part of this meeting?	
na	
Q8 Do you have suggestions on how to improve meetings like this in the future?	
na	

#### INCOMPLETE

Collector: Web Link 1 (Web Link)

Started: Thursday, June 28, 2018 10:34:05 AM Last Modified: Thursday, June 28, 2018 10:34:10 AM

**Time Spent:** 00:00:05 **IP Address:** 159.238.36.19

### Page 1: Meeting Attendance

**Q1** Did you attend the Advancing Million Hearts®: AHA and Heart Disease and Stroke Prevention Partners Working Together in Wyoming held on June 20, 2018?

Yes

## Page 2: Learning Objectives

**Q2** How useful do you think the information provided in this meeting was related to the following objectives:

Respondent skipped this question

**Q3** Please rate the following statements regarding your experience at the meeting.

Respondent skipped this question

Q4 Which breakout session did you attend?

Respondent skipped this question

**Q5** Please rate the following statements regarding your experience in the breakout session.

Respondent skipped this question

**Q6** In your opinion, what was the most valuable part of this meeting?

Respondent skipped this question

**Q7** In your opinion, what was the least valuable part of this meeting?

Respondent skipped this question

**Q8** Do you have suggestions on how to improve meetings like this in the future?

Respondent skipped this question

#6

### COMPLETE

Collector: Web Link 1 (Web Link)

 Started:
 Monday, July 02, 2018 11:14:16 AM

 Last Modified:
 Monday, July 02, 2018 11:15:02 AM

**Time Spent:** 00:00:45 **IP Address:** 159.238.71.179

## Page 1: Meeting Attendance

**Q1** Did you attend the Advancing Million Hearts®: AHA and Heart Disease and Stroke Prevention Partners Working Together in Wyoming held on June 20, 2018?

Yes

Agree

Agree

#### Page 2: Learning Objectives

**Q2** How useful do you think the information provided in this meeting was related to the following objectives:

Identify Million Hearts focused activities for 2018

Recognize Million Hearts® evidence-based and practice-based

CVD prevention strategies and approaches

Somewhat useful

List partner programs and resources that align with Million Somewhat useful Hearts®

Identify programs efforts that align and ways to work together Somewhat useful

Create plan for follow-up to increase engagement Somewhat useful

Recognize key contacts within heart disease and stroke

Somewhat useful prevention

Q3 Please rate the following statements regarding your experience at the meeting.

During the meeting, I identified opportunities to align my work with Million Hearts priorities.

Agree

During the meeting, I identified opportunities to align my work

with other partner organizations.

I identified new partners to work with.

During the meeting, I identified actionable next steps. Agree

Q4 Which breakout session did you attend?

Linking communities to clinical services

**Q5** Please rate the following statements regarding your experience in the breakout session.

I found value in the breakout session. Disagree

My breakout group make progress towards our topic area. Agree

Q6 In your opinion, what was the most valuable part of this meeting?

n/a

Q7 In your opinion, what was the least valuable part of this meeting?

n/a

Q8 Do you have suggestions on how to improve meetings like this in the future?

no

#7

#### COMPLETE

Collector: Web Link 1 (Web Link)

 Started:
 Friday, July 06, 2018 9:40:53 PM

 Last Modified:
 Friday, July 06, 2018 9:46:52 PM

**Time Spent:** 00:05:58 **IP Address:** 158.71.150.199

### Page 1: Meeting Attendance

**Q1** Did you attend the Advancing Million Hearts®: AHA and Heart Disease and Stroke Prevention Partners Working Together in Wyoming held on June 20, 2018?

Yes

## Page 2: Learning Objectives

prevention

**Q2** How useful do you think the information provided in this meeting was related to the following objectives:

Identify Million Hearts focused activities for 2018 Very useful

Recognize Million Hearts® evidence-based and practice-based Somewhat useful CVD prevention strategies and approaches

List partner programs and resources that align with Million Somewhat useful

Hearts®

Identify programs efforts that align and ways to work together

Very useful

Create plan for follow-up to increase engagement

Somewhat useful

Create plan for follow-up to increase engagement

Recognize key contacts within heart disease and stroke

Very useful

Q3 Please rate the following statements regarding your experience at the meeting.

During the meeting, I identified opportunities to align my work

with Million Hearts priorities.

**Agree** 

During the meeting, I identified opportunities to align my work

with other partner organizations.

**Strongly Agree** 

During the meeting, I identified actionable next steps.

**Agree** 

Q4 Which breakout session did you attend?

**Tobacco cessation** 

**Q5** Please rate the following statements regarding your experience in the breakout session.

I found value in the breakout session. Strongly Agree

I identified new partners to work with. Strongly Agree

My breakout group make progress towards our topic area. Agree

Q6 In your opinion, what was the most valuable part of this meeting?

The understanding I gained about the challenges and opportunities for work towards Million Hearts goals and for collaboration. I identified new partners and seek to extend and strengthen the connections I made.

Q7 In your opinion, what was the least valuable part of this meeting?

The limited time and the absence of several key partners: Native Americans and emergency responders, pharmacists, educators and community health workers

**Q8** Do you have suggestions on how to improve meetings like this in the future?

Take more time and concentrated effort in generating the invite list and in personally inviting key stakeholders

#8

## COMPLETE

Collector: Web Link 1 (Web Link)

 Started:
 Monday, July 09, 2018 11:50:58 AM

 Last Modified:
 Monday, July 09, 2018 11:54:40 AM

**Time Spent:** 00:03:41 **IP Address:** 205.167.90.193

Page 1: Meeting Attendance

**Q1** Did you attend the Advancing Million Hearts®: AHA and Heart Disease and Stroke Prevention Partners Working Together in Wyoming held on June 20, 2018?

Yes

## Page 2: Learning Objectives

**Q2** How useful do you think the information provided in this meeting was related to the following objectives:

Identify Million Hearts focused activities for 2018 Very useful

Recognize Million Hearts® evidence-based and practice-based Very useful

CVD prevention strategies and approaches

List partner programs and resources that align with Million Very useful

Hearts®

Identify programs efforts that align and ways to work together

Very useful

Create plan for follow-up to increase engagement Very useful

Recognize key contacts within heart disease and stroke

Very useful

prevention

Q3 Please rate the following statements regarding your experience at the meeting.

During the meeting, I identified opportunities to align my work

Strongly Agree

with Million Hearts priorities.

During the meeting, I identified opportunities to align my work

with other partner organizations.

Strongly Agree

During the meeting, I identified actionable next steps. Strongly Agree

Q4 Which breakout session did you attend? Engagement of pharmacists

**Q5** Please rate the following statements regarding your experience in the breakout session.

I found value in the breakout session. Strongly Agree

I identified new partners to work with. Strongly Agree

My breakout group make progress towards our topic area. Strongly Agree

**Q6** In your opinion, what was the most valuable part of this meeting?

I was very encouraged to see the support from the different government agencies

Q7 In your opinion, what was the least valuable part of this meeting?

I got something from every part of the meeting.

**Q8** Do you have suggestions on how to improve meetings like this in the future?

Respondent skipped this question

#9

## COMPLETE

Collector: Web Link 1 (Web Link)

 Started:
 Thursday, July 19, 2018 11:18:22 AM

 Last Modified:
 Thursday, July 19, 2018 11:19:46 AM

**Time Spent:** 00:01:24 **IP Address:** 159.238.36.19

## Page 1: Meeting Attendance

**Q1** Did you attend the Advancing Million Hearts®: AHA and Heart Disease and Stroke Prevention Partners Working Together in Wyoming held on June 20, 2018?

Yes

## Page 2: Learning Objectives

**Q2** How useful do you think the information provided in this meeting was related to the following objectives:

Identify Million Hearts focused activities for 2018

Somewhat useful

Recognize Million Hearts® evidence-based and practice-based Not very useful

CVD prevention strategies and approaches

List partner programs and resources that align with Million Very useful

Hearts®

Identify programs efforts that align and ways to work together Very useful

Create plan for follow-up to increase engagement Very useful

Recognize key contacts within heart disease and stroke Somewhat useful

prevention

Q3 Please rate the following statements regarding your experience at the meeting.

During the meeting, I identified opportunities to align my work Agree

with Million Hearts priorities.

During the meeting, I identified opportunities to align my work with other partner organizations.

Agree

During the meeting, I identified actionable next steps.

Agree

**Q4** Which breakout session did you attend? **Tobacco cessation** 

**Q5** Please rate the following statements regarding your experience in the breakout session.

I found value in the breakout session. Strongly Agree

I identified new partners to work with. Strongly Agree

My breakout group make progress towards our topic area. Strongly Agree

Q6 In your opinion, what was the most valuable part of

this meeting?

Respondent skipped this question

 $\ensuremath{\mathbf{Q7}}$  In your opinion, what was the least valuable part of

this meeting?

Respondent skipped this question

**Q8** Do you have suggestions on how to improve meetings like this in the future?

Respondent skipped this question

# #10

## COMPLETE

Collector: Web Link 1 (Web Link)

 Started:
 Thursday, July 19, 2018 11:14:22 AM

 Last Modified:
 Thursday, July 19, 2018 11:20:04 AM

**Time Spent:** 00:05:42 **IP Address:** 69.145.193.197

Page 1: Meeting Attendance

**Q1** Did you attend the Advancing Million Hearts®: AHA and Heart Disease and Stroke Prevention Partners Working Together in Wyoming held on June 20, 2018?

Page 2: Learning Objectives

**Q2** How useful do you think the information provided in this meeting was related to the following objectives:

Identify Million Hearts focused activities for 2018 Somewhat useful Recognize Million Hearts® evidence-based and practice-based Somewhat useful CVD prevention strategies and approaches List partner programs and resources that align with Million Somewhat useful **Hearts®** Identify programs efforts that align and ways to work together Somewhat useful Create plan for follow-up to increase engagement Somewhat useful Very useful Recognize key contacts within heart disease and stroke prevention Q3 Please rate the following statements regarding your experience at the meeting. During the meeting, I identified opportunities to align my work Agree with Million Hearts priorities. During the meeting, I identified opportunities to align my work Agree with other partner organizations. During the meeting, I identified actionable next steps. **Agree Q4** Which breakout session did you attend? **Hypertension control Q5** Please rate the following statements regarding your experience in the breakout session. I found value in the breakout session. **Strongly Agree** I identified new partners to work with. Agree My breakout group make progress towards our topic area. Agree **Q6** In your opinion, what was the most valuable part of Respondent skipped this question this meeting? Q7 In your opinion, what was the least valuable part of Respondent skipped this question this meeting? Q8 Do you have suggestions on how to improve Respondent skipped this question meetings like this in the future?

#### INCOMPLETE

Collector: Web Link 1 (Web Link)

Started: Thursday, July 19, 2018 12:28:19 PM Last Modified: Thursday, July 19, 2018 12:28:23 PM

**Time Spent:** 00:00:03 **IP Address:** 159.238.36.19

### Page 1: Meeting Attendance

**Q1** Did you attend the Advancing Million Hearts®: AHA and Heart Disease and Stroke Prevention Partners Working Together in Wyoming held on June 20, 2018?

Yes

## Page 2: Learning Objectives

**Q2** How useful do you think the information provided in this meeting was related to the following objectives:

Respondent skipped this question

**Q3** Please rate the following statements regarding your experience at the meeting.

Respondent skipped this question

Q4 Which breakout session did you attend?

Respondent skipped this question

**Q5** Please rate the following statements regarding your experience in the breakout session.

Respondent skipped this question

**Q6** In your opinion, what was the most valuable part of this meeting?

Respondent skipped this question

**Q7** In your opinion, what was the least valuable part of this meeting?

Respondent skipped this question

**Q8** Do you have suggestions on how to improve meetings like this in the future?

Respondent skipped this question

# #12

### COMPLETE

Collector: Web Link 1 (Web Link)

**Started:** Thursday, July 19, 2018 4:06:54 PM **Last Modified:** Thursday, July 19, 2018 4:15:23 PM

**Time Spent:** 00:08:29 **IP Address:** 205.167.90.193

## Page 1: Meeting Attendance

**Q1** Did you attend the Advancing Million Hearts®: AHA and Heart Disease and Stroke Prevention Partners Working Together in Wyoming held on June 20, 2018?

Yes

#### Page 2: Learning Objectives

**Q2** How useful do you think the information provided in this meeting was related to the following objectives:

Identify Million Hearts focused activities for 2018 Very useful

Recognize Million Hearts® evidence-based and practice-based Very useful

CVD prevention strategies and approaches

List partner programs and resources that align with Million

**Hearts®** 

Very useful

Identify programs efforts that align and ways to work together Very useful

Create plan for follow-up to increase engagement

Somewhat useful

Recognize key contacts within heart disease and stroke

prevention

Very useful

**Q3** Please rate the following statements regarding your experience at the meeting.

During the meeting, I identified opportunities to align my work

with Million Hearts priorities.

**Strongly Agree** 

During the meeting, I identified opportunities to align my work

with other partner organizations.

Agree

During the meeting, I identified actionable next steps.

**Strongly Agree** 

**Q4** Which breakout session did you attend?

Hypertension control

**Q5** Please rate the following statements regarding your experience in the breakout session.

I found value in the breakout session. Agree

I identified new partners to work with. Agree

My breakout group make progress towards our topic area. Strongly Agree

Q6 In your opinion, what was the most valuable part of this meeting?

Meeting people that are driven to improve the lives of Wyoming residents

**Q7** In your opinion, what was the least valuable part of this meeting?

Respondent skipped this question

**Q8** Do you have suggestions on how to improve meetings like this in the future?

Respondent skipped this question

# #13

## COMPLETE

Collector: Web Link 1 (Web Link)

 Started:
 Friday, July 20, 2018 4:32:28 PM

 Last Modified:
 Friday, July 20, 2018 4:39:17 PM

**Time Spent:** 00:06:48 **IP Address:** 161.69.112.10

## Page 1: Meeting Attendance

**Q1** Did you attend the Advancing Million Hearts®: AHA and Heart Disease and Stroke Prevention Partners Working Together in Wyoming held on June 20, 2018?

Yes

## Page 2: Learning Objectives

**Q2** How useful do you think the information provided in this meeting was related to the following objectives:

Identify Million Hearts focused activities for 2018 Very useful

CVD prevention strategies and approaches

List partner programs and resources that align with Million **Very useful** Hearts®

Identify programs efforts that align and ways to work together Very useful

Create plan for follow-up to increase engagement Very useful

Recognize key contacts within heart disease and stroke

Very useful

prevention

Q3 Please rate the following statements regarding your experience at the meeting.

During the meeting, I identified opportunities to align my work

Strongly Agree
with Million Hearts priorities.

During the meeting, I identified opportunities to align my work

with other partner organizations.

During the meeting, I identified actionable next steps. Agree

Q4 Which breakout session did you attend? Tobacco cessation

**Agree** 

**Q5** Please rate the following statements regarding your experience in the breakout session.

I found value in the breakout session. Agree

I identified new partners to work with. Strongly Agree

My breakout group make progress towards our topic area. Agree

Q6 In your opinion, what was the most valuable part of this meeting?

Meeting new stakeholders in Wyoming

Q7 In your opinion, what was the least valuable part of this meeting?

clinical discussion as that is not work I am engaged in personally.

Q8 Do you have suggestions on how to improve meetings like this in the future?

More time to network with those in attendance

# #14

## COMPLETE

Collector: Web Link 1 (Web Link)

 Started:
 Saturday, July 21, 2018 12:31:54 AM

 Last Modified:
 Saturday, July 21, 2018 12:33:28 AM

**Time Spent:** 00:01:33 **IP Address:** 35.134.247.36

Page 1: Meeting Attendance

**Q1** Did you attend the Advancing Million Hearts®: AHA and Heart Disease and Stroke Prevention Partners Working Together in Wyoming held on June 20, 2018?

Page 2: Learning Objectives

Identify Million Hearts focused activities for 2018 Very useful Recognize Million Hearts® evidence-based and practice-based Very useful CVD prevention strategies and approaches List partner programs and resources that align with Million Very useful **Hearts®** Identify programs efforts that align and ways to work together Very useful Create plan for follow-up to increase engagement Very useful Recognize key contacts within heart disease and stroke Very useful prevention Q3 Please rate the following statements regarding your experience at the meeting. During the meeting, I identified opportunities to align my work **Strongly Agree** with Million Hearts priorities. During the meeting, I identified opportunities to align my work **Strongly Agree** with other partner organizations. During the meeting, I identified actionable next steps. **Strongly Agree Q4** Which breakout session did you attend? **Tobacco cessation Q5** Please rate the following statements regarding your experience in the breakout session. I found value in the breakout session. **Strongly Agree** I identified new partners to work with. **Strongly Agree** My breakout group make progress towards our topic area. Agree Q6 In your opinion, what was the most valuable part of this meeting? Resources **Q7** In your opinion, what was the least valuable part of Respondent skipped this question this meeting? **Q8** Do you have suggestions on how to improve Respondent skipped this question

meetings like this in the future?