

Michigan Cardiovascular Alliance

Thursday, March 5, 2009

8:30 a.m. – 1:00 p.m.

Genoa Woods Conference Center

7707 Conference Center Dr.

Brighton, MI 48114

810/225-8600



Michigan
Cardiovascular
Alliance

Agenda

8:30 – 9:00

Continental Breakfast

9:00 – 9:10

Welcome and Meeting Purpose – *S. Chase & M. Fendrick*

9:10 – 9:30

**Strategic Planning Overview:
The History, Priorities, and Objectives** - *V. Theisen*

9:30 – 10:15

Presentation & Discussion of Public Awareness Strategies - *M. Morrissey
& R. Roberts*

10:15 – 10:30

Break – *All*

10:30 – 11:15

Presentation & Discussion of Professional Education Strategies – *S. Chase
& R. Blake*

11:15 – 12:00

Presentation & Discussion of Systems Change Strategies – *M. Fendrick &
M. Ford*

12:00 – 1:00

Lunch

Please be sure to return your evaluation. Thanks!

Agenda***For Workgroup Members Only***

1:00 – 3:00

Workgroup Members Debrief & Revise Strategies

3:00 – 3:15

Break

3:15 – 3:30

Next Steps & Adjourn – V. Theisen***Please be sure to return your evaluation. Thanks!***

Michigan Cardiovascular Alliance Workgroup Meeting
Thursday, March 5, 2009
Meeting Points

Patient/Public Awareness

- Disparities should not be a separate priority/objective. It should be addressed throughout the document and work with local jurisdictions to keep on the forefront. Consider the social determinants issues.
- Use EMS workers and community health workers to disseminate information about the s/s and when to call 911.
- Urgent care/quick care clinics (e.g. CVS) also a good site for displaying information/brochures.
- Use different types of media based on age/community (not traditional routes).
- Issues related to access to EMS and availability of EMS.
- Need more information to the public (public awareness) on what they should expect from EMS services and how they can advocate within their communities for additional/improved services.
- EMS is not a mandated service (e.g. one township does not have its own EMS). Need public awareness of this issue.
- Stress the importance of pedal pulse checks/PAD awareness
- Use lay workers/parish nurses to deliver information.
- Work with employers on emergency plans for worksites.
- Focus more on secondary prevention (e.g. post MI, post cardiac rehab/prevention).
- Have physical therapists (in rehab/pt settings) promote more secondary prevention information.
- Include family caregivers in education on public/pt. awareness.
- Utilize pharmacists (especially in grocery stores) to deliver education.
- Obtain a celebrity spokesperson/famous individual to deliver HBP, Stroke, Heart Disease, & High Cholesterol messages.
- Look at all other reasons why people don't call EMS (e.g. concerns about cost).
- Need to look at patient education and how it is being provided. Physicians are limited. Consider other options/mechanisms/technology/vehicles to deliver this.

Professional Education

- Consider all meeting venues (e.g. local, state, national, web)
- r/t #5 – include all individuals and how to work together as a team to achieve improved health outcomes instead of competing.
- Identify options to encourage providers to refer to other health professionals.
- Send the right person to deliver the appropriate messages (e.g. CVD – cardiologist).
- Create a curriculum/modules that includes information about the cultural/ethnic/health literacy needs of patients appropriate. Take modules to 3 or 4 participant groups to test/evaluate.
- Make sure provider is aware of all BP encounters.
- Delta Dental is developing a program for checking BP of all dental patients.
- Develop professional education/tools to deal with work-flow issues.
- End users – who is delivering messages and disseminating information. Consider personal trainers, health and fitness trainers, weight watchers, curves staff, etc. to increase public education on HD and Stroke.

Systems

- Use the 211 program for more referrals (e.g. transfers to 911 when appropriate). This system could be enhanced as an effective way for referrals.
- 911 has 110 systems and they are not mandated to have priority medical dispatching.
- Each system is run by the county.
- Need to educate the county commissioners about priority medical dispatching and it's importance.
- Michigan is one of four states without a trauma system. Administrative rules are in place. However, all is contingent on funding. Look for resources in each of the 8 trauma regions.
- Need automatic referrals for cardiac rehab (e.g. post STEMI).
- Include information in report about other programs being conducted (e.g. M/A program, disparate population programs/disparity grant).
- Patient Centered Medical Home uses motivational interviewing/coaching with patients.
- Guidelines are a burden in private practices.
- GWTG (AHA) personalized care plans and address disparity issues.

<p>Priority 1: Increase the number of people who have their high blood pressure under control.</p> <p>Data Sources: Primary: BRFSS; Secondary: HEDIS, Coverdell & Projects</p>	<p>Objective 1: By 2014, increase to 55% the number of hypertensive adults in Michigan who have their blood pressure under control.* Baseline: TBD *Guidelines <140/90 except for people with diabetes and chronic kidney failure <130/80.</p> <p>Objective 2: By 2014, decrease the proportion of adults, 18 years and older, in Michigan with high blood pressure to 27%. Baseline: 29.0% (2007 BRFSS)</p> <p>Objective 3: By 2014, increase the proportion of adults, 18 years and older, in Michigan who are taking action to control their blood pressure by 5%.* Baseline: TBD (2009 BRFSS) *Nonpharmacologic and pharmacologic</p>
<p>Priority 2: Increase the number of people who have total blood cholesterol less than 200 mg/dL.</p> <p>Data Sources: Primary: BRFSS; Secondary: HEDIS, Coverdell & Projects</p>	<p>Objective 1: By 2014, increase by 2% the number of adults in Michigan who have their cholesterol under control. Baseline: TBD</p> <p>Objective 2: By 2014, decrease the proportion of adults, 18 years and older, in Michigan with high blood cholesterol to 37%. Baseline: 39.9% (2007 BRFSS)</p>
<p>Priority 3: Increase the number of people who know the risk factors and signs and symptoms for heart attack and stroke and the importance of calling 911.</p> <p>Data Sources: BRFSS</p>	<p>Objective 1: By 2014, increase the proportion of adults, 18 years and older, in Michigan who can identify three or more heart attack warning signs by 3%. Baseline: TBD (2009 BRFSS)</p> <p>Objective 2: By 2014, increase the proportion of adults, 18 years and older, in Michigan who can identify three or more stroke warning signs by 3%. Baseline: 89.1% (2007 BRFSS)</p> <p>Objective 3: By 2014, increase the proportion of adults, 18 years and older, in Michigan that would call 911 when they recognize someone is having a stroke or heart attack to 90%. Baseline: 86.8% (2007 BRFSS)</p>
<p>Priority 4: Improve emergency medical service (EMS) response to cardiovascular disease.</p> <p>Data Sources: Primary: NEMSIS; Secondary: Coverdell & Other Projects</p>	<p>Objective 1: By 2014, improve the quality of EMS services for heart attack and stroke. Baseline: Initial EMS Assessment 2007</p> <p>Objective 2: By 2014, use the designated regional areas in the trauma system structure to improve stroke and heart attack systems of care in 3 regions. Baseline: 0 regions</p>
<p>Priority 5: Improve the quality of heart disease and stroke care.</p> <p>Data Sources: HEDIS, GWTG, Coverdell</p>	<p>Objective 1: By 2014, improve compliance with established guidelines for cardiovascular disease throughout Michigan. Baseline: TBD</p> <p>Objective 2: By 2014, increase adherence to the performance measures/indicators for stroke in acute care settings by 10%. Baseline: Coverdell 2008 data</p> <p>Objective 3: By 2014, increase adherence to the performance measures/indicators for heart failure in acute care settings by 10%. Baseline: Get With the Guidelines 2008</p> <p>Objective 4: By 2014, increase adherence to the performance measures/indicators for ST elevation MI (STEMI) in acute care settings by 10%. Baseline: TBD</p>
<p>Priority 6: Eliminate CVD disparities in terms of race, ethnicity, gender, geography, and socioeconomic status.</p>	<p><u>Mortality/Race:</u></p> <p>Objective 1: By 2014, reduce the age-adjusted mortality rate for heart disease for blacks by 10%. Baseline: 320.2 per 100,000 (MDCH Vital Statistics 2006)</p> <p>Objective 2: By 2014, reduce the age-adjusted mortality rate for stroke for blacks by 10%. Baseline: 58.9 per 100,000 (MDCH Vital Statistics 2006)</p> <p><u>Geography:</u></p> <p>Objective 3: Reduce the number of counties that are above the national rate for age-adjusted heart disease mortality. Baseline: 37 counties (MDCH Vital Statistics 2002-2006 and CDC wonder 2002-2005)</p> <p>Objective 4: Reduce the number of counties that are above the national rate for age-adjusted stroke mortality. Baseline: 36 counties (MDCH Vital Statistics 2002-2006 and CDC wonder 2002-2005)</p>