

# Quality Matters

February 2018

## Topic: Heart Disease



Heart disease is the number one cause of death in the United States

### Definition of Heart Disease:

The American Heart Association indicates that heart and blood vessel disease, also called cardiovascular disease, includes numerous problems. Three of those are:

1. Heart Attack (myocardial infarction) – The blood flow to a part of the heart is usually blocked by a blood clot.
2. CHF (congestive heart failure) – The heart isn't pumping as well as it should be.
3. Coronary Artery Disease – Plaque first grows within the walls of the coronary arteries until the blood flow to the heart's muscle is limited.

### Impact on Kentucky Health

1. 296.4 out of 100,000 Kentuckians died from diseases of the heart, per 2017 America's Health Ranking.
2. Kentucky ranks 44<sup>th</sup> among other states for number of cardiovascular deaths.
3. Heart disease is the second leading cause of death in Kentucky.
4. One in three deaths in women are from cardiovascular disease and stroke in the U.S.



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### Can we have an impact on heart disease in Kentucky? How?

There are also many underlying and external factors that cause heart disease. Based on the newly published 2017 America's Health Ranking, Kentucky placed at 49<sup>th</sup> (24.5% of population) in smoking and 44<sup>th</sup> (34.2% of population) in obesity, as compared to other states.

#### Smoking tobacco causes one of every three deaths related to cardiovascular disease. Smoking tobacco can:

- Raise triglycerides and lower good cholesterol
- Damage cells that line blood vessels by causing thickening and narrowing of blood vessels
- Increase buildup of plaque in blood vessels
- Nonsmokers who breathe the second hand smoke are at increased risk of heart disease by 25-30%, as per CDC.

Proper screening for tobacco use and counseling/proving resources can help reduce the overall cardiovascular disease rate in Kentucky

#### Obesity is another factor that leads to cardiovascular disease.

- Raise blood cholesterol and triglyceride levels.
- Increase blood pressure.
- Increase risk for diabetes type 2. Diabetes is an increased risk factor for cardiovascular disease.

Proper education and community resources can help reduce the overall cardiovascular disease rate in Kentucky.

### Quality Metrics:

Several ACO metrics related to heart disease and the treatment thereof:

1. Controlling high blood pressure.
2. Statin therapy for the prevention and treatment of cardiovascular disease.
3. Ischemic Vascular Disease (IVD); use of aspirin or another antithrombotic medication.
4. Tobacco Use and Cessation Counseling.

This segment was brought to you by KentuckyOne Health Partners and KentuckyOne Health Medical Group in partnership for quality.

For more information, please contact:

**KentuckyOne Health Partners**  
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## Impact on CIN Network Providers

KentuckyOne Health Partners payers offer quality incentives for managing their patients' health according to national standards set by CMS, CDC and Healthcare Effectiveness Data and Information Set (HEDIS) which is a tool used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service. Please see the websites listed below for more information about actual HEDIS measures and ACO/MSSP measures or call Kitty Grider, RN, KentuckyOne Health Partners System Quality Manager at 502.489.3042.

<http://www.ncqa.org/HEDISQualityMeasurement>  
<http://www.CMS.gov>

All KentuckyOne Health Partners contracts include various heart diseases diagnoses that must meet benchmarks in improvement in all elements of the heart related measure in order to earn quality incentives.

## Reporting on Heart-Related Diseases

One of the biggest challenges for KentuckyOne Health Partners is being able to easily access the heart-related illness data for reporting. Documenting required information in the correct location is critical to validating your quality care for the patients you serve.

In the health record, electronic or paper:

1. Patients with cardiovascular disease, history or high risk of heart attack and stroke, or high cholesterol require pharmaceutical intervention, such as statin therapy. Document why patient is not on statin therapy.
2. Keep an up to date medication list in the chart. Include medications you have prescribed, other practitioners have prescribed and any over the counter medication the patient may be taking, including aspirin. Be sure the "medication reconciled" button is pushed in the electronic health record or that you have documented the medicine list was reviewed in the paper chart.
3. Remember to document your patient's vital signs on every office visit and address high blood pressure with medical, preventative and therapeutic interventions.

## Quality Improvement Project

### How can you help your provider take care of the patients who have a heart related disease?

As mentioned, patients with a heart-related diagnosis will more than likely be on a prescribed medication.

**Step 1:** Take a few minutes to consider how important the actual taking of a heart medication is for a patient with a heart-related diagnosis.

**Step 2:** Think about what you can do to help your provider with his or her "heart" patients.

You are in a great position, whether at the front desk or in the exam room with the patient, to be the eyes and ears of the provider. Some patients are much more comfortable talking with you.

### When you can, ask the patient about getting his or her prescriptions filled and the actual taking of the medication.

- Does the patient have problems affording the medication or co-pays?
- Does the patient know how to take the medication as prescribed?
- Is the patient taking the medication as prescribed or just when he or she thinks about it?

Be sure to share any information with your provider that the patient might share with you. Sometimes patients forget or choose not to tell the provider about symptoms, such as chest pain.

Ask any questions you can think of that might help the patient.

**Most important:** Stress that heart medication has to be taken as directed by the provider for it to work effectively.

*Sources: American Heart Association, Centers for Disease Control and Prevention and Centers for Medicare and Medicaid Services, Americas Health Ranking 2017*



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