

# Preventive Health and Health Services Block Grant

## SUCCESS STORY 2017

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### Cardiovascular Disease Prevention Program

#### Transforming Cardiovascular Clinical Care with Technology

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**Issue:** Cardiovascular Disease is the second leading cause of death in California and nearly one in three adults, over eight million Californians, are living with at least one of the most common forms of Cardiovascular Disease (CVD) (heart disease, heart failure, stroke, or hypertension (high blood pressure)). Annual health care costs for CVD in California have been estimated at \$37 billion, far greater than any other chronic condition.<sup>1</sup>

**Intervention:** The California Department of Public Health's (CDPH) Cardiovascular Disease Prevention Program (CDPP) conducted a two-part training with Healthy Hearts California (HHC), a statewide alliance CDPP developed to coordinate statewide heart disease control and prevention efforts to reduce the risk and prevalence of heart disease and stroke among all Californians.

The trainings held on June 5, 2017 and July 24, 2017, provided success stories, guidance, and insight into public health's role in providing technical assistance in health systems interventions relating to the use of health information technology to improve health care performance. Content included training on the preparation and use of quality data to monitor health care outcomes, and engagement of team-based care strategies to improve quality. The June 5, 2017 training featured health information technology/health information exchange (HIT/HIE) and informatics industry experts from Intrepid Ascent, LLC (IA) and public health professionals from San Joaquin County Public Health Services. The July 24, 2017 training featured the Solano County Department of Health and Social Services Health Officer and provided information on regional HIE. Attendees included state and local governments; private and nonprofit organizations; health, medical, and business professionals; academic institutions; and researchers. Sixty-four individuals attended each training.

**Impact:** The trainings provided insight into the complexities of addressing public health's role in health systems interventions. This activated six of the LHDs to seek additional technical assistance from featured industry experts from IA. One major success came from the collaboration between Monterey County Health Department and IA. Monterey County had previously struggled with various aspects of the technology and informatics-related components of hypertension control in clinical settings. IA assisted Monterey County in performing outreach to regional health systems including Salinas Valley Memorial Hospital and Mee Memorial Hospital to provide technical assistance to the health systems. This included providing informational materials and resources that proved useful in how both healthcare facilities staff work with EHR vendors to ensure that data is in a reportable format, and to ensure relevant data is being captured and followed-up with diagnostics testing. Monterey County and IA successfully worked with the health systems to review and update internal clinical processes related to patient workflow; align protocols with Medicare Access, and CHIP Reauthorization Act/Merit-Based Incentive Payment System for optimal reporting; and design workflows to optimize the ability to track, monitor, and engage patients.

In summary, attendees were able to successfully utilize training content and resources to perform interventions within community health systems.

1. Conroy SM, Darsie B, Ilango S, Bates JH (2016). Burden of Cardiovascular Disease in California, 2016. Sacramento, California: Chronic Disease Control Branch, California Department of Public Health.