

# State Innovation Model

July 2015

## Preventing 1 Million Heart Attacks by 2017

Heart disease and stroke are the cause of 1 in 3 deaths, and the leading cause of preventable deaths in America. They cost \$315.4 B in healthcare costs a year, and are the leading contributors to racial disparities in life expectancy.



Last week the Connecticut Department of Public Health, in partnership with the University of Connecticut School of Pharmacy and the National Association of Chronic Disease Directors coordinated a Million Hearts Workshop for healthcare leaders, healthcare providers, insurers, and pharmacy students. The focus of the workshop was the role of pharmacy services such as Medication Therapy Management in achieving the objectives of the Million Hearts Campaign.

Betsy Rosenfeld, the US Department of Health & Human Services (HHS) regional Health Administrator, gave an overview of the Million Hearts campaign. The campaign is a federal initiative of HHS, Center for Disease Control, and the Center of Medicare & Medicaid Services to reduce the rate of heart disease and stroke.



*Those who attended the workshop were divided into groups to discuss specific solutions and opportunities to incorporating activities that reduce the risk of heart disease, such as comprehensive medication management.*

The campaign has national targets, such as blood pressure control (currently 52%, 2017 target is 65%). Kaiser Permanente was used as an example as a health system that used medical assistant visits and data analytics to go from 44% blood pressure under control to 87%. Health systems can become Million Hearts Champions if they hit national targets.

Miriam Patanian, of the National Association of Chronic Disease Directors, said that post-the Affordable Care Act whole systems are transitioning towards upstream prevention because we cannot sustain the high healthcare expenditures and poor outcomes any longer.

But how can it be economically possible for a healthcare organization to focus on prevention, if it might result in reduced revenue? – a representative of a large CT-based health system asked.

The role of alternative payment models, such as shared savings, was highlighted by speakers, and other Connecticut-based health systems, as a way to reward outcomes and make it economically viable for a healthcare organization to focus on prevention.

Healthcare systems are entering new payment models like shared savings, and being held accountable for quality measures. The Commissioner of the Department of Public Health, Dr. Mullen, highlighted the importance of moving from measuring whether someone's blood pressure has been checked (a process measure) towards measuring outcomes like whether their blood pressure is actually under control.

The Connecticut State Innovation Model is currently developing a multi-payer set of quality measures for use in value-based payment arrangements. Measures currently under consideration include process measures such as hypertension screening or tobacco cessation counseling, but also outcome measures such as a hypertension measure for controlling high blood pressure.

Deaths due to a heart attack are considered preventable, meaning they can be attributed to a lack of preventive or timely and effective healthcare. Three clinical interventions were highlighted:

1. **Focus on ABCS:** Appropriate Aspirin Therapy; Blood Pressure Control; Cholesterol Management; Smoking Cessation.
2. **Use health tools and technology:** Develop analytic tools to identify risk, and engage with patients more readily.
3. **Innovations in care delivery:** Such as team-based care, and medication therapy management.

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**The Connecticut Department of Public Health has compiled recent Connecticut statistics and resources related to heart disease, which can be accessed [here](#)**

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Everyone seemed in agreement that this was an important and actionable issue to tackle, and the opportunities due to current health reforms are on the horizon.

**For more information on the Million Hearts Campaign, [click here](#).**