

Preventing 1 Million Heart Attacks and Strokes by 2022

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Million Hearts[®] 2022

- **Aim:** Prevent 1 million—or more—heart attacks and strokes in the next 5 years
- 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 in the U.S.

- More than **1.5 million** people in the U.S. suffer from heart attacks and strokes per year¹
- More than **800,000** deaths per year from cardiovascular disease (CVD)¹
- CVD costs the U.S. **hundreds of billions** of dollars per year¹
- CVD is the greatest contributor to racial disparities in life expectancy²

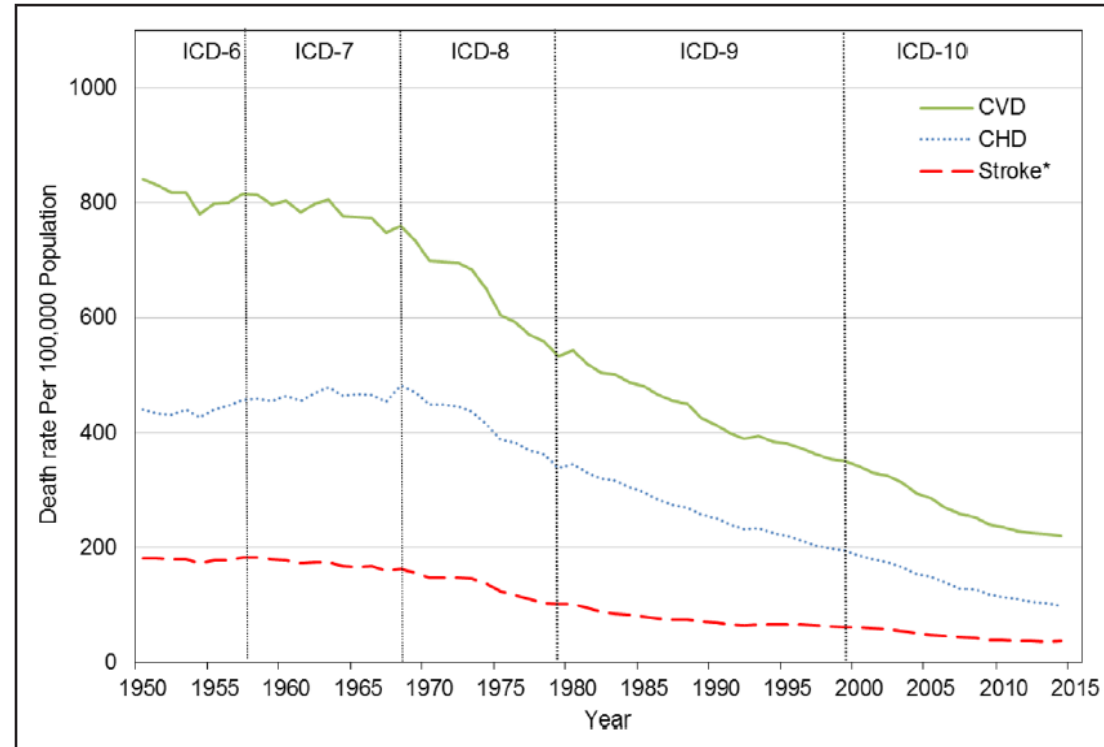


References

1. Benjamin EJ, Blaha MJ, Chiuve SE, Cushman M, Das SR, Deo R, et al. Heart Disease and Stroke Statistics-2017 Update: A Report From the American Heart Association. *Circulation* 2017;135(10):e146–603.
2. 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 Trends 1950-2015

While CV deaths have been declining for the past 40 years, the **reduction in these deaths has slowed**.



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



Million Hearts® 2022

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

Keeping People Healthy

Optimizing Care

COMMUNITY



Priority Populations



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Priorities

Keeping People Healthy

Reduce Sodium Intake

Decrease Tobacco Use

Increase Physical Activity

Optimizing Care

Improve ABCS*

Increase Use of Cardiac Rehab

Engage Patients in
Heart-healthy Behaviors

Improving Outcomes for Priority Populations

Blacks/African Americans with Hypertension

35- to 64-year-olds

People who have had a heart attack or stroke

People with mental and/or substance use disorders who use tobacco

*Aspirin use when appropriate, Blood pressure control, Cholesterol management, Smoking cessation



Keeping People Healthy

Goals	Effective Public Health Strategies
Reduce Sodium Intake Target: 20%	<ul style="list-style-type: none">• Enhance consumers' options for lower sodium foods• Institute healthy food procurement and nutrition policies
Decrease Tobacco Use Target: 20%	<ul style="list-style-type: none">• Enact smoke-free space policies that include e-cigarettes• Use pricing approaches• Conduct mass media campaigns
Increase Physical Activity Target: 20% (Reduction of inactivity)	<ul style="list-style-type: none">• Create or enhance access to places for physical activity• Design communities and streets that support physical activity• Develop and promote peer support programs



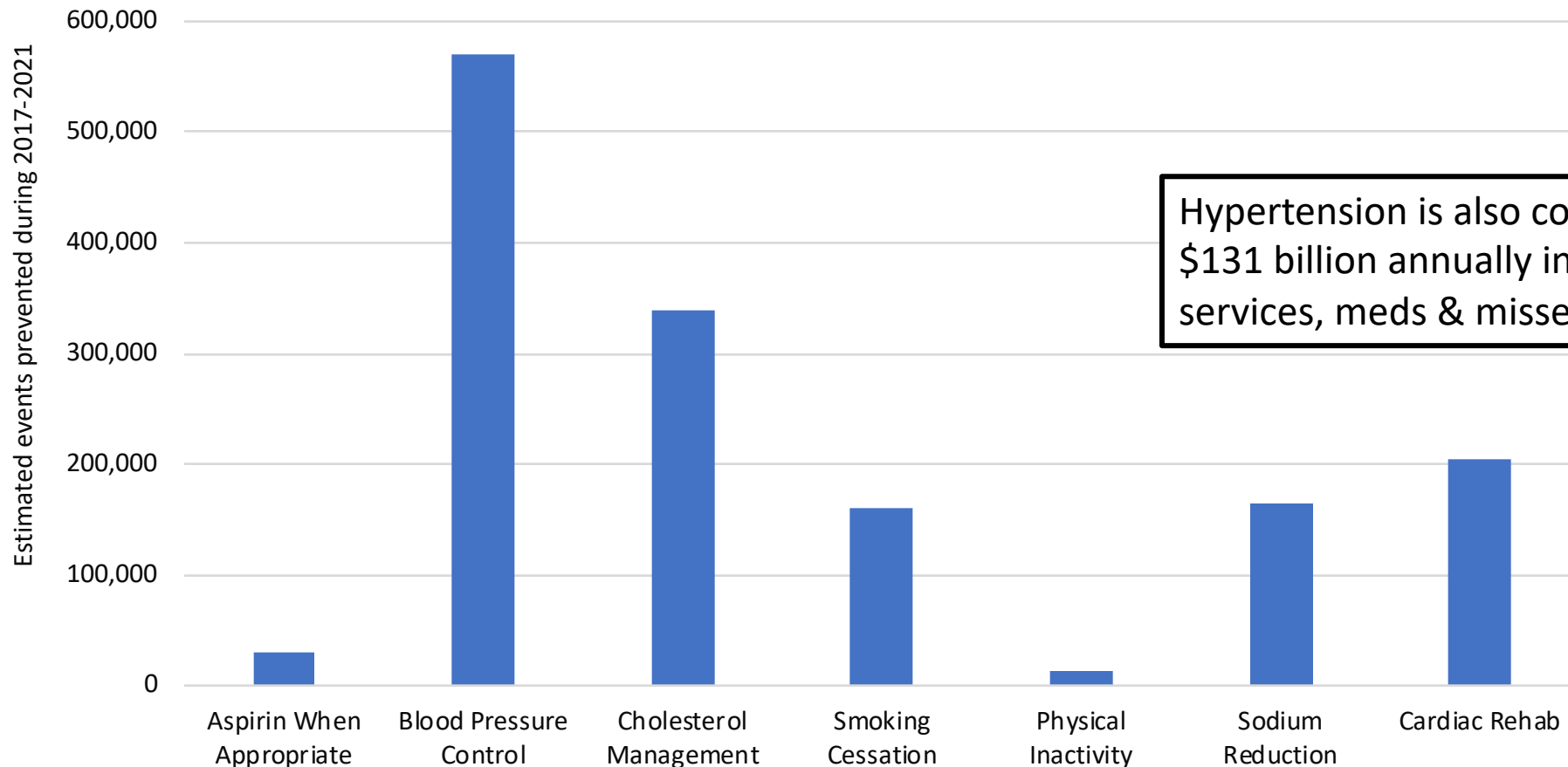
Optimizing Care

Goals	Effective Health Care Strategies
Improve ABCS* Targets: 80%	<i>High Performers Excel in the Use of...</i> <ul style="list-style-type: none">• Teams—including pharmacists, nurses, community health workers, and cardiac rehab professionals• Technology—decision support, patient portals, e- and default referrals, registries, and algorithms to find gaps in care• Processes—treatment protocols; daily huddles; ABCS scorecards; proactive outreach; finding patients with undiagnosed high BP, high cholesterol, or tobacco use• Patient and Family Supports—training in home blood pressure monitoring; problem-solving in medication adherence; counseling on nutrition, physical activity, tobacco use, risks of particulate matter; referral to community-based physical activity programs and cardiac rehab
Increase Use of Cardiac Rehab Target: 70%	
Engage Patients in Heart-healthy Behaviors Targets: TBD	

*Aspirin use when appropriate, Blood pressure control, Cholesterol management, Smoking cessation



Major Contributors to “the Million”



Hypertension is also costly in dollars: \$131 billion annually in health care services, meds & missed days of work.



Notes: Describes the estimated number of events prevented if Million Hearts objectives are gradually achieved during 2017-2021. The events included closely aligns with those outlined in Ritchey *et al. JAMA*. 2017;6(5). The total no. of expected events prevented does not equal the sum of events prevented by risk factor type as those totals are not mutually exclusive. The “aspirin when appropriate” intervention reflects aspirin use for secondary prevention only.

Data sources: ¹Reflects preliminary findings from simulation modeling conducted using the CVD Policy Model, ModelHealth:CVD, and PRISM (unpublished). Baseline risk factor data were determined for: aspirin when appropriate using 2013-14 NHANES; BP control and cholesterol management using 2011-14 NHANES; smoking cessation and physical inactivity using 2015 NHIS; and sodium reduction using 2011-12 NHANES. ²Cardiac rehab estimates from: Ades P, et al. Increasing Cardiac Rehabilitation Participation From 20% to 70%: A Road Map From the Million Hearts Cardiac Rehabilitation Collaboration. *Mayo Clin Proc.* 2017;92(2):234-242.

Improving Outcomes for Priority Populations

Priority Population	Intervention Needs	Strategies
Blacks/African Americans	<ul style="list-style-type: none"> Improving hypertension control 	<ul style="list-style-type: none"> Targeted protocols Medication adherence strategies
35-64 year olds	<ul style="list-style-type: none"> Improving HTN control and statin use Decreasing physical inactivity 	<ul style="list-style-type: none"> Targeted protocols Community-based program enrollment
People who have had a heart attack or stroke	<ul style="list-style-type: none"> Increasing cardiac rehab referral and participation Avoiding exposure to particulate matter 	<ul style="list-style-type: none"> Automated referrals, hospital CR liaisons, referrals to convenient locations Air Quality Index tools
People with mental and/or substance abuse disorders	<ul style="list-style-type: none"> Reducing tobacco use 	<ul style="list-style-type: none"> Integrating tobacco cessation into behavioral health treatment Tobacco-free mental health and substance use treatment campuses Tailored quitline protocols

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Resources and Tools

- **Action Guides**—Hypertension control; Self-measured blood pressure monitoring (SMBP); Tobacco cessation; Medication adherence
- **Protocols**—Hypertension treatment; Tobacco cessation; Cholesterol management
- **Tools**—Hypertension prevalence estimator; ASCVD risk estimator
- **Health IT**
- **Clinical Quality Measures**
- **Consumer Resources and Tools**



Partner Opportunities: Hospitals

Sample Actions to Consider

- **Action:** Make healthy food and beverage choices available to patients, visitors, and staff
 - **Resource:** [HHS/GSA Health and Sustainability Guidelines for Federal Concessions and Vending Operations](#)
 - **Success Story:** [Sodium Reduction Community Program Los Angeles County Department of Public Health](#)
- **Action:** Implement comprehensive smoke-free policies
 - **Resource:** [The Community Guide: Tobacco Use and Secondhand Smoke Exposure: Smoke-Free Policies](#)
 - **Success Story:** [Communities Putting Prevention to Work: Tobacco Use Prevention and Control](#)
- **Action:** Institute automatic referral of eligible patients to cardiac rehab
 - **Resource:** [Increasing Cardiac Rehabilitation Participation From 20% to 70%: A Road Map From the Million Hearts Cardiac Rehabilitation Collaborative](#)



Partner Opportunities: Employers

Sample Actions to Consider

- **Action:** Make healthy food and beverage choices available to all employees
 - **Resource:** [HHS/GSA Health and Sustainability Guidelines for Federal Concessions and Vending Operations](#)
 - **Success Story:** [Sodium Reduction Community Program Los Angeles County Department of Public Health](#)
- **Action:** Develop and support policies at worksites to encourage use of tobacco cessation services.
 - **Resource:** [The Community Guide: Tobacco Use and Secondhand Smoke Exposure: Quitline Interventions](#)
 - **Success Story:** [North Carolina Division of Public Health, Tobacco Prevention and Control Branch: Expanding Comprehensive Coverage for Tobacco Cessation](#)
- **Action:** Provide environmental supports for recreation or physical activity (e.g., onsite exercise facility, walking trails, bicycle racks).
 - **Resource:** [CDC Worksite Health ScoreCard](#)
 - **Success Story:** [Bike Share Program Offers California State Employees Another Way to Be Active](#)



Partner Opportunities: Clinical Care Teams

Sample Actions to Consider

- **Action:** Use standardized treatment protocols for hypertension treatment, tobacco cessation, and cholesterol management
 - **Resource:** [CDC: Million Hearts® Protocols](#)
 - **Success Story:** [2014 Hypertension Control Champions: Large Health Systems](#)
- **Action:** Implement self-measured blood pressure monitoring (SMBP) interventions with clinical support
 - **Resource:** [Million Hearts® Self-Measured Blood Pressure Monitoring: Action Steps for Clinicians](#)
 - **Success Stories:** [2013 Hypertension Control Champion: Nilesh V. Patel, MD](#); [2015 Hypertension Control Champion: Reliant Medical Group](#)
- **Action:** Improve performance on Million Hearts® clinical quality measures on aspirin, BP control, cholesterol, smoking cessation, and cardiac rehab
 - **Resource:** [Million Hearts® ABCS measures](#)
 - **Success Story:** [Association of State and Territorial Health Officials \(ASTHO\) Million Hearts Minnesota](#)
- **Action:** Leverage electronic health record (EHR) systems to excel in the ABCS
 - **Resource:** [Million Hearts® EHR Optimization Guides](#)
 - **Success Story:** [Michigan Center for Effective IT Adoption](#)



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