

# Strategic Plan Accomplishments and 2011 Plan

Michigan Cardiovascular Alliance Meeting  
October 19, 2010



**M**ichigan  
**C**ardiovascular  
**A**lliance



# *FY 2010 Accomplishments*

## **Public Awareness**

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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



# Public Awareness (continued)

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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**

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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



# Professional Education (continued)

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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



# *Fy 2010 Accomplishments*

## **Systems Change**

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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



# Systems Change (continued)

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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*

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- 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



## Michigan Cardiovascular Alliance Report: October 19, 2010

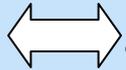
Measurement and Evaluation Benchmarks	Baseline			Data – As of 10/19/2010																
	Data Source	Measure	Year	Measure	Year															
<b>Priority 1: Increase the number of people who have their high blood pressure under control.</b>																				
<b>Objective 1:</b> By 2014, increase by 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															
<b>Objective 2:</b> 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															
<b>Objective 3:</b> 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" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Dt</th> <th>NA</th> <th>AI</th> <th>Ex</th> </tr> </thead> <tbody> <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 On Med s: 89%</td> </tr> </tbody> </table>		Dt	NA	AI	Ex	Doing	70	75	34	69	Advised	60	65	26	75 On Med s: 89%	2009 Base- line		
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# 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

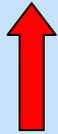
- **Objective 1:** *By 2014, improve the quality of EMS services for heart attack and stroke.*
- **Objective 2:** *By 2014, use the designated regional areas in the trauma system structure to improve stroke and heart attack systems of care in three regions.*



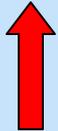
# Improve Quality of HDS Care



- **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.*



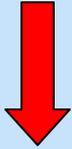
- **Objective 3:** *By 2014, increase the proportion of patients who receive care consistent with performance measures/indicators for heart failure in funded acute care settings by 5%.*



- **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

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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)

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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!

