

Michigan Cardiovascular Alliance
Meeting at MPHI
May 3, 2011

Attending: Sandra Chase, Mark Fendrick, Bob Ross, Stacey Roberts, Christi Demitz, April Araquil, Rochelle Hurst, Eileen Worden, Henry Miller, Tom Spring, Deb Duquette, Marianne Morrissey, Adrienne Nickles, Velma Theisen, Jill Scott Gregus, Bridget Bartol (conference call)

Welcome & Introductions

Sandra Chase reviewed agenda and meeting purpose. Attendees introduced themselves.

Heart Disease & Stroke Prevention Efforts: What's New? – Velma Theisen

- **General: Partner Update Feedback, Budget, JNC8**
 - During our last MiCA meeting, we did a partnership evaluation. Based on the feedback we received, we developed the monthly Partner Update. We asked attendees for feedback, suggestions, and how often we should send the Update. Attendees' feedback included: nice because it's short, simple, easy to click on; good to send every month; suggest using Constant Contact or other tool which would give sign-up option and way to track usage; we should encourage everyone to send the newsletter on to other organizations. A final suggestion was to send the Update to legislators. Though this is a good idea, it would be more appropriate if a partner sent rather than it coming from MDCH.
 - Governor still has Healthy Michigan Funds in his budget, but House and Senate do not.
 - Joint committee is monitoring JNC guidelines. Initial comment period this summer and it should be posted in 2012. There will be a cholesterol recommendation at that time.
- **High Blood Cholesterol University**
 - Now have the High Blood Cholesterol University (www.michigan.gov/hbcu). Attendees were encouraged to promote to other groups/colleagues. If you have additional resources or suggestions, let Christi know.
 - Mark Fendrick pointed out that everyone who has insurance in 2012 will have access to Value-based Preventive Services.
- **BP Measurement QI Program Online**
 - The blood pressure QI training program MDCH has been offering via CD is now online at <http://mihealth.trainingcampus.net>. Once you get online, go to "My Activities" and it will keep track of all of the testing that you take. It is only available to Michigan users.
- **Stroke Brief**
 - The *Stroke Brief* was included in the meeting packet. The *Brief* provides a great summary of morbidity/mortality/stroke risks.
- **5 County CVD Study**
 - MDCH surveillance data showed 5 counties in eastern/central Michigan with high hospitalization and mortality rates for heart disease. MDCH has developed a proposal to conduct town halls in these counties to learn what decision makers and residents feel are the reasons for the high rates and what has been/can be done to reduce the rates. Adrienne put together a poster regarding the 5 counties, and will present it at the Council of State and Territorial Epidemiology conference.
- **Discussion About Aspirin in Prevention**
 - Eileen presented a draft aspirin laminate for professionals. She is looking for pilot sites to use the laminate and provide feedback. MPRO is interested; they have access to electronic health records. Attendees' feedback: good because there can be double dosing when people are taking other meds; people won't go to a website; should do focus group testing in primary care or cardiology; an app would be better than a pocket card; could use a wheel to manipulate and come up with risks.

Heart Disease & Stroke Surveillance Update Part II -- Adrienne Nickles

- Special attention is being given to a 5 county area in the central eastern part of the state that has persistent high CVD hospitalization burden.

- Five major CVD we measure; coronary heart disease, heart failure, ischemic stroke, hemorrhagic, transient ischemic attack.
- Methods: age-adjusted rates, prevalence, years of potential life lost, data mapping.
- Comparison of CVD in Michigan and U.S.
- Since 2004 Michigan's CVD mortality rate has been decreasing at a slower rate compared to the national rate.
- Geography of CVD in Michigan: almost half of the population lives in the Detroit-Livingston-Wayne metro area. This same area houses 71.5% of the black population and 40% of the Hispanic population.
- Years of potential life lost: a measure of mortality that gives more weight to deaths among younger individuals. This is commonly set at age 75, shown are maps age 65 and under and 75 and under.
- 7 risk factors associated with CVD: current smoking, HBP, HBC, diabetes, physical inactivity, dietary behavior and overweight and obesity. In 2009, only 4.6% of MI adults had four of the healthy lifestyle characteristics.
- County health rankings are shown in detail in the complete report.
- Summary: county-level mortality maps indicate a persistent CVD, HD, CHD, and HF burden in a contiguous five county area consisting of Arenac, Bay, Clare, Gladwin, and Ogemaw.
- County Health Rankings lists those five counties in the higher group with some of the worst in the state for health outcomes and risk factors.
- This power point will be put up online MDCH on "What's New."

Partner Updates – Alliance Members

- Bridget Bartol: Public Health, Delta & Menominee Counties GIS Grant
 - Delta Menominee wrote a very impressive grant application and they were awarded a GIS grant. They were one of only two health departments that received this grant in the nation. They expect their new equipment soon and will go to Duke University to learn GIS mapping. They are eager to learn new ways of compiling information that will give them the opportunity to explore and analyze data.
- Tom Spring: Cardiac Rehabilitation Project and Outcomes Report
 - This report is the result of a project that they have been working on over the past 4 year. They were looking at key indicators in cardiac rehabilitation. Their goal was to have a standard outcomes registry by looking at different outcome indicators. They have produced a report that will be posted online at MDCH.
- Stacey Roberts: Michigan Stroke Registry QI Program (MiSRQIP)
 - MiSRQIP is in the fourth of this five year grant cycle. The program has a 35 hospital cohort, with over 23,000 patient records. A workshop for the project teams in participating hospitals is planned for May 4th. The focus of the workshop will be on project evaluation at the hospital level. Data from MiSRQIP continues to be shared with MSI and the participating hospitals. From 2008 to 2010 there were notable successes including a 12% improvement in appropriate use of cholesterol reducing medications at discharge, an 8% improvement in dysphasia screening, and a 13% improvement in patient education rates for stroke patients in the cohort.
- Christi Demitz for Katherine Knoll: Healthy Kids, Healthy Michigan HKHM
 - There were two major accomplishments this past year, Complete Streets legislation and the passage of State Nutrition Standards which the state Board of Education got passed. Going forward, they want to make sure that all of our schools in Michigan are adopting the Nutrition Standards.
- Sandi Waddell: Hypertension Core Curriculum
 - In the past quarter they have distributed 202 copies to hospitals, medical schools, libraries, physician assistant schools, etc. They are responding to inquiries now and are planning an online survey. The encourage members to promote it.
- Deb Duquette: Sudden Death in the Young. Pre-participation Sports Screening Workgroup Update
 - The workgroup gave recommendations to MHSAA, they were:
 - To update the MHSAA pre-participation physical evaluation form to reflect published national guidelines. They were approved.
 - Separate the clearance form that is provided to the school from the medical and family history information. This was approved.

- Change the MHSAA requirement of an annual physical performed on or after April 15 of the previous school. This was not approved.
- Reviewed the new physical examination clearance form.

Alliance Partnership Evaluation – Henry Miller

- How can we get more involvement?
 - When we schedule so far ahead, I don't see why we can't. Seems to be a scheduling issue.
 - It may be budget constraints, more and more, managers are not allowing the travel to meetings.
 - Possibly we could use web conferencing.
 - We could take our meetings to a hospital setting like Spectrum or Henry Ford.
 - We could set up Skype.
 - I'm not discouraged.
- How should MiCA position self to future needs?
 - No comment
- What do you think would add value?
 - No comment

Next Meeting: October 11, MPHI, 2-4:30