



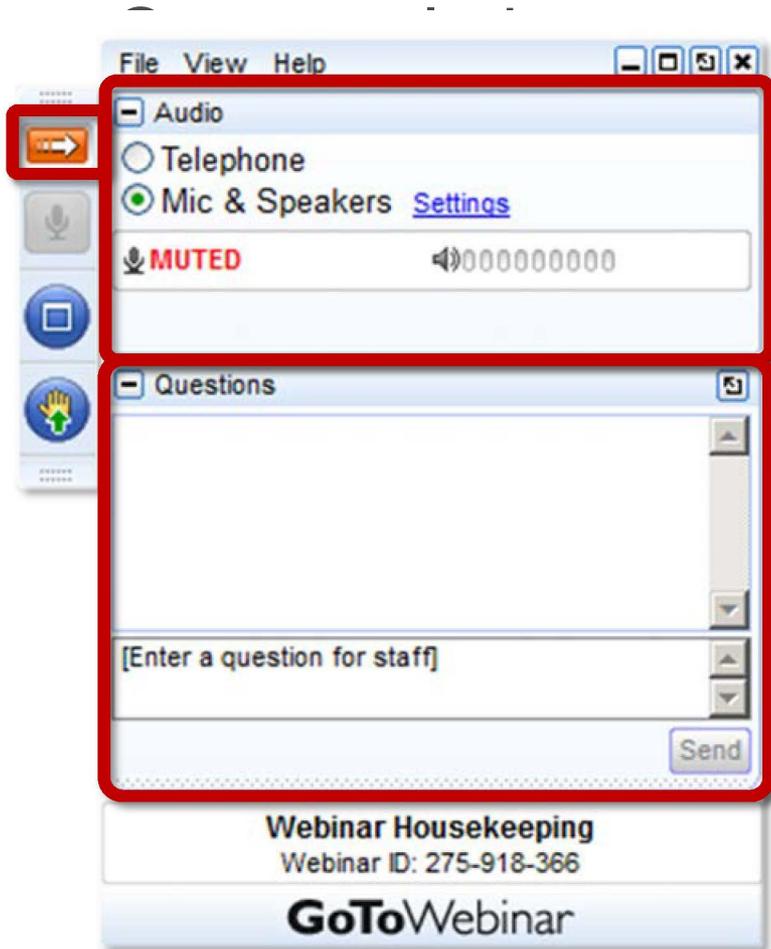
The Office of the National Coordinator for
Health Information Technology



Using Health IT to Save a Million Hearts

May 7, 2013





Your Participation

Open and close your control panel

Join audio:

- Choose “Mic & Speakers” to use VoIP
- Choose “Telephone” and dial using the information provided

Submit questions and comments via the Questions panel

Note: Today’s presentation is being recorded and will be provided within 48 hours.

Will I be able to get a copy of these slides after the event?

Yes

Is this Webinar being recorded so that I or others can view it at a later time?

Yes



- Moderated by Nora Super

Director of Public Affairs

Office of the National Coordinator for Health IT



- Janet Wright, MD

Executive Director

Million Hearts



- **Farzad Mostashari, MD, ScM**
National Coordinator for Health Information Technology, ONC



- **Nicholas "Dr. Nick" Yphantides, MD, MPH**
Chief Medical Officer
San Diego County - Health & Human Services Agency



- **Peter Basch, MD, FACP**
Medical Director
Ambulatory EHR and Health IT Policy, MedStar Health



Hardwiring the 3-part Aim



Better healthcare



Improving **patients'** experience of care within the Institute of Medicine's 6 domains of quality: *Safety, Effectiveness, Patient-Centeredness, Timeliness, Efficiency, and Equity.*

Better health



Keeping patients well so they can do what they want to do. Increasing the overall health of **populations**: address behavioral risk factors; focus on preventive care.

Reduced costs



Lowering the total cost of care while improving quality, resulting in reduced monthly expenditures for Medicare, Medicaid, and CHIP beneficiaries. Supporting **new models of payment.**



Health Information Technology



Health IT and Million Hearts:
Changing the Heart Health of the Nation Together

ONC Listening Session
May 7, 2013

Million Hearts

**Goal: Prevent 1 million heart attacks
and strokes by 2017**

- 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



Heart Disease and Stroke

Leading Killers in the United States

- More than 1.5 million heart attacks and strokes each year
- Cause 1 of every 3 deaths
 - 800,000 deaths
 - Leading cause of preventable death in people <65
 - \$444B in health care costs and lost productivity
 - Treatment costs are ~\$1 for every \$6 spent
- Greatest contributor to racial disparities in life expectancy



Status of the ABCS

Aspirin

People at increased risk
of cardiovascular events
who are taking aspirin

47%

Blood pressure

People with hypertension
who have adequately
controlled blood pressure

47%

Cholesterol

People with high cholesterol
who are effectively managed

33%

Smoking

People trying to quit smoking
who get help

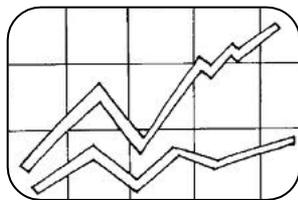
23%



Key Components of Million Hearts

Excelling in the ABCS
Optimizing care

Prioritizing
the ABCS



Health tools
and technology



Innovations in
care delivery



Keeping Us Healthy
Changing the context



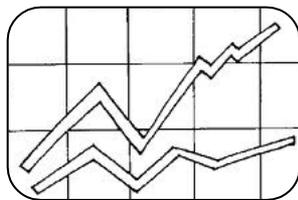
Key Components of Million Hearts

Excelling in the ABCS
Optimizing care

**Minority
Health**

Keeping Us Healthy
Changing the context

Prioritizing
the ABCS



Health tools
and technology



Innovations in
care delivery

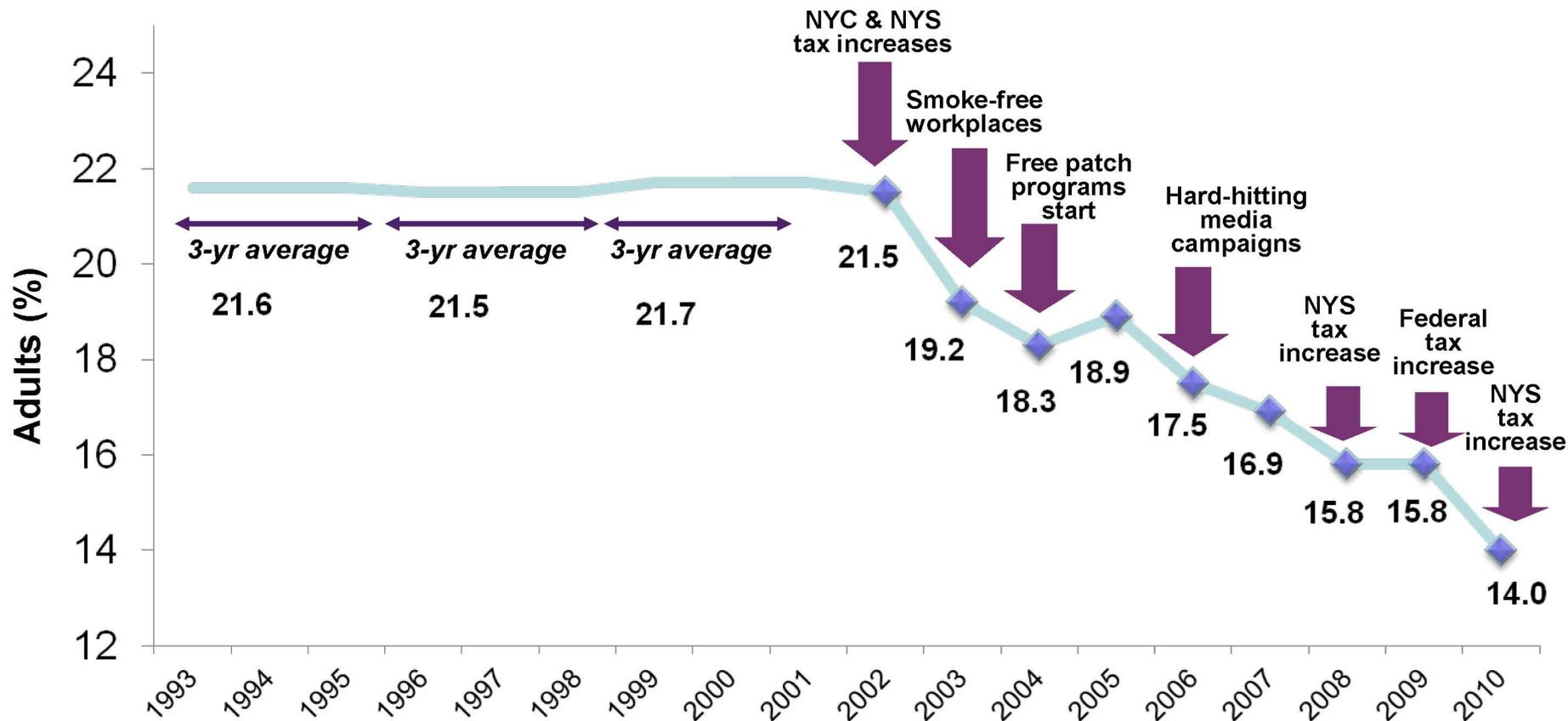


Raising the Price of Cigarettes Through Excise Taxes



Decline in Smoking in New York City, 2002–2010

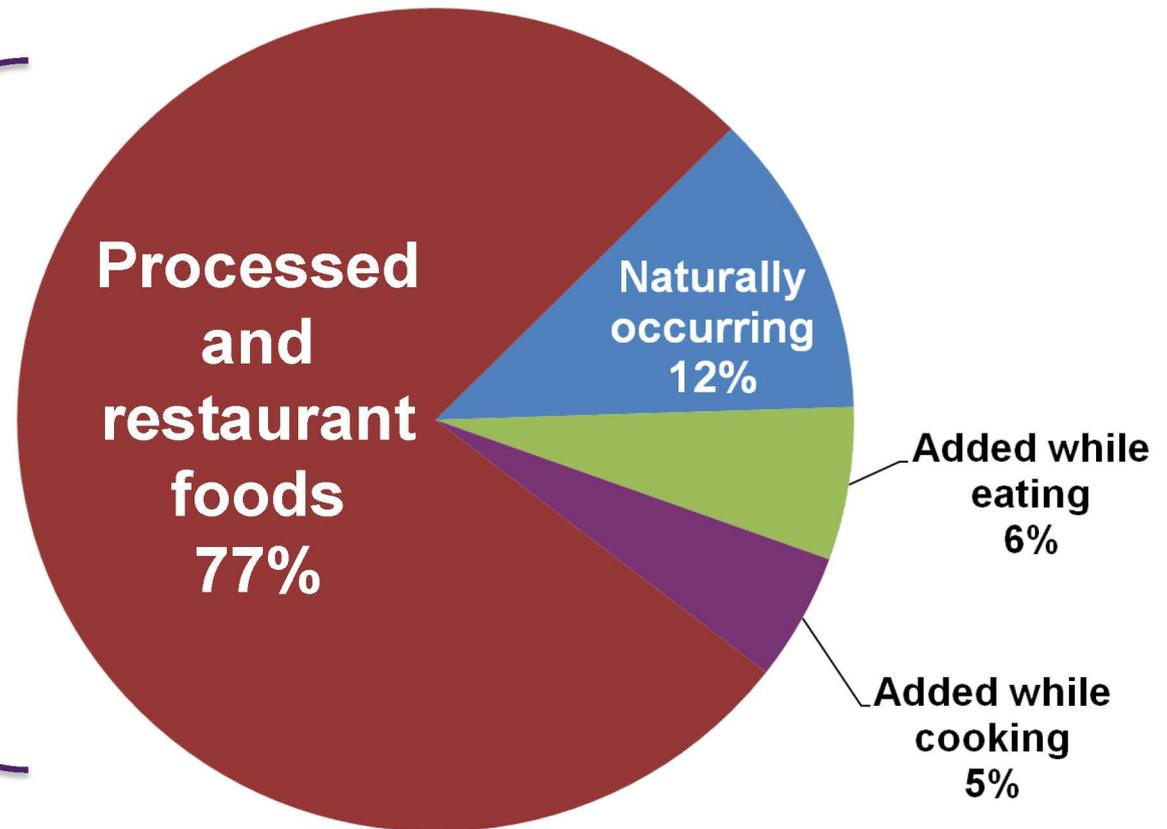
450,000 Fewer Smokers



New York City Community Health Survey.

Most Sodium Comes from Processed and Restaurant Foods

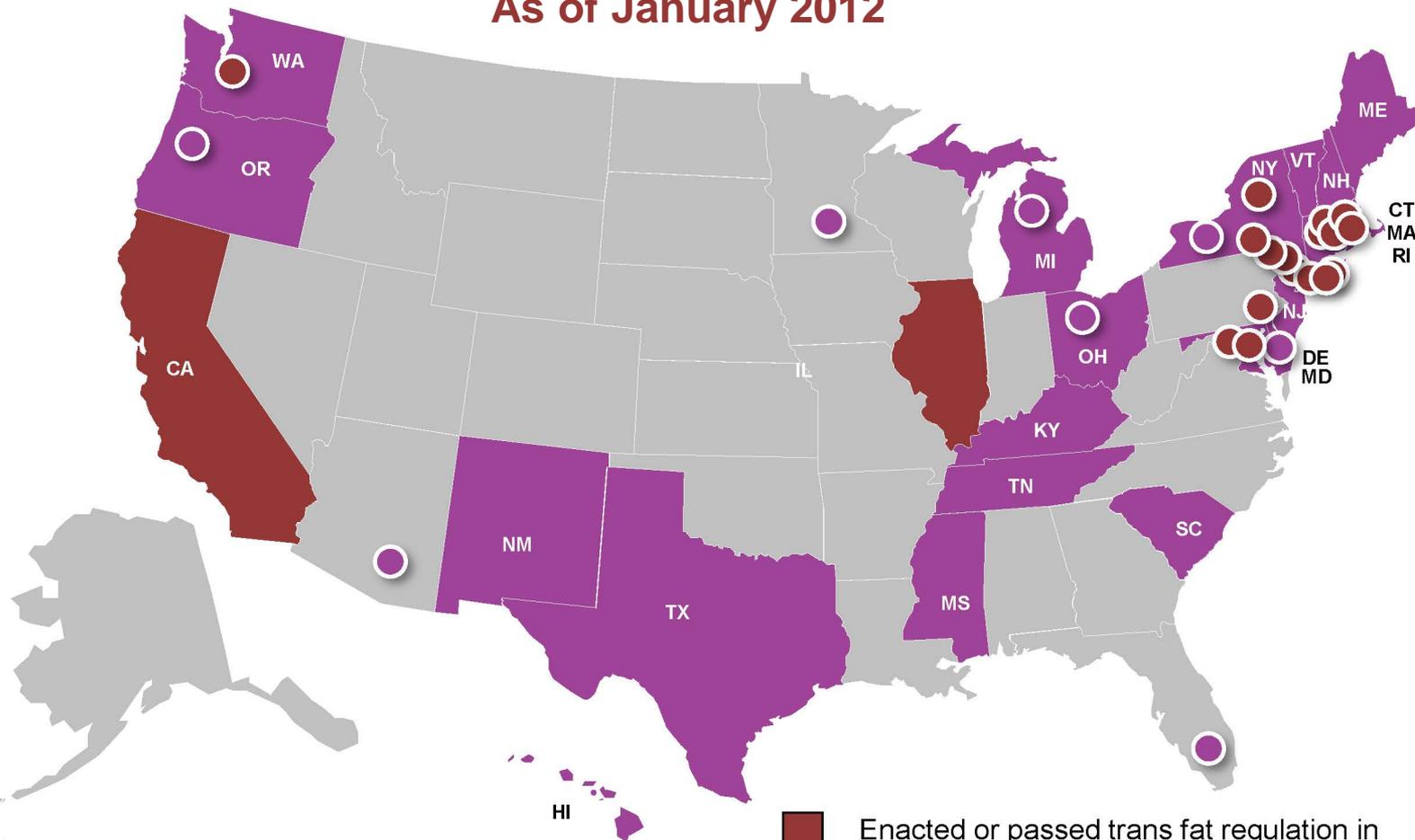
Realistically, people can't control how much sodium they eat



Keeping Us Healthy

State Trans Fat Regulations

As of January 2012



-  Enacted or passed trans fat regulation in food service establishments (FSEs)
-  Trans fat regulation in FSEs introduced, defeated, or stalled

Excelling in the ABCS

Optimizing Quality, Access, and Outcomes

Focus on the ABCS

- Simple, uniform set of measures
- Measures with a lifelong impact
- Data collected or extracted in the workflow of care
- Link performance to incentives



Alignment of Clinical Quality Measures

Baseline

Million Hearts CQMs	PQRS measure	NQF measure	Meaningful Use	HRSA UDS	VA
Aspirin Use	#204	#0068	Stage1 opt		
BP Screening					
BP Control	#236	#0018	Stage1 opt	✓	✓
Chol Control – Pop					
Chol Cont – DM	#2	#0064	S1 opt		✓
Chol Cont – IVD		#0075	S1 opt		✓
Smoking Cessation	#226	#0028	S1 core	✓	



Alignment of Clinical Quality Measures

Baseline + Progress

Million Hearts CQMs	PQRS measure	NQF measure	Meaningful Use	HRSA UDS	VA	PQRS CV Prevention Measures Group	ACOs measure set	IHS
Aspirin Use	#204	#0068	Stage 1 opt Stage 2 opt	✓		✓	#30	
BP Screening	#317					✓	#21	
BP Control	#236	#0018	Stage1 opt S2 rec core	✓	✓	✓	#28	✓
Chol Control – Pop	#316		S2 opt					
Chol Cont – DM	#2	#0064	S1 opt S2 opt		✓	✓		
Chol Cont – IVD	#241	#0075	S1 opt S2 opt		✓	✓	#29	
Smoking Cessation	#226	#0028	S1 core S2 rec core	✓		✓	#17	

Excelling in the ABCS

Optimizing Quality, Access, and Outcomes

- Fully deploy health information technology
- Registries for population management
- Point-of-care tools for assessment of risk for CVD
- Timely and smart clinical decision support
- Reminders and other health-reinforcing messages



Excelling in the ABCS

Optimizing Quality, Access, and Outcomes

- Innovate in care delivery
- Embed ABCS and incentives in new models
 - Health homes, Accountable Care Organizations, bundled payments
 - Interventions that lead to healthy behaviors
- Mobilize a full complement of effective team members
 - Pharmacists, cardiac rehabilitation teams
 - Health coaches, lay workers, peer wellness specialists



Public Sector Support

- Administration on Community Living
- Agency for Healthcare Research and Quality
- Centers for Disease Control and Prevention
- Centers for Medicare and Medicaid Services
- Food and Drug Administration
- Health Resources and Services Administration
- Indian Health Service
- National Heart, Lung, and Blood Institute, National Institutes of Health
- National Prevention Strategy
- National Quality Strategy
- Office of the Assistant Secretary for Health
- Substance Abuse and Mental Health Services Administration
- U.S. Department of Veterans Affairs



Private Sector Support

- Academy of Nutrition and Dietetics
- Alliance for Patient Medication Safety
- America's Health Insurance Plans
- American Association of Nurse Practitioners
- American College of Cardiology
- American College of Physicians
- American Heart Association
- American Medical Association
- American Medical Group Foundation
- American Nurses Association
- American Pharmacists' Association and Foundation
- Association of Black Cardiologists
- Association of Public Health Nurses
- Blue Cross Blue Shield Association
- Commonwealth of Virginia
- Georgetown University School of Medicine
- HealthPartners
- Kaiser Permanente
- Maryland Dept of Health and Mental Hygiene
- Medstar Health System
- Men's Health Network
- National Alliance of State Pharmacy Assns
- National Committee for Quality Assurance
- National Community Pharmacists Assn
- National Consumers League
- National Forum for Heart Disease and Stroke Prevention
- National Lipid Association Foundation
- New York State Department of Health
- Ohio State University
- Pennsylvania State Department of Health
- Preventive Cardiovascular Nurses Association
- UnitedHealthcare
- University of Maryland School of Pharmacy
- Walgreens
- WomenHeart
- YMCA of America



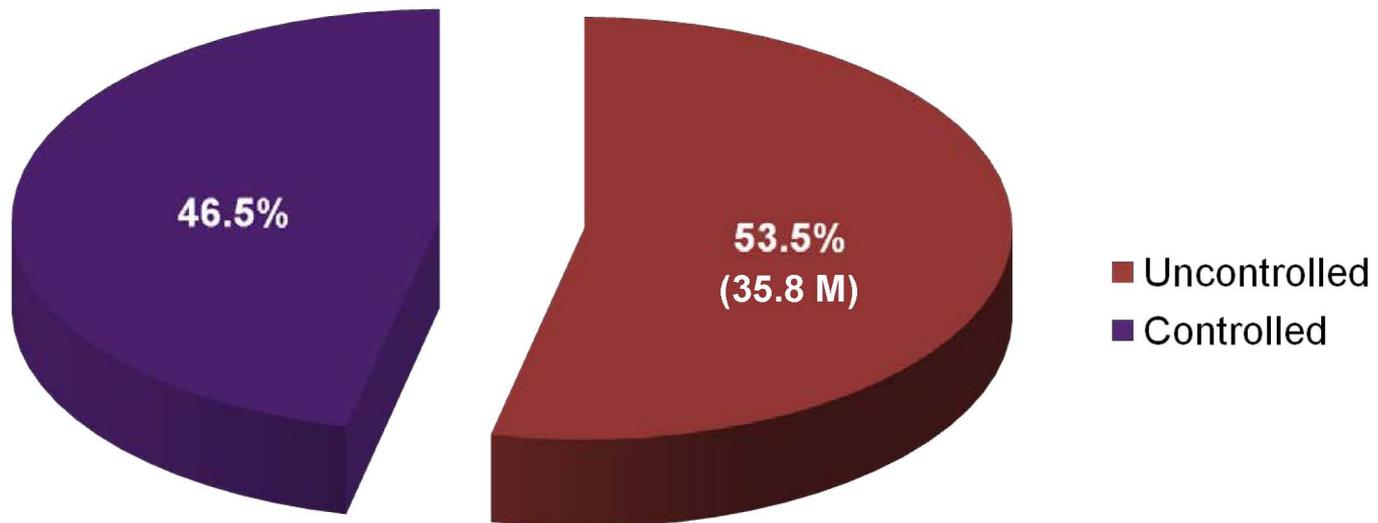
Getting to Goal

Intervention	Baseline	Target	Clinical target
A spirin for those at high risk	47%	65%	70%
B lood pressure control	47%	65%	70%
C holesterol management	33%	65%	70%
S moking cessation	23%	65%	70%
Sodium reduction	~ 3.5 g/day	20% reduction	
Trans fat reduction	~ 1% of calories	50% reduction	



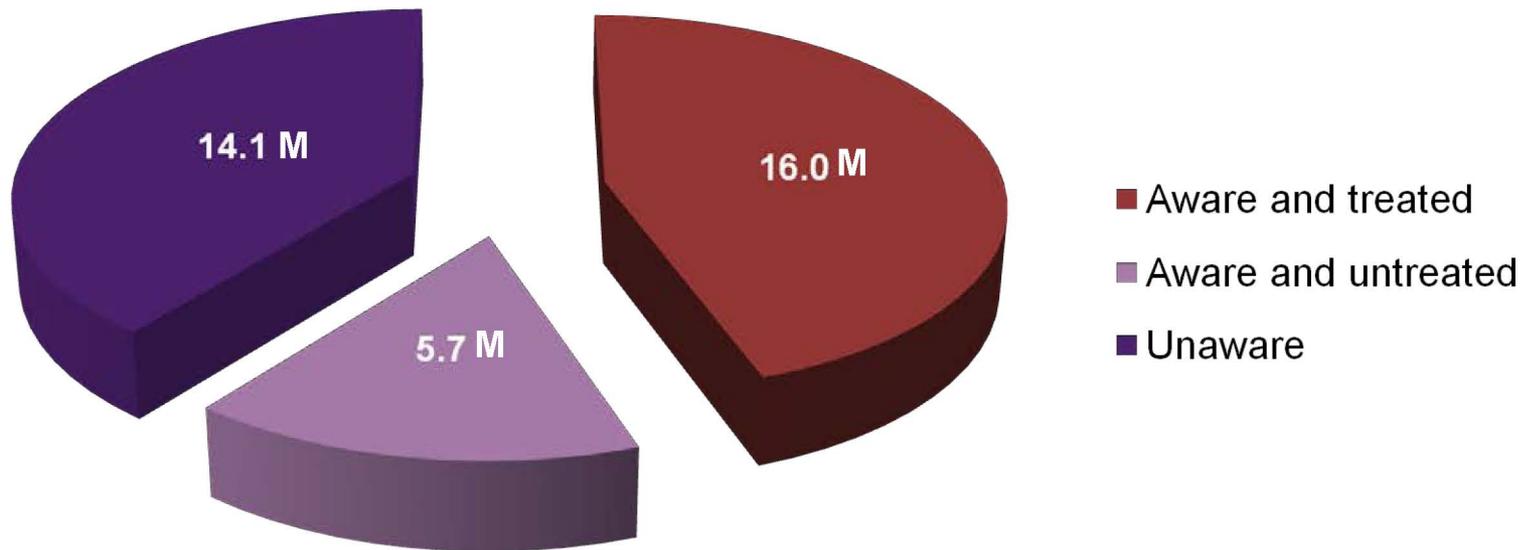
Fewer than Half of Americans with Hypertension Have It Under Control

67 MILLION
ADULTS WITH HYPERTENSION (30.4%)

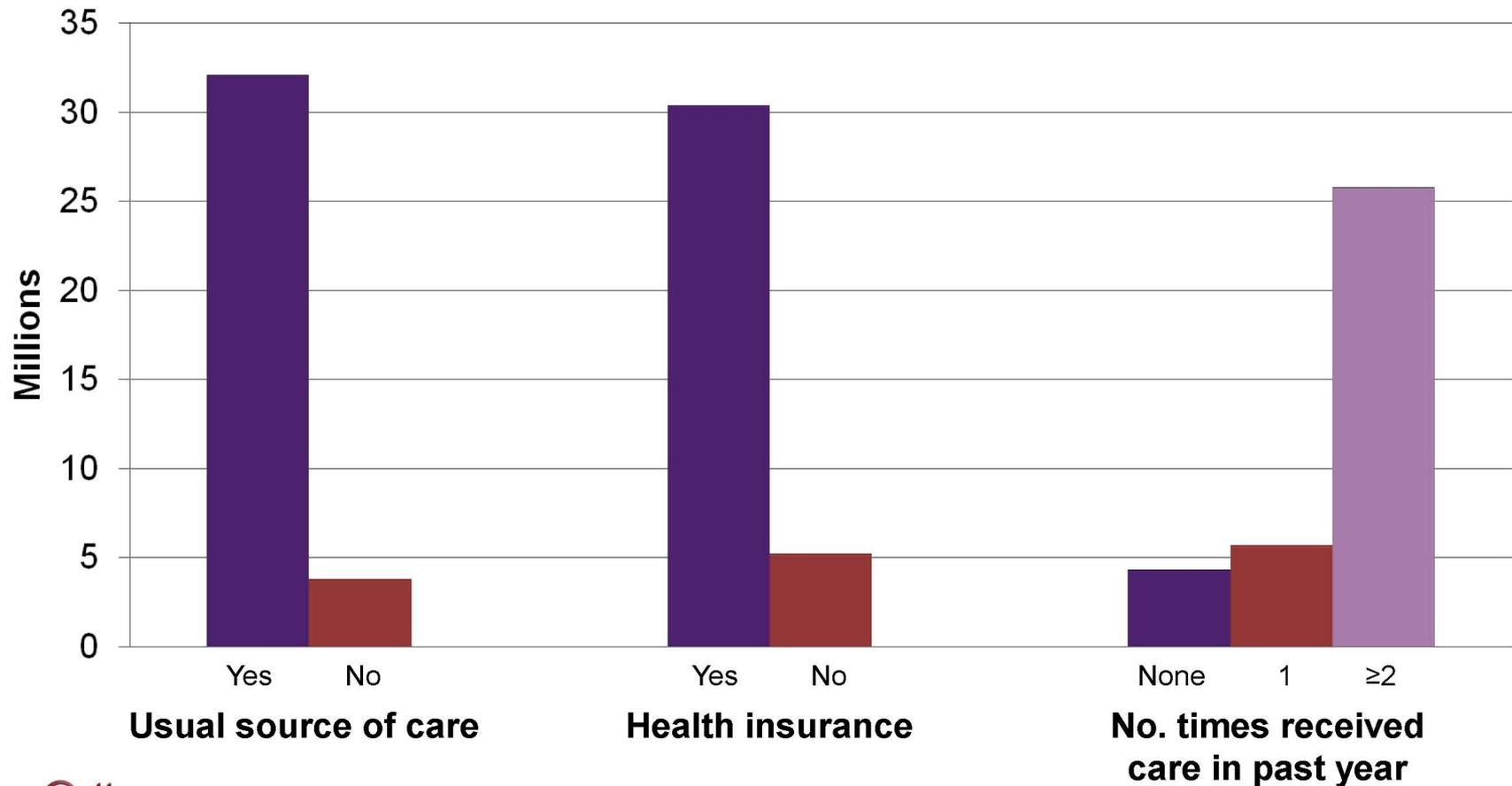


Awareness and Treatment among Adults with Uncontrolled Hypertension

**36 MILLION
ADULTS WITH UNCONTROLLED
HYPERTENSION**



Prevalence of Uncontrolled Hypertension, by Selected Characteristics



What It Will Take to *Detect, Connect, Control*

- Awareness of performance gaps and actions
- Skills to measure, analyze, improve
- A blanket of blood pressure monitors
- Standardized protocol or algorithm
- Timely, low-cost loop of measurement and advice
- Effective team care models
- Access and persistence to meds
- Business case

The Nation's BP Control Plan

- Identify the undiagnosed **14 MILLION**



FREE until Feb 2014!



HeartHealth MOBILE

Risk Assessment

Male Female

Age:

Weight: lbs

Height: ft in

Do you currently smoke? N Y

Have you had a heart attack? N Y

Have you had a stroke? N Y

Heart Risk For Age

Risk Assessment

Your risk of having a heart attack or stroke compared with other Americans of your age and gender:

Elevated
to
Very High

* provide Blood Pressure, Cholesterol and Diabetes HbA1c, we will show you an accurate risk score and recommendations to improve your heart health.

Action

- Screening Locations
- Education Resources
- Share the App
- About Us



The Nation's BP Control Plan

- Identify the undiagnosed **14 MILLION**
- Move the treated to controlled **16 MILLION**



Million Hearts™ Team Up. Pressure Down. Tools

Teaming up to keep my blood pressure down.

My high blood pressure greatly raises my risk of heart attack and stroke, but I can take steps to reduce my risk and lead a longer, healthier life.

TODAY, I WILL:

-  TAKE my blood pressure medication as prescribed.
-  CHECK my blood pressure at the pharmacy or with my at-home monitor.
-  TALK to my pharmacist or doctor if I have questions about my blood pressure or medication(s).
-  ENGAGE in at least 30 minutes of physical activity and EAT a low in salt diet with at least five servings of fruits and vegetables a day.




TODAY, I WILL:
 TAKE steps to reduce my risk of heart attack and stroke.
 TAKE my blood pressure medication as prescribed.

 **Million Hearts**
 Team Up. Pressure Down.

Learn more at <http://millionhearts.gov>

Pharmacists, take the time to...



-  **Build a patient's skills.** Give to know your patient do you can be a teacher and their level of knowledge about high blood pressure.
 - Determine if you are interested, qualified and available to help them reach the blood pressure goal established by their doctor.
-  **Measure and monitor blood pressure.** Establish a baseline blood pressure reading and retest with your patient as help them achieve and maintain blood pressure goals.
 - Support their acquire an at-home device to regularly measure their blood pressure and have them have to use it separately.
-  **Discuss medication.** Talk to your patients about the importance of adhering to medication(s) the unique potential do a effects and will help prescription on drug and lifestyle changes.
 - Discuss the health benefits of lifestyle changes including a low sodium diet, regular exercise, quitting smoking and taking alcohol.
 - Give your patients to call in a pharmacist for help with questions 1-877-581-2217 (1-877-581-2216)
-  **Follow up with your patients.** Make sure to check in when they come in for refills to see if adjustments in insurance are required. Ask questions such as:
 - Are you comfortable taking your prescribed medication(s)?
 - Have you noticed any side effects or trouble in swallowing (swallowing) your medication(s)?
 - Are you dipping doses or forgetting to take your medication(s) daily?
 - Do you feel overwhelmed by the number of medications or the number of doses per day?
-  **Provide Team Up. Pressure Down resources and tools.** Offer patients resources such as the Million Hearts™ pharmacist response card, blood pressure normal and response response.
 - Encourage patients to learn more at <http://millionhearts.gov>

The Nation's BP Control Plan

- Identify the undiagnosed **14 MILLION**
- Move the treated to controlled **16 MILLION**
- Coach self-management **67 MILLION**



100 Congregations for Million Hearts™

The Commitment

For the next year, we will focus on 2 or more of these actions and share our progress:

- **Designate a Million Hearts™ Advocate**
- Deliver pulpit and other leadership messages
- Distribute wallet cards for recording BP readings
- Promote and use the Heart Health Mobile app
- Facilitate connections with local health professionals and community resources



The Nation's BP Control Plan

- Identify the undiagnosed **14 MILLION**
- Move the treated to controlled **16 MILLION**
- Coach self-management **67 MILLION**
- Drive measurement and reporting **>67 MILLION**



2012 Million Hearts™ BP Control Champions Kaiser Permanente Colorado and Ellsworth Medical Clinic



Ellsworth Medical Clinic, a Division of the River Falls Medical Clinic
2012 MILLION HEARTS™ HYPERTENSION CONTROL CHAMPION

Congratulations on your high performance in helping your patients control their blood pressure and prevent heart attacks and strokes!

Ellsworth Team Million Hearts™



What the Ellsworth Team Does

- Pre-visit chart review by clinic staff
- Laboratory technician double-checks tests
- Exam room magnet for blood pressure alert
- All clinical staff empowered to order lab tests
- Printed visit summaries and follow-up guidance
- Return-to-clinic reminders in the EHR, tracked by front office staff for patient reminder
- Drop-in blood pressure checks
- Between-visit follow-up to check medication

The Nation's BP Control Plan

- Identify the undiagnosed **14 MILLION**
- Move the treated to controlled **16 MILLION**
- Coach self-management **67 MILLION**
- Drive measurement and reporting **>67 MILLION**
- Educate and activate about high sodium intake **315 MILLION**



Resources

4 PASOS ADELANTE
Para reducir el riesgo de un ataque al corazón o un derrame cerebral

Todos los años en los Estados Unidos, las personas sufren más de **2 millones de ataques cardíacos y derrames cerebrales**. Pero, siguiendo estos 4 pasos, usted puede ayudar a reducir el riesgo y mejorar la salud de su corazón.

1. Tome aspirina si el proveedor de servicios de salud se lo indica.
2. Controle su presión arterial.
3. Controle su colesterol.
4. No fume.

1 Tome aspirina si el proveedor de servicios de salud se lo indica.
Pregúntele a su proveedor de servicios de salud si la aspirina puede reducir su riesgo de tener un ataque al corazón o un derrame cerebral. No olvide comentarle al proveedor de servicios de salud si hay antecedentes en su familia, así como su propio historial médico.

2 Controle su presión arterial.
La presión arterial mide la fuerza que la sangre ejerce contra las paredes de las arterias. Si la presión permanece alta por mucho tiempo, usted podría padecer de presión arterial alta (también conocida como hipertensión). La presión arterial alta aumenta el riesgo de sufrir un ataque al corazón o un derrame cerebral más que cualquier otro factor de riesgo. Averigüe cuál es su nivel de presión arterial y pregúntele al proveedor de servicios de salud qué significa ese nivel para su salud. Si tiene la presión arterial alta, consulte con su proveedor de servicios de salud para bajarla.

3 Controle su colesterol.
El colesterol es una sustancia similar a la cera, producida por el hígado y presente en ciertas comidas. Su cuerpo necesita colesterol, pero cuando tiene demasiado, éste puede acumularse en sus arterias y provocar enfermedades del corazón. Hay diferentes tipos de colesterol: existe un tipo de colesterol que es "bueno" y puede protegerlo de las enfermedades cardíacas, pero también existe un tipo de colesterol que es "malo" y puede aumentar su riesgo. Converse con su proveedor de servicios de salud sobre los niveles de colesterol y las formas de bajar el nivel de colesterol malo si lo tiene demasiado alto.

4 No fume.
Fumar hace que la presión arterial aumente, lo que a su vez también aumenta su riesgo de tener un ataque al corazón o un derrame cerebral. Si fuma, deje de fumar con su proveedor de servicios de salud y explore distintos métodos que pueden ayudarle a hacer esa decisión. Nunca es demasiado tarde para dejar de fumar. Llame hoy mismo al 1-800-QUIT-NOW.

Las enfermedades cardíacas y los accidentes cerebrovasculares son la primera causa de muerte en los Estados Unidos. Una buena noticia es que, si usted toma los pasos adecuados, usted puede reducir su riesgo.

Million Hearts™ (Un millón de corazones) es un programa nacional que tiene como objetivo prevenir 1 millón de ataques cardíacos y accidentes cerebrovasculares para el año 2017. El programa es liderado por los Centros para el Control y la Prevención de Enfermedades y los Centros de Servicios de Medicare y Medicaid, dos agencias que pertenecen al Departamento de Salud y Servicios Humanos.

La expresión Million Hearts™ (Un millón de corazones) los logotipos y las imágenes asociadas son propiedad del Departamento de Salud y Servicios Humanos (HHS) de los Estados Unidos. El uso de los mismos no implica el respaldo del HHS.

Inicio | Tamaño de letra: A A A |

La iniciativa | Enfermedades cardíacas y accidentes cerebrovasculares | Be One in a Million Hearts™ | Recursos | Contacto | Noticias y eventos

Campeones del control de la hipertensión 2012

Control de la presión sanguínea equivale a campeones del control de la hipertensión 2012

SODIUM

Tackling down the salt in food with Professor Saul T.

Too much sodium increases your risk for high blood pressure, and high blood pressure is the leading cause of heart attack and stroke.

By taking the right steps to reduce your sodium intake, your blood pressure can begin decreasing within weeks.

About 90% of Americans eat more sodium than is recommended for a healthy diet.

Sodium Adds Up*

Food Item	Sodium Content
Chips	140 mg per oz
White Bread	Up to 230 mg per slice
Ready-to-Eat Cereal	250 mg per cup
Chicken Breast with Added Solution	Up to 230 mg per 4 oz

*Sodium levels in the same food can vary widely.

6 IN 10 ADULTS SHOULD AIM FOR 1,500 mg a day; others for 2,300 mg: www.cdc.gov/salt

Food that you eat several times a day can add up to a lot of sodium, even if each serving is not high in sodium.

Regular v. Lower Sodium

Read nutrition labels to find the lowest sodium options.

Food Item	Regular Sodium	Lower Sodium
Chicken Noodle Soup	340 mg	340 mg

Tips You Can Use to REDUCE SODIUM

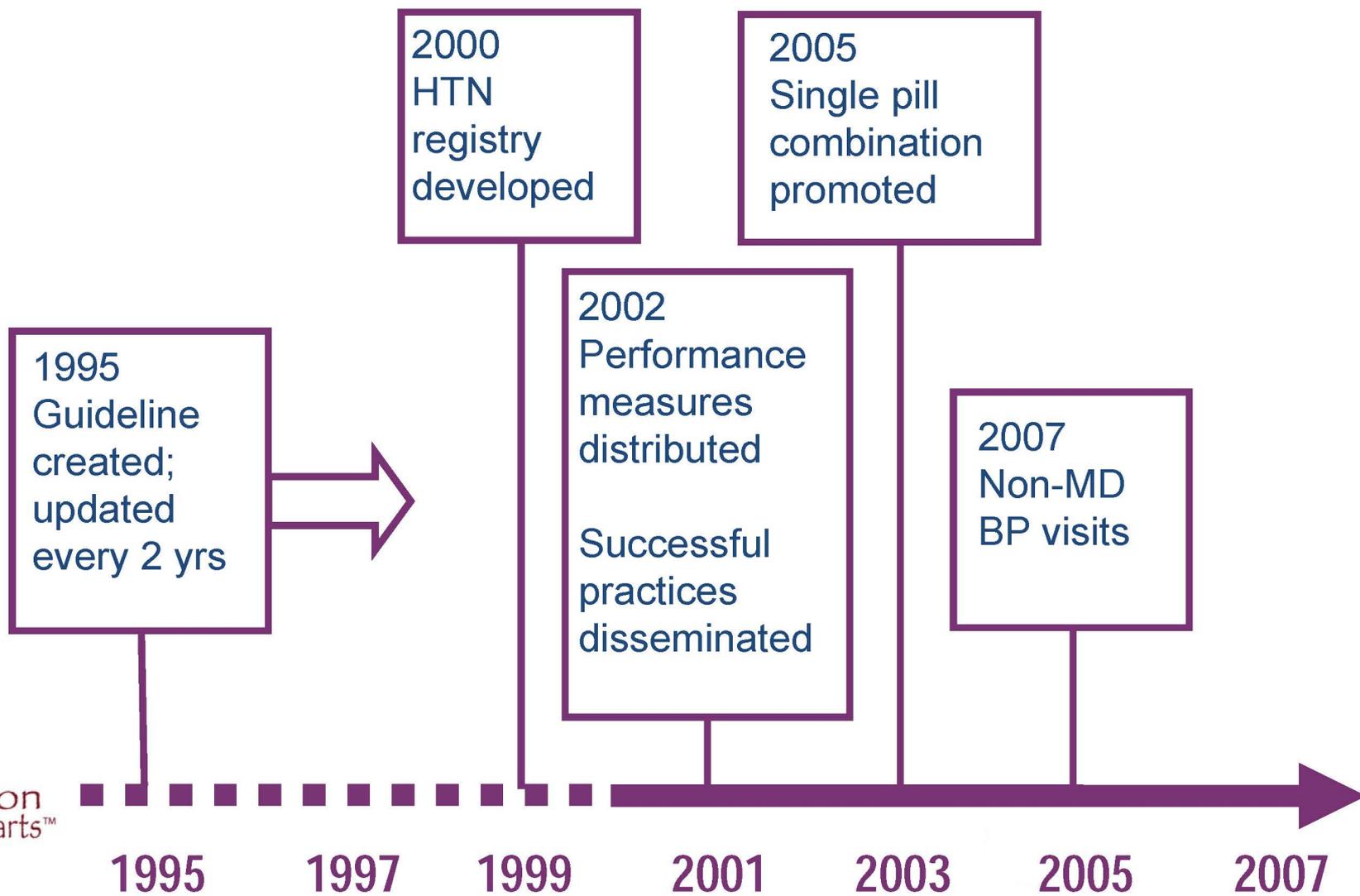
- Choose fresh, frozen (no sauce), or no salt added canned vegetables.
- Know terms that commonly indicate higher sodium content: "pickled," "cured," "brined," and "broth."
- Follow the Dietary Approaches to Stop Hypertension (DASH) eating plan: <http://go.usa.gov/D3C>
- For more tips on reducing sodium in your diet, visit <http://go.usa.gov/VJxJ>.

Most of the sodium we eat comes from foods prepared in restaurants and processed foods (not from the salt shaker).

This infographic is brought to you by



Kaiser Permanente Northern California *Implementation Timeline*



The Future State

- Lower sodium foods are abundant and inexpensive
- Blood pressure monitoring starts at home and ends with control
- Data flows seamlessly between settings
- Professional advice when, where, how, and from whom it is most effective
- No or low co-pays for medications
- High performance on BP control is rewarded



**Adding web-based pharmacist care
to self-measured blood pressure monitoring
increases control by >50%**



What Is a Health Care Professional to Do?

- **Prioritize** excellence in the ABCS
 - Start with hypertension
- **Measure** the way to better outcomes
- Get **personal** when it comes to risk
- Emphasize **adherence** as critical to heart health
 - Obstacles: cost, no. of pills/day, habits, side effects
 - Improve processes: ease of refills, pillboxes, med go-to
- Deploy **team members** to teach and frequently “touch”
 - Cardiac rehab, pharmacists, community health workers
- **Share** what works—and doesn’t—with us



Resources

- Vital Signs: Where's the Sodium?
www.cdc.gov/VitalSigns/Sodium/index.html
- Innovations and Progress Notes: How others have achieved high performance
www.millionhearts.hhs.gov/aboutmh/innovations.html
 - Vital Signs: Getting Blood Pressure Under Control
www.cdc.gov/vitalsigns/Hypertension/index.html
 - Team Up. Pressure Down.
<http://millionhearts.hhs.gov/resources/teamuppressuredown.html>
 - Community Guide: Team-Based Care
www.thecommunityguide.org/cvd/teambasedcare.html
 - SDOH Workbook: Promoting Health Equity, a Resource to Help Communities Address Social Determinants of Health
www.cdc.gov/nccdphp/dach/chhep/pdf/SDOHworkbook.pdf
 - Program Guide for Public Health: Partnering with Pharmacists in the Prevention and Control of Chronic Diseases
www.cdc.gov/dhdsp/programs/nhdsp_program/docs/Pharmacist_Guide.pdf
 - Data Trends & Maps
http://apps.nccd.cdc.gov/NCVDSS_DTM

1 in 3 

 36M

1,000 



Join Us.....

Take the Pledge

Become a Partner

Be One in a Million

millionhearts.hhs.gov



Million Hearts™



@MillionHeartsUS



CDC StreamingHealth



The Office of the National Coordinator for
Health Information Technology



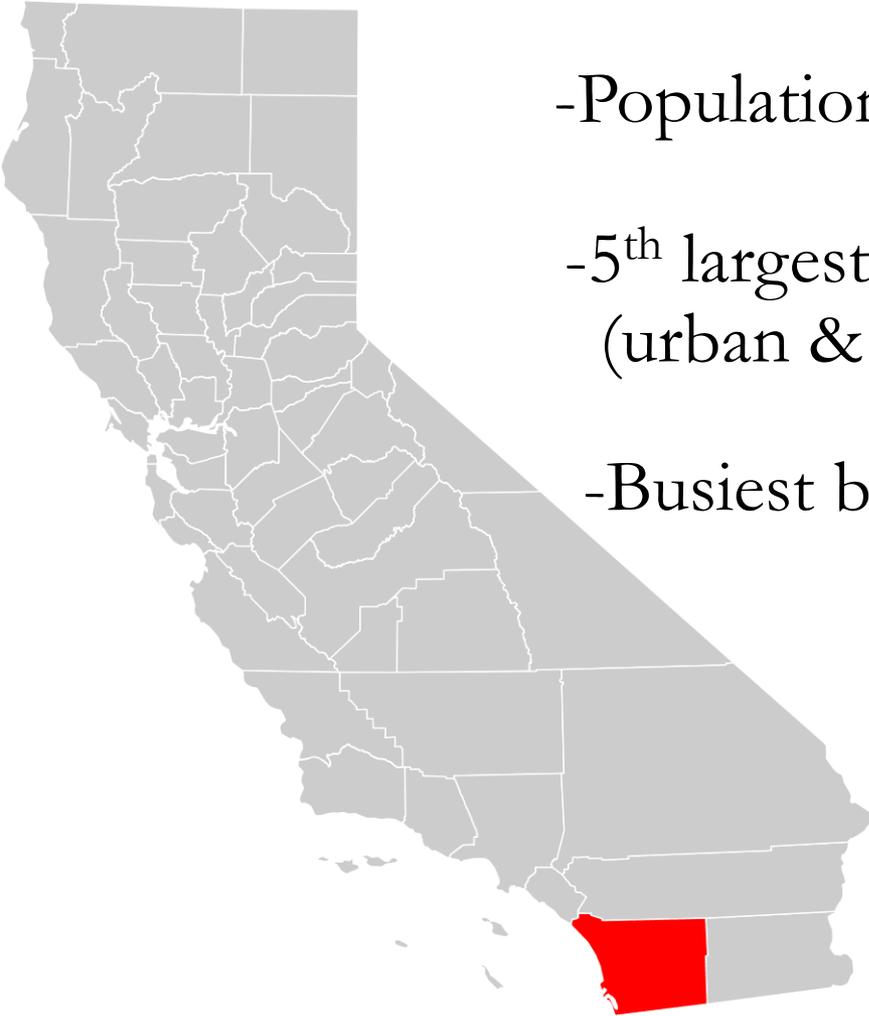
Farzad Mostashari, MD, ScM,
National Coordinator for Health Information Technology, ONC



San Diego County:



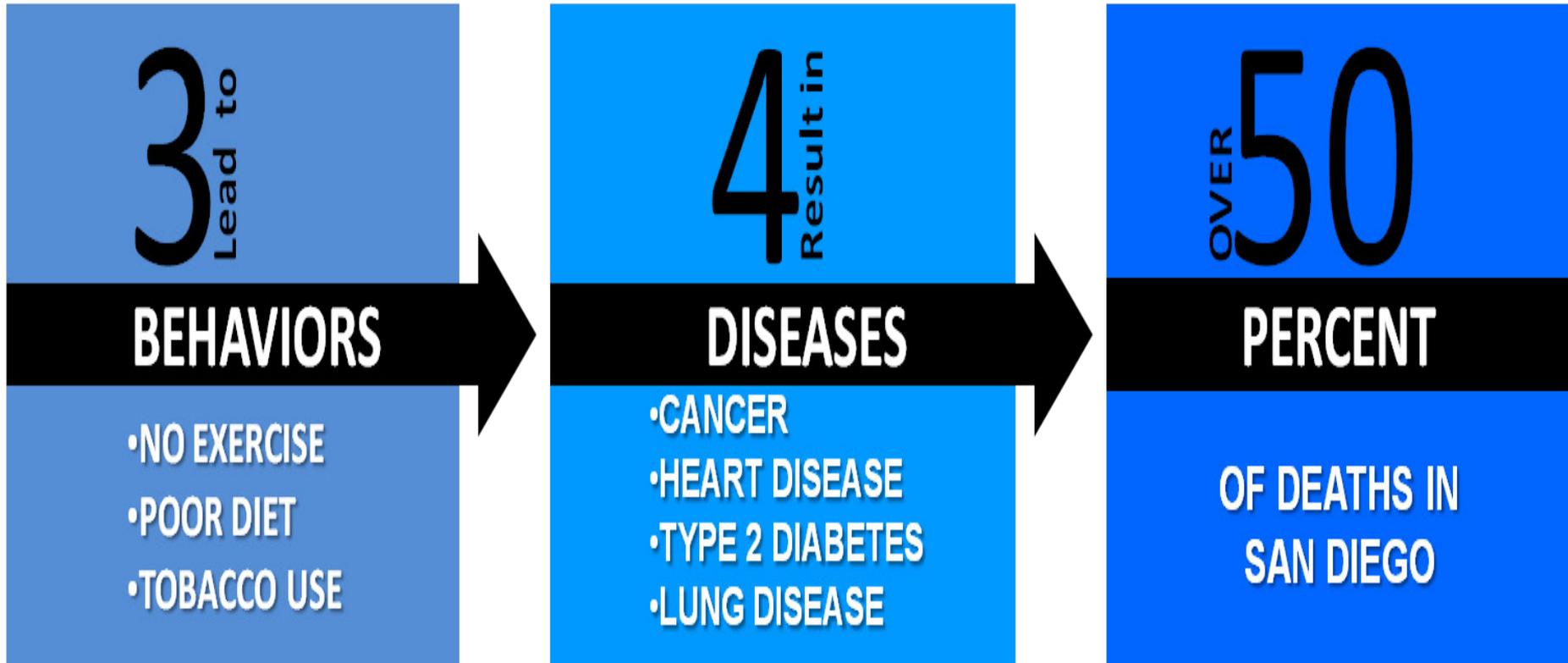
San Diego County Features:



- Population of 3.2 million (1% of our Nation)
- 5th largest county in the United States (urban & rural)
- Busiest border crossing in the World



In the 21st century, San Diegans are suffering from chronic disease in record numbers:



LIVE WELL, SAN DIEGO!

Building
Better
Health

Living
Safely

Thriving



The Local Field



Land Use & Environment Group



Military

Faith Community

Schools

Cities

COUNTY OF SAN DIEGO



HHSA

HEALTH AND HUMAN SERVICES AGENCY

The logo for the Business Community (PSG) features the letters 'PSG' in a blue, serif font, centered within a light green five-pointed star. A red horizontal line is positioned below the star.

PSG

Business

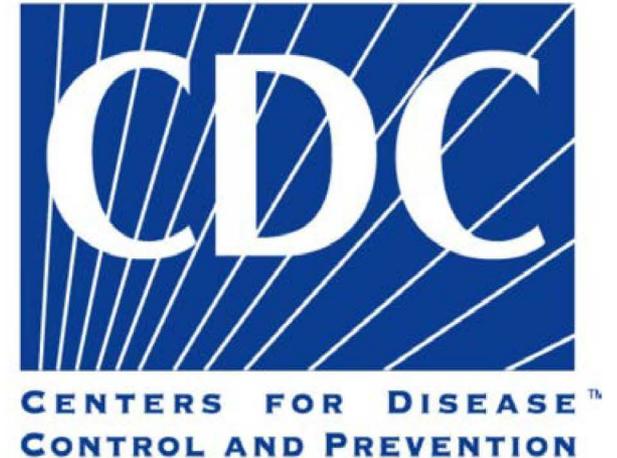
Community



Non-Profits

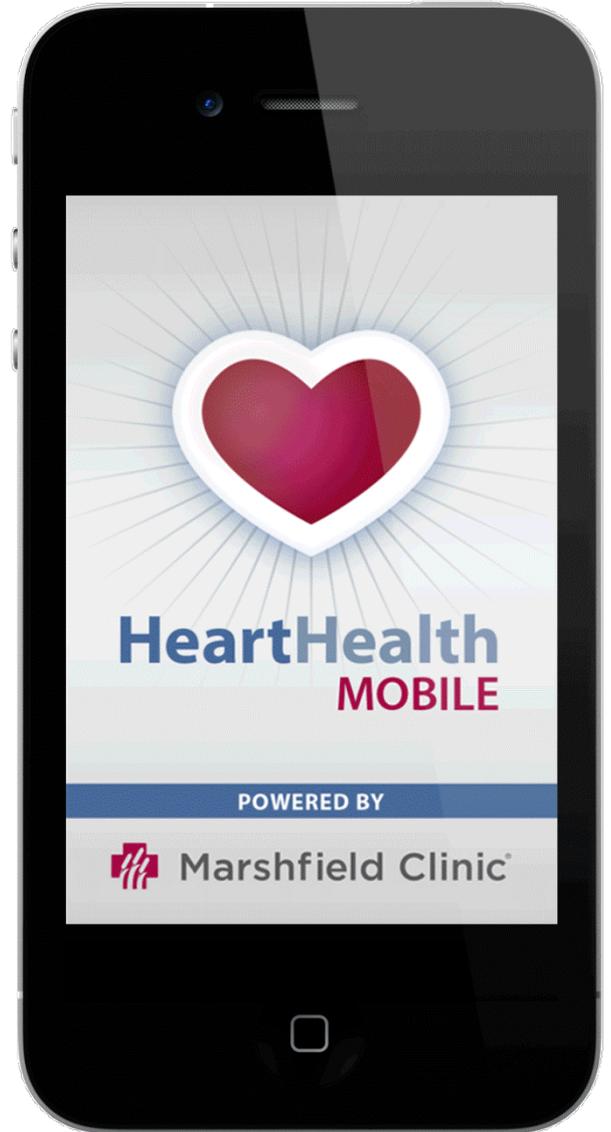


Fed-2-Field





LIVE WELL,
**SAN
DIEGO!**





Love  YOUR Heart



be there.
san diego

The campaign to make San Diego a heart attack and stroke-free zone. ♥



be there.
san diego

The campaign to make San Diego a heart attack and stroke-free zone.

- **Concept: “Heart Attack and Stroke-free Zone”**
 - Audacious goal to capture attention
 - Extends the risk reduction efforts to all citizens
 - Actively engages persons in their own health (care)
 - Conveys ownership to population
 - Taps in to community pride
- **Aim: Achieve both screening for risk factors and compliance with interventions**
- **Funding: philanthropy & County**
- **Steering Committee: Private-public partnership of all regional medical groups and other partners.**



HIS FIRST, PERFECT WAVE
BE THERE.

Heart Attack and Stroke are preventable. See your doctor today to find out your risk for heart disease and stroke and to get on the right treatments to reduce your risk for premature death.

**Take charge of your health today and visit:
www.betheresandiego.org**



be there.
san diego

The campaign to make San Diego a heart attack and stroke-free zone.



IT'S HER TIME TO SHINE.
BE THERE.

Heart Attack and Stroke are preventable. See your doctor today to find out your risk for heart disease and stroke and to get on the right treatments to reduce your risk for premature death.

**Take charge of your health today and visit:
www.betheresandiego.org**

The campaign to make San Diego a heart attack and stroke-free zone.





Every 5 hours someone in San Diego dies from stroke.

“THE THING I MISS MOST, DAD, IS
OUR HEART-TO-HEARTS.”

Heart Attack and Stroke are preventable. See your doctor today to find out your risk for heart disease and stroke and to get on the right treatments to reduce your risk for premature death.

**Take charge of your health today and visit:
www.betheresandiego.org**

The campaign to make San Diego a heart attack and stroke-free zone.





be there.
san diego

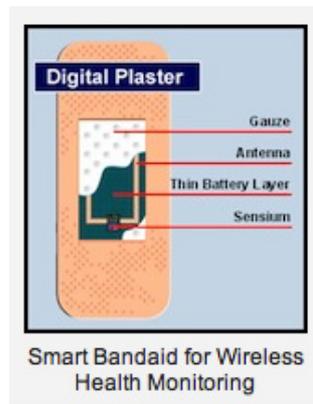
The campaign to make San Diego a heart attack and stroke-free zone.

Technology Integration

One of the differentiating components of the “Be There San Diego” campaign will be to incorporate innovative medical and health related technological advancements into the program to enhance target user groups’ interest, adherence and participation in the program. Below are a few initial ideas that could be incorporated into the program.



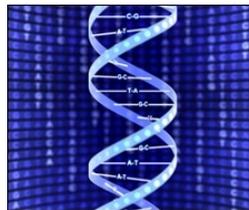
Wireless Heart Monitors



Smart Phones to screen and activate!



Pills with embedded sensor chips



Personalized genetic recommendations to understand metabolism, eating behaviors and response to exercise

“Smart” wireless Band aids that monitor blood pressure



Wireless monitors to track exercise regime



Pill bottles that monitor medication adherence

Live Well, San Diego! @ Work

“Improving the Culture from Within”

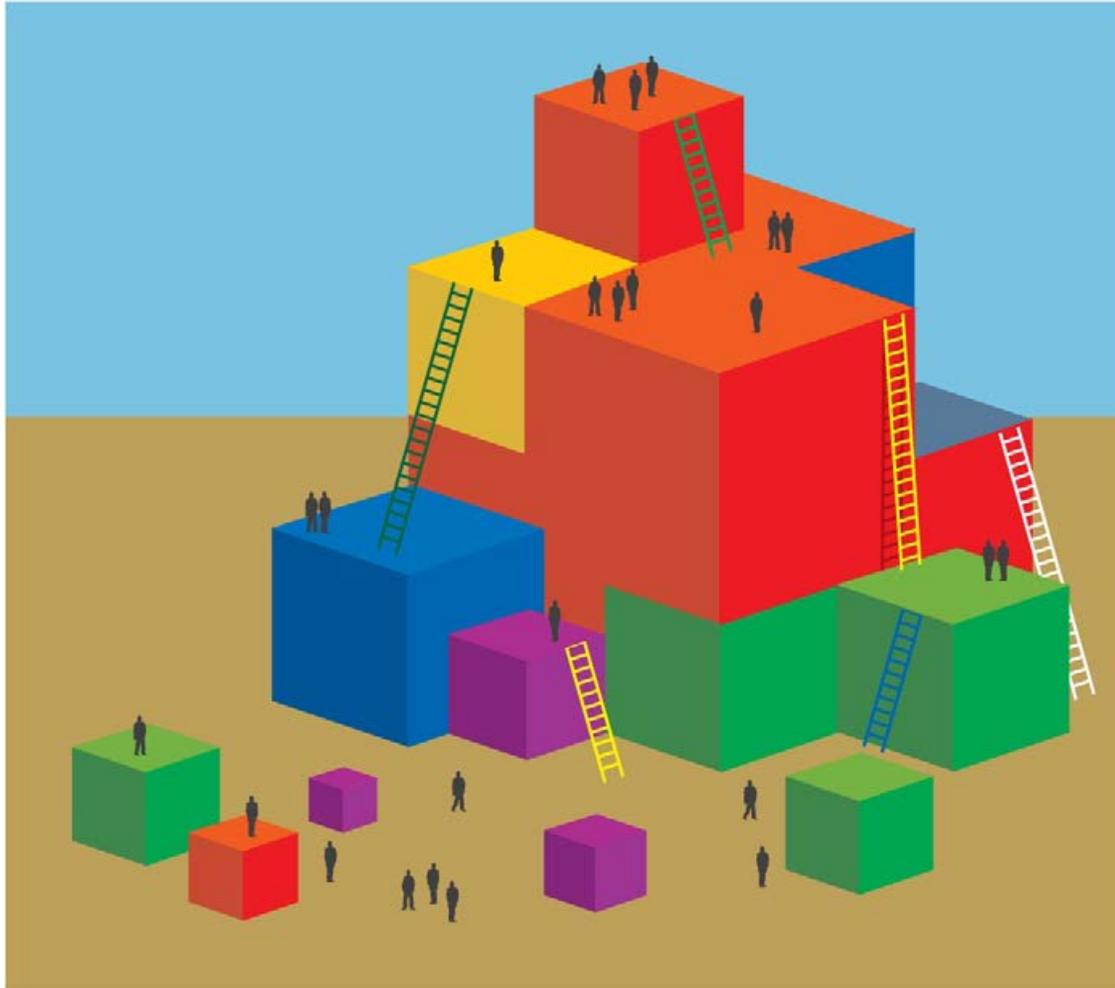




“text4baby” now partnering with the California Department of Public Health to implement a vaccination reminder program to help increase the number of timely vaccinations among babies 0-12 months in California and San Diego County.



San Diego as an Accountable Care Community. We ALL Play a Role in Building True Health...



Together we can do more than any of us could do alone.



Live Well, San Diego!

Building Better Health, Living Safely and Thriving



Nicholas “dr. Nick” Yphantides, MD, MPH
Chief Medical Officer
County of San Diego, CA





MedStar Health

Knowledge and Compassion
Focused on You

MedStar Million Hearts™

ONC Listening Session May 7, 2013

Peter Basch, MD, FACP
Medical Director, MedStar Million Hearts
Medical Director, Ambulatory EHR and Health IT Policy
MedStar Health

About MedStar Health

- Largest not-for-profit system in the Maryland-DC region
 - 10 hospitals
 - 150 ambulatory sites
- ~1000 employed docs
 - 162 are adult PCPs
- ~1.5M outpatient visits
 - ~0.5M visits to adult PCPs

The screenshot shows the MedStar Health website homepage. At the top, there is a search bar and the tagline "a not-for-profit, regional healthcare system serving Maryland and the Washington, D.C., region". Navigation buttons for "Careers", "Contact Us", and "Find A Doctor" are visible. A main navigation bar includes "About Us", "News", "Facilities", "Programs & Services", and "Health Encyclopedia". The main content area features a partnership announcement between MedStar Heart Institute and Cleveland Clinic Heart and Vascular Institute, highlighting their joint cardiac care programs. A "Recent News" section lists several medical achievements. Below this, there are sections for "Maryland Hospitals" and "Washington, D.C. Hospitals", along with "Diversified Services" such as Blood Donor Services and various ambulatory services. Promotional banners for "Because of You", "Quality of Care", "View our Annual Report", and "Named a Best Place to Work" are also present.

MedStar Health and Meaningful Use

- For 2011 - ~1/3 of our EPs successfully attested for Medicare Stage 1
- For 2012 - ~ additional 55% attested for first 90d period for Stage 1
 - And all but a few who attested in 2011 also did their 1st full year attestation for 2012
- In the midst of implementation for most of our hospitals
- Meaningful Use was and remains a struggle, far harder than I would have predicted
 - Outside of clinical IT leadership, provider reaction ranges from neutral to hostile

MedStar Health and Million Hearts™

In 2012 MedStar Health became the first health system partner with Million Hearts™

Not the best time to launch a new major initiative!

- Why Million Hearts™?

- We were not winning providers' "hearts and minds" with Meaningful Use
- Our leadership readily appreciated the appeal of the "ABCs" of cardiovascular prevention to both patients and providers
 - "It's the right thing to do"
- I thought it could be a quick win

The ABCS of cardiovascular prevention

- Aspirin consistently recommended for those where benefits outweigh risks
- Blood pressure screening and treatment to goal
- Cholesterol screening and treatment to goal
- Smoking – determine status and for current smokers, aggressively counsel / treat towards quitting

The screenshot shows the Million Hearts website interface. On the left, there is a red sidebar with the Million Hearts logo and a form titled "Help us prevent 1 million heart attacks and strokes over five years." The form includes a dropdown menu for "Share your commitment as:" with "Individual" selected, and a "Get Started" button. The main content area features a large statistic: "\$444,000,000,000" in bold, followed by the text "Heart disease & stroke cost the nation \$444 billion/year in health care costs and lost economic productivity." Below this is a "Learn More" button. At the bottom, there is a section titled "The Initiative" with a brief description and a "Remember Your ABCS" section listing: A — Appropriate Aspirin Therapy, B — Blood Pressure Control, C — Cholesterol Management, and S — Smoking Cessation.

#1 – This is Not Rocket Science! And Perfection Isn't Required to Make a Difference. Just Heightened Attention to the ABCs of Modifiable Cardiovascular Risk

Intervention	Baseline	Target
A spirin for those at high risk	47%	65%
B lood pressure control	46%	65%
C holesterol management	33%	65%
S moking cessation	23%	65%

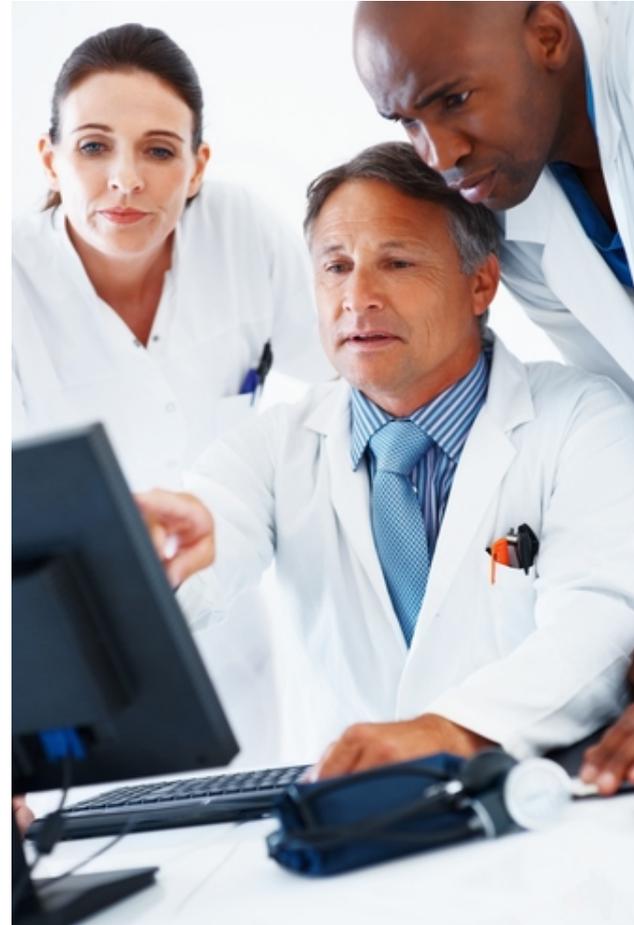
- Of the ~2M heart attacks and strokes occur each year, achieving the 2017 goals would reduce the number of new heart attacks / strokes by 10% per year
- Over 5 years – prevent 1M new heart attacks / strokes

The “ABCS” Are Not New / Controversial – Our PCPs Are (supposedly) Already Following these Guidelines

- **Low dose ASA per USPSTF protocols**
- **Blood pressure**
 - Screening per USPSTF
 - Goals per JNC-7
- **Cholesterols**
 - Screening per USPSTF
 - Goals per NCEP-ATP3
- **Smoking**
 - Status on every patient, updated annually
 - For current smokers, documentation of smoking counseling / treatment at least annually

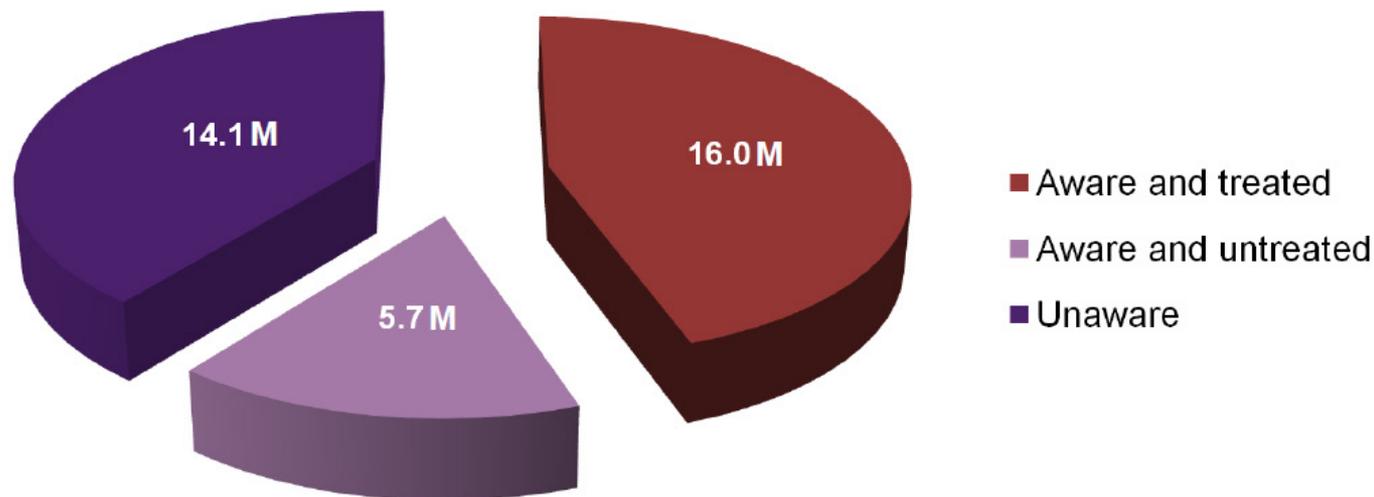
#2 – Maybe We Can Just Run a Report and Declare Victory

- We are probably already better than baseline
- And if not, its most likely the patient's “fault”
 - Not compliant with visits
 - Not having a regular doctor
 - Not having health insurance



Almost 40% of Patients with Uncontrolled Hypertension Not Aware of the Problem

Awareness and Treatment among Adults with Uncontrolled Hypertension



Looking at the Data

Intervention	Baseline	MedStar Baseline
A spirin for those at high risk	47%	?
B lood pressure control	46%	?
C holesterol management	33%	?
S moking cessation	23%	~70%

- Premature to declare victory.
- We had work to do

MedStar Million Hearts™

Framed as Making Care Better – Not an IT Project

- All MedStar primary care sites will have information available about Million Hearts™ and MedStar's partnership efforts.
- Every adult patient who receives care from a MedStar primary care provider will be appropriately screened for high blood pressure and high cholesterol and will also be encouraged to discuss Million Hearts™ with their PCP and have their cardiac risk assessed.
- Every adult patient who should be on aspirin (without allergy or contraindication) will be encouraged to take aspirin.
- Every adult patient will have evidence-based goals set for their BP and cholesterol results; those with elevated BP and/or cholesterol will be optimally treated towards those goals.
- Every adult patient will be assessed for smoking, and if they smoke, they will be optimally managed towards cessation.
- Every adult patient will be provided with an individualized end-of-visit summary – showing their current ABCs “report card,” and reasonable steps they could take to further reduce their risk.

Health IT Enabling Infrastructure for Million Hearts™ - Make it Easier to Do the Right Thing

- Embed USPSTF screening / treatment guidelines and JNC-7 / NCEP-ATP-3 goals into the EHR as actionable and patient-specific guidance
- Prompting providers
 - ONLY when necessary
 - If information is missing or out of date
 - When new diagnoses or other information suggest an existing goal should be changed
 - ALWAYS when one or more of the 'ABCs' is not at goal
- Engage providers in content build (what holds providers accountable when a patient is not at goal – there may be a valid reason / ordering more medication may not be appropriate)
- Make it easy enough to do the right thing, such that providers can avoid doing nothing (ignoring the problem)
- ALWAYS make patients aware of their goals, whether or not they are at goal, and what they can do to get to goal (where appropriate)

June 27, 2013

What Nobody Sees

Cardiovascular Management-CCC: THOMAS ERICKSON

Outcomes HTN/Lipids CAD/CHF FS/Reference

Current Medications (by Class) for Hypertension and Hyperlipidemia

ARB
COZAAR 25 MG TABS ... 1qd
Aspirin
ASPIRIN TAB 81MG EC ... One (1) tablet by mouth every day

BP Goals ? Stage of Hypertension at Time of Diagnosis: [] Edit

JNC Recommended BP Goal 130 / 80
Current BP Goals 130 / 80 BP today / Prior: 126/86 (02/04/2013)

CHD or CHD Equivalents ? CHD Risk Factors ?

CHD [] CABG [] PVD [] CVA/TIA [] AAA [] Carotid Stenosis [] Diabetes yes

Age 45+ (male) yes
Cigarette Smoking current every day
Hypertension [] HDL < 40 yes
HDL 60+ (neg RF) no
FH CHD Female < 65 [] FH CHD Male < 55 []

10 Yr Risk CAD Calculation Modified CHD Risk Calculator 10 Yr CHD Risk: 18 %

Criteria points: Age: 4 LDL: -3 HDL: 2 BP: 1
Smoking: 2 Diabetes: 2 HTN: 0 Total: 8

Calculated Risk Category: High Risk Alternate Assessment []

Reason for Alternate Assessment []

Insert optional LDL goal Insert calc. LDL goal LDL 100 ? Insert other goals=> HDL 40 Chol 200 Trig 150

Edit Med List

ASA/Antiplatelet Open

ACE-Inhibitors Open

ARB's Open

Beta Blockers Open

HTN Meds Open

Ca Chan Blockers Open

Diuretics Open

Lipid Meds Open

Glucophage Open

Insulin Open

What Our PCPs and Patients Do See

HPI-ROS-CCC:

General HPI | Specialty-Specific | Extra Hx-1 | Extra Hx-2 | Extra Hx-3 | Extra Hx-4

History of Present Illness Select Specialty: Internal Medicine **(View All Protocols)**

PCP: [] Ref Provider: []
Visit Type: [] CC: [] View Prior HPI

History: Clear All

Check Box to Insert Form(s) or Template

- Acute Care Visit
- Anticoagulation Form
- Asthma History Form
- Asthma Plan Form
- Back Pain Form
- Cardiovascular Management For
- CHF Form
- Depression Form
- Diabetes Management Form
- Diabetes-OLD Form
- Diabetes Education
- Dyspepsia Form
- Headache Form
- Lipid-NCEP III Form
- Minor Procedures Form
- Preventive Care Screening
- Cervical Ca Screening and Mana
- AUA Scoring
- PHQ-9

brief (1-3 elements) extended (4 or more elements)

Problems Medications
Allergies Orders

HPI Entry Review P-M-A PMH FH-SH ROS VS PE Probs Test Mgmt A/P Pt. Instr Defer ©

Prev Form (Ctrl+PgUp) Next Form (Ctrl+PgDn) Close

Global – Care Opportunities Due

HPI-ROS-CCC: [Redacted]

General HPI | Specialty-Specific | Extra Hx-1 | Extra Hx-2 | Extra Hx-3 | Extra Hx-4

History of Present Illness | Select Specialty: Internal Medicine | [View All Protocols]

PCP: [Dropdown] | Ref Provider: [Dropdown] | Visit Type: [Dropdown] | CC: [Dropdown] | [View Prior HPI]

History: [Text Area] | [Clear All] | Check Box to Insert Form(s) or Template

- Acute Care Visit
- Anticoagulation Form

Protocols Due

The following protocols are now due. Check the protocols you wish to view/execute, then click the 'Close' button:

- MedStar Million Hearts: Cardiovascular Risk Reduction Goals NOT Met
- Colorectal Cancer Screening

(C) 2013

[Check All] [Clear All] [Close]

brief (1-3 elements) | extended (4 or more elements)

[Problems] [Medications] [Allergies] [Orders]

[HPI] [Entry] [Review] [P-M-A] [PMH] [FH-SH] [ROS] [VS] [PE] [Probs] [Test Mgmt] [A/P] [Pt. Instr] [Defer] [©]

[Prev Form (Ctrl+PgUp)] [Next Form (Ctrl+PgDn)] [Close]

MedStar Health Million Hearts™ – Global

HPI-ROS-CCC:

General HPI | Specialty-Specific | Extra Hx-1 | Extra Hx-2 | Extra Hx-3 | Extra Hx-4

History of Present Illness Select Specialty: Internal Medicine (View All Protocols)

PCP: Ref Provider: (View Print HPI)

Visit Type: CC: (View Print HPI)

MedStar Million Hearts: Cardiovascular Risk Reduction Goals NOT Met

Based on this patient's current risk factors, blood pressure goals, and lipid goals, one or more items do not meet guidelines or treatment goals. Please address any unmet goals or document any exemptions.
NOTE: N/A means that no data is currently available for this item.

10 Year Risk CHD: 9 %	Cardiac Risk Category: High Risk
FH CHD/MI in Male < 55 Years: N/A	FH CHD/MI in Female < 65 Years: N/A
Aspirin Contra: N/A	Aspirin Declined: N/A
Last BP: 160/100 (05/01/2013)	BP Goal < 140/90
Last LDL: 103 (08/16/2011)	LDL Goal < 160
Last HDL: 69 (08/16/2011)	HDL Goal > 40
Statin Contra: N/A	Statin Declined: N/A

Smoking Status: current every day smoker (05/01/2013)

- Permanently Shut-Off Prompt: Not indicated based on patient condition
- Aspirin May Be Indicated based on age and modified 10 Yr Stroke risk $\geq 8\%$ (USPSTF): Act Now
- Blood Pressure Control / Goals NOT MET: Act Now
- Cholesterol Control / Goals NOT MET: Act Now
- Smoking Status is CURRENT: Counsel on Smoking Cessation

(C) 2013 Check All Clear All Close

HPI | Entry | Review | P-M-A | PMH | FH-SH | ROS | VS | PE | Probs | Test Mgmt | A/P | Pt. Instr | Defer | ©

Prev Form (Ctrl+PgUp) Next Form (Ctrl+PgDn) Close

Aspirin

HPI-ROS-CCC: []

General HPI | Specialty-Specific | Extra Hx-1 | Extra Hx-2 | Extra Hx-3 | Extra Hx-4

History of Present Illness Select Specialty: Internal Medicine **(View All Protocols)**

PCP: [] Ref Provider: []
Visit Type: [] CC: [] **(View Prior HPI)**

History: **(Clear All)** **Check Box to Insert Form(s) or Template**

MedStar Million Hearts: Aspirin for Primary Prevention of CHD/Stroke in Women

Primary Prevention of CHD/Stroke with Aspirin in Women may be indicated based on the most current evidence-based guidelines of the USPSTF. Consider ordering aspirin or antiplatelet medication now or else document contraindication, benefit does not outweigh risk, or patient declined.

USPSTF: Age 55-59 years and 10-year Stroke risk \geq 3%
USPSTF: Age 60-69 years and 10-year Stroke risk \geq 8%
USPSTF: Age 70-79 years and 10-year Stroke risk \geq 11%

Patient 10 Year Risk CHD: 9 %
Aspirin Contra: N/A Aspirin Declined: N/A

- Aspirin May Be Indicated based on age and modified 10 Yr Stroke risk \geq 8% (USPSTF): Order Now
- Aspirin CONTRAINDICATED for medical reasons
- Aspirin benefit NOT felt to outweigh risk at this time - not indicated
- Aspirin DECLINED by patient
- NOTE: NSAID on Medication List: Consider when assessing benefit of ASA vs. risk**

(C) 2013 **(Check All)** **(Clear All)** **(Close)**

brief (1-3 elements) extended (4 or more elements)

(Problems) **(Medications)**
(Allergies) **(Orders)**

(HPI) **(Entry)** **(Review)** **(P-M-A)** **(PMH)** **(FH-SH)** **(ROS)** **(VS)** **(PE)** **(Probs)** **(Test Mgmt)** **(A/P)** **(Pt. Instr)** **(Defer)** **(©)**

(Prev Form (Ctrl+PgUp)) **(Next Form (Ctrl+PgDn))** **(Close)**

Blood Pressure

HPI-ROS-CCC: []

General HPI | Specialty-Specific | Extra Hx-1 | Extra Hx-2 | Extra Hx-3 | Extra Hx-4

History of Present Illness Select Specialty: Internal Medicine [View All Protocols](#)

PCP: [] Ref Provider: []

MedStar Million Hearts: Blood Pressure Management and Treatment to Goal

*** BLOOD PRESSURE NOT AT GOAL ***

JNC-7 RECOMMENDED BP GOALS
No Concurrent Conditions < 140/90
If Diabetes or CKD < 130/80
If Cerebrovascular Disease < 120/80
If Proteinuria > 1GM/day < 125/75

Last BP: 160/100 (05/01/2013) BP Goal < 130/80

- Order Blood Pressure Management Diagnostics/Evaluation/Consultation
- SBP Goal <130 NOT MET: Patient informed and treatment adjusted to reach goal
- DBP Goal <80 NOT MET: Patient informed and treatment adjusted to reach goal
- Review or Update Blood Pressure Medications
- Recent treatment adjustments made; continue to monitor
- Unable to reach BP Goals due to medical condition/side effects
- Unable to reach BP Goals due to compliance issues
- BP NOT at Goal: Patient informed and referred back to responsible provider for adjustments
- BP NOT at Goal TODAY due to limited-term condition-pain/stress/missed dose: Monitor and follow-up
- Review of home BP monitoring shows BPs at goal: Enter value in Working BP field of VS-4 Form

(C) 2013 [Check All](#) [Clear All](#) [Close](#)

HPI | Entry | Review | P-M-A | PMH | FH-SH | ROS | VS | PE | Probs | Test Mgmt | A/P | Pt. Instr | Defer | ©

Prev Form (Ctrl+PgUp) Next Form (Ctrl+PgDn) [Close](#)

Cholesterol

HPI-ROS-CCC:

General HPI Specialty-Specific Extra Hx-1 Extra Hx-2 Extra Hx-3 Extra Hx-4

Hist **MedStar Million Hearts: Lipid Management and Treatment to Goal**

*** LIPID GOALS NOT MET ***

NCEP/ATP3 GOALS

High Risk: LDL Goal < 100	Optional LDL Goal < 70
Moderately High Risk: LDL Goal < 130	Optional LDL Goal < 100
Moderate Risk: LDL Goal < 130	Optional LDL Goal-none
Low Risk: LDL Goal < 160	Optional LDL Goal-none

10 Year Risk CHD: 20 % Cardiac Risk Category: High Risk

Last LDL: 103 (08/16/2011) LDL Goal < 100
Last HDL: 69 (08/16/2011) HDL Goal > 40
Statin Contra: N/A Statin Declined: N/A

Smoking Status: current every day smoker (05/01/2013)

- Last documented LDL more than 1 year ago and LDL Goal Not Met: Order Lipid Profile Now
- LDL Goal NOT MET and NOT on Statin: Order Now
- Order Lipid Management Diagnostics/Evaluation/Consultation
- LDL Goal <100 NOT MET: Patient informed and treatment adjusted to reach goal
- Statin CONTRAINDICATED
- Statin DECLINED by patient
- Review or Update Lipid Medications
- Recent treatment adjustments made; continue to monitor
- Unable to reach LDL Goal due to medical condition/side effects
- Unable to reach LDL Goal due to compliance issues
- LDL NOT at Goal: Patient informed and referred back to responsible provider for adjustments

(C) 2013 Check All Clear All Close

HP

Prev Form (Ctrl+PgUp) Next Form (Ctrl+PgDn) Close

Dynamic CDS for Adjusting Goals

MedStar Million Hearts: Blood Pressure Management and Treatment to Goal

*** BLOOD PRESSURE NOT AT GOAL ***

JNC-7 RECOMMENDED BP GOALS
No Concurrent Conditions < 140/90
If Diabetes or CKD < 130/80
If Cerebrovascular Disease < 120/80
If Proteinuria > 1GM/day < 125/75

Last BP: 110/66 (09/28/2012) BP Goal < 140/90

BP Goal is Set > 130/80 and Diabetes or Chronic Kidney Disease: Change BP Goal to < 130/80
 DO NOT Change BP Goals-Known reason for alternate BP Goals

(C) 2013

MedStar Million Hearts: Lipid Management and Treatment to Goal

*** LIPID GOALS NOT MET ***

NCEP/ATP3 GOALS

High Risk: LDL Goal < 100	Optional LDL Goal < 70
Moderately High Risk: LDL Goal < 130	Optional LDL Goal < 100
Moderate Risk: LDL Goal < 130	Optional LDL Goal-none
Low Risk: LDL Goal < 160	Optional LDL Goal-none

10 Year Risk CHD: 4 % Cardiac Risk Category: High Risk

Last LDL: 103 (08/16/2011) LDL Goal < 160
Last HDL: 69 (08/16/2011) HDL Goal > 40
Statin Contra: N/A Statin Declined: N/A

Smoking Status: current every day smoker (05/01/2013)

LDL GOAL is set to >100 and Cardiac Risk is now HIGH: Change LDL GOAL to <100

(C) 2013

Smoking

HPI-ROS-CCC: []

General HPI | Specialty-Specific | Extra Hx-1 | Extra Hx-2 | Extra Hx-3 | Extra Hx-4

History of Present Illness Select Specialty: Internal Medicine (View All Protocols)

PCP: [] Ref Provider: [] (View Prior HPI)

Visit Type: [] CC: [] (Check Box to Insert Form(s) or Template)

History: (Clear All)

Smoking Cessation Counseling-Current Smoker

The patients smoking status is documented as 'current'. Please confirm smoking status and provide smoking cessation advice, counseling, handout(s), and/or prescription if appropriate.

Smoking Status: current every day smoker (05/01/2013)
Smoking Advice last given: N/A
Smoking Cessation Stage: N/A

- Order Smoking Cessation Med
- Print Handout(s)
- Current every day smoker
- Current some day smoker
- Former Smoker
- Tobacco Use Cessation Counseling Provided - CURRENT SMOKER ONLY
- Advised to quit smoking and follow-up with Primary Care Provider

(C) 2013 (Check All) (Clear All) (Close)

brief (1-3 elements) extended (4 or more elements) (Problems) (Medications)

(Allergies) (Orders)

(HPI) (Entry) (Review) (P-M-A) (PMH) (FH-SH) (ROS) (VS) (PE) (Probs) (Test Mgmt) (A/P) (Pt. Instr) (Defer) (C)

(Prev Form (Ctrl+PgUp)) (Next Form (Ctrl+PgDn)) (Close)

What Our Patients See



You have the power.

When it comes to your health, there's no one more powerful than you.

Join MedStar Health, the largest healthcare provider in Maryland and the Washington, D.C., region, as we partner with Million Hearts™, a nationwide campaign to prevent one million heart attacks and strokes in five years.

You pledge to take control of your heart health, and we pledge to educate and motivate you by providing the latest information on heart disease prevention and care—for **FREE**. We will also offer low-cost screenings to help keep your blood pressure and cholesterol levels under control.

Visit medstarhealth.org/millionhearts to join the fight.



MedStar Health

Knowledge and Compassion
Focused on You

Washington Primary Care Physicians
660 Pennsylvania Ave., S.E. Suite 100 Washington, DC 20003
Phone: (202) 546-4504 Fax: (866) 639-4761

September 30, 2012
Page 1

Patient Information - MedStar Million Hearts

For:



MedStar Million Hearts™ – What You Can Do to Reduce Your Risk of Heart Attack and Stroke

Heart disease and stroke are unfortunately all too common in the United States, with over a 1.5 million people suffering a heart attack or stroke each year. It is widely believed that more consistent attention to 4 items, known as the “ABCs” can reduce the number of new heart attacks and strokes by 1 million over 5 years. Here is your personal “ABCs” report.

ABCs Report – prepared for **on September 30, 2012**

Aspirin may reduce the risk of heart attack and stroke. If your provider has recommended you take Aspirin, please take the Aspirin as directed (see your current medication list for the exact dose and directions). Please let your provider know if you develop any abnormal bleeding or stomach pain, or if you think you are having side effects to aspirin.

Blood Pressure
Having a normal blood pressure may reduce your risk of heart attack and stroke. Your most recent blood pressure was 122/78 on 09/30/2012. Your blood pressure goal is LESS than 140/90. Your blood pressure is where it should be. To keep it that way, please continue a healthy diet, regular exercise, and if on medication, medication as directed.

Cholesterol
Having normal cholesterol may reduce your risk of heart attack and stroke. Your most recent HDL or good cholesterol was 60 on 09/30/2012, and your most recent LDL or bad cholesterol was 80 on 09/30/2012. Your cholesterol goals are: HDL (good cholesterol) GREATER than 40 and LDL (bad cholesterol) LESS than 160. Your cholesterol is where it should be.

Smoking
Not smoking is one of the most important ways to reduce your risk of heart attack and stroke, as well as reduce your risk for many other conditions, such as cancer. Our records show your smoking status as: never smoker on 09/30/2012. Thank you for not smoking.

MedStar Million Hearts™

How Are We Doing Thus Far?

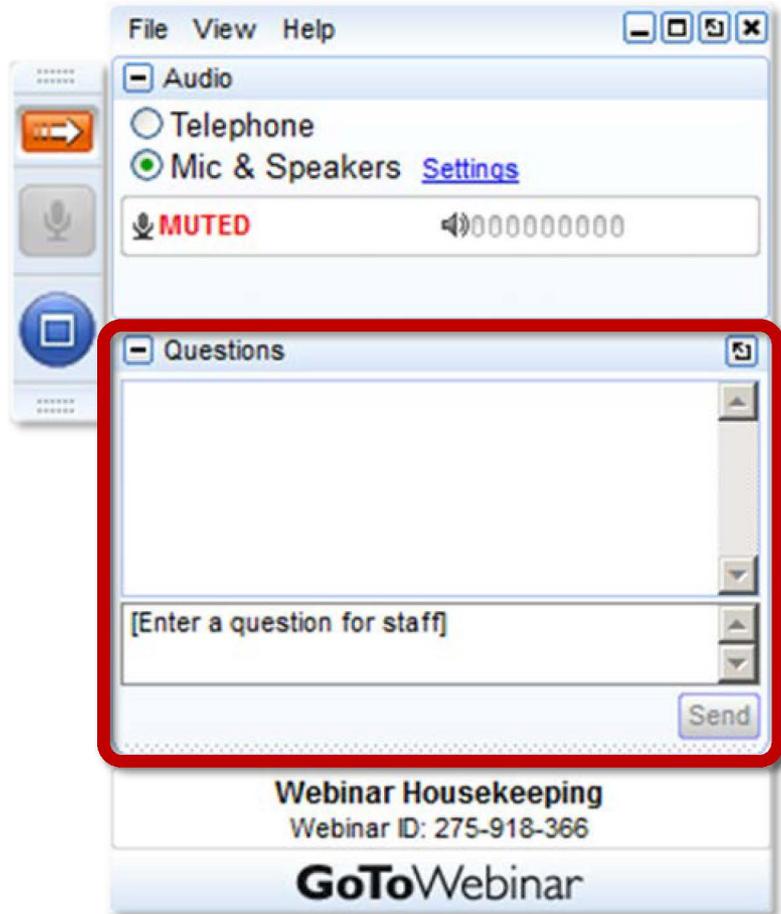
Intervention	Baseline 2012	Target 2017	MSH 2013 – YTD	
Aspirin for those at high risk	47%	65%		? ⁽¹⁾
Blood pressure control	46%	65%		78% ⁽²⁾ / 70% ⁽³⁾
Cholesterol management	33%	65%		74% ⁽⁴⁾ / 70% ⁽⁵⁾
Smoking cessation	23%	65%		70% ⁽⁶⁾

Entity	# of Patients	% with BP	BP < 140/90	% with BP Goal	BP at Goal	% with LDL Goal	LDL at Goal	% with HDL Goal	HDL at Goal
	2,745	99.49%	71.37%	92.68%	64.96%	71.33%	71.80%	94.64%	61.13%
	1,145	97.82%	71.72%	88.03%	59.58%	66.70%	70.83%	87.72%	67.26%
	4,300	98.23%	80.24%	76.98%	75.97%	69.18%	78.92%	94.55%	73.10%
	2,610	99.69%	72.49%	97.59%	63.56%	47.39%	70.38%	97.96%	43.95%
	25,102	99.21%	80.87%	91.98%	72.56%	73.78%	74.81%	92.29%	74.01%
	288	85.42%	83.76%	81.60%	79.91%	8.64%	84.21%	83.64%	23.37%
	2,896	97.31%	71.77%	89.81%	60.08%	78.49%	73.23%	90.77%	72.71%
	2,189	96.98%	66.86%	46.28%	54.70%	49.71%	70.70%	45.28%	67.19%
Totals	41,275	98.77%	78.28%	88.06%	70.01%	69.86%	74.23%	89.87%	70.11%

- (1) Not yet determined for our population
- (2) All patients 18+ with last BP of measure period <140/<90
- (3) All patients 18+ with last BP of measure period at goal (per JNC-7)
- (4) All patients with last LDL of measure period at goal (per NCEP-ATP3)
- (5) All patients with last HDL of measure period at goal (per NCEP-ATP3)
- (6) % of current smokers with counseling or treatment documented

Summary and Next Steps

- Patients love it!
 - Continue to use patient feedback in making our “ABCS” handout clearer and more useful to patients / families
- Please do not be overwhelmed by early results – these need further validation, and need to be sustained over time
- There is clearly great value to move past assumptions and honestly look at where you are, and move forward with clarity and transparency
- Same clinicians / leadership who were neutral to negative about Meaningful Use are uniformly supportive of Million Hearts™
 - Even though it adds time and complexity
 - And is more demanding than Stage 1 or Stage 2 Meaningful Use
 - It is meaningful
- What our doctors are asking for
 - Please enable this program for cardiology and other specialties who manage BP, lipids, or cardiovascular diseases
 - Now that we have evidence-based guidance for aspirin use and evidence-based goals for BP and lipids, can the corresponding quality measures that we report on reflect this
- What our leadership is asking for
 - “What are the next 2 or 3 Million Hearts™ type programs we can embed into workflow”
- My ask of my colleagues – this is not rocket science; it is leveraging the EHR, embedded clinical decision support, and a commitment to real patient engagement to consistently deliver good care. If you are a cardiologist, family physician, internist, or otherwise screen and/or manage cardiovascular risk – please join us... Become a partner with Million Hearts™

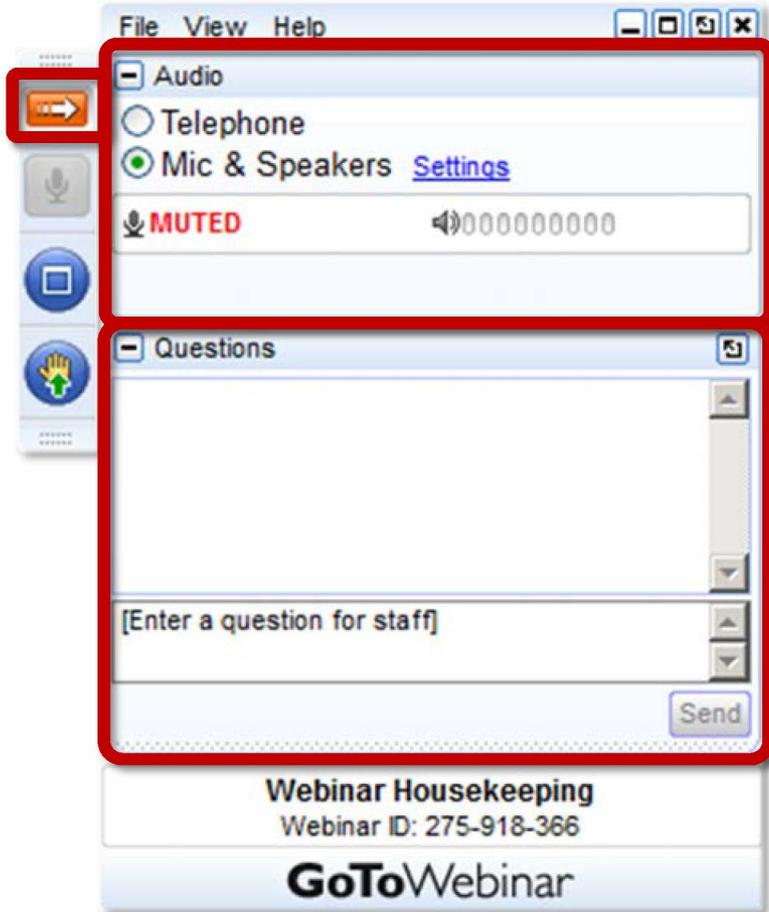


Your Participation

- Please continue to submit your text questions and comments using the Questions Panel
- Please raise your hand to be unmuted for verbal questions.

For more information, please [\[insert contact information\]](#)

Note: Today's presentation is being recorded and will be provided within 48 hours.



Your Participation

Open and close your control panel

Join audio:

- Choose "Mic & Speakers" to use VoIP
- Choose "Telephone" and dial using the information provided

Submit questions and comments via the Questions panel

Note: Today's presentation is being recorded and will be provided within 48 hours.