Strategic Plan
Accomplishments and
2011 Plan

Michigan Cardiovascular Alliance Meeting
October 19, 2010
FY 2010 Accomplishments
Public Awareness

1. Utilize available resources that support heart disease & stroke (HDS) prevention and control
   • High Blood Pressure University

2. Target high-risk groups using multiple communication channels, venues, and appropriate educational materials to address disparities HDS care
   • Federally-Qualified Health Centers (FQHC) Project, WISEWOMAN & PATH collaboration
   • Faith Knowledge Action Toolkit
3. Encourage the development of personal response plans for cardiovascular emergencies
   • *Taking on Heart Attack & Stroke Emergencies*
   • *Faith Knowledge Action = Health Toolkit,*
   • *WORK WELL! Toolkit*

4. Utilize existing resources available for blood pressure & cholesterol management
   • High Blood Pressure University and national links
   • HBP Core Curriculum
FY 2010 Accomplishments
Professional Education

5. Provide professional education to reinforce standards and treatment guidelines
   - High Blood Pressure Core Curriculum
   - Advanced Stroke Life Support
   - Conferences (Stroke and Regionalization)
   - EMS Laminates, etc
   - HBPU and conference calls

6. Disseminate evidence-based protocols and screening guidelines
   - MQIC integration
   - HBPU and BP Measurement CD, CVD screening forms
7. Incorporate culturally sensitive, language and literacy appropriate educational materials
   • High Blood Pressure University

8. Increase awareness and usage of patient materials, and tools
   • High Blood Pressure University
9. Promote projects that address gaps in disparities for HDS care
   • High Blood Pressure University
   • QI activities such as MiSRQIP, MSCVPR, GWTG HF

10. Ensure consistent messaging regarding signs and symptoms of heart attack and stroke and emergency response – calling 9-1-1
    • FAST materials
    • ER bookmark and screening info
11. Collaborate with partners to identify best practices in CVD care and disseminate information about models leading to improvement in healthcare in Michigan
   - FQHC Project
   - QI Initiatives

12. Educate and engage decision and policy makers on CVD burden, costs and implications for prevention
   - Legislative Flyer
   - EMS Trauma Funding Flyer, Regionalization Conference
Benchmarks Annual Progress Report

• Focus on 6 CDC Priorities:
  – HBP Control, Cholesterol Control, Signs and Symptoms…Call 9-1-1, Improve Emergency Response. Improve HDS Quality of Care, Eliminate HDS Disparities

Template found on pages 46-48 of strategic plan
### Measurement and Evaluation Benchmarks

<table>
<thead>
<tr>
<th>Priority 1: Increase the number of people who have their high blood pressure under control.</th>
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| **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 |
| **Measure** | **Year** | **Measure** | **Year** |
| Medicare: 59.78% | 2008 | Medicare: 64.92% | 2009 |
| Medicaid: 55.14% | 2008 | Medicaid: 57.38% | 2009 |
| Commercial: 62.92% | 2008 | Commercial: 66.51% | 2009 |

<table>
<thead>
<tr>
<th>Objective 2: By 2014, decrease the proportion of adults, 18 years and older, in Michigan with high blood pressure to 27%</th>
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<tbody>
<tr>
<td><strong>Michigan BRFS</strong></td>
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<td>29%</td>
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| 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** | 2009 Base-line | 2009 Base-line |
| Doin g | NA | Al | Ex |
| Doin g | 70 | 75 | 34 | 69 |
| Adv i sed | 60 | 65 | 28 | 75 |
| On Med s: 89% | 89% |
High Blood Pressure 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.

- **Objective 2:** By 2014, decrease the proportion of adults, 18 years and older, in Michigan with high blood pressure to 27%.

- **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
High Blood Cholesterol 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.

**Objective 2:** By 2014, decrease the proportion of adults, 18 years and older, in Michigan, with high blood cholesterol to 37%.
Risk Factors & Signs/Symptoms
Call 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%.

• **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%.

• **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%.
Improve Emergency Response

- **Objective 1:** By 2014, improve the quality of EMS services for heart attack and stroke.

- **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.
Improve Quality of HDS Care

• **Objective 1:** By 2014, improve provider compliance with established guidelines for cardiovascular disease in select primary care setting throughout Michigan.

• **Objective 2:** By 2014, improve three of the consensus measures for stroke in acute care settings by 10% in 36 MiSRQIP hospitals.

• **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%.

• **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%.
Eliminate Disparities

- **Objective 1:** By 2014, reduce the age-adjusted mortality rate for heart disease for blacks by 10%.
- **Objective 2:** By 2014, reduce the age-adjusted mortality rate for stroke for blacks by 10%.
- **Objective 3:** By 2014, reduce the number of counties that are above the national rate for age-adjusted heart disease mortality.
- **Objective 4:** By 2014, reduce the number of counties above the national rate for age-adjusted stroke mortality.
Revisions to Benchmarks?

• Provider compliance with guidelines
  How monitor and report
• STEMI change to cardiac rehab
• Reflect FQHC, HBPU initiatives
• Others?
Heart Disease & Stroke Prevention Unit
FY 2011 Planned Activities

1. Continue partnership meetings such as MiCA, Michigan Stroke Initiative, HBP Exp. Group
2. Continue and update the High Blood Pressure University
3. Continue collaboration with 3-4 FQHCs strengthening systems and tools for HBP and cholesterol improvement
4. Maintain surveillance and reporting
5. Develop High Blood Cholesterol University website
Heart Disease & Stroke Prevention Unit
FY 2011 Planned Activities (continued)

6. Continue collaboration with WISEWOMAN, Diabetes, Tobacco, MiSRQIP, PATH, HKHM, Genomics and EMS

7. Continue collaboration with external partners including PAD, NKFM, AHA, Value-Based Partners, MPCA, etc.

8. Maintain GIS capacity and products

9. Continue worksite initiatives including supporting internal wellness activities
Additional Thoughts?

Thanks for your continued collaboration!