Keeping a Million Hearts Beating: How Integrated Care can Reduce Heart Disease

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SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

Moderators:

Kristin Potterbusch, Director of HIV and Behavioral Health Integration, CIHS

Roara Michael, Associate, CIHS
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CVD and Serious Mental Illness

• In the United States, mortality of cardiovascular disease or CVD has declined from 50%-36%.
• However, for populations living with serious mental illness, more premature deaths are still attributable to CVD than suicide.
• It is estimated that on average a person living with severe mental illness and CVD will lose 25 or more years of their life.
  • This can be linked to variances in screening practices. For example: Lipid testing for those on APMs were found to range between 6%-85%

http://jamanetwork.com/journals/jama/article-abstract/209157
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4376086/
HHS/CDC Million Hearts ® Campaign

- **Million Hearts® initiative** will focus, coordinate, and enhance cardiovascular disease prevention activities across the public and private sectors in an unprecedented effort to prevent 1 million heart attacks and strokes by 2017 and demonstrate to the American people that improving the health system can save lives.

- **ABCS**
  - Aspirin for people at risk for heart attack
  - Blood Pressure Control
  - Cholesterol Management
  - Smoking Cessation
PBHCI Data Collection

PBHCI grantees collect the following health indicators: (Section H)

a. Blood pressure—semiyearly
b. Body Mass Index (BMI)—semiyearly
c. Waist circumference—semiyearly
d. Breath CO (carbon monoxide)—semiyearly
e. Plasma Glucose (fasting) and/or HgbA1c—annually
f. Lipid profile (HDL, LDL, triglycerides)—annually

These parameters represent risk factors for chronic conditions that are associated with early mortality. The impact of each these risk factors can be reduced with changes in health behavior, health promotion, and effective engagement with primary care.
PBHCI: Heart Health in Action

Evidence Based Programs Utilized by PBHCI Grantees

- Million Hearts
- Joint National Committee (NHLBI)
- AHA, ACC, CDC
- Protocol-Based Treatment of Hypertension (JAMA)
- Other
Quick Tips

- Provide nutrition educational materials and resources
- Serve healthy snacks or meals in onsite cafeterias and at events.
- Encourage staff to lead walking groups
- Consider partnerships with local YMCAs or gyms.
- Educate those you serve on the importance of maintaining low blood pressure and low cholesterol.

Promote tobacco cessation and smoke-free air policies throughout your organization.

Additional Strategies

- Use motivational interviewing to increase client self-efficacy
- Support cross-team collaboration with primary care teams
- Asking open-ended questions
  - Expanding awareness of opportunities for success
Today’s Speakers

Doug Slothouber, MA, MSW
Public Health Analyst, Office of Policy, Planning and Innovation, Substance Abuse and Mental Health Services Administration (SAMHSA)

Doug Tipperman, MSW
Tobacco Policy Liaison, Office of Policy, Planning, and Innovation, Substance Abuse and Mental Health Services Administration (SAMHSA)

Mandi Ryan, MSN, RN
Director of Healthcare Innovation, Centerstone
Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover
Million Hearts 2.0 Overview
February 28, 2017
Million Hearts: Background

• In the United States, heart attacks cause 122,000 deaths each year, and strokes cause nearly 130,000 deaths.

• Hundreds of thousands of Americans survive heart attacks and strokes, but they may suffer lasting damage and reduced quality of life.

• These conditions are incredibly costly, accounting for $315.4 billion each year in direct and indirect costs.
Million Hearts: Background

- The Centers for Disease Control and Prevention (CDC) estimates that more than 200,000 deaths from heart disease and stroke could be prevented each year.
- “Million Hearts 1.0” was a national initiative launched by HHS for 2012 - 2017. It brought together communities, health systems, nonprofit organizations, federal agencies, and private-sector partners from across the country to prevent heart disease and stroke.
Some SAMHSA Million Hearts 1.0 Highlights

- Awarded funding to 12 peer-run recovery community organizations to employ a variety of short-term community-based social marketing activities to increase awareness, reduce risk, and improve management of cardiovascular disease in people with behavioral health challenges.
- Disseminated information about cardiovascular health to behavioral health providers, peer advocates, and clients/consumers.
- Increased the use of cardiovascular health outcome measures in SAMHSA’s programs and initiatives.
- Gave technical assistance to states and behavioral health providers to address tobacco use among persons with behavioral health conditions.
Key Components of Million Hearts 1.0

Keeping Us Healthy

- Changing the environment

Excelling in the ABCS

- Focus on the ABCS
- Health information technology
- Innovations in care delivery

Health Disparities

SAMHSA

www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4772)
SAMHSA and the Million Hearts Initiative

- People with serious mental disorders—such as schizophrenia or other psychotic disorders—are 25% to 40% more prone to die from heart disease than people without mental illness.
- People with heart disease who also experience depression and anxiety have triple the risk of dying from heart disease than those without depression and anxiety.
- Half of all deaths from smoking occur among individuals with mental and substance use disorders.
Poll Question 1

What is the current level of your organization’s wellness programming?

A: We have not considered implementing a wellness program
B: We have considered adding a wellness program
C: We are in the process of launching a wellness program
D: We currently have a wellness program
CENTERSTONE Tennessee

Delivering care that changes people’s lives

- National, private, not-for-profit 501(c)(3) healthcare organization
- 60 years in operation
- Specializing in behavioral healthcare
- Offering a comprehensive array of outpatient, community-based and intensive in-home services

Unique Service Lines:
- Integrated Primary Care
- Crisis Services
- Military and Veterans
SAMHSA - PBHCI Grant Nashville, TN Funded Sept. 2012 – March 2017
Enroll 600 individuals in Health Home services
  - Current enrollment: 603

SAMHSA - PBHCI Grant Clarksville, TN Funded Sept. 2015 – Sept. 2019
Enroll 958 individuals in Health Home services
  - Current enrollment: 252
WellConnect Health Home Goals

To improve participants’ experience of care as evidenced by participant self-report

To improve self-management of health conditions, as indicated by a reduction BMI, smoking, cholesterol levels, blood pressure, and A1c

- Teaching skills to participants based on evidence-based prevention and wellness interventions
Evidenced Based Wellness Programs

Nutrition and Exercise for Wellness and Recovery (NEW-R)
- Weekly sessions focused on weight management, well being includes goal setting
- [http://www.cmhsrp.uic.edu/health/weight-wellbeing.asp](http://www.cmhsrp.uic.edu/health/weight-wellbeing.asp)

DIMENSIONS Well Body Program University of Colorado
- Weekly sessions focused on skills to promote physical health and well-being
- [https://www.bhwellness.org/programs/wellbody](https://www.bhwellness.org/programs/wellbody)

DIMENSIONS Tobacco Free Program University of Colorado
- Weekly sessions focused on promoting positive behavior change in individuals interested in living tobacco-free
- [https://www.bhwellness.org/programs/tobaccofree](https://www.bhwellness.org/programs/tobaccofree)

Stanford Chronic Disease Self Management Model (CDSM)
- Weekly sessions focused on teaching skill is medical, behavioral and emotional management
Million Hearts Campaign

As part of the HHS’ initiative to prevent 1 million heart attacks and strokes by 2017, the Million Hearts Campaign has issued treatment protocols.


Lifestyle modifications
Medication treatment
# Lifestyle Modification Recommendations

<table>
<thead>
<tr>
<th>Modification</th>
<th>Recommendation</th>
<th>Avg. SBP Reduction Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight Reduction</td>
<td>Maintain normal body weight (body mas index 18.5-24.9 kg/m2)</td>
<td>5-20 mmHg/10 kg</td>
</tr>
<tr>
<td>DASH eating plan</td>
<td>Adopt a diet rich in fruits, vegetables, and low fat dairy products with reduced content of saturated and total fat</td>
<td>8-14 mmHg</td>
</tr>
<tr>
<td>Dietary sodium restriction</td>
<td>Reduce dietary sodium intake to ≤ 100 mmol per day</td>
<td>2-8 mmHg</td>
</tr>
<tr>
<td>Aerobic physical activity</td>
<td>Regular aerobic physical activity at least 30 minutes per day</td>
<td>4-9 mmHg</td>
</tr>
<tr>
<td>Moderation of alcohol consumption</td>
<td>Men: limit to ≤2 drinks per day. Women: limit to ≤ 1 drink per day</td>
<td>2-4 mmHg</td>
</tr>
</tbody>
</table>

Medication Treatment Recommendations

- Treat to BP < 140/90 mmHg or BP < 130/80 in patients with diabetes or chronic kidney disease
- Majority of patients require two medication to reach goal
- Reduce barriers to medication adherence
- Provide clinician empathy to increase patient trust, motivation and adherence to therapy
- Consider patient’s cultural beliefs and individuals attitudes in formulating therapy

Chronic Medical Conditions of Participants

Almost half of our clients report a diagnosis of Hypertension. Reports of Respiratory Conditions, Arthritis, and High Cholesterol are also

- Hypertension: 211
- Respiratory Conditions: 169
- Arthritis/Rheumatic Conditions: 154
- High Cholesterol: 140
- Gastrointestinal Conditions: 131
- Neurological Conditions: 128
- Diabetes: 127
- Chronic Pain: 114
- Obesity: 83
- Cardiac Conditions: 78
- Thyroid Conditions: 46

The most prevalent chronic physical health conditions reported are: Hypertension (44%), Respiratory Conditions (e.g., asthma, COPD, sleep apnea)(35%), Arthritis/Rheumatic Conditions (32%), and High Cholesterol (29%).
Small Changes Make a BIG Difference

Blood cholesterol

- 10% ↓ = 30% ↓ in Cardiovascular Disease (CVD)

High blood pressure

- ~ 6 mm Hg ↓ = 16% ↓ in CVD; 42% ↓ in strokes

* 2014 PBHCI Presentation by Dr. Joe Parks
  • Stratton, et al, BMJ 2000
  • HennekensCH. *Circulation* 1998;97:1095-1102.
  • BassukSS, Manson JE. *J Appl Physiol* 2005;99:1193-1204
# Nashville Grant Outcomes

## Baseline BMI (n=162)

<table>
<thead>
<tr>
<th>BMI Level</th>
<th>Lost 5+ lbs. at 12 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overweight (BMI = 25.0–29.9)</td>
<td>16%</td>
</tr>
<tr>
<td>Obese (BMI = 30–39.9)</td>
<td>31%</td>
</tr>
<tr>
<td>Extremely Obese (BMI = 40+)</td>
<td>35%</td>
</tr>
</tbody>
</table>

## Baseline Blood Pressure (n=164)

<table>
<thead>
<tr>
<th>Blood Pressure Level</th>
<th>Improved BP by 6+ points at 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prehypertension (129-139/80-89 mmHg)</td>
<td>50%</td>
</tr>
<tr>
<td>Hypertension (140+/90+ mmHg)</td>
<td>84%</td>
</tr>
</tbody>
</table>

## Baseline Lipids

<table>
<thead>
<tr>
<th>Lipid Level</th>
<th>Improved at 12 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Triglycerides (n=109) at risk (≥150 mg/dL)</td>
<td>41%</td>
</tr>
<tr>
<td>HDL (n=106) at risk (&lt;40 mg/dL)</td>
<td>52%</td>
</tr>
<tr>
<td>LDL (n=87) at risk (≥130 mg/dL)</td>
<td>67%</td>
</tr>
</tbody>
</table>
## Clarksville Grant Outcomes

<table>
<thead>
<tr>
<th>Baseline to 6 Months (n=61)</th>
<th>Lost 5+ lbs. at 6 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overweight</strong> (BMI = 25.0-29.9)</td>
<td>40%</td>
</tr>
<tr>
<td><strong>Obese</strong> (BMI = 30 - 39.9)</td>
<td>43%</td>
</tr>
<tr>
<td><strong>Extremely Obese</strong> (BMI = 40+)</td>
<td>60%</td>
</tr>
</tbody>
</table>

61 clients have lost a total of 409 lbs in 6 months!

<table>
<thead>
<tr>
<th>Baseline to 6 Months (n=40)</th>
<th>Improved BP by 6+ pts at 6 months</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prehypertension</strong> (129-139/80-89 mmHg)</td>
<td>41%</td>
</tr>
<tr>
<td><strong>Hypertension</strong> (140+/90+ mmHg)</td>
<td>78%</td>
</tr>
</tbody>
</table>
Top Performer “Ricky”

Baseline

- High Blood Pressure
- Obesity
- High Cholesterol
- Unhealthy Diet
- NO Exercise

12 Months

- Blood pressure in Normal Range
- Lost 52 lbs
- ↓ Triglycerides, ↑ HDL
- ↑ Fruits and vegetables, ↓ fat
- Exercises 5 days a week
Lessons Learned

• Small initial gains really matter
• Offer variety to keep participants motivated and engaged
• Health cooking on a budget and always provide healthy snacks
• Have FUN, enthusiastic staff
Tobacco’s Death Toll

Smoking is still the leading cause of preventable disease and death in the United States – responsible for over 480,000 deaths per year.

Between 1964 and 2014:
• Over 20 million Americans died because of smoking, including
  ▪ 2.5 million nonsmokers
  ▪ More than 100,000 babies

“The cigarette is the deadliest artifact in the history of human civilization.” — Robert Proctor, Stanford University
Tobacco and Cardiovascular Disease

Smoking tobacco:

• Causes one of every three deaths from CVD
• Increases the risk of almost all major forms of CVD
• Causes an increased risk of CHD at all levels of cigarette smoking
  o Greater risks are evident even for persons who smoke fewer than 5 cigarettes per day

• Although lung cancer is often assumed to be the largest smoking-attributable cause of death, CVD actually claims more lives of smokers 35 years of age and older.

• More than 33,000 nonsmokers die every year in the U.S. from CHD caused by exposure to secondhand smoke.
Tobacco and Cardiovascular Disease

The good news:

• Although smoking damages the heart and blood vessels very quickly, the damage is repaired quickly for most smokers who quit.
• Even long-time smokers can see rapid health improvements when they quit.
• Within a year, heart attack risk drops dramatically.
• Within five years, most smokers cut their risk of stroke to nearly that of a nonsmoker.

Source: https://www.cdc.gov/tobacco/data_statistics/sgr/50th-anniversary/pdfs/fs_smoking_CVD_508.pdf
Adult Per Capita Cigarette Consumption and Major Smoking and Health Events—United States, 1900-2013


*Adults ≥18 years of age as reported annually by the Census Bureau.
About 25% of population... is smoking nearly 40% of all cigarettes.

Impact on the Behavioral Health Population

- Smoking tobacco causes more deaths among people who had been in substance abuse treatment than the alcohol or drug use that brought them to treatment. (Hurt et al., JAMA, 1996)

- Persons with mental illness, on average, die several years earlier than persons without mental illness – with smoking being a major contributing factor. (Druss et al., Medical Care, June 2011; Olfson et al., JAMA Psychiatry, 2015)


- Other consequences:
  - Creates financial hardship
  - Interferes with employment opportunities
  - Makes it difficult to secure housing
Myths: Smoking and Behavioral Health

• **They are not interested in quitting**
  – As likely as the general population to want to quit smoking (about 70%).

• **They can’t quit**
  – Can quit and benefit from integrated tailored interventions.

• **Tobacco is necessary self-medication**
  – Industry has supported this myth. Smoking is certainly not an effective treatment. It’s very easy to misinterpret relief from withdrawal symptoms for feeling better.

• **It is a low priority problem**
  – Smoking is the biggest killer for those with mental or substance use disorders.

• **Quitting worsens recovery**
  – Not the case. Cessation is associated with improved mental health and addiction recovery outcomes.

Cessation Improves Mental Health

A meta-analysis of 26 studies found that smoking cessation is associated with decreased depression, anxiety, and stress and improved positive mood and quality of life compared with continuing to smoke.

Source: Taylor et al., BMJ, 2014
Interview with the researchers: https://www.youtube.com/watch?v=HZgaBwimisI
Improves Addiction Recovery

• A meta-analysis of 19 studies found that smoking cessation interventions provided during addictions treatment were associated with a 25% increased likelihood of long-term abstinence from alcohol and illicit drugs.

Source: Prochaska et al., Consulting and Clinical Psychology, 2004
SAMHSA/SCLC* Leadership Academy States for Wellness and Tobacco-Free Recovery

SCLC* - Smoking Cessation Leadership Center, UCSF
Academy Success Stories

**Maryland**
Maryland’s Alcohol and Other Drug Abuse Administration mandated as a condition of award that providers screen for tobacco use and offer tobacco treatment. Smoking prevalence for state funded addiction treatment consumers dropped upon discharge from 71.8% in 2010 to 56.5% in 2014.

**North Carolina**
All state behavioral healthcare facilities have adopted a tobacco-free campus policy.

**Oklahoma**
Smoking prevalence for addiction treatment consumers served by the Oklahoma Department of Mental Health and Substance Abuse Services provider system dropped from 74% in 2009 to 47% in 2014 (self-report data).

**Texas**
Trained 4,600 behavioral health treatment providers in tobacco cessation. All local mental health authorities became tobacco-free by end of 2015.
Best Clinical Practices

- Adopting and implementing a tobacco-free facility/grounds policy.
- Behavioral health providers routinely asking their clients if they use tobacco and providing evidence-based cessation treatment.
- The effectiveness of tobacco cessation treatment is significantly increased by integrating cessation services/initiatives into the mental health or addiction treatment program.
- Many may benefit from additional counseling and longer use of cessation medications.
- Using peer-driven approaches such as peer specialists trained in smoking cessation.
Resources!

- **Smoking Cessation Leadership Center’s (SCLC’s) website** has presentations, publications, toolkits, factsheets, archived videos and more. For example, a video on motivational interviewing focusing on tobacco use and dependence. Sign-up for their newsletter & listserv.

- University of Colorado has **Tobacco Free Toolkits for Healthcare Providers** including a supplement for behavioral health.

- SAMHSA’s technical assistance guide, “**Enhance Your State’s Tobacco Cessation Efforts Among the Behavioral Health Population: A Behavioral Health Resource**” and SAMHSA’s 2016 recorded webinar, “**Tobacco Use and Treatment for Smokers with Mental Health Diagnoses.**”

- **National Behavioral Health Network for Tobacco & Cancer Control** has a resource webpage with links to webinars, videos, research, and more.

- Million Hearts’ **Tobacco Cessation Protocol** can be embedded into EHRs.


- NY Department of Health Tobacco Control Program has a training/technical assistance website for addiction treatment programs to integrate tobacco dependence education and treatment interventions.

- Wisconsin Nicotine Treatment Integration Project recently developed an extensive on-line tutorial for addressing tobacco use in behavioral health.

- **Taking Texas Tobacco Free website** has resources for behavioral health centers including brief educational/training videos.
Contact Information

Doug Tipperman, MSW
Tobacco Policy Liaison
Substance Abuse and Mental Health Services Administration
Douglas.Tipperman@samhsa.hhs.gov
240-276-2442
Million Hearts 1.0 Accomplishments

Optimizing Care in the Clinical Setting

Focus on the ABCS

- Millions of Americans are covered by health care systems that are recognizing or rewarding performance in the ABCS**

Health Tools and Technology

- Over half a million patients have been identified as potentially having hypertension using health IT tools††

Innovations in Care Delivery

- Millions of dollars in public and private funds have been leveraged to focus on improving the ABCS‡‡

** CMS Physician Compare and HRSA Uniform Data Set
†† Unpublished data from AMGA/MUPD and NACHC HIPS project
‡‡ CMS Million Hearts Risk Reduction Model, AHRQ EvidenceNOW, AHA Southwest Affiliate HTN project
Million Hearts 1.0 Accomplishments*

Changing the Environment

Reduce Smoking

Reduce Sodium Intake

Eliminate Trans Fat Intake

More than 7 million fewer cigarette smokers†

Accomplished: FDA issued draft Voluntary Sodium Guidance to Industry. 6/1/16

Accomplished: FDA issued the final determination on artificial trans fat§

*Note this is a select set of notable accomplishments
† National Health Interview Survey, comparing 2011 to 2015 data
§ http://www.fda.gov/forconsumers/consumerupdates/ucm372915.htm#top
# Million Hearts 2.0 Domains

**Keeping People Healthy**
- Reduce Sodium Intake
- Decrease Tobacco Use
- Increase Physical Activity

**Optimizing Care**
- Aspirin When Appropriate
- Blood Pressure Control
- Cholesterol Management
- Smoking Cessation

## Improving Outcomes for Priority Populations

<table>
<thead>
<tr>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blacks/African-Americans</td>
</tr>
<tr>
<td>35-64 year olds</td>
</tr>
<tr>
<td>People who have had a heart attack or stroke</td>
</tr>
<tr>
<td>People with mental illness or substance use disorders</td>
</tr>
<tr>
<td>Others</td>
</tr>
</tbody>
</table>
Million Hearts 2.0: Keeping People Healthy

<table>
<thead>
<tr>
<th>Focus Areas</th>
<th>Major Strategies</th>
</tr>
</thead>
</table>
| Reduce Sodium Intake        | • Support industry engagement efforts to lower the sodium content of the U.S. food supply  
                              | • Food procurement and nutrition guideline policies                                 |
| Decrease Tobacco Use        | • Smoke-free space policies that include e-cigarettes                              
                              | • Pricing strategies                                                               
                              | • Mass media campaigns                                                             |
| Increase Physical Activity  | • Create or enhance access to places for physical activity                          
                              | • Design communities and streets that support physical activity                    |
## Million Hearts 2.0: Optimizing Care

<table>
<thead>
<tr>
<th>Focus Areas</th>
<th>Major Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aspirin When Appropriate</td>
<td>• Health information technology – clinical decision support, patient portals, bi-directional e-referral, population health management; finding patients with undiagnosed high BP or cholesterol or tobacco use</td>
</tr>
<tr>
<td>Blood Pressure Control</td>
<td>• Team-based care – pharmacists, nurses, community health workers, cardiac rehab</td>
</tr>
<tr>
<td>Cholesterol Management</td>
<td>• Systems changes – treatment protocols, continuous quality improvement</td>
</tr>
<tr>
<td>Smoking Cessation</td>
<td>• Patient supports – self-measured blood pressure monitoring; medication adherence; behavioral counseling on nutrition, activity, tobacco; referral to community-based physical activity programs; particulate matter avoidance</td>
</tr>
</tbody>
</table>
# Million Hearts 2.0: Priority Populations

<table>
<thead>
<tr>
<th>Priority Populations</th>
<th>Major Strategies</th>
</tr>
</thead>
</table>
| Blacks/African-Americans                          | • Improving hypertension control  
• Reducing physical inactivity                      |
| 35-64 year olds                                   | • Improving hypertension control and statin use  
• Reducing physical inactivity                       |
| People who have had a heart attack or stroke      | • Increasing cardiac rehab referral & participation  
• Avoiding exposure to particulate matter             |
| People with mental illness or substance use disorder | • Reducing tobacco use  
• Reducing physical inactivity                       |
| Others                                             |                                                                                  |
## Million Hearts 2.0 Clinical Quality Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Measure Number</th>
<th>Measure Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aspirin When Appropriate</td>
<td>NQF 0068</td>
<td>Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Percentage of patients aged 18 years and older with IVD with documented use of</td>
</tr>
<tr>
<td></td>
<td></td>
<td>aspirin or other antithrombotic</td>
</tr>
<tr>
<td>Blood Pressure Control</td>
<td>NQF 0018</td>
<td>Hypertension (HTN): Controlling High Blood Pressure</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Percentage of patients aged 18 through 85 years who had a diagnosis of HTN</td>
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<tr>
<td></td>
<td></td>
<td>and whose blood pressure was adequately controlled (&lt;140/90) during the measurement</td>
</tr>
<tr>
<td></td>
<td></td>
<td>year</td>
</tr>
<tr>
<td>Cholesterol Management</td>
<td>PQRS 438</td>
<td>Statin Therapy for the Prevention and Treatment of Cardiovascular Disease</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Percentage of the following patients who were prescribed or were on statin</td>
</tr>
<tr>
<td></td>
<td></td>
<td>therapy during the measurement period:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Adults aged ≥ 21 years who were previously diagnosed with or currently</td>
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<tr>
<td></td>
<td></td>
<td>have an active diagnosis of clinical atherosclerotic cardiovascular disease</td>
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<tr>
<td></td>
<td></td>
<td>(ASCVD); OR</td>
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<td></td>
<td></td>
<td>- Adults aged ≥ 21 years with a fasting or direct low-density lipoprotein</td>
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<tr>
<td></td>
<td></td>
<td>cholesterol (LDL-C) level ≥ 190 mg/dL; OR</td>
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<tr>
<td></td>
<td></td>
<td>- Adults aged 40-75 years with a diagnosis of diabetes with a fasting or direct</td>
</tr>
<tr>
<td></td>
<td></td>
<td>LDL-C level of 70-189 mg/dL</td>
</tr>
<tr>
<td>Smoking Cessation</td>
<td>NQF 0028</td>
<td>Preventive Care and Screening: Tobacco Use</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Percentage of patients aged 18 years and older who were screened about tobacco</td>
</tr>
<tr>
<td></td>
<td></td>
<td>use one or more times within 24 months and who received cessation counseling</td>
</tr>
<tr>
<td></td>
<td></td>
<td>intervention if identified as a tobacco user</td>
</tr>
</tbody>
</table>
Poll Question 2

What steps can you commit to making to improve heart health integration at your organization?

A. Sending this webinar to 2 colleagues
B. Presenting information on heart health and Million Hearts at an internal meeting
C. Starting a heart health working group at your organization
D. Using the tools you learned during this webinar in your work
Resources

- Million Hearts
  - Million Hearts Campaign
  - Patient Visit Checklist: Supporting Your Patients with High Blood Pressure
  - Hypertension Control: Action Steps for Clinicians
  - Cardiovascular Health: Action Steps for Employers
  - Improving Medication Adherence Among Patients with Hypertension: A Tip Sheet for Health Care Professionals

- Wellness
  - SAMHSA Wellness Initiative
  - CIHS Wellness Resources

- CIHS: Understanding Hypertension

- Alameda County Behavioral Health Care Services: The Path Project
CIHS Tools and Resources

Visit www.integration.samhsa.gov or e-mail integration@thenationalcouncil.org
Thank you for joining us today.

Please take a moment to provide your feedback by completing the survey at the end of today’s webinar.