

# Next Steps for Addressing Cardiovascular Disease in California



**HBPR 2014**  
**September 9, 2014**

# Presentation Outline

- Background
  - CDC Funding
  - Chronic Disease and Health Promotion Domains
- Current CVD-related Activities
- California Wellness Plan
- Advancing Prevention in the 21<sup>st</sup> Century Meeting (P21)



# Background

- CDC funding for Cardiovascular Disease

Program-specific Funding  
(Categorical Funding)



Prevention First: Advancing  
Synergy for Health  
Collaborative Funding

**Cardiovascular Disease Prevention Program**  
Preventive Health and Health Services Block Grant

# Chronic Disease and Health Promotion Domains

- Domain 1: Epidemiology and Surveillance
  - Gather, analyze, and disseminate data and information
- Domain 2: Environmental approaches that promote health and support healthful behaviors

# Chronic Disease and Health Promotion Domains

- Domain 3: Health System Interventions to improve the effective delivery and use of clinical and other preventive services
- Domain 4: Improve Community-Clinical Linkages ensuring communities support and clinics refer patients to programs that improve chronic disease management

# Current CVD-related Activities

- California Wellness Plan
- Prevention First: Advancing Synergy for Health
- Cardiovascular Disease Prevention Program
  - Preventive Health and Health Services Block Grant



Centers for Disease Control and Prevention  
CDC 24/7: Saving Lives. Protecting People.™



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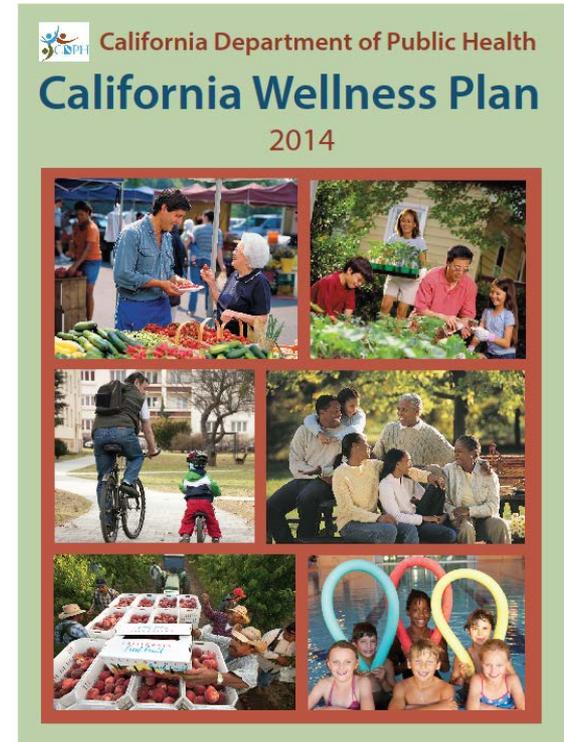
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California Stroke Registry

# California Wellness Plan 2014

- Roadmap for government and partners to prevent chronic disease
- Incorporated Let's Get Healthy California Task Force Priorities and Indicators

<http://www.chhs.ca.gov/pages/LGHCTF.aspx>



[www.cdph.ca.gov/programs/cdcb/Pages/CAWellnessPlan.aspx](http://www.cdph.ca.gov/programs/cdcb/Pages/CAWellnessPlan.aspx)

# California Wellness Plan Goals

Overarching: **Equity in Health and Wellness**

1. Healthy Communities
2. Optimal Health Systems Linked with Community Prevention
3. Accessible and Usable Health Information
4. Prevention Sustainability and Capacity

# California Wellness Plan

## Desired Outcomes

- Understanding of the multiple factors that contribute to chronic disease
- Increased transparency of CDPH prevention activities
- Ability to measure improvements in chronic disease outcomes, inequities and costs

# California Wellness Plan

## *Role of Partners/P21*

- Contributed to development of the Plan over the past two years
- Advised CDPH to ensure Goals, Strategies, and Objectives met needs of public and partner organizations
- Made commitments to implement P21 Strategies and Activities that align with their mission and area of expertise
- Reach out to affected populations
- Promote the Plan



# California Wellness Plan

## *Increase Fitness and Healthy Diets*



1.3.16I HDDPU	By 2018, reduce consumption of sodium in the population aged 2 years and older from 3,641 mg in 2006 to 2,500 mg
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## *Increase Healthy Food Outlets*



1.4.7L	By 2020, increase the adoption of procurement policies and practices that limit non-nutritious foods and beverages, including high sodium, in government-purchased food in worksites and schools (Developmental)
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# California Wellness Plan

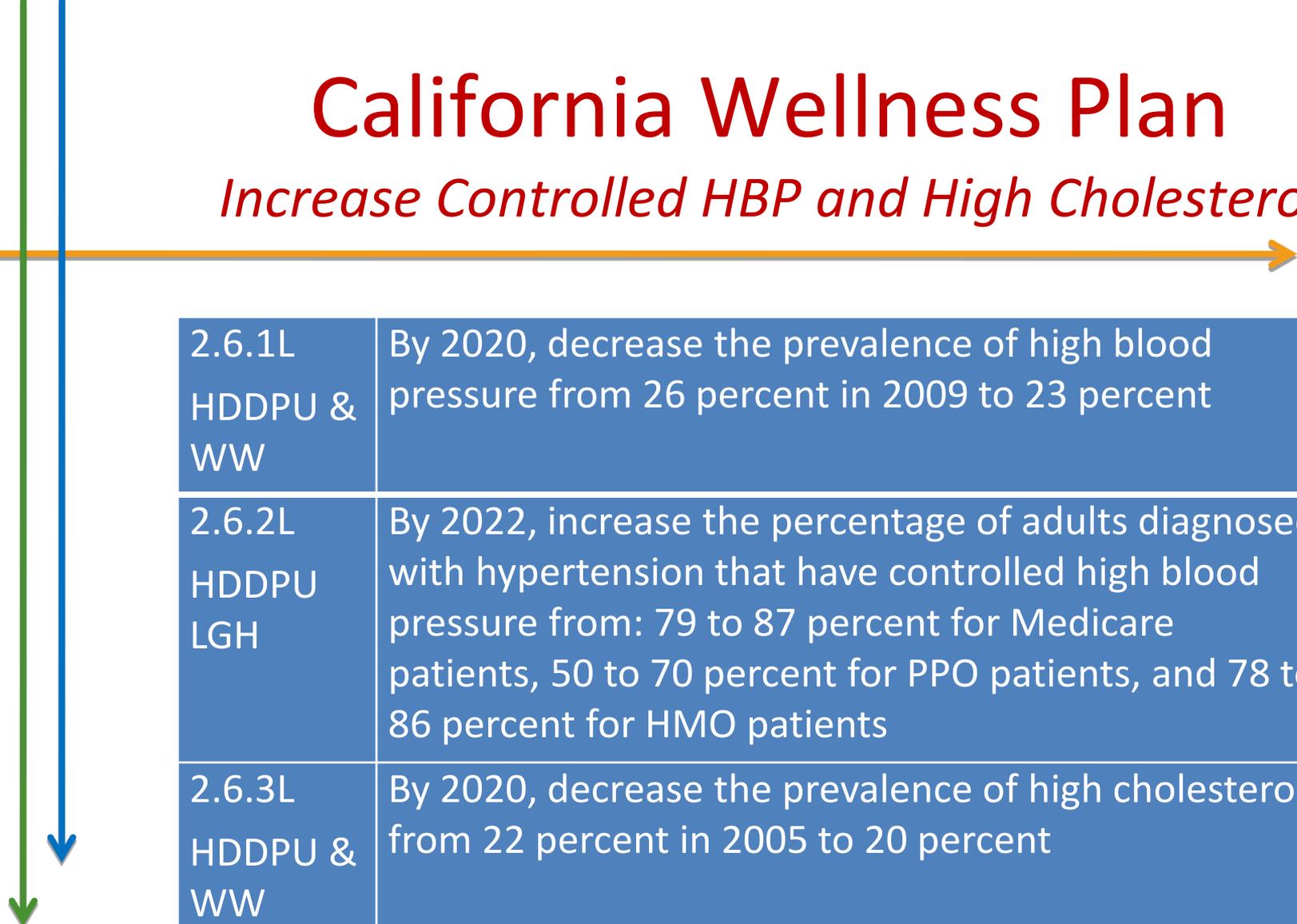
*Increase Controlled HBP\* and High Cholesterol*

2.6.1I HDDPU & WW	By 2018, increase the number of adults who have been screened for HBP within the previous 2 years from 91 percent in 2008 to 93 percent
2.6.2I HDDPU & WW	By 2018, increase the number of adults who have been screened for high cholesterol in the previous 5 years from 86 percent in 2008 to 88 percent

\*HBP – High Blood Pressure

# California Wellness Plan

## *Increase Controlled HBP and High Cholesterol*



2.6.1L HDDPU & WW	By 2020, decrease the prevalence of high blood pressure from 26 percent in 2009 to 23 percent
2.6.2L HDDPU LGH	By 2022, increase the percentage of adults diagnosed with hypertension that have controlled high blood pressure from: 79 to 87 percent for Medicare patients, 50 to 70 percent for PPO patients, and 78 to 86 percent for HMO patients
2.6.3L HDDPU & WW	By 2020, decrease the prevalence of high cholesterol from 22 percent in 2005 to 20 percent

# California Wellness Plan

## *Increase Controlled HBP and High Cholesterol*

2.6.4L HDDPU LGH	By 2022, increase the percentage of adults diagnosed with high cholesterol who are managing the condition from: 76 to 91 percent for Medicare patients, 50 to 70 percent for PPO patients, and 78 to 86 percent for HMO patients
2.6.5L HDDPU & WW	By 2020, decrease rate of hospitalization with acute stroke as principal diagnosis from 5.7 to 5.1 per 1,000
2.6.6L HDDPU & WW	By 2020, decrease rate of hospitalization with acute myocardial infarction as primary diagnosis from 15.8 to 14.2 per 1,000

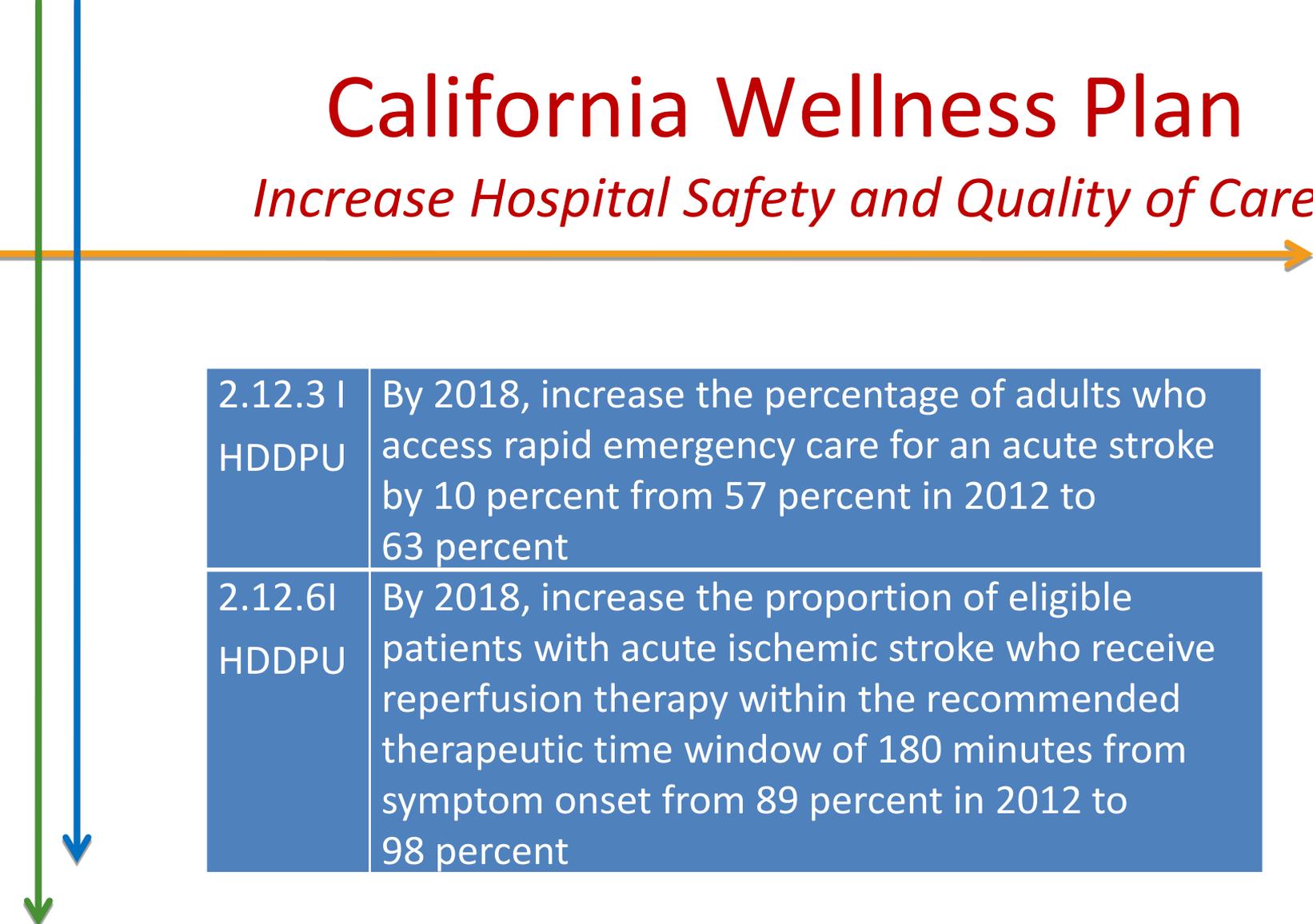
# California Wellness Plan

## *Increase Controlled HBP and High Cholesterol*

2.6.7L HDDPU	By 2020, decrease the rate of hospitalizations for adults 65 and over with heart failure as the principle diagnosis from 10.2 to 9.2 per 1,000
2.6.8L HDDPU & WW	By 2020, decrease stroke mortality rate from 36.9 to 29.5 per 100,000
2.6.9L HDDPU & WW	By 2020, decrease heart disease mortality rate from 120.5 to 96.4 per 100,000
2.6.10L HDDPU & WW	By 2020, decrease heart failure mortality rate from 12.5 to 10 per 100,000

# California Wellness Plan

## *Increase Hospital Safety and Quality of Care*



2.12.3   HDDPU	By 2018, increase the percentage of adults who access rapid emergency care for an acute stroke by 10 percent from 57 percent in 2012 to 63 percent
2.12.6   HDDPU	By 2018, increase the proportion of eligible patients with acute ischemic stroke who receive reperfusion therapy within the recommended therapeutic time window of 180 minutes from symptom onset from 89 percent in 2012 to 98 percent

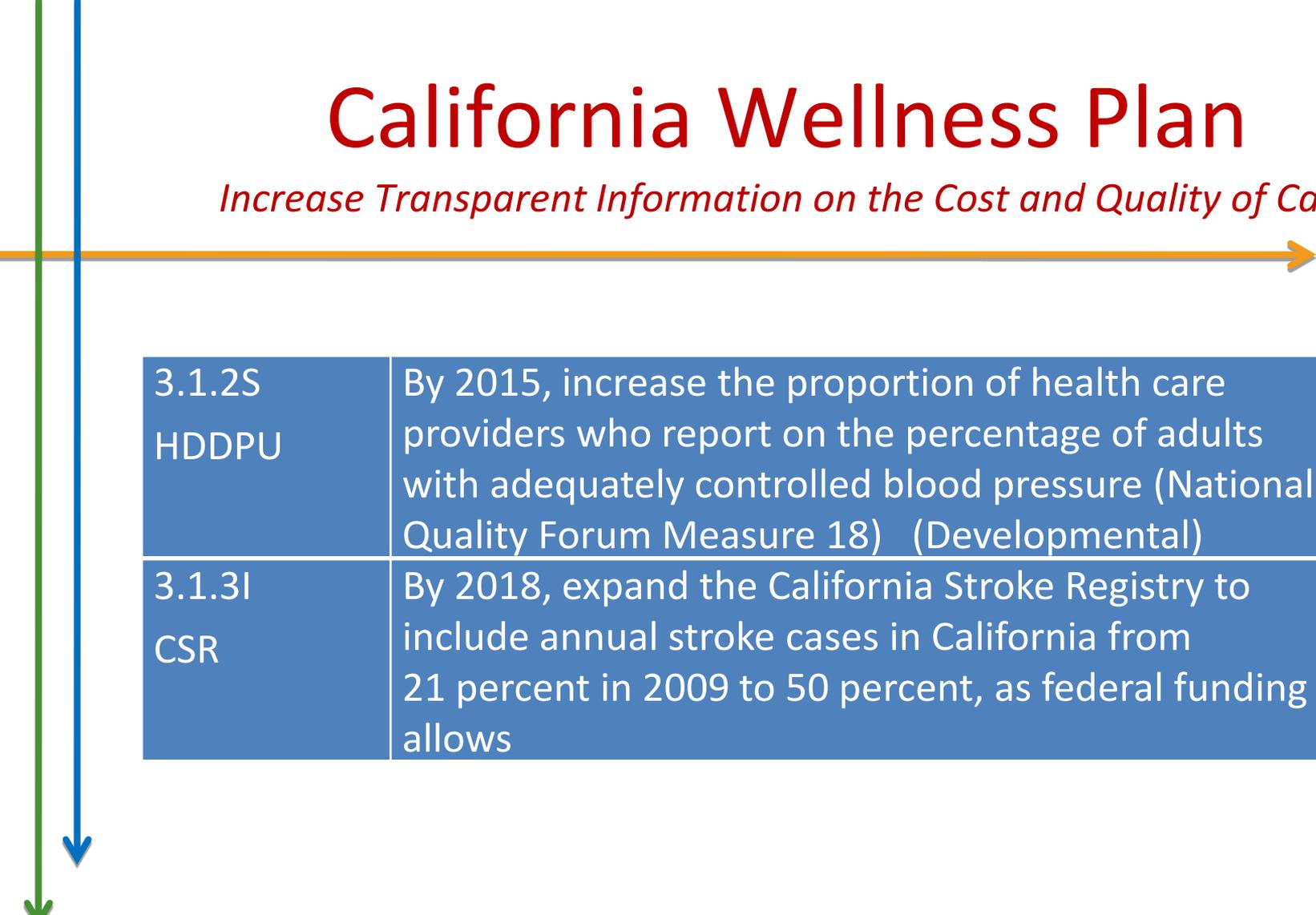
# California Wellness Plan

*Increase Transparent Information on the Cost and Quality of Care*

3.1.1S HDDPU & DHCS OHIT	By 2015, increase the proportion of health care providers participating in Medi-Cal EHR Incentive Program who have certified electronic health records (Developmental)
3.1.3S HDDPU	By 2015, increase the proportion of health care providers participating in Medi-Cal EHR Incentive Program who report on the percentage of adults with diabetes who have Hgb A1C > 9 percent (National Quality Forum Measure 59) (Developmental)
3.1.1I HDDPU	By 2018, increase the percentage of medical practices that use electronic health records from 71 percent in 2011 to 90 percent

# California Wellness Plan

*Increase Transparent Information on the Cost and Quality of Care*



3.1.2S HDDPU	By 2015, increase the proportion of health care providers who report on the percentage of adults with adequately controlled blood pressure (National Quality Forum Measure 18) (Developmental)
3.1.3I CSR	By 2018, expand the California Stroke Registry to include annual stroke cases in California from 21 percent in 2009 to 50 percent, as federal funding allows

# California Wellness Plan

*Increase Coordinated Outpatient Care*  
*Increase People Receiving Care in an Integrated System*

2.3.1I DHCS	By 2018, increase the percentage of Medi-Cal members in a patient-centered medical home (Developmental)
2.3.1L LGH	By 2022, increase the percentage of patients whose doctor's office helps coordinate their care with other providers or services from 67 to 94 percent for children/adolescents and 75 to 94 percent for adult health maintenance organization patients (Developmental)

# Advancing Prevention in the 21<sup>st</sup> Century (P21)

- February 13-14, 2014 in Sacramento
- Co-sponsored by CCLHO-CHEAC Chronic Disease Prevention Leadership Project
- 222 attendees and partner organizations
- Strategy and Activities for each CWP Goal for 2014-2016
- Commitments from partner organizations

# P21 Goal 2: CDPH Commitment

- Convene a statewide workgroup to increase integration of public health and the health care sector
- Hire a health economist



[www.cdph.ca.gov/programs/cdcb/Pages/CAWellnessPlan.aspx](http://www.cdph.ca.gov/programs/cdcb/Pages/CAWellnessPlan.aspx)

# Million Hearts Workshop

- Goal: Leverage meaningful use and electronic health records to improve electronic health information exchange (HIE) to support team-based care to improve the control of high blood pressure.
- 29 participants representing 19 organizations (HIE, health information technology, health informatics, federally qualified health centers, community clinics, non-governmental health organizations, health plans, DHCS, NACDD)



# Million Hearts Workshop

## Outcomes:

- Increased awareness of the Million Hearts Initiative.
- Robust discussion about the potential of EHR, HIE organizations, CHW, and other allied health professionals to improve cardiovascular disease health outcomes.



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