Millennium COLLABORATIVE CARE
Igniting Healthcare Change in WNY
PRIMARY CARE IMPLEMENTATION OF CARDIOVASCULAR DISEASE (CVD) MILLION HEARTS® PROJECT

February 28th 2017
OVERVIEW

• Registries
  • for patients with high BP without a hypertension diagnosis
  • for patients with a HTN diagnosis who have not been seen recently

• Training – CVD management/Million Hearts®

• Policies –
  • Self Monitoring of Blood Pressure
  • Walk in Blood Pressure Checks
  • Tobacco Cessation - 5A’s of Tobacco control

• Best Practices and Workflows – Hypertension, High LDL Cholesterol, Tobacco Use

• Quarterly reports –
  • Unique patients who have self management goals noted in the Medical Record
  • Sent via WatchDox secure system
OVERVIEW
NATIONAL COSTS OF CARDIOVASCULAR DISEASE

1 of every 3 deaths is caused by heart disease and stroke
Health care costs for heart attack and stroke: $312.6 BILLION
Leading cause of preventable death in people 40–65 years of age
2 MILLION+ heart attacks and strokes each year
OVERVIEW
CARDIOVASCULAR DISEASE – WNY REGION

• Leading cause of death & hospitalization across all 8 counties of WNY

• Exceeds the state in CVD Ambulatory Sensitive Conditions

• Higher prevalence of CVD-related diseases

<table>
<thead>
<tr>
<th></th>
<th>WNY</th>
<th>NYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Blood Pressure</td>
<td>33%</td>
<td>27.8%</td>
</tr>
<tr>
<td>Cardiovascular</td>
<td>9.1%</td>
<td>7.7%</td>
</tr>
<tr>
<td>Coronary Heart</td>
<td>8%</td>
<td>6%</td>
</tr>
</tbody>
</table>
OVERVIEW
FACTORS THAT LEAD TO CVD

Major risk factors
are those that research has shown significantly increase the risk of heart disease. The more risk factors you have, the greater your chance of developing it.

- age
- gender
- family history

Non-Modifiable
These risk factors cannot be changed.

- high blood cholesterol
- high blood pressure
- physical inactivity
- obesity and overweight
- smoking
- diabetes
- poor diet

Modifiable
Any person can make changes to these risk factors, even modest improvements to your health will make a big difference.
Project Description:

• Implement evidence based strategies around the prevention and treatment of CVD
• Strategies and guidelines are based on the Million Hearts® Campaign

ABCS
- Aspirin when appropriate
- Blood pressure control
- Cholesterol management
- Smoking cessation
REGISTRIES

Registry development & EMR screenshots

- Patients with Diagnosed HTN > 140/90 mmHg

- Patients with High BP and No Diagnosis in EMR
  - **Stage 1** > 140/90 mmHg *at 2 visits*
  - **Stage 2** > 160/100 mmHg *at 1 visit*

**Screenshot of Output** –

Run report output with specified fields

List of Patient Names, ID #, Appointment Date, Services received
TRAINING

Start on the Millennium Website:
www.millenniumcc.org
TRAINING
You will end up at the HWApps platform

Can select multiple search options and the system will run that filter

Search by –
• Primary Care
• Required

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POLICIES

Please provide policies for:

• Unscheduled/walk-in Blood Pressure Checks & Self Monitoring of Blood Pressure

• Tobacco cessation assessment and referral to NYS Quitline
  • Includes pregnancy-related tobacco cessation resources; i.e., Baby and Me Tobacco Free
  • Includes 5A’s of Tobacco control

Templates of Millennium policies can be provided
BEST PRACTICES AND WORKFLOWS

• Million Hearts® Algorithm –
  • High Blood Pressure
  • Cholesterol
  • Tobacco Cessation

• Blood Pressure Management Best Practices
  • Option One: Hypertension with comorbid conditions
  • Option Two: Uncomplicated Hypertension
  • Also includes lifestyle management

• Cholesterol Management Best Practices
  • Initiation
  • Ongoing/monitoring
  • Cholesterol management workflow
QUARTERLY REPORTING

• Patient Self Management Goals Quarterly Reporting
  • Excel report submission each quarter of patients with documented self management goals
  • Must be patient-driven, noted in the medical record & reviewed at every encounter
  • Goals may include patient management of:
    • Diet
    • Exercise
    • Medication Management
    • Blood Pressure logging
    • Blood Glucose logging

Set reminder for Reporting months - January, April, July and October
Each report is due no later than the 15th of Reporting month.
WATCHDOX
## CVD PERFORMANCE METRICS

<table>
<thead>
<tr>
<th>Metric</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventable admissions for Hypertension</td>
<td>Number of inpatient admissions (18 years and older) for a principal diagnosis of Hypertension</td>
</tr>
<tr>
<td>Preventable Admissions for Heart Failure</td>
<td>Number of inpatient admissions (18 years and older) for a principal diagnosis of Heart Failure</td>
</tr>
<tr>
<td>% Controlled High BP</td>
<td>Medicaid 18-85 years whose blood pressure was adequately controlled as follows: &lt; 140/90 if 18-59 yrs, &lt; 140/90 if 60-85 with diabetes or &lt; 150/90 without diabetes</td>
</tr>
<tr>
<td>% Statin Therapy for Patients with CVD –</td>
<td>% males (21-75 yrs) or females (40-75 yrs) who have had an MI, CABG, or PCI in the year prior or a diagnosis of Ischemic Vascular Disease who:</td>
</tr>
<tr>
<td>• Received Statin Therapy</td>
<td>• Were dispensed at least one high or moderate intensity Statin.</td>
</tr>
<tr>
<td>• Adherent to Statin Therapy for 80% of</td>
<td>• Were adherent to statin medication for 80% of the treatment period.</td>
</tr>
<tr>
<td>treatment</td>
<td></td>
</tr>
<tr>
<td>% CVD schizophrenics w CVD monitoring</td>
<td>% of 18 - 64 years dx with schizophrenia and CVD who had a test for LDL cholesterol.</td>
</tr>
<tr>
<td>% Survey Respondents:</td>
<td>% Respondents surveyed through CAHPS survey including Men with 1 risk factor 45-65 years, men 66-79 years (regardless of risk factors), women 56-79 years with 2 risk factors who:</td>
</tr>
<tr>
<td>• Taking Aspirin</td>
<td>• Are taking aspirin</td>
</tr>
<tr>
<td>• Discussed Aspirin use with HCP</td>
<td>• Discussed Risks and Benefits of aspirin with a Health Care Provider</td>
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Cardiovascular Disease and Behavioral Health – Putting the Pieces together (1.0 CME credit)

SAVE THE DATE – Wednesday March 22nd, 6-8 pm

Panel of Speakers:

Dr. Susan Graham – MD, Cardiology, Kaleida Health

Dr. Kim Griswold – MD, UBMD Family Medicine at LakeShore Behavioral Health

Dr. TammieLee Demler – B.S., Pharm.D., MBA, BCPP University of Buffalo School of Pharmacy Psychiatric Residency Program Director

Location: Giancarlo’s  5110 Main St, Williamsville, NY 14221
Dinner will be provided. Cash bar.

Who should attend: Adult Primary Care Providers, Adult Psychiatrists, Adult Psychiatric Nurse Practitioners/ Physician Assistants

Topic: Health outcomes, clinical impact, and management of comorbid Cardiovascular Disease and Behavioral Health conditions

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QUESTIONS?