

Michigan Cardiovascular Alliance Report: October 19, 2010

| Measurement and Evaluation Benchmarks | Baseline | | | Data – As of 10/19/2010 | | | | | | | | | | | | | | | | |
|---|---|--|----------------|--|------|----|----|-------|----|----|----|----|---------|----|----|----|----|----------------|--|--|
| | Data Source | Measure | Year | Measure | Year | | | | | | | | | | | | | | | |
| Priority 1: Increase the number of people who have their high blood pressure under control. | | | | | | | | | | | | | | | | | | | | |
| Objective 1: By 2014, increase by 2% the number of hypertensive adults in Michigan who have their blood pressure under control*. *Guidelines: <140/90 except for people with diabetes and chronic kidney failure <130/80. | Michigan Quality Improvement Consortium (online report) 2004 NHANES=61% controlled | Medicare: 59.78% Medicaid: 55.14% Commercial: 62.92% | 2008 | Medicare: 64.92% Medicaid: 57.38% Commercial: 66.51% | 2009 | | | | | | | | | | | | | | | |
| Objective 2: By 2014, decrease the proportion of adults, 18 years and older, in Michigan with high blood pressure to 27%. | Michigan BRFS | 29% | 2007 | 29.7% | 2009 | | | | | | | | | | | | | | | |
| Objective 3: By 2014, increase the proportion of adults, 18 years and older, in Michigan who are taking action to control their blood pressure by 5%*. *Non-pharmacologic and pharmacologic | Michigan BRFS | <table border="1"> <tr> <td></td> <td>Dt</td> <td>NA</td> <td>AI</td> <td>Ex</td> </tr> <tr> <td>Doing</td> <td>70</td> <td>75</td> <td>34</td> <td>69</td> </tr> <tr> <td>Advised</td> <td>60</td> <td>65</td> <td>26</td> <td>75</td> </tr> </table> | | Dt | NA | AI | Ex | Doing | 70 | 75 | 34 | 69 | Advised | 60 | 65 | 26 | 75 | 2009 Base-line | | |
| | Dt | NA | AI | Ex | | | | | | | | | | | | | | | | |
| Doing | 70 | 75 | 34 | 69 | | | | | | | | | | | | | | | | |
| Advised | 60 | 65 | 26 | 75 | | | | | | | | | | | | | | | | |
| Priority 2: Increase the number of people who have their blood cholesterol under control. | | | | | | | | | | | | | | | | | | | | |
| Objective 1: By 2014, increase by 2% the number of adults in Michigan who have their cholesterol under control. *Guidelines: LDL-C <100mg/dL. | Michigan Quality Improvement Consortium | Medicare: 64.8% Medicaid: 45.23% Commercial: 58.73% | 2008 | Medicare: 67.8% Medicaid: 45.21% Commercial: 61.37% | 2009 | | | | | | | | | | | | | | | |
| Objective 2: By 2014, decrease the proportion of adults, 18 years and older, in Michigan, with high blood cholesterol to 37%. | Michigan BRFS | 39.9% | 2007 | 38.9% | 2009 | | | | | | | | | | | | | | | |
| Priority 3: Increase the number of people who know the risk factors and signs and symptoms for heart disease and stroke and the importance of calling 9-1-1. | | | | | | | | | | | | | | | | | | | | |
| Objective 1: By 2014, increase the proportion of adults, 18 years and older, in Michigan who can identify three or more heart attack warning signs by 3%. | Michigan BRFS | 88% | 2009 Base-line | | | | | | | | | | | | | | | | | |
| Objective 2: By 2014, increase the proportion of adults, 18 years and older, in Michigan who can identify three or more stroke warning signs by 3%. | Michigan BRFS | 89.1% | 2007 | 89% | 2009 | | | | | | | | | | | | | | | |
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|--|---|--|------|---|---------|
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| Objective 3: By 2014, increase the proportion of adults, 18 years and older, in Michigan that would call 9-1-1 when they recognize someone is having a stroke or heart attack to 90%. | Michigan BRFS | 86.6% | 2007 | 89% | 2009 |
| Priority 4: Improve emergency response to CVD. | | | | | |
| Objective 1: By 2014, improve the quality of EMS services for heart attack and stroke. | EMS Assessment | Initial 2008 data | 2008 | Reassessment Results and EMS Report | 2010 |
| Objective 2: By 2014, use the designated regional areas in the trauma system structure to improve stroke and heart attack systems of care in three regions. | Michigan Department of Community Health | 0 regions | 2008 | Involved in meetings with 4 Regional Trauma Networks | 2010 |
| Priority 5: Improve the quality of heart disease and stroke care. | | | | | |
| Objective 1: By 2014, improve provider compliance with established guidelines for cardiovascular disease in select primary care setting throughout Michigan. | TBD | TBD | | | |
| Objective 2: By 2014, improve three of the consensus measures for stroke in acute care settings by 10% in 36 MiSRQIP hospitals. | Coverdell (MiSRQIP) GWTG | LDL<100 80.5% Stroke Ed. 55.3% Dysphagia Scrn 66.1% | 2008 | LDL<100 84.7% Stroke Ed. 69.2% Dysphag Sc 71.9% | 2010 |
| Objective 3: By 2014, increase the proportion of patients who receive care consistent with performance measures/indicators for heart failure in funded acute care settings by 5%. | Get With the Guidelines (GWTG) | Discharge Inst, LV Function, ACE/ARB, Smoking Cessation, Beta Blocker. Percentages in 2008 | 2008 | .5% - 5.3% Discharge Inst, 5.3 LV Function .5, ACE/ARB 3.1, Smoking Cessation 4.9, Beta Blocker 1. | 2009-10 |
| Objective 4: By 2014, increase the proportion of patients who receive care consistent with performance measures/indicators for ST elevation MI (STEMI) in funded acute care settings by 5%. | Action Registry | No funding available | | | |
| Priority 6: Eliminate CVD disparities related to race, ethnicity, gender, geography, and socioeconomic status. | | | | | |
| Objective 1: By 2014, reduce the age-adjusted mortality rate for heart disease for blacks by 10%. | MDCH Vital Statistics | 320.2 per 100,000 | 2006 | 313 | 2008 |
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|---|------------------------------------|------------------|-----------|-------------------------|------|
| | Data Source | Measure | Year | Measure | Year |
| Objective 2: By 2014, reduce the age-adjusted mortality rate for stroke for blacks by 10%. | MDCH Vital Statistics | 58.9 per 100,000 | 2006 | 55.2 | 2008 |
| Objective 3: By 2014, reduce the number of counties that are above the national rate for age-adjusted heart disease mortality. | MDCH Vital Statistics & CDC Wonder | 37 counties | 2002-2006 | TBD | |
| Objective 4: By 2014, reduce the number of counties above the national rate for age-adjusted stroke mortality. | MDCH Vital Statistics & CDC Wonder | 36 counties | 2002-2006 | TBD | |

Dt= Dietary Changes, Na= sodium reduction, Al = alcohol reduction, Ex = Exercise increase,

Age adjusted Mortality Rates, Rankings and National Goals:

US Healthy People 2010 Goals: **162** for Coronary Heart Disease and **50** for Stroke.

Michigan Rate as of 2008: **147.2** for Coronary Heart Disease and **41.9** for Stroke

Michigan National Rankings based on AHA Statistical Update 2010: **7th worst** for Coronary Heart Disease and **25th worst** for Stroke