



Heart Health Now!

The North Carolina Cooperative for AHRQ's

EvidenceNOW

Advancing Heart Health in Primary Care



UNC

THE CECIL G. SHEPS CENTER
FOR HEALTH SERVICES RESEARCH



NCHQA
North Carolina Healthcare Quality Alliance



Community Care
of North Carolina

Funded by the Agency for Healthcare Research and Quality (AHRQ) in the U.S.
Department of Health & Human Services

Heart Health NOW

NC Population Data

- **Cardiovascular Death Rate 263 per 100K**
 - 1/3 of all NC deaths (32nd in U.S.)
- **Annual cost: \$4.6 billion dollars (inpatient alone)**
- **Risk Factors**
 - 65% obese / overweight
 - 54% lack physical activity
 - 40% high cholesterol
 - 32% HTN
 - 10% diabetic
 - 20% smoke

Heart Health NOW

Heart Health NOW Cardiovascular measures

1. Assessment of Cardiovascular Risk **
2. Ischemic Vascular disease (IVD): Use of Aspirin or another Antithrombotic (PQRS 204/NQF 0068).
3. Aspirin for the Primary Prevention of Cardiovascular Disease **
4. Blood Pressure Management: Controlling High Blood Pressure (<140/90) (PQRS 236/NQF 0018)
5. Smoking Cessation Support (PQRS 226 Part B modified) / NQF 0028
6. Statin Therapy for Prevention and Treatment of Cardiovascular Disease including Risk Based Statin Therapy**
7. Emphasis on appropriate self-management – The “Southern” Mediterranean Diet!!!

*** Novel measure developed with UNC expert panel*

Heart Health NOW

Reduce CVD Risk

We can make an **IMPACT!!!**

➤ To Improve Patient Health

■ Control **1 or 2 Measures:**

Can reduce short-term event risk

25%

■ Control **ALL Measures:**

Can reduce lifetime CVD mortality risk

75%

Heart Health NOW

Update

- Onsite practice coaching has started in 100 of the 300 enrolled practices
 - 50 more practices will join every other month until we reach the goal of 300 (November 2016)
- The risk stratification calculations for whole practice populations are now available
- Baseline data have been accumulated
- Work on the treatment goals has started

A NEW HEART HEALTH PROJECT - CHANGE

- **Funded by the CDC**
- **A rural outreach project to reduce cardiovascular risk**

A NEW HEART HEALTH PROJECT - CHANGE

- **Project Interventions:**
 1. **Partner with FQHCs or RHCs to optimize cardiovascular risk reduction measures**
 2. **Connect the clinics to Departments of Public Health through a tandem of Community Health Workers (CHWs)**

A NEW HEART HEALTH PROJECT - CHANGE

- **Project Interventions (continued):**
 3. The CHWs are connected to the practice through I-Pad technology and serve as a peer supporter who provides advice on diet, exercise, smoking cessation and medication adherence.
 4. Online (and paper) resource guide

A NEW HEART HEALTH PROJECT - CHANGE

- **Index patients – patient with one or more cardiovascular risk factors out of control**
- **Involvement of social network – “Anyone in your family or neighborhood that might want to join you in the program?”**
- **Double effect – reinforcement for index patient and engagement of at risk community members.**
- **Blood pressure checks / Primary care referral**

A NEW HEART HEALTH PROJECT - CHANGE

- **First Community:**
 - Hertford County
 - Roanoke Chowan Community Health Center and Hertford Public Health Authority
- **40 patients recruited to date (Goal of 480 in 2 years)**
- **Next community will be chosen this summer**

Summary

- Heart Health Now will risk stratify every adult patient in participating practices and will create an intense practice population approach to reducing cardiovascular risk. Acute events and costs should rapidly fall in the high risk group.
- CHANGE uses community health workers connected to practices by technology to provide peer support outreach to at risk patients in rural communities.
- The engagement of social networks should provide acute benefits for patients and long term benefits for other community members.