“Advancing Million Hearts®:
AHA and State Heart Disease and Stroke Prevention
Programs Working Together in Virginia”

July 13, 2016

Mid-Atlantic Affiliate: Glen Allen, Virginia

Contents include:

Agenda
Attendees
Discussion Notes
Pre-evaluation
Slide Deck
Meeting Handouts
Post-evaluation
This one day event was presented by the Million Hearts® Collaboration, co-chaired by the American Heart Association and the National Forum for Heart Disease and Stroke Prevention. Funding for this event is made possible (in part) by the Centers for Disease Control and Prevention for the Million Hearts® Collaboration.

Those invited to attend included colleagues from the American Heart Association, Virginia Department of Health, health systems, health insurers, and professional associations.

**Meeting Purpose:**
Connecting staff from AHA Affiliates, 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:**
At the end of the meeting, participants will be able to:
1) Identify Million Hearts focused activities for 2016
2) Recognize Million Hearts® evidence-based and practice-based CVD prevention strategies and approaches
3) List partner programs and resources that align with Million Hearts
4) Identify programs efforts that align and ways to work together
5) Create plan for follow-up to increase engagement
6) Recognize key contacts within heart disease and stroke prevention

**Virginia Focus:**
Meeting unique to Virginia was the focus on the expansion of Check.Change.Control/Target BP.

**Attendance:** 45

**Evaluation Highlights:**
The most valuable part of the meeting was:
- Making connections and getting resources
- Seeing how partner activities could align
- Recognizing that different partners could take on aspects of the plan to help Million Hearts get closer to their goals
- Learning about programs in place in the AHA
- Dionne’s presentation
- Sharing ideas

**Ways to improve in the future:**
- Longer partner sharing session
Brainstorming Session Notes

High level overview of the key areas recognized for collaboration:
- Check Change Control
- Pharmacist-Physician Collaborative Care Model and proposed MTM project
- QI projects with Community Health Centers
- Collaboration with Anthem
- VA Congregation for Million Hearts Initiative and Resource Centers
- State Innovation Model (SIM) work – Patient Transformation Network, Community Health Workers,
- Food Service Guidelines

Next steps over these next few months:
- Presentation by VCU School of Pharmacy on the Pharmacist-Physician Collaborative
- Share events occurring at congregations
- VHQC to set up Cardiolan in order to share events, resources, best practices
- Reach out to other partners such as more payers, pharmacies, and business group on health

Content to share with the participants:
- QI tools such as toolkit from the Virginia Health Innovation Network
- Resources from Walgreens such as app and website
- VDH SMBP Video: http://www.vhha.com/research/population-health/self-monitor-your-blood-pressure/. For more information on the research that led to creating the videos, see http://www.vhha.com/research/2015/07/24/the-difficulty-of-following-self-measure-blood-pressure-recommendations/

Summary of the resources they need / compiled:
AHA Resources:
- Check Change Control
- Team Up Pressure Down
- Guideline Advantage
- AHA Healthy Meetings Tools
- Ministry Event Planning Guide
- Target BP
- You’re the Cure
- Million Hearts Microsite
## Facilitated Discussion/Flip Chart Notes:

### Team-Based

<table>
<thead>
<tr>
<th>Who</th>
<th>Region</th>
<th>Partner Activities</th>
<th>Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Virginia Commonwealth University (VCU)</td>
<td>Statewide</td>
<td>Heart of Virginia Healthcare – Primary Care</td>
<td>Virginia Health Innovation Network</td>
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<tr>
<td>Virginia Center for Health Innovation (VCHI)</td>
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<tr>
<td>VHQC</td>
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<tr>
<td>University of Virginia (UVA)</td>
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<tr>
<td>George Mason University (GMU)</td>
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<td>CHS</td>
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<tr>
<td>Eastern Virginia Medical School (EVMS)</td>
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<tr>
<td>Virginia Tech Carilion School of Medicine and Research Institute</td>
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<tr>
<td>Medical Professionals, Clinics, and Hospital Systems</td>
<td>Richmond/Petersburg</td>
<td>Target BP/Community Events like Power to End Stroke Jazz Night</td>
<td>Need partners who can help engage new advocates willing to support policy efforts through You’re the Cure (<a href="http://www.yourethecure.org">www.yourethecure.org</a>)&lt;br&gt;Statewide&lt;br&gt;- Actually even nationwide</td>
</tr>
<tr>
<td>EVMS Family &amp; Community Medicine</td>
<td>Norfolk &amp; Hampton Roads</td>
<td>Educational model &amp; HTN Health Coaches</td>
<td>The Curriculum Using students Motivational Interviewing Community Health Workers &amp; SDOH</td>
</tr>
<tr>
<td>Center for Healthy Hearts VCU School of Pharmacy</td>
<td>Richmond</td>
<td>Pharmacist – Physician Collaborative Care Model Pharmacists see patients, titrate meds, and educate</td>
<td>Interested in target BP</td>
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<tr>
<td>Who</td>
<td>Region</td>
<td>Partner Activities</td>
<td>Tools</td>
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<tr>
<td>GWTG – Stroke</td>
<td>Richmond &amp; Hampton Roads; Kilmarnock</td>
<td>Implement evidence-based care; review monthly with team</td>
<td>GWTG-database</td>
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<td></td>
<td></td>
<td></td>
<td>Audience: Healthcare providers</td>
</tr>
<tr>
<td>VDH</td>
<td>State</td>
<td>VAFP Partner Meetings – SAM</td>
<td></td>
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<tr>
<td>Virginia Department of Health</td>
<td>State and Local (each region)</td>
<td>Establish PharmD student volunteers and PharmD ambulatory care residency programs at healthcare practices by partnering with schools of pharmacy; Bring Clinical-Community partners together in MSV Sync and Evolve Programs</td>
<td>Target BP, educational handouts, simple cooking with heart</td>
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<tr>
<td>CCNV</td>
<td>Virginia FQHCs</td>
<td>QI Support to facility PDSA cycles, best practices</td>
<td>EHR</td>
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<td></td>
<td>NQF</td>
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<td>USPSTF</td>
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<td></td>
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<td></td>
<td>HRSA Quality Tools</td>
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<tr>
<td>Anthem</td>
<td>Statewide</td>
<td>Partners with community and state agencies</td>
<td>Provider network</td>
</tr>
<tr>
<td>DHRM</td>
<td>Downtown Richmond</td>
<td></td>
<td>Capital Square Healthcare Clinic</td>
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<tr>
<td>VHQC</td>
<td>VA/MD</td>
<td>Our cardiolan can be used as a best practices dissemination tool for providers, hospitals, practices, etc.</td>
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</tbody>
</table>

**Uncontrolled**

<table>
<thead>
<tr>
<th>Who</th>
<th>Region</th>
<th>Partner Activities</th>
<th>Tools</th>
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</thead>
<tbody>
<tr>
<td>VDH</td>
<td>State and Local</td>
<td>MTM Survey (Who is doing what)</td>
<td></td>
</tr>
<tr>
<td>VDH (Sodium) – Healthy Food Service Guidelines</td>
<td>State and Local</td>
<td>Engage food service providers</td>
<td></td>
</tr>
<tr>
<td>VDH (Uncontrolled HTN)</td>
<td>State and Local (Each Region)</td>
<td>Proposed partnerships with schools of pharmacy to have PharmD students and CHWs offer MTM services, education,</td>
<td>Team Up. Pressure Down</td>
</tr>
</tbody>
</table>

**Tools:**
- GWTG-database
- Audience: Healthcare providers
- Target BP, educational handouts, simple cooking with heart
- EHR
- NQF
- USPSTF
- HRSA Quality Tools
- Provider network
- Capital Square Healthcare Clinic
- Team Up. Pressure Down
<table>
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<th>Who</th>
<th>Region</th>
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<tr>
<td>Bon Secours</td>
<td>State</td>
<td>Resource for PCP/Internal Medicine</td>
<td>AHA Materials Algorithms Stroke</td>
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<tr>
<td></td>
<td></td>
<td>Bring clinical</td>
<td>Notebook</td>
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<tr>
<td>CCVV</td>
<td>Virginia FQHCs</td>
<td>Benchmark &amp; HP2020 Provide provider, center, and roll up reports to each FQHC quarterly</td>
<td>EHR Access Excel HRSA</td>
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<tr>
<td></td>
<td></td>
<td>Provide training to ensure workflow is consistent and data capture requirements</td>
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</tr>
<tr>
<td>Center for Healthy Hearts – VCU School of Pharmacy</td>
<td>Richmond</td>
<td>Frequent follow-up Team-based Guideline focused Medication titration until goal BP reached</td>
<td>Patient education handouts</td>
</tr>
<tr>
<td>VDH – Other partners through local coalitions, Million Hearts®</td>
<td>State and local</td>
<td>Healthy Vending/Procurement Promote adoption of healthy v&amp;p toolkits (website and community)</td>
<td></td>
</tr>
<tr>
<td>VDH</td>
<td>Statewide</td>
<td>Smoke-free parklands and worksites – Signage, passive policy implementation</td>
<td>Signage through VDH tobacco teams Complete bike toolkit</td>
</tr>
<tr>
<td>Walgreens</td>
<td>Virginia Statewide</td>
<td>Use of our digital channels to monitor BP, such as app and website Rewards for Healthy Choices, activity measures Dashboard with recommendations</td>
<td></td>
</tr>
<tr>
<td>Walgreens</td>
<td>Most of Virginia</td>
<td>Worked with ASTHO and Million Hearts® to educate patients on SMBP device use and sold discounted device</td>
<td></td>
</tr>
<tr>
<td>Underinsured/uninsured</td>
<td>Statewide?</td>
<td>Connect providers so that high-risk patients don’t get lost in the system</td>
<td>The Guideline Advantage</td>
</tr>
<tr>
<td>African American/Latino</td>
<td>Richmond/Petersburg</td>
<td>PTES Jazz Night, Faith-based work with ETS, SCWH demos</td>
<td>SCWH, Handouts,</td>
</tr>
<tr>
<td>Who</td>
<td>Region</td>
<td>Partner Activities</td>
<td>Tools</td>
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</tr>
<tr>
<td>Common Health</td>
<td>Statewide</td>
<td>Health Checks</td>
<td>Weekly emails</td>
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<tr>
<td>VDH</td>
<td>Statewide</td>
<td>Share SMBP video</td>
<td>SMBP video</td>
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<tr>
<td>Anthem</td>
<td>Statewide</td>
<td>Partner with providers and members</td>
<td>IVR, letters, case management outreach, provider incentive programs</td>
</tr>
<tr>
<td>AHA – Advocacy</td>
<td>Statewide</td>
<td>Healthy food choices in public places advocacy</td>
<td>AHA Toolkit</td>
</tr>
<tr>
<td>VHQC</td>
<td>VA/MD</td>
<td>Recruited provider practices</td>
<td>Push tools, protocols, guidelines to PQRs for ABCS, quality reporting</td>
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</table>

**Undiagnosed**

<table>
<thead>
<tr>
<th>Who</th>
<th>Region</th>
<th>Partner Activities</th>
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</thead>
<tbody>
<tr>
<td>AHA Central Virginia</td>
<td>Central Virginia</td>
<td>Raise awareness about hypertension with the general public</td>
<td>We can post/promote upcoming screenings you are offering through our social media/PR efforts</td>
</tr>
<tr>
<td>VDH</td>
<td>Statewide</td>
<td>Identify 6 FQHCs</td>
<td>CCNV learning collaboratives</td>
</tr>
<tr>
<td>CommonHealth (TLC)</td>
<td>Statewide</td>
<td>Health check (screenings)</td>
<td>Weekly emails to a liaison</td>
</tr>
<tr>
<td>African American/Latino</td>
<td>Richmond – Petersburg</td>
<td>Work with faith-based communities, HBCUs to provide on-site BP screenings by a medical professional or automatic BP cuff</td>
<td></td>
</tr>
<tr>
<td>Va. Dept. of Health – Identify undiagnosed HTN</td>
<td>State and local (each region)</td>
<td>BP Ministry Guide with Congregations, CHWs, healthcare practices</td>
<td></td>
</tr>
<tr>
<td>Who</td>
<td>Region</td>
<td>Partner Activities</td>
<td>Tools</td>
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<tr>
<td>Center for Healthy Hearts – Partnered with VCU School of Pharmacy</td>
<td>VA</td>
<td>Community Outreach/Screening – Partners: MOM, RAM, Project Homeless Connect, ADA Education Events Activity: Referral to medical homes or urgent care as appropriate</td>
<td>Patient education handouts</td>
</tr>
<tr>
<td>RCHD Central</td>
<td>Central</td>
<td>Expanding RC Medical Reserve Corps to more chronic disease focus</td>
<td></td>
</tr>
<tr>
<td>VDH</td>
<td>Statewide (9 sites)</td>
<td>Check charge control algorithm</td>
<td></td>
</tr>
<tr>
<td>Bon Secours Virginia (Work to address undiagnosed HTN)</td>
<td>Virginia</td>
<td>Outreach programs - Jazz event - Work with EMS - Work @ events</td>
<td>Target BP Check Charge Control Health &amp; Wellness BSV</td>
</tr>
<tr>
<td>VHQC</td>
<td>VA/MD</td>
<td>Cardiovascular Learning Action Network (Cardio CAN) webinar platform to disseminate tools and information to providers and patients – Target audience – minority and/or rural Medicare beneficiaries</td>
<td></td>
</tr>
<tr>
<td>Central Region Resource Centers</td>
<td></td>
<td>Access to free BP screening at off-site public housing clinics called Resource Centers Community health workers – lay peer educators increase access to PCPs Free screening at health fairs</td>
<td></td>
</tr>
<tr>
<td>Anthem (Undiagnosed HTN)</td>
<td>Statewide</td>
<td>Partner with members and providers</td>
<td>IVR, letters, preventive benefits access, health fair support</td>
</tr>
</tbody>
</table>
### Areas of Synergy

#### Strategy: Identify Undiagnosed Hypertension

<table>
<thead>
<tr>
<th>WHO</th>
<th>Region</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Patrick VDOH</td>
<td>Statewide</td>
<td>Virginia Congregations for the Million Hearts Initiative</td>
<td>Ministry Event Planning Guide</td>
</tr>
<tr>
<td>Virginia Congregations for the Million Hearts Initiative</td>
<td></td>
<td>BP Screening – connecting to Medical Home Referral Form Pharmacist, Physician, Community health workers</td>
<td></td>
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</tbody>
</table>

**Partners**

- Amy Popovich Richmond City Health District: Align with Local health department, **community health workers** Connections to primary care MOUs/Contracts
- Rusty Maney Walgreens: Walgreens willing to Partner
- Michael Royster IPHI: Institute for Public Health Innovation Partner with How imbedded are they in medical practices scale of 1-10; 2

#### Strategy: Team Based Care

<table>
<thead>
<tr>
<th>WHO</th>
<th>Region</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Dionne, AHA CCC; Target BP</td>
<td>Statewide</td>
<td>CCC; Target BP Volunteer chef Fitness classes</td>
<td>Package with handouts on blood pressure; electronic file</td>
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</tbody>
</table>

**Partners**

- Heart of Virginia Healthcare Initiative: AHRQ; 6 month interventions Ark Grant
- Virginia Center for Health Innovation: CCC
<table>
<thead>
<tr>
<th>Federally Qualified Health Centers</th>
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<th>VA SIM Grant</th>
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<tr>
<td>Business Group on Health</td>
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<tr>
<td>Transformation Grants</td>
<td></td>
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</tr>
<tr>
<td>Dan Dixon Center for Healthy Hearts (Former Center for High Blood Pressure)</td>
<td>Pharmacist Physicians Collaborative Model – work with MDs in hypertension management. Pharmacist educate on BP MDs = annual physical</td>
<td></td>
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<tr>
<td>VDOH</td>
<td>What does this look like? Can it be replicated to commercial program?</td>
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</tbody>
</table>

**Strategy: Address Uncontrolled Hypertension - Areas of Synergy**

<table>
<thead>
<tr>
<th>WHO</th>
<th>REGION</th>
<th>PARTNER ACTIVITY</th>
<th>TOOLS</th>
</tr>
</thead>
<tbody>
<tr>
<td>VDOH, Carla Hedgewood</td>
<td></td>
<td>Healthy Vending</td>
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<tr>
<td>VDOH, Carla Hedgewood</td>
<td></td>
<td>Procurement</td>
<td></td>
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</table>

**PARTNERS**

<table>
<thead>
<tr>
<th>VDOH Partnering with Culinary Institute of America</th>
<th>Community based trainings on Healthy culinary workshops, dietary standards</th>
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<tbody>
<tr>
<td>Virginia Health Care Quality Center <em>Michelle White</em></td>
<td>Target FQHCs, minority populations, videos, rural, Has Webinar capabilities; record, track, on demand, metrics</td>
</tr>
<tr>
<td>Common Wealth of VA <em>Rose O’Toole</em></td>
<td></td>
</tr>
<tr>
<td>Community Care Network of Virginia Carron Young</td>
<td>Data searches, Reports, Accurate Data capture, Trainers certified in work flows Medical managers, clinical practice guidelines</td>
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</tbody>
</table>

**Strategy: Promote Coordination & Collaboration**

**Areas of Synergy**

<table>
<thead>
<tr>
<th>Goal</th>
<th>Action</th>
<th>By When</th>
<th>By Who</th>
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<tbody>
<tr>
<td>Convening</td>
<td>More meetings – follow up</td>
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<td>AHA</td>
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<tr>
<td>Training/Networking</td>
<td>NCHI – blogs and online community to share data</td>
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<td>VCHI (Ashley)</td>
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<tr>
<td>Identify additional partners</td>
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<tr>
<td>VCU Pharmacy Model</td>
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Advancing Million Hearts®: AHA and Heart Disease and Stroke Prevention Partners Working Together in Virginia

JULY 13, 2016
10:00 AM - 3:00 PM ET

American Heart Association Mid-Atlantic Affiliate
4201 Park Place Court
Glen Allen, VA 23060
MEETING PURPOSE:
Connecting staff from AHA Affiliates, 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:
At the end of the meeting, participants will be able to:
1. Identify Million Hearts focused activities for 2016
2. Recognize Million Hearts® evidence-based and practice-based CVD prevention strategies and approaches
3. List partner programs and resources that align with Million Hearts®
4. Identify programs efforts that align and ways to work together
5. Create plan for follow-up to increase engagement
6. Recognize key contacts within heart disease and stroke prevention

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®.
AGENDA

10:00 AM  WELCOME, OVERVIEW OF THE DAY, AND INTRODUCTIONS
Jill Birnbaum, VP of State Advocacy & Public Health, American Heart Association, Co-chair, Million Hearts® Collaboration

What excites you about your role in heart disease and stroke prevention?

10:15 AM  MILLION HEARTS®
Robin Rinker, MPH, CHES, Health Communications Specialist, Division for Heart Disease and Stroke Prevention, Centers for Disease Control and Prevention

- Million Hearts® accomplishments
- What must happen to prevent
- 2016 Focus

Q & A

10:45 AM  VIRGINIA CHRONIC DISEASE DOMAIN PROGRAMS THAT ALIGN WITH MILLION HEARTS®
Kayla Craddock, MPH, Quality Improvement Supervisor, Virginia Department of Health

Q & A

11:15 AM  AMERICAN HEART ASSOCIATION PROGRAMS AND RESOURCES THAT ALIGN WITH MILLION HEARTS
Jill Ceitlin, MPH, State and Community Advocacy Consultant
Dionne Henderson, Director of Multicultural Health Initiatives
John Dugan, Director of Clinical Services
Robin Gahan, MSW, Senior Director, Government Relations

Q & A
12:00 PM  CATERED LUNCH

12:30 PM  EXPANDING CHECK.CHANGE.CONTROL
Sara Schleisman, Director of Marketing and Health Initiatives, Patient and Healthcare, American Heart Association
Dionne Henderson, Director of Multicultural Health Initiatives, American Heart Association

Q & A

1:00 PM  PARTNERS, PROGRAMS AND PERSONS THAT ALIGN, WAYS TO WORK TOGETHER AND NEXT INTERACTIONS
Miriam Patanian, MPH and Julia Schneider, MPH
Public Health Consultants
Cardiovascular Health Team
National Association of Chronic Disease Directors

Q & A

2:30 PM  WRAP UP/ADJOURN
April D. Wallace, MHA, Program Initiatives Manager
The Million Hearts® Collaboration, American Heart Association
## Contact List

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization/Company</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amy Moore</td>
<td>CommonHealth/DHRM</td>
<td>Health Educator</td>
</tr>
<tr>
<td>Amy Popovich</td>
<td>Richmond City Health District</td>
<td>Resource Center Program Director</td>
</tr>
<tr>
<td>Andrew Paisley</td>
<td>Eastern Virginia Medical School</td>
<td>Medical Student</td>
</tr>
<tr>
<td>Annie Thornhill</td>
<td>American Heart Association</td>
<td>Vice President, Community Health &amp; Stroke</td>
</tr>
<tr>
<td>April Wallace</td>
<td>American Heart Association</td>
<td>Program Initiatives Manager, Million Hearts® Collaboration</td>
</tr>
<tr>
<td>Ashley Bell</td>
<td>American Heart Association</td>
<td>Vice President, Government Relations</td>
</tr>
<tr>
<td>Ashley Edwards</td>
<td>Virginia Center for Health Innovation</td>
<td>Chief Innovation Officer</td>
</tr>
<tr>
<td>Barbara Brown</td>
<td>Virginia Hospital and Healthcare Association</td>
<td>Vice President, Data &amp; Research</td>
</tr>
<tr>
<td>Beth Bortz</td>
<td>Virginia Center for Health Innovation</td>
<td>President and CEO</td>
</tr>
<tr>
<td>Carla Hegwood</td>
<td>Virginia Department of Health</td>
<td>Environmental Strategies Coordinator</td>
</tr>
<tr>
<td>Carron Young</td>
<td>Community Care Network of Virginia</td>
<td>Director of Performance Measurement &amp; Improvement</td>
</tr>
<tr>
<td>Name</td>
<td>Organization/Company</td>
<td>Title</td>
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<tr>
<td>Dave Dixon</td>
<td>VCU School of Pharmacy</td>
<td>Associate Professor</td>
</tr>
<tr>
<td>Denise Heer</td>
<td>City of Richmond</td>
<td>Employee Wellness Coordinator</td>
</tr>
<tr>
<td>Dionne Henderson</td>
<td>American Heart Association</td>
<td>Director, Multicultural Health Initiatives</td>
</tr>
<tr>
<td>Elizabeth Theriault</td>
<td>Richmond City Health District</td>
<td>Chronic Disease Supervisor</td>
</tr>
<tr>
<td>Eric Parod</td>
<td>VCU School of Pharmacy</td>
<td>Pharmacist</td>
</tr>
<tr>
<td>Hallel Basco</td>
<td>Center for Healthy Hearts</td>
<td>Registered Nurse</td>
</tr>
<tr>
<td>Jill Birnbaum</td>
<td>American Heart Association</td>
<td>Vice President, State Advocacy &amp; Public Health</td>
</tr>
<tr>
<td>Jill Ceitlin</td>
<td>American Heart Association</td>
<td>State &amp; Community Advocacy Consultant</td>
</tr>
<tr>
<td>John Dugan</td>
<td>American Heart Association</td>
<td>Director, Systems Improvement</td>
</tr>
<tr>
<td>Julia Schneider</td>
<td>Nat. Association of Chronic Disease Directors</td>
<td>Public Health Consultant, Cardiovascular Health Team</td>
</tr>
<tr>
<td>Julie Harvill</td>
<td>American Heart Association</td>
<td>Operations Manager, Million Hearts® Collaboration</td>
</tr>
<tr>
<td>Kara Holmes</td>
<td>Virginia Department of Health-RiCHD</td>
<td>Nurse Manager</td>
</tr>
<tr>
<td>Kathy Rocco</td>
<td>Virginia Department of Health</td>
<td>Chronic Disease Manager</td>
</tr>
<tr>
<td>Name</td>
<td>Organization/Company</td>
<td>Title</td>
</tr>
<tr>
<td>--------------------</td>
<td>---------------------------------------------</td>
<td>---------------------------------------------------------</td>
</tr>
<tr>
<td>Kayla Craddock</td>
<td>Virginia Department of Health</td>
<td>Quality Improvement Supervisor</td>
</tr>
<tr>
<td>Keltcie Delamar</td>
<td>American Heart Association</td>
<td>Director, Grassroots &amp; Media Advocacy</td>
</tr>
<tr>
<td>Linda Paxton</td>
<td>Bon Secours Richmond</td>
<td>Administrative Director Cardiovascular Services</td>
</tr>
<tr>
<td>Lindsey Worrix</td>
<td>Anthem Blue Cross Blue Shield</td>
<td>Senior Project Manager</td>
</tr>
<tr>
<td>Liz Stovall</td>
<td>Henrico County</td>
<td>Fitness/Wellness Manager</td>
</tr>
<tr>
<td>Lynne Wingfield</td>
<td>Chesterfield County Schools &amp; Government</td>
<td>Employee Wellness Coordinator</td>
</tr>
<tr>
<td>Mary Louise Gerdes</td>
<td>CommonHealth</td>
<td>Regional Coordinator</td>
</tr>
<tr>
<td>Maureen Dempsey</td>
<td>Anthem BCBS Virginia</td>
<td>Regional Vice President, Senior Clinical Officer</td>
</tr>
<tr>
<td>Melissa Assalone</td>
<td>American Heart Association</td>
<td>Director, Government Relations</td>
</tr>
<tr>
<td>Michelle McLees</td>
<td>American Heart Association</td>
<td>Director, Communications &amp; Marketing</td>
</tr>
<tr>
<td>Michelle White</td>
<td>Virginia Health Quality Center</td>
<td>Program Manager</td>
</tr>
<tr>
<td>Miriam Patanian</td>
<td>Nat. Association of Chronic Disease Directors</td>
<td>Lead Consultant, Cardiovascular Health &amp; Health Systems</td>
</tr>
<tr>
<td>Patricia Lane</td>
<td>Bon Secours Health System</td>
<td>Administrative Director of Neurosciences</td>
</tr>
<tr>
<td>Name</td>
<td>Organization/Company</td>
<td>Title</td>
</tr>
<tr>
<td>---------------------</td>
<td>---------------------------------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>Patrick Wiggins</td>
<td>Virginia Department of Health</td>
<td>Health Systems Intervention Coordinator</td>
</tr>
<tr>
<td>Robin Gahan</td>
<td>American Heart Association</td>
<td>Senior Director of Government Relations, Virginia</td>
</tr>
<tr>
<td>Robin Rinker</td>
<td>Centers for Disease Control &amp; Prevention</td>
<td>Health Communications Specialist</td>
</tr>
<tr>
<td>Rose O'Toole</td>
<td>Commonwealth of VA</td>
<td>CommonHealth</td>
</tr>
<tr>
<td>Rusty Maney</td>
<td>Walgreens</td>
<td>Area Healthcare Supervisor</td>
</tr>
<tr>
<td>Sara Schleisman</td>
<td>American Heart Association</td>
<td>Director, Marketing and Health Initiatives</td>
</tr>
<tr>
<td>Sarah Birckhead</td>
<td>Virginia Department of Health</td>
<td>Regional Coordinator for Tobacco Control</td>
</tr>
<tr>
<td>Tiffany McGhee</td>
<td>Bon Secours Virginia</td>
<td>Clinical Informatics Specialist</td>
</tr>
<tr>
<td>William Thornton</td>
<td>YMCA of Greater Richmond</td>
<td>Association Director of Wellness &amp; Community Health</td>
</tr>
</tbody>
</table>
Q1 How familiar are you with the Million Hearts® Initiative key components?
Key components include: A focus on the ABCs (address aspirin when appropriate, blood pressure control, cholesterol management, smoking cessation, sodium reduction and eliminating transfat intake) through changing the environment and optimizing care Health Information Technology Innovations in Care delivery

Answered: 8  Skipped: 0

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not familiar</td>
<td>0.00%</td>
</tr>
<tr>
<td>Somewhat familiar</td>
<td>75.00%</td>
</tr>
<tr>
<td>Very familiar</td>
<td>12.50%</td>
</tr>
<tr>
<td>Highly familiar</td>
<td>12.50%</td>
</tr>
<tr>
<td>Total</td>
<td></td>
</tr>
</tbody>
</table>
Q2 **Are there any of the key components you would like to expand upon?**

Answered: 6  Skipped: 2

<table>
<thead>
<tr>
<th>#</th>
<th>Responses</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Innovations in Care delivery</td>
<td>7/7/2016 5:13 PM</td>
</tr>
<tr>
<td>2</td>
<td>Health Information Technology - how can we best support clinical partners in utilizing HIT when we are not working directly with their EHR system.</td>
<td>7/6/2016 9:08 AM</td>
</tr>
<tr>
<td>3</td>
<td>Innovations in Care delivery</td>
<td>7/5/2016 5:27 PM</td>
</tr>
<tr>
<td>4</td>
<td>ABCs - nutrition related</td>
<td>7/5/2016 5:18 PM</td>
</tr>
<tr>
<td>5</td>
<td>n/a</td>
<td>7/5/2016 4:58 PM</td>
</tr>
<tr>
<td>6</td>
<td>Health Information Technology</td>
<td>7/5/2016 4:10 PM</td>
</tr>
</tbody>
</table>
Q3 Of the Million Hearts® key components, what are you most interested in learning more about?

Answered: 8  Skipped: 0

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>A focus on the ABCs (address aspirin when appropriate, blood pressure control, cholesterol management, smoking cessation, sodium reduction and eliminating transfat intake) through changing the environment and optimizing care</td>
<td>37.50% 3</td>
</tr>
<tr>
<td>Health Information Technology</td>
<td>25.00% 2</td>
</tr>
<tr>
<td>Innovations in Care delivery</td>
<td>37.50% 3</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>0.00% 0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>8</strong></td>
</tr>
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</table>

# Other (please specify)  

There are no responses.
**Q4 What has been your primary action in Million Hearts® to date, if any?**

Answered: 6  Skipped: 2

<table>
<thead>
<tr>
<th>#</th>
<th>Responses</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>new at my job so none so far</td>
<td>7/7/2016 5:13 PM</td>
</tr>
<tr>
<td>2</td>
<td>Health information technology - what are providers reporting on and across what measure and reporting bodies; innovations in care delivery - how are providers addressing hypertension in priority populations?</td>
<td>7/6/2016 9:08 AM</td>
</tr>
<tr>
<td>3</td>
<td>Attended a workshop a few years ago. Very active with AHA and VDH</td>
<td>7/5/2016 5:27 PM</td>
</tr>
<tr>
<td>4</td>
<td>none</td>
<td>7/5/2016 5:18 PM</td>
</tr>
<tr>
<td>5</td>
<td>n/a</td>
<td>7/5/2016 4:58 PM</td>
</tr>
<tr>
<td>6</td>
<td>Briefly discussed how tobacco cessation is included and have learned about Million Hearts faith partners.</td>
<td>7/5/2016 4:53 PM</td>
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</table>
Q5 What organizations or partners do you work with outside of your agency to address heart disease and stroke prevention?

Answered: 7  Skipped: 1

<table>
<thead>
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<th>Answer Choices</th>
<th>Responses</th>
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<td>Partner 2</td>
<td>57.14%</td>
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<tr>
<td>Partner 3</td>
<td>42.86%</td>
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<tr>
<td>Partner 4</td>
<td>28.57%</td>
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<tr>
<td>Partner 5</td>
<td>28.57%</td>
</tr>
<tr>
<td>Partner 6</td>
<td>14.29%</td>
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<th>Partner 1</th>
<th>Date</th>
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<tbody>
<tr>
<td>1</td>
<td>Virginia Department of Health</td>
<td>7/6/2016 12:16 PM</td>
</tr>
<tr>
<td>2</td>
<td>American Heart Association</td>
<td>7/6/2016 9:08 AM</td>
</tr>
<tr>
<td>3</td>
<td>American Heart Association</td>
<td>7/5/2016 5:27 PM</td>
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<tr>
<td>4</td>
<td>Virginia Department of Health</td>
<td>7/5/2016 5:18 PM</td>
</tr>
<tr>
<td>5</td>
<td>n/a</td>
<td>7/5/2016 4:58 PM</td>
</tr>
<tr>
<td>6</td>
<td>AHA (especially the Mission Committee)</td>
<td>7/5/2016 4:53 PM</td>
</tr>
<tr>
<td>7</td>
<td>Virginia Department of Health</td>
<td>7/5/2016 4:10 PM</td>
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<table>
<thead>
<tr>
<th>#</th>
<th>Partner 2</th>
<th>Date</th>
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<tbody>
<tr>
<td>1</td>
<td>Primary care practices (varies; FQHCs)</td>
<td>7/6/2016 9:08 AM</td>
</tr>
<tr>
<td>2</td>
<td>National Black Nurses Association</td>
<td>7/5/2016 5:27 PM</td>
</tr>
<tr>
<td>3</td>
<td>Local Health Districts</td>
<td>7/5/2016 4:53 PM</td>
</tr>
<tr>
<td>4</td>
<td>Virginia FQHCs</td>
<td>7/5/2016 4:10 PM</td>
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<table>
<thead>
<tr>
<th>#</th>
<th>Partner 3</th>
<th>Date</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>Professional societies (MSV and VAFP)</td>
<td>7/6/2016 9:08 AM</td>
</tr>
<tr>
<td>2</td>
<td>American Association of Neuroscience Nurses</td>
<td>7/5/2016 5:27 PM</td>
</tr>
<tr>
<td>3</td>
<td>Local Coalitions like CHAT in Emporia</td>
<td>7/5/2016 4:53 PM</td>
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<table>
<thead>
<tr>
<th>#</th>
<th>Partner 4</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Virginia Hospital &amp; Healthcare Association</td>
<td>7/6/2016 9:08 AM</td>
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<tr>
<td>2</td>
<td>Alpha Kappa Alpha Sorority Incorporated</td>
<td>7/5/2016 5:27 PM</td>
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<table>
<thead>
<tr>
<th>#</th>
<th>Partner 5</th>
<th>Date</th>
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<tbody>
<tr>
<td>1</td>
<td>Virginia Health Quality Center</td>
<td>7/6/2016 9:08 AM</td>
</tr>
<tr>
<td>2</td>
<td>American Nurses Association</td>
<td>7/5/2016 5:27 PM</td>
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<table>
<thead>
<tr>
<th>#</th>
<th>Partner 6</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>MCOs/insurers (Anthem, Virginia Premier, etc.)</td>
<td>7/6/2016 9:08 AM</td>
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</tbody>
</table>
Q6 Are there new partners you would like to engage with?

Answered: 3  Skipped: 5

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<th>Answer Choices</th>
<th>Responses</th>
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<td>Partner 2</td>
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<td>33.33%</td>
</tr>
<tr>
<td>Partner 4</td>
<td>33.33%</td>
</tr>
<tr>
<td>Partner 5</td>
<td>0.00%</td>
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<th>#</th>
<th>Partner 1</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Larger Health system partners (associated with hospital &amp; primary care settings)</td>
<td>7/6/2016 9:08 AM</td>
</tr>
<tr>
<td>2</td>
<td>American Association of Neurology</td>
<td>7/5/2016 5:27 PM</td>
</tr>
<tr>
<td>3</td>
<td>n/a</td>
<td>7/5/2016 4:58 PM</td>
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<table>
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<tr>
<th>#</th>
<th>Partner 2</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Academic Partners (residency &amp; pharmacy programs)</td>
<td>7/6/2016 9:08 AM</td>
</tr>
<tr>
<td>2</td>
<td>Association of Black Cardiologist</td>
<td>7/5/2016 5:27 PM</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>#</th>
<th>Partner 3</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Pharmacies (higher level)</td>
<td>7/6/2016 9:08 AM</td>
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<table>
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<th>Partner 4</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Employers and/or benefit managers</td>
<td>7/6/2016 9:08 AM</td>
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<table>
<thead>
<tr>
<th>#</th>
<th>Partner 5</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>There are no responses.</td>
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Q7 What is your primary role/function within your organization?

Answered: 8  Skipped: 0

<table>
<thead>
<tr>
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<th>Responses</th>
<th>Date</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>nurse manager</td>
<td>7/7/2016 5:13 PM</td>
</tr>
<tr>
<td>2</td>
<td>Quality Initiatives</td>
<td>7/6/2016 12:16 PM</td>
</tr>
<tr>
<td>3</td>
<td>Oversee contracts and programs associated with CDC-funded initiatives to reduce and prevent hypertension and diabetes.</td>
<td>7/6/2016 9:08 AM</td>
</tr>
<tr>
<td>4</td>
<td>Health Committee Chair, Board of Directors</td>
<td>7/5/2016 5:27 PM</td>
</tr>
<tr>
<td>5</td>
<td>Health educator, developing wellness programs for employees</td>
<td>7/5/2016 5:18 PM</td>
</tr>
<tr>
<td>6</td>
<td>Grassroots advocacy engagement</td>
<td>7/5/2016 4:58 PM</td>
</tr>
<tr>
<td>7</td>
<td>Tobacco Control</td>
<td>7/5/2016 4:53 PM</td>
</tr>
<tr>
<td>8</td>
<td>Quality Improvement</td>
<td>7/5/2016 4:10 PM</td>
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</table>
**Q8 What are your expectations for attending the meeting?**

Answered: 7  Skipped: 1

<table>
<thead>
<tr>
<th>#</th>
<th>Responses</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Understand what each agency is doing within the Million Hearts Project</td>
<td>7/6/2016 12:16 PM</td>
</tr>
<tr>
<td>2</td>
<td>Better strategies and opportunities to connect with partners and have actionable takeaways.</td>
<td>7/6/2016 9:08 AM</td>
</tr>
<tr>
<td>3</td>
<td>Updates and innovation for collaboration</td>
<td>7/5/2016 5:27 PM</td>
</tr>
<tr>
<td>4</td>
<td>Learning information to share with our target audience (state and local government employees).</td>
<td>7/5/2016 5:18 PM</td>
</tr>
<tr>
<td>5</td>
<td>learn about the initiative and ways to support</td>
<td>7/5/2016 4:58 PM</td>
</tr>
<tr>
<td>6</td>
<td>Finding ways to partner and to better support tobacco control efforts that will ultimately reduce heart and stroke diseases.</td>
<td>7/5/2016 4:53 PM</td>
</tr>
<tr>
<td>7</td>
<td>Learn what others are doing in this area</td>
<td>7/5/2016 4:10 PM</td>
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</tbody>
</table>
**Q9 What does success look like at the end of the meeting?**

Answered: 6   Skipped: 2

<table>
<thead>
<tr>
<th>#</th>
<th>Responses</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Future meeting(s) planned, partner information exchanged, partner program and updates provided, synergy across program areas identified</td>
<td>7/6/2016 9:08 AM</td>
</tr>
<tr>
<td>2</td>
<td>Impact metrics for reaching goals - how will we know we are successful in sharing million hearts tools</td>
<td>7/5/2016 5:27 PM</td>
</tr>
<tr>
<td>3</td>
<td>Learning new information and meeting new people to connect and partner with.</td>
<td>7/5/2016 5:18 PM</td>
</tr>
<tr>
<td>4</td>
<td>potential collaboration opportunities identified</td>
<td>7/5/2016 4:58 PM</td>
</tr>
<tr>
<td>5</td>
<td>Better understanding of the Million Hearts and how I can support those efforts as well as partner in the future.</td>
<td>7/5/2016 4:53 PM</td>
</tr>
<tr>
<td>6</td>
<td>Action steps identified</td>
<td>7/5/2016 4:10 PM</td>
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</tbody>
</table>
Advancing Million Hearts®: AHA and Heart Disease and Stroke Partners Working Together in Virginia

July 13, 2016
10:00 AM to 3:00 PM ET

American Heart Association
4217 Park Pl Ct
Glen Allen, VA 23060
Welcome!

What excites you about your role in heart disease and stroke prevention?
The Million Hearts® Initiative

Advancing Million Hearts in Virginia

July 13, 2016
Glen Allen, Virginia
Million Hearts®

Goal: Prevent 1 million heart attacks and strokes by 2017

- National initiative co-led by CDC and CMS in partnership with federal, state, and private sectors
- To address the causes of 1.5M events and 800K deaths a year, $316.6 B in annual health care costs and lost productivity and major disparities in outcomes
Key Components of Million Hearts®

Keeping Us Healthy
Changing the environment

Excelling in the ABCS
Optimizing care

Focus on the ABCS

Health tools and technology

Innovations in care delivery

## Getting to a Million by 2017: Public Health Targets

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Pre-Initiative Estimate 2009-10</th>
<th>2017 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoking prevalence*</td>
<td>26%</td>
<td>24%</td>
</tr>
<tr>
<td>Sodium reduction</td>
<td>3580 mg/day</td>
<td>2900 mg/day</td>
</tr>
<tr>
<td>Trans fat reduction</td>
<td>0.6% of calories</td>
<td>0% of calories</td>
</tr>
</tbody>
</table>

* Includes all forms of combustible tobacco – cigarettes, pipes, and cigars

National Survey on Drug Use and Health, National Health and Nutrition Examination Survey
## Getting to a Million by 2017: Targets for the ABCS

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Pre-Initiative Estimate 2009-2010</th>
<th>2017 Population-wide Goal</th>
<th>2017 Clinical Target</th>
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<tbody>
<tr>
<td><strong>A</strong> Aspirin when appropriate</td>
<td>54%</td>
<td>65%</td>
<td>70%</td>
</tr>
<tr>
<td><strong>B</strong> Blood pressure control</td>
<td>52%</td>
<td>65%</td>
<td>70%</td>
</tr>
<tr>
<td><strong>C</strong> Cholesterol management</td>
<td>33%</td>
<td>65%</td>
<td>70%</td>
</tr>
<tr>
<td><strong>S</strong> Smoking cessation</td>
<td>22%</td>
<td>65%</td>
<td>70%</td>
</tr>
</tbody>
</table>
Million Hearts® Accomplishments*

Changing the Environment

Reduce Smoking

Almost 4 million fewer cigarette smokers†

Reduce Sodium Intake

More than 2 billion meals/year will have reduced sodium‡

Eliminate Trans Fat Intake

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

Draft Voluntary Guidance to Industry Released June 1, 2016

* Note this is a select set of notable Million Hearts® accomplishments.
† National Health Interview Survey, comparing 2011 data to 2014 data
‡ Aramark pledge http://blog.heart.org/aha-aramark-join-on-meals-initiative/
§ http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm372915.htm#top
Million Hearts® Accomplishments

Optimizing Care in the Clinical Setting

Focus on the ABCS

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

Health Tools and Technology

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

Innovations in Care Delivery

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

** CMS Physician Compare and HRSA Uniform Data Set
†† Unpublished data from AMGA/MUPD and NACHC HIPS project
‡‡ CMS Million Hearts Risk Reduction Model, AHRQ EvidenceNOW, AHA Southwest Affiliate HTN project
Million Hearts Progress to Date

- Engagement and activation
- Clinical Quality Measure alignment
- Understand what works, where, and why
- Resources that help
- Extraordinary support for prevention
Million Hearts®
Hypertension Control Champions

- Practices and systems achieved control rates > 70%
- Champions used evidence-based strategies
  - Hypertension treatment protocols
  - Self-measured blood pressure monitoring
  - Frequent check-in’s
  - Registries and proactive outreach
  - Team-based care.
- Next Million Hearts® Hypertension Control Challenge planned for launch in Feb 2017

59 Champions
Representing
Solo to 70,000 Clinicians
Serving over 13 million people
>70% Control Rate
Standardizing Treatment through Protocols

• Hypertension Treatment Protocol
  Use is on the Rise
  – All Indian Health Service clinical settings
  – Many Federally Qualified Health Centers
  – Practices supported by CMS’ Quality Improvement Organizations

• Tobacco Treatment Protocol
  – Released a Tobacco Treatment Protocol in May
  – Customizable templates
  – Implementation guidance - coming in July
Million Hearts® Microsite for Clinicians

- Syndicated for your website audience
- Customized for your site’s size and color pallet
- Brand it with your logo
- Content is continuously maintained by CDC

The microsite and embed code will be available at https://tools.cdc.gov/medialibrary/index.aspx#/results
What Must Happen To Prevent a Million?

### Reduce Smoking
6.3M fewer smokers
- Year-round media campaigns; pricing interventions
- Targeted outreach to drive uptake of covered benefits
- Systematic delivery of cessation services through use of cessation protocols, referrals to quit lines, and training of clinical staff
- Widespread adoption of smoke-free space policies
- Awareness of risks of second-hand smoke and the health benefits of smoke-free environments

### Control Hypertension
10M more patients
- Detection of those with undiagnosed hypertension
- Systematic use of treatment protocols & other select QI tools
- Practice of self-measured BP monitoring with clinical support
- Recognition of high performers; dissemination of best practices
- Connection of clinical & community resources to benefit people with HTN
- Enhanced medication adherence
- Intense focus on those with high burden and at high risk

### Decrease Sodium Intake
20% reduction
- Adoption of Healthy Food Service Guidelines
- Voluntary sodium reduction and expansion of choices by food industry
- Recognition of high performers and dissemination of best practices
- Clear communication of the evidence supporting the health benefits of population-level sodium reduction

Events will also be prevented by improving aspirin use, cholesterol management, and utilization of cardiac rehab, and by eliminating artificial trans-fat consumption
Focus of 2016

• Smoking cessation
  – Facilitate implementation of tobacco cessation protocols
  – Promote smoke-free spaces

• Hypertension control
  – Facilitate use of self-measured BP monitoring, treatment protocols, and processes to find the undiagnosed
  – Share best practices by promoting action guides that identify and control hypertension

• Sodium reduction
  – Advance adoption of procurement guidelines
  – Disseminate healthy eating resources
Focus of 2016

- Cholesterol management
  - Implement statin measure across clinical settings
  - Support partner actions currently underway
- Cardiac rehab
  - Facilitate collective actions to increase referral and participation
- Embed ABCS measures in value-based models
- Capture and tell the story of your success
- Recognize high performers & share best practices
  - Learn about the successes of the Hypertension Control Champions and share their lessons learned.
3 Phase Framework for Million Hearts
January 2016-July 2017
Primary Activities, Timelines, and Deliverables

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

Cogent Final Report

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

Refreshed, Bold, Engaging Initiative

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

Bigger, Deeper Impact
Million Hearts® Resources

• Hypertension Control: Change Package for Clinician
• Hypertension Treatment Protocols
• Self-Measured Blood Pressure Monitoring: Action Steps for Public Health Practitioners
• Cardiovascular Health: Action Steps for Employers
• 100 Congregations for Million Hearts
• Million Hearts Healthy Eating & Lifestyle Resource Center
• Million Hearts® E-update
• Visit www.millionhearts.hhs.gov to find more resources
Thank You

Subscribe—and Contribute to the E-Update

Commit to key action steps

Work together to prevent heart attacks and strokes
Virginia Chronic Disease Domain
Programs that Align with
Million Hearts®
Million Hearts Learning Collaborative (ASTHO)

Aim Statement

Virginia Team will design a (regionally targeted) system of care that will increase hypertension control and reduce undiagnosed hypertension among high risk populations.

Potential Reach

The Behavior Risk Factor Surveillance System indicates that there are approximately 252,500 people with hypertension living in Cumberland Plateau, Peninsula, and Richmond City.

Process

PDSA test cycles to aggressively test tools, methodologies, and systems to maximize opportunities for improvement and positive patient outcomes.
Work Flows
Virginia Congregations Blood Pressure Ministry Event Planning Guide

- Million Hearts Initiative for congregations of all faiths.
- Virginia is #1 nationwide with >150 congregations enrolled.
- Local Health Departments and CHWs at the grassroots level.
Number of patients identified as hypertensive
Defined as an average systolic blood pressure (SBP) ≥140 mmHg or an average diastolic blood pressure (DBP) ≥90 mmHg, or currently using blood pressure (BP)-lowering medication.

Number of patients identified as having uncontrolled hypertension
Defined as an average SBP ≥140 mmHg or an average DBP ≥90 mmHg, among those with hypertension.
Self-Measured Blood Pressure Monitoring (SMBP)

Virginia Hospital & Healthcare Association

- Survey on SMBP policies targeting providers and pharmacists
  - Lack of SMBP policies, coverage, education, etc.
- Marketing campaign
  - Video would be the best tool to use to target providers and patients
    - **Short Version** (2 minutes) – Why?
    - **Long Version** (4 minutes) – How?
Overview of the American Heart Association and Programs and Resources that align with Million Hearts®
Mission
Building healthier lives, free of cardiovascular diseases and stroke.

Our 2020 Impact Goal
By 2020 to improve the cardiovascular health of all Americans by 20% while reducing deaths from cardiovascular diseases and stroke by 20%.
Building a Culture of Health

A culture in which people live, work, learn, play and pray in environments that support healthy behaviors, timely quality care and overall well-being.
AHA and Million Hearts® Spotlight on Virginia

Multicultural Health Priorities

• EmPowered to Serve
• Local faith based Million Hearts initiatives
• Check.Change.Control
AHA and Million Hearts® Spotlight on Virginia

Quality Systems Priorities

• Get With The Guidelines

• The Guideline Advantage

• Target BP
AHA and Million Hearts®
Spotlight on Virginia

Advocacy Priorities

• Healthy Food Financing
• Medicaid Expansion
• Healthier Food Choices in Public Places
• Tobacco Prevention and Control
Tools and Resources

Online Tools
• Heart 360
• My Life Check
• Heart Attack Risk Calculator
• High Blood Pressure Risk Calculator
• AHA’s Smoking Cessation Tools and Resources
• AHA Healthy Workplace Food and Beverage Toolkit July 2016

Resources
• EmPowered to Serve
• Get With The Guidelines
• Check.Change.Control
Discussion Questions

1) Is there a program you were unaware of that you would like to explore further for implementation or application in the state?
2) On which topics would you like additional information?
3) Other questions?
LUNCH BREAK
AHA | ASA 2020 Goal

**AHA 2020 GOAL**

Improve the CV health of all Americans by 20% while reducing deaths from CV diseases and stroke by 20%.

2010
Reduce CHD, stroke, and risk by 25%.

2020
Move 13.6 million Americans to control their HBP.
The Urgency Around High Blood Pressure Control

▶ 80 million adults have HBP

<table>
<thead>
<tr>
<th>Blood Pressure Category</th>
<th>Systolic (mmHg)</th>
<th>Dastolic (mmHg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal / Ideal</td>
<td>less than 120</td>
<td>less than 80</td>
</tr>
<tr>
<td>Prehypertension</td>
<td>120-139</td>
<td>80-89</td>
</tr>
<tr>
<td>Hypertension stage 1</td>
<td>140-159</td>
<td>90-99</td>
</tr>
<tr>
<td>Hypertension stage 2</td>
<td>160 or higher</td>
<td>100 or higher</td>
</tr>
<tr>
<td>Hypertensive crisis</td>
<td>higher than 180</td>
<td>higher than 110</td>
</tr>
</tbody>
</table>

EVERY 10 POINT DROP in systolic BP

30-50% drop in risk of cardiovascular disease & stroke

AHA 2015 Statistical Update
Our Goal for Better Control

GOAL
- MOVE -
13.4M PEOPLE
TO CONTROL
- BY 2020 -

45.9%
OR -
36.7M
OF THOSE WITH HBP ARE
NOT CONTROLLED
TO GOAL

54.1%
HBP is controlled

76.5%
currently treated

82.7%
are aware they have HBP

17.3%
remain undiagnosed
The Urgency Around High Blood Pressure Control

HBP is one of the most expensive health conditions for U.S. employers.

Estimated direct & indirect cost of HBP:
- 2011: $184 billion
- 2030: $274 billion

2001 to 2011 HBP-related deaths increased 13%

*Includes missed work days, cost of healthcare services and medication expenses.
Check. Change. Control.™
Building a Sustainable HBP Program

**Clinical Pharmacists**
2008 – 2010

- Remote Monitoring Study via Kaiser Clinical Pharmacists
- Six month SBP control significantly higher than control group. Suggests healthcare cost saving
- Attachment 1: Publication in Circulation
- Attachment 2: Presentation from AHA’s Scientific Sessions 2010

**Community Settings**
2010 - 2011

- Check It. Change It. Community-based intervention in Durham County
- In patients that began the study with a BP of > 150/90, systolic BP decreased by 24.2 mmHg and diastolic BP decreased by 10 mmHg.
- Attachment 3: Presentation of results: Scientific Sessions 2012
- Attachment 4: Publication in Circulation

**Enlisting Partners**
2012 - Present

- AHA joined with Million Hearts to host a forum that included partners across industries positioned to impact the issue of HBP
- Initial meeting was the impetus for the launch of AHA’s HBP Leadership Community based on attendees’ desire to continue the innovation, sharing and exchange of solutions
- Attachment 5: AHA-Million Hearts HBP Forum Conference Proceedings: This joint meeting was the impetus for the launch of the AHA HBP Leadership Community.

**Innovation in the Field**
2012 - 2013

- Check It. Change It. set the stage for larger, community-based model run by the AHA focused on high-risk pop.
- Grants to local market staff designated for rapid development, execution and testing of programs using partners and volunteers.
- Similar results to Check It. Change It. Lowering BP by 5 mmHG, with more significant drops between 11mmHG and 26 mHG in high risk groups
Studying Impact: Clinical Pharmacists

Results...

- Overall, patients in the Heart360 HBPM group had a significantly higher rate of BP control (57%) than the usual care group (37%)
- The Heart360 Group also had a significantly greater drop in both systolic and diastolic BP
- For every dollar invested the return is almost 3 dollars
Program Components

Community Partners with Shared Goals to Drive BP Control

Since August, 2012 over 46,000 participants have enrolled in Heart360

Campaign Results*: Average drop in Systolic BP: 11.02 mm Hg  
Average drop in Diastolic BP: 7.68 mm Hg

Innovative Implementation Across Markets

Health Mentors Encourage Participants to Track Weekly Readings for 4 Months

Heart360 as Central Tool for Participant Engagement and Data Collection
Why it Works: Key Evidence-Based Scientific Principles

Self Monitoring Makes a Difference
Proven track record for taking blood pressure readings at home or outside of the healthcare provider office setting.
- Use of digital self-monitoring and communication tool (Heart360 which we explain later)
- Charting & tracking improves self-management skills related to blood pressure management

Personal Interaction Makes a Difference
Health mentors can motivate and encourage participants.

Multicultural Program Investments Make a Difference
Hypertension creates a health disparity for African-Americans.
Statistics on the 6-month pilot phase

RESULTS

- **10 months**
  - **August 2012-June 2013**

- **9,377 people**

- **30,000+ BP readings uploaded to Heart360**

- **75% were female**

- **Average age 53**

- **80% were African American of those participants who shared their ethnicity**

*Approximately*
Participants began the program by gathering initial BP numbers.
Consistent Measurement Can Lead To Success

Participants* who met the retention criteria

- At least 2x’s per month
- For 4 consecutive months

Avg drops in BP

- SBP: 11.2 mmHg
- DBP: 4.31 mmHg

*Total participant pop. represented is 854
Participants who started with high readings saw the greatest average reduction.

Effective for those with the greatest need.
Engagement:
More than a third of all participants entered at least two readings with at least a week’s time separating the two.
Benefits extend even with partial engagement:

Even those participants who did not meet the full retention criteria saw declines in BP numbers.
Benefits extend even with partial engagement:

Even those participants who did not meet the full retention criteria saw declines in BP numbers.
**Target: BP** is a national movement aimed at improving blood pressure control, to reduce the number of Americans who have heart attacks and strokes. Target: BP provides physician practices and health systems resources and support to achieve a 70% blood pressure control rate with a **target** of achieving 80% or higher.
Why launch Target: BP now?

- SPrINT study results
- Increased access to care
- Policies incentivize HCP’s to better control
- AHA 2020 goals are imminent
- Synergizing with Million Hearts program
What is Target: BP?

- A call to action motivating hospitals, medical practices, practitioners and health services organizations to prioritize blood pressure control

- Recognition for healthcare providers who attain high levels of blood pressure control in their patient populations, particularly those who achieve 70, 80 or 90 percent control

- A source for tools and assets for healthcare providers to use in practice, including the AHA/ACC/CDC Hypertension Treatment Algorithm and the AMA’s M.A.P. Checklist
Protocol for Evidence-Based Prescribing

**Definitions**
- **Evidence-based** refers to a treatment plan that is based on the following principles:
  - **Proven effectiveness:** The treatment works as intended and produces positive outcomes.
  - **Personalized approach:** The treatment is tailored to meet the individual needs of each patient.
  - **Continuous improvement:** The treatment is continually evaluated and updated based on new research.

**Why is protocol important?**
- Protocols are essential for ensuring that patients receive consistent, high-quality care.
- They help to standardize treatment approaches and ensure that all patients receive the same level of care.

**How can you find examples of evidence-based treatment protocols?**
- Look for guidelines and recommendations from reputable organizations such as the American Heart Association (AHA) or the American College of Cardiology (ACC).
- Search for clinical trials and meta-analyses that have been published in peer-reviewed journals.
- Consult with colleagues and other healthcare professionals to learn about their experiences with evidence-based protocols.

**When to use specific guidelines:**
- **Blood pressure management:** Refer to the latest guidelines from the American Heart Association and the American College of Cardiology for specific recommendations.
- **Cholesterol management:** Consult the guidelines from the National Cholesterol Education Program (NCEP) for guidance on lipid lowering strategies.
- **Diabetes management:** Follow the guidelines from the American Diabetes Association (ADA) for managing blood glucose levels.

**How to implement evidence-based protocols:**
- **Monitor outcomes:** Regularly review patient outcomes to ensure that the protocol is effective.
- **Adjust as needed:** Be willing to make changes to the protocol as new evidence becomes available.
- **Educate staff:** Provide ongoing education and training to ensure that all healthcare providers are familiar with the protocol.

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**Tools & Resources for Successful Control**

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**The 2015 M.A.T.T. Protocol**

**Measure accurate blood pressure**

**Adapt protocol**

**Treat to target**

**Follow-up**

---

**Protocols to guide evidence-based prescribing**

---

**Ongoing education**

**Training and certification**

---

**Partnership**

**Collaboration**

---

**Conclusion**

**Continuous improvement**

**Evidence-based practice**
Tools & Resources for Successful Control
Elements Associated with Effective Adoption of Protocols

Practice Team-Base Care

• Make hypertension control a priority.
• Fully use the expertise and scope of practice of every member of the health care team.
• Include the patient and family as key members of the team.
• Learn about community resources and recommend them to patients.
• Conduct pre-visit planning to make the most of the care encounter.
• Look for opportunities to check in with patients between visits and adjust medication dose as needed.
Our Strategic Multi-modal Approach to BP Management

**Equipping Providers**
- Help providers “do the right thing” within current HC system
  - Protocol Standardization
  - Incentives
  - Increasing role of other Rph and others

**Motivating & Connecting Consumers**
- Create innovative solutions to empower consumers, strengthen connections to HCPs and create urgency for change
  - Ubiquitous BP devices
  - Worksite programs/support for lifestyle change
  - Technology to connect consumers w/HCPs
  - Incentives

**Activating Communities**
- Provide communities with ownable, sustainable, scalable and customizable programs
  - Health ambassadors
  - Pharmacy infrastructure
  - Apps to integrate consumers w/HCPs
  - Community health worker curriculum

**Enhancing Systems of Care**
- Create accountability at all levels of care
  - Create accountability at all levels of care
  - Performance measures
  - Surveillance system
Partners, Programs and Persons That Align,
Ways to Work Together
and
Next Interactions
Wrap-Up/Adjourn
Thank you for your participation!
Million Hearts®

Goal: Prevent 1 million heart attacks and strokes by 2017

- National initiative co-led by CDC and CMS in partnership with federal, state, and private sectors
- To address the causes of 1.5M events and 800K deaths a year, $316.6 B in annual health care costs and lost productivity and major disparities in outcomes
**Key Components of Million Hearts®**

**Keeping Us Healthy**
- Changing the environment

**Excelling in the ABCS**
- Optimizing care

### Focus on the ABCS

- Health tools and technology
- Innovations in care delivery

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- Million Hearts® E-update
- Visit www.millionhearts.hhs.gov to find more resources
Check. Change. Control. Results from Pilot to Present

Check. Change. Control. began as a pilot program in August 2012 targeting 18 markets that were selected based on hypertension prevalence and population size of African-Americans. The program has expanded each year and has reached over 100 markets. Here are some results by each fiscal year:

- **ENROLLMENT:** (User has entered at least 1 blood pressure reading in Heart360)
  - August 2012-June 2013: 13,018*
  - July 2013-June 2014: 11,343
  - July 2014-June 2015: 10,787
  - July 2015-May 12, 2016: 11,808
  **TOTAL: 46,956**
  * Pilot year did not require entering at least 1 bp reading as a criteria for enrollment. 9,377 users entered at least 1 bp reading during pilot

- **RETAINED PARTICIPANTS:** (Users with at least 8 readings, 2 each month, 4 consecutive months)
  - August 2012-June 2013: 854
  - July 2013-June 2014: 1,674
  - July 2014-June 2015: 1,526
  - July 2015-May 12, 2016: 787
  **TOTAL: 4,841**

- **PARTICIPANTS WITH AT LEAST 2 READINGS:** (2nd reading taken at least 7 days from 1st)
  - August 2012-June 2013: 3,145
  - July 2013-June 2014: 4,803
  - July 2014-June 2015: 2,975 (2,115 Heart360 users & 860 iHealth users)
  - July 2015-May 12, 2016: 3,969
  **TOTAL: 14,892**

- **HEART360 CAMPAIGN URLs & iHEALTH LOCATIONS** CREATED:
  - August 2012-June 2014: 199
  - July 2014-June 2015: 163 (Heart360 URLs)
  - July 2014-June 2015: 21** (iHealth Locations)
  - July 2015-May 12, 2016: 702
  **COMBINED TOTAL: 1,085**

**iHealth was a pilot site tested in SWA & WSA as an alternative to using Heart360**
**NUMBER OF BLOOD PRESSURE READINGS ENTERED:**
- August 2012-June 2013: 30,286
- July 2013-June 2014: 43,054
- July 2014-June 2015: 41,674
- July 2015-Feb. 29, 2016: 24,794
- **TOTAL:** 139,808

**PERCENTAGE OF PARTICIPANTS WITH HBP** (Based on users’ first reading)

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Hypertensive (Systolic &gt;140 mm Hg and/or Diastolic &gt; 90 mm Hg)</th>
<th>Pre-Hypertensive (Systolic between 120-140 mmHg and/or Diastolic between 80-90 mm Hg)</th>
<th>Normal (Systolic &lt; 120 mm Hg and/or Diastolic &lt; 80 mm Hg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aug. ’12-June ’13</td>
<td>33%</td>
<td>47%</td>
<td>20%</td>
</tr>
<tr>
<td>July ’13-June ’14</td>
<td>33%</td>
<td>43%</td>
<td>23%</td>
</tr>
<tr>
<td>July ’14-June ’15</td>
<td>30%</td>
<td>43%</td>
<td>27%</td>
</tr>
<tr>
<td>July ’15-5/12/16</td>
<td>27%</td>
<td>43%</td>
<td>30%</td>
</tr>
</tbody>
</table>

**AVERAGE DROP IN SYSTOLIC & DIASTOLIC BLOOD PRESSURE - RETAINED PARTICIPANTS**

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Average Drop in Systolic BP</th>
<th>Average Drop in Diastolic BP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aug. ’12-June ’13</td>
<td>11.20 mm Hg</td>
<td>4.31 mm Hg</td>
</tr>
<tr>
<td>July ’13-June ’14</td>
<td>12.69 mm Hg</td>
<td>8.12 mm Hg</td>
</tr>
<tr>
<td>July ’14-June ’15 (Heart360 users)</td>
<td>11.96 mm Hg</td>
<td>9.10 mm Hg</td>
</tr>
<tr>
<td>July ’14-June ’15 (iHealth users)</td>
<td>12.82 mm Hg</td>
<td>9.47 mm Hg</td>
</tr>
<tr>
<td>July ’15-May 12, 2016</td>
<td>12.35 mm Hg</td>
<td>9.40 mm Hg</td>
</tr>
<tr>
<td>Overall Avg. (pilot yr. to present)</td>
<td>12.20 mm Hg</td>
<td>8.08 mm Hg</td>
</tr>
</tbody>
</table>

**AVERAGE DROP IN SYSTOLIC & DIASTOLIC BP – USERS WITH AT LEAST 2 READINGS**

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Average Drop in Systolic BP</th>
<th>Average Drop in Diastolic BP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aug. ’12-June ’13</td>
<td>5.68 mm Hg</td>
<td>2.87 mm Hg</td>
</tr>
<tr>
<td>July ’13-June ’14</td>
<td>13.95 mm Hg</td>
<td>9.48 mm Hg</td>
</tr>
<tr>
<td>July ’14-June ’15 (Heart360 users)</td>
<td>12.04 mm Hg</td>
<td>8.75 mm Hg</td>
</tr>
<tr>
<td>July ’14-June ’15 (iHealth users)</td>
<td>11.65 mm Hg</td>
<td>8.69 mm Hg</td>
</tr>
<tr>
<td>July ’15-May 12, 2016</td>
<td>11.77 mm Hg</td>
<td>8.62 mm Hg</td>
</tr>
<tr>
<td>Overall Avg. (pilot yr. to present)</td>
<td>11.02 mm Hg</td>
<td>7.68 mm Hg</td>
</tr>
</tbody>
</table>
Million Hearts® Resources

Resources for Clinicians:

- **Hypertension Control: Change Package for Clinicians**
  A quality improvement change package with a listing of process improvements that ambulatory clinical settings can implement as they seek optimal hypertension control.

- **Self-Measured Blood Pressure Monitoring: Action Steps for Clinicians**
  A guide to facilitate the implementation of self-measured blood pressure monitoring (SMBP) plus clinical support in preparing care teams to support SMBP, selecting and incorporating clinical support systems, empowering patients, and encouraging health insurance coverage for SMBP plus additional clinical support.

- **Evidence-Based Hypertension Treatment Protocols**
  A webpage with a hypertension treatment protocol template and featured evidence-based protocols to help clinicians improve blood pressure control by clarifying titration intervals, revealing new treatment options and expanding the types of staff that can assist in a timely follow-up with patients.

- **Tobacco Cessation Protocol**
  A webpage with a tobacco cessation protocol template and featured evidence-based protocols to help clinicians identify patients who use tobacco and systematically deliver appropriate cessation services.

- **Undiagnosed Hypertension**
  A webpage that describes the phenomena of patients with uncontrolled hypertension being seen by clinicians, but remaining undiagnosed; resources, references and case studies are provided to help clinicians find their undiagnosed hypertensive patients.
    - **Hypertension Prevalence Estimator**
      [https://nccd.cdc.gov/MillionHearts/Estimator/](https://nccd.cdc.gov/MillionHearts/Estimator/)
      An interactive tool health systems and practices can use to start or build on their existing hypertension management quality improvement process by comparing the expected hypertension prevalence generated from the tool with their calculated prevalence.

- **Million Hearts® Clinical Quality Measures (CQM)**
  [http://millionhearts.hhs.gov/data-reports/cqm.html](http://millionhearts.hhs.gov/data-reports/cqm.html)
  A webpage that displays national clinical quality measures and targets focused on the Million Hearts® ABCS (Aspirin when appropriate, Blood pressure control, Cholesterol management, and Smoking cessation).
Clinically-focused Programs:

- Million Hearts® Hypertension Control Challenge

- Million Hearts® Cardiovascular Disease Risk Reduction Model
  [https://innovation.cms.gov/initiatives/Million-Hearts-CVDRRM/](https://innovation.cms.gov/initiatives/Million-Hearts-CVDRRM/)

- EvidenceNOW: Advancing Heart Health in Primary Care

Public Health Resources and Programs:

- Self-Measured Blood Pressure Monitoring: Action Steps for Public Health Practitioners

- CDC State Heart Disease and Stroke Prevention Programs

Tools for Patients:

- Heart Age Predictor
  [http://www.cdc.gov/vitalsigns/cardiovasculardisease/heartage.html](http://www.cdc.gov/vitalsigns/cardiovasculardisease/heartage.html)

- Blood Pressure Wallet Card

- Healthy Eating & Lifestyle Resource Center

- Smoke Free (SF)

- Million Hearts® Videos: Personal Stories
  [http://millionhearts.hhs.gov/news-media/media/videos.html#ps](http://millionhearts.hhs.gov/news-media/media/videos.html#ps)

Community Engagement:

- Cardiovascular Health: Action Steps for Employers

- Healthy is Strong
  [http://millionhearts.hhs.gov/learn-prevent/healthy-is-strong.html](http://millionhearts.hhs.gov/learn-prevent/healthy-is-strong.html)

- 100 Congregations for Million Hearts®
  [http://millionhearts.hhs.gov/partners-progress/partners/100-congregations.html](http://millionhearts.hhs.gov/partners-progress/partners/100-congregations.html)

Supportive Campaigns:

- Mind Your Risks

- Tips from Former Smokers
Meeting Evaluation:
Partners Working Together in Virginia

19 respondents completed the survey.

100% of respondents reported the meeting information was either very useful or somewhat useful in meeting the following meeting objectives.

- Identify Million Hearts focused activities for 2016
- Recognize Million Hearts® 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 plan for follow-up to increase engagement
- Recognize key contacts within heart disease and stroke prevention

The most valuable part of the meeting was:

- Making connections and getting resources (6)
- Seeing how partner activities could align (3)
- Recognizing that different partners could take on aspects of the plan to help Million Hearts get closer to their goals
- Learning about programs in place in the AHA
- Dionne’s presentation
- Sharing ideas

The least valuable part of the meeting was:

- Nothing (5)
- More time for sharing (2)
- Talk about physician base efforts
- Post it note activities was difficult to follow
- Could not stay the whole day
- Hard to set up meetings to accomplish shared goals

Ways to improve in the future:

- Longer partner sharing session (3)
- Need more space for that many partners (2)
- Break out at the end to discuss next steps/accountability
- Providing a breakdown of activities prior to the meeting
- Limit future meetings to quarterly for 2 hrs. only