



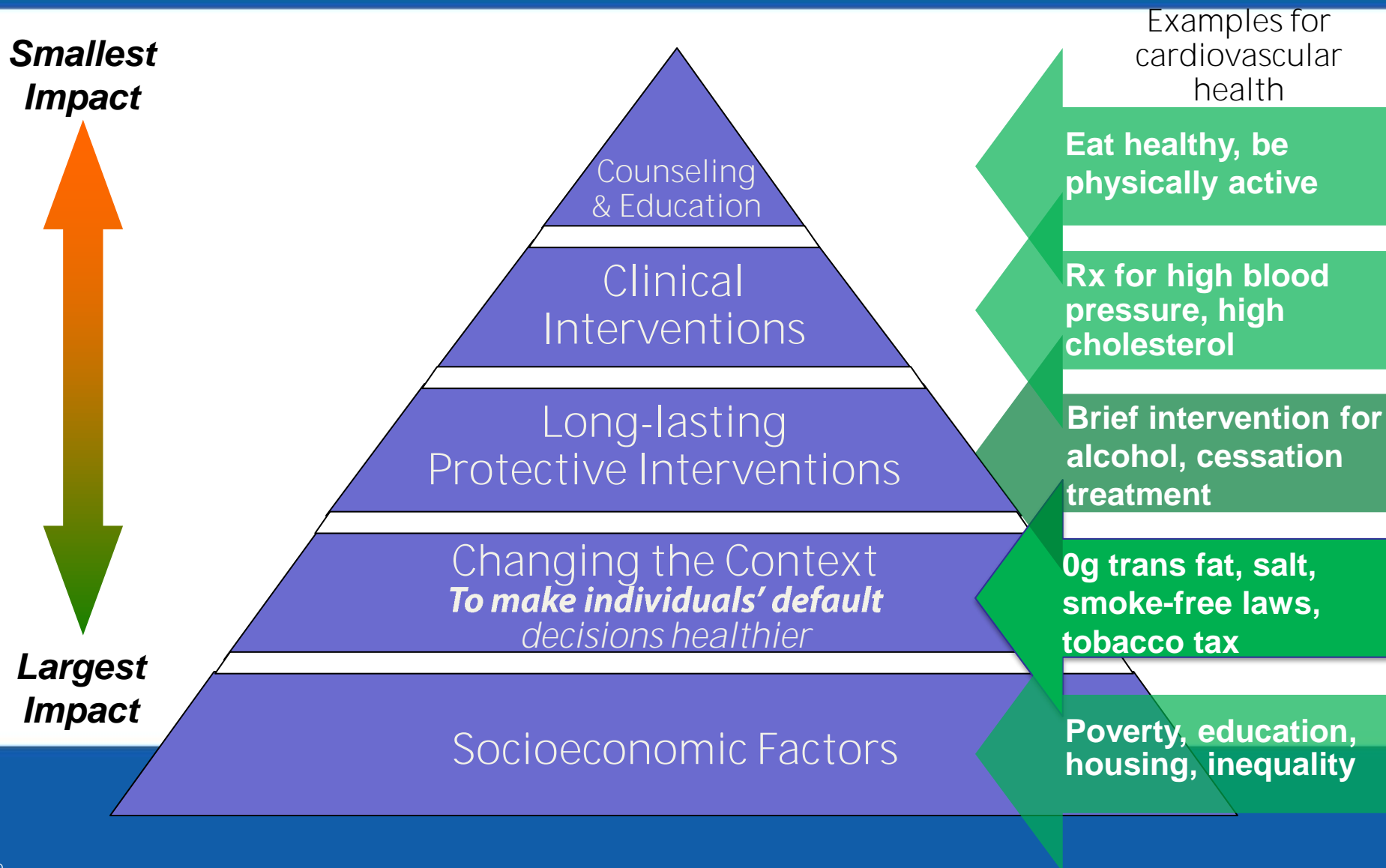
Thomas R. Frieden, MD, MPH
Director, Centers for Disease Control and Prevention
Administrator, Agency for Toxic Substances and Disease Registry

Accessible version: <https://youtu.be/Pf3mDZxM7ck>



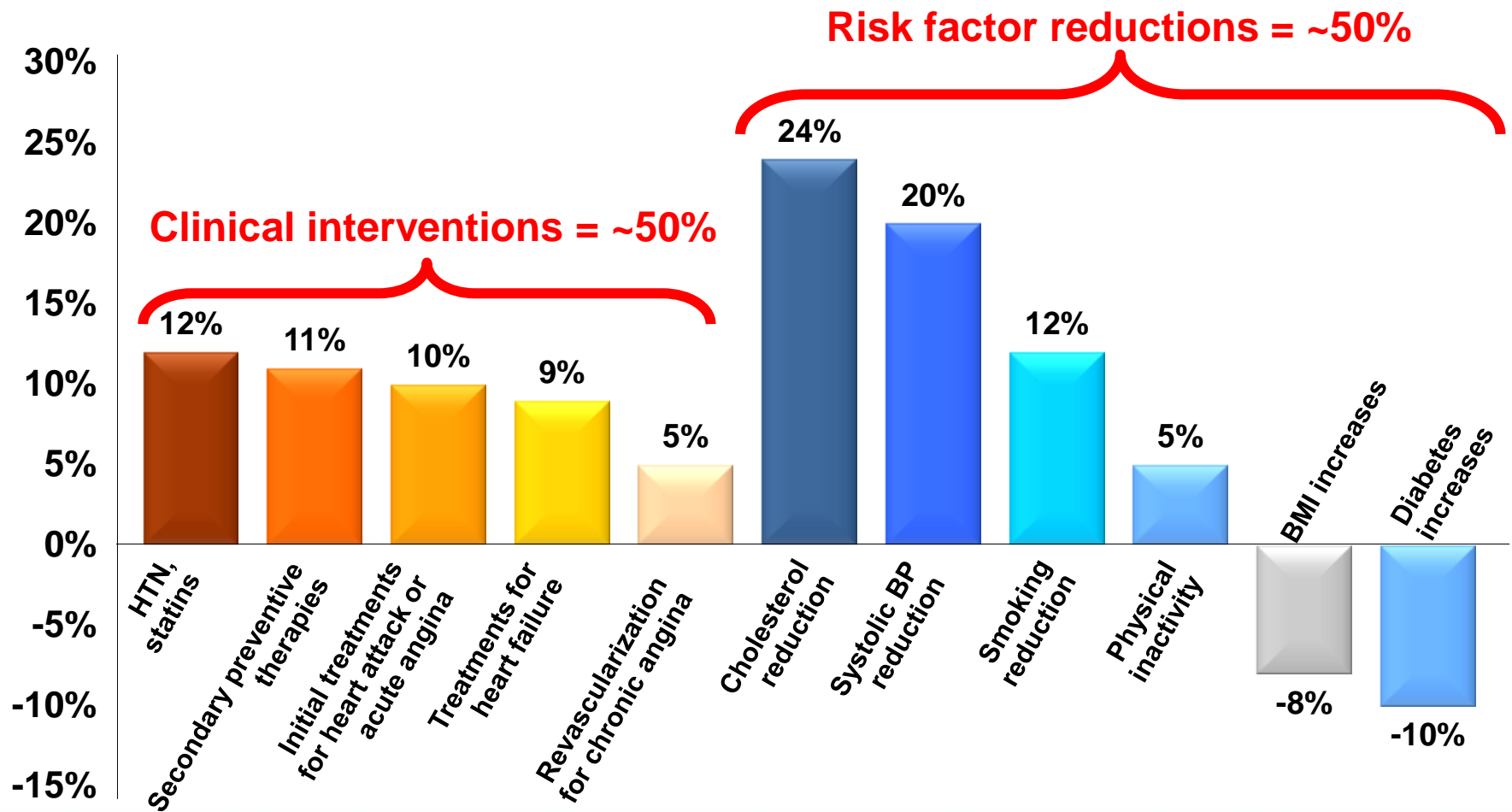
U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

Factors That Affect Health



Clinical and Public Health Progress

Each Contributed About Half to the 50% Reduction in Heart Disease Deaths, US, 1980–2000



Ford ES, et al. NEJM 2007;356(23):2388-97

HTN, Hypertension

BP, Blood pressure

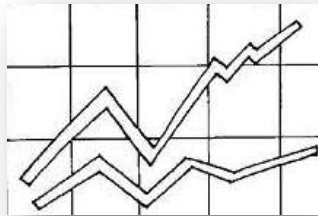
BMI, Body mass index

Key Components of Million Hearts

CLINICAL PREVENTION

Improving care of ABCS

**Focus on
ABCS**



**Health
information
technology**



Clinical
innovations



COMMUNITY PREVENTION

Changing the context



Status of the ABCS

Aspirin

People at increased risk of cardiovascular events who are taking aspirin

47%

Blood pressure

People with hypertension who have adequately controlled blood pressure

46%

Cholesterol

People with high cholesterol who are effectively managed

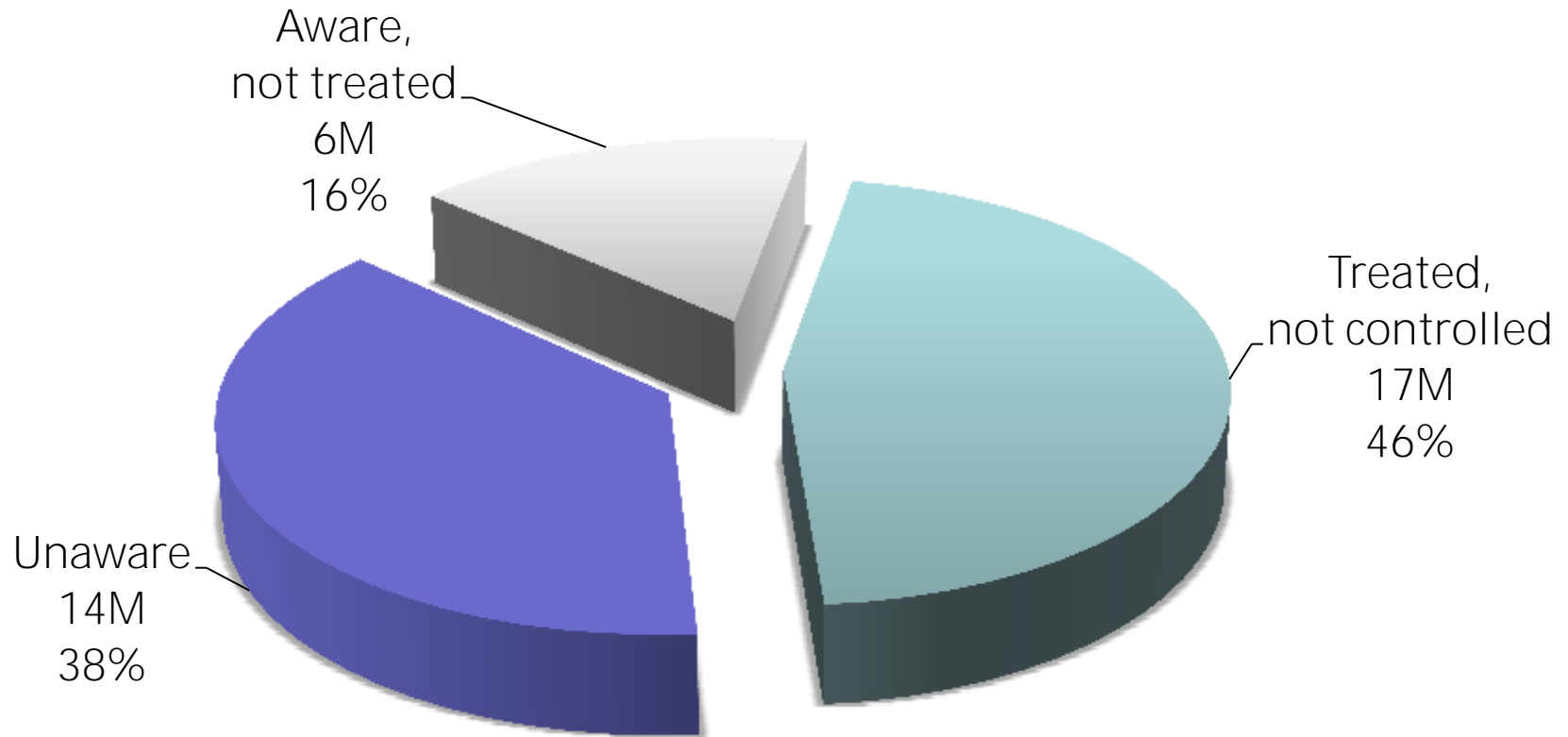
33%

Smoking

People trying to quit smoking who get help

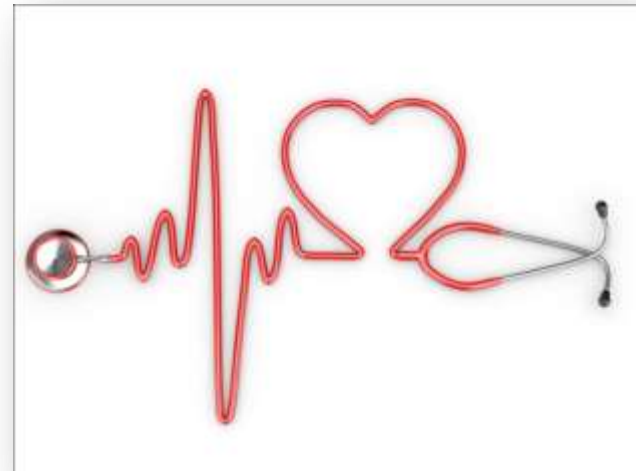
23%

37 Million Americans with Hypertension Do Not Have Their Blood Pressure Under Control



Why Prioritize the ABCS

- ❑ If you do one thing for your patients, make it the ABCS
- ❑ These evidence-based measures are proven to prevent heart attacks and strokes
- ❑ This is how we can save the most lives and get the most health value out of our current health care investments



ABCS

Million Hearts™ – Making a Difference



Janet Wright, MD, FACC
Executive Director
Million Hearts™

CDC Division for Heart Disease and Stroke Prevention/
CMS Innovation Center



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

Million Hearts™ Initiative

- ❑ A national initiative
- ❑ Co-led by CDC and CMS
- ❑ Supported by many sister agencies and private-sector organizations



**Goal: Prevent 1 million heart attacks
and strokes in 5 years**

<http://millionhearts.hhs.gov>

Heart Disease and Strokes Leading Killers in the United States

- ❑ Cause 1 of every 3 deaths
- ❑ Over 2 million heart attacks and strokes each year
 - 800,000 deaths
 - Leading cause of preventable death in people <65
 - \$444 B in health care costs and lost productivity
 - Treatment costs are ~\$1 for every \$6 spent
- ❑ Greatest contributor to racial disparities in life expectancy



What Are the ABCS?

Appropriate aspirin therapy
Blood pressure control
Cholesterol management
Smoking cessation

ABCS

Status of the ABCS

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People at increased risk
of cardiovascular events
who are taking aspirin

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Blood pressure

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who have adequately controlled
blood pressure

46%

Cholesterol

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who are effectively managed

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Smoking

People trying to quit smoking
who get help

23%

Two Tracks ... Merging Over Time

- ❑ Community prevention
 - Reducing the need for treatment
- ❑ Clinical prevention
 - Improving quality, access, and outcomes



Community Prevention

Reducing the Need for Treatment: Tobacco

- ❑ Comprehensive tobacco control programs are most effective
- ❑ Graphic mass media campaign
- ❑ Smoke-free public places and workplace policies
- ❑ Grants to communities for tobacco use prevention and cessation programs



Community Prevention

Reducing the Need for Treatment: Sodium

- ❑ Menu labeling requirements in chain restaurants
- ❑ Food purchasing policies to increase access to low sodium foods
- ❑ Increase public and professional education about the health effects of excess sodium
- ❑ Collect and share information on sodium consumption

About 90% of Americans exceed recommended sodium intake

Community Prevention

Reducing the Need for Treatment: Trans Fat

- ❑ Trans fat
 - Increases LDL (bad) and decreases HDL (good) cholesterol
- ❑ IOM: Reduce intake as close to zero as possible
- ❑ FDA: Requires labeling of trans fats content
- ❑ Replacing artificial trans fat is feasible and has little impact on cost or changing the flavor or texture of foods
- ❑ Monitor and publish trans fat levels in the population
- ❑ Encourage food industry to eliminate trans fats



Clinical Prevention

Optimizing Quality, Access, and Outcomes

- ❑ Focus on the ABCS
- ❑ Fully deploy health information technology
- ❑ Innovate in care delivery



Clinical Prevention

Optimizing Quality, Access, and Outcomes

□ Focus on the ABCS

- Simple, uniform set of measures
- Measures with a lifelong impact
- Data collected or extracted in the workflow of care
- Link performance to incentives

ABCS

Clinical Prevention

Optimizing Quality, Access, and Outcomes

- ❑ Fully deploy health information technology (HIT)
 - Registries for population management
 - Point-of-care tools for assessment of risk for cardiovascular disease
 - Timely and smart clinical decision support
 - Reminders and other health-reinforcing messages



Clinical Prevention

Optimizing Quality, Access, and Outcomes

□ Innovate in care delivery

- Embed ABCS and incentives in new models
 - Healthy homes, Accountable Care Organizations, bundled payments
 - Interventions that lead to healthy behaviors
- Mobilize a full complement of effective team members
 - Pharmacists, cardiac rehabilitation teams
 - Health coaches, lay workers, peer wellness specialists



Blood Pressure Control In Focus

What the Future Could Look Like

- ❑ Foods are less salty
- ❑ Blood pressure monitoring starts at home and ends with successful control
- ❑ Data flows seamlessly between settings
- ❑ Professional advice is when and where you need it
- ❑ No or low co-pays for medications

Adding web-based pharmacist care to home blood pressure monitoring increases control by >50%



Million Hearts™: Getting to the Goal

Intervention	Baseline	Target	Clinical target
A spirin for those at high risk	47%	65%	70%
B lood pressure control	46%	65%	70%
C holesterol management	33%	65%	70%
S moking cessation	23%	65%	70%
Sodium reduction	~ 3.5 g/day	20% reduction	
Trans fat reduction	~ 1% of calories	50% reduction	

Unpublished estimates from Prevention Impacts Simulation Model (PRISM)

Everyone Can Make a Difference to Prevent 1 Million Heart Attacks and Strokes



Clinicians

Pharmacies, pharmacists

Individuals

Foundations

Insurers

Healthcare systems

Government

Retailers

Consumer groups

Public-Sector Support

- ❑ Administration on Aging
- ❑ Agency for Healthcare Research and Quality
- ❑ Centers for Disease Control and Prevention
- ❑ Centers for Medicare and Medicaid Services
- ❑ Food and Drug Administration
- ❑ Health Resources and Services Administration
- ❑ Indian Health Service
- ❑ National Heart, Lung, and Blood Institute
- ❑ National Prevention Strategy
- ❑ National Quality Strategy
- ❑ Office of the Assistant Secretary for Health
- ❑ Substance Abuse and Mental Health Services Administration
- ❑ U.S. Department of Veterans Affairs



Private-Sector Support

- ❑ Academy of Nutrition and Dietetics
- ❑ Alliance for Patient Medication Safety
- ❑ **America's Health Insurance Plans**
- ❑ American College of Cardiology
- ❑ American Heart Association
- ❑ American Medical Association
- ❑ American Nurses Association
- ❑ **American Pharmacists' Association**
- ❑ American Pharmacists Association Foundation
- ❑ Association of Black Cardiologists
- ❑ Georgetown University School of Medicine
- ❑ Kaiser Permanente
- ❑ Medstar Health System
- ❑ National Alliance of State Pharmacy Associations
- ❑ National Committee for Quality Assurance
- ❑ National Community Pharmacists Association
- ❑ Samford McWhorter School of Pharmacy
- ❑ SUPERVALU
- ❑ The Ohio State University
- ❑ UnitedHealthcare
- ❑ University of Maryland School of Pharmacy
- ❑ Walgreens
- ❑ WomenHeart
- ❑ YMCA of America

Pledge Today!



<http://millionhearts.hhs.gov>

millionhearts@hhs.gov



[Million Hearts](#)



[@millionheartsus](#)

Million Hearts™ – Seizing the Opportunities



Patrick Conway, MD, MSc

Centers for Medicare and Medicaid Services Chief Medical Officer and
Director, Office of Clinical Standards and Quality



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

Overview

- ❑ CMS and our health
- ❑ **CMS role in Million Hearts™**
- ❑ Clinical prevention: Improving quality, access, and outcomes

The image shows a screenshot of the CMS.gov website. At the top left is the CMS.gov logo with the text 'Centers for Medicare & Medicaid Services'. To the right is a search bar with the text 'Learn about your healthcare options' and a 'Search' button. Below the logo is a navigation menu with eight yellow buttons: Medicare, Medicaid/CHIP, Medicare-Medicaid Coordination, Insurance Oversight, Innovation Center, Regulations, Guidance & Standards, Research, Statistics, Data & Systems, and Outreach & Education. Below the navigation menu is a breadcrumb trail: 'Home > Better Health. Every American Deserves It.'. The main content area features a large banner with the text 'Better Health. Every American Deserves It.' and a photograph of a healthcare professional in blue scrubs attending to a patient in a hospital bed. Below the photograph is the text 'PARTNERSHIP FOR PATIENTS'. To the left of the photograph, there is a paragraph of text: 'Keeping people healthy is what really matters. It means providing preventive services, screenings, affordable health care coverage, and opportunities for patients and doctors to talk together about their needs.'

Size and Scope of CMS Responsibilities

- ❑ Largest purchaser of health care in the world
 - 105 million beneficiaries: Medicare, Medicaid, and Children's Health Insurance Program
 - Medicare alone pays >\$1.5 billion in benefit payments/day
 - Medicare and Medicaid pay ~1/3 of national health expenditures
 - >1.2 B fee-for-service claims and replies to >75 M inquiries/year
- ❑ Millions of consumers will receive health care coverage through new health insurance programs authorized in the Affordable Care Act

CMS Three-Part Aim

- ❑ Better health for the population
- ❑ Better care for individuals
- ❑ Lower cost through improvement



CMS Role in Million Hearts™

Broad Collaboration

- ❑ Convener to identify an agency-wide standard Million **Hearts™ measure set for 2012**
- ❑ Partnering
 - Centers for Disease Control and Prevention
 - Office of the National Coordinator for Health Information Technology (ONC)
 - Health Resources and Services Administration (HRSA)
 - The community, and many, many more

CMS Programs Supporting Million Hearts™

Office of Clinical Standards and Quality

Physician Quality Reporting System & Medicare and Medicaid Electronic Health Record (EHR) Incentive Program
(Meaningful Use) as drivers of core quality measures

Medicare Advantage Plan Star Ratings and Quality Bonuses

Medicare Part D Plan Star Ratings

Quality Improvement Organizations (QIO)

Part D Medication Therapy Management

Annual Wellness Visit, Health Risk Assessment, and Personalized Preventive Plan Services

CMS Programs Supporting Million Hearts™

Center for Medicaid, CHIP, and Survey and Certification

Medicaid Core Quality Reporting Measures

Medicaid Electronic Health Records (EHR) Incentive Program

Medicaid Incentives to Prevent Chronic Disease

Medicaid Smoking Cessation Services

Medicaid Health Homes

Center for Consumer Information and Insurance Oversight

ABCS in Essential Health Benefits

CMS Programs Supporting Million Hearts™

Center for Medicare & Medicaid Innovation

Test of Innovation: Promoting Adherence to Cardiovascular Medicine

Demonstration of Scale: ABCS Improvement quarter to quarter

Innovation **Advisors Program** “**Call for Advisors**” tailored to ABCS and Allied/Team-Based Care

Health Care Innovation Challenge

Medicare-Medicaid Coordinating Office

Targeted State Demonstrations and Innovations

CMS Efforts in Clinical Prevention Optimizing Care for Those Who Need It

- ❑ Improving quality, access, and outcomes
 - Focus on the ABCS
 - Fully deploy health information technology
 - Innovate in care delivery



Focus on ABCS

□ ABCS measures

- Aspirin use for high risk/secondary prevention
- Blood pressure screening and control
- Cholesterol screening and control
- Smoking
 - Tobacco use assessment
 - Tobacco cessation intervention

www.cms.gov/pqrs

ABCS

Fully Deploy Health Information Technology Incentivize Use of Electronic Health Records

- ❑ Medicare and Medicaid Electronic Health Record Incentive Programs
 - EHR implementation by 2015
 - Monetary incentives for adopters; reductions in payments for non-adopters
 - **Supports the “meaningful use” of EHRs**
 - Use of quality EHR products
 - Electronic prescriptions, orders
 - Secure exchange of health information
 - Includes ABCS measures as part of clinical quality reporting requirements



Fully Deploy Health Information Technology Integrate Clinical Decision Support Tools

- Clinical Decision Support (CDS) tools facilitate optimal care
 - Requirement in the Medicare and Medicaid EHR Incentive Programs
 - Utilize knowledge bases and clinical guidelines to support clinical care and evidence-based medicine
 - Include
 - Prompts for needed tests, screenings
 - Drug dosing support
 - Alerts for medication allergies and drug interactions,
 - Working to develop optimal CDS tools that support the ABCS

Launch New Models of Innovation in Care Delivery

❑ Clinical prevention

- Providers working with patients to improve adherence and control of the ABCS

❑ Bundled health care with focus on better outcomes, not volume

❑ Team-based care

- Enhance the role and utilization of pharmacists, cardiac nurses, community health workers, health coaches, and peer wellness specialists



Including the ABCS: Maximizing Impact with the Quality Improvement Organizations

- ❑ CMS and the QIOs will develop Learning and Action Networks (LANs) focusing on the ABCS
 - Work closely with all partners
 - Foster, study, adapt, and rapidly spread large-scale improvements
 - Manage knowledge and provide real-time learning
- ❑ State-based LANs will work with at least 2,500 physician offices and clinics to address ABCS
 - QIOs will focus on individualized measurement strategies, and evidence-based interventions and practices
 - 250,000 Medicare beneficiaries are expected to be reached through this network of providers

Including the ABCS: Maximizing Impact with the Quality Improvement Organizations (QIO)

❑ **The role of QIOs for successful impact on the Million Hearts™**

- “Boots on the ground” professionals able to bring about measurable quality improvement to achieve the national Million Hearts™ goals
- Convene, organize and motivate change through outreach and education through LANs and facilitate spread through social marketing
- Provide expertise in the collection, analysis, education, and monitoring of quality data
- Utilize quality data to develop efficient and effective improvement strategies in partnership with stakeholders, including beneficiaries and health-care providers

Next Steps

What Are We Missing and How Do We Get There?

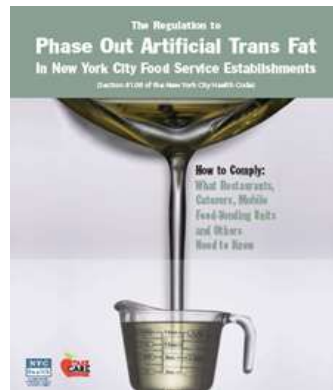
- ❑ Four changes that could result in 10 million more people reaching blood pressure goal
 - Eliminating co-pays for blood pressure and cholesterol medications
 - Allowing nurses and pharmacists to titrate
 - Capturing the ABCS on all Electronic Health Records
 - Measuring ABCS on all health systems and reporting annually

How do we get there?

Critical Role of Partnerships How May We Work Together?

- ❑ **Identify ways the Million Hearts™ team can help**
 - Support **existing and already released** interventions
 - Improve the **effectiveness** of these interventions
 - Propose **new interventions** at CMS
 - **Align** existing CMS interventions across the federal family
 - Include Million Hearts™ and ABCS in **outreach and communications**

New York City Initiatives to Reduce Heart Disease and Stroke



Thomas Farley, MD, MPH
Commissioner

New York City Department of Health and Mental Hygiene



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

Cardiovascular Disease Prevention Initiatives NYC, 2002–2011

□ Environmental

➤ Smoking prevention

- Smoke-free air policies
- Cigarette taxes
- Mass media campaign

➤ Trans fat restriction

➤ Sodium reduction

□ Clinical

- ### ➤ Prevention-oriented electronic health records with quality improvement technical assistance

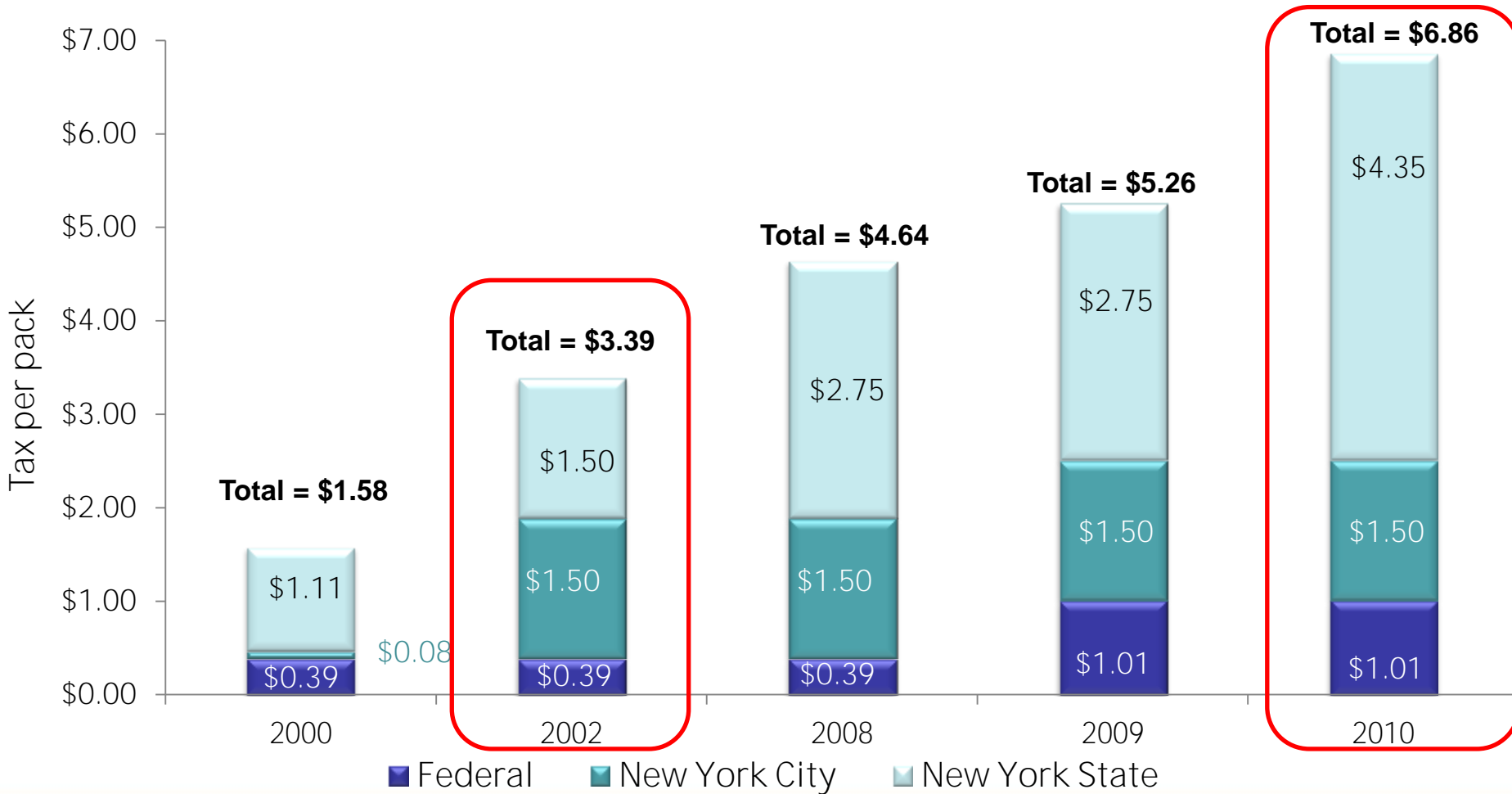


Comprehensive Smoke-free Air Laws

- ❑ 2002: NYC Smoke-Free Air Act
 - Prohibits smoking in workplaces, restaurants, bars, nightclubs
- ❑ 2011: Smoke-free parks/beaches
- ❑ 2012: Institutional policy
 - City University of New York's 23 campuses will become tobacco-free



Raising the Price of Cigarettes Through Excise Taxes



Mass Media for Smoking Prevention

- ❑ Develop messages and images
 - Present new information
 - Use new ways of presenting
 - Incorporate testimonials
 - Tested in focus groups of smokers
- ❑ Place ads on television and in subways
- ❑ Linked to free nicotine patches and gum once a year



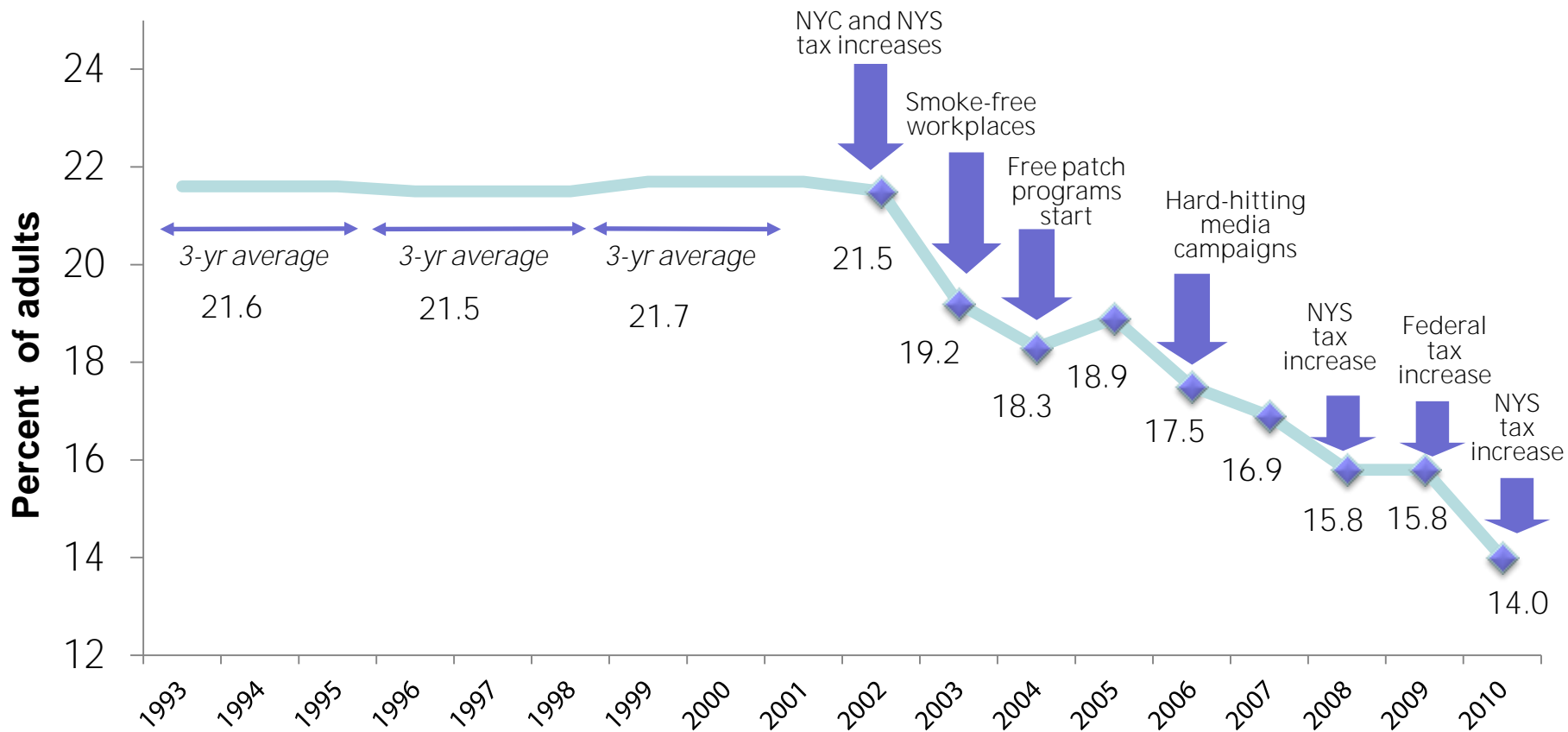
Smoking Counter-Advertising Suffering Every Minute

- ❑ Shows how smoking can cause long-term suffering
- ❑ Focuses on emphysema and stroke
- ❑ Shows family members providing care



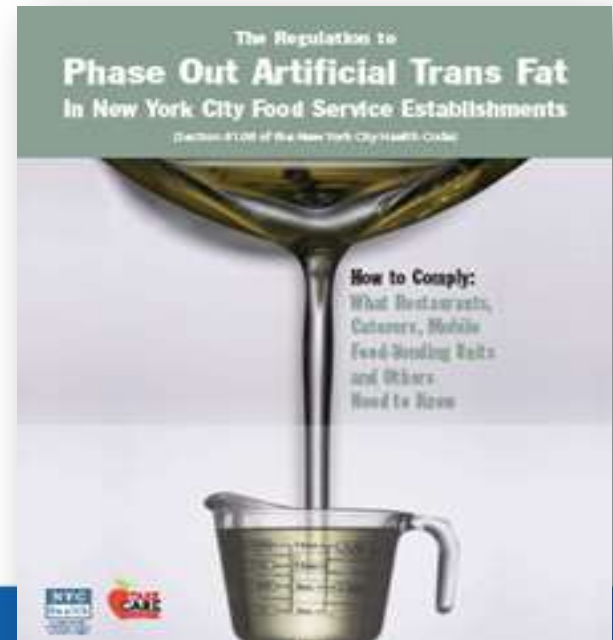
Decline in Smoking in New York City, 2002–2010

450,000 Fewer Smokers



Trans Fat Restriction

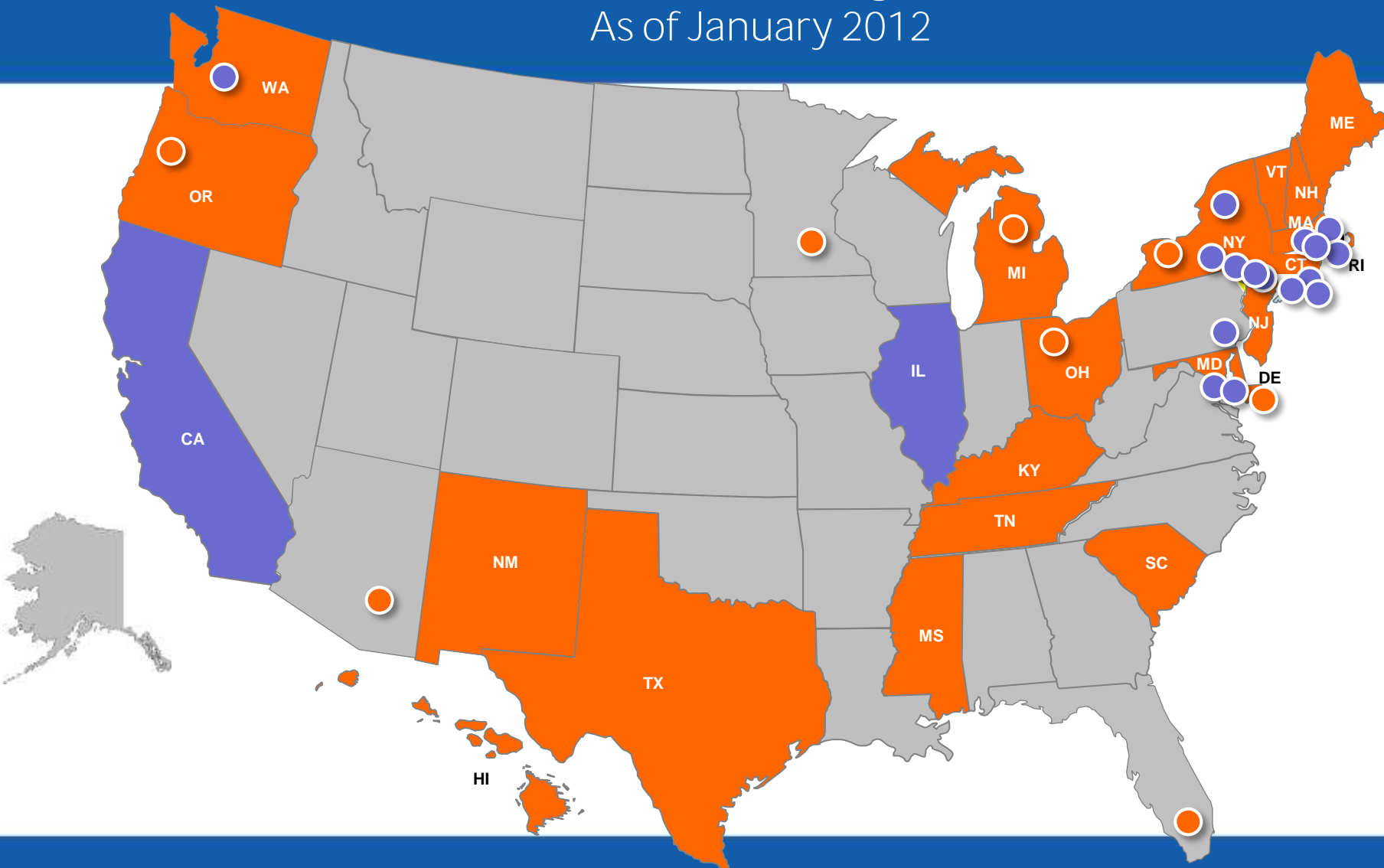
- ❑ Trans fat raises heart disease risk
 - 4 grams daily (typical size french fries) increases heart disease risk 23%
- ❑ 2006: NYC Board of Health voted to restrict artificial trans fat in restaurants
- ❑ 2007: Health Department began issuing violation fines
- ❑ 2008: >90% of restaurants were in compliance





Mozaffarian D, et al. N Engl J Med 2006;354:15:1601-13
Angell S, et al. Ann Intern Med 2009;151:129-34

State Trans Fat Regulations

As of January 2012



-  Enacted or passed trans fat regulation in food service establishments (FSEs)
-  Trans fat regulation in FSEs introduced, defeated, or stalled

National Salt Reduction Initiative (NSRI)

- ❑ Reducing sodium intake by $<1,200$ mg/day could save tens of thousands of lives/year nationally
- ❑ NSRI Goal: Decrease sodium intake by 20% over 5 years
- ❑ Voluntary; Government-industry collaboration
- ❑ Methods
 - Targets set for 62 categories of packaged food and 25 categories of restaurant food for 2012 and 2014
 - Average 25% reduction in sodium
 - Food companies asked to commit

28 Major Packaged-Food Companies and Restaurants Have Committed to NSRI

Packaged Food

- Boar's Head**
- Butterball
- Campbell Soup Co.
- Delhaize America
- Dietz & Watson
- Fresh Direct
- Furmano's**
- Goya
- Hain Celestial
- Heinz
- Hostess Brands
- Ken's Foods**
- Kraft
- LiDestri
- Mars Food
- McCain Foods
- Premio
- Red Gold
- Snyder's-Lance, Inc.**
- Target Corporation
- Unilever
- White Rose

Restaurants

- Au Bon Pain
- Bertucci's Italian**
Restaurant
- Black Bear European Style
Deli
- Starbucks
- Subway
- Uno Chicago Grill



Clinical Care

Primary Care Information Project (PCIP)

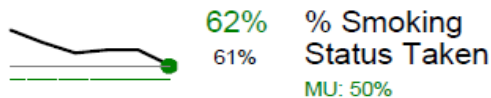
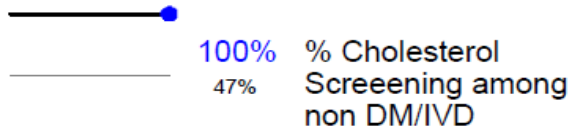
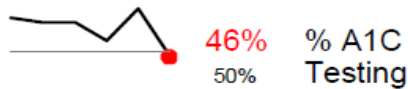
- ❑ Goal: Improve quality of care through health information technology
- ❑ Currently >3,000 providers serving nearly 3 million patients using prevention-oriented electronic health records
- ❑ Prevention features include
 - **Clinical decision support system: Actionable alerts for preventive services**
 - **Ability to generate condition-specific lists of patients in need of care**

PCIP Dashboard E-mailed to Providers

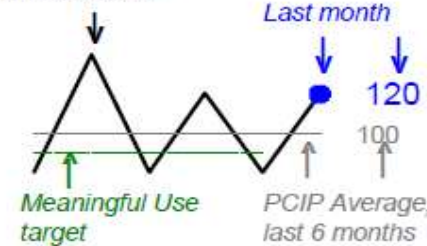
Quality Measures

Last 6 Months

You
(PCIP Avg)



Month to month



Blue=Above PCIP Average
Green=Above MU Target
Red=Below PCIP Average or MU target

Recommendations

Based on this report and the impact of each measure on patient health, 2 measures to target for future improvements are:

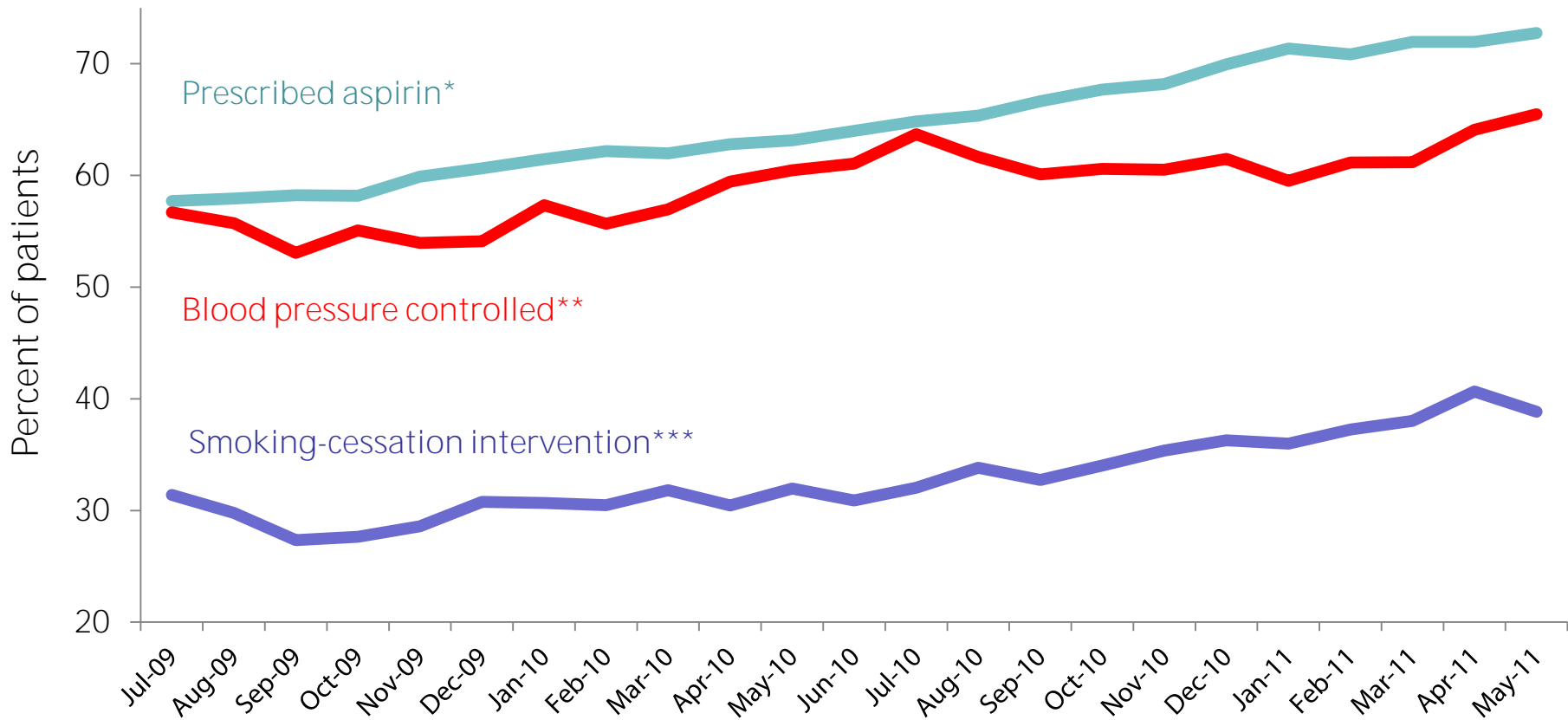
- Quality measures: % A1C testing

PCIP, Primary Care Information Project

A1C, The percent of patients age 18-75 with diabetes, who have had one or more HbA1c test results recorded during the past 6 months

BP, Blood pressure; DM, Diabetes mellitus; IVD, Ischemic vascular disease, BMI, Body mass index

Improvements in Delivery of Clinical Preventive Services by PCIP Providers



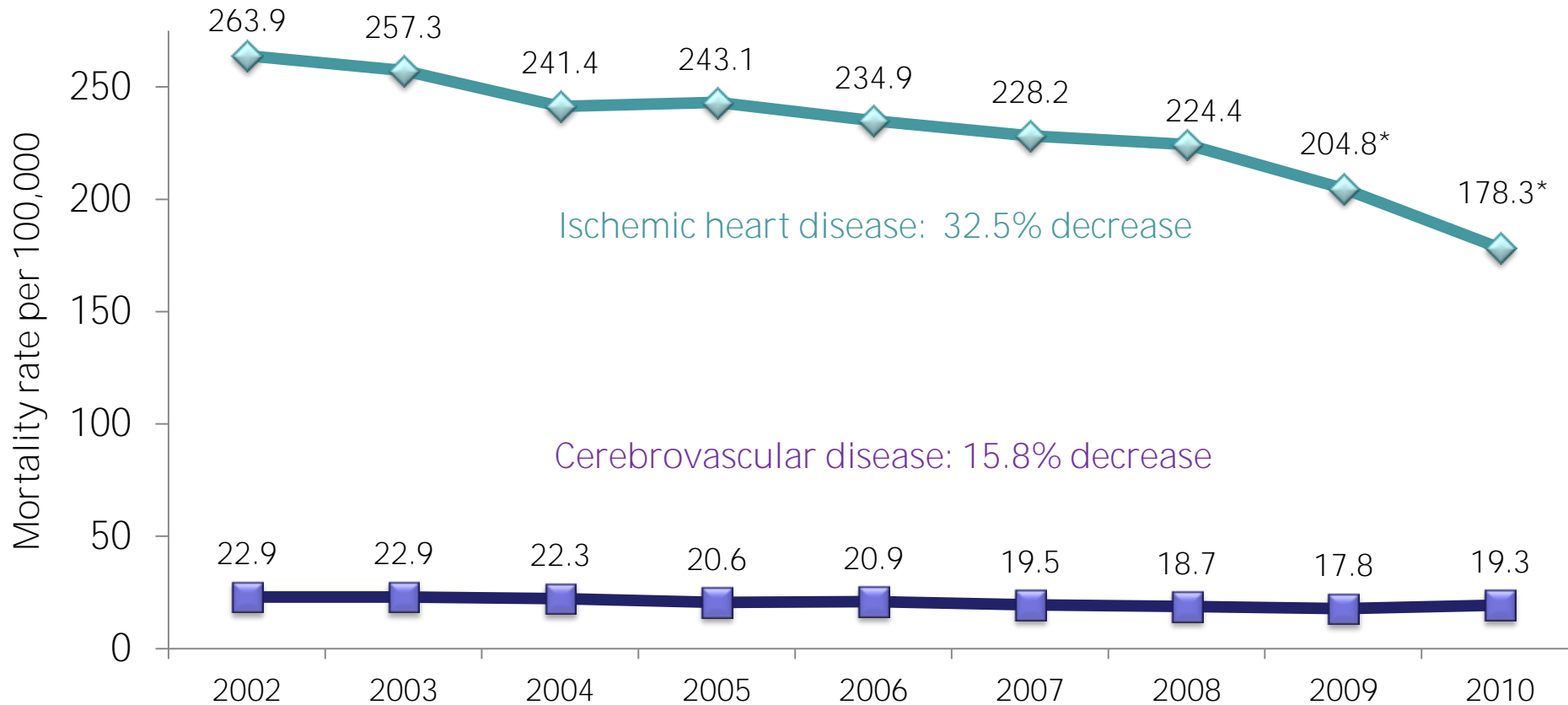
* Among patients with vascular disease or diabetes

** Among patients with high blood pressure

*** Among patients who currently smoke

New York City Department of Health and Mental Hygiene, PPCIP, Primary Care Information Project

Declining Mortality Rates for Heart Disease and Stroke



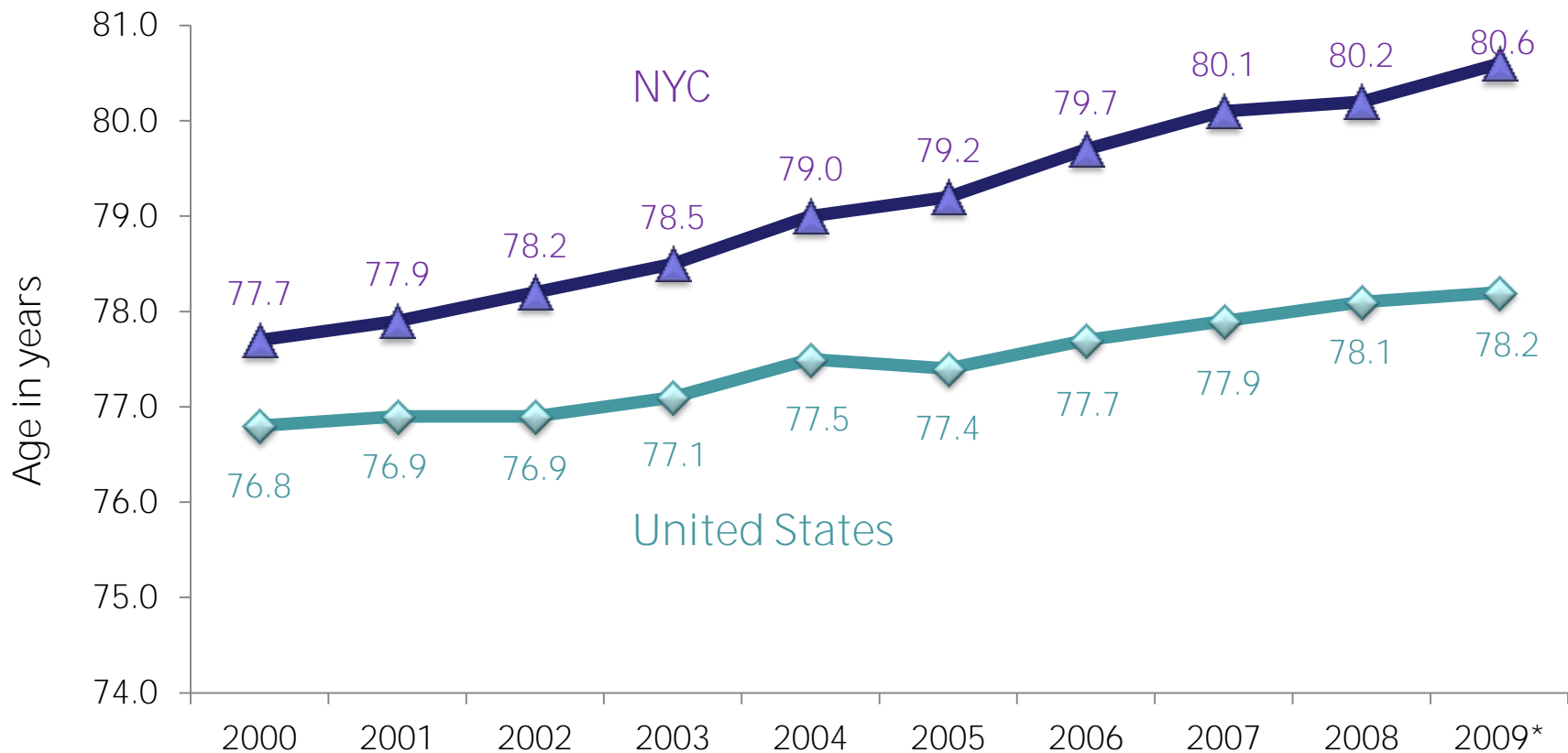
Crude rates for both ischemic heart disease (ICD 10: 120-125) and cerebrovascular disease (ICD-10: 160-169).

New York City Department of Health and Mental Hygiene, Bureau of Vital Statistics, 2012

*Decline may be due in part to data reporting changes:

<http://www.nyc.gov/html/doh/downloads/pdf/vs/vs-population-and-mortality-report.pdf>

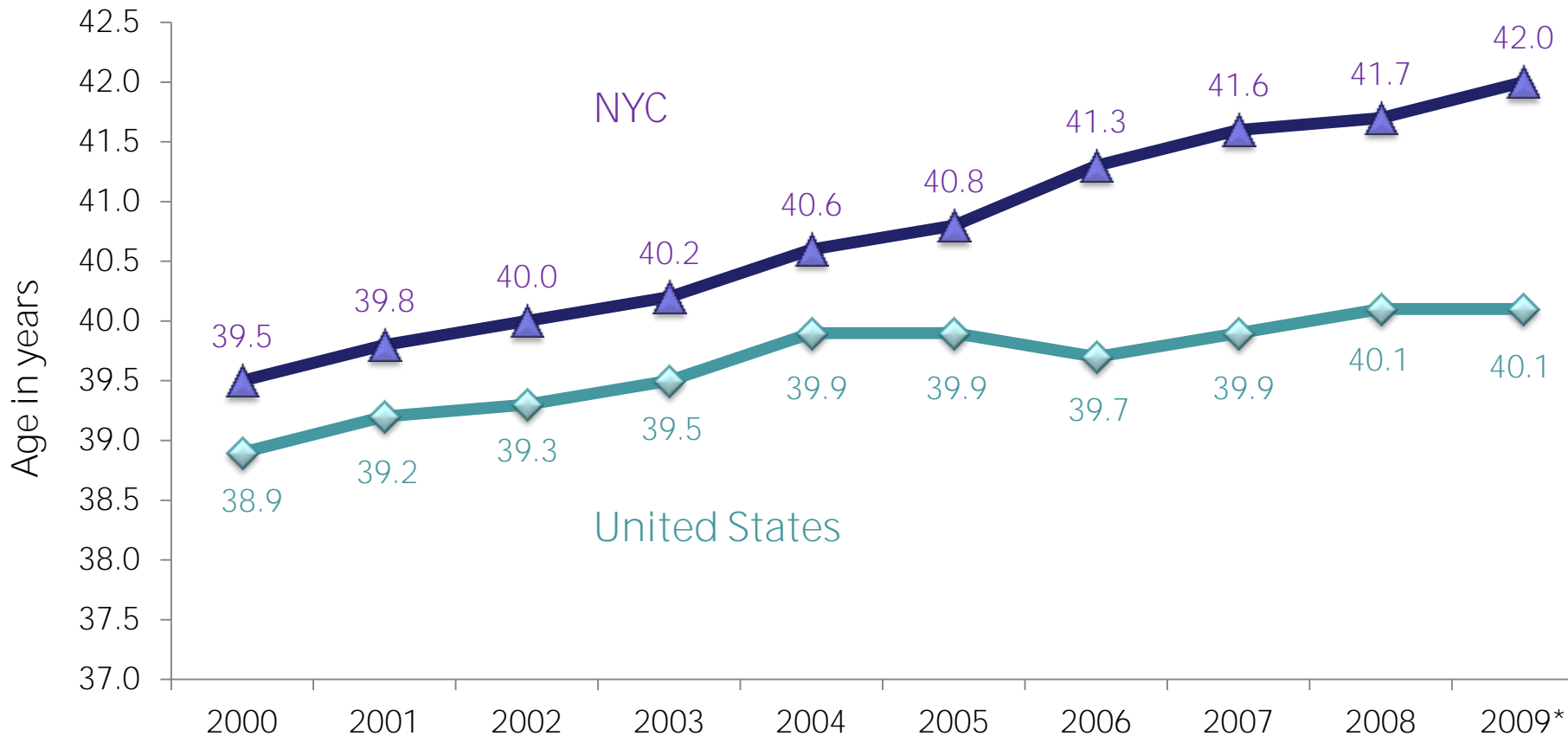
Trends in Life Expectancy at Birth NYC and the United States



NYC Department of Health and Mental Hygiene, Bureau of Vital Statistics 2011

Note: New York City data have been revised by using interpolated population estimates based on 2010 census counts and are different from previously published. * Data for 2009 are preliminary

Trends in Life Expectancy at Age 40 NYC and the United States



NYC Department of Health and Mental Hygiene, Bureau of Vital Statistics, 2011

Note: NCHS used a revised methodology beginning 2006 and data may differ from those previously published.

New York City data have been revised by using interpolated population estimates based on 2010 census counts and are different from previously published. * Data for 2009 are preliminary

**“Mass diseases and
mass exposures
require mass remedies.”**

–Geoffrey Rose

“Be There”: Making San Diego County a Heart Attack and Stroke-Free Zone



Anthony N. DeMaria, MD
Judith and Jack White Chair in Cardiology
University of California, San Diego
Chair, San Diego Right Care-Be There Campaign



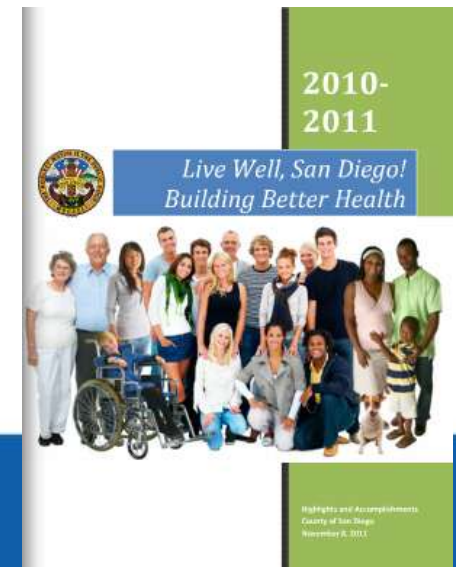
U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

Background

- ❑ Cardiovascular disease remains the leading cause of death in the United States
- ❑ San Diego and cardiovascular disease
 - Heart disease and stroke together are the leading cause of death
 - Nearly 5,000 deaths annually from heart disease (rate 112)
- ❑ Risk factors have been identified for which effective interventions exist (ABCS)

San Diego County Health and Human Services Stakeholders in Cardiovascular Disease Prevention

- ❑ Live Well, San Diego!
- ❑ Communities Putting Prevention to Work (CDC grant)
 - Reduce chronic disease by physical activity, nutrition, and school environments
- ❑ Community Transformation Grant (CDC grant)
 - Tobacco free, active living, healthy eating, reduce hypertension and high cholesterol
- ❑ Beacon Grant (NIH)
 - Health information exchange



How It All Started

❑ Coordinated effort to improve quality

- State Department of Managed Health Care
- Medical groups beyond managed care organizations
- UC Berkeley School of Public Health
- Rand Health (GO Grant)



❑ Goal: Achieve national HEDIS 90% percentile targets

- Blood pressure, lipids, blood sugar

❑ University of Best Practices meetings

- Monthly meetings
- Physicians, nurses, administrators, pharmacist
- Discuss successful strategies
- Now sharing data among group participants

Be There Campaign

❑ **Concept: “Heart Attack and Stroke-free Zone”**

- Audacious goal to capture attention
- Extends the risk reduction efforts to all citizens
- Actively engages persons in their own health (care)
- Conveys ownership to population
- Taps in to community pride

❑ Aim: Achieve both screening for risk factors and compliance with interventions

❑ Funding: \$650,000; philanthropy

❑ Steering Committee: Private-public partnership

San Diego Demonstration Project Going Emotional!

- ❑ **Emotional “tug” is critical for commitment to change one’s behavior**
- ❑ Benefit to those we love can be a bigger driver than benefit to oneself
- ❑ **Caring for one’s own health makes it possible to “be there” for those we love!**

*“When something is missing in your life,
it usually turns out to be someone.”*
—Robert Brault



Be There Campaign Steering Committee

- ❑ Anthony N. DeMaria, MD Judith and Jack White Chair in Cardiology, Professor of Medicine, [University of California, San Diego](#), Editor-in-Chief, [Journal of the American College of Cardiology](#), Chair, San Diego Right Care-Be There Campaign
- ❑ Daniel Dworski, MD, Medical Director, [Scripps Medical Group](#)
- ❑ Jim Dudl, MD, Vice-Chair, Steering Committee, Clinical Lead, [Kaiser Care Management Institute](#)
- ❑ James Dunford, MD, FACEP, [City of San Diego](#) Medical Director of Emergency Medical Services. President, [San Diego American Heart Association](#)
- ❑ Nora Faine, MD, MPH, Medical Director, [Sharp Health Plan](#)
- ❑ Scott Flinn, MD, Medical Director, [Arch Medical Group](#)
- ❑ Lawrence Friedman, MD, Medical Director, Managed Care, Ambulatory Care and Medical Group Quality and Safety, [University of California, San Diego](#)
- ❑ Lisa Gleason, MD CMIO, Cardiology Department Head, [Naval Medical Center San Diego](#)
- ❑ Hattie Rees Hanley, MPP, Right Care Initiative Project Director and Special Advisor to the Dean for Outcomes Improvement and Innovation, [UC Berkeley School of Public Health and Department of Managed Health Care](#)
- ❑ Elizabeth Helms, Executive Director, [CA Chronic Care Coalition](#) and Right Care San Diego Coordinator
- ❑ Susan Kaweski, MD, President, [San Diego County Medical Society](#)
- ❑ Jerry Penso, MD, Medical Director, Continuum of Care, [Sharp Rees-Stealy Medical Group](#), Chair: University of Best Practices
- ❑ James Schultz MD, [Council of Community Clinics](#)
- ❑ Robert Smith, MD, Chief Medical Officer, [Veteran's Administration San Diego Medical Center](#)
- ❑ Melissa J. Wilimas, Executive Director, [American Heart Association](#)
- ❑ Nick Yphantides, MD, MPH, Executive Medical Consultant, [San Diego County Public Health and Human Services](#)

Be There Campaign

□ Technology integration

- Important differentiating component of the Campaign
- Incorporation of innovative medical and health related technological advancements to **enhance target user groups' interest**, adherence, and participation in the program



Wireless Heart Monitors



Pill bottles that monitor medication adherence



Wireless monitors to track exercise regime



Smart Phones to track and report vitals

Selected Implementation Activities

- ❑ Recruit physicians using University of Best Practices
- ❑ Screening events
 - Shopping malls, pharmacies, schools, faith based groups
- ❑ **“Be There San Diego”**
 - Pins worn by pharmacists and medical office staff
 - Bus to implement screening across county
- ❑ Multimedia advertising campaign across all media platforms
- ❑ Social media viral campaign to connect with community

Detailed implementation tactics have been developed but as an overview, here is a summary of some of the patient engagement strategies that will be used by the “Be There San Diego” campaign

Be There Campaign



Heart Attack and Stroke are preventable. See your doctor today to find out your risk for heart disease and stroke and to get on the right treatments to reduce your risk for premature death.

**Take charge of your health today and visit:
www.betheresandiego.org**

The campaign to make San Diego a heart attack and stroke-free zone.



Be There Campaign



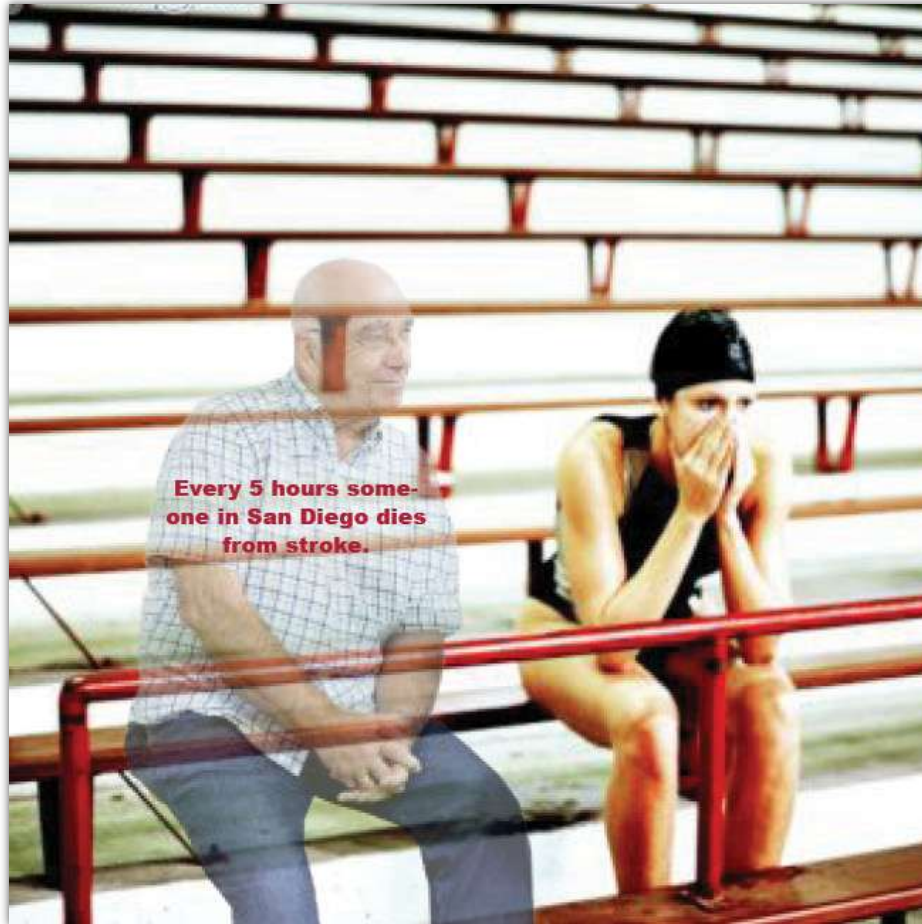
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The campaign to make San Diego a heart attack and stroke-free zone.



Be There Campaign



Every 5 hours someone in San Diego dies from stroke.

“THE THING I MISS MOST, DAD, IS OUR HEART-TO-HEARTS.”

Heart Attack and Stroke are preventable. See your doctor today to find out your risk for heart disease and stroke and to get on the right treatments to reduce your risk for premature death.

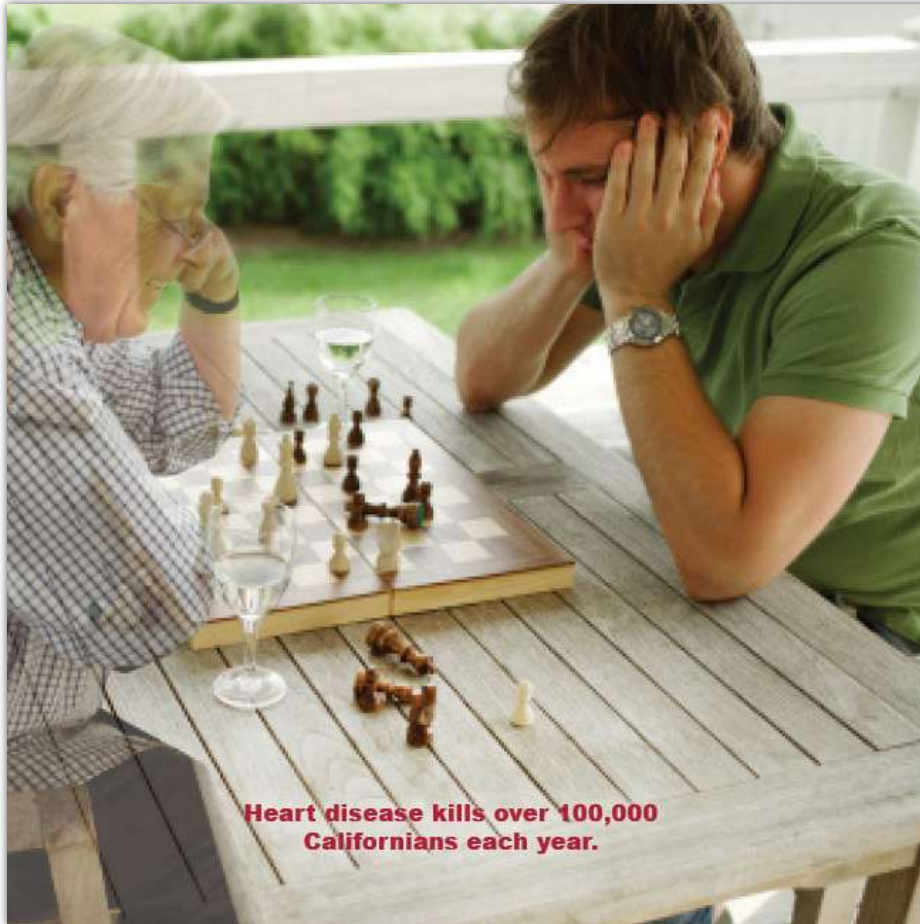
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be there.
san diego

Be There Campaign



**Heart disease kills over 100,000
Californians each year.**

DAD, YOU NEVER LET ME WIN.
NOW, I WOULD DO ANYTHING TO
HAVE YOU BEAT ME ONE MORE TIME.

Heart Attack and Stroke are preventable. See your doctor today to find out your risk for heart disease and stroke and to get on the right treatments to reduce your risk for premature death.

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be there.
san diego

Way Forward

- ❑ In response to a call to action to eliminate cardiovascular disease from San Diego
 - The entire medical community has organized
 - Philanthropy has been received
 - Patient activation campaign has been developed
 - Strong integration with San Diego County health programs has been established
- ❑ Create a program that can be used in cities throughout the country

Be There Campaign



BE THERE FOR YOURSELF,
YOUR LOVED ONES, AND
OUR COMMUNITY

Heart Attack and Stroke are preventable. See your doctor today to find out your risk for heart disease and stroke and to get on the right treatments to reduce your risk for premature death.

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<http://millionhearts.hhs.gov>