Heart Disease & Stroke Strategic Plan

State of Nevada

In April 2014, the Nevada Diabetes & Heart Disease Prevention and Control Program began a strategic planning process that united stakeholders and experts for the purpose of reducing heart attacks and stroke in the state.

This plan is the result of those efforts.

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Introduction

Heart Disease and stroke are both leading causes of death in Nevada and the United States. Diseases of the heart are the leading cause of death while stroke is the fourth leading cause nationwide and fifth in Nevada.

Approximately one out of every three deaths in the US is caused by heart disease or stroke and 2,200 people die from cardiovascular disease each day. Every year, 700,000 US citizens experience a stroke and 150,000 deaths are caused by stroke. In the next two decades, it is estimated that the prevalence and cost of heart disease and stroke will significantly increase as the “baby boomer” generation ages.

There are many risk factors that increase the risk of heart disease: tobacco use, physical inactivity, being obese or overweight, high blood pressure, and high blood cholesterol. Of these risk factors, smoking is also the leading cause of preventable death in the US. High rates of American adults also have high blood pressure (one in three) and over half don’t have it under control. Although most adults are treated with medication and see a doctor at least twice a year, their condition is still not under control.

Current Situation

Key Informant Summary

Twelve Key informants with working knowledge of treatment and prevention of heart disease, heart attacks, and strokes in Nevada were interviewed in an effort to understand the current situation in the state. When completed, responses were reviewed and analyzed to identify key themes that were useful to identify critical issues and potential goals for the strategic plan.

A number of key themes emerged from the interviews, with differences noted based on the key informant's perspective. Many interviewees agreed that providers in Nevada do a fair job of screening, but noted there is room for improvement. The larger concern related to screening was that there is often no solid mechanism to track what happens next for at-risk patients. This is particularly true in health fair settings, but is also a valid concern in doctor's offices.

Solving the problem of lack of follow up will be challenging. Providers pointed out that patients at risk for heart disease, heart attack or stroke are often visiting the doctor for a more pressing problem. Clients reveal that a high blood pressure diagnosis is often not a high priority compared to other symptoms. In addition, policies and guidelines would have to be established. Furthermore, there must be metrics in place to measure progress. Recognition of those providers who follow guidelines and report follow-up was also suggested.

While interviewees were mainly concerned with lack of follow-up. They did reveal some barriers to screening that, if removed, could improve prevention results. Major roadblocks were patients having no symptoms, possessing limited proficiency in English, and not identifying culturally with programs, information, and services. Lacking understanding of the severity of high blood pressure, not having insurance, resistance to change, and a lack of health care providers were also cited as impediments.

Many said that efforts need to be made to make hypertension and/or cholesterol screening easy, convenient, and at little or no cost. The number of screenings that occur at health fairs is evidence that those factors are important. Some, but not all agree that incentives such as small freebies or gifts can draw people to be screened. Others mentioned referral programs where individuals would be incentivized to refer friends, family members, or neighbors. It was also noted multiple times that going to places where people congregate and bringing screening there was most effective.

Finally, the interviews revealed that, with the possible exception of medical homes, there are no protocols or procedures in place to screen or flag for follow up in the State of Nevada, and building a system to do so would be challenging. One person said screenings could potentially be tracked through insurance, but a separate system would need to be built for those that don't have insurance. Others said that whatever is built needs to be tied to monetary incentives for reporting.

Consumer Survey

In addition to the key informant interviews, consumers were surveyed in an effort to gather data from the client perspective. 124 English surveys and 1 Spanish survey was received. Survey respondents were mostly female with 70.2% (87). Males made up 29.0% (36) of surveys and there was one transgender respondent (0.8%). Most survey respondents were White (80.6%). The majority of respondents were not Hispanic (93.5%). Of the Hispanic respondents, five were White (62.5%), one was Black or African American (12.5%), and two were multiracial (25.0%). Heart disease and stroke is most prevalent among those who are ages 55 and over. A majority of respondents were within this age range as 75.8% of respondents were ages 51 or over.

Nearly all respondents had some type of medical insurance. Most reported receiving medical care in a doctor's office, although over 30 percent reported accessing it in an emergency room or urgent care. Over half said they could schedule an appointment with a doctor within 10 days.

Nearly 16 percent of consumers who completed the survey reported that they had experienced a heart attack or a stroke in the past. Of those consumers, about 52 percent reported having high cholesterol and about 63 percent reported having high blood pressure.

Between 39 and 43 percent of consumers reported that their doctor has never talked to them about losing or managing their weight, improving their diet, or being more physically active, although most (almost 62 percent) felt that their doctor does a good job asking about their condition and how to take care of it.

Respondents were also asked what they currently did to take care of their condition and about half had some kind of method. The majority (59 or 73.8%) changed their diet to eat more lean meat, fruits and vegetables.

The largest issue in managing the risk of heart disease and stroke was maintaining a healthy diet (almost 55%). There were eight respondents (almost 16%) who didn't know what they should be doing, which is similar to the number of respondents who disagreed that they had the knowledge of managing the risk of heart disease or stroke.

Situational Analysis

In August of 2014 in Las Vegas, a stroke and heart disease strategic planning meeting was convened. The purpose of the meeting was to bring together organizations involved in stroke and heart disease issues to discuss a state-wide strategic plan. Participants from 15 organizations attended representing hospital, rural clinics, academic institutions, state and local health departments, and the pharmaceutical industry. A situational analysis was conducted to identify the strengths, weaknesses, opportunities, and threats for stroke and heart disease prevention and treatment in Nevada.

Strengths

- There is effective, consistent communication among stakeholders working to prevent and treat heart disease and stroke
- A lot of print and social media materials are available to educate and raise awareness of heart disease and stroke prevention
- There are a number of high quality programs related to health and wellness in Nevada
- A number of key stakeholders who could positively impact this issue are engaged
- Nevada is a small state in terms of population, which makes moving the needle on heart disease and stroke manageable
- There are a number of groups and coalitions effectively working on prevention and treatment of heart disease and stroke
- Federally qualified health centers (FQHC) currently collect clinical data on blood pressure, cholesterol, and other indicators of risk

Weaknesses

- There is not a current, shared definition of Nevada's health system or the optimal health system to address heart disease and stroke
- Data shows we exceed national targets on indicators related to heart disease and stroke, which undermines the justification or need for programs
- Nevada does not currently have a way to consistently capture and utilize hospital statistics to tell a statewide story
- Practices in Nevada need to but aren't presently connected to Centers for Medicare & Medicaid Services (CMS) guidelines.
- There is a lack of organized leadership and champions for heart disease and stroke.
- The system is described as fragmented, not integrated, or with disconnects across the system
- Efforts to address heart disease and stroke in Nevada need representation from the African American community.
- Nevada lacks legislation or executive rules related to medical homes

Opportunities

- Nevada could connect prevention to the health system
- There is an opportunity to define the health system continuum
- In defining the health system Nevada could establish what an integrated health system would look like
- The shared interest of many individuals and organizations to decrease incidents of hospitalization or readmission could help connect outpatient or physician practices to hospitals
- Infrastructure and the use of telemedicine could help promote heart disease and stroke prevention, screening, diagnosis, treatment and follow up
- Securing licensed practitioner status within pharmacies could expand the provider network

- Promoting smoke-free environments across Nevada would improve health
- Implementing community design principles in Nevada could enhance access to nutritious foods, recreational opportunities, and health care
- Nevada could coordinate efforts with the state chronic disease council to pursue shared priorities

Threats

- Lack of funding and use of dedicated funding streams such as the Fund for Healthy Nevada for non-tobacco prevention or cessation efforts reduces the resources available
- Resolving reimbursement and billing issues related to screening and follow up is needed
- There is a perception that some incentives are misaligned and don't effectively promote heart disease and stroke prevention and treatment
- There is competition among stakeholders trying to impact the issue
- There is lack of engagement by community coalitions to make this issue visible in a grass roots manner.
- Sustainability of programs and efforts is an ongoing threat
- The culture within the state including lobbyists with clout has prevented healthy policies such as tobacco-free environments from moving forward
- The heart disease and stroke council is scheduled to sunset during the next legislative session, which may be a missed opportunity for federal funding that should be researched
- The political environment often promotes competition versus coordination

Million Hearts

Million Hearts® is a national initiative that has set an ambitious goal to prevention 1 million heart attacks and strokes by 2017. The impact will be even greater over time.

Million Hearts® aims to prevent heart disease and stroke by:

- Improving access to effective care.
- Improving the quality of care for the ABCS.
- Focusing clinical attention on the prevention of heart attack and stroke.
- Activating the public to lead a heart-healthy lifestyle.
- Improving the prescription and adherence to appropriate medications for the ABCS.

For the purpose of the strategic plan, these Million Hearts initiatives and additional initiatives recognized at a Million Hearts Stakeholder Workshop attended by 31 key members of the healthcare community including nurses, Stroke Coordinators, Community Health Workers, Medical Directors, Presidents and CEOs of coalitions and organizations, were adapted into strategies and activities within the plan.

Mission and Principles

Mission

To establish a comprehensive plan for the prevention of stroke, heart disease, and other vascular disease in this state.

Principles

- Decisions and strategies should be data driven
- Decisions and strategies should be outcome oriented
- Strategies and programs should be sustainable
- Interventions in the strategic plan should be based on evidence, leveraging best practices and what works
- Efforts should be coordinated, strategic, and led by a recognizable stakeholder
- The plan should be focused on comprehensive, coordinated, chronic disease prevention

The Health System

The strategic plan will address priorities and goals related to the health system in Nevada defined as follows:

The prevention, intervention and treatment programs policies and organizations that impact the health of Nevadans at risk for heart disease and stroke.

Goals, Strategies and Targets

In August 2014, a group of key stakeholders met to review the situational analysis and data related to heart disease and stroke in Nevada that is detailed in a White Paper on Heart and Stroke. They also reviewed proposed goals and critical issues to consider in developing Nevada's strategic plan. Subsequent to that meeting, the Division of Public and Behavioral Health presented information on the Burden of heart Disease and Stroke in Nevada, which included up to date data compiled by the CDC State assignee Epidemiologist to DPBH.

In January 2015, Nevada was notified that it would receive Technical Assistance (TA) related to implementing the Million Hearts Campaign in Nevada. The Strategic Planning process reconvened to align this new Initiative with existing efforts to address heart disease and stroke. The goal was to leverage and coordinate efforts into one clear, cohesive strategic plan related to heart disease and stroke. Beginning in January 2015, a workgroup focused on strategic planning met regularly via teleconference to identify the top priorities and goals for Nevada's Five Year Strategic Plan. Participants on the workgroup represented all geographic areas of Nevada. The goals, strategies and targets include:

Goal 1: Improve access to effective care

Strategy 1.1 Promote team based care

Target 1.1 Increase engagement of non-physician team members (Nurses, Pharmacists, Community Health Workers, and Community Paramedics) in hypertension, heart disease, and stroke management, education, and self-monitoring in health care systems
How many systems to we want to set as a target? Suggested by MM 10

Target 1.1 (2) Clarify roles/definitions of all members of the care coordination team for better utilization within the team

Target 1.1 (3) Develop a reimbursement model for team based care (i.e. an Alternative Payment Method, CPT code bundling, care team reimbursement recognition, NPI numbers for team care members)
Where do we want to start? What goal do we want to set?

Strategy 1.2 Ensure continuity of care throughout the health care delivery system in Nevada

Target 1.2 Increase proportion of patients with high blood pressure that have a self-management plan by 25% (can include medication adherence, self-monitoring of blood pressure levels, increased consumption of nutritious food and beverages, increased physical activity, maintaining medical appointments)

(BRFSS collects thsi data and can be used as baseline) or by 20% in Community Health Centers and look at UDS for measure or Medicaid data

Target 1.2 (2) Increase proportion of patients with hypertension and/or heart disease in adherence to medication regimes by 25%.

How will we track adherence, using which data set? NQF? Medicaid clients?

Strategy 1.3 Promote clinical and public health systems that coordinate efforts, collect baseline data across the state and share data.[1]

Target 1.3 Increase the proportion of health care systems in Nevada reporting on 'Controlling High Blood Pressure' measure [National Quality Forum (NQF) 18] and 'Poor Diabetes Control' measure [NQF 59]

Target 1.3 (2) Identify the baseline number of Nevadans with hypertension and set goals to impact the baseline by 2016.

Medicaid clients or CHC

Target 1.3 (3) Proportion of providers reporting data into the Health Information Exchange

Goal 2: Improve Statewide Patient Education on ABCS

Strategy 2.1 Antiplatelet therapy when appropriate

Target 2.1 65% of the people in Nevada who have had a heart attack or stroke receive antiplatelet therapy when appropriate

Strategy 2.2 Blood pressure control

Target 2.2 65% of the people in Nevada who have hypertension have adequately controlled blood pressure

Target 2.2 (2) Increase the proportion of Adults in Nevada who are aware they have high blood pressure

[1] Note: Clinical systems include use of electronic health care records, information sharing, and use of Health information exchange) and public health systems including state, local health Departments and other community health organizations (identify data sources, compile and clean data, creating reports).

Strategy 2.3 Cholesterol management

Target 2.3 65% of the people in Nevada who meet criteria for cholesterol therapy are adequately managing it

Strategy 2.4 Expand smoking cessation campaigns

Target 2.4 65% of the people in Nevada who currently smoke get counseling and/or medications to help them quit

Target 2.4 (2) A minimum of 180 health care providers will be trained annually on the delivery of Brief Tobacco Use Interventions

Strategy 2.5 Improve the prescription and adherence to appropriate medications for the ABCS

Target 2.5 65% of people in Nevada who are currently prescribed medication for the ABCS adhere to their prescribed dosage

Goal 3: Improve Quality of Care for the ABCS Statewide[2]

Strategy 3.1 Provider trainings of ABCS

Target 3.1 Adopt M.A.P. framework program for Blood Pressure.

Target 3.1 (2) Develop and/or adopt a standard procedure for acquiring patient blood pressures.

Target 3.1 (3) Develop for adoption, a yearly competency for all care team members acquire patient blood pressures.

Strategy 3.2 Utilization of electronic health records to identify, refer, and monitor ABCS

Target 3.2 Increase the proportion of referrals, order sets, and flagging systems being utilized by providers within the electronic health records

Strategy 3.3 Implement quality improvement processes to standardize ABCS

Target 3.3 Identify, recommend best practice protocols/algorithms for adoption by providers in antiplatelet therapies, blood pressure, and cholesterol management

[2] Note: The 65% target values used in the strategic plan (strategy 3.1 through 3.4) are for the Nevada population as a whole. (Million Hearts. Preventing 1 Million Heart Attacks and Strokes: A Turning Point for Impact, 2014 found at http://millionhearts.hhs.gov/Docs/MH_Mid-Course_Review.pdf)

Target 3.3 (2) -Development and adoption of Blood Pressure Toolkit (i.e. Million Hearts toolkit)

Target 3.4 Identify, recommend, and increase referrals into chronic disease self-management programs including hypertension self-management plan, healthy eating, tobacco cessation, and diabetes self-management plans

Remove all of strategy 4 now strategy 5 is strategy 4 and carry through

Goal 5: Motivate the public to lead a heart-healthy lifestyle

Strategy 4.1 Identify patient and family engagement strategies most likely to promote behavior change and heart healthy practices

Target 4.1 Adopt strategies for use in Nevada based on feedback from consumers

Target 4.1 (2) Conduct survey through FQHCs to identify "what works"

Target 4.1 (3) Increase heart healthy practices as reported annually by consumers

Strategy 4.2 Promote positive behavior changes including tobacco cessation, expanded physical activity campaigns and opportunities and healthy eating

Target 4.2 Reduce use of tobacco in Nevada by 1.5% annually

Target 4.2 (2) Reduce sodium intake in Nevada by 20% by 2017

Target 4.2 (3) Reduce consumption of transfat by 50% in Nevada[3]

Target 4.2 (4) Decrease the percentage of Nevada adults at an unhealthy weight (overweight and obese) by 10%[4]

Target 4.2 (5) Decrease the percentage of Nevada children at an unhealthy weight (overweight and obese) by 10%

Target 4.2 (6) Increase the percentage of Nevadans who engage in 150 minutes of moderate or 90 minutes of vigorous exercise across three days per week

[3] Note: The average artificial transfat consumption in the U.S. is 1% of calories a day. The national goal is a 50% reduction for the Million Hearts Initiative. The 20% reduction in sodium intake (target 5.2) by 2017 is a Million Hearts goal.

[4] Note: The Healthy People 2020 goal is to reduce the proportion of adults who are obese by 10%. Nevada does have lower rates of obesity compared with the U.S. (26.2% in Nevada are obese compared with 28.9% who are obese in U.S. BRFSS 2013).

Strategy 4.3 Promote environmental changes that support and promote healthy behaviors/choices

Target 4.3 Adopt clean indoor air policy statewide including regulation, restriction on and discouraging the use of e-cigarettes by June 30, 2017

Target 4.3 (2) Advocate for increased taxes for tobacco products to reduce utilization

Target 4.3 (3) Advocate for increased funding for tobacco prevention.

Goal 6: Facilitate the infrastructure development, capacity and sustainability of a system in Nevada for primary and secondary prevention, management and treatment of heart disease and stroke[5]

Strategy 5.1 Increase financial resources to build Nevada's infrastructure

Target 5.1 Increase funding for heart disease and stroke programs that align with the strategic plan

Strategy 5.2 Increase capacity statewide related to primary and secondary prevention and management of cardiovascular disease

Target 5.2 Engage the cardiovascular community including heath care providers and educators in prevention and treatment in each region in Nevada

Target 5.2 (2) Engage technical experts including researchers, advocates and policy promoters in each region in Nevada

Strategy 5.3 Engage stakeholders to provide leadership and support for the strategic plan and promote model policies to prevent heart attack and stroke

Target 5.3 Increase collaboration between hospitals, cardiac rehab centers and rehab centers throughout Nevada

[5] Note: The Clinical-Community Linkage component includes the following steps: • Assess and plan to increase access to evidence-based lifestyle change and prevention programs. • Facilitate infrastructure development to increase access to evidence-based lifestyle change and prevention programs in the health care facilities and in the community. • Partner with local clinics to support the implementation of evidenced-based clinical guidelines and the clinical system process of Screen, Counsel, Refer, and Follow-up**. • Support the use of health care extenders (i.e. health educators, community paramedics, nutritionists, etc.) to improve engagement of disparate populations in evidence-based lifestyle change and prevention programs. The SHIP clinical system process of Screen, Counsel, Refer, and Follow-up was adapted from evidence-based guidelines and recommendations, including: • The Institute for Clinical Systems Improvement (ICSI) Prevention and Management of Obesity (Mature Adolescents and Adults) and Healthy Lifestyles (formerly Primary Prevention of Chronic Disease Risk Factors). • The American Academy of Family Physicians (AAFP) Ask and Act Tobacco Cessation Program, "The Five A's Of Tobacco Cessation Support." The 5A's (Ask, Advise, Assess, Assist, and Arrange) are reflected in the Clinical-Community Linkages for Prevention strategy. http://www.health.state.mn.us/healthreform/ship/2013rfp/docs/healthcare_SHIP_3.pdf

Target 5.3 (2) Promote collaboration and coordination between clinical and public health systems throughout Nevada

Target 5.3 (3) Designate heart and stroke coordinators throughout the public health system including at DPBH, local health districts and in rural Nevada to promote the goals and strategies in this plan

Target 5.3 (4) Promote a "medical home" for everyone in need (as defined by the AAP in the 1960s after the creation of Medicaid)

Strategy 5.4 Engage groups disproportionately affected by these issues including people in poverty to assist in implementing solutions

Target 5.4 Solicit input and participation from community groups that include Latino, Black and persons living in poverty

Goal 7: Create a partnership of clinical and public health practitioners to implement the strategic plan.

Strategy 6.1 Identify and engage clinical staff including non-physicians through outreach and one on one engagement.

Target 6.1 Increase the number of clinicians participating in heart disease and stroke meetings so that one-third of participants represent clinicians

Strategy 6.2 Present draft strategic plan to clinicians and solicit their feedback and support.

Target 6.2 Clinicians representing all regions of Nevada will provide feedback and sign off on the strategic plan[6]

[6] Note: Groups to contact include medical group management association, Nevada chapters of American Academy of Family Physicians, American Heart Association, Society of Health System Pharmacists, Nevada Medical Schools, Nevada Health Sciences Schools, Chief Medical Officers for Nevada Hospitals, Hospitalist Groups that work at Nevada Hospitals

Action Plan and Accountability

This plan is informed by a number of complementary efforts taking place at the national level as well as across Nevada. Implementation of the Affordable Care Act brings unprecedented opportunities both to focus on primary and secondary prevention and collect data to measure results. Some data is currently collected in Nevada and use of Electronic Health Records (EHRs) should result in additional data in the coming years. In other cases, baseline data is needed to measure identify how well Nevada is addressing particular targets.

As such, the workgroup strived wherever possible to utilize national standards as targets in this plan. When Nevada specific data is unknown, the workgroup emphasized the need for ongoing state efforts to define measures, identify data collection processes, and establish baselines for each target

In addition, there are a number of strategic planning activities occurring throughout Nevada that may inform the targets or strategies in this plan. This strategic plan is intended to be a living document and will be updated to align strategies and targets with other plans throughout the state as they are adopted. One such plan is under development by the DPBH tobacco control program. Goals, strategies and targets related to reducing the use of tobacco in Nevada will be revised as appropriate to align with the tobacco control program's goals.

This plan will be presented to a broader group of stakeholder across the state in May 2015. Goals, strategies and targets may be revised or expanded based on their feedback. Annually, DPBH will collect and report on the status of strategies and progress towards targets in this plan.

Tremendous positive momentum has resulted in the development of this plan. To continue this progress, a series of implementation steps will take place upon adoption of this plan. They include:

- Map Nevada's current infrastructure charged with primary and secondary prevention and intervention for heart disease and stroke.
- Research the infrastructure in place for other western states and identify optimal organizational structure for Nevada.
- Identify agencies and individuals to serve as coordinators or directors that work specifically on heart and stroke issues in Southern Nevada Health District, Washoe County Health District,

Carson City Health Department, the Division of Public and Behavioral Health and throughout Rural Nevada.

- Use the infrastructure map, baseline data collected and historical information to create a summary report that outlines the history of heart and stroke infrastructure including programs, policies and progress to date.
- Annually, prepare a report to the Advisory Council for Wellness and the Prevention of Chronic Disease to make recommendations to the legislature and state leaders and prioritize next steps.