An Overview of Outpace CVD

Quality Improvement for Outpatient Care

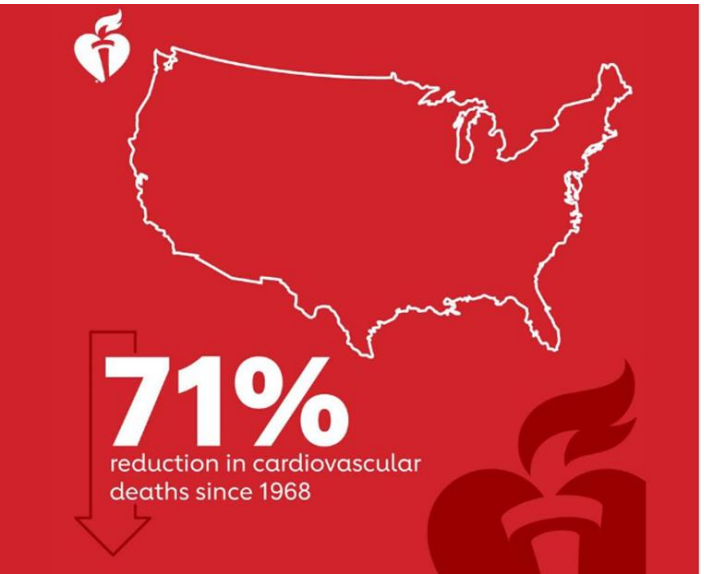
Great Plains QIN – 02.27.24

Tim Nikolai
Sr. Rural Health Director, Midwest
Tim.Nikolai@heart.org
414.502.8780

American Heart Association®

100 YEARS

Bold Hearts



Our Mission: To be a relentless force for a world of longer, healthier lives.

Our Vision: Advancing health and hope for everyone, everywhere.

Our Guiding Values:

- Improving & extending people's lives
- Speaking with a trustworthy voice
- Inspiring passionate commitment
- Ensuring equitable health for all
- Bringing science to life
- Making extraordinary impact
- Meeting people where they are
- Building powerful partnerships

American Heart Association.

Circulation February 2020

AHA PRESIDENTIAL ADVISORY

Call to Action: Rural Health

A Presidential Advisory From the American Heart Association and American Stroke Association

Writing Group

Robert Harrington, MD, FAHA, Chair
Robert M. Califf, MD, Co-Chair
Appathurai Balamurugan, MD, MPH, Dr.PH
Nancy Brown
Regina M. Benjamin, MD, MBA
Wendy E. Braund, MD, MPH, MSEd
Janie Hipp, JD, LLM
Madeleine Konig, MPH
Eduardo Sanchez, MD, MPH
Karen E. Joynt Maddox, MD, MPH

CVD Risk Targets & Event Risks

Percent CVD risk reduction for being at target level among 2018 persons with diabetes for each of the measures:

Blood pressure	LDL-C	HBA1c
17%	33%	37%

Percent lower adjusted risk of CVD events with one, two, or three risk factors at target level:

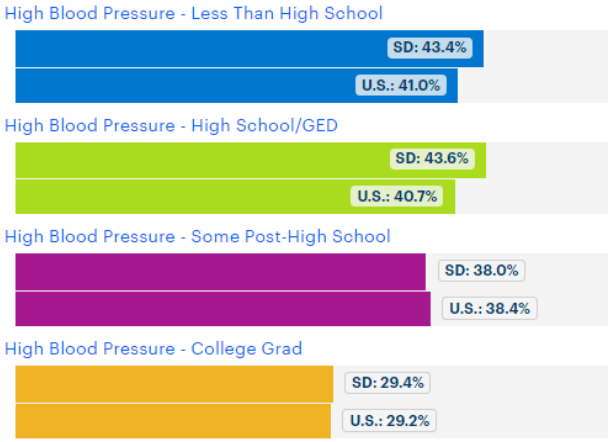
Any 1 of 3	Any 2 of 3	3 of 3
36%	52%	62%

American Heart Association.

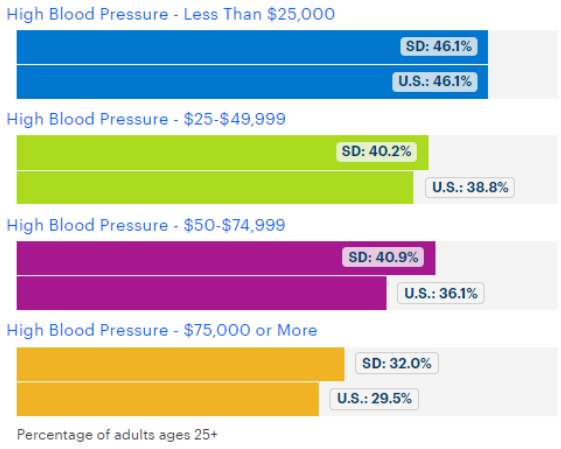
Wong, et al. Diabetes Care 2016 May; 39(5) 668-676. Incident of CVD was defined as MI, CHD death, cardiac procedure (PCI, CABG, or coronary revascularization), stroke, or HF.

High Blood Pressure in the Dakotas

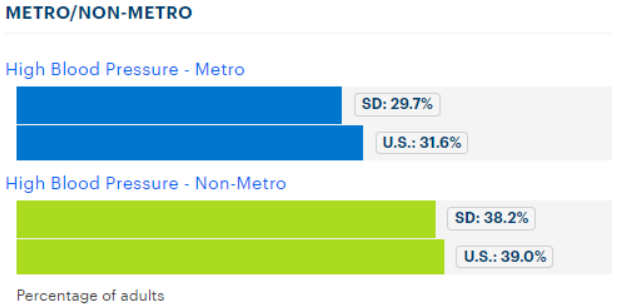
EDUCATION



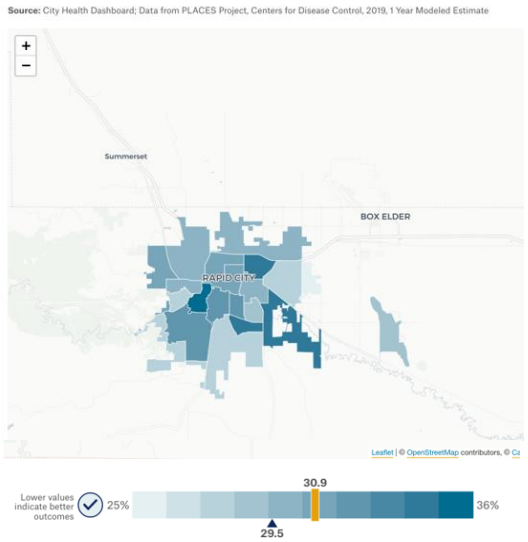
INCOME



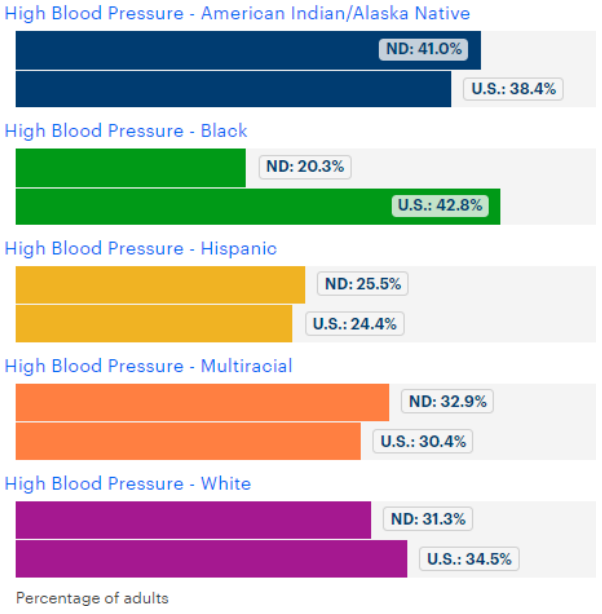
METRO/NON-METRO



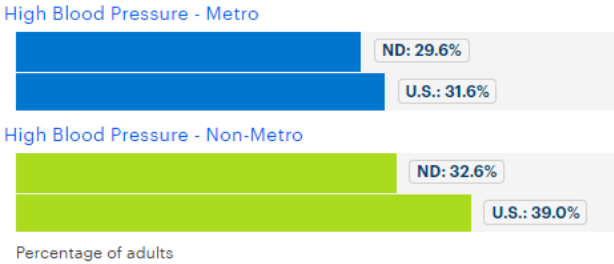
High Blood Pressure in Rapid City, SD



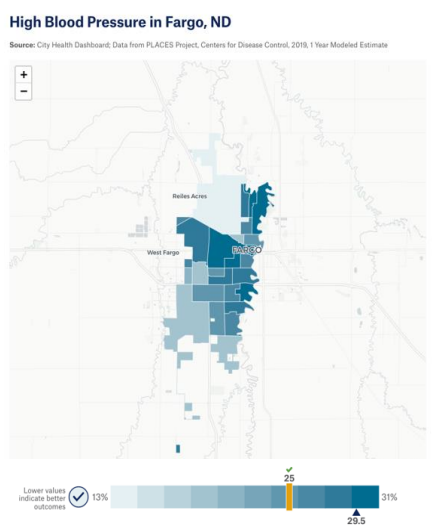
RACE/ETHNICITY



METRO/NON-METRO



High Blood Pressure in Fargo, ND



Other cities available at [City Health Dashboard.](#)

Other metrics available at [America's Health Rankings](#)

American Heart Association.

Our Clinical Systems Change Work

Engage

Build relationships with health care organizations.

Equip

Sharing evidence-based tools and resources

Affirm

Documenting, recognizing, and celebrating improvement – and looking to next steps

Transform

Integrating systems changes into workflows, policies, and procedures

Framework & Component Parts

American Heart Association. Outpace CVD

TARGET: BP | American Heart Association. | AMA

MIPS #236, eCQM CMS#165v11, PQRS #236 or ACO #28

American Heart Association. Check. Change. Control. Cholesterol™

MIPS #438 or eCQM CMS347v6

American Heart Association. Target: Type 2 Diabetes℠

NQF 0059, eCQM CMS#122v11 or MIPS #001

- Provide clinical guidelines and protocols.
- Offer free resources directed towards both staff and patients.
- Connect clinical partners to others around the country engaged in the same work.
- Award Achievement opportunities for any health care organization that demonstrates a commitment to, and/or achieves, clinical excellence.
- Requested data aligns with UDS. Repurpose & celebrate your hard work!
- BP participating HCOs frequently report increased control rates and adherence to best practices.

Registration for program(s) can be completed at heart.org/registermyoutpatientorg

TARGET:BP™ | American Heart Association. AMA

Spectra Health

For HCOs with ≥70% BP Control **AND** who attest to at least 4 of 6 **Accurate Measurement Practices**

American Heart Association.
Check. Change. Control. Cholesterol™

Sanford Health
Spectra Health

For HCOs with ≥70% rate for guideline-based statin prescriptions.

Altru Health
Sanford Health

For HCOs with ≥70% BP Control.

American Heart Association.
Target: Type 2 Diabetes℠

Sanford Health
Spectra Health

For HCOs with success in both CVD and Diabetes Control.

American Heart Association.

TARGET:BP™ | American Heart Association. AMA

High Blood Pressure

American Heart Association.

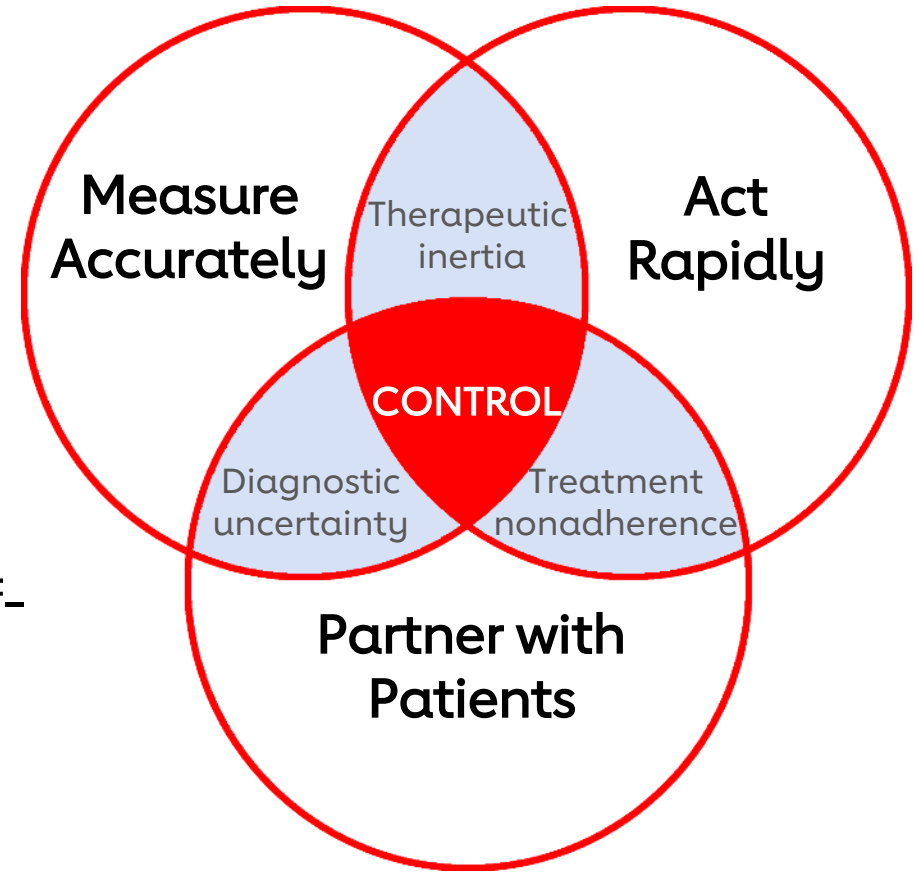
AMA MAP Framework

M **Measure Accurately** every time to obtain accurate, representative BPs, reducing clinical uncertainty

A **Act Rapidly** to diagnose and treat hypertension, reducing diagnostic and therapeutic inertia

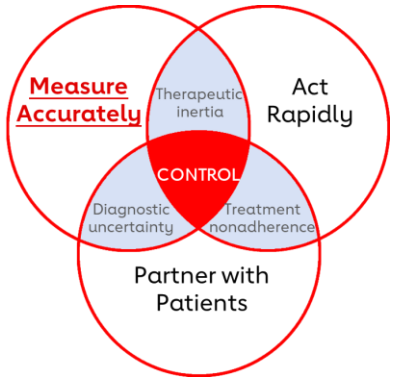
P **Partner with patients** to activate patients to self-manage, self-monitor, and promote adherence to treatment

All 3 are critical for control



https://targetbp.org/tools_downloads/combined-quick-start-guides/

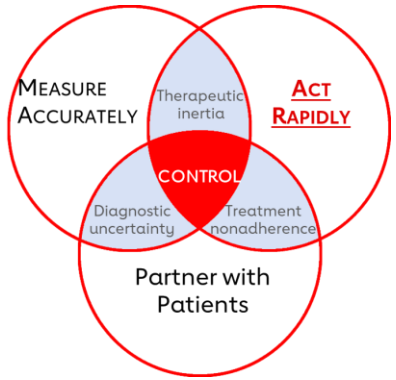
Existing Gaps…and Opportunities.



Gap: **Approximately 10% of clinical BP readings meet all the standards for accuracy.**

Opportunities:

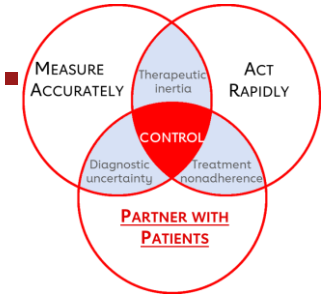
- Train staff annually on proper technique
- Increase the use of automated, validated BP monitors. Calibrate them according to guidelines.



Gap: **Treatment intensification with a new class of BP medication occurred in only 12% of visits for patients with uncontrolled BP**

Opportunities

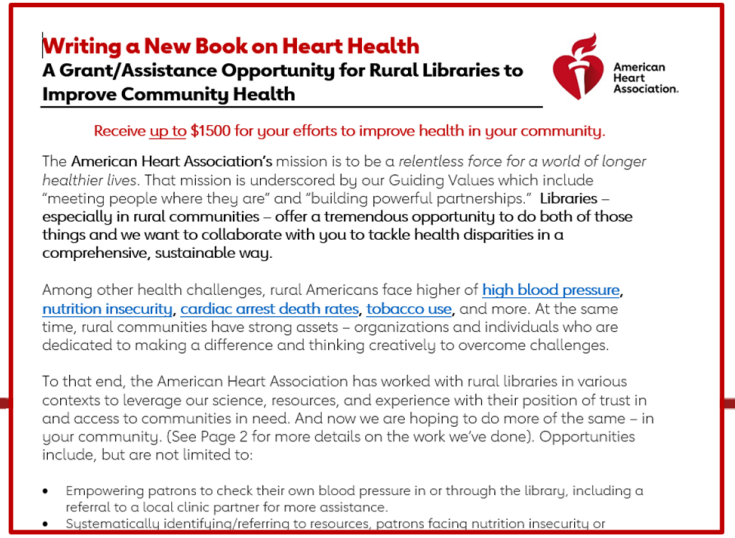
- Establish a treatment algorithm that sets the standard for treatment intensification and team-based care.



Gap: **Patients are underinformed about their blood pressure numbers and express uncertainty about what to do next.**

Opportunities

- Establish or support a comprehensive SMBP effort.
- Facilitate community access to blood pressure checks.



Writing a New Book on Heart Health

A Grant/Assistance Opportunity for Rural Libraries to Improve Community Health

American Heart Association.

Receive up to $1500 for your efforts to improve health in your community.

The American Heart Association's mission is to be a *relentless force for a world of longer healthier lives*. That mission is underscored by our Guiding Values which include "meeting people where they are" and "building powerful partnerships." Libraries – especially in rural communities – offer a tremendous opportunity to do both of those things and we want to collaborate with you to tackle health disparities in a comprehensive, sustainable way.

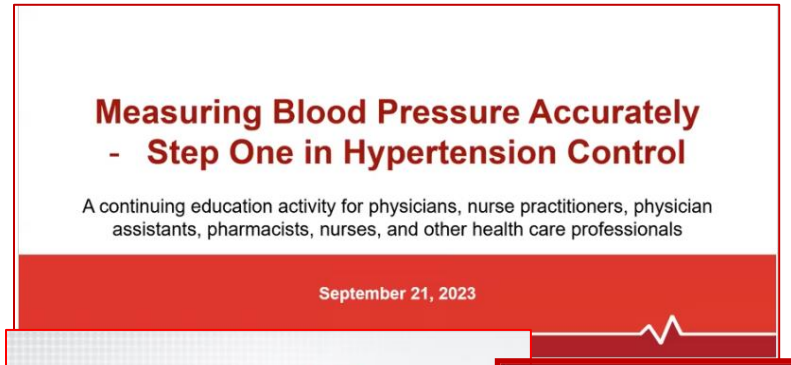
Among other health challenges, rural Americans face higher of high blood pressure, nutrition insecurity, cardiac arrest death rates, tobacco use, and more. At the same time, rural communities have strong assets – organizations and individuals who are dedicated to making a difference and thinking creatively to overcome challenges.

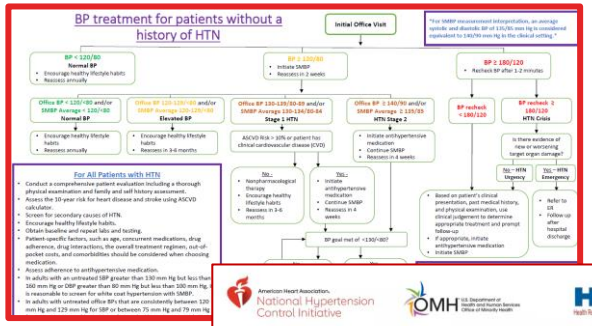
To that end, the American Heart Association has worked with rural libraries in various contexts to leverage our science, resources, and experience with their position of trust in and access to communities in need. And now we are hoping to do more of the same – in your community. (See Page 2 for more details on the work we've done). Opportunities include, but are not limited to:

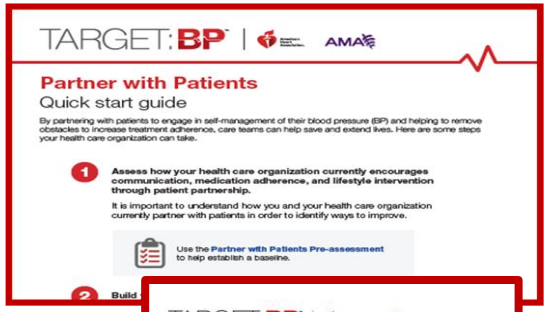
- Empowering patrons to check their own blood pressure in or through the library, including a referral to a local clinic partner for more assistance.
- Systematically identifying/referring to resources, patrons facing nutrition insecurity or

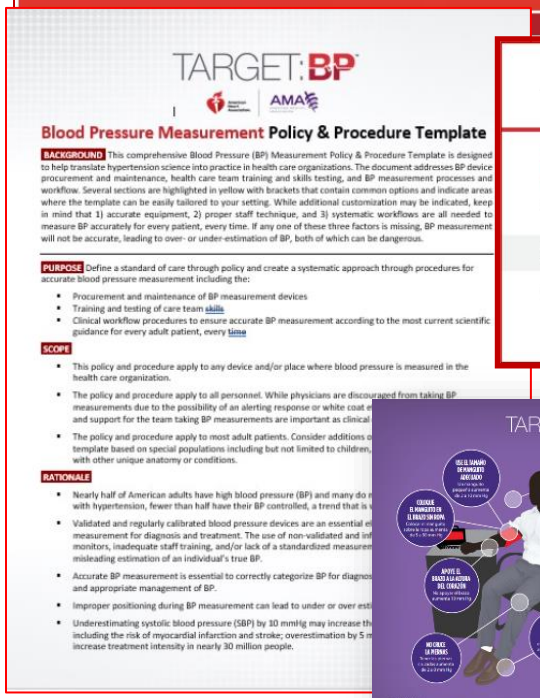
TARGET:BP™ | American Heart Association. AMA

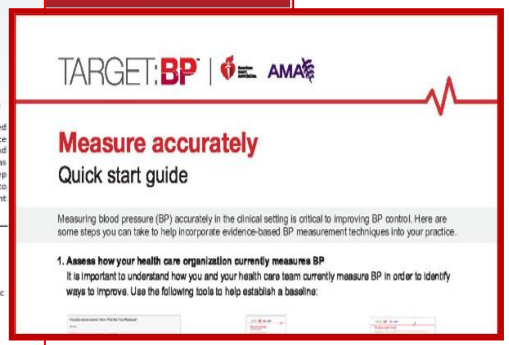
Resources

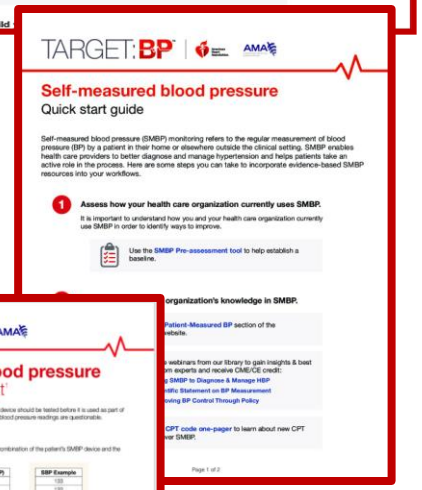


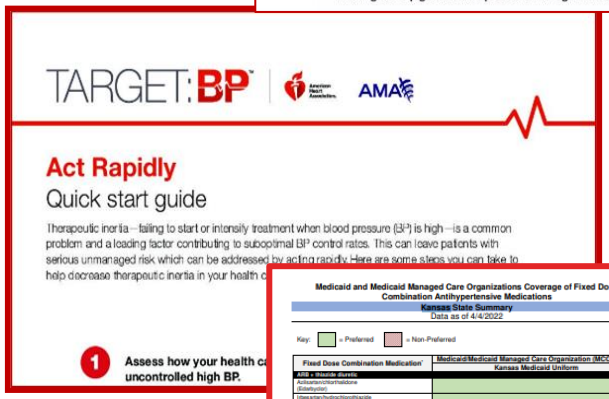


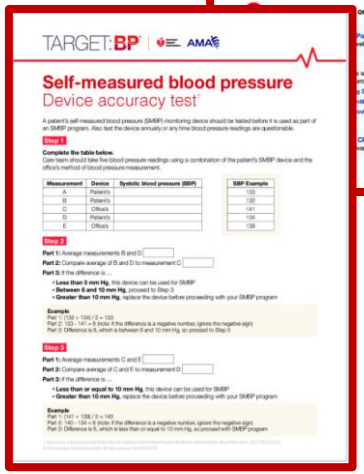


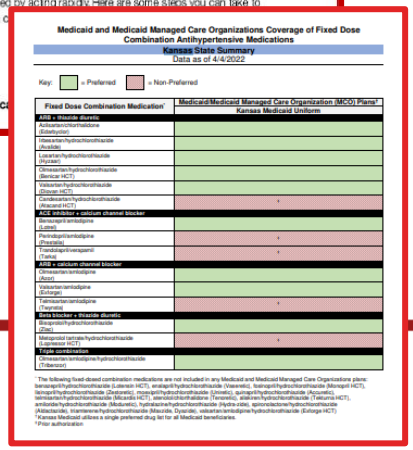












TARGET:BP™ | American Heart Association. | AMA

American Heart Association.
Check. Change. Control. Cholesterol™

Hyperlipidemia

American Heart Association.

VHR ASCVD Care Gaps

Only 17.1% of ASCVD patients had *any* LLT intensified over 2 years

50.1% prescribed any statin therapy

22.5% prescribed high intensity statin

31.7% achieve LDL-C goal of <70 mg/dL

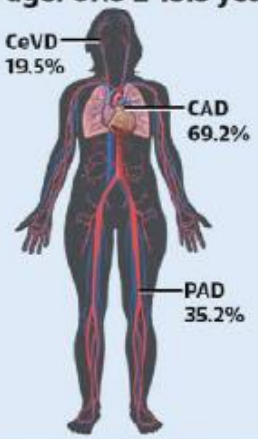
Cannon CP, et al. *JAMA Cardiol*. 2021;6(9):1060-1068
Nelson AJ, et al. *J Am Coll Cardiol*. 2022;79(18):1082-1813

Much Bigger Problem, Need to do Better

CENTRAL ILLUSTRATION: Statin Use in 601,934 Patients With Atherosclerotic Cardiovascular Disease on January 31, 2019

Study Population

601,934 patients with ASCVD
Mean age: 67.5 ± 13.3 years



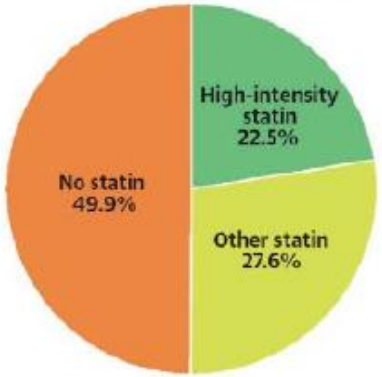
Outcomes

Statin usage on January 31, 2019 ± 30 days

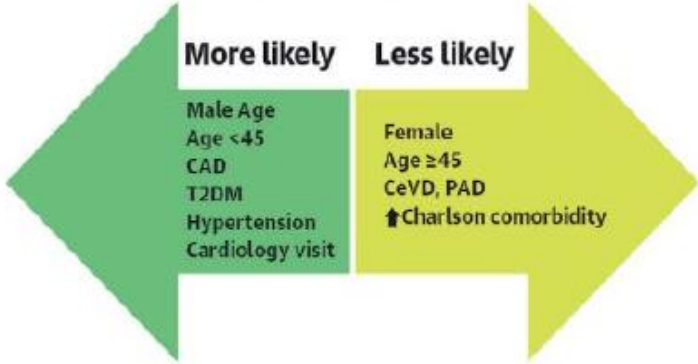
Proportion of days covered

Results

Proportion on high-intensity statin vs other statin vs no statin



Odds of high (vs other) intensity statin use

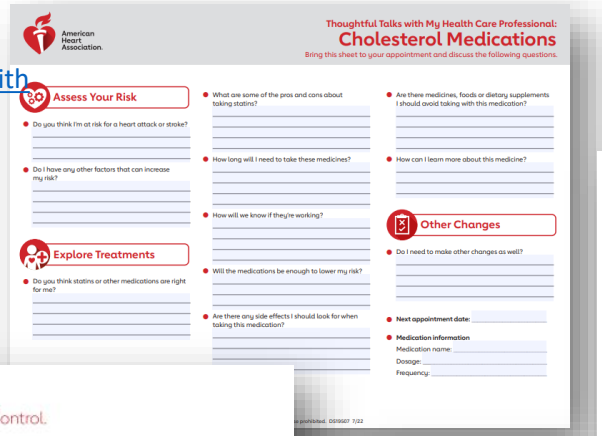


Proportion of days covered

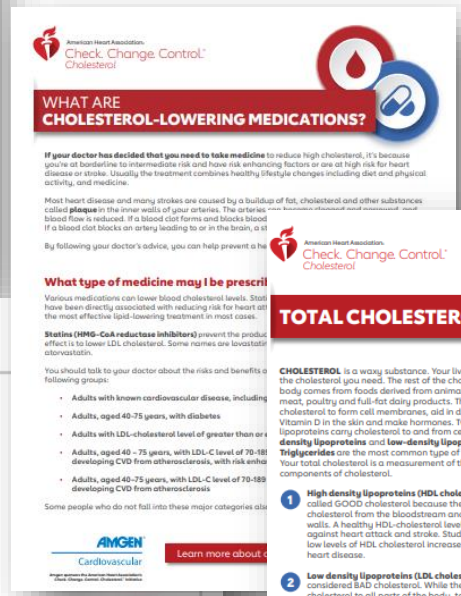
Nelson AJ, et al. J Am Coll Cardiol. 2022;79(18):1802-1813.

Resources

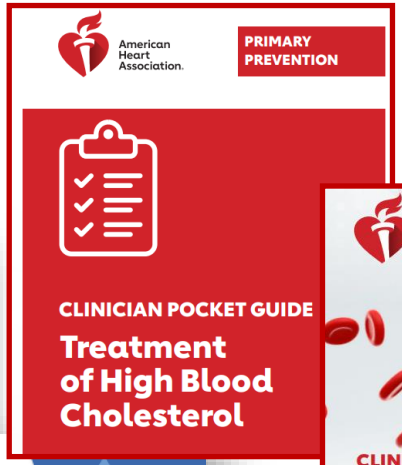
Heart.org/cholesterol

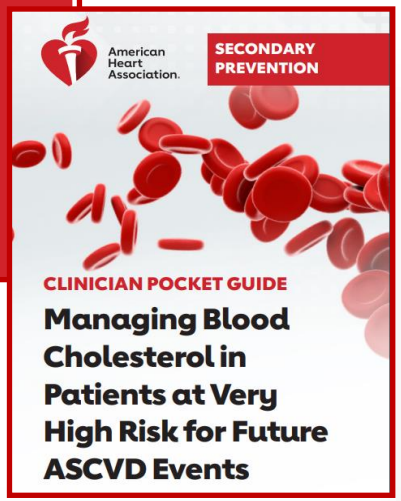


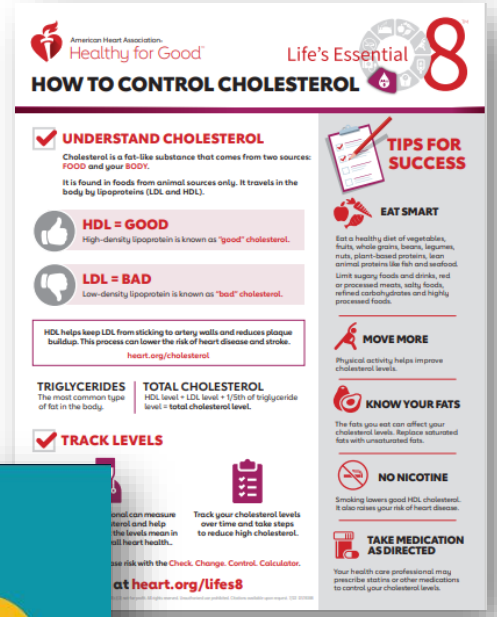
[Thoughtful Talks with My Health Care Professional: Cholesterol Medications | American Heart Association]



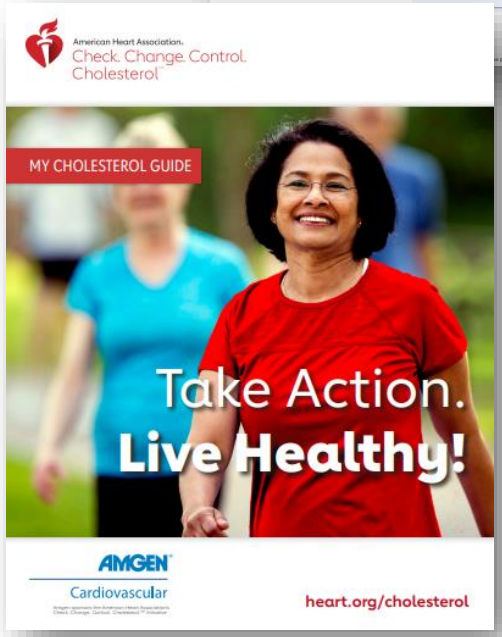
[Cholesterol Lowering Medications (heart.org)]



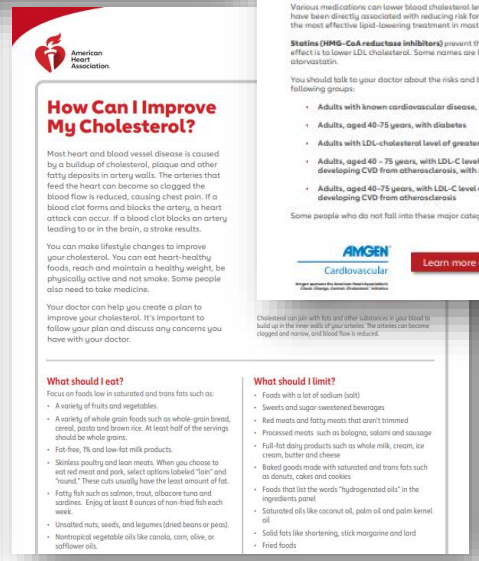




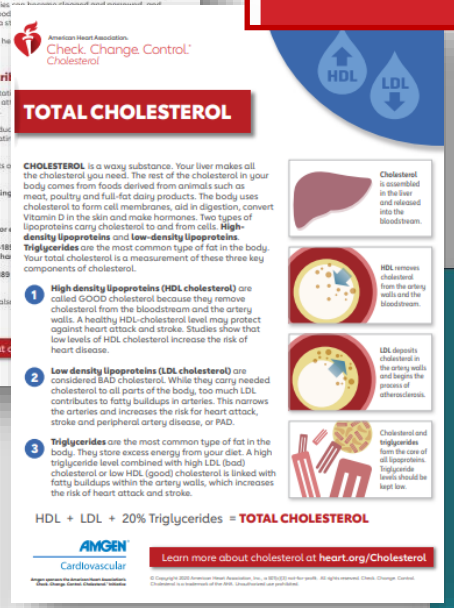
[Life's Essential 8, How to control cholesterol (heart.org)]



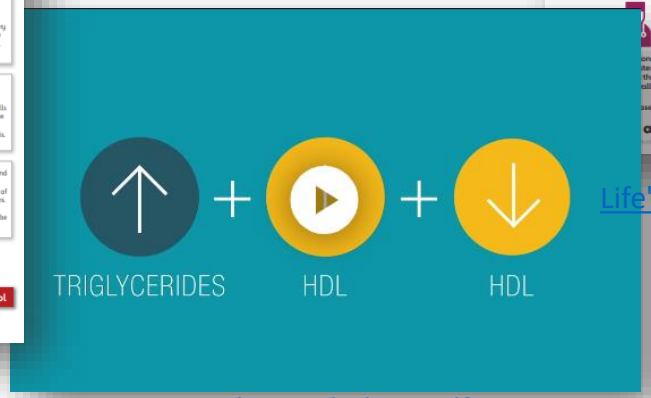
[My Cholesterol Guide: Taken Action. Live Healthy! (heart.org)]



[How Can I Improve My Cholesterol? (heart.org)]



[Cholesterol Score (heart.org)]



[What is Cholesterol? - YouTube]

American Heart Association.
Target: Type 2 Diabetes℠

Type 2 Diabetes

American Heart Association.

American Heart Association.

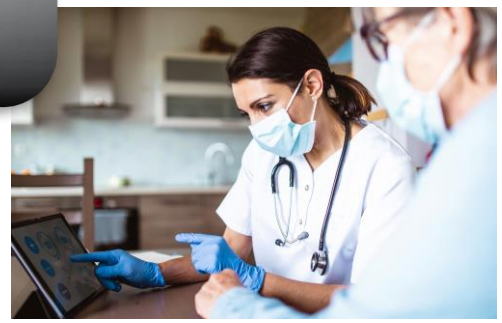
Know Diabetes by Heart™

American Diabetes Association.
Connected for Life

INITIATIVE PURPOSE

Reducing CV deaths, heart attacks, heart failure and strokes in people living with type 2 diabetes.

American Heart Association.
Target: Type 2 Diabetes℠



FOUNDING SPONSOR

novo nordisk®

NATIONAL SPONSOR

BAYER

Know Diabetes by Heart™

Question 11: Evaluating Kidney Health

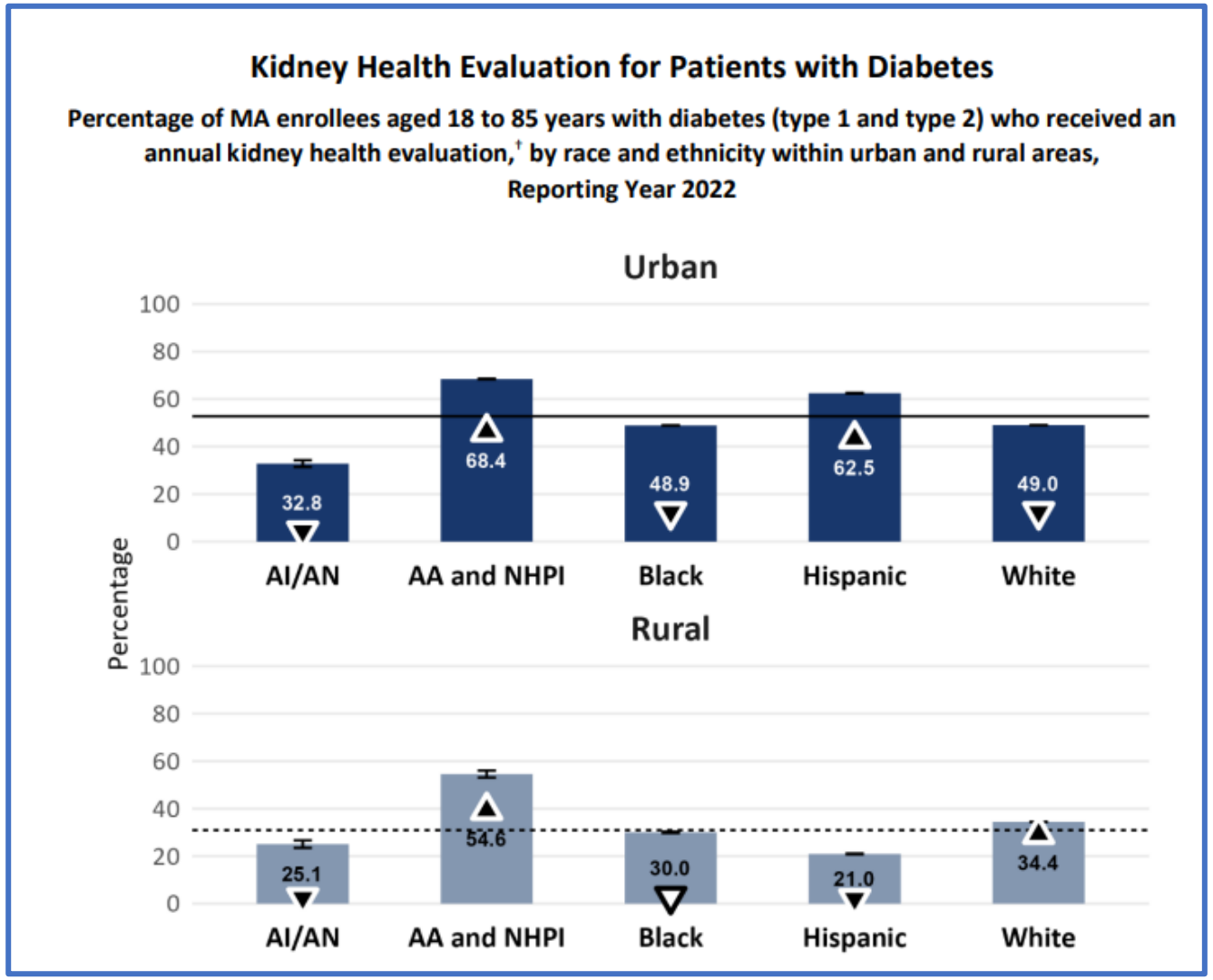
Q11. Does your organization routinely evaluate kidney health for patients with type 2 diabetes?

Yes / No / I'm not sure.

If YES is selected:

Select all that apply:

- ☐ Assessment of estimated glomerular filtration rate (eGFR) at least once per year, per patient
- ☐ Assessment of estimated glomerular filtration rate (eGFR) less frequently than once per year per patient (such as once every 2 years)
- ☐ Assessment of urine albumin-creatinine ratio (uACR) at least once per year, per patient
- ☐ Assessment of urine albumin-creatinine ratio (uACR) less frequently than once per year per patient (such as once every 2 years)
- ☐ Assessment of kidney health using some other metric
- ☐ We do not have a process to evaluate kidney health in patients with diabetes
- ☐ I don't know / I'm not sure

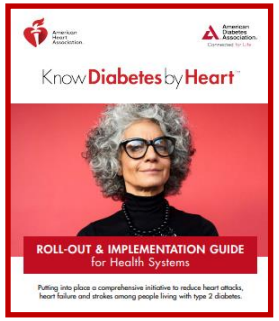


Resources

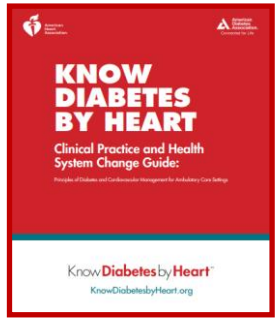
PATIENT RESOURCES

- Video Library
- Kidney Connection
- Take Care of Your Heart When You Have Type 2 Diabetes*
- 4 Questions to Ask Your Doctor About Diabetes and Your Heart*
- 7 Tips to Care for Your Heart When You Have Type 2 Diabetes*
- ADA's Ask the Experts Podcasts
- Medication Chart

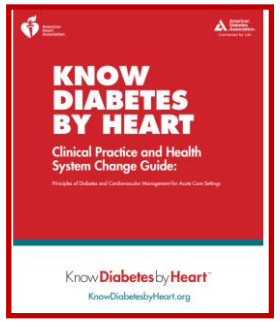
KDBH Implement. Guide



Clinical Practice Guide - Outpatient



Clinical Practice Guide - Inpatient



Webinars & Podcasts

January 2024 Webinar

How to Engage with Outpace CVD

Individual Level

- Use the materials and resources to educate yourself, your colleagues, your patients, and your family/friends.

Organizational Level

- Look for opportunities for process improvement, such as:
  - Conducting annual staff training around BP measurement technique and the monitors being used.
  - Greater utilization of the ASCVD Risk Calculator.
  - Identifying possible gaps in screening patients with diabetes for kidney health.
- Seek recognition for your success by registering for 1 or more Outpace CVD components with plans to submit MIPS/UDS aligned data by May 17th.

The discussions we have together and the resources that Target: BP offers, creates avenues throughout our organization to improve our processes that impact the health of our patients. Your programs help to ensure we are all working towards the same goal of increasing the health of our patients! - Quality Lead at an Indiana Hospital

This work can be completed with a self-service model – but we welcome learning more about your efforts - both to provide additional support and to share your work in support of others.

American Heart Association.

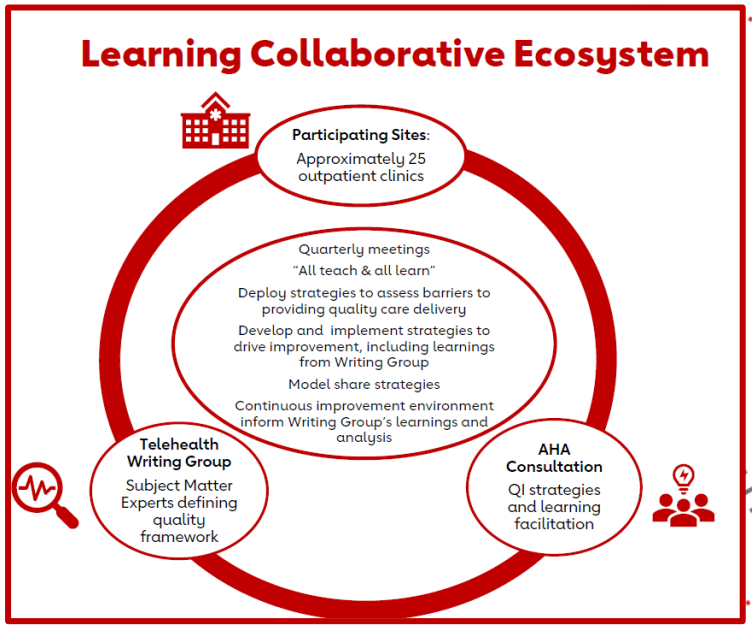
Special Opportunity: AHA Telehealth Collaborative

AHA Outpatient Telehealth Initiative Summary:
New initiative, supported by The Helmsley Charitable Trust, to work with select outpatient clinics to improve the consistent delivery of high-quality telehealth services to patients with Hypertension, Diabetes, & Hyperlipidemia.

American Heart Association. Center for Telehealth™

Here are some of the highlights:

- AHA is recruiting **~25 outpatient clinics** to join **a learning collaborative**, which includes:
  - Funding of ~$15k/clinic annually for 3 years to participate
  - Clinics will participate in quarterly collaboration calls – connecting to other clinics and national experts
  - Clinics will share some data (similar to what is included in Outpace CVD)
  - The learning collaborative will develop strategies and quality frameworks to improve telehealth care delivery both locally and nationally.



Who is the audience for this learning collaborative?

- Sites **participating in an Outpace CVD program or initiative are preferred.**
- This can include, but is not limited to, HRSA-Funded Health Centers/FQHCs.
- No geographic limitation – we are recruiting sites from across the country.

ANY sites interested in joining should complete the following interest form to be considered: https://forms.office.com/r/TbnBxjsc60.

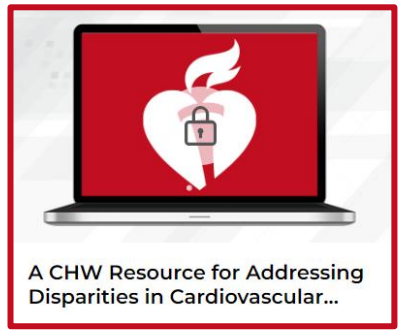
American Heart Association.

Professional Education

American Heart Association. Intelligo Professional Education Hub™

A mix of free / $$ options.

- Health Equity
- Hypertension
- Resuscitation
- Stroke & Brain Health
- Telehealth Professional Cert.
- Tobacco Treatment Certification.



TARGET: BP™ | American Heart Association. AMA

Future & Past webinars.

Community Facing Resources

Collections of Presentations

- Healthy For Life Nutrition Lessons
- Empowered To Serve Modules.

Ongoing Opportunities

- KDBH: Ask The Experts Podcasts.
- House Calls: Real Docs, Real Talk™

American Heart Association. Certified Care™ Healthy Senior Living

American Heart Association.

Questions or Assistance

Midwest Region: IA, IL, IN, KS, KY, MI, MN, MO, ND, NE, OH, SD & WI

Tim Nikolai
Sr. Rural Health Director
Tim.Nikolai@heart.org
M 414.502.8780

Subscribe to the (Rural) Health Update

American Heart Association.