

Million Hearts®:

Statin Therapy for the Prevention and Treatment of Cardiovascular Disease



PURPOSE

To use evidence-based clinical criteria to identify and engage high-risk patients who would benefit from statin therapy at health centers and implement these criteria into care processes for population management, pre-visit planning, and decision support at the point of care. Complete medication assessment and prescribe statins, if indicated, for identified patients.

BACKGROUND

Cardiovascular disease (CVD) accounts for 1-in-7 US health care dollars spent – almost \$1 billion per day—and for 800,000 deaths every year, almost a third of US deaths. By 2030, direct medical costs linked to CVD are projected to exceed \$818 billion annually. Elevated blood cholesterol is a major risk factor for CVD. Numerous randomized trials have demonstrated that treatment with a statin reduces LDL-C and reduces the risk of major cardiovascular events by approximately 50 percent. However, of high-risk patients who would benefit from statin therapy, only approximately 55% are currently prescribed/taking a statin.

GOALS

- Develop successful practices for improving care processes to help care teams prescribe statin therapy to as many high-risk patients as possible.
- 10% improvement in appropriate use of statin therapy (all risk groups combined).
- 50% of high risk patients who are identified for the cohort and who have a follow-up visit are prescribed statin therapy.

POPULATION OF FOCUS

Adult high-risk patients not currently prescribed a statin: Individuals age 21+ years with atherosclerotic cardiovascular disease (ASCVD), individuals age 21+ years with LDL-C \geq 190 mg/dL, individuals age 40–75 years with diabetes and LDL-C 70-189 mg/dL.

APPROACH

Partner with up to five health center-controlled networks (HCCNs) to use evidence-based clinical criteria to identify high-risk patients who would benefit from statin therapy and assist health centers to implement these criteria into care processes. Build criteria into health centers' clinical systems for population management, pre-visit planning, and decision support at the point of care to increase appropriate prescribing. Pair process improvement with care team and patient education interventions to increase adherence to clinical guidelines and acceptance of statin therapy.

- Launch and Harvest Meetings
- Training on: new ACC/AHA Lipid Guideline on the Treatment of Blood Cholesterol (November 2018)
- Configure reporting systems with clinical criteria and operationalize measure specifications for reporting
- Build and test clinical decision support for statin therapy care gaps into health centers' care processes



TIMELINE | 8/1/2018 – 7/31/2021



FUNDING | CDC



TYPE OF INTERVENTION

HIT-enabled Quality Improvement, Analytics, and Reporting

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- Gather information on underuse of statins from provider and patient perspectives; develop interventions to mitigate barriers
- Learning community: monthly web-based check-ins with expert faculty and peer learning; online collaboration platform
- Quality Improvement Coaching/Practice Facilitation
- Pre/post project and monthly data reporting

MEASURES

- **STATIN THERAPY– ASCVD RISK GROUP:** % of ASCVD patients age 21+ years who were prescribed or were on statin therapy during the measurement period
- **STATIN THERAPY – LDL-C LEVEL \geq 190 MG/DL RISK GROUP:** % of patients age 21+ years with LDL \geq 190 mg/dL who were prescribed or were on statin therapy during the measurement period
- **STATIN THERAPY – DIABETES AND LDL-C LEVEL 70-189 MG/DL RISK GROUP:** % of patients age 40-75 years with diabetes and LDL-C level 70-189 mg/dL who were prescribed or were on statin therapy during the measurement period who receive a subsequent prescription for statin therapy

CDC	Oversee national Million Hearts® initiative; project officer; financial and technical support.
NACHC	Establish national leadership role for Million Hearts for HCCNs and health centers; project design, support, and management; consultation and assistance on QI strategies, evidence-based practices, implementation science, data reporting, and other relevant content.
American Medical Association	Nationally recognized leader in clinical hypercholesterolemia and new cardiovascular-related guidelines. Expert faculty for training and monthly learning community. Data analytics support.
HCCN	Assist NACHC/AMA/population health management vendors by reviewing published lipid guidelines, identifying decidable activities and programming measure specifications. Assist health centers in identifying high risk patients who would benefit from statin therapy and engaging them in care for further medication assessment. Participate in learning community, provide HIT-specific training, technical assistance, and implementation support to health centers, and report monitoring and evaluation results.
Health Center	Partner with associated HCCN to identify and engage high risk patients who would benefit from statin therapy.
ATSU	Collaborative partner with NACHC in the National Center for Community Health Research; assist in evaluation design, data analysis, and manuscript preparation; hosts an IRB.