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Content from the CDC (Centers for Disease Control and Prevention)

HEART DISEASE AND STROKE PREVENTION PROGRAM IN HEALTH CARE SETTINGS TO PREVENT HEART DISEASE AND STROKE

Heart disease and strokes, the principal components of cardiovascular disease (CVD), are the first and third leading causes of death in the United States, accounting for nearly 40 percent of all deaths. Several organizations including the **American Heart Association** and the **American College of Cardiology** have developed clinical practice guidelines to assist in the diagnosis and management of patients with CVD. Scientific studies have demonstrated that adherence to these clinical guidelines is associated with decreases in CVD mortality and morbidity as well as a cost savings to society through reductions in productivity losses at work and home. Yet, a significant proportion of patients do not receive the recommended health care to prevent and control heart disease and stroke. To address this problem, these and other organizations have developed guideline-based tools for heart disease and stroke care and prevention that have demonstrated health care quality improvement. Additionally, federally funded community health centers have adopted the Chronic Care Model to produce system changes that have been effective in reducing health care costs and improving quality care.

State Heart Disease and Stroke Prevention Programs Take Action

State Health Departments work with their partners, such as primary care associations, managed care, clinics, and quality improvement organizations to improve the quality of care provided in healthcare settings in two ways:

- Promoting the use of guidelines for primary and secondary prevention of heart disease and stroke
- Increasing access to quality care in federally funded community health centers to eliminate CVD disparities among priority populations with higher rates of disease

> **"...a significant portion of patients do not receive the recommended health care to prevent and control heart disease and stroke..."**

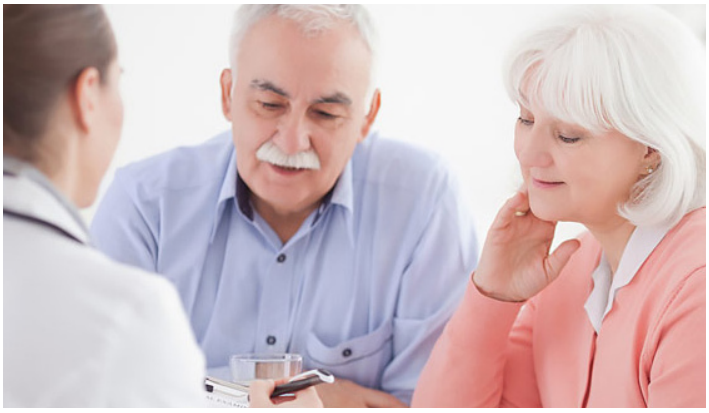
Implications

Because of the complexity and diversity of the health care system, there are no easy solutions to improving patient quality

of care. However, state heart disease and stroke prevention programs provide examples of how health care setting environment and policy strategies can be implemented to improve quality of care.

Examples of CDC—Funded State Program Activities Addressing CVD Disparities in Health Care Settings

- To address CVD disparities and to improve the functional and clinical outcomes of patients served in federally funded community health centers, the **Bureau of Primary Health Care of the Health Resources and Services Administration** (HRSA), the **Centers for Disease Control and Prevention** (CDC) and the **Institute for Health Improvement** (IHI) began the Cardiovascular Health Disparity Collaborative in 2001. State cardiovascular programs have several key roles in the collaborative including implementing environmental strategies and policy changes for cardiovascular health, establishing linkages, sharing resources, and partnering to reduce CVD risk factors
- Programs in the District of Columbia, Connecticut, Arkansas, Missouri, Washington, and Georgia have assisted community health centers to establish and use patient registry systems to enhance the provision of patient follow-up to screenings of CVD and related risk factors and to track patient improvement
- Several state programs including Virginia, Colorado, District of Columbia, Georgia, Utah, and Ohio have facilitated training sessions for federally funded health center providers on how to implement clinical practice guidelines
- Programs in Arkansas, Wisconsin, and North Carolina have assisted community health centers to adopt the Chronic Care Model, which provides an organizational approach to care for people with CVD and other chronic disease in a primary care setting. For more information see the **Chronic Care Model**
- The North Carolina state program has developed partnerships with its State Primary Health Care Association and the federally funded health centers that are participating in a collaborative. The program has developed a mapping process linking patients treated in hospital emergency rooms with federally funded health centers to improve the continuum of care, standardized procedures, and facilitate correct blood pressure measurement techniques



Examples of CDC-funded State Program Activities to Improve Guideline Adherence in Health Care Settings

Programs in Alaska, Alabama, Colorado, Connecticut, Georgia, Illinois, Kentucky, Montana, New York, North Carolina, and Wisconsin are addressing hospital system quality of care through the introduction and promotion of the American Heart Association (AHA) and the **American Stroke Association** (ASA) Get With the Guidelines℠ program, please see the **AHA's Web site**.

Programs in Arkansas, Florida, Louisiana, Maine, Minnesota, Missouri, Oklahoma, and Utah are promoting health system supports such as reminders of care, development of clinical performance measures, and the use of case management services to increase health care providers' adherence to recommend heart disease and stroke prevention and treatment guidelines.

The Massachusetts State Program partners with Southcoast Hospital Group to establish leadership and education for heart disease prevention requirements for hospitals that are licensed to perform open-heart surgeries.

The Montana and West Virginia programs partner with the states' Quality Improvement Organizations, the American College of Cardiology (ACC), physicians, nurses, and hospital administrators to implement quality of care improvement projects to increase adherence to the ACC/AHA practice guidelines for **Acute Myocardial** (AMI) patients. Participating hospitals receive a Guidelines Applied into Practice (GAP) tool kit containing background literature, sample AMI orders for admission, sample patient information form, sample heart attack discharge form, chart stickers, and hospital-specific data reports, which serve as prompts for the practice of evidence-based therapies and treatments. Each hospital has a team led by a physician and a project leader who adapts, implements, and monitors the use of the tool kit within the team. For more information on the program, please see the **ACC's Web site**.