July 2012

Partner Update

Michigan Department of Community Health News

Strategic Plan Progress Report
MDCH is in a one year continuation of the CDC Heart Disease and Stroke Prevention (HDSP) Capacity grant. In this final year of the project, work will be done to evaluate capacity building particularly related to partnerships and collaborations that will continue to impact systems change in HDSP. Announcements about new funding opportunities are not expected until 2013.

A Michigan Cardiovascular Alliance partnership evaluation (Zoomerang survey) is under development and will be sent to partners this summer. Since a significant focus of the grant is to build partnerships and increase capacity, it will be very important that we receive responses from all those who have been engaged in this work with us, particularly as we reflect on the accomplishments and challenges over the project period and start to plan for future work.

MiCA Meeting – October 2012
The next scheduled MiCA meeting will be held at the Michigan Public Health Institute in Okemos in October. We will send a "Save the Date" notice as soon as the date is confirmed, and more details will be shared as the meeting grows closer.

MiCA Partner Update Deadline
If you have information you would like us to include in the August MiCA Partner Update, please send it to Christi (demitzc@michigan.gov) by Friday, July 20, 2012.

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Michigan Primary Care Transformation Project
The Michigan Multi-payer Primary Care Transformation Demonstration Project is a CMS sponsored project designed to demonstrate the benefits derived from the widespread transformation of primary care practices to patient -centered medical homes. The project hopes to demonstrate that the improved care processes in these practices results in improved health status in individuals cared for, better experience of care and lower or stable health care costs. Thirty-six physician organizations and 408 practices are involved in the project. Click here for more information and updates.

Coordinated Chronic Disease Prevention and Health Promotion Grant
The Division of Chronic Disease and Injury Control, in which the Heart Disease and Stroke Prevention Unit is located, is developing a coordinated state plan to address chronic disease. Internal workgroups are focused on combining and addressing common areas in public health chronic disease management such as Surveillance, Evaluation, Communication, Policy, Health Disparities, Health System Linkages, Community Linkages, Strategic Partners, and Healthy Communities. A state plan will be completed by the end of August, and work will continue through September 2013. We will share additional information and the state plan when it becomes available.

Of Note: Community Clinical Linkages group, will focus on methods and means to address social determinates of health to assist primary care to manage external and societal impacts on health, particularly chronic disease. Discussions have begun about workforce development, 2-1-1, the HUB model ("hubs" coordinate the delivery of health care and social services for the most vulnerable Americans. These hubs have the infrastructure to connect at-risk individuals to health and social services, while avoiding duplication of services. Three principles guide community hubs:

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Find: Identify those at greatest risk. **Treat:** Ensure treatment through evidence-based interventions and evaluate their impact. **Measure:** Document and evaluate benchmarks and final outcomes), http://www.innovations.ahrq.gov/content.aspx?id=2956 For more information, contact Eileen Worden (wordene@michigan.gov).

CMS Innovation Grant
The CMS Innovation Grant titled "Michigan Pathways to Better Health" is a project focused on partnering with Michigan Public Health Institute, MDCH and three communities (Muskegon, Saginaw and Ingham) to integrate community health workers (CHW) in primary care teams. These CHW's will coach patients on self-management of conditions and encourage regular primary care visits. In addition, the program will connect high risk populations with local care and support services that address social determinants of health that impede achievement of positive health outcomes. This "Pathways Community HUB" model will decrease hospitalizations and emergency department visits by improving adherence to therapy, improving access to primary care and increasing use of preventive care and support services.

Michigan Project ADAM
This project is being led by MDCH- Genomics. The initiative helps schools across the nation implement public access defibrillation (PAD) programs through support and education. The program helps schools determine the need for automatic external defibrillators (AED's), secure funding, provide program implementation templates, and assist with effective marketing of the program. The project also is involved in research and advocacy efforts. There are program affiliates in Florida, Philadelphia, Atlanta, Illinois, Alabama and Washington. Contact Eileen Worden (wordene@michigan.gov) for more information.

Paul Coverdell Stroke Registry
Michigan has applied for the new CDC Paul Coverdell Stroke Registry grant. MDCH has been involved in the registry since 2007 and prior to that in the Coverdell pilot. The focus on this effort will be to sustain the gains made in addressing the clinical performance measures for defect-free stroke care and to consider a sustainable approach to transitions of care for those who have had a stroke. Contact Stacey Roberts (robertss5@michigan.gov) for more information.

Michigan Health and Wellness 4x4 Plan
Governor Rick Snyder is committed to creating a healthier Michigan, and reducing obesity is a key priority. Michigan has one of the highest obesity rates in the nation; 32 percent of adults and 17 percent of youth are obese. The Michigan Health and Wellness 4 x 4 Plan lays out strategies for reducing obesity and improving health and wellness. Central to the plan is the 4 x 4 tool. The Michigan 4 x 4 tool incorporates four key healthy behaviors (healthy weight, regular physical activity, avoid tobacco use, and get an annual physical) with four key health measures (BMI, blood pressure, cholesterol, and blood glucose). If each of us practices the Michigan 4x4 Plan, we will improve our quality of life and reduce health costs.

Systems of Care
MDCH and partners have been working for the past year on a set of recommendations for systems of care for cardio-vascular emergencies. Once finalized, the recommendations will be written in Administrative Rule language and eventually added to the existing Medical Control Authority portion of the Trauma Rules. The purpose of the project is to ensure the right patient gets to the right place at the right time, using resources efficiently. Contact Eileen Worden (wordene@michigan.gov) if you need more information.

National Heart Disease & Stroke prevention efforts
Million Hearts Campaign-Million Hearts™ is a national initiative that was launched by the Department of Health and Human Services in September 2011 to prevent 1 million heart attacks and strokes over five years. Million Hearts™ will achieve its goal by emphasizing cardiovascular health across patients, providers, communities, and other stake-holders. Million Hearts™ will bring together a number of programs, policies, and campaigns designed to make a positive impact across the spectrum of prevention and care, promoting the "ABCS" of clinical prevention (appropriate aspirin therapy, blood pressure control, cholesterol management, and smoking cessation) as well as healthier lifestyles

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and communities. Some of Million Hearts™' wide-ranging activities may include:

- Educational campaigns to increase awareness about heart disease prevention and empower patients to take control of their heart health.
- Use of health information technology and quality improvement initiatives to standardize and improve the delivery of care for high blood pressure and high cholesterol.
- Community efforts to promote smoke-free air policies and reduce sodium in the food supply.

More information on the Million Hearts™ campaign can be found here.

New Science

2012 Appropriate Use Criteria for Peripheral Vascular Ultrasound and Physiological Testing Part I: Arterial Ultrasound and Physiological Testing

Improvements in cardiovascular imaging technology and their application, coupled with increasing therapeutic options for cardiovascular disease, have led to an increase in cardiovascular imaging. Diagnostic imaging services reimbursed under Medicare's physician fee schedule grew more rapidly than any other type of physician service from 1999 to 2003, although more recently, the rate of imaging volume growth in Medicare has been slowing.

Still, the armamentarium of noninvasive diagnostic tools has expanded greatly, offering a variety of new and more sophisticated imaging techniques. As imaging technology and clinical applications continue to advance, the healthcare community needs to understand how to best incorporate these technologies into daily clinical care and how to choose between new and long-standing established imaging technologies. In an effort to respond to this need and to ensure the effective use of advanced diagnostic imaging tools, the Appropriate Use Criteria (AUC) project was initiated. For more information, contact Bob Ross (bobross@earthlink.net).

Team Based Care

The Community Preventive Services Task Force announced it recommends team-based care (TBC) for improving blood pressure control on the basis of strong evidence of effectiveness. A review of 77 studies of team-based care showed that patients' control of blood pressure improved when their care was provided by a team of health professionals—a primary care provider supported by a pharmacist, nurse, dietitian, social worker, or community health worker—rather than by a single physician. "Adoption of this model throughout the United States would improve blood pressure control for the 68 million American adults who have high blood pressure and reduce their risk of heart attack, stroke, and other health problems," said Thomas R. Frieden, M.D., M.P.H., director, Centers for Disease Control and Prevention. "This analysis shows that when primary care physicians and other health care professionals with different expertise and approaches work together to support their patients, they can find the right formula for getting blood pressure under control."

Small Changes in Treatment Keep Stroke Patients Alive-Wall Street Journal (June 11, 2012)

In two recent studies, researchers at Kaiser Permanente, the big Oakland, California-based health plan, combed the electronic medical records of 12,689 stroke patients in the plan's database. They found that giving statins to patients while they were still in the hospital reduced the death rate after one year by nearly half—to 6%—compared with 11% among patients who began taking the drugs after their hospital stay. For patients already on statins, the improvements were even more dramatic. The one-year death rate for stroke patients who were taking statins when they were admitted to hospital and continued taking them through the stay was 5%, the researchers found. But when statins for patients already taking the drugs were stopped during the hospital stay, even for a brief time, the one-year death rate jumped to 23%. A second study found that stroke patients given statins in the hospital were 20% more likely to be sent home after their stay rather than to a nursing home. "We don't know what the mechanism is for statins to have such an effect." said Alexander Flint, a researcher in Kaiser Permanente's neuroscience group in Redwood City, Calif., who led both studies. "But what we're seeing is that being on a statin early during the hospitalization improves several different outcomes" for patients. The study has limitations. It was an observational study, not randomized, meaning that differences in individual patients that might confound the results couldn't be accounted for. Patients in the study were treated at any of 17 Kaiser Permanente facilities and half of the patients were treated with statins while in the hospital. Now, nearly all will get them: The health plan has made statin therapy in the hospital standard practice for stroke patients. LINK: http://online.wsj.com/article/SB10001424052702303444204577460632957846686.html