

Million Hearts Case Study: Maryland's Million Hearts Initiative

Integrating public health and primary care can both improve quality of care for a population and lower health costs. Both components of the health system share a common goal of health improvement, have similar funding streams and resources, and share many partnerships. If aligned, public health and primary care working together could achieve lasting, substantial improvements in individual and population health in the United States. State and territorial health agencies can make a significant impact in this area by decoding the key elements for successful integration, which can then be shared with others to promote further integration efforts, increase healthcare quality, lower costs, and improve overall population health.

The Maryland Million Hearts Initiative is a broad state-level effort led by the Maryland Department of Health and Mental Hygiene (DHMH) that leverages existing initiatives and engages many partners across sectors to improve cardiovascular health in the state. Maryland Million Hearts includes five core components affecting the cardiovascular health of all Marylanders, including improving clinical care within public and private healthcare settings, strengthening tobacco control, promoting a healthy diet, encouraging workplace wellness, and incentivizing local public health action.

BACKGROUND

Every 33 minutes, one person in Maryland dies from heart attack, stroke, or other cardiovascular disease-related event.¹ According to data from 2011, 4.2 percent of Maryland adults reported having had a previous heart attack and 2.6 percent reported having had a stroke.² Heart disease and stroke are the first and third leading causes of death in Maryland respectively, and together, account for one out of every three deaths (30.4%).³ The age-adjusted heart disease mortality rate for men is 1.5 times higher than the rate for women.⁴ Racial disparities exist, with the age-adjusted heart disease mortality rate for blacks being 1.3 times higher than the rate for whites.⁵ Disparities also exist for

Aim of the Integration:

Support the national Million Hearts Initiative through broad state-level efforts that leverage existing initiatives and engage key state and local partners in many sectors to improve cardiovascular health for all Marylanders.

¹Maryland Department of Health and Mental Hygiene Prevention and Health Promotion Administration Center for Chronic Disease Prevention and Control. "Maryland Million Hearts: Hypertension Fact Sheet." Available at <http://fha.dhmh.maryland.gov/hdsp/SiteAssets/SitePages/Million%20Hearts/Million%20Hearts%20Data%20Brief.pdf>. Accessed 8-28-2013.

² Maryland Behavioral Risk Factor Surveillance System, 2011.

³ Maryland Assessment Tool for Community Health. "Maryland Vital Statistics Administration, 2010." Available at www.matchstats.org. Accessed 8-28-2013.

⁴ Maryland Assessment Tool for Community Health. "Maryland Vital Statistics Administration, 2010." Available at www.matchstats.org. Accessed 8-28-2013.

⁵ Maryland Assessment Tool for Community Health. "Maryland Vital Statistics Administration, 2010." Available at www.matchstats.org. Accessed 8-28-2013.

major risk factors, including hypertension. Almost 1.4 million adults in Maryland have hypertension, and non-Hispanic blacks report higher rates of hypertension (38%) than non-Hispanic white (31.9%) or Hispanic (19.4%) groups.⁶

OVERVIEW OF THE INTEGRATION EFFORT

The Maryland Million Hearts Initiative is a state-level effort led by DHMH that aims to support the national Million Hearts goals. Maryland Million Hearts engages a broad base of partners through a three-level framework:

- “Grasstops”: These partners include key leaders in state government, healthcare systems, universities, insurance providers, and others through Maryland’s [Health Quality & Cost Council \(HQCC\)](#). HQCC is co-led by the lieutenant governor and secretary of health, and it recommends priorities for healthcare quality improvement and cost containment. HQCC is developing a chronic care management plan to improve the quality and cost effectiveness of care for individuals with chronic illnesses, including cardiovascular disease. The DHMH Office of Chronic Disease Prevention educates HQCC on initiatives addressing these health issues and the communities/populations in greatest need.
- “In the grass”: These partners include mid-level management and professionals such as healthcare providers, insurance professionals, academics, and others.
- “On the ground”: Key partners at this level include community- and faith-based organizations, local health improvement coalitions, federally qualified health centers (FQHCs), community health centers, local health departments, and others that work directly with target populations.

Maryland Million Hearts encompasses many different activities across the state that address the five core components. Some of the activities within each of these components are described below.

Improving Clinical Care: Several statewide initiatives support Maryland Million Hearts efforts to improve clinical care for cardiovascular disease. The [Maryland Health Care Commission \(MHCC\)](#) is a regulatory body within DHMH that supports quality improvement around cardiovascular disease care in primary care practices, hospitals, and health plans. MHCC collects data on performance measures and compliance with evidence-based clinical guidelines for treating many conditions, including preventive care for cardiovascular disease. Two payer initiatives—the [Maryland Multipayer Patient-Centered Medical Home \(PCMH\) program](#) and the [CareFirst BlueCross BlueShield’s PCMH program](#)—support coordinated care models for chronic disease prevention and management, with a focus on the ABCS (appropriate aspirin therapy, blood pressure control, cholesterol management, and smoking cessation), which are Million Hearts indicators. Healthy Hearts for Marylanders is a partnership between DHMH and the Mid-Atlantic Association of Community Health Centers that provides technical assistance to four FQHCs to achieve quality improvement around the ABCS and other measures.

Promoting a Healthy Diet: As part of this component, Gov. O’Malley and First Lady Katie O’Malley support a statewide nutrition initiative, which features [ChopChop Maryland magazine](#). DHMH also works

⁶ Maryland Behavioral Risk Factor Surveillance System, 2011.

in child care and school settings to help develop healthy eating and physical activity habits, which will reduce risk of cardiovascular disease long-term.

Tobacco Control: Maryland Million Hearts supports smoking cessation efforts by promoting Million Hearts through the [Maryland Tobacco Quitline](#), as well as supporting [MD Quit](#), a statewide resource that provides evidence-based, effective resources and tools to local tobacco cessation programs. DHMH also supports a collaborative network of tobacco prevention and cessation professionals.

Workplace Wellness: [Healthiest Maryland Businesses](#) is a statewide worksite wellness initiative partnering with more than 200 employers across the state. The initiative provides technical assistance that has trained nearly 600 employers, local health departments, brokers, and vendors on best practice workplace wellness strategies that address employee heart disease, stroke, cancer, diabetes, obesity, and chronic disease risk factors, including uncontrolled hypertension. [Patients, Pharmacists Partnerships \(P3\)](#) is a partnership between DHMH and the University of Maryland School of Pharmacy to improve hypertension and diabetes prevention and control by training pharmacists to provide medication therapy management and comprehensive medication therapy management services to participating employers' workforces, and promoting team-based care and the role of allied health workers. P3 currently works with four employers and 260 employees throughout the state. DHMH provides funding support for P3 and works to coordinate P3 with other initiatives across the state that support Million Hearts.

Incentivizing Local Public Health Action: Maryland Million Hearts supports local public health efforts to address cardiovascular disease prevention. Million Hearts strategies align closely with Maryland's Community Transformation Grant priorities of supporting tobacco-free living, active living and healthy eating, and quality clinical and other preventive services to improve control of blood pressure and cholesterol. In addition, [Maryland's State Health Improvement Process \(SHIP\)](#) provides a framework for accountability, local action, and public engagement to advance the health of Marylanders through 39 health objectives, including several related to cardiovascular disease and hypertension. Local health improvement coalitions oversee SHIP implementation at the county/regional level. These coalitions are facilitated by local health departments and are comprised of public health leaders and programs, safety net providers, hospitals, schools, behavioral health providers, local management boards, and many essential non-health partners. The coalitions' goal is to identify local health priorities to reach SHIP 2014 targets. Nearly all (17 of 18) of the coalitions have selected cardiovascular disease prevention as a priority area. Maryland Million Hearts provides support for these counties by providing technical assistance in partnership with the [Institute for a Healthiest Maryland](#).

DHMH and its key partners have created several tools and resources to support implementation of Maryland Million Hearts, including:

- [Maryland Million Hearts implementation guide](#)—This guide aligns statewide efforts by identifying strategies, potential partners, resources, metrics, and links to guidance documents for implementing Maryland Million Hearts-related activities. Five key focus areas in the guide include local public health action, public health and healthcare integration, expanding use of health information technology, worksite wellness, and promoting team-based care.

- *Million Hearts newsletter*—This monthly e-newsletter is distributed to more than 450 partners in the Maryland Million Hearts network and contains current research, helpful resources, webinars, and upcoming events that support Million Hearts efforts.
- [Maryland Million Hearts website](#)—The website provides information about Maryland Million Hearts efforts, links to important resources, and more.
- [Million Hearts Symposium](#)—This one-day event was held in February 2013 and co-hosted by DHMH and the Delmarva Foundation (Maryland’s quality improvement organization, or QIO⁷). The symposium aimed to raise awareness about the Maryland Million Hearts Initiative, engage new and existing partners, and highlight best practices and resources for implementing evidence-based strategies to achieve excellence in the ABCS in various community and healthcare settings. Approximately 400 stakeholders from across the state attended, including healthcare providers; pharmacists; public health professionals at the local, state, and national levels; employers; and health educators and community outreach workers. The symposium included several session tracks focused on different implementation settings, such as schools and child care, worksites, healthcare, and community. As a follow-up from the symposium, DHMH co-hosted a roundtable discussion with the University of Maryland School of Pharmacy on “Medication Therapy Management: Addressing Challenges-Advancing Adoption.” The roundtable was aimed at identifying strategies to advance adoption of medication therapy management services to meet Marylanders’ healthcare needs.
- [Hypertension Fact Sheet](#)—This data sheet includes state-level information about hypertension and heart disease statistics, risk factors, disparities, and control rates by insurance providers.
- [ChopChop Maryland](#)—This is an educational initiative to promote cooking at home and having family meals. The initiative includes a monthly newsletter that is distributed to local agencies and partners that features a monthly recipe using locally grown fruits and vegetables and highlights a local farmer. The initiative also promotes healthy recipes to state employees and facility residents through the [Maryland Employee Wellness Initiative](#) at 15 state agencies and nearly 3,400 individuals via text messages in English and Spanish.

Target Population

While Maryland Million Hearts works to improve cardiovascular health among all Marylanders, several initiatives of DHMH’s Office of Minority Health and Health Disparities allow Maryland Million Hearts to focus on addressing disparities in cardiovascular disease among populations most at-risk for heart attack and stroke. The [Minority Outreach and Technical Assistance program](#), a partnership between community- and faith-based organizations across the state, establishes local health disparities committees to educate and empower ethnic groups in their jurisdiction to prevent cancer, tobacco use, and other health disparities in their community, including cardiovascular disease. Of the 15 participating jurisdictions, 11 are focusing their efforts on chronic diseases that impact heart health, such as hypertension, diabetes, obesity, and tobacco use. The [Health Disparities Reduction Demonstration Program](#) addresses minority cardiovascular disease through cooperative agreements with local health departments to establish taskforces and coalitions of community members, health professionals, and

⁷ QIOs are private, mostly nonprofit 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 quality improvements throughout the spectrum of care. Source: Centers for Medicare and Medicaid Services. “Quality Improvement Organizations.” Available at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityImprovementOrgs/index.html?redirect=/qualityimprovementorgs>. Accessed 6-10-2013.

other community stakeholders. The local health departments are selected to participate based on their jurisdiction's rate and incidence of cardiovascular disease. In addition, Lt. Gov. Anthony Brown led efforts to create five "[health enterprise zones](#) (HEZs)," which are designed to reduce health disparities in underserved communities, including high rates of cardiovascular disease. Incentives are provided to eligible primary care practitioners and community-based organizations or local health departments in these zones to expand and improve access to care, improve health, and reduce disparities.

Resources:

Maryland Million Hearts leverages several federal funding sources, including a CDC Preventive Health and Health Services grant, a CMS State Innovation Models testing grant, Maryland's Community Transformation Grant, Heart Disease and Stroke Prevention Program funding, and state Diabetes Prevention and Control Program funding.

RESULTS/BENEFITS

Successes

Successes from specific programs within Maryland Million Hearts include:

- Healthy Hearts for Marylanders has already resulted in an increase in blood pressure control (<130/80) from 17 percent at baseline (2009) to 44 percent within the participating centers.
- Healthiest Maryland Businesses trainings have resulted in increased awareness of the importance of a healthy workforce, knowledge and skills in implementing evidence-based wellness strategies, and awareness of free/low-cost worksite wellness resources.
- P3 has resulted in improved medication management among employees of participating businesses: 88 percent of participants achieve blood pressure control of less than 140/90 mm Hg.

Measurement

Maryland Million Hearts is leveraging health information technology partners and existing clinical and public health data sets to track progress on Maryland Million Hearts activities. Examples include:

- Maryland's all-payer claims database includes data for every hospital encounter from every payer in the state. MHCC developed the database to support analysis of healthcare spending and utilization of services. The database is useful for health systems' quality improvement efforts and PCMHs across the state because it is one of a very limited number of public data systems used to calculate shared savings. DHMH and MHCC are exploring how to best use the database to support Million Hearts.
- The [Chesapeake Regional Information System for Our Patients \(CRISP\)](#) is [Maryland's designated health information exchange](#) and helps healthcare providers use electronic health records to share clinical data with other providers and hospital systems across the state. CRISP receives real-time patient demographic data from all 46 Maryland hospitals, as well as more than 90 clinical data feeds from hospitals, large radiology centers, laboratories, and long-term care centers. Through CRISP, providers and care coordinators can be notified when patients with heart disease are admitted to the hospital. CRISP also offers an opportunity to create data sets that could benefit providers and community health entities.
- DHMH's Virtual Data Unit links different administrative units within DHMH to increase data access, communicate data to decisionmakers and other stakeholders, and improve compliance

with data standards. Specifically, it facilitates data access to end users through a help desk and common access portal; coordinates and prepares responses to data requests that involve multiple units across DHMH; develops DHMH policies pertaining to data standards, access, release, and linkages; promotes optimal approaches to data collection, analysis, and reporting that allow health equity issues to be addressed; and supports development and interpretation of measures for the State Health Improvement Process (SHIP) as well as state and local public health accreditation processes. The Virtual Data Unit works with local health departments on community surveillance and epidemiology projects, such as HEZs. It is also aggregating several public health data sources to create a new public health data warehouse. This warehouse will have capacity to provide data to improve the effective delivery and use of clinical and preventive services. Maryland's Million Hearts initiative will benefit from this infrastructure through increased awareness of and access to data that will be used to measure the initiative's goals.

- The [Healthcare Effectiveness Data and Information Set \(HEDIS\)](#) includes measures for managed care plans and a comprehensive diabetes care indicator set in Medicaid's value-based purchasing program to more comprehensively address cardiovascular disease. DHMH is also collaborating with managed care organizations to include a hypertension indicator in HEDIS: the percentage of members 18–85 years of age who were diagnosed with hypertension and whose blood pressure was adequately controlled (<140/90 mmHg) during the measurement year.
- [StateStat](#) is a state-level performance-measurement and management tool implemented by Gov. O'Malley's administration to improve state government efficiency and accountability. A Million Hearts template has been included in StateStat to track data with the goal of reducing blood pressure, improving control of diabetes, and reducing cardiovascular mortality. This allows Maryland Million Hearts to track progress on its five core components.

Key recommendations include:

Set a big table—Bring together stakeholders from across sectors, including inside and outside of public health. Be sure to engage leaders at the “grasstops,” such as elected officials.

Focus on shared goals—Public health and healthcare partners have shared interests and goals. Take the time to identify and develop common goals upfront.

Use initiatives and funding that already exist—Leverage initiatives that are already funded and figure out how to incorporate Million Hearts goals into those. Don't duplicate efforts with partners, but rather find ways to leverage each other's work.

Prioritize relationships—Reach out to healthcare partners early and commit to cultivating long-term partnerships that continue beyond individual projects or initiatives. Develop key contacts at partner organizations so it is easier to reach out.

INFRASTRUCTURE TO SUPPORT COLLABORATION AND SUSTAINABILITY

Many, if not most, of the Maryland Million Hearts activities described above leverage public health-healthcare partnerships. Both DHMH and its healthcare partners recognize that the public and private health sectors have the same mission—improving health—and complementary skills and resources to

achieve it. For example, the Delmarva Foundation recognizes that QIOs have access to data sets (e.g., Medicare claims data) that public health may not. QIOs also contribute expertise in data analytics, a clinical perspective and the attendant access to the clinical community. Public health, on the other hand, contributes knowledge of effective population- and community-based strategies, access to community health networks, and management of important population-level data sets.

The Maryland Million Hearts Symposium is a specific example of successful integration of public health and healthcare efforts to convene partners to advance Million Hearts' goals. Delmarva and DHMH played complementary roles in planning and hosting the symposium. Delmarva managed many of the logistical preparations, including event planning, registration, arranging clinical presenters, and printing materials. DHMH leveraged its public health network to arrange public health presenters for the sessions focused on community, worksite, and child care settings, as well as managed most marketing activities. The planning and marketing was so successful that the symposium was attended by approximately 400 people—nearly double the number of attendees that DHMH and Delmarva originally anticipated. DHMH and Delmarva's experience with the symposium allowed them to learn more about each other's resources and capacities, which will facilitate future collaborative projects in Delmarva's next CMS funding cycle.

Sustainability

Funding is always a key factor in sustaining efforts. As our nation's health care delivery system continues to change, new expanded payment reform opportunities will inevitably arise, allowing public health and healthcare to work together to address cardiovascular disease. Public health can leverage this opportunity to tap into new funding sources while maintaining its role in population health management.

For More Information

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