

## Education & Outreach Case Study: Million Hearts – Exploring the Role of RECs

**Overview of Case Study:** *In this case study, four Regional Extension Centers—North Carolina REC, Quality Insights of Delaware REC, New York City REACH, and HITArkansas—share their experiences helping providers use Health IT and their EHR systems to prevent cardiovascular disease through Million Hearts.*

**Key Takeaway:** *Providers are struggling to leverage Health IT and EHRs to improve performance on Million Hearts clinical quality measures and engage patients in their cardiovascular health. As trusted Health IT advisors, Regional Extension Centers (RECs) are employing various strategies and tools to help providers overcome these challenges and help patients benefit from Million Hearts.*

### I. Million Hearts: The National Context

Cardiovascular disease, which includes heart attack, stroke, high blood pressure (hypertension), and other diseases that affect the heart or blood vessels, is responsible for 1 out of every 3 deaths in the United States.<sup>1</sup> Every year, more than 2 million Americans experience a heart attack or stroke, resulting in 2,200 deaths each day.<sup>2</sup> To combat this epidemic, the U.S. Department of Health and Human Services (HHS) launched [Million Hearts](#), a national initiative to prevent one million heart attacks and strokes by 2017.<sup>3</sup>

Million Hearts aims to empower Americans to make healthy choices, such as quitting smoking and reducing salt consumption, and encourage providers to focus on the ABCS of heart health: Aspirin therapy when appropriate, Blood pressure control, Cholesterol management, and Smoking cessation.

**Know Your ABCS**

- **A**spirin Therapy when appropriate
- **B**lood Pressure Control
- **C**holesterol Management
- **S**moking Cessation

Providers can use Health IT and electronic health record (EHR) systems to track and report on the seven clinical quality measures (CQMs) associated with the ABCS.<sup>4</sup> In general, providers can use Health IT and EHRs to:

- Generate lists of patients that have risk factors for cardiovascular disease;<sup>5</sup>
- Proactively track and measure patient progress with the ABCS;<sup>6</sup>
- Incorporate ABCS-related clinical guidelines into clinical decision supports;<sup>7</sup> and
- Share patient-specific educational materials on cardiovascular health.<sup>8</sup>

## II. Provider Challenges

Despite the potential for Health IT and EHRs to support progress on Million Hearts, providers are struggling to prevent cardiovascular disease and improve performance on the ABCS. RECs, as key partners in the Million Hearts initiative, know firsthand the challenges providers are facing:

- Providers are struggling to approach and prioritize Million Hearts in the context of other quality improvement initiatives, such as [Meaningful Use](#), [Accountable Care Organizations](#), and [Medical Homes](#). Providers need to see how Million Hearts builds on meaningful use and often overlaps with other quality improvement initiatives.
- Providers are often unable to leverage their Health IT and EHR tools to pull accurate EHR data and improve on the Million Hearts CQMs. Without assistance, providers cannot effectively track patients and move the needle on the ABCS.
- Providers are struggling to engage patients in Million Hearts. If providers are going to be successful in promoting the ABCS, patients need to take ownership of their health and health care. Blood pressure control, for example, often depends on medication adherence, and providers are learning how hard it is for some patients to adhere to their prescribed treatment plans.

To overcome these challenges and make progress on Million Hearts, providers are turning to their RECs for help.

## III. Providers Enlist Support from RECs

As experienced advisors in EHR implementation and meaningful use, RECs are well-positioned to help providers leverage Health IT to improve performance on the ABCS and meet the Million Hearts goals. Four RECs, [North Carolina REC](#) (NC REC), [Quality Insights of Delaware REC](#) (QIDE REC), [New York City Regional Electronic Adoption Center for Health](#) (NYC REACH) and the [Health Information Technology Center for Arkansas](#) (HITArkansas), share their experiences helping providers with Million Hearts.

### NC REC's "Change Package" Model Supports Million Hearts Efforts

With a heavy burden of heart disease in North Carolina, NC REC can get providers' attention by connecting improvement in Million Hearts CQMs to the health benefits accrued by patients. "When we first discuss Million Hearts with a practice, we use their EHR data to run a performance report," explained Dr. Sam Cykert, Clinical Director at NC REC. "Once providers

realize that they can use their EHRs to set up processes that help patients become healthier, they know that Million Hearts is right for their practice.”

To improve performance on Million Hearts CQMs, NC REC offers providers a Million Hearts “change package,” which enables practices to identify high-risk patients and proactively address care gaps. As part of the change package, NC REC assigns each practice a practice coach, who helps providers leverage their EHR systems and implement team-based care to improve health care quality. Practice coaches help providers:

1. **Get the Most Out of the EHR System.** The practice coach shows the practice how to create “population drill-down lists” that help target high-risk patients. Providers can pull up a list of all hypertensive patients, for example, that have not had an office visit in the last four months and conduct targeted outreach and follow-up with those patients.
2. **Designate a Quality Improvement Team.** Rather than dictating quality improvement solutions to providers and staff members, the practice coach helps establish a quality improvement team – consisting of the practice’s providers, nurses, front-desk staff and others – to design and implement care solutions.
3. **Execute Plan-Do-Study-Act (PDSA) Cycles.** The practice coach helps the quality improvement team institute new policies, procedures, and workflows designed to improve performance on the Million Hearts measures.

“Our practices noticed, for example, that a lot of hypertensive patients were struggling with medication adherence,” Dr. Cykert remarked. In response, NC REC helped the practices implement new prescribing policies. NC REC encouraged providers to emphasize the availability of generic blood pressure control medications, which tend to be cheaper than brand-name drugs, and advised providers to prescribe “once-a-day” medications, which enable patients to follow their treatment regimens more easily. Providers found that when they promoted generic drugs and offered once-a-day medications, patients were much more likely to adhere to their treatment programs.

NC REC is currently helping 90 practices improve performance on Million Hearts measures. Since NC REC implemented its change package model one year ago, the REC has seen significant quality improvement. One practice, for instance, started at baseline with 60% of its hypertensive patients in control of their blood pressure. After working intently on connecting practice workflow to EHR capabilities with advice from NC REC, that figure is at 80%. “We counsel our practices to approach the Million Hearts measures systematically, which has helped them improve care in a short time period,” Dr. Cykert said.

## **QIDE REC Evaluates Provider Performance on Million Hearts and Redesigns Workflows**

QIDE REC knows that Million Hearts builds on meaningful use and can improve health care quality, but needed to convince providers that Million Hearts was worth the effort. To bring providers on board, QIDE REC met with practices to discuss how this initiative overlaps with other quality improvement efforts and how the REC was a founding partner of the Million Hearts Delaware Coalition. “We got the message across when we explained that by participating in Million Hearts, providers could also meet some of the requirements for meaningful use and medical homes,” explained Beth Schindele, Director of QIDE REC. Utilizing data from their client relationship manager (CRM), the REC identified more than 155 providers focused on controlling high blood pressure, who QIDE REC recruited for the Million Hearts program to gain best practices and build program momentum. After obtaining provider buy-in, QIDE REC helped providers evaluate their performance on the Million Hearts CQMs and redesign workflows accordingly.

**“Million Hearts promotes patient empowerment and population health management.”**

Beth Schindele, Director,  
Quality Insights of  
Delaware REC

To evaluate provider performance, QIDE REC developed a measures portal on which providers can submit their quality metrics data. “Our staff helps practices set up EHR reporting to support data collection on the measures portal,” explained Ms. Schindele. “Providers can then submit data on the seven Million Hearts CQMs directly into our measures portal online.” QIDE REC then analyzes the data and gives each practice a monthly feedback report, which tracks how the practice is doing compared to other practices, as well as over time, and helps QIDE REC identify opportunities for workflow redesign.

After reviewing practice data, for example, QIDE REC noticed that many providers did not offer smoking cessation counseling regularly. To help address the problem, QIDE REC’s field consultants worked with providers to map out workflows, define staff roles, and then identify opportunities for improvement. After making workflow adjustments, such as having medical assistants remind providers to offer smoking cessation counseling at regular intervals, QIDE REC can see if the practice improved on the CQM based on the next month’s feedback report. In addition, the REC recommends administrative workflow improvements. If a practice does not have their appointment calendar ready for appointments 6 months out, for example, QIDE REC recommends the practice contact the patient proactively, rather than rely on the patient to call back to schedule the appointment. Furthermore, the REC helps practices run “back office” reports to identify at-risk patients in need of follow-up care. With these reports, practices can

closely monitor their patients' blood pressure and cholesterol levels, and also renew medications to help prevent heart attacks and strokes.

So far, QIDE REC has been successful helping providers build on meaningful use through Million Hearts. Across the 15 practices currently on the measures portal, providers have improved performance on aspirin therapy by 21.6% and blood pressure control by 54.1%. The REC is now implementing Million Hearts CQM reporting with several hospital systems that are implementing process and quality improvement methodologies while increasing patient engagement. QIDE REC is expanding its Million Hearts services and plans to have all practices utilizing its measures portal reflect statewide improvement rates by the end of 2014. "Building EHR reports to measure compliance with Million Hearts is just the first step," remarked Ms. Schindele. "Creating the exception reports to identify non-compliant patients for recall and intervention is when meaningful use of the data begins to occur."

### **NYC REACH Helps New York Providers Engage Patients in Million Hearts**

NYC REACH has been working on cardiovascular health issues even before Million Hearts was launched. "Our providers' biggest challenge has been in engaging patients around the Million Hearts measures," explained Patrick Powell, Clinical Quality Manager at NYC REACH. To tackle this challenge, NYC REACH helped New York providers optimize their EHR systems and encourage patients to become more engaged in their health and health care.

**"We're helping providers advance from meaningful use to improved patient outcomes—and Million Hearts bridges that gap."**

Patrick Powell, Clinical Quality Manager, NYC REACH

First, NYC REACH worked with providers to analyze their practice data and identify areas for improvement. "We created performance dashboards for each practice, which can be customized to fit a provider's quality improvement priorities," explained Rebecca Stauffer, Project Manager at NYC REACH. Once the dashboard has been adapted to fit provider needs, NYC REACH's practice consultants sit down with the provider to go over the numbers and identify solutions. When one practice had low performance on smoking cessation counseling, for example, NYC REACH helped the practice implement a clinical decision support feature. Now, when a patient is identified as a smoker, a quit line number pops up on the computer screen, prompting the provider to recommend the quit line and talk to the patient about quitting smoking.

Additionally, NYC REACH helps providers conduct targeted outreach campaigns to better engage patients in their heart health. "We help providers run performance reports on each of the CQMs, down to the patient-level," explained Mr. Powell. Once providers identify the

measures on which patients need to improve, NYC REACH encourages them to send letters that outline steps for improvement and recommend that they come in for an office visit. “It’s important that patients know their provider is the best source of information on and assistance in preventing cardiovascular disease,” Mr. Powell added.

NYC REACH has had tremendous success helping providers engage patients and make progress on Million Hearts. NYC REACH’s practices have significantly increased blood pressure control, with an average of 68% of patients in control of their blood pressure. Furthermore, one of its practices, Broadway Internal Medicine, was recently named a 2013 [Million Hearts Blood Pressure Control Challenge Champion](#), making it top 10 in the nation for blood pressure control. Despite the incredible progress to date, NYC REACH knows that there is more work to be done. “We are continuously thinking about what tools and community resources our providers need to help them improve patient care,” Ms. Stauffer said.

### **HITArkansas Engages Community Partners to Promote Million Hearts**

To make progress on Million Hearts and reduce the burden of heart disease in Arkansas, HITArkansas engaged community

### **Improving Blood Pressure Control: Dr. Woolsey Tells Her Story**

*Dr. Sarah Woolsey, a [Meaningful Use Vanguard](#), describes how her organization improved blood pressure control among patients with diabetes.*

Dr. Sarah Woolsey works with the Utah Beacon Community and Utah’s REC HealthInsight, and is a family physician at Community Health Centers, Inc. (CHC) in Salt Lake City, Utah. CHC is leveraging its EHR system to improve blood pressure control among patients with diabetes. At first, only 63% of CHC’s patients with diabetes had good blood pressure control, 12% less than the community benchmark. “We asked our quality improvement (QI) team to analyze the issues and work out care solutions,” Dr. Woolsey said.

After examining CHC’s processes for taking and recording blood pressure readings, two lessons emerged. “Our staff did not enter blood pressure readings properly in the EHR system,” Dr. Woolsey explained. “As a result, our performance data was inaccurate, which made it hard to obtain buy-in for quality improvement.” In response, CHC standardized workflows for entering readings in the EHR. Secondly, CHC began using automatic blood pressure cuffs and trained staff on best practices for taking blood pressure readings. “We trained staff on proper automatic measurements,” Dr. Woolsey said. “Good readings lead to less misdiagnosis and reduce therapeutic inertia.” With accurate population data, CHC could now engage providers in improving blood pressure control for patients, sharing lists of patients not at goal, and proactively reaching out to them for follow-up care.

After CHC streamlined its data collection process and improved follow up care, performance on blood pressure control for diabetes patients increased from 63% in 2011 to 73% in 2012. CHC is now expanding blood pressure improvement targets to other at-risk populations and Dr. Woolsey is participating in a Utah Million Hearts Initiative to share their experience with other providers.



stakeholders in addition to providers and patients. Working in tandem with its parent organization, Arkansas's Quality Improvement Organization (QIO) called the Arkansas Foundation for Medical Care (AFMC), HITArkansas embarked on a state wide campaign to help providers leverage Health IT for Million Hearts, educate patients about the ABCS, and build support for Million Hearts among key community stakeholders. To accomplish this, HITArkansas and AFMC implemented a four-pronged approach

- **Providers** – AFMC/HITArkansas helped providers optimize their EHR system and redesign workflows to improve on the ABCS. In one practice, for example, HITArkansas helped implement an EHR alert that notifies providers during the office visit if patients are due for a cholesterol check. AFMC also distributed educational materials for providers to give to patients, such as its [What Can You Do About Blood Pressure](#) factsheet and [My Blood Pressure](#) pocket guide, empowering patients to discuss blood pressure and other cardiovascular health issues during office visits.
- **Faith-Based Organizations** – AFMC also coordinated Million Hearts activities with faith-based organizations through its QIO efforts. AFMC encouraged churches to distribute to members the “[Bless Your Heart](#)” Toolkit, which includes tools and resources on preventing cardiovascular disease. Furthermore, faith-based organizations have become key partners in blood pressure control. On Sundays, for instance, many churches set up blood pressure monitoring stations and encouraged members to discuss their blood pressure with providers.
- **Community Hubs** – AFMC leveraged other community stakeholders, such as public libraries and small businesses, to help engage patients in Million Hearts. For example, AFMC distributed to providers a list of blood-pressure monitoring stations located throughout the community. Providers, in turn, referred patients to these locations and reminded them to check their blood pressure regularly—even at the [local library](#).
- **Municipalities** – Finally, HITArkansas and AFMC targeted city governments to raise awareness about Million Hearts. The organizations worked with Arkansas's mayors to develop city-wide Million Hearts proclamations, with the goal of designating a “Million Hearts Day” in Arkansas's cities and towns. The town of Lake Village, for example, recently launched its “[Healing Hearts](#)” campaign to educate community members about the threat of heart attacks and strokes.

HITArkansas' technical assistance and outreach efforts have helped providers and patients make significant strides toward preventing cardiovascular disease. “With a simple workflow adjustment, we helped one practice increase performance on the smoking cessation CQM from 16% to 82%,” remarked Dr. Jennifer Conner, Quality Specialist at AFMC. AFMC helped establish a “Million Hearts Day” in five cities across the state, and continues to work with city

governments and community stakeholders to prevent heart attacks and strokes. Thanks to the collaborative efforts of HITArkansas and AFMC with providers and other stakeholders, the organizations have galvanized entire communities in support of Million Hearts. “We would not have had this much success without our partnership with AFMC,” added Nathan Ray, Director of HITArkansas.

#### IV. Million Hearts: A Stepping Stone for Population Health Management

Million Hearts is inspiring providers, patients, and communities across the country to find innovative ways to prevent cardiovascular disease. NC REC, QIDE REC, NYC REACH, and HITArkansas are demonstrating that by focusing on the ABCS, leveraging Health IT, and educating patients, providers and patients can work together to prevent one million heart attacks and strokes by 2017. The RECs are also demonstrating how providers can leverage Health IT and EHRs beyond the meaningful use program. “Million Hearts encourages providers to think about how they can build on meaningful use to prevent cardiovascular disease,” remarked Beth Schindele, Director of QIDE REC. “This program is an important stepping stone for population health management.” With the help of RECs, providers are shifting their focus from achieving meaningful use to harnessing the power of Health IT and EHRs to improve patient care.

#### Million Hearts Resources

RECs recommend the following Million Hearts resources:

- [Million Hearts Factsheet](#)
- [Million Hearts Infographic](#)
- [Hypertension Control: Action Steps for Clinicians](#)
- [Self-Measured Blood Pressure Monitoring: Action Steps for Public Health Practitioners](#)
- [What Can You Do About Blood Pressure Factsheet](#)
- [Bless Your Heart Toolkit](#)
- [My Blood Pressure Pocket Guide](#)

<sup>1</sup> U.S. Department of Health and Human Services. [Million Hearts Factsheet](#)

<sup>2</sup> U.S. Department of Health and Human Services. [Million Hearts Factsheet](#)

<sup>3</sup> U.S. Department of Health and Human Services. [About Million Hearts](#)

<sup>4</sup> U.S. Department of Health and Human Services. [Opportunities for Engagement in Million Hearts](#). 2012.

<sup>5</sup> U.S. Department of Health and Human Services. [Hypertension Control: Action Steps for Clinicians](#). 2013.

<sup>6</sup> U.S. Department of Health and Human Services. [Hypertension Control: Action Steps for Clinicians](#). 2013.

<sup>7</sup> U.S. Department of Health and Human Services. [Opportunities for Engagement in Million Hearts](#). 2012.

<sup>8</sup> U.S. Department of Health and Human Services. [Hypertension Control: Action Steps for Clinicians](#). 2013.