Michigan Cardiovascular Alliance Meeting
Michigan Public Health Institute
Tuesday, October 23, 2012

Attending: Mark Fendrick; Sandy Waddell; Teri Wilson; Rochelle Hurst; Christi Demitz; Stacey Roberts; Dana Watt; Tom Curtis; Mary Mobley; Deb Duquette; Alice Betz; Bob Ross; Robin Roberts; Kristi Pier; Jill Scott Gregus

Mark Fendrick: Welcome and introductions

Teri Wilson: Heart Disease & Stroke Prevention Efforts:

- Changes in Department; Eileen has another position at EMS as manager. Her position is now available if you know anyone. We are interviewing applicants for the epidemiology position.
- HDSP update; 2012 MMWR Vital Signs. We will be focusing on hypertension this year.
- Million Hearts; Team Up. Pressure Down. Team based approach to reducing hypertension, included is the pharmacist.
- HDSP Trainings: HB Pressure University; High Cholesterol University; Hypertension Core Curriculum. Discussed challenges and limitations.
- 2009-2014 Strategic Plan; Discussed the six major Priorities around blood pressure; cholesterol; signs and symptoms of heart attack and stroke; improving emergency response to heart attack and stroke; improving the quality of heart disease and stroke care; and eliminating disparities.
- Future direction: anticipating uncontrolled hypertension focused on policy and environmental change, pharmacists, worksites and other.

Christi Demitz: discussed the Cardiac Rehab and QI outcomes.

Rochelle Hurst: Healthy Michigan 4 x 4 Plan. Discussed the vision of the Governor's 4 x 4 plan.

Dana Watt: Michigan Primary Care Consortium. Multi-payer advanced primary care practice demonstration project. The impetus was escalating healthcare costs and mediocre performance on indicators of health. Michigan is one of eight states participating through 2014, Michigan has 477 practices. An emerging team based model of care led by a personal physician that provides continuous and coordinated care throughout patient's lifetime. Practice participation criteria, participating payers, expectations of practices, promote evidence based care, and data collection and analytic group based at UM. The Michigan Primary Care Transformation Project will help shape the future of primary care in Michigan and perhaps for the nation.

Tom Curtis: Community Linkages Project Coordinator, MDCH. Convened by Chronic Disease and Injury Control Division, and 70+ member organizations. Expected outcomes; evidence for integrating community resources into PCMH. Identify a model, Demonstrate success in Michigan, Convene stakeholders to share the model and evidence. Michigan Public Health Institute received award from CMS to implement model in Ingham, Saginaw and Muskegon counties, hire 90 community health workers and supervisors, develop an IT system for data sharing, find target population; Medicare/Medicaid beneficiaries with 2+ chronic disease conditions, primary services related to the social determinants of health, objectives: improve care, improve health, and reduce unnecessary hospitalizations and emergency department use.

Stacey Roberts: MDCH. reported on The Michigan Stroke Registry and Quality Improvement Program (MiSRQIP), which focused on surveillance and improvement of stroke care throughout Michigan. The program took place from 2008 to 2012. The 35 participating hospitals shared best practices and implemented quality improvement interventions targeted at improving the quality of hospital based acute stroke care. This program saw statistically significant improvement in seven of the ten consensus performance measures by the end of the program tenure in July, 2012.

She also shared that the CDC is now funding Michigan to continue the work of the hospital-based registry and to expand efforts into other areas of stroke systems of care from July 1, 2012 through June 30, 2015. "Michigan's Ongoing Stroke Registry to Accelerate Improvement of Care" (MOSAIC), will extend efforts into assessing and improving the hospitals process for transitions of care from the hospital to the post hospital setting.

Mary Mobley: MDCH Genomics. There has been lots of work done with Sudden Death of the Youth. A group of people came to Deb Duquette who wanted to work in schools. We've convened two meetings and generated lots of energy. A cardiologist from UM came to them , he started with a project administrator in Milwaukee but they want to keep it with MDCH.

Sandy Waddell: National Kidney Foundation. Five community health workers doing follow-up with FQHC, PATH, DPAC, health literacy program. Into their 3rd year of the CDC grant. Have seen 5% improvement in the last 6 months in blood pressure. They have a coalition and they are all enrolling women.

Alice Betz: American College of Cardiology. Appreciates these meetings, forgot how much information she receives when she comes. They are collaborating with 12 hospitals. They are trying to get heart failure patients to return for follow-up.

Bob Ross: Michigan Academy of Physician Assistants. One thing that may make the difference is if you take the blood pressure in the foot/leg – the risk goes way down. If a patient has .9 or below – four times the chance that the patient will have a heart attack or stroke in the next five years. American Heart Association says high risk for those with diabetes, smoking, high cholesterol between 50 and 79 with history of smoking. It was suggested that Bob is put on the agenda to give us a demo at the next meeting.

We are trying to figure out where the group wants to go from here. The Partner Survey results show that the majority are still interested in involvement in the Alliance. Is there a role, what is our role? Generally there are 2 meetings; one in the fall and one in the spring, there probably should be interaction between now and then.