

Key Recommendations: How State Health Agencies Can Support Million Hearts

ASTHO is working with members, affiliates, and partner organizations to translate Million Hearts into actions that state health agencies can take to support the initiative's goal to prevent 1 million heart attacks and strokes by 2017. The following recommendations are a compilation of expert input from three sources: ASTHO's Primary Care and Public Health Integration Tracks of Work Subcommittees; an advisory roundtable focusing on the role of public health to support Million Hearts; and case studies highlighting successful integration efforts between state health agencies and their healthcare partners in addressing components of Million Hearts. In support of ASTHO's President's Challenge, a key focus of the recommendations is the reintegration of public health and healthcare. Additional best practices and promising strategies will be added to the ASTHO Million Hearts website as they are identified, at www.astho.org/Million-Hearts.

The following recommendations leverage the strengths of public health and also highlight areas where more coordination and integration with healthcare partners and other stakeholders is needed to address components of Million Hearts.

Recommendations

Convene a wide variety of stakeholders: Public health is well positioned to bring together stakeholders from many sectors. Important groups include healthcare providers, quality improvement organizations (QIOs),¹ public and private payers, corporate wellness programs, and nontraditional partners such as emergency medical services. Cross-sector convening helps stakeholders collectively identify populations in greatest need of intervention, facilitate discussion, coordinate efforts, and share resources.

Educate, engage, and raise awareness among patients, providers, and other stakeholders: Public health has the expertise to develop comprehensive, well-coordinated outreach, education, and communication campaigns. Key target groups should include:

- *Patients and their support systems:* Emphasis should be on creating standardized messaging, disseminating education about preventive service benefits, and connecting patients to community resources to support self-monitoring and self-management of blood pressure.
- *Healthcare providers:* In some states,

Recommendations:

- Convene a wide variety of stakeholders
- Educate, engage, and raise awareness among patients, providers, and other stakeholders
- Identify, develop, and share success stories, tools, and resources
- Identify and promote models that leverage community integrators
- Catalyze policy and environmental change
- Leverage technology, including health IT
- Improve and integrate metrics and data management
- Expand coverage for preventive services and integration efforts
- Consider alternative funding mechanisms to sustain efforts

¹ QIOs are private, mostly not-for-profit organizations that work to improve the effectiveness, efficiency, economy, and quality of services delivered to Medicare beneficiaries by reviewing medical care, helping beneficiaries with complaints about the quality of care, and implementing improvements in the quality of care available throughout the spectrum of care. (Source: Centers for Medicare and Medicaid Services, <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityImprovementOrgs/index.html?redirect=/qualityimprovementorgs>)

many providers and partners are not aware of the Million Hearts initiative. State health agencies should engage and educate healthcare professionals in their state about Million Hearts, how they can leverage new preventive benefits through the Affordable Care Act, and how they can partner with local public health partners to support Million Hearts goals.

- *Other important stakeholders:* Other important groups to engage include local public health professionals, employers, corporate wellness and benefits staff, healthcare payers, community groups, faith based organizations and decisionmakers in different sectors.

Convening stakeholders

The **Maryland Department of Health and Mental Hygiene** hosted a symposium with nearly 500 stakeholders from across the state. The symposium aimed to raise awareness about Million Hearts, engage new and existing partners, and highlight best practices and resources for implementing evidence-based strategies to achieve excellence in the ABCS of heart health. The symposium agenda is available online.

Identify, develop, and share resources and tools: State health agencies need access to tangible tools, evidence-based resources, and success stories of public health and healthcare working together to address components of Million Hearts. Access to these resources will help state health agencies avoid reinventing the wheel and will also provide evidence to support integration as a cost-effective strategy to address the ABCS of heart health.² A list of existing resources is available as an appendix at the end of this document and will be continuously updated on the ASTHO Million Hearts website.

Identify and promote models that link clinical care with community resources: These models use professionals such as health coaches, patient navigators (PN), and community health workers (CHW). A recent [ASTHO issue brief](#) recommended state health agencies support the development of PNs and CHWs in the healthcare system by forming collaborations and partnerships to establish core workforce competencies, long-term reimbursement protocols, and occupational associations that will enable them to thrive. Specific models that leverage these professionals include team-based care and patient centered medical homes.

Catalyze policy and environmental change: Public health has the capacity and relationships to address

Supporting integrators that link clinical care with community resources

The **Colorado Community Health Worker Certificate Program** is a training program developed through a collaboration between the Community Voices program of Denver Health, an organization serving Denver's medically underserved, and the Community College of Denver. Many clinics and agencies employing PNs or CHWs preferentially hire those with a certificate through Colorado's training programs or send their employees to the training courses.

environmental and policy factors influencing cardiovascular disease. This may involve working with policymakers and organizations to adopt and implement public and private policies supporting walkable/bikeable communities, access to healthy foods, smoke-free environments, and more.

Leverage technology, including health information technology: Leveraging technology will allow state health agencies and healthcare partners to implement many of the recommendations included in this document, particularly targeting high-risk groups, conducting outreach and education in clinical and community settings,

² The "ABCS" are strategies to address major risk factors for heart attack and stroke, and include: appropriate aspirin therapy; blood pressure control; cholesterol management; and smoking cessation.

collecting and managing data to prioritize resources, and supporting quality improvement aimed at early identification and support for medication compliance. Specific types of technology that can facilitate quick wins include social media, texting, smartphone apps, and electronic health records.

Improve and integrate metrics and data management: Public health plays a key role in collecting and maintaining health data sets, as well as using data to identify key

community health priority areas. These strengths can be leveraged to work with healthcare partners and payers to collaboratively define and align metrics around community supports for the ABCS, hypertension control, and integration efforts themselves. These metrics should be meaningful and useful for both public health and healthcare partners, should encourage payers to reimburse for community and public health preventive services, and should also build the broader case for supporting

integration of public health and healthcare efforts to address Million Hearts goals. Public health, healthcare, and payers should also collaborate to identify existing clinical and public health data sources, collect additional data if necessary, manage data, and disseminate findings.

Leveraging alternative funding mechanisms

The **Massachusetts Prevention and Wellness Trust Fund** is a tax-funded trust that is investing \$60 million over 4 years in evidence-based community prevention activities across the state, with the goal of reducing preventable health conditions. Eligible grantees include municipalities, community organizations, healthcare providers, health plans, and regional planning agencies. Learn more through the fund's [fact sheet](#) or on the [Massachusetts Public Health Association website](#).

Expand coverage for preventive services and integration efforts: State health agencies must participate in discussions about expanding coverage for key public health and preventive services around the ABCS of heart health and Million Hearts goals. States should prepare for these discussions by identifying:

- Preventive and community services already covered by both public and private payers in their state.
- Success stories of payer reimbursement of these services.
- Specific policy recommendations for payers.
- Opportunities to align preventive and community services with current practice standards and the healthcare quality improvement process.
- Ways to align public and private payer reimbursement systems.

Consider alternative funding mechanisms to sustain efforts: Leveraging alternative funding sources will support stronger, more sustainable reintegration efforts to address the ABCS of heart health. The first step in securing alternative funding should be examining how existing healthcare and public health dollars are being spent and identifying ways to redirect dollars more effectively. Examples of alternative funding sources include public-private partnerships, foundations and philanthropic organizations, public funding sources, and nontraditional investors such as venture capitalists. When considering these alternative sources, it will be critical to demonstrate cost-effectiveness and return on investment of public health and preventive services addressing the ABCS.

Million Hearts Case Studies

The following recommendations are summarized from case studies highlighting successful integration efforts between state health agencies and their healthcare partners in addressing components of Million Hearts and are intended to help other states implement similar initiatives. The full case studies are available on the [ASTHO Million Hearts website](#).

■ New York

The New York State Department of Health is partnering with its state QIO, IPRO, to implement New York's **Cardiac Population Health Initiative (NY CPHI)**. NY CPHI aims to reduce risk factors and improve health outcomes for patients with cardiovascular disease (CVD) or at high risk of developing CVD in approximately 150 practices across the state through improvements at the practice level. These improvements are achieved by providing technical assistance and practice support to enhance access and continuity of care, identify and manage practices' patient populations, plan and manage care, provide self-care support and community resources, track and coordinate care, and measure and improve performance around the ABCS.

■ Ohio

The Ohio Department of Health is partnering with the Ohio Academy of Family Physicians to develop and disseminate a toolkit addressing cardiovascular disease in African American males, titled **Check It, Change it, Control It: Your Heart Depends on It**. The toolkit aims to increase hypertension and cholesterol screening among African American males age 18 and older and improve their preventive behaviors and treatment by focusing on both patient education and physician training in care management and cultural sensitivity. It is currently being piloted in 10 primary care practices across the state.

Summary of recommendations from New York:

- ▶ Collaboratively define metrics.
- ▶ Maintain longevity of focus and resources allocated to improve cardiovascular health.
- ▶ Leverage public health-healthcare partnerships.
- ▶ Build on existing initiatives to maximize impact.

Summary of recommendations from Ohio:

- ▶ Don't reinvent the wheel: Leverage existing resources and partners.
- ▶ Target the needs of both patients and providers.
- ▶ Involve target groups in planning and tool development.
- ▶ Emphasize cultural sensitivity.
- ▶ Improve payer reimbursement for high quality preventive care.

Appendix: Resources for State Health Agencies and Healthcare Partners to Support Million Hearts

The following tools and resources were discussed during the Million Hearts advisory roundtable. This list is not intended to be comprehensive and does not include state resources already described elsewhere in this document. ASTHO and our national and state partners will continue to update these resources on the ASTHO Million Hearts website. Please send any recommendations to chronicdisease@astho.org.

■ State-level resource that supports Million Hearts

A Comprehensive Plan for Cardiovascular Health in Arkansas (2011) aims to reduce deaths from heart disease and stroke and improve overall cardiovascular health among Arkansans by bringing together communities, health systems, worksites, and partners to accomplish its goal. The plan supports the national Million Hearts initiative.

■ Tools for addressing the ABCS

Improving the Screening, Prevention, and Management of Hypertension: An Implementation Tool for Clinical Practice Teams is a tool from the Washington State Department of Health that uses a systematic approach to help healthcare teams better control blood pressure in clinical settings.

Aspirin Talks is an initiative of the American College of Preventive Medicine that aims to improve appropriate aspirin use by focusing on aspirin therapy counseling in the practice setting.

■ National initiatives and guidelines supporting Million Hearts

The National Prevention Strategy is an initiative led by the U.S. Surgeon General that aims to guide national efforts to improve health and well-being with a focus on prevention by issuing evidence-based recommendations that are most likely to reduce the burden of the leading causes of preventable death and major illness.

Healthy People 2020 provides science-based, 10-year national objectives for improving the health of all Americans, establishes benchmarks related to these objectives, and monitors progress over time. These aim to encourage collaborations across communities and sectors, empower individuals toward making

informed health decisions, and measure the impact of prevention activities.

The Guide to Community Preventive Services is designed to help users select evidence-based programs and policies to improve health and prevent disease in their community across a broad range of health issues and topics.

ASTHO President's Challenge 2013 focuses on the reintegration of public health and healthcare. State success stories—including stories focused on efforts that support the goals of Million Hearts—are posted on the President's Challenge website as they are received.

The Centers for Medicare and Medicaid Services (CMS) has released a Funding Opportunity Announcement for round two of the ***Health Care Innovation Awards***. Under this announcement, CMS will spend up to \$1 billion for awards and evaluation of projects from across the country that test new payment and service delivery models that will deliver better care and lower costs for Medicare, Medicaid, and Children's Health Insurance Program enrollees.

■ Technology

FitBit produces several technology products that track and support physical activity, healthy eating, weight management, and adequate sleep.

HeartHealth Mobile is a mobile app designed to provide a quick heart health check, motivate users to obtain a more accurate assessment including blood pressure and cholesterol values, and direct users to nearby locations offering affordable, convenient blood pressure and cholesterol screenings. This app was recently awarded first prize in the Million Hearts Risk Check Challenge.

Advisory Roundtable on the Role of Public Health to Support Million Hearts

Participants

Mike Barry, CAE

Executive Director, American College of Preventive Medicine

Gus Birkhead, MD, MPH

Deputy Director, New York State Department of Health

Margaret Casey, RN, MPH

Lead Consultant - Cardiovascular Health, National Association of Chronic Disease Directors

John Clymer

Executive Director, National Forum for Heart Disease and Stroke Prevention

Loretta J. Fuddy, ACSW, MPH

Director of Health, Hawaii State Department of Health

Judy Hannan

Senior Advisor, Million Hearts
CDC

LaMar Hasbrouck, MD, MPH

Director of Public Health, Illinois Department of Public Health

Mariannette Miller-Meeks, MD

Director, Iowa Department of Public Health

Judy Monroe, MD, FAAFP

Director, Office for State, Tribal, Local, and Territorial Support, CDC

José Montero, MD, MHCDS

Director, Division of Public Health Services, New Hampshire Department of Health and Human Services

Jewel Mullen, MD, MPH, MPA

Commissioner, Connecticut Department of Public Health

Kathleen Nolan, MPH

Director of State Policy and Programs, National Association of Medicaid Directors

Karyl Rattay, MD, MS

Director, Delaware Division of Public Health

David Robinson, EdD

Chief, Office of Primary Care and Rural Health, Rhode Island Department of Health

John Robitscher, MPH

CEO, National Association of Chronic Disease Directors

Don Shell, MD

Director, Cancer and Chronic Disease Bureau, Maryland Department of Health and Mental Hygiene

Deirdra Stockmann, PhD

Division of Quality Evaluation and Health Outcomes, Center for Medicare and Medicaid Services

David Sundwall, MD

Faculty, Department of Family & Preventive Medicine, University of Utah School of Medicine

Janet Wright, MD, FACC

Executive Director, Million Hearts

Ted Wymyslo, MD

Director, Ohio Department of Health