Million Hearts® Comes to Home Health

Presented by
Misty Kevech, RN, BS Ed, MS, COS-C, CCP
Cindy Sun, RN, MSN

Objectives

• Recognize how the HHQI Cardiovascular Improvement Initiative can be integrated with current quality improvement activities and describe types of tools and resources available from the HHQI National Campaign and how to access them
• Define what the acronym ABCS means related to cardiac prevention
• Describe the purpose and goal of the Million Hearts® initiative
Goal: Improve the quality of care home health patients receive through a cross-setting approach

- Reduction of avoidable hospitalizations and Improvement of Oral Medications
- Special Project funded by Centers for Medicare & Medicaid Services
- Evidence-based practice
- Free tools, resources, & networking
The HHQI Cardiovascular Health Improvement Initiative

Cardiovascular Disease (CVD)

• Heart disease kills 600,000 Americans annually (1 out of every 4 deaths)
• 7.9 Americans have a history of a heart attack (CDC)
Cardiovascular Disease (CVD)

• Stokes kills 130,000 Americans annually (1 out of every 19 deaths)
• 7 million Americans have history of a stroke

• Estimated annual cost of CVD (2010) is $450 billion (including direct and indirect costs)

(George, Tong, Sonnernfeld, & Hong, 2012)

Cardiovascular Disease (CVD)

• Heart disease is the #1 cause of death in U.S.
• Stroke is the 4th leading cause of death in U.S.
• Cardiovascular disease is responsible for 1 out of every 3 deaths in U.S.

(George, Tong, Sonnernfeld, & Hong, 2012)
So Why Does it Matter?

Cardiovascular Disease (CVD)

- Number of patients discharged from hospital inpatient care with:
  - Heart disease as primary diagnosis: 3.7 million
  - Cerebrovascular disease as primary diagnosis: 1.0 Million

(CDC)
Cardiovascular Disease (CVD)

• Number of patient visits to ambulatory care, including emergency department visits, with:
  – Heart disease as a primary diagnosis: 14.4 million
  – Stroke as a primary diagnosis: 3.7 million (CDC)

Home Health Care Patient Diagnoses

Data from: Caffrey, Sengupta, Moss, Harris-Kojetin & Valverde, 2011
HHQI Supports Million Hearts®

• Million Hearts® initiative launched in September 2011
• Goal is to prevent 1 million heart attacks and strokes by 2017

(MillionHearts.hhs.gov)

Who’s Leading Million Hearts®?

• Department of Health & Human Services (HHS)
  – Centers for Disease Control and Prevention (CDC) and Centers for Medicare & Medicaid Services (CMS) are co-leaders
  – Many other federal and private partners such as the American Heart Association (AHA)
Million Hearts® Initiative

• Public and private partners
• All settings, including home health
• Community and individual outreaches

Million Hearts® Objectives

• Improving access to effective care
• Improving the quality of care for ABCS
• Focusing clinical attention on the prevention of heart attack and stroke
• Activating the public to lead a heart-healthy lifestyle
• Improving the prescription and adherence to appropriate medications for the ABCS

(MillionHearts.hhs.gov)
Do You Know Your ABCS?

Now I know my A-B-Cs.
Next time won't you sing with me.

What are the ABCS?

Aspirin as appropriate
Blood pressure control
Cholesterol management
Smoking cessation
Home Health & Prevention

<table>
<thead>
<tr>
<th>Type</th>
<th>Definition</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary</td>
<td>Action to prevent the development of a disease</td>
<td>• Low-dose ASA as appropriate&lt;br&gt;• Blood pressure screenings&lt;br&gt;• Cholesterol screenings&lt;br&gt;• Smoking cessation to prevent cancer or other health related issues&lt;br&gt;• Health weight management and exercise</td>
</tr>
<tr>
<td>Secondary</td>
<td>Identify people who have the start of disease but not developed clinical s/s</td>
<td>• Low-dose ASA or antiplatelet therapy for people who are at risk for MI or stroke&lt;br&gt;• Lifestyle changes related to several elevated blood pressure readings&lt;br&gt;• Lifestyle changes including diet for at-risk people for high cholesterol</td>
</tr>
<tr>
<td>Tertiary</td>
<td>Preventing complications in people with diagnosis and s/s</td>
<td>• ASA or antiplatelet therapy with other cardiovascular medications to manage CVD&lt;br&gt;• Antihypertensive medications for diagnosis of HTN&lt;br&gt;• Statins and diet for cholesterol management&lt;br&gt;• Smoking cessation classes or bronchodilators for the patient with COPD</td>
</tr>
</tbody>
</table>

(Gordis, 2009)

HHQI Focus

• Aim to improve cardiovascular health in the home health population
• Includes supporting the Million Hearts® initiative
• Teaching staff on evidence-based practices
• Provide tools and resources to advance patient-centered cardiovascular care to home health patients across all settings
Cardiovascular Health Education

Part 1
BPIP
- Aspirin as appropriate
- Blood pressure control
- 08/01/13

Part 2
BPIP
- Cholesterol management
- Smoking cessation
- 11/01/13 (Yesterday)

Cardiovascular Health Education

- Additional educational opportunities
  - Webinars with national cardiac speakers
  - Underserved Population Networking calls focused on cardiac issues for populations

11/5/2013
Cardiovascular Health Part 1 BPIP Goal

• Provide evidence-based guidelines to prevent heart attacks and strokes focus on:
  – Aspirin as appropriate
  – Blood pressure control
• Improve staff awareness and education of cardiac prevention
• Offer supportive tools and resources for staff, patients, and families

Layout of the BPIP

• Introduction to BPIP
• Underserved Icons added throughout package
• Key definitions
• Aspirin as appropriate
• Blood pressure control
• Clinician tracks
Employee Cardiovascular Health

- Opportunity to focus on employee’s own risk factors
- Employees learn preventative measures
- BPIP provides ideas and activities

U.S. Surgeon general Regina Benjamin and Maryland Secretary of Health John Colmers lead an “Exercise in Medicine” Community Walk through Baltimore’s Inner Harbor.

*Photo courtesy of NIH Medline Plus*

3 A’s Approach

AWARENESS

ASSESSMENT

ACTION
Aspirin Prevention: Awareness

• Differences in gender statistics and risk factors
  – Heart Disease still is #1 cause of death for both sexes
• Aspirin is used for different prevention reasons based upon sex

<table>
<thead>
<tr>
<th>Aspirin Prevention Recommendations for people with NO history of heart disease or stroke</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men age 45 – 79 to reduce risk of MI</td>
</tr>
<tr>
<td>Men and women age 80 and older for prevention of MI or stroke (higher risk for GI bleed)</td>
</tr>
<tr>
<td>Typically long-term if no complications</td>
</tr>
<tr>
<td>Women age 55–79 to reduce risk of ischemic stroke</td>
</tr>
<tr>
<td>Women with stroke unless PCP indicates differently</td>
</tr>
<tr>
<td>Typically long-term if no complications</td>
</tr>
</tbody>
</table>

( Agency for Healthcare Research and Quality, 2009; George et al., 2012; U.S. Preventive Services Task Force, 2009)

Aspirin: Assessment

<table>
<thead>
<tr>
<th>Risk Factors for Heart Attack</th>
<th>Risk Factors for Stroke</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>Age</td>
</tr>
<tr>
<td>Diabetes</td>
<td>High blood pressure</td>
</tr>
<tr>
<td>Elevated total cholesterol</td>
<td>Diabetes</td>
</tr>
<tr>
<td>Elevated high-density lipoprotein cholesterol levels</td>
<td>Tobacco or alcohol use</td>
</tr>
<tr>
<td>High blood pressure</td>
<td>Hx of cardiovascular disease (including atrial fibrillation)</td>
</tr>
<tr>
<td>Tobacco use</td>
<td>Overweight/obesity, physical inactivity</td>
</tr>
<tr>
<td>Diet, obesity, physical inactivity</td>
<td>Hx of TIAs or Sickle Cell disease</td>
</tr>
<tr>
<td>Alcohol use</td>
<td>Heredity</td>
</tr>
<tr>
<td>Heredity</td>
<td>Gender &amp; race</td>
</tr>
</tbody>
</table>

(AHRQ, 2002; CDC, 2009, Heart Disease Risk Factors; CDC, 2010, Risk Factors for Stroke; Right Diagnosis from healthgrades, 2013; and Erhardt et al., 2013)
Cardiovascular Risk Assessments

- 10-year risk screenings for heart attacks
- Based upon the Framingham Heart Study
- Various online tools for patients, families, and staff
- Paper-based tool
  - Male and female scoring in Cardiovascular Health Part 2 BPIP

Do You Know Your 10-year Risk for MI?
Aspirin: Action

**Aspirin Prevention Recommendations**
for people with NO history of heart disease or stroke

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Men</strong> age 45 – 79</td>
<td>to reduce risk of MI</td>
</tr>
<tr>
<td>o Men and women age 80 and older</td>
<td></td>
</tr>
<tr>
<td>(higher risk for GI bleed)</td>
<td></td>
</tr>
<tr>
<td>o Typically long-term if no complications</td>
<td></td>
</tr>
<tr>
<td><strong>Women</strong> age 55–79</td>
<td>to reduce risk of ischemic stroke</td>
</tr>
<tr>
<td>o Women with stroke unless PCP indicates differently</td>
<td></td>
</tr>
<tr>
<td>o Typically long-term if no complications</td>
<td></td>
</tr>
</tbody>
</table>

Prevention with **EXISTING** cardiovascular disease

<table>
<thead>
<tr>
<th>1st Consideration</th>
</tr>
</thead>
<tbody>
<tr>
<td>• ASA alone, unless there is another medical contraindication</td>
</tr>
<tr>
<td>• Typically long-term if no complications</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2nd Consideration</th>
</tr>
</thead>
<tbody>
<tr>
<td>• ASA with antiplatelet(s)</td>
</tr>
<tr>
<td>• One or more antiplatelet(s) without ASA</td>
</tr>
<tr>
<td>• Dosage and duration will vary among recommendations by organizations and with diseases</td>
</tr>
</tbody>
</table>

U.S. Preventive Services Task Force, 2009

Aspirin: Action

• **Comparison table of:**
  – Aspirin
  – Clopidogrel (Plavix)
  – Ticlopidine (Ticlid)
Clinic Fact Sheet

Multimedia Tools

3-minute video by Mayo Clinic

AHA's series of animated pictures with text on 15 different cardiac topics
Blood Pressure Control: Awareness

• CDC Prevalence maps

Blood Pressure Control: Awareness

• Risks and Consequences
• Older Americans and Hypertension
• Underserved Populations
Hypertension Classifications

Hypertension Classification: Stages and Management (JNC 7 Express, 2003, p. 3)

<table>
<thead>
<tr>
<th>BP Classification</th>
<th><em>Systolic BP (mm Hg)</em></th>
<th><em>Diastolic BP (mm Hg)</em></th>
<th>Lifestyle Modification</th>
<th>Initial Drug Therapy: Without Compelling indications**</th>
<th>Initial Drug Therapy: With Compelling indications***</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>120</td>
<td>80</td>
<td>Encourage</td>
<td>No antihypertensive drug indicated</td>
<td>Drug(s) for compelling indications</td>
</tr>
<tr>
<td>Prehypertension</td>
<td>120-139 or 80-89</td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stage 1 hypertension</td>
<td>140-159 or 90-99</td>
<td></td>
<td>Yes</td>
<td>Thiazide-type diuretics for most; may consider ACEI, ARB, BB, CCB, or combination</td>
<td>Drug(s) for compelling indications Other antihypertensive drugs (diuretics, ACEI, ARB, BB, CCB) as needed</td>
</tr>
<tr>
<td>Stage 2 hypertension</td>
<td>≥ 160 or ≥ 100</td>
<td></td>
<td>Yes</td>
<td>2-drug combination for most (usually thiazide-type diuretic and ACEI or ARB or BB or CCB)</td>
<td></td>
</tr>
</tbody>
</table>

(AHRQ, 2002; CDC, 2009, Heart Disease Risk Factors; CDC, 2010, Risk Factors for Stroke; Right Diagnosis from Healthgrades, 2013; and Erhardt et al., 2013)
Blood Pressure Control: Assessment

• Accurate Blood Pressure Monitoring
  – Steps for accuracy
  – Video and article from New England Journal of Medicine
  – Blood Pressure Accuracy & Accurately Assessing Orthostatic Hypotension

Blood Pressure Self-Monitoring

• Self-Measured Blood Pressure Management
  – Regular measurement of BP outside of clinical setting
• Ambulatory Blood Pressure Monitoring
  – 24-hour BP monitoring program
  – Assist with more accurate diagnosis and treatment
### Recommended Lifestyle Modifications for Hypertension Management

<table>
<thead>
<tr>
<th>Lifestyle Modifications</th>
<th>Recommendation</th>
<th>Estimated BP Reduction (approximated)</th>
<th>Links to Patient Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight Reduction</td>
<td>Maintain normal body weight (BMI 18.5 to 24.9)</td>
<td>≤ 10 mm Hg / 10 kg of weight loss</td>
<td>Aim for Healthy Weight: Keep An Eye on Portion Size. Aim for Healthy Weight: Patient Booklet.</td>
</tr>
<tr>
<td>Adopt DASH eating plan: Dietary Approaches to Stop Hypertension</td>
<td>Consume diet rich in fruits, vegetables and low-fat dairy products with reduced content of saturated and total fat</td>
<td>≈ 8 mm Hg</td>
<td>All At once: Lowering your Blood Pressure with DASH. Your Guide to Lowering Your Blood Pressure with DASH.</td>
</tr>
<tr>
<td>Dietary sodium reduction</td>
<td>The U.S. Dietary Guidelines recommend limiting sodium to less than 2,300 mg a day, and about 6 in 10 adults should further limit sodium to 1,500 mg a day. (Americans eat on average about 3,300 mg of sodium a day.)</td>
<td>≈ 2.8 mm Hg</td>
<td>Where’s the Sodium? Sodium Tip Sheet.</td>
</tr>
<tr>
<td>Physical Activity</td>
<td>Engage in regular aerobic physical activity (brisk walking) at least 30 minute per day and most days of the week</td>
<td>≈ 4.8 mm Hg</td>
<td>Your Guide to Physical Activity and Your Heart.</td>
</tr>
<tr>
<td>Moderation of alcohol</td>
<td>Limit consumption to no more than two drinks per day in men and no more than one drink per day in women (1 drink = 12 oz beer, 4 oz wine, 1.5 oz 80-proof whiskey)</td>
<td>≈ 2.4 mm Hg</td>
<td>Fact Sheet—Alcohol Use and Health. Alcohol and Heart Disease.</td>
</tr>
</tbody>
</table>

**STOP SMOKING** for overall cardiovascular risk reduction (resources on smoking cessation will be available in the 11/2/2013 BPP).

### Hypertension and Medication Therapy

<table>
<thead>
<tr>
<th>African American, All Ages</th>
<th>All Others, Age less than 55</th>
<th>All Others, Age greater than 55</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First Line:</strong> Diuretic or CCB</td>
<td><strong>First Line:</strong> ACEI or ARB diuretic or CCB</td>
<td><strong>First Line:</strong> Diuretic or CCB</td>
</tr>
<tr>
<td><strong>Second Line:</strong> ACEI or ARB or vaso dilating BB</td>
<td><strong>Second Line:</strong> ACEI or ARB or diuretic or CCB</td>
<td><strong>Second Line:</strong> ACEI or ARB or BB</td>
</tr>
<tr>
<td>Alternatives*: a-Agonist or a-Antagonist</td>
<td>Alternatives*: a-Agonist or a-Antagonist</td>
<td>Alternatives*: a-Agonist or a-Antagonist</td>
</tr>
<tr>
<td><strong>Resistant:</strong> Spironolactone</td>
<td><strong>Resistant:</strong> Spironolactone</td>
<td><strong>Resistant:</strong> Spironolactone</td>
</tr>
</tbody>
</table>

**Abbreviations:**
- CCB = Calcium channel blocker
- ACEI = Angiotensin-converting enzyme inhibitor
- ARB = Angiotensin receptor blocker
- BB = Beta-blocker
- *a-Agonist and a-Antagonist can precipitate/exacerbate orthostatic hypotension in elderly

(Adapted from Popperakis & McPhre. 2013, p. 458)
Will Your Efforts Make a Difference?

- It is estimated that a **5 mmHg reduction** of systolic blood pressure in the population would result in:
  - 14% overall reduction in mortality due to stroke
  - 9% reduction in mortality due to CHD
  - 7% decrease in all-cause mortality
  (JNC 7 Complete, 2004)
Nursing and Therapy Track

• 4-page track with key information including:
  – HHQI supports Million Hearts® initiative
  – What each nurse and therapist can do to improve cardiovascular health
  – Risk factors for heart attack and stroke
  – Aspirin as appropriate information
  – Blood pressure control information, and JNC 7 Hypertension Stages

Medical Social Worker Track

• 4-page track with key information including:
  – HHQI supports Million Hearts® initiative
  – Aspirin as appropriate & Blood pressure control information including hypertension stages and risk factors
  – MSW Actions
    • Interventions to assist patients/families with self-management of preventative measures
    • Personally getting involved with Million Hearts®
Home Health Aide Track

• 3-page track with key information including:
  – HHQI supports Million Hearts® initiative
  – Aspirin as appropriate & Blood pressure control information including hypertension stages and risk factors
  – Step-by-step process to accurately access blood pressure readings

Podcast

• Clinician podcast (audio)
  – Audio recording to introduce cardiovascular health including the Million Hearts® initiative
    • Clinicians dialogue among staff about the role of home health
  – Podcasts can be used at team meetings or given to staff to listen to on own (e.g., email link or actual audio file for download or burn CD)
Additional Tools

- Aspirin as appropriate
- Blood pressure control

Bulletin Board templates

Cardiovascular Health Part 2

Part 2
BPIP

- Cholesterol management
- Smoking cessation
- 11/01/13 (Yesterday)
### Cholesterol Management: Awareness

<table>
<thead>
<tr>
<th>71 million</th>
<th>Adults with high LDL-C (“bad” cholesterol)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 out of 3</td>
<td>Adults with high LDL-C have it under control</td>
</tr>
<tr>
<td>&lt; 50%</td>
<td>Adults with high LDL-C receive treatment</td>
</tr>
<tr>
<td>2Xs</td>
<td>People with high total cholesterol levels are twice the risk of heart disease</td>
</tr>
</tbody>
</table>

- **Adults age 20 years and over with high serum cholesterol (240mg/dL):** 14%
- **Adults with high LDL-C (“bad” cholesterol):** 71 million (240mg/dL) 14%
- Mean serum total cholesterol level for adults age 20 years and over: 197 mg/dL
- **Visits to office-based physicians with cholesterol measure ordered or provided:** 7.8%
- **Adults with high LDL-C have it under control:** 1 out of 3
- **Adults with high LDL-C receive treatment:** < 50%
- **Visits to office-based physicians with hyperlipidemia indicated on the medical record:** 15.7%
- **People with high total cholesterol levels are twice the risk of heart disease:**

---

#### Cholesterol Data

- **Adults with at least one of three diagnosed or undiagnosed chronic conditions (hypertension, hypercholesterolemia, diabetes):** 45%
- **One in eight adults (13%) has two of the above conditions:**
- **3% of adults had all three chronic conditions:** (CDC 2013)

---

#### Risk Categories: Cholesterol & Triglyceride Levels

- **Desirable:** <200 mg/dL
- **Optimal:** <100 mg/dL
- **Normal:** <150 mg/dL
- **Near/Above Optimal:** 100-129 mg/dL
- **High:** 130-159 mg/dL
- **Borderline High:** 200-239 mg/dL
- **High:** 160-189 mg/dL
- **Very High:** ≥190 mg/dL
- **Very High:** ≥500 mg/dL
- **Total Cholesterol:**
- **LDL Cholesterol:**
- **HDL Cholesterol:**
- **Triglycerides:**

---

- **People with high total cholesterol levels are twice the risk of heart disease:**

(CDC 2013)
Underserved Population

Figure 1. Age-adjusted prevalence of diagnosed or undiagnosed hypertension, hypercholesterolemia, and diabetes in adults, by race/ethnicity: United States, 1999–2006

<table>
<thead>
<tr>
<th>Condition</th>
<th>Total</th>
<th>Non-Hispanic white</th>
<th>Non-Hispanic black</th>
<th>Mexican American</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypertension</td>
<td>45.1</td>
<td>26.1</td>
<td>24.8</td>
<td>26.8</td>
</tr>
<tr>
<td>Hypercholesterolemia</td>
<td>46.1</td>
<td>26.1</td>
<td>25.5</td>
<td>30.4</td>
</tr>
<tr>
<td>Diabetes</td>
<td>42.9</td>
<td>25.8</td>
<td>29.8</td>
<td>28.6</td>
</tr>
</tbody>
</table>

1 is the significant difference between non-Hispanic white and non-Hispanic black persons.
2 is the significant difference between non-Hispanic white and Mexican-American persons.
3 is the significant difference between non-Hispanic black and Mexican-American persons.

NOTE: Persons of other race/ethnicities are included in total.


Underserved Population

Figure 2. Age-adjusted prevalence of diagnosed or undiagnosed hypertension, hypercholesterolemia, and diabetes in adults, by number of conditions and race/ethnicity: United States, 1999–2006

<table>
<thead>
<tr>
<th>Condition</th>
<th>Total</th>
<th>Non-Hispanic white</th>
<th>Non-Hispanic black</th>
<th>Mexican American</th>
</tr>
</thead>
<tbody>
<tr>
<td>All three conditions</td>
<td>45.1</td>
<td>26.1</td>
<td>24.8</td>
<td>30.4</td>
</tr>
<tr>
<td>Two conditions only</td>
<td>46.1</td>
<td>26.1</td>
<td>25.5</td>
<td>30.4</td>
</tr>
<tr>
<td>One condition only</td>
<td>42.9</td>
<td>25.8</td>
<td>29.8</td>
<td>28.6</td>
</tr>
</tbody>
</table>

1 is the significant difference between non-Hispanic white and Mexican-American persons.
2 is the significant difference between non-Hispanic white and non-Hispanic black persons.
3 is the significant difference between non-Hispanic black and Mexican-American persons.

NOTE: Persons of other race/ethnicities are included in total.

**Cholesterol Management: Assessment**

- Does the majority of your home health patients have cholesterol levels on their charts?
- How confident are you that the primary clinicians are following and teaching on cholesterol management?
  - With non-cardiac admission diagnoses or needs?
- Does you intake department ask for labs from inpatient settings or even primary care practices?

---

**Cardiovascular Risk Assessments**

**Electronic Options**

- Based upon the Framingham Heart Study
- Male and Female

**Paper-based**

- Based upon the Framingham Heart Study
- Male and Female
Cholesterol Management: Actions

Diet
Exercise
Smoking Cessation
Medications

(CDC, 2013)

Cholesterol Patient Self-Management

What is my cholesterol goal?
How long will it take to reach my cholesterol goal?
How often should I have my levels checked?
How does physical activity affect my cholesterol levels?
What type of foods should I eat?
Do I need to lose weight and how much?
Do I need cholesterol-lowering medications?

What should I know about the medicine?
What are the side effects?
How do I know if it’s working?
How can I remember when to take the medicine?
What if I forget to take the medicine?
Should I avoid any foods or other medicines?
Can I drink alcohol?
How long will I need to take my medicine?
Cholesterol Patient Education

Let's Take a Look at Other Patient Tools in the BPIP

Centers for Disease Control and Prevention

Take Control

What is cholesterol?

Cholesterol is a fat-like substance found in all cells in the body. It helps the body absorb vitamins and hormones, build healthy cells, and make many of the hormones the body needs to function properly.

Types of cholesterol:

- LDL (bad) cholesterol: Molecule that can stick to the inside of your blood vessels and cause a buildup that narrows or blocks your arteries.
- HDL (good) cholesterol: Molecule that helps remove the LDL in your blood.
- Triglycerides: Another type of fat.
- Total cholesterol: What LDL and HDL add up to.

The following cholesterol levels are considered to be high:

- LDL: Less than 100 mg/dL
- HDL: Above 40 mg/dL
- Triglycerides: Less than 150 mg/dL
- Total cholesterol: Less than 200 mg/dL

Your doctor may also recommend a target cholesterol level for you. Your target level will depend on your age, sex, and overall health.

Take Control of Your Cholesterol

The following are steps you can take to lower your cholesterol levels and improve your heart health:

- Eat a healthy diet.
- Exercise regularly.
- Stop smoking.
- Manage stress.
- Lose weight if you are overweight.
- Take medication if needed.

Ask your doctor when your LDL goal is reached and what medications you should be on.

References:

Smoking Cessation: Awareness

- Smoking is the most important preventable cause of premature death in the U.S.
- Smokers have a higher risk of developing many chronic disorders, including atherosclerosis leading to MI or stroke
- Controlling or reversing atherosclerosis is an important part of preventing future heart attack or stroke (AHA, 2011)

(AHA, 2011)
Smoking: Do You Really Know the Risks & Side Effects?

Beyond its status as an independent risk factor, smoking appears to have a multiplicative interaction with the other major risk factors for cardiac heart disease (CHD) — high serum levels of lipids, untreated hypertension, and diabetes mellitus (USDHHS 1983).

- Smoking alone doubles the level of CHD risk
- Smoking and having another major risk factor is estimated to quadruple the risk compared to persons with no risk factors
- Smoking and having two other risk factors is approximately eight times the risk compared to persons with no risk factors

Surgeon General’s Report, 2010 (p. 355)

(AHA, 2011)
This 2-page tool provides the following information:

- Product and doses available
- Precautions
- Dosing
- Adverse Effects
- Advantages
- Disadvantages
- Whole sale costs

Smoking Cessation: Employees

- What about your employees and their health?
- Do you (or health insurance) offer convenient Smoking Cessation programs?
- How’s your HHCAHPS scores? Do you get complaints or requests for non-smokers?
- Is your organization thinking about a no-smoking policy at the office?
Cardiovascular Data Reports

CV Risk Report   CV Data Registry Report
Cardiovascular Data Reports

• **HHQI Cardiovascular Risk Report**
  – Shows percentage of patients under the agency’s care who are at-risk for a cardiovascular event
  – Uses OASIS-C submissions to CMS

Cardiovascular Data Reports

• **HHQI Cardiovascular Data Registry**
  – Optional customized cardiovascular data report
  – Demonstrates your agency’s improvement in cardiovascular preventative health
  – Uses data from patient records
  – Allows agencies to focus on cardiovascular QI efforts
  – Engage with your community partners about best practice intervention strategies
Summary

• HHQI supports Million Hearts® initiative sharing the ABCS
• Key evidence-based guidelines, tools and resources available
• Home Health can make a significant difference in the lives of patients
References

References


References

Thank You

To reach us:

mkevech@wvmi.org
csun@wvmi.org

And of course, we can always be reached at

hhqi@wvmi.org

This material was prepared by the West Virginia Medical Institute, the Quality Improvement Organization supporting the Home Health Quality Improvement National Campaign, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The views presented do not necessarily reflect CMS policy. Publication Number: 1050W-WV-HH-MD-072913.