HEALTH MANAGEMENT ASSOCIATES

Million Hearts Program

Million Hearts Learning Collaborative
June 15, 2022

DC | HEALTH

CME

- Application for CME credit has been filed with the American Academy of Family Physicians and is currently under review. This session is pending approval by AAFP for up to 1 AMA Level 1 CME credit.

- **<u>If you would like to receive CME credit, the online evaluation will need to be completed</u>.** You will receive a link to the evaluation shortly after this webinar.

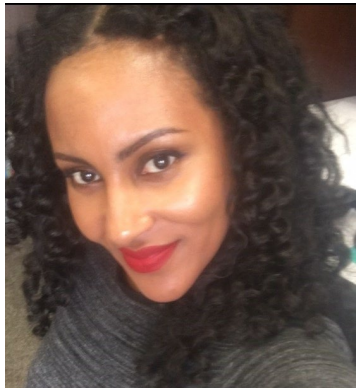
- Certificates of completion will be emailed within 10-12 business days of course completion.

Faculty	**Elizabeth Wolff, MD, MPA** **CME Reviewer**	**Mary Kate Brousseau, MPH** **Facilitator**	**Latrice Hughes, MPH** **Facilitator**	**Shannon Gopaul, MPH** **Presenter**	**Megan Gross, MPH, CHES, ACSM-CEP** **Presenter**
Company	No Financial Disclosures	No Financial Disclosures	No Financial Disclosures	No Financial Disclosures	No Financial Disclosures
Nature of relationship	N/A	N/A	N/A	N/A	N/A

AGENDA AND LEARNING OBJECTIVES

- Welcome and Introduction
- Status update of the DC Million Hearts Program, including grantee metrics
- National perspective on CDC Million Hearts 2027 activities and next steps
- Discuss questions, share challenges and experiences

PRESENTERS



Shannon Gopaul, MPH
Chronic Disease Division Chief
DC Health
shannon.gopaul@dc.gov

Megan Gross, MPH, CHES, ACSM-CEP
ORISE Fellow, Million Hearts, Division for Heart Disease and Stroke Prevention
Center for Disease Control and Prevention
MGross2@cdc.gov

Overview of 1815 Million Hearts Trend Data Q1-Q3 of current project year

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GOVERNMENT OF THE DISTRICT OF COLUMBIA

Hypertension Control: Percent of residents with hypertension who have achieved blood pressure control

1815	PATIENT-LEVEL		
Metric	**Baseline (2019)**	**Current (December 2021)**	***DC Proposed Interim Target (2026)**
Increase the percent of residents with hypertension who have achieved blood pressure control	Overall: 79%	Overall: 51%	Overall: 83%

*2026 targets based on 2019 baseline DCPCA submission (1815)

Diabetes Poor Control: Percentage of adults with diabetes who have an A1c value above 9 percent

1815	VISIT-LEVEL		
Metric	**Baseline (2019)**	**Current (December 2021)**	***DC Proposed Interim Target (2026)**
Reduce the percent of adults with diabetes who have an A1c value above 9%	Overall: 34%	Overall: 46%	Overall: 29%

*2026 targets based on 2019 baseline DCPCA submission (1815)

Cholesterol Control: Percent of residents with high blood cholesterol who are on (prescribed) statin therapy

	VISIT-LEVEL		
Metric	**Baseline (2020)**	**Current (December 2021)**	***DC Proposed Interim Target (2026)**
Increase the percent of residents with high blood cholesterol who are on (prescribed) statin therapy	Overall: 58%	Overall: 46%	Overall: 80%

*2026 targets based on 2020 baseline DCPCA submission (1815)

POLLING QUESTIONS


Discussion

Preventing 1 Million Heart Attacks and Strokes by 2027

Megan Gross, MPH, CHES, ACSM-CEP
ORISE Fellow
Million Hearts®
Division for Heart Disease and Stroke Prevention
Centers for Disease Control and Prevention

6/15/22

Heart Disease and Stroke Burden

- More than **1.6 million** people in the U.S. suffer from heart attacks and strokes per year
- More than **870,000** deaths per year from cardiovascular disease (CVD)
- CVD is the greatest contributor to racial disparities in life expectancy
- Uncontrolled hypertension is the primary contributor to the morbidity and mortality rate disparities in CVD between Black and White people.

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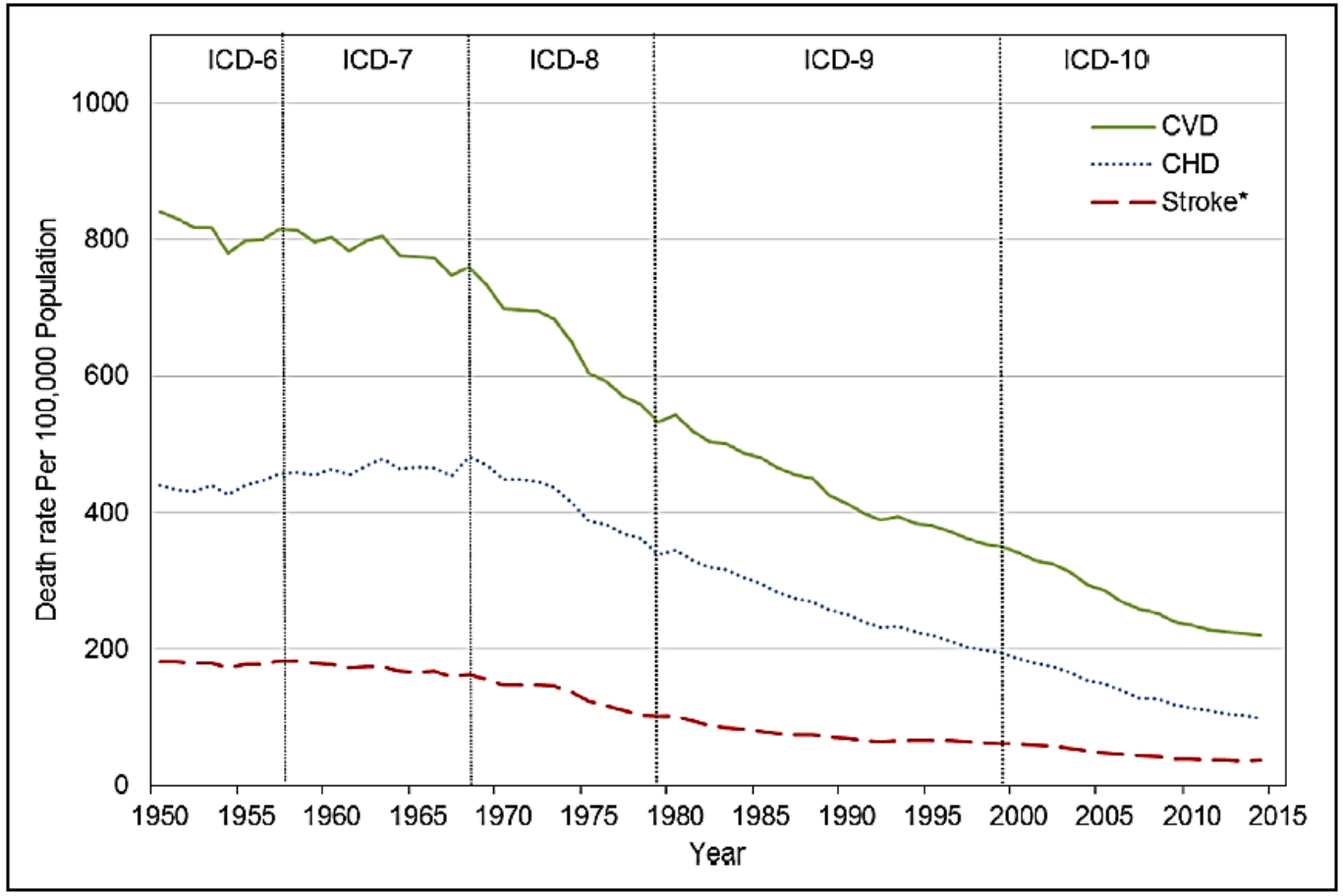
Virani SS, et al. Heart disease and stroke statistics-2020 update: a report from the American Heart Association. *Circulation*. 2020;141(9):e139-596.2.
Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999–2017 on CDC WONDER Online Database website. http://wonder.cdc.gov/ucd-icd10.html. Accessed March 12 7, 2020.
Kochanek KD, Arias E, Anderson RN. How did cause of death contribute to racial differences in life expectancy in the United States in 2010? NCHS data brief, no 125. Hyattsville, MD: National Center for Health Statistics. 2013

Heart Disease and Stroke Mortality Trends 1950-2015



Mensah GA, Wei GS, Sorlie PD, et al. Decline in Cardiovascular Mortality – Possible Causes and Implications. Circulation Research. 2017;120:366-380.

Missed Opportunities for Better Cardiovascular Health

4.1 M[1] not taking aspirin as recommended

67.8 M[2] with uncontrolled BP (≥ 130/80 mm Hg)

37.5 M[3] not taking statins as recommended

52.5 M[4] combustible tobacco users

+ 69.7 M[5] who are physically inactive

~231.5 M missed opportunities

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1. Wall HK, et al. Vital Signs: Prevalence of Key Cardiovascular Disease Risk Factors for Million Hearts 2022 — 2011–2016. MMWR. 2018;67(35):983-991.
2. Centers for Disease Control and Prevention (CDC). Hypertension Cascade: Hypertension Prevalence, Treatment and Control Estimates Among US Adults Aged 18 Years and Older Applying the Criteria From the American College of Cardiology and American Heart Association's 2017 Hypertension Guideline—NHANES 2015–2018. Atlanta, GA: US Department of Health and Human Services; 2019. https://millionhearts.hhs.gov/data-reports/hypertension-prevalence.html. Accessed August 21, 2021.
3. Thompson-Paul AM, et al. Recommended and Observed Statin Use among U.S. Adults – National Health and Nutrition Examination Survey, 2011-2018. JACC. In submission.
4. Internal analysis of 2019 National Survey on Drug Use and Health data.
5. Preliminary results from internal analysis of 2020 National Health Interview Survey data.

Million Hearts® 2027

Aim: Prevent 1 million—or more—heart attacks and strokes in the next 5 years by:

- Promoting evidence-based strategies for cardiovascular disease prevention
- Convening health care and public health champions
- Facilitating meaningful collaboration and resource sharing
- Addressing health equity through specific policies, processes, and practices

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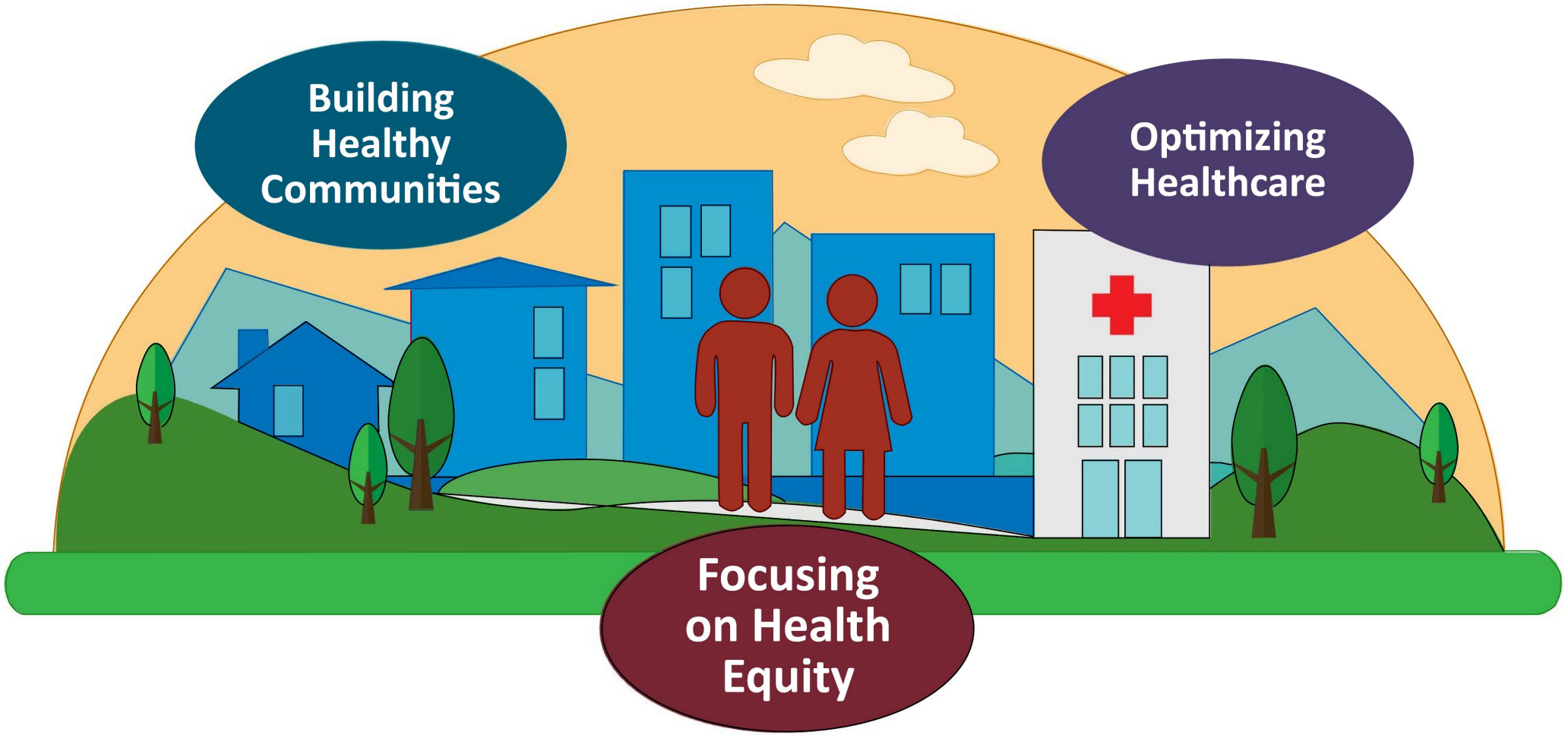
Million Hearts® 2027

Aim: Prevent 1 Million Heart Attacks and Strokes in 5 Years



Million Hearts® 2027 Priorities

Building Healthy Communities
Decrease Tobacco Use
Decrease Physical Inactivity
Decrease Particle Pollution Exposure

Optimizing Care
Improve Appropriate Aspirin or Anticoagulant Use
Improve Blood Pressure Control
Improve Cholesterol Management
Improve Smoking Cessation
Increase Use of Cardiac Rehabilitation

Focusing On Health Equity

- Pregnant and Postpartum Women with Hypertension
- People from Racial/Ethnic Minority Groups
- People with Behavioral Health Issues Who Use Tobacco
- People with Lower Incomes
- People Who Live in Rural Areas or Other ‘Access Deserts’

Building Healthy Communities

Goals	Evidence-based Strategies
Decrease Tobacco Use	• Enact smoke-free space policies that include e-cigarettes • Use point-of-sale and pricing approaches • Conduct mass media campaigns
Decrease Physical Inactivity	• Create or enhance access to places for physical activity • Design communities and streets that support physical activity • Develop and promote peer support programs
Decrease Particle Pollution Exposure	• Raise awareness of the Air Quality Index • Reduce wildfire smoke exposure • Reduce traffic-related exposures like supporting idling policies • Support power plant-, factory-related policies

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Optimizing Care

Goals	Evidence-based Strategies
Improve Appropriate Aspirin or Anticoagulant Use	• Support use of standardized approaches, teams, technology, data, patient supports
Improve Blood Pressure Control	• Support use of standardized approaches, teams, technology, data, patient supports including DPP, SMBP, HIPS (strategies in the HCCP) • Improve coverage for antihypertensives, SMBP devices
Improve Cholesterol Management	• Support use of standardized approaches, teams, technology, data, patient supports including DPP, HIPS (strategies in the CMCP) • Improve coverage for lipid-lowering agents
Improve Smoking Cessation	• Support use of standardized approaches, teams, technology, data, patient supports, including HIPS (strategies in the TCCP) • Improve barrier-free coverage for tobacco cessation
Increase Use of Cardiac Rehabilitation	• Support use of automatic referral, care coordination, hybrid CR, program redesign (strategies in the CRCP) • Improve coverage for cardiac rehabilitation

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DPP = Diabetes Prevention Program, SMBP = self-measured blood pressure monitoring; HIPS = hiding in plain sight; HCCP = Hypertension Control Change Package; CMCP = Cholesterol Management Change Package; TCCP = Tobacco Cessation Change Package; CRCP = Cardiac Rehabilitation Change Package

Focusing on Health Equity

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Pregnant and Postpartum Women with Hypertension

- Cardiovascular conditions are a leading cause of pregnancy-related deaths[1] and are responsible for 1 in 3 pregnancy-related deaths[2]
- Pregnancy-related deaths per 100,000 live births are significantly higher among
  - Women living in rural areas
  - Black and African American women, American Indian/Alaskan Native women[3]
- Black women have higher rates of hypertensive disorders of pregnancy[4]

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[1] Centers for Disease Control and Prevention (CDC). Pregnancy Mortality Surveillance System. Accessed January 20, 2022. https://www.cdc.gov/reproductivehealth/maternal-mortality/pregnancy-mortality-surveillance-system.htm

[2] Petersen EE, et al. MMWR Morb Mortal Wkly Rep 2019;68:423–429.

[3] Merkt PT, et al. Am J Obstet Gynecol. 2021;225(2):183.e1-183.e16.

[4] Bornstein E, et al. EClinicalMedicine. 2020;29-30:100657.[2]

Focusing On Health Equity – Pregnant and Postpartum Women with Hypertension

- **Focusing on hypertensive disorders of pregnancy**
  - Champion **widespread SMBP use**
  - Expand Medicaid coverage for SMBP devices, medications; extending coverage to 1-year postpartum
  - Support opportunities to close care gaps in transition of care between OB/GYN and primary care teams
  - Promote aspirin use to prevent preeclampsia

SMBP = self-measured blood pressure monitoring

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People from Racial and Ethnic Minority Groups

- Non-Hispanic Black people have higher rates of HTN and develop HTN at younger ages than Non-Hispanic White people
- Compared to non-Hispanic White people, non-Hispanic Black and Hispanic people have
  - Lower rates of blood pressure control
  - Lower rates of cholesterol management (statin use)
  - Lower rates of cardiac rehabilitation participation
  - Higher rates of physical inactivity
  - Higher rates of exposure to particle pollution

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HTN = hypertension

Focusing On Health Equity – People from Racial and Ethnic Minority Groups

- **Hypertension control in Black or African American persons**
  - Implement **MTM, SMBP**, and other management in **trusted spaces**
    - Partner with barbershops, salons, faith-based organizations
    - Expand Medicaid coverage for SMBP devices, medications
  - Scale/spread tailored protocols to increase medication intensification; medication adherence strategies
  - Enhance sodium reduction efforts
- **Tobacco use**
  - Support policies that prohibit the sale of flavored tobacco products, including menthol
  - Expand Medicaid coverage for barrier-free tobacco cessation interventions

MTM = medication therapy management
SMBP = self-measured blood pressure monitoring

People with Behavioral Health Issues Who Use Tobacco

- Behavioral health conditions, including Any Mental Illness (AMI) or Substance Use Disorders (SUD), are associated with increased tobacco use
- The prevalence of tobacco use among adults with behavioral health conditions is double the prevalence of tobacco use among people without behavioral health conditions

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UCSF Smoking Cessation Leadership Center. Smoking and Behavioral Health: 2019 NSDUH Trend Data Update. Accessed December 8, 2021. https://smokingcessationleadership.ucsf.edu/factsheets/smoking-and-behavioral-health-2019-nsduh-trend-data-update.

Focusing On Health Equity – People with Behavioral Health Issues Who Use Tobacco

- **Focusing on smoking cessation:**
  - Support integration of tobacco cessation treatment into mental health and substance use care
  - Encourage smoke-free behavioral health facilities
  - Expand barrier-free Medicaid coverage for tobacco cessation services

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People with Lower Incomes

- Low socioeconomic status is associated with excess cardiovascular disease burden[1]
- Blood pressure control is lower among people with economic disadvantages including
  - Those with annual household incomes <$45,000
  - Those who do not have health insurance
  - Those with less than a high school degree[2]

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[1] Commodore-Mensah Y, et al. Associations Between Social Determinants and Hypertension, Stage 2 Hypertension, and Controlled Blood Pressure Among Men and Women in the United States. Am J Hypertens. 2021;34(7):707-717.

[2] Muntner P, et al. Trends in Blood Pressure Control Among US Adults With Hypertension, 1999-2000 to 2017-2018. JAMA. 2020;324(12):1190-1200.

Focusing On Health Equity – People with Lower Incomes

- **Focusing on people with lower incomes:**
  - Expand Medicaid coverage for SMBP devices, medications, cardiac rehabilitation
  - Support SMBP device loaner programs
  - Support inclusion of evidence-based strategies in value-based care delivery
    - Value-based insurance design
    - Value-based payment models (e.g., accountable care organizations)

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SMBP = self-measured blood pressure monitoring

People who Live in Rural Areas and Other 'Access Deserts'

- Rural counties have fewer health care assets e.g., clinicians, specialists, emergency facilities, transportation options
- Often long travel times to urgent and routine care and services
- Many rural counties do not have access to cardiac rehabilitation centers; urban areas can also have cardiac rehabilitation 'deserts' when not enough facilities exist to serve the population

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Focusing On Health Equity – People who Live in Rural Areas and Other 'Access Deserts'

- **Focusing on increasing access:**
  - Support availability of robust **virtual and remote** models of **cardiac rehabilitation**
  - Support the use of **SMBP** and related **telehealth**
  - Support expanded scopes of practice for Nurse Practitioners, Physician Assistants, PharmDs, and Community Health Workers

SMBP = self-measured blood pressure monitoring

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Resources and Tools

- **Quality Improvement Change Packages** – hypertension control, tobacco cessation, cardiac rehabilitation
- **Action Guides** – hypertension control; self-measured blood pressure monitoring (SMBP); tobacco cessation; medication adherence
- **Protocols** – hypertension treatment; tobacco cessation; cholesterol management
- **Messages and Resources** – undiagnosed hypertension, medication adherence, health IT, SMBP, particle pollution, physical activity, tobacco use, cholesterol management, blood pressure control, hypertensive disorders of pregnancy
- **Clinical Quality Measures** – alignment
- **Consumer Resources and Tools**

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Stay Connected

- Million Hearts® e-Update Newsletter
  - Subscribe to receive the quarterly and ad hoc Million Hearts® e-Update newsletter
- Million Hearts® on social media
  - Facebook – Million Hearts® on Facebook
  - Twitter – @MillionHeartsUS
  - LinkedIn – Million Hearts® LinkedIn Showcase page
- Million Hearts ® Website – Million Hearts® (hhs.gov)

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DC Health Tobacco Cessation Initiatives: Opportunities for Alignment with Chronic Disease Management Activities

Douglas LeBlanc, Public Health Analyst, Tobacco Control Programs

The session will explore aligning some tobacco cessation initiatives (education and enrollment) into our work.

Next MHLC - July 20, 2-3 pm

QUICK EVALUATION POLL

1. To what extent did the session meet the stated objectives? (1-not at all to 5-met all objectives)
   - Learn about the current status of the DC Million Hearts Program, including grantee metrics
   - Understand the national perspective on CDC 2027 Million Hearts program activities and next steps and alignment with DC programming
   - Discuss and address questions, share challenges and grantee experiences

2. How would you rate the session overall? (from 1-5, where 1 is poor and 5 is excellent)

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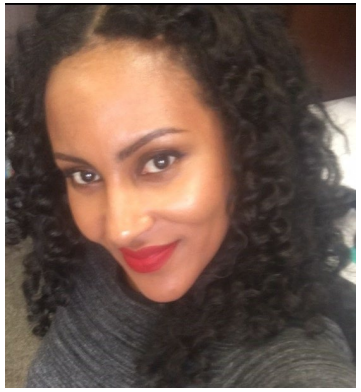
We are here to help you !

- ✓ One on one coaching, team/clinic trainings, evaluation plan and CIP updates
- ✓ Recorded trainings and tools: https://livingwell.dc.gov/page/clinical-partners
- ✓ Other questions or ideas? Please reach out:
  - Mary Kate Brousseau – mbrousseau@healthmanagement.com
  - Mobile: (541) 231-3717

CONTACT US



Shannon Gopaul, MPH
Chronic Disease Division Chief
DC Health
shannon.gopaul@dc.gov

Megan Gross, MPH, CHES, ACSM-CEP
ORISE Fellow, Million Hearts, Division for Heart Disease and Stroke Prevention
Center for Disease Control and Prevention
MGross2@cdc.gov