"Advancing Million Hearts®: AHA and State Heart Disease and Stroke Prevention Programs Working Together in Virginia"

July 13, 2016

Mid-Atlantic Affiliate: Glen Allen, Virginia

Contents include:

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"Advancing Million Hearts®:
AHA and State Heart Disease and Stroke Prevention
Programs Working Together in Virginia"
July 13, 2016
Mid-Atlantic Affiliate: Glen Allen, Virginia

This one day event was presented by the Million Hearts® Collaboration, co-chaired by the American Heart Association and the National Forum for Heart Disease and Stroke Prevention. Funding for this event is made possible (in part) by the Centers for Disease Control and Prevention for the Million Hearts® Collaboration.

Those invited to attend included colleagues from the American Heart Association, Virginia Department of Health, health systems, health insurers, and professional associations.

Meeting Purpose:
Connecting staff from AHA Affiliates, state health departments and other state and local heart disease and stroke prevention partners to establish and engage in meaningful relationships around Million Hearts® efforts.

Meeting Objectives:
At the end of the meeting, participants will be able to:
1) Identify Million Hearts focused activities for 2016
2) Recognize Million Hearts® evidence-based and practice-based CVD prevention strategies and approaches
3) List partner programs and resources that align with Million Hearts
4) Identify programs efforts that align and ways to work together
5) Create plan for follow-up to increase engagement
6) Recognize key contacts within heart disease and stroke prevention

Virginia Focus:
Meeting unique to Virginia was the focus on the expansion of Check.Change.Control/Target BP.

Attendance: 45

Evaluation Highlights:
The <u>most</u> valuable part of the meeting was:
- Making connections and getting resources
- Seeing how partner activities could align
- Recognizing that different partners could take on aspects of the plan to help Million Hearts get closer to their goals
- Learning about programs in place in the AHA
- Dionne's presentation
- Sharing ideas

Ways to improve in the future:
- Longer partner sharing session

Brainstorming Session Notes

High level overview of the key areas recognized for collaboration:

- Check Change Control
- Pharmacist-Physician Collaborative Care Model and proposed MTM project
- QI projects with Community Health Centers
- Collaboration with Anthem
- VA Congregation for Million Hearts Initiative and Resource Centers
- State Innovation Model (SIM) work – Patient Transformation Network, Community Health Workers,
- Food Service Guidelines

Next steps over these next few months:

- Presentation by VCU School of Pharmacy on the Pharmacist-Physician Collaborative
- Share events occurring at congregations
- VHQC to set up Cardiolan in order to share events, resources, best practices
- Reach out to other partners such as more payers, pharmacies, and business group on health

Content to share with the participants:

- QI tools such as toolkit from the Virginia Health Innovation Network
- Resources from Walgreens such as app and website
- VDH SMBP Video: http://www.vhha.com/research/population-health/self-monitor-your-blood-pressure/. For more information on the research that led to creating the videos, see http://www.vhha.com/research/2015/07/24/the-difficulty-of-following-self-measure-blood-pressure-recommendations/

Summary of the resources they need / compiled:

AHA Resources:

- Check Change Control
- Team Up Pressure Down
- Guideline Advantage
- AHA Healthy Meetings Tools
- Ministry Event Planning Guide
- Target BP
- You're the Cure
- Million Hearts Microsite

Facilitated Discussion/Flip Chart Notes:

Team-Based

Who	Region	Partner Activities	Tools
Virginia Commonwealth University (VCU) Virginia Center for Health Innovation (VCHI) VHQC University of Virginia (UVA) George Mason University (GMU) CHS Eastern Virginia Medical School (EVMS) Virginia Tech Carilion School of Medicine and Research Institute	Statewide	Heart of Virginia Healthcare – Primary Care	Virginia Health Innovation Network
Medical Professionals, Clinics, and Hospital Systems	Richmond/Petersburg	Target BP/Community Events like Power to End Stroke Jazz Night	Need partners who can help engage new advocates willing to support policy efforts through You're the Cure (www.yourethecure.org) Statewide - Actually even nationwide
EVMS Family & Community Medicine	Norfolk & Hampton Roads	Educational model & HTN Health Coaches	The Curriculum Using students Motivational Interviewing Community Health Workers & SDOH
Center for Healthy Hearts VCU School of Pharmacy	Richmond	Pharmacist – Physician Collaborative Care Model Pharmacists see patients, titrate meds, and educate	Interested in target BP

Who	Region	Partner Activities	Tools
GWTG – Stroke	Richmond & Hampton Roads; Kilmarnock	Implement evidence-based care; review monthly with team	GWTG-database Audience: Healthcare providers
VDH	State	VAFP Partner Meetings – SAM HMA Provider Survey – What? How? Who?	
Virginia Department of Health	State and Local (each region)	Establish PharmD student volunteers and PharmD ambulatory care residency programs at healthcare practices by partnering with schools of pharmacy; Bring Clinical-Community partners together in MSV Sync and Evolve Programs	Target BP, educational handouts, simple cooking with heart
CCNV	Virginia FQHCs	QI Support to facility PDSA cycles, best practices	EHR NQF USPSTF HRSA Quality Tools
Anthem	Statewide	Partners with community and state agencies	Provider network
DHRM	Downtown Richmond		Capital Square Healthcare Clinic
VHQC	VA/MD	Our cardiolan can be used as a best practices dissemination tool for providers, hospitals, practices, etc.	

Uncontrolled

Who	Region	Partner Activities	Tools
VDH	State and Local	MTM Survey (Who is doing what)	
VDH (Sodium) – Healthy Food Service Guidelines	State and Local	Engage food service providers	
VDH (Uncontrolled HTN)	State and Local (Each Region)	Proposed partnerships with schools of pharmacy to have PharmD students and CHWs offer MTM services, education,	Team Up. Pressure Down

Who	Region	Partner Activities	Tools
		and referrals at community pharmacies Bring clinical	HTN Change
Bon Secours	State	Resource for PCP/Internal Medicine	AHA Materials Algorithms Stroke Notebook
CCVV	Virginia FQHCs	Benchmark & HP2020 Provide provider, center, and roll up reports to each FQHC quarterly Provide training to ensure workflow is consistent and data capture requirements	EHR Access Excel HRSA
Center for Healthy Hearts – VCU School of Pharmacy	Richmond	Frequent follow-up Team-based Guideline focused Medication titration until goal BP reached	Patient education handouts
VDH – Other partners through local coalitions, Million Hearts®	State and local	Healthy Vending/Procurement Promote adoption of healthy v&p toolkits (website and community)	
VDH	Statewide	Smoke-free parklands and worksites – Signage, passive policy implementation	Signage through VDH tobacco teams Complete bike toolkit
Walgreens	Virginia Statewide	Use of our digital channels to monitor BP, such as app and website Rewards for Healthy Choices, activity measures Dashboard with recommendations	
Walgreens	Most of Virginia	Worked with ASTHO and Million Hearts® to educate patients on SMBP device use and sold discounted device	
Underinsured/uninsured	Statewide?	Connect providers so that high-risk patients don't get lost in the system	The Guideline Advantage
African American/Latino	Richmond/Petersburg	PTES Jazz Night, Faith-based work with ETS, SCWH demos	SCWH, Handouts,

Who	Region	Partner Activities	Tools
			community events
Common Health	Statewide	Health Checks	Weekly emails
VDH	Statewide	Share SMBP video	SMBP video
Anthem	Statewide	Partner with providers and members	IVR, letters, case management outreach, provider incentive programs
AHA – Advocacy	Statewide	Healthy food choices in public places advocacy	AHA Toolkit
VHQC	VA/MD	Recruited provider practices EHR Assistance Meeting Mu Macra/MIPS	Push tools, protocols, guidelines to PQRs for ABCS, quality reporting

Undiagnosed

Who	Region	Partner Activities	Tools
AHA Central Virginia	Central Virginia	Raise awareness about hypertension with the general public	We can post/promote upcoming screenings you are offering through our social media/PR efforts
VDH	Statewide	Identify 6 FQHCs	CCNV learning collaboratives
CommonHealth (TLC)	Statewide	Health check (screenings)	Weekly emails to a liaison
African American/Latino	Richmond – Petersburg	Work with faith-based communities, HBCUs to provide on-site BP screenings by a medical professional or automatic BP cuff	
Va. Dept. of Health – Identify undiagnosed HTN	State and local (each region)	BP Ministry Guide with Congregations, CHWs, healthcare practices	

Who	Region	Partner Activities	Tools
Center for Healthy Hearts – Partnered with VCU School of Pharmacy	VA	Community Outreach/Screening – Partners: MOM, RAM, Project Homeless Connect, ADA Education Events Activity: Referral to medical homes or urgent care as appropriate	Patient education handouts
RCHD Central	Central	Expanding RC Medical Reserve Corps to more chronic disease focus	
VDH	Statewide (9 sites)	Check charge control algorithm	
Bon Secours Virginia (Work to address undiagnosed HTN)	Virginia	Outreach programs - Jazz event - Work with EMS - Work @ events	Target BP Check Charge Control Health & Wellness BSV
VHQC	VA/MD	Cardiovascular Learning Action Network (Cardio CAN) webinar platform to disseminate tools and information to providers and patients – Target audience – minority and/or rural Medicare beneficiaries	
Central Region Resource Centers		Access to free BP screening at off-site public housing clinics called Resource Centers Community health workers – lay peer educators increase access to PCPs Free screening at health fairs	
Anthem (Undiagnosed HTN)	Statewide	Partner with members and providers	IVR, letters, preventive benefits access, health fair support

Who	Region	Partner Activities	Tools
			Possible tools: Share the Million Hearts® microsite for clinicians with providers/clinicians
RCHD	Richmond City	Doing BP screenings in the clinics and giving the Self Management Toolkit and ensuring medical provider	

Areas of Synergy

Strategy: Identify Undiagnosed Hypertension -

WHO	REGION	PARTNER ACTIVITY	TOOLS
Patrick VDOH Virginia Congregations for the Million Hearts Initiative	**Statewide**	**Virginia Congregations for the Million Hearts Initiative** **BP Screening – connecting to Medical Home Referral Form** **Pharmacist, Physician, Community health workers**	**Ministry Event Planning Guide**
PARTNERS			
Amy Popovich Richmond City Health District		Align with Local health department, **community health workers** Connections to primary care	MOUs/Contracts
Rusty Maney Walgreens		Walgreens willing to Partner	
Michael Royster IPHI		Institute for Public Health Innovation Partner with How imbedded are they in medical practices scale of 1-10; 2	

Strategy: Team Based Care

WHO	REGION	PARTNER ACTIVITY	TOOLS
Dionne, AHA CCC; Target BP	**Statewide**	**CCC; Target BP** **Volunteer chef** **Fitness classes**	**Package with handouts on blood pressure; electronic file**
PARTNERS			
Heart of Virginia Healthcare Initiative		AHRQ; 6 month interventions Ark Grant	
Virginia Center for Health Innovation			CCC

Federally Qualified Health Centers			VA SIM Grant
Business Group on Health			
Transformation Grants			
Dan Dixon Center for Healthy Hearts (Former Center for High Blood Pressure)			Pharmacist Physicians Collaborative Model – work with MDs in hypertension management. Pharmacists educate on BP MDs = annual physical
VDOH		What does this look like? Can it be replicated to commercial program?	

Strategy: Address Uncontrolled Hypertension - Areas of Synergy

WHO	REGION	PARTNER ACTIVITY	TOOLS
VDOH, Carla Hedgewood		**Healthy Vending**	
VDOH, Carla Hedgewood		**Procurement**	
PARTNERS			
VDOH Partnering with Culinary Institute of America		Community based trainings on Healthy culinary workshops, dietary standards	
Virginia Health Care Quality Center *Michelle White*		Target FQHCs, minority populations, videos, rural,	Has Webinar capabilities; record, track, on demand, metrics
Common Wealth of VA *Rose O'Toole*			Distribution Channel 134+ Weekly Email
Community Care Network of Virginia Carron Young			Data searches, Reports, Accurate Data capture, Trainers certified in work flows Medical managers, clinical practice guidelines

Strategy: Promote Coordination & Collaboration
Areas of Synergy

Goal	Action	By When	By Who
Convening	**More meetings – follow up**		**AHA**
Training/ networking	**NCHI – blogs and online community to share data**		**VCHI (Ashley**

Identify additional partners			
VCU Pharmacy Model			

Advancing Million Hearts®: AHA and Heart Disease and Stroke Prevention Partners Working Together in Virginia

JULY 13, 2016
10:00 AM - 3:00 PM ET

American Heart Association Mid-Atlantic Affiliate
4201 Park Place Court
Glen Allen, VA 23060

MEETING PURPOSE:

Connecting staff from AHA Affiliates, state health departments and other state and local heart disease and stroke prevention partners to establish and engage in meaningful relationships around Million Hearts® efforts.

MEETING OBJECTIVES:

At the end of the meeting, participants will be able to:

1. Identify Million Hearts focused activities for 2016
2. Recognize Million Hearts® evidence-based and practice-based CVD prevention strategies and approaches
3. List partner programs and resources that align with Million Hearts®
4. Identify programs efforts that align and ways to work together
5. Create plan for follow-up to increase engagement
6. Recognize key contacts within heart disease and stroke prevention

MEETING OUTCOMES:

Attendees will have expanded their knowledge of evidence based programs, collaboration strategies, tools, resources and connections to align programs and new initiatives that support Million Hearts®.

AGENDA

10:00 AM

WELCOME, OVERVIEW OF THE DAY, AND INTRODUCTIONS
Jill Birnbaum, *VP of State Advocacy & Public Health,*
American Heart Association, Co-chair, Million Hearts® Collaboration

What excites you about your role in heart disease and stroke prevention?

10:15 AM

MILLION HEARTS®
Robin Rinker, MPH, CHES, *Health Communications Specialist,*
Division for Heart Disease and Stroke Prevention,
Centers for Disease Control and Prevention

- Million Hearts® accomplishments
- What must happen to prevent
- 2016 Focus

Q & A

10:45 AM

VIRGINIA CHRONIC DISEASE DOMAIN PROGRAMS THAT ALIGN WITH MILLION HEARTS®
Kayla Craddock, MPH, *Quality Improvement Supervisor,*
Virginia Department of Health

Q & A

11:15 AM

AMERICAN HEART ASSOCIATION PROGRAMS AND RESOURCES THAT ALIGN WITH MILLION HEARTS
Jill Ceitlin, MPH, *State and Community Advocacy Consultant*

Dionne Henderson, *Director of Multicultural Health Initiatives*

John Dugan, *Director of Clinical Services*

Robin Gahan, MSW, *Senior Director, Government Relations*

Q & A

12:00 PM	**CATERED LUNCH**
12:30 PM	**EXPANDING CHECK.CHANGE.CONTROL** Sara Schleisman, *Director of Marketing and Health Initiatives, Patient and Healthcare, American Heart Association* Dionne Henderson, *Director of Multicultural Health Initiatives, American Heart Association* **Q & A**
1:00 PM	**PARTNERS, PROGRAMS AND PERSONS THAT ALIGN, WAYS TO WORK TOGETHER AND NEXT INTERACTIONS** Miriam Patanian, MPH and Julia Schneider, MPH *Public Health Consultants* *Cardiovascular Health Team* *National Association of Chronic Disease Directors* **Q & A**
2:30 PM	**WRAP UP/ADJOURN** April D. Wallace, MHA, *Program Initiatives Manager* *The Million Hearts® Collaboration, American Heart Association*

REGISTRANTS AS OF JULY 7, 2016

American Heart Association ▪ Anthem Blue Cross Blue Shield Virginia ▪ Bon Secours Virginia Health System ▪ Center for Healthy Hearts ▪ Chesterfield County Schools & Government ▪ City of Richmond ▪ Virginia Dept. of Human Resource Management ▪ Community Care Network of Virginia ▪ Henrico County ▪ Richmond City Health District ▪ Virginia Hospital and Healthcare Association ▪ Virginia Health Quality Center ▪ Virginia Department of Health ▪ Walgreens ▪ YMCA of Greater Richmond ▪ Virginia Commonwealth University School of Pharmacy

Advancing Million Hearts®: AHA and Heart Disease and Stroke Prevention Partners Working Together in Virginia
July 13, 2016

Contact List

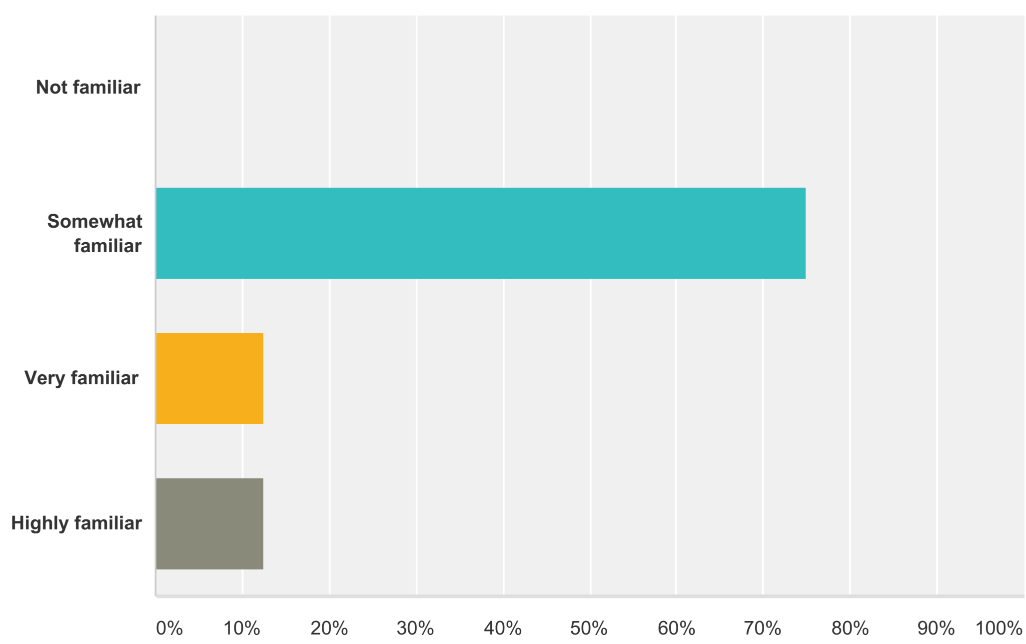
Name	Organization/Company	Title
Amy Moore	CommonHealth/DHRM	Health Educator
Amy Popovich	Richmond City Health District	Resource Center Program Director
Andrew Paisley	Eastern Virginia Medical School	Medical Student
Annie Thornhill	American Heart Association	Vice President, Community Health & Stroke
April Wallace	American Heart Association	Program Initiatives Manager, Million Hearts® Collaboration
Ashley Bell	American Heart Association	Vice President, Government Relations
Ashley Edwards	Virginia Center for Health Innovation	Chief Innovation Officer
Barbara Brown	Virginia Hospital and Healthcare Association	Vice President, Data & Research
Beth Bortz	Virginia Center for Health Innovation	President and CEO
Carla Hegwood	Virginia Department of Health	Environmental Strategies Coordinator
Carron Young	Community Care Network of Virginia	Director of Performance Measurement & Improvement

Name	Organization/Company	Title
Dave Dixon	VCU School of Pharmacy	Associate Professor
Denise Heer	City of Richmond	Employee Wellness Coordinator
Dionne Henderson	American Heart Association	Director, Multicultural Health Initiatives
Elizabeth Theriault	Richmond City Health District	Chronic Disease Supervisor
Eric Parod	VCU School of Pharmacy	Pharmacist
Hallel Basco	Center for Healthy Hearts	Registered Nurse
Jill Birnbaum	American Heart Association	Vice President, State Advocacy & Public Health
Jill Ceitlin	American Heart Association	State & Community Advocacy Consultant
John Dugan	American Heart Association	Director, Systems Improvement
Julia Schneider	Nat. Association of Chronic Disease Directors	Public Health Consultant, Cardiovascular Health Team
Julie Harvill	American Heart Association	Operations Manager, Million Hearts® Collaboration
Kara Holmes	Virginia Department of Health-RiCHD	Nurse Manager
Kathy Rocco	Virginia Department of Health	Chronic Disease Manager

Name	Organization/Company	Title
Kayla Craddock	Virginia Department of Health	Quality Improvement Supervisor
Keltcie Delamar	American Heart Association	Director, Grassroots & Media Advocacy
Linda Paxton	Bon Secours Richmond	Administrative Director Cardiovascular Services
Lindsey Worrix	Anthem Blue Cross Blue Shield	Senior Project Manager
Liz Stovall	Henrico County	Fitness/Wellness Manager
Lynne Wingfield	Chesterfield County Schools & Government	Employee Wellness Coordinator
Mary Louise Gerdes	CommonHealth	Regional Coordinator
Maureen Dempsey	Anthem BCBS Virginia	Regional Vice President, Senior Clinical Officer
Melissa Assalone	American Heart Association	Director, Government Relations
Michelle McLees	American Heart Association	Director, Communications & Marketing
Michelle White	Virginia Health Quality Center	Program Manager
Miriam Patanian	Nat. Association of Chronic Disease Directors	Lead Consultant, Cardiovascular Health & Health Systems
Patricia Lane	Bon Secours Health System	Administrative Director of Neurosciences

Name	Organization/Company	Title
Patrick Wiggins	Virginia Department of Health	Health Systems Intervention Coordinator
Robin Gahan	American Heart Association	Senior Director of Government Relations, Virginia
Robin Rinker	Centers for Disease Control & Prevention	Health Communications Specialist
Rose O'Toole	Commonwealth of VA	CommonHealth
Rusty Maney	Walgreens	Area Healthcare Supervisor
Sara Schleisman	American Heart Association	Director, Marketing and Health Initiatives
Sarah Birckhead	Virginia Department of Health	Regional Coordinator for Tobacco Control
Tiffany McGhee	Bon Secours Virginia	Clinical Informatics Specialist
William Thornton	YMCA of Greater Richmond	Association Director of Wellness & Community Health

Q1 How familiar are you with the Million Hearts® Initiative key components?Key components include: A focus on the ABCs (address aspirin when appropriate, blood pressure control, cholesterol management, smoking cessation, sodium reduction and eliminating transfat intake) through changing the environment and optimizing care Health Information Technology Innovations in Care delivery



Answer Choices	Responses	
Not familiar	**0.00%**	0
Somewhat familiar	**75.00%**	6
Very familiar	**12.50%**	1
Highly familiar	**12.50%**	1
Total		**8**

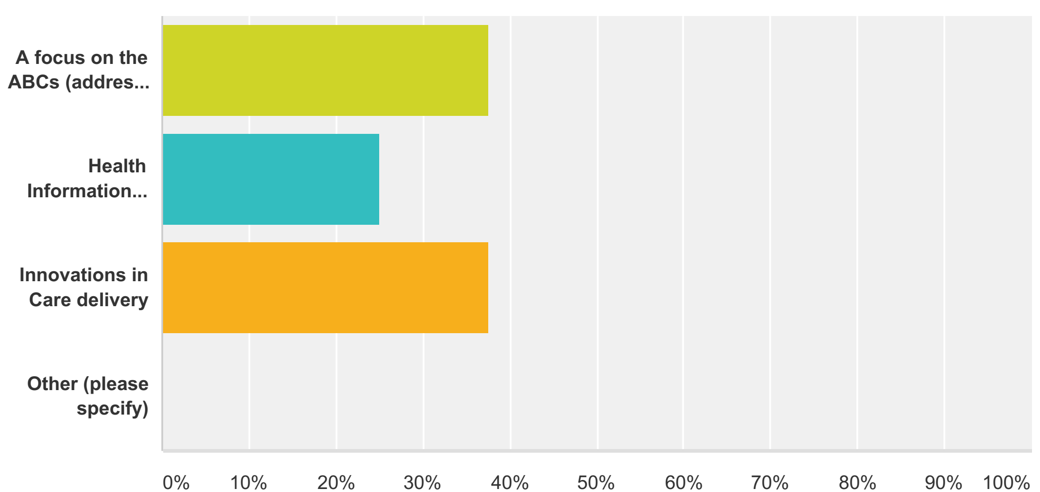
Q2 Are there any of the key components you would like to expand upon?

Answered: 6 Skipped: 2

#	Responses	Date
1	Innovations in Care delivery	7/7/2016 5:13 PM
2	Health Information Technology - how can we best support clinical partners in utilizing HIT when we are not working directly with their EHR system.	7/6/2016 9:08 AM
3	Innovations in Care delivery	7/5/2016 5:27 PM
4	ABCs - nutrition related	7/5/2016 5:18 PM
5	n/a	7/5/2016 4:58 PM
6	Health Information Technology	7/5/2016 4:10 PM

Q3 Of the Million Hearts® key components, what are you most interested in learning more about?

Answered: 8 Skipped: 0



Answer Choices	Responses	
A focus on the ABCs (address aspirin when appropriate, blood pressure control, cholesterol management, smoking cessation, sodium reduction and eliminating transfat intake) through changing the environment and optimizing care	**37.50%**	3
Health Information Technology	**25.00%**	2
Innovations in Care delivery	**37.50%**	3
Other (please specify)	**0.00%**	0
Total		**8**

#	Other (please specify)	Date
	There are no responses.	

Q4 What has been your primary action in Million Hearts® to date, if any?

Answered: 6 Skipped: 2

#	Responses	Date
1	new at my job so none so far	7/7/2016 5:13 PM
2	Health information technology - what are providers reporting on and across what measure and reporting bodies; innovations in care delivery - how are providers addressing hypertension in priority populations?	7/6/2016 9:08 AM
3	Attened a workshop a few years ago. Very active with AHA and VDH	7/5/2016 5:27 PM
4	none	7/5/2016 5:18 PM
5	n/a	7/5/2016 4:58 PM
6	Briefly discussed how tobacco cessation is included and have learned about Million Hearts faith partners.	7/5/2016 4:53 PM

Q5 What organizations or partners do you work with outside of your agency to address heart disease and stroke prevention?

Answered: 7 Skipped: 1

Answer Choices	Responses	
Partner 1	**100.00%**	7
Partner 2	**57.14%**	4
Partner 3	**42.86%**	3
Partner 4	**28.57%**	2
Partner 5	**28.57%**	2
Partner 6	**14.29%**	1

#	Partner 1	Date
1	Virginia Department of Health	7/6/2016 12:16 PM
2	American Heart Association	7/6/2016 9:08 AM
3	American Heart Association	7/5/2016 5:27 PM
4	Virginia Department of Health	7/5/2016 5:18 PM
5	n/a	7/5/2016 4:58 PM
6	AHA (especially the Mission Committee)	7/5/2016 4:53 PM
7	Virginia Department of Health	7/5/2016 4:10 PM
#	**Partner 2**	**Date**
1	Primary care practices (varies; FQHCs)	7/6/2016 9:08 AM
2	National Black Nurses Association	7/5/2016 5:27 PM
3	Local Health Districts	7/5/2016 4:53 PM
4	Virginia FQHCs	7/5/2016 4:10 PM
#	**Partner 3**	**Date**
1	Professional societies (MSV and VAFP)	7/6/2016 9:08 AM
2	American Association of Neuroscience Nurses	7/5/2016 5:27 PM
3	Local Coalitions like CHAT in Emporia	7/5/2016 4:53 PM
#	**Partner 4**	**Date**
1	Virginia Hospital & Healthcare Association	7/6/2016 9:08 AM
2	Alpha Kappa Alpha Sorority Incorporated	7/5/2016 5:27 PM
#	**Partner 5**	**Date**
1	Virginia Health Quality Center	7/6/2016 9:08 AM
2	American Nurses Association	7/5/2016 5:27 PM
#	**Partner 6**	**Date**
1	MCOs/insurers (Anthem, Virginia Premier, etc.)	7/6/2016 9:08 AM

Q6 Are there new partners you would like to engage with?

Answered: 3 Skipped: 5

Answer Choices	Responses	
Partner 1	**100.00%**	3
Partner 2	**66.67%**	2
Partner 3	**33.33%**	1
Partner 4	**33.33%**	1
Partner 5	**0.00%**	0

#	Partner 1	Date
1	Larger Health system partners (associated with hospital & primary care settings)	7/6/2016 9:08 AM
2	American Associaton of Neurology	7/5/2016 5:27 PM
3	n/a	7/5/2016 4:58 PM
#	**Partner 2**	**Date**
1	Academic Partners (residency & pharmacy programs)	7/6/2016 9:08 AM
2	Association of Black Cardiologogist	7/5/2016 5:27 PM
#	**Partner 3**	**Date**
1	Pharmacies (higher level)	7/6/2016 9:08 AM
#	**Partner 4**	**Date**
1	Employers and/or benefit managers	7/6/2016 9:08 AM
#	**Partner 5**	**Date**
	There are no responses.	

Q7 What is your primary role/function within your organization?

Answered: 8 Skipped: 0

#	Responses	Date
1	nurse manager	7/7/2016 5:13 PM
2	Quality Initiatives	7/6/2016 12:16 PM
3	Oversee contracts and programs associated with CDC-funded initiatives to reduce and prevent hypertension and diabetes.	7/6/2016 9:08 AM
4	Health Committee Chair, Board of Directors	7/5/2016 5:27 PM
5	Health educator, developing wellness programs for employees	7/5/2016 5:18 PM
6	Grassroots advocacy engagement	7/5/2016 4:58 PM
7	Tobacco Control	7/5/2016 4:53 PM
8	Quality Improvement	7/5/2016 4:10 PM

Q8 What are your expectations for attending the meeting?

Answered: 7 Skipped: 1

#	Responses	Date
1	Understand what each agency is doing within the Million Hearts Project	7/6/2016 12:16 PM
2	Better strategies and opportunities to connect with partners and have actionable takeaways.	7/6/2016 9:08 AM
3	Updates and innovation for collaboration	7/5/2016 5:27 PM
4	Learning information to share with our target audience (state and local government employees).	7/5/2016 5:18 PM
5	learn about the initiative and ways to support	7/5/2016 4:58 PM
6	Finding ways to partner and to better support tobacco control efforts that will ultimately reduce heart and stroke diseases.	7/5/2016 4:53 PM
7	Learn what others are doing in this area	7/5/2016 4:10 PM

Q9 What does success look like at the end of the meeting?

Answered: 6 Skipped: 2

#	Responses	Date
1	Future meeting(s) planned, partner information exchanged, partner program and updates provided, synergy across program areas identified	7/6/2016 9:08 AM
2	Impact metrics for reaching goals - how will we know we are successful in sharing million hearts tools	7/5/2016 5:27 PM
3	Learning new information and meeting new people to connect and partner with.	7/5/2016 5:18 PM
4	potential collaboration opportunities identified	7/5/2016 4:58 PM
5	Better understanding of the Million Hearts and how I can support those efforts as well as partner in the future.	7/5/2016 4:53 PM
6	Action steps identified	7/5/2016 4:10 PM

Advancing Million Hearts®: AHA and Heart Disease and Stroke Partners Working Together in Virginia

July 13, 2016
10:00 AM to 3:00 PM ET

American Heart Association
4217 Park Pl Ct
Glen Allen, VA 23060

Welcome!

What excites you about your role in heart disease and stroke prevention?

The Million Hearts® Initiative

Advancing Million Hearts in Virginia

July 13, 2016

Glen Allen, Virginia

Million Hearts®

Goal: Prevent 1 million heart attacks and strokes by 2017

- National initiative co-led by CDC and CMS in partnership with federal, state, and private sectors
- To address the causes of 1.5M events and 800K deaths a year, $316.6 B in annual health care costs and lost productivity and major disparities in outcomes

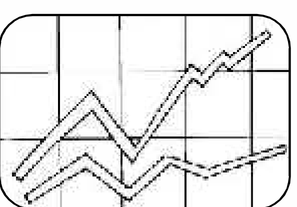
Key Components of Million Hearts®

Keeping Us Healthy
Changing the environment

Health Disparities

Excelling in the ABCS
Optimizing care

Focus on the **ABCS**



Health tools and technology

Innovations in care delivery

Glantz. Prev Med. 2008; 47(4): 452-3.
How Tobacco Smoke Causes Disease: A Report of the Surgeon General, 2010.

Getting to a Million by 2017: *Public Health Targets*

Intervention	Pre-Initiative Estimate 2009-10	2017 Target
Smoking prevalence*	26%	24%
Sodium reduction	3580 mg/day	2900 mg/day
Trans fat reduction	0.6% of calories	0% of calories

* Includes all forms of combustible tobacco – cigarettes, pipes, and cigars

National Survey on Drug Use and Health, National Health and Nutrition Examination Survey

Getting to a Million by 2017:
Targets for the ABCS

Intervention	Pre-Initiative Estimate 2009-2010	2017 Population-wide Goal	2017 Clinical Target
Aspirin when appropriate	54%	65%	70%
Blood pressure control	52%	65%	70%
Cholesterol management	33%	65%	70%
Smoking cessation	22%	65%	70%

National Ambulatory Medical Care Survey, National Health and Nutrition Examination Survey

Million Hearts® Accomplishments*

Changing the Environment

Reduce Smoking

Almost 4 million fewer cigarette smokers†

Reduce Sodium Intake

More than 2 billion meals/year will have reduced sodium‡

Draft Voluntary Guidance to Industry Released June 1, 2016

Eliminate Trans Fat Intake

Accomplished: FDA issued the final determination on artificial trans fat§

* Note this is a select set of notable Million Hearts® accomplishments.

† National Health Interview Survey, comparing 2011 data to 2014 data

‡ Aramark pledge http://blog.heart.org/aha-aramark-join-on-meals-initiative/

§ http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm372915.htm#top

Million Hearts® Accomplishments

Optimizing Care in the Clinical Setting

Focus on the ABCS

Millions of Americans are covered by health care systems that are recognizing or rewarding performance in the ABCS**

Health Tools and Technology

Over half a million patients have been identified as potentially having hypertension using health IT tools††

Innovations in Care Delivery

Millions of dollars in public and private funds have been leveraged to focus on improving the ABCS‡‡

** CMS Physician Compare and HRSA Uniform Data Set
†† Unpublished data from AMGA/MUPD and NACHC HIPS project
‡‡ CMS Million Hearts Risk Reduction Model, AHRQ EvidenceNOW, AHA Southwest Affiliate HTN project

Million Hearts Progress to Date

- Engagement and activation
- Clinical Quality Measure alignment
- Understand what works, where, and why
- Resources that help
- Extraordinary support for prevention

Million Hearts®
Hypertension Control Champions

59 Champions

Representing Solo to 70,000 Clinicians

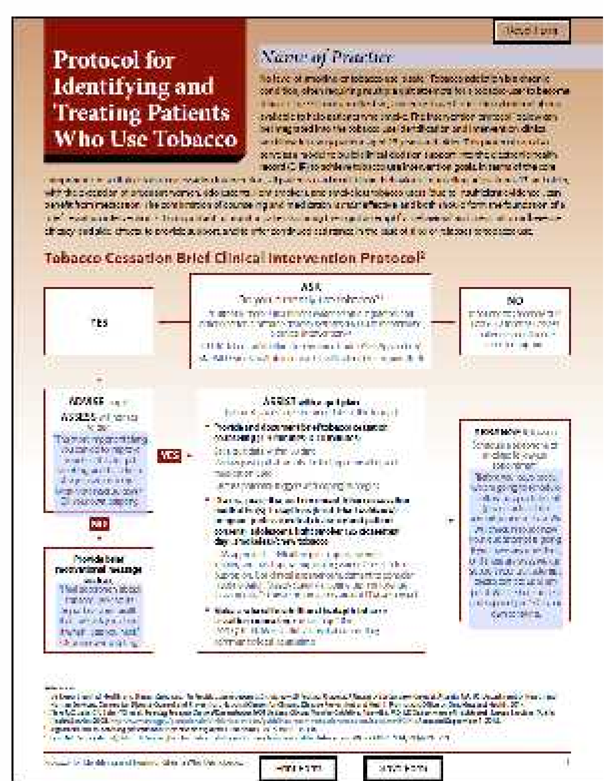
Serving over 13 million people

>70% Control Rate

- Practices and systems achieved control rates ≥ 70%
- Champions used evidence-based strategies
  - Hypertension treatment protocols
  - Self-measured blood pressure monitoring
  - Frequent check-in's
  - Registries and proactive outreach
  - Team-based care.
- ***Next Million Hearts® Hypertension Control Challenge planned for launch in Feb 2017***

Standardizing Treatment through Protocols

- Hypertension Treatment Protocol
  Use is on the Rise
  - All Indian Health Service clinical settings
  - Many Federally Qualified Health Centers
  - Practices supported by CMS' Quality Improvement Organizations
- Tobacco Treatment Protocol
  - Released a Tobacco Treatment Protocol in May
  - Customizable templates
  - Implementation guidance
    - coming in July

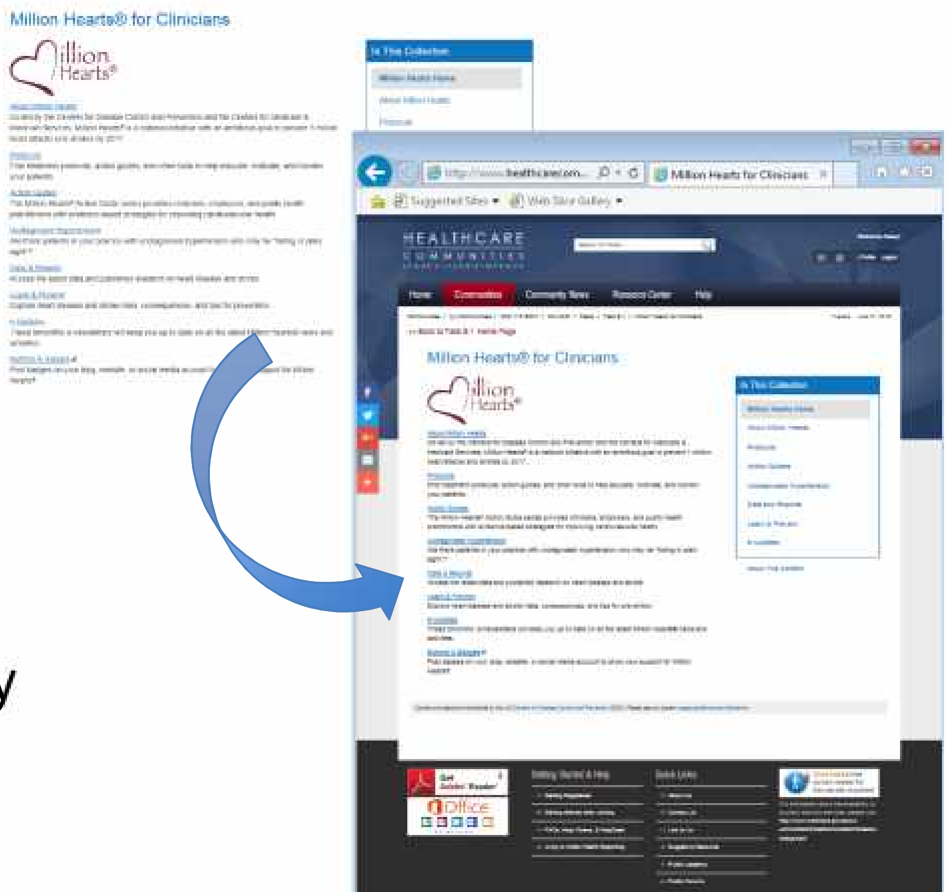

Protocol for Identifying and Treating Patients Who Use Tobacco

Name of Practice

Tobacco Cessation Brief Clinical Intervention Protocol

Million Hearts® Microsite for Clinicians

- Syndicated for your website audience
- Customized for your site's size and color pallet
- Brand it with your logo
- Content is continuously maintained by CDC



The microsite and embed code will be available at
https://tools.cdc.gov/medialibrary/index.aspx#/results

What Must Happen To Prevent a Million?

Reduce Smoking
6.3M fewer smokers

- Year-round media campaigns; pricing interventions
- Targeted outreach to drive uptake of covered benefits
- Systematic delivery of cessation services through use of cessation protocols, referrals to quit lines, and training of clinical staff
- Widespread adoption of smoke-free space policies
- Awareness of risks of second-hand smoke and the health benefits of smoke-free environments

Control Hypertension
10M more patients

- Detection of those with undiagnosed hypertension
- Systematic use of treatment protocols & other select QI tools
- Practice of self-measured BP monitoring with clinical support
- Recognition of high performers; dissemination of best practices
- Connection of clinical & community resources to benefit people with HTN
- Enhanced medication adherence
- Intense focus on those with high burden and at high risk

Decrease Sodium Intake
20% reduction

- Adoption of Healthy Food Service Guidelines
- Voluntary sodium reduction and expansion of choices by food industry
- Recognition of high performers and dissemination of best practices
- Clear communication of the evidence supporting the health benefits of population-level sodium reduction

Events will also be prevented by improving aspirin use, cholesterol management, and utilization of cardiac rehab, and by eliminating artificial trans-fat consumption

Focus of 2016

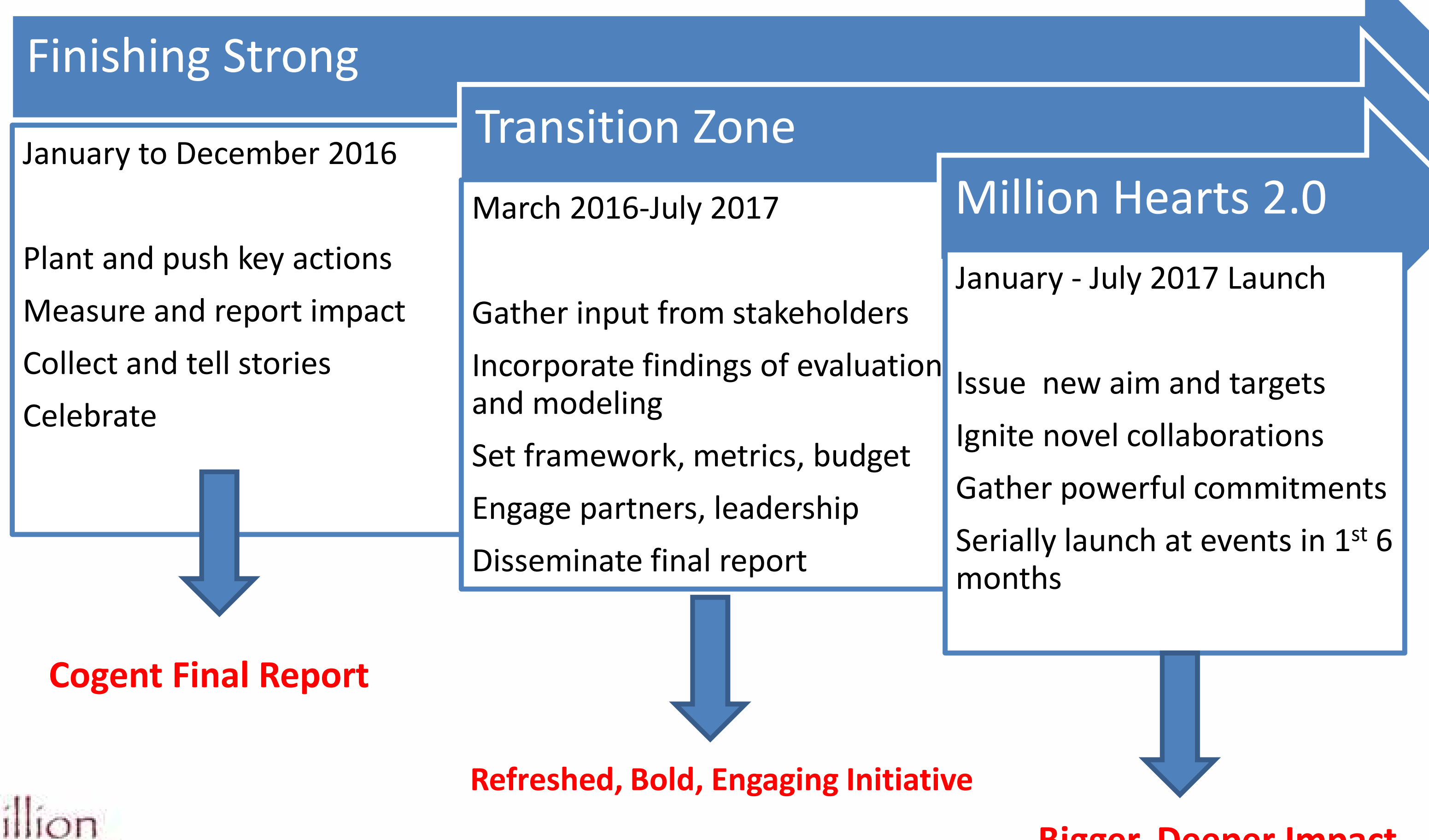
- Smoking cessation
  - Facilitate implementation of tobacco cessation protocols
  - Promote smoke-free spaces
- Hypertension control
  - Facilitate use of self-measured BP monitoring, treatment protocols, and processes to find the undiagnosed
  - Share best practices by promoting action guides that identify and control hypertension
- Sodium reduction
  - Advance adoption of procurement guidelines
  - Disseminate healthy eating resources

Focus of 2016

- Cholesterol management
  - Implement statin measure across clinical settings
  - Support partner actions currently underway
- Cardiac rehab
  - Facilitate collective actions to increase referral and participation
- Embed ABCS measures in value-based models
- Capture and tell the story of your success
- Recognize high performers & share best practices
  - Learn about the successes of the Hypertension Control Champions and share their lessons learned.

3 Phase Framework for Million Hearts January 2016-July 2017

Primary Activities, Timelines, and Deliverables



Million Hearts®

Million Hearts® Resources

- Hypertension Control: Change Package for Clinician
- Hypertension Treatment Protocols
- Self-Measured Blood Pressure Monitoring: Action Steps for Public Health Practitioners
- Cardiovascular Health: Action Steps for Employers
- 100 Congregations for Million Hearts
- Million Hearts Healthy Eating & Lifestyle Resource Center
- Million Hearts® E-update
- Visit www.millionhearts.hhs.gov to find more resources

Subscribe—and Contribute to the E-Update

Commit to key action steps

Work together to prevent heart attacks and strokes

Million Hearts®

@MillionHeartsUS

CDC StreamingHealth

Virginia Chronic Disease Domain Programs that Align with Million Hearts®

Million Hearts Learning Collaborative (ASTHO)

Aim Statement

Virginia Team will design a (regionally targeted) system of care that will increase hypertension control and reduce undiagnosed hypertension among high risk populations.

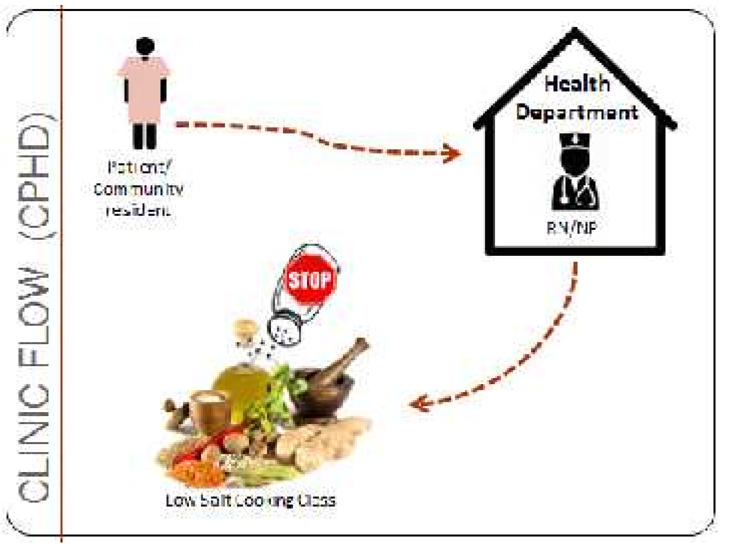
Potential Reach

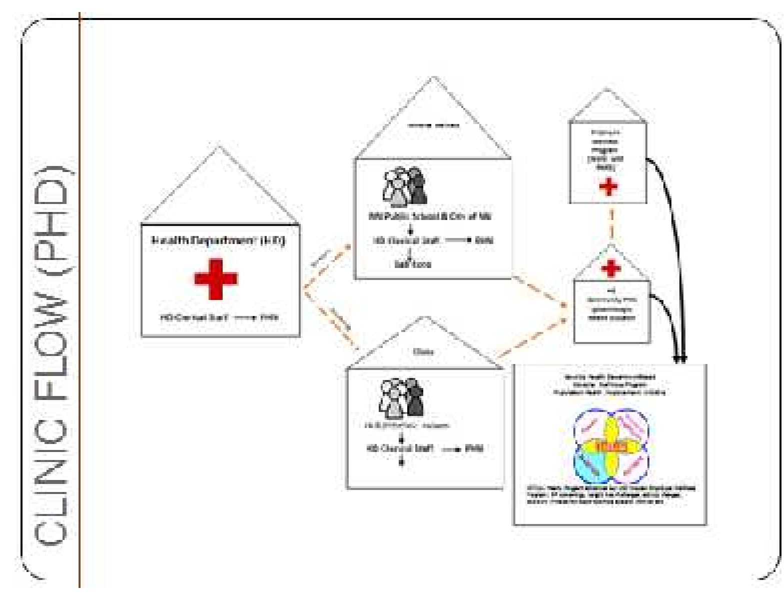
The Behavior Risk Factor Surveillance System indicates that there are approximately 252,500 people with hypertension living in **Cumberland Plateau**, **Peninsula**, and **Richmond City**.

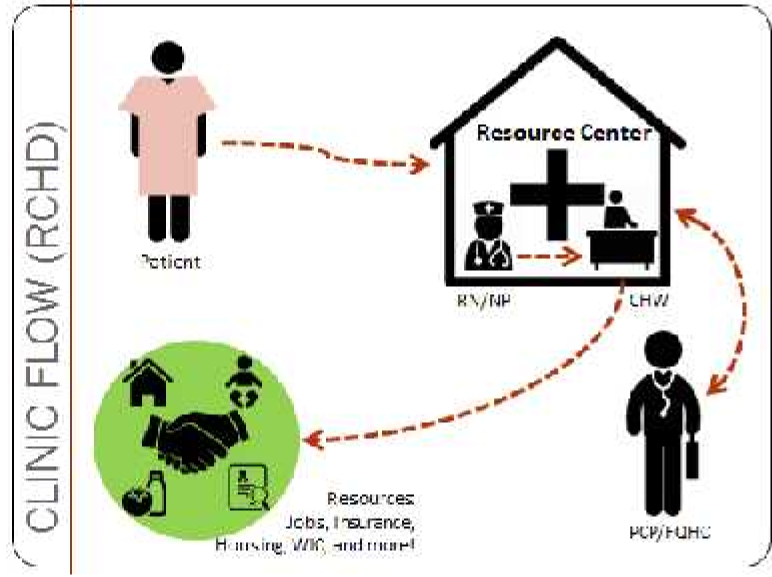
Process

PDSA test cycles to aggressively test tools, methodologies, and systems to maximize opportunities for improvement and positive patient outcomes

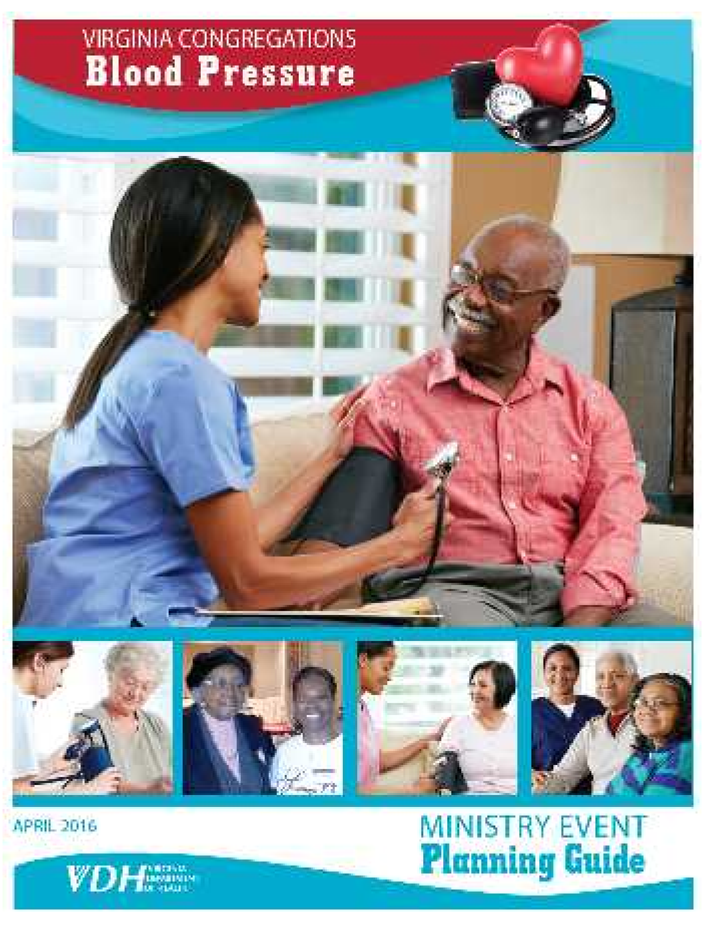
Work Flows







Virginia Congregations Blood Pressure Ministry Event Planning Guide



- Million Hearts Initiative for congregations of all faiths.
- Virginia is #1 nationwide with >150 congregations enrolled.
- Local Health Departments and CHWs at the grassroots level.

Check.Change.Control.

Age-adjusted Hypertension Hospital Discharge Rates, 2013

- 0.51 - 4.90
- 4.91 - 7.26
- 7.27 - 9.25
- 9.26 - 12.64
- 12.65 - 30.47
- Clinics

N

Carilion

Health Wagon

Sentara Family Medicine Physicians

1. HOPES
2. Portsmouth Family Practice
3. Ghent Family Medicine
4. Ambulatory Care Center (ACC)
5. Primary Care Internal Medicine
6. Western Tidewater Free Clinic (WTFC)

0 15 30 60 90 120 Miles

Number of patients identified as hypertensive
Defined as an average systolic blood pressure (SBP)   140 mmHg or an average diastolic blood pressure (DBP)   90 mmHg, or currently using blood pressure (BP)–lowering medication.

Number of patients identified as having uncontrolled hypertension
Defined as an average SBP   140 mmHg or an average DBP   90 mmHg, among those with hypertension.

Self-Measured Blood Pressure Monitoring (SMBP)

Virginia Hospital & Healthcare Association

- Survey on SMBP policies targeting providers and pharmacists
  - Lack of SMBP policies, coverage, education, etc.
- Marketing campaign
  - Video would be the best tool to use to target providers and patients
  - Short Version (2 minutes) – Why?
  - Long Version (4 minutes) – How?

Overview of the American Heart Association and Programs and Resources that align with Million Hearts®

Mission

Building healthier lives, free of cardiovascular diseases and stroke.

Our 2020 Impact Goal

By 2020 to improve the cardiovascular health of all Americans by 20% while reducing deaths from cardiovascular diseases and stroke by 20%.

AHA Affiliates

Founders Affiliate
Heather Kinder, EVP
CT, ME, MA, NH, NJ, *NY, RI & VT

Western States Affiliate
Kathy Rogers, EVP
AK, AZ, *CA, HI, ID, MT, NV, OR, UT & WA

Midwest Affiliate
Kevin Harker, EVP
IA, IL, IN, *KS, MI, MN, MO, ND, NE, SD & WI

Great Rivers Affiliate
Nicole Aiello Sapio, EVP
DE, KY, OH, *PA & WV

Mid-Atlantic Affiliate
Jeremy Beauchamp, EVP
MD, NC, SC, *VA & WA, DC

National Center

SouthWest Affiliate
Midge LaPorte Epstein, EVP
AR, CO, NM, OK, *TX & WY

Greater Southeast Affiliate
David Markiewicz, EVP
AL, *FL, GA, LA, MS, PR & TN

Building a Culture of Health

A culture in which people live, work, learn, play and pray in environments that support healthy behaviors, timely quality care and overall well-being.

AHA and Million Hearts® Spotlight on Virginia

Multicultural Health Priorities

- EmPowered to Serve
- Local faith based Million Hearts initiatives
- Check.Change.Control

AHA and Million Hearts® Spotlight on Virginia

Quality Systems Priorities

- Get With The Guidelines
- The Guideline Advantage
- Target BP

AHA and Million Hearts®
Spotlight on Virginia

Advocacy Priorities

- Healthy Food Financing
- Medicaid Expansion
- Healthier Food Choices in Public Places
- Tobacco Prevention and Control

Tools and Resources

Online Tools

- Heart 360
- My Life Check
- Heart Attack Risk Calculator
- High Blood Pressure Risk Calculator
- AHA's Smoking Cessation Tools and Resources
- AHA Healthy Workplace Food and Beverage Toolkit July 2016

Resources

- EmPowered to Serve
- Get With The Guidelines
- Check.Change.Control

Discussion Questions

1) Is there a program you were unaware of that you would like to explore further for implementation or application in the state?
2) On which topics would you like additional information?
3) Other questions?

LUNCH BREAK

Advancing Million Hearts®:

AHA and Heart Disease and Stroke Prevention Partners Working Together in Virginia

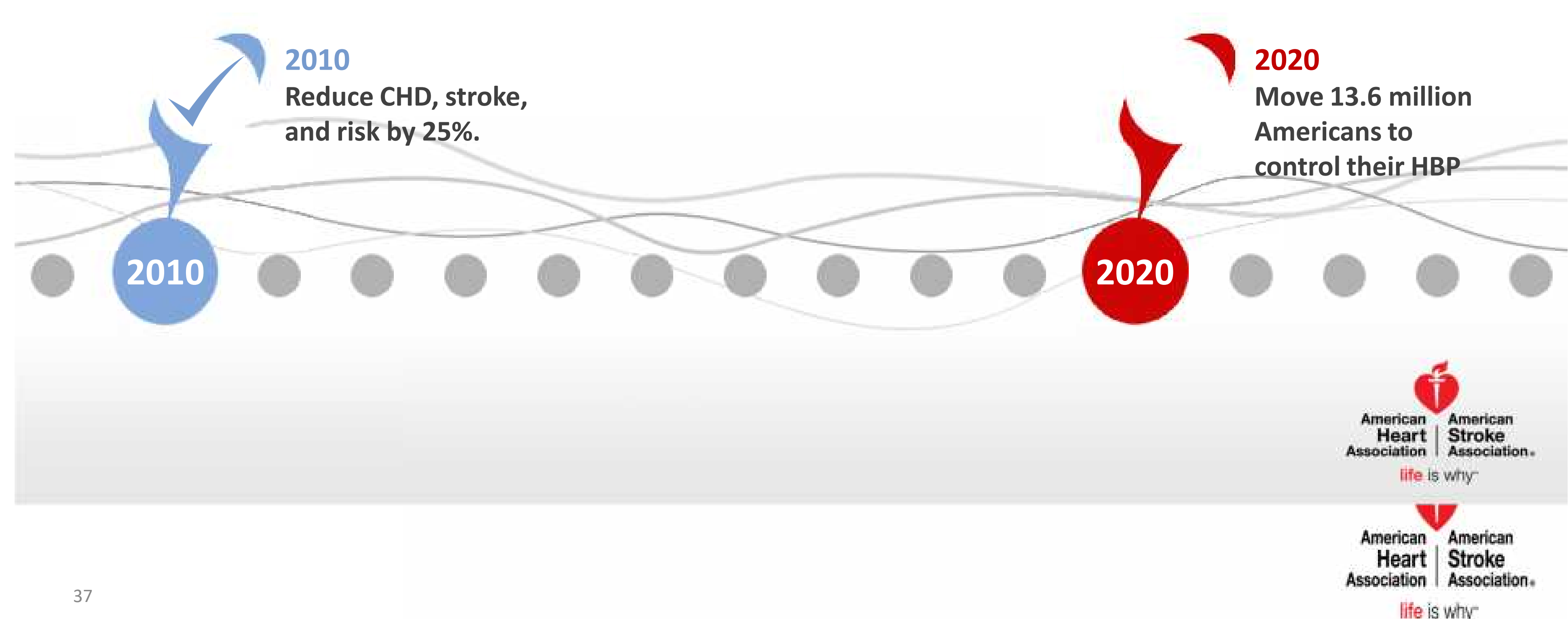
July 13, 2016

Do you know
THE FACTS
ABOUT HBP?

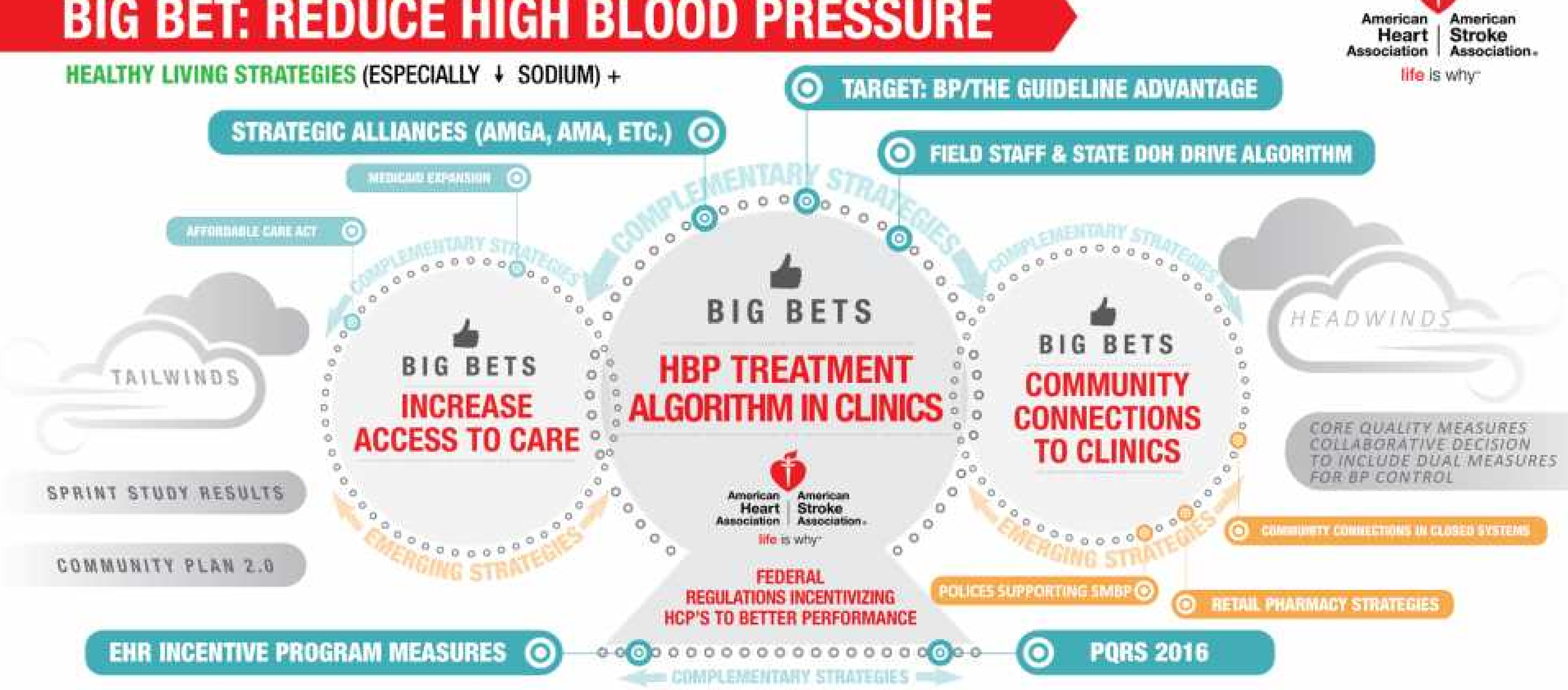
AHA | ASA 2020 Goal

AHA 2020 GOAL

Improve the CV health of all Americans by 20% while reducing deaths from CV diseases and stroke by 20%.



American Heart Association
American Stroke Association
life is why



HIGH BLOOD PRESSURE

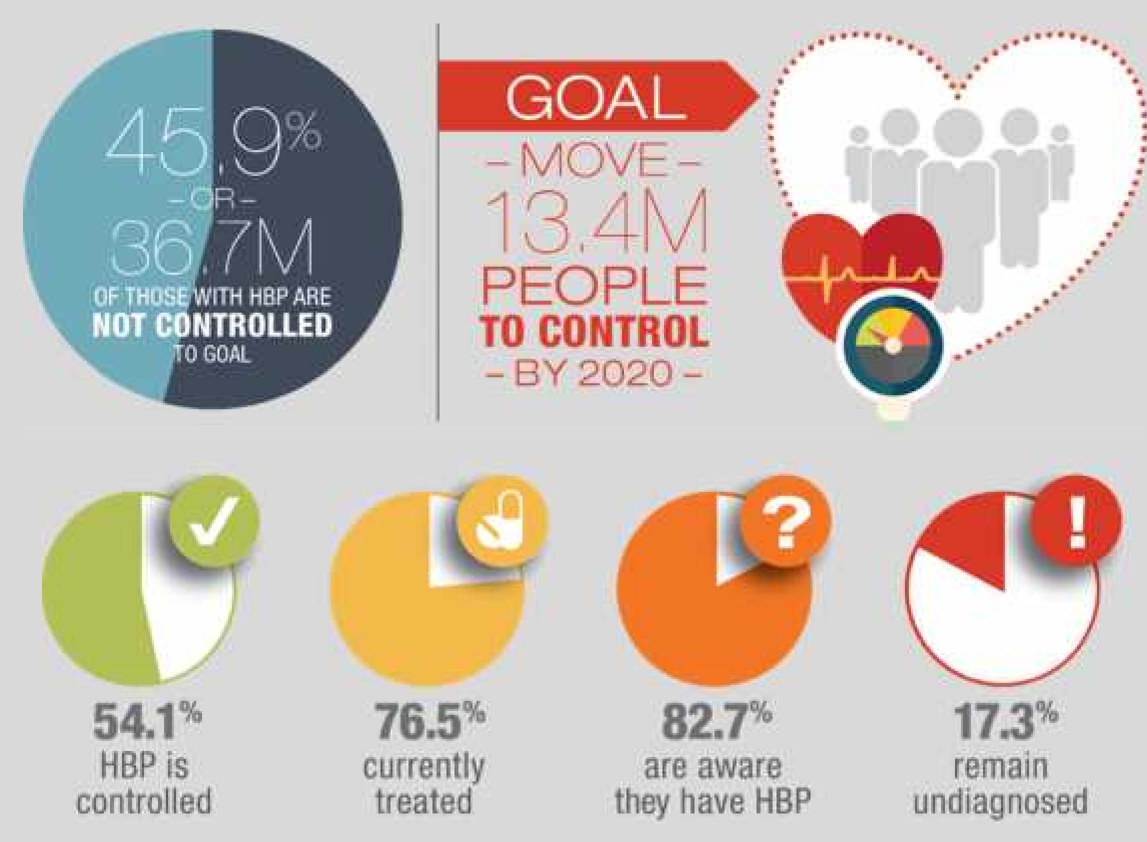
The Urgency Around High Blood Pressure Control

- 80 million adults have HBP

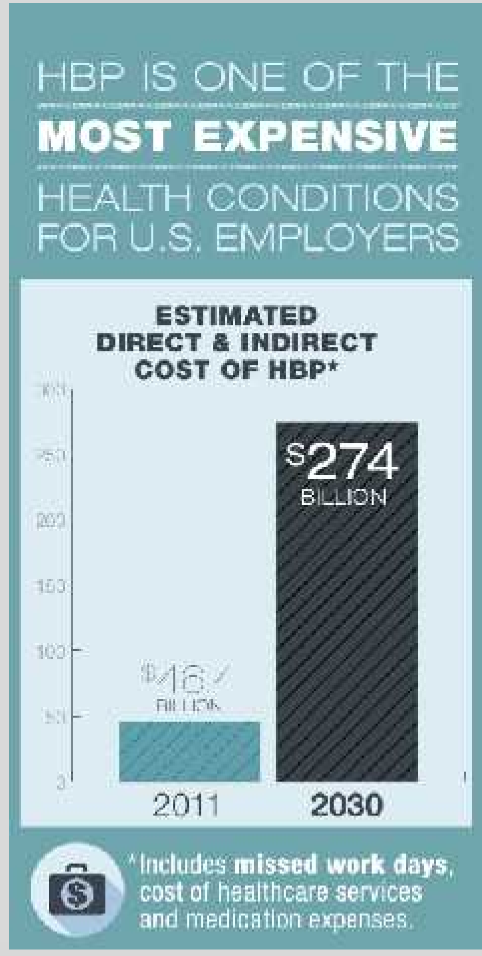
Blood Pressure Category	Systolic (mmHg)		Diastolic (mmHg)
Normal / Ideal	less than 120	and	less than 80
Prehypertension	120-139	or	80-89
Hypertension stage 1	140-159	or	90-99
Hypertension stage 2	160 or higher	or	100 or higher
Hypertensive crisis	higher than 180	or	higher than 110

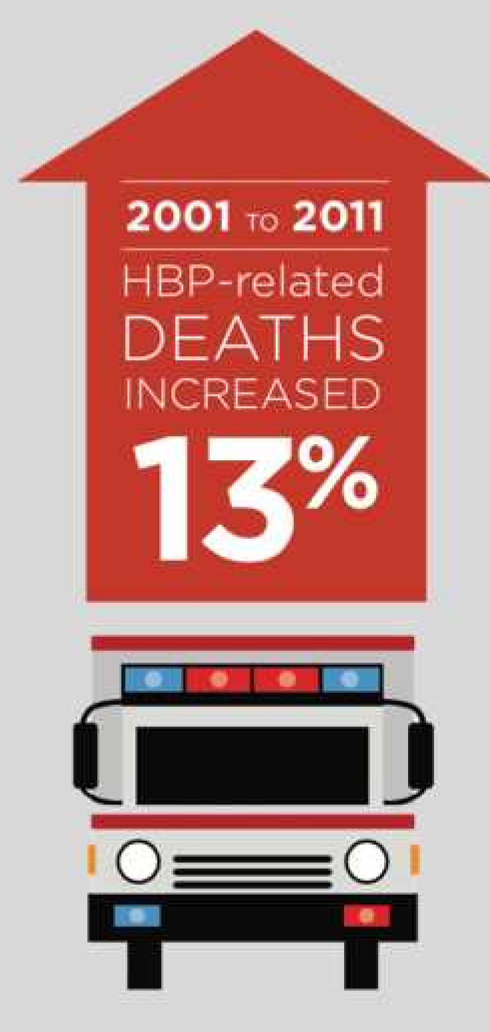
AHA 2015 Statistical Update

Our Goal for Better Control



The Urgency Around High Blood Pressure Control





AHA 2015 Statistical Update

Check. Change. *Control.*™

Building a Sustainable HBP Program

Clinical Pharmacists
2008 – 2010

- ✓ Remote Monitoring Study via Kaiser Clinical Pharmacists
- ✓ Six month SBP control significantly higher than control group. Suggests healthcare cost saving
- ✓ Attachment 1: Publication in Circulation
- ✓ Attachment 2: Presentation from AHA's Scientific Sessions 2010

Community Settings
2010 - 2011

- ✓ Check It. Change It. Community-based intervention in Durham County
- ✓ In patients that began the study with a BP of > 150/90, systolic BP decreased by 24.2 mmHg and diastolic BP decreased by 10 mmHg.
- ✓ Attachment 3: Presentation of results: Scientific Sessions 2012
- ✓ Attachment 4: Publication in Circulation

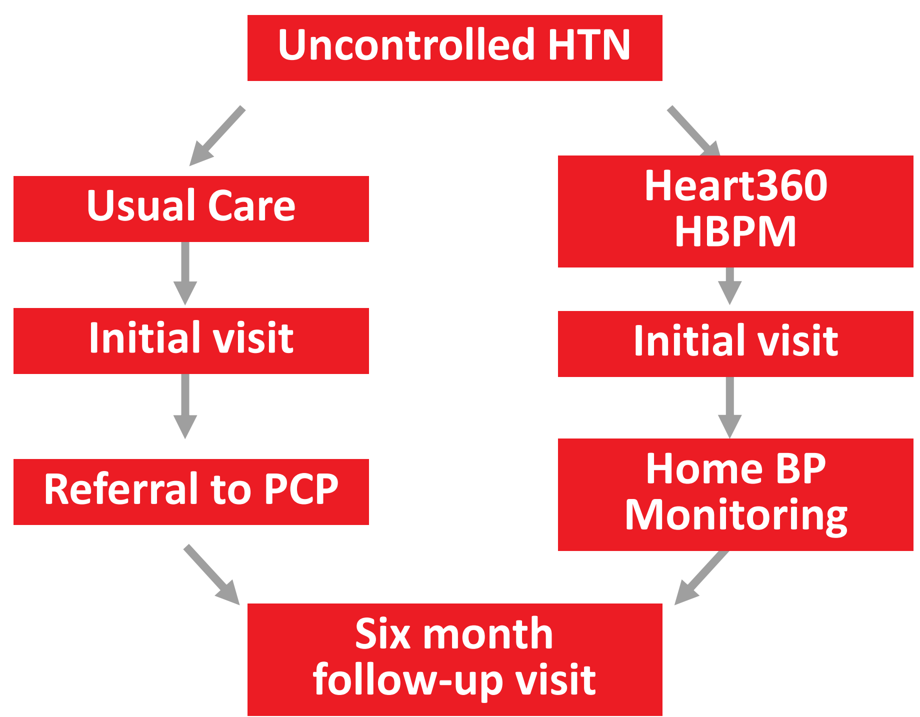
Enlisting Partners
2012 - Present

- ✓ AHA joined with Million Hearts to host a forum that included partners across industries positioned to impact the issue of HBP
- ✓ Initial meeting was the impetus for the launch of AHA's HBP Leadership Community based on attendees' desire to continue the innovation, sharing and exchange of solutions
- ✓ Attachment 5: AHA-Million Hearts HBP Forum Conference Proceedings: This joint meeting was the impetus for the launch of the AHA HBP Leadership Community.

Innovation in the Field
2012 - 2013

- ✓ Check It. Change It. set the stage for larger, community-based model run by the AHA focused on high-risk pop.
- ✓ Grants to local market staff designated for rapid development, execution and testing of programs using partners and volunteers.
- ✓ Similar results to Check It. Change It. Lowering BP by 5 mmHG, with more significant drops between 11mmgHG and 26 mHG in high risk groups

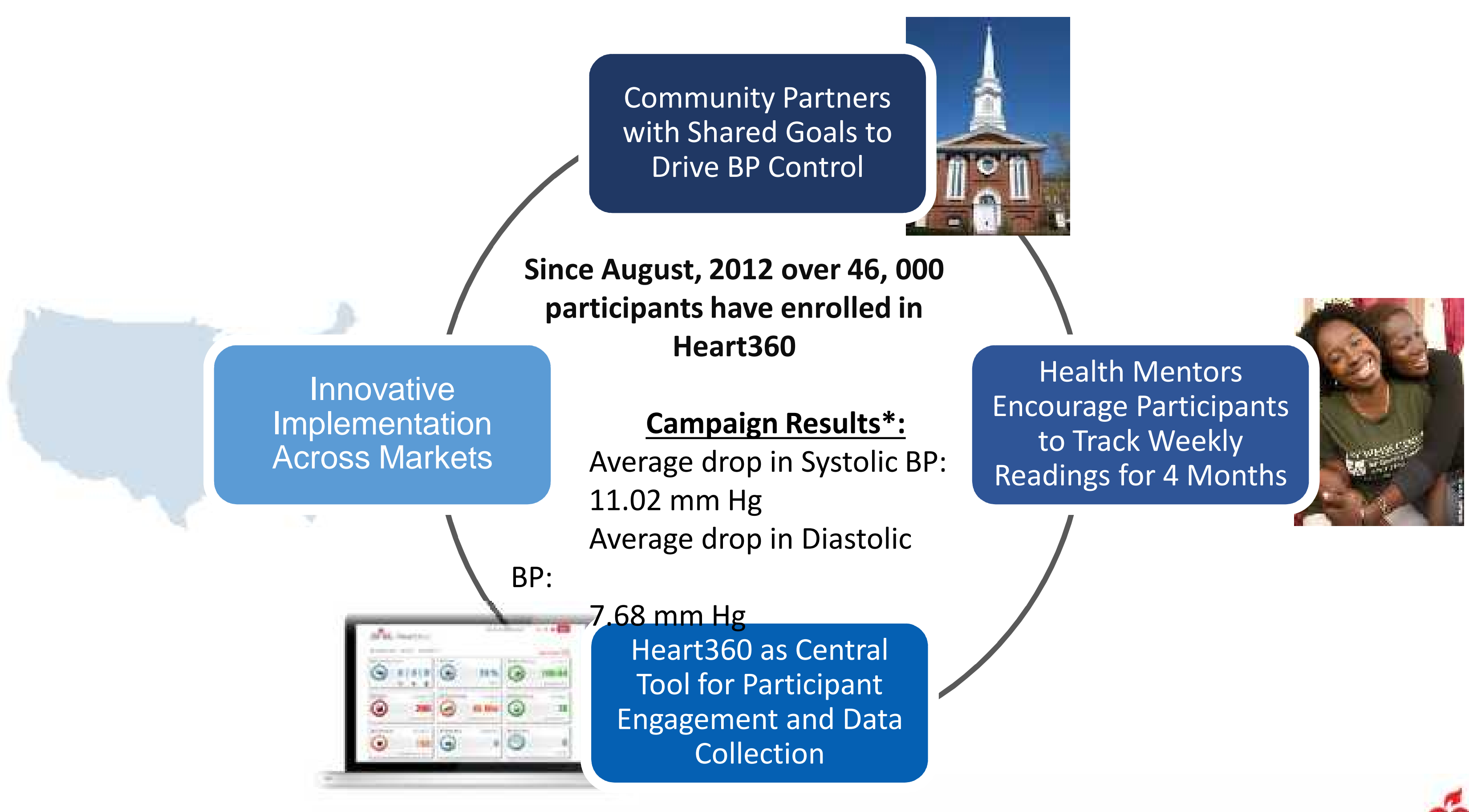
Studying Impact: Clinical Pharmacists



Results…

- ✓ Overall, patients in the Heart360 HBPM group had a significantly higher rate of BP control (57%) than the usual care group (37%)
- ✓ The Heart360 Group also had a significantly greater drop in both systolic and diastolic BP
- ✓ For every dollar invested the return is almost 3 dollars

Program Components



Why it Works: Key Evidence-Based Scientific Principles

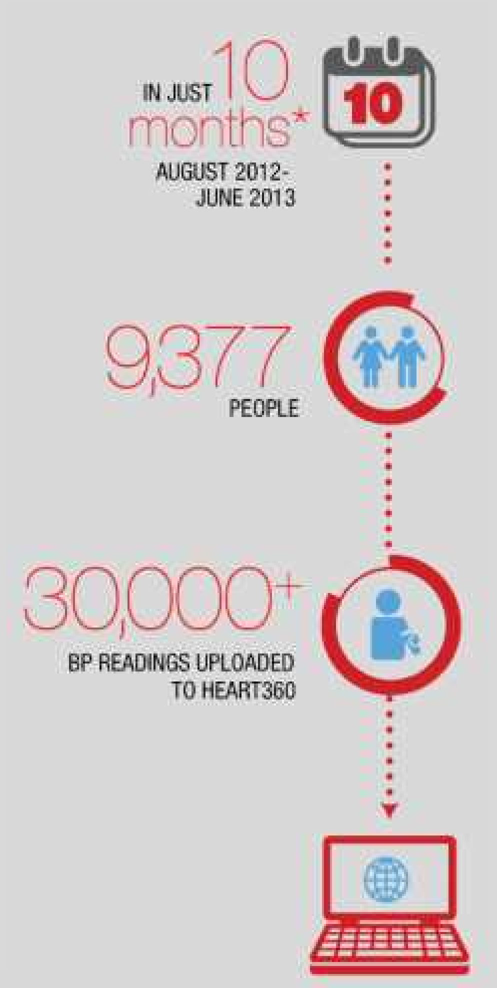
Self Monitoring Makes a Difference
Proven track record for taking blood pressure readings at home or outside of the healthcare provider office setting.

- Use of digital self-monitoring and communication tool *(Heart360 which we explain later)*
- Charting & tracking improves self-management skills related to blood pressure management

Personal Interaction Makes a Difference
Health mentors can motivate and encourage participants.

Multicultural Program Investments Make a Difference
Hypertension creates a health disparity for African-Americans.

Statistics on the 6-month pilot phase RESULTS



*Approximately

Participants began the program by gathering initial BP numbers.

33%

HIGH
BLOOD PRESSURE

(greater than 140 mmHg systolic, or 90 mmHg diastolic)

47%

PREHYPERTENSIVE
BLOOD PRESSURE

(systolic BP between 120 & 140 or a diastolic between 80 & 90 mmHg)

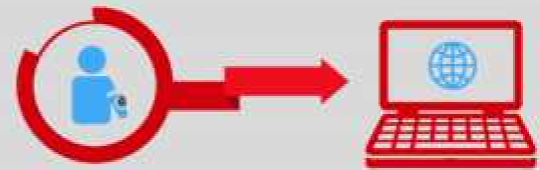
20%

NORMAL
BLOOD PRESSURE

(less than 120/80)

Consistent Measurement Can Lead To Success

Participants* who met the retention criteria



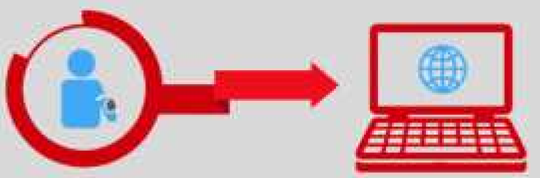
Uploading readings:

- At least 2x's per month
- For 4 consecutive months

Participants who started with high readings saw the greatest average reduction.

Effective for those with the greatest need.

Participants* who met the retention criteria



Uploading readings:

- At least 2x's per month
- For 4 consecutive months
- **And started the program with a BP > 140/90**

Avg drops in BP

SBP 27.23 mmHg

DBP 10.52 mmHg

*Total participant pop. represented is 374

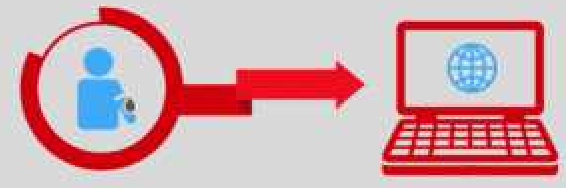
American Heart Association | American Stroke Association. life is why

American Heart Association | American Stroke Association. life is why

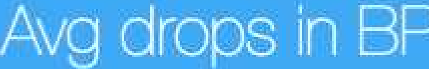
Engagement:

More than a third of all participants entered at least two readings with at least a week's time separating the two.

For participants* who uploaded readings



- At least twice **total**
- The second reading was **taken at least 7 days from the first**



5.68 mmHg

2.87 mmHg

*Total participant pop. represented is 3,145

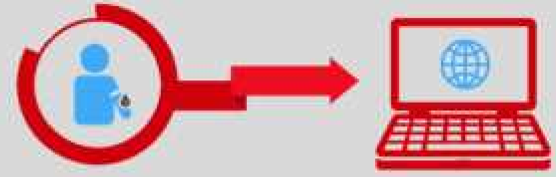
American Heart Association | American Stroke Association

life is why

Benefits extend even with partial engagement:

Even those participants who did not meet the full retention criteria saw declines in BP numbers.

For participants* who uploaded readings



- At least twice total
- The second reading was taken at least 7 days from the first
- **And started the program with a BP > 140/90**

Avg drops in BP

17.46 mmHg

7.97 mmHg

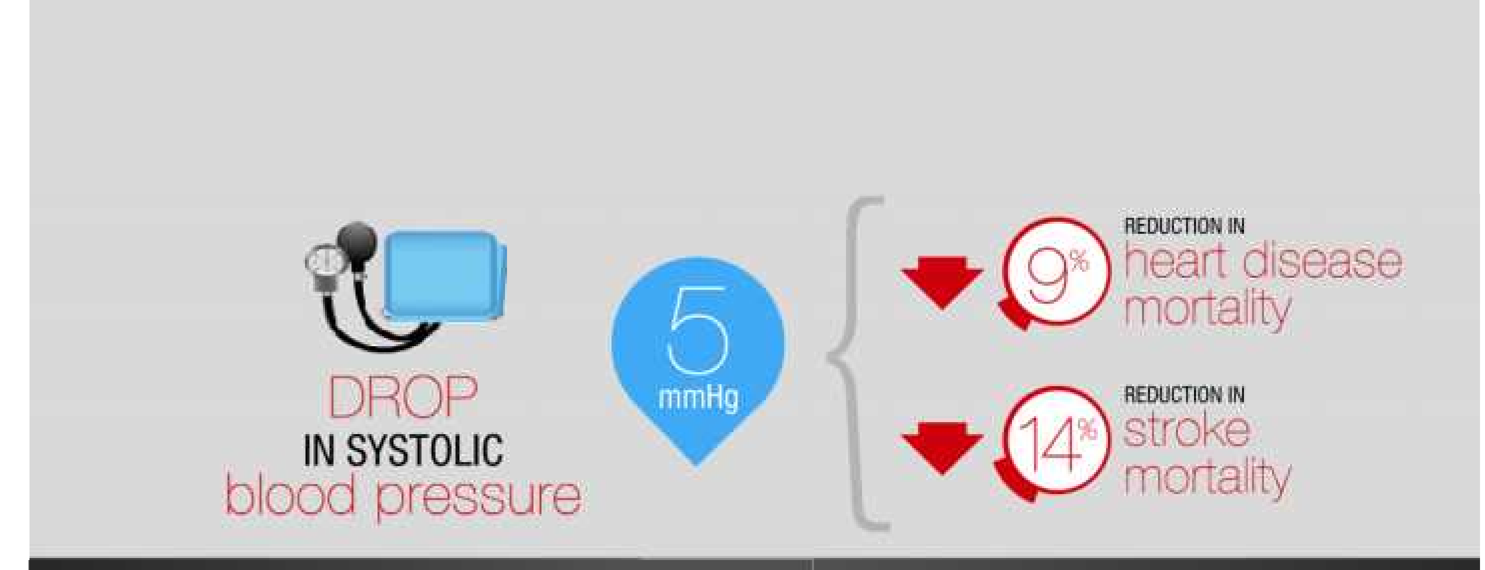
*Total participant pop. represented is 1,171

American Heart Association | American Stroke Association
life is why

American Heart Association | American Stroke Association
life is why

Benefits extend even with partial engagement:

Even those participants who did not meet the full retention criteria saw declines in BP numbers.

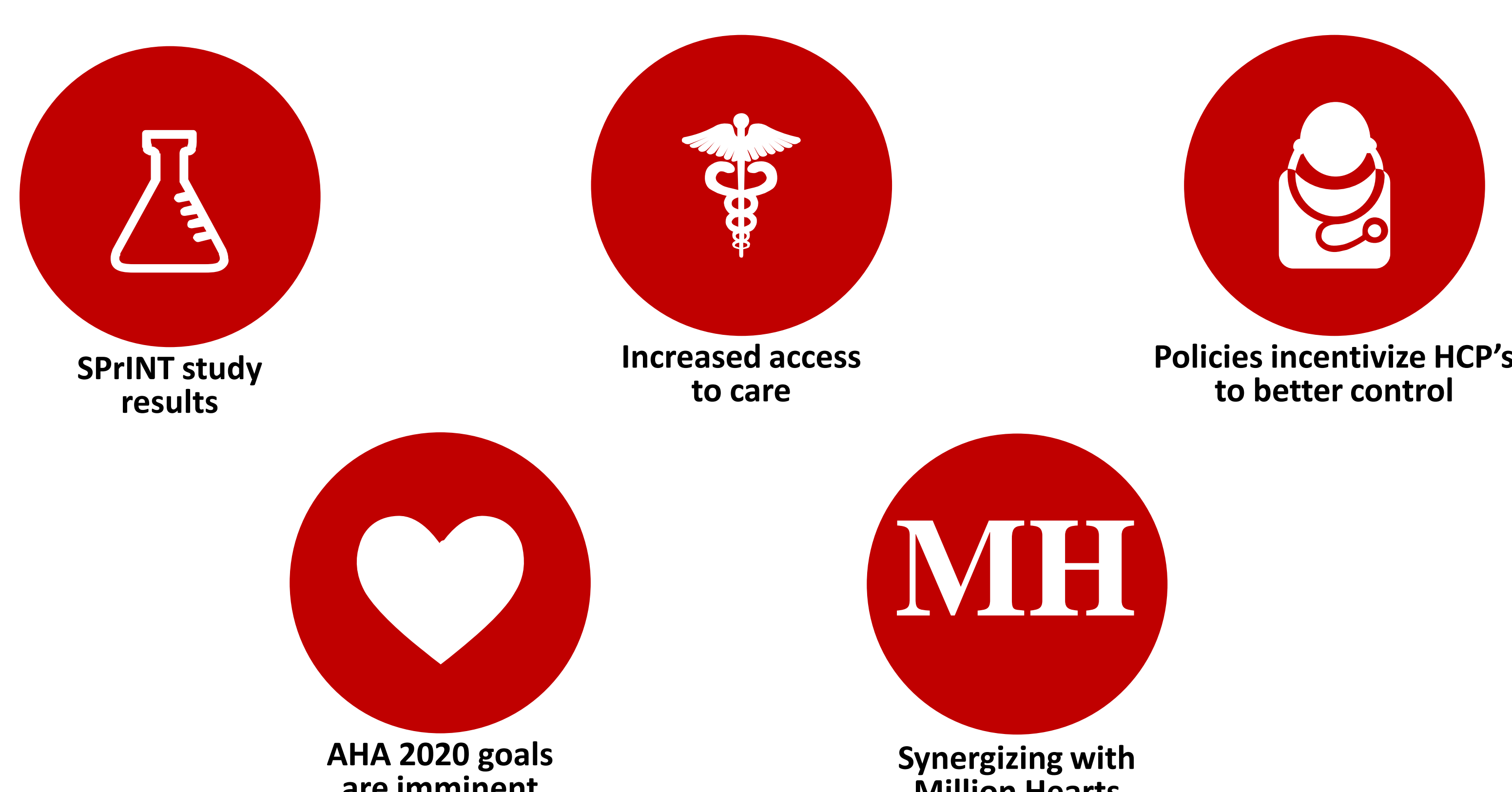


Also, a 5mmHg reduction in systolic blood pressure would increase the prevalence of ideal blood pressure from 44.26% to 65.31%

TARGET:BP™

Target: BP *is a national movement aimed at improving blood pressure control, to reduce the number of Americans who have heart attacks and strokes. Target: BP provides physician practices and health systems resources and support to achieve a 70% blood pressure control rate with a* ***target*** *of achieving 80% or higher.*

Why launch Target: BP now?



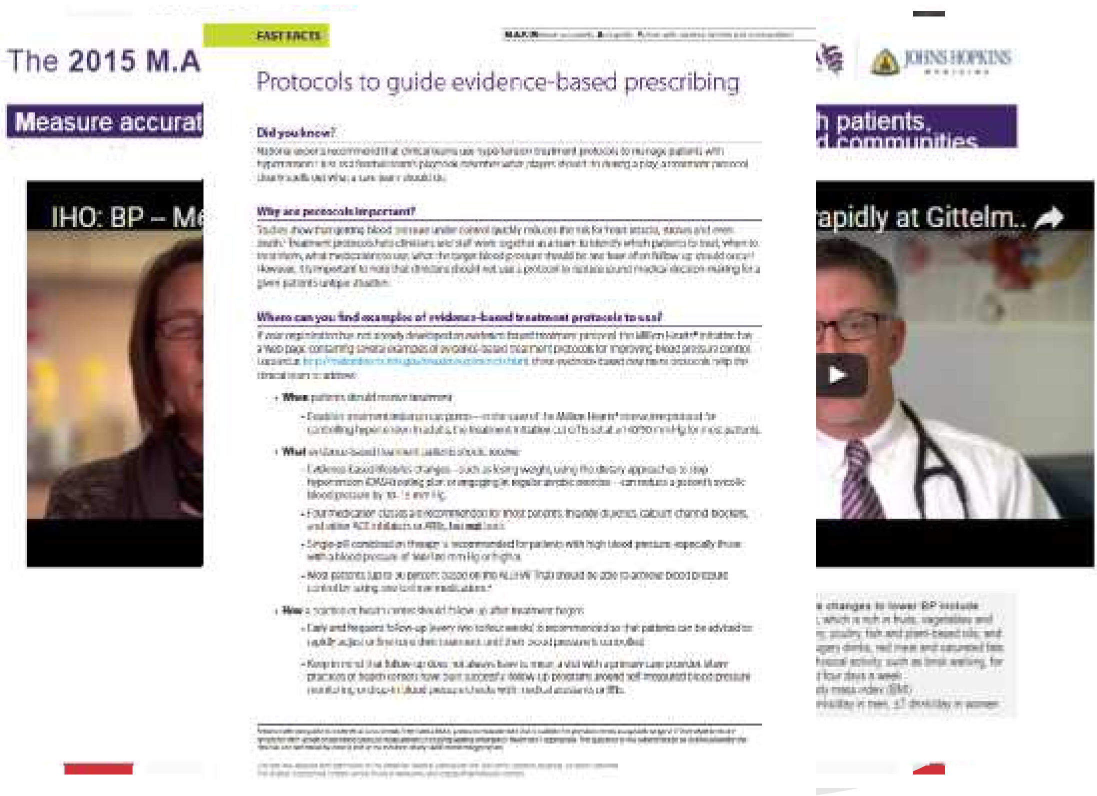
What is Target: BP?

A call to action motivating hospitals, medical practices, practitioners and health services organizations to prioritize blood pressure control

Recognition for healthcare providers who attain high levels of blood pressure control in their patient populations, particularly those who achieve 70, 80 or 90 percent control

A source for tools and assets for healthcare providers to use in practice, including the AHA/ACC/CDC Hypertension Treatment Algorithm and the AMA's M.A.P. Checklist

Tools & Resources for Successful Control



Tools & Resources for Successful Control

Elements Associated with Effective Adoption of Protocols

Practice Team-Base Care

- Make hypertension control a priority.
- Fully use the expertise and scope of practice of every member of the health care team.
- Include the patient and family as key members of the team.
- Learn about community resources and recommend them to patients.
- Conduct pre-visit planning to make the most of the care encounter.
- Look for opportunities to check in with patients between visits and adjust medication dose as needed.

Our Strategic Multi-modal Approach to BP Management

Equipping Providers

Help providers "do the right thing" within current HC system

- Protocol Standardization
- Incentives
- Increasing role of other Rph and others

Motivating & Connecting Consumers

Create innovative solutions to empower consumers, strengthen connections to HCPs and create urgency for change

- Ubiquitous BP devices
- Worksite programs/support for lifestyle change
- Technology to connect consumers w/HCPs
- Incentives

Activating Communities

Provide communities with ownable, sustainable, scalable and customizable programs

- Health ambassadors
- Pharmacy infrastructure
- Apps to integrate consumers w/HCPs
- Community health worker curriculum

Enhancing Systems of Care

Create accountability at all levels of care

- Create accountability at all levels of care
- Performance measures
- Surveillance system

Partners, Programs and Persons That Align, Ways to Work Together and Next Interactions

Wrap-Up/Adjourn

Thank you for your participation!

The Million Hearts® Initiative

Million Hearts®

Goal: Prevent 1 million heart attacks and strokes by 2017

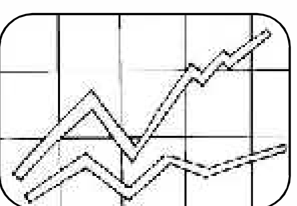
- National initiative co-led by CDC and CMS in partnership with federal, state, and private sectors
- To address the causes of 1.5M events and 800K deaths a year, $316.6 B in annual health care costs and lost productivity and major disparities in outcomes

Key Components of Million Hearts®

Keeping Us Healthy
Changing the environment

Excelling in the ABCS
Optimizing care

Focus on the **ABCS**



Health tools and technology

Innovations in care delivery

Glantz. Prev Med. 2008; 47(4): 452-3.
How Tobacco Smoke Causes Disease: A Report of the Surgeon General, 2010.

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6.3M fewer smokers

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- Targeted outreach to drive uptake of covered benefits
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- Enhanced medication adherence
- Intense focus on those with high burden and at high risk

Decrease Sodium Intake
20% reduction

- Adoption of Healthy Food Service Guidelines
- Voluntary sodium reduction and expansion of choices by food industry
- Recognition of high performers and dissemination of best practices
- Clear communication of the evidence supporting the health benefits of population-level sodium reduction

Events will also be prevented by improving aspirin use, cholesterol management, and utilization of cardiac rehab, and by eliminating artificial trans-fat consumption

Focus of 2016

- Smoking cessation
  - Facilitate implementation of tobacco cessation protocols
  - Promote smoke-free spaces
- Hypertension control
  - Facilitate use of self-measured BP monitoring, treatment protocols, and processes to find the undiagnosed
  - Share best practices by promoting action guides that identify and control hypertension
- Sodium reduction
  - Advance adoption of procurement guidelines
  - Disseminate healthy eating resources

Focus of 2016

- Cholesterol management
  - Implement statin measure across clinical settings
  - Support partner actions currently underway
- Cardiac rehab
  - Facilitate collective actions to increase referral and participation
- Embed ABCS measures in value-based models
- Capture and tell the story of your success
- Recognize high performers & share best practices
  - Learn about the successes of the Hypertension Control Champions and share their lessons learned.

Million Hearts® Resources

- Hypertension Control: Change Package for Clinician
- Hypertension Treatment Protocols
- Self-Measured Blood Pressure Monitoring: Action Steps for Public Health Practitioners
- Cardiovascular Health: Action Steps for Employers
- 100 Congregations for Million Hearts
- Million Hearts Healthy Eating & Lifestyle Resource Center
- Million Hearts® E-update
- Visit www.millionhearts.hhs.gov to find more resources

Check. Change. *Control.* Results from Pilot to Present

Check. Change. *Control.* began as a pilot program in August 2012 targeting 18 markets that were selected based on hypertension prevalence and population size of African-Americans. The program has expanded each year and has reached over 100 markets. Here are some results by each fiscal year:

- **ENROLLMENT:** (User has entered at least 1 blood pressure reading in Heart360)
  August 2012-June 2013: 13,018*
  July 2013-June 2014: 11,343
  July 2014-June 2015: 10,787
  July 2015-May 12, 2016: 11,808
  TOTAL: 46,956
  * Pilot year did not require entering at least 1 bp reading as a criteria for enrollment. 9,377 users entered at least 1 bp reading during pilot)

- **RETAINED PARTICIPANTS**: (Users with at least 8 readings, 2 each month, 4 consecutive months)
  August 2012-June 2013: 854
  July 2013-June2014: 1,674
  July 2014-June 2015: 1,526
  July 2015-May 12, 2016: 787
  TOTAL: 4,841

- **PARTICIPANTS WITH AT LEAST 2 READINGS:** (2nd reading taken at least 7 days from 1st)
  August 2012-June 2013: 3,145
  July 2013-June 2014: 4,803
  July 2014-June 2015: 2,975 (2,115 Heart360 users & 860 iHealth users)
  July 2015-May 12, 2016: 3,969
  TOTAL: 14,892

- **HEART360 CAMPAIGN URLs & iHEALTH LOCATIONS** CREATED:**
  August 2012-June 2014: 199
  July 2014-June 2015: 163 (Heart360 URLs)
  July 2014-June 2015: 21** (iHealth Locations)
  July 2015-May 12, 2016: 702
  COMBINED TOTAL: 1,085
  **iHealth was a pilot site tested in SWA & WSA as an alternative to using Heart360

NUMBER OF BLOOD PRESSURE READINGS ENTERED:

August 2012-June 2013: 30,286
July 2013-June 2014: 43,054
July 2014-June 2015: 41,674
July 2015-Feb. 29, 2016: 24,794
TOTAL: 139,808

PERCENTAGE OF PARTICIPANTS WITH HBP (Based on users' first reading)

Fiscal Year	**Hypertensive** (Systolic >140 mm Hg and/or Diastolic > 90 mm Hg)	**Pre-Hypertensive** (Systolic between 120-140 mmHg and/or Diastolic between 80-90 mm Hg)	**Normal** (Systolic < 120 mm Hg and/or Diastolic < 80 mm Hg
Aug. '12-June '13	33%	47%	20%
July '13-June '14	33%	43%	23%
July '14-June '15	30%	43%	27%
July '15-5/12/16	27%	43%	30%

AVERAGE DROP IN SYSTOLIC & DIASTOLIC BLOOD PRESSURE - RETAINED PARTICIPANTS

Fiscal Year	Average Drop in Systolic BP	Average Drop in Diastolic BP
Aug. '12-June '13	11.20 mm Hg	4.31 mm Hg
July'13-June '14	12.69 mm Hg	8.12 mm Hg
July '14-June '15 (Heart360 users)	11.96 mm Hg	9.10 mm Hg
July '14-June '15 (iHealth users)	12.82 mm Hg	9.47 mm Hg
July '15-May 12, 2016	12.35 mm Hg	9.40 mm Hg
Overall Avg. (pilot yr. to present)	12.20 mm Hg	8.08 mm Hg

AVERAGE DROP IN SYSTOLIC & DIASTOLIC BP – USERS WITH AT LEAST 2 READINGS

Fiscal Year	Average Drop in Systolic BP	Average Drop in Diastolic BP
Aug. '12-June '13	5.68 mm Hg	2.87 mm Hg
July'13-June '14	13.95 mm Hg	9.48 mm Hg
July '14-June '15 (Heart360 users)	12.04 mm Hg	8.75 mm Hg
July '14-June '15 (iHealth users)	11.65 mm Hg	8.69 mm Hg
July '15-May 12, 2016	11.77 mm Hg	8.62 mm Hg
Overall Avg. (pilot yr. to present)	11.02 mm Hg	7.68 mm Hg

Million Hearts® Resources

Resources for Clinicians:

- **Hypertension Control: Change Package for Clinicians**
  http://millionhearts.hhs.gov/files/HTN_Change_Package.pdf
  A quality improvement change package with a listing of process improvements that ambulatory clinical settings can implement as they seek optimal hypertension control.

- **Self-Measured Blood Pressure Monitoring: Action Steps for Clinicians**
  http://millionhearts.hhs.gov/files/MH_SMBP_Clinicians.pdf
  A guide to facilitate the implementation of self-measured blood pressure monitoring (SMBP) plus clinical support in preparing care teams to support SMBP, selecting and incorporating clinical support systems, empowering patients, and encouraging health insurance coverage for SMBP plus additional clinical support.

- **Evidence-Based Hypertension Treatment Protocols**
  http://millionhearts.hhs.gov/tools-protocols/protocols.html
  A webpage with a hypertension treatment protocol template and featured evidence-based protocols to help clinicians improve blood pressure control by clarifying titration intervals, revealing new treatment options and expanding the types of staff that can assist in a timely follow-up with patients.

- **Tobacco Cessation Protocol**
  A webpage with a tobacco cessation protocol template and featured evidence-based protocols to help clinicians identify patients who use tobacco and systematically deliver appropriate cessation services.
  http://millionhearts.hhs.gov/tools-protocols/protocols.html#TCP

- **Undiagnosed Hypertension**
  http://millionhearts.hhs.gov/tools-protocols/hiding-plain-sight/index.html
  A webpage that describes the phenomena of patients with uncontrolled hypertension being seen by clinicians, but remaining undiagnosed; resources, references and case studies are provided to help clinicians find their undiagnosed hypertensive patients.
  - **Hypertension Prevalence Estimator**
    https://nccd.cdc.gov/MillionHearts/Estimator/
    An interactive tool health systems and practices can use to start or build on their existing hypertension management quality improvement process by comparing the expected hypertension prevalence generated from the tool with their calculated prevalence.

- **Million Hearts® Clinical Quality Measures (CQM)**
  http://millionhearts.hhs.gov/data-reports/cqm.html
  A webpage that displays national clinical quality measures and targets focused on the Million Hearts® ABCS (Aspirin when appropriate, Blood pressure control, Cholesterol management, and Smoking cessation).

Clinically-focused Programs:

- **Million Hearts® Hypertension Control Challenge**
  http://millionhearts.hhs.gov/partners-progress/champions/index.html

- **Million Hearts® Cardiovascular Disease Risk Reduction Model**
  https://innovation.cms.gov/initiatives/Million-Hearts-CVDRRM/

- **EvidenceNOW: Advancing Heart Health in Primary Care**
  http://www.ahrq.gov/professionals/systems/primary-care/evidencenow.html

Public Health Resources and Programs:

- **Self-Measured Blood Pressure Monitoring: Action Steps for Public Health Practitioners**
  http://millionhearts.hhs.gov/files/MH_SMBP.pdf

- **CDC State Heart Disease and Stroke Prevention Programs**
  http://www.cdc.gov/dhdsp/programs/index.htm

Tools for Patients:

- **Heart Age Predictor**
  http://www.cdc.gov/vitalsigns/cardiovasculardisease/heartage.html

- **Blood Pressure Wallet Card**
  http://millionhearts.hhs.gov/files/BP_Wallet_Card.pdf

- **Healthy Eating & Lifestyle Resource Center**
  http://recipes.millionhearts.hhs.gov/

- **Smoke Free (SF)**
  http://smokefree.gov/

- **Million Hearts® Videos: Personal Stories**
  http://millionhearts.hhs.gov/news-media/media/videos.html#ps

Community Engagement:

- **Cardiovascular Health: Action Steps for Employers**
  http://millionhearts.hhs.gov/files/MH_Employer_Action_Guide.pdf

- **Healthy is Strong**
  http://millionhearts.hhs.gov/learn-prevent/healthy-is-strong.html

- **100 Congregations for Million Hearts®**
  http://millionhearts.hhs.gov/partners-progress/partners/100-congregations.html

Supportive Campaigns:

- **Mind Your Risks**
  https://mindyourrisks.nih.gov/index.html

- **Tips from Former Smokers**
  http://www.cdc.gov/tobacco/campaign/tips/index.html

Meeting Evaluation:
Partners Working Together in Virginia

19 respondents completed the survey.

100% of respondents reported the meeting information was either *very useful* or *somewhat useful* in meeting the following meeting objectives.

- Identify Million Hearts focused activities for 2016
- Recognize Million Hearts® evidence-based and practice-based CVD prevention strategies and approaches
- List partner programs and resources that align with Million Hearts®
- Identify programs efforts that align and ways to work together
- Create plan for follow-up to increase engagement
- Recognize key contacts within heart disease and stroke prevention

The most valuable part of the meeting was:

- Making connections and getting resources (6)
- Seeing how partner activities could align (3)
- Recognizing that different partners could take on aspects of the plan to help Million Hearts get closer to their goals
- Learning about programs in place in the AHA
- Dionne's presentation
- Sharing ideas

The least valuable part of the meeting was:

- Nothing (5)
- More time for sharing (2)
- Talk about physician base efforts
- Post it note activities was difficult to follow
- Could not stay the whole day
- Hard to set up meetings to accomplish shared goals

Ways to improve in the future:

- Longer partner sharing session (3)
- Need more space for that many partners (2)
- Break out at the end to discuss next steps/accountability
- Providing a breakdown of activities prior to the meeting
- Limit future meetings to quarterly for 2 hrs. only