Getting to the Heart of the Matter: Hypertension and The Million Hearts® Initiative

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M-CEITA / Altarum Institute

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M-CEITA, Michigan’s Regional Extension Center

The Michigan Center for Effective Information Technology Adoption (M-CEITA) is a $21M, 5 year, ONC investment to accelerate the selection, adoption, and meaningful use of health information technology to improve the quality and efficiency of care delivered in our state.

▲ Helped over 4,000 healthcare providers across the state adopt and use EHRs, impacting 1.6 million patients.

▲ 1/3 of all Michigan physicians paid for Meaningful Use were M-CEITA clients.

▲ Recognized by HHS as the 6th best performing REC (out of 62) nationally.
M-CEITA Services

M-CEITA services are highly subsidized for qualified physicians. Our Health IT services include:

- Meaningful Use Support
- Security Risk Assessment
- Targeted Process Optimization (Lean)
- Attestation/Audit Preparation
Presentation Outline

▲ What is the Health Problem?
▲ What is the Million Hearts® Initiative?
▲ What is happening in Michigan?
▲ How can technology help?
▲ What can you do to help?
▲ Questions
What is the Health Problem?

Hypertension, a costly leading step to heart attack and stroke
Heart Disease and Stroke
Leading Killers in the United States

▲ 1st and 4th leading causes of death in the US.¹
▲ More than 2 million heart attacks and strokes each year²
  – 800,000 deaths
  – Leading cause of preventable death in people <65
  – Treatment costs are ~$1 for every $6 spent on health care
▲ Greatest contributor to racial disparities in life expectancy³

Hypertension as a Risk Factor

▲ One of the **major** risk factors for heart disease and stroke

▲ One of the most important **modifiable** risk factors for

- Coronary heart disease
- Stroke
  - Single most important risk factor
- Congestive heart failure
- Chronic kidney disease
- Peripheral vascular disease

▲ Asymptomatic
The Costs of Hypertension

▲ The estimated direct and indirect cost of high blood pressure (HBP) for 2010 was $46.4 billion\(^1\)

▲ The total cost of HPB is projected to be $274 billion by 2030\(^2\)

Prevalence of Hypertension

▲ 33% of US adults ≥20 years of age have high blood pressure (approximately 78 million Americans)

- Similar among men and women
- Increases with age
- Highest among African American adults (44%)

Awareness, Treatment, and Control of Hypertension

▲ ~82% of hypertensive adults are aware of their condition
▲ 75% are using antihypertensive medication
▲ 53% have their condition controlled to target levels
▲ 8.9% meet criteria for resistant hypertension (BP ≥140/90 and using 3+ drugs, or using 4+ drugs regardless of BP level)

About 16% of Michigan’s adult population has uncontrolled hypertension.

What is the Million Hearts® Initiative?

* A Federal focus on improving health*
Million Hearts®

Goal: Prevent 1 million heart attacks and strokes by 2017

▲ National initiative co-led by CDC and CMS

▲ Partners across federal and state agencies and private organizations
Key Components of Million Hearts®

COMMUNITY PREVENTION
Changing the context

CLINICAL PREVENTION
Optimizing Care

Focus on ABCS
Health information technology
Clinical innovations
## Getting to Goal

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Baseline</th>
<th>Target</th>
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<tbody>
<tr>
<td>Aspirin for those at high risk</td>
<td>47%</td>
<td>65%</td>
</tr>
<tr>
<td>Blood pressure control</td>
<td>46%</td>
<td>65%</td>
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<tr>
<td>Cholesterol management</td>
<td>33%</td>
<td>65%</td>
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<tr>
<td>Smoking cessation assistance</td>
<td>23%</td>
<td>65%</td>
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<tr>
<td>Sodium reduction</td>
<td>~3.5 g/day</td>
<td>20% reduction</td>
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<tr>
<td>Trans fat reduction</td>
<td>~1% of calories</td>
<td>50% reduction</td>
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</table>
Million Hearts® Success Will Mean…

-4M

4 million fewer people will smoke

+10M

10 million more people with high blood pressure will have it under control
What is Happening in Michigan?

*Michigan Hypertension Initiatives*
Hypertension in Michigan

▲ Ranks 12th for rates of hypertension (34.2% of adults in 2011)
  – In 2010, that equated to 1.9 million cases of hypertension^2
  – Projected to rise to **2.6 million** cases by 2030 at current pace^2
  – 76.5% of hypertensive adults were taking medication in 2011^1

▲ **Michigan Healthy People 2020 target:** Reduce the prevalence of hypertension among adults in Michigan to 26.9%

▲ **National Million Hearts 2017 target:** Increase rates of hypertension control to 65%

*There is work to be done…*

Michigan Initiatives

▲ Hypertension Control
  – BP ≥ 140/90 in the majority of adults

▲ Funded by CDC to work on Domains 3 and 4

▲ Increase implementation of quality improvement in health systems
  – Increase EHR adoption and reporting of hypertension and diabetes control measures among primary care practices.
  – Increase utilization of chronic disease registry functions and data to improve the quality of care among patients diagnosed with hypertension as well as other chronic conditions, including diabetes.
  – Increase engagement of non-physician team members in hypertension management, specifically increase primary care practices working with CHWs.
  – Provide resources to health clinics and primary care practices that are currently not implementing the PCMH or Chronic Care Models to improve hypertension and diabetes management.
Michigan Initiatives Con’t

▲ Increase engagement of CHWs to promote linkages between health systems and community resources for adults with high blood pressure

– Michigan Pathways to Better Health Self-Management Education Pathway
  ▪ Hypertension module
– Michigan Community Health Worker Alliance (MiCHWA) CHW Assessment
  ▪ Where CHWS are employed and how they are utilized
  ▪ Educate about and promote the use of CHWs in PCMH and Chronic Care Models
    – Primary care practices
    – To assist and improve management of hypertension and diabetes
Michigan Initiatives Con’t

▲ Provision of Resources

▲ High Blood Pressure University

– High blood pressure resources for professionals, patients, and community groups

– Clinical guidelines, training and reference material, office tools, and educational resources for hypertension control (i.e., DASH Eating Plan to reduce sodium intake)

– www.michigan.gov/cvh
Michigan Initiatives – Coming Up

The Michigan Department of Community Health, Heart Disease and Stroke Prevention Program

- *Million Hearts® Stakeholder Workshop*: Bringing together organizations from around the state that play an important role in addressing hypertension awareness and control

- **Key objectives include understanding:**
  - The Million Hearts® Initiative and how organizational and state activities can be aligned to support the goals of Million Hearts®.
  - How the Affordable Care Act is changing the health care landscape.
  - The benefits of using electronic health records for reporting/tracking patient blood pressure to improve hypertension control.
  - The role of Community Health Workers and other health care extenders in supporting care managers in primary care settings.
How can technology help you to **identify**, **monitor** and **engage** patients?

*Utilizing EHR tools for population health management and prevention*
Providers are focusing on…

▲ **Identifying** hypertensive patients

▲ **Tracking and monitoring** hypertensive patients

▲ Increasing *patient education* on healthy lifestyles and *medication adherence*

▲ **Intensifying** medication regimens (when appropriate)

▲ **Empowering** patients in self-management

▲ Engaging patients in *shared decision making*
EHR tools help to: **Identify**

▲ **Keep/Update Problem List of current and active diagnoses**
   - Meaningful Use (MU) Stage 1 (S1) Core #3

▲ **Take BP reading for every patient and capture in EHR as structured data**
   - MU S1 Core #8 / MU S2 Core #4

▲ **Record smoking status**
   - MU S1 Core #9 / MU S2 Core #5
EHR tools help to: *Identify* (continued)

▲ **Generate lists of at-risk patients**
   - MU S1 Menu #3 / MU S2 Core #11

▲ **Data sharing info with/from other providers**
   - MU S1 Menu #8 / MU S2 Core #15
EHR tools help to: **Monitor**

▲ Tracking Clinical Quality Measures (CQMs)
- Meaningful Use requirement (Stages 1 and 2)
- Many CQMs related to MH and Hypertension

<table>
<thead>
<tr>
<th>ABCS</th>
<th>Clinical Quality Measures (CQMs)</th>
<th>Million Hearts</th>
<th>Meaningful Use</th>
<th>PQRS</th>
<th>ACO</th>
<th>Medicare Advantage</th>
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<td>Ischemic Vascular Disease (IVD): Use of Aspirin or another Antithrombotic (NQF# 0068) (CMS164v1)</td>
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EHR tools help to: \textit{Monitor (continued)}

\begin{itemize}
  \item \textbf{Clinical Decision Support (CDS) Rules}
    \begin{itemize}
      \item MU S1 Core #11 / MU S2 Core #6
      \item Used to alert providers and patients in the clinical workflow
    \end{itemize}
  \item \textbf{Patient Reminders for preventative/follow-up care}
    \begin{itemize}
      \item MU S1 Menu #4 / MU S2 Core #12
    \end{itemize}
  \item \textbf{Leveraging existing registries for tracking}
    \begin{itemize}
      \item MU S2 Menu #6
    \end{itemize}
\end{itemize}
EHR tools help to: Engage

▲ Patient portals
   – MU S1 Core #12 / MU S2 Core #7
   – Providers can push out relevant info to patients; Patients can email/correspond with providers (MU S2 Core #17)

▲ Patient education on health info and resources
   – MU S1 Menu #6 / MU S2 Core #13
   – Providers can direct patient on various initiatives within the community and encourage them to participate.
   – Connect patients to home monitoring/journaling, which can be transmitted and entered electronically

▲ Process changes
   – Run Hypertension-related CQM reports quarterly for data analysis and adjustment of action plans
Making the Connection

**BENEFITS:**
- Improve quality and convenience of patient care
- Increase patient participation in their care
- Improve accuracy of diagnoses and health outcomes
- Improve care coordination
- Increase practice efficiencies and cost savings

Identify

Analyze

Monitor

Improve

Engage

EHR
Join the pledge!  www.millionhearts.hhs.gov

▲ M-CEITA is seeking to help providers leverage their health IT to track and measure success on two of the Million Hearts® measures:

– Blood Pressure Control
– Smoking Cessation

▲ We can work with you to set up automatic reporting, determine an appropriate course of action for your patients and run the same reports in 3-6 months to determine if BP control has improved.

– This will improve overall quality for your patients.
– May help determine if a particular course of action isn’t working for your patients.
Questions?

Next webinar May 7th @ noon
*Decrypting the Security Risk Assessment (SRA) Requirement for Meaningful Use*

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