Right Care Initiative

Stroke and Heart Attack Prevention Everyday (SHAPE)

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Population Health Management Summit

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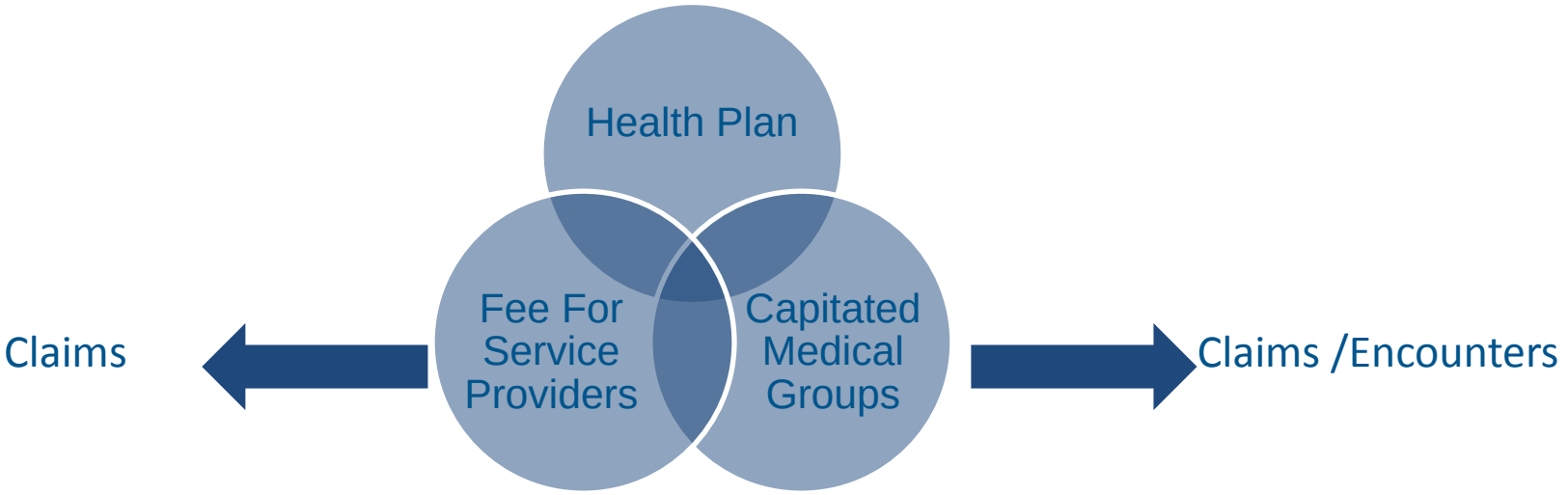
The California Landscape – HN & CHW

- **Largest Medicaid plan in the US**
- **2 international markets**
- **12.2 million members**
- **32,000 employees**

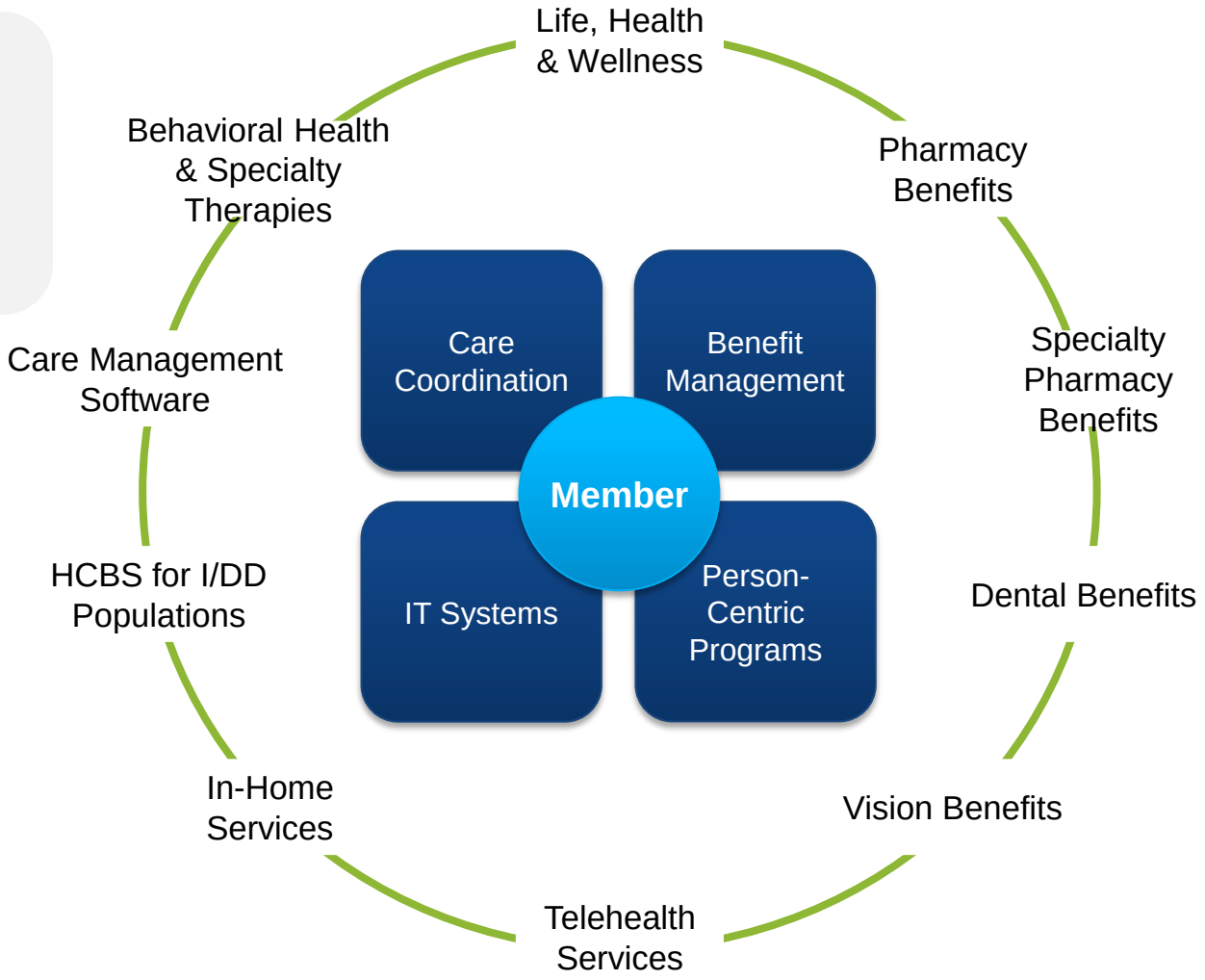
Medi-Cal (includes CH&W)	Dual Eligibles	Medicare	Commercial
2,000,000 Members	14,000 Members	150,000 Members	850,000 Members



Integrated Approach

Total Solution Integration

- Physical Health
- Behavioral Health
- Pharmacy Services
- Ancillary Services



Right Care Initiative- Oct , 2013
Kaiser Permanente ALL/Phase study

Kaiser Permanente's medication bundle:

- **ALL: A**spirin, **L**isinopril (ACE-inhibitor), and **L**ipid lowering statin
- **PHASE: P**reventing **H**eart **A**ttacks and **S**trokes **E**veryday
  (ALL protocol with beta blocker therapy and lifestyle emphasis added)

Model of the Outcome Phase ALL **Systematic implementation in all patients with:** ▪ Diabetes (age ≥55yo) or ▪ Cardiovascular disease (prior heart attack or stroke)	**To ensure they are offered daily dose of:** ▪ Aspirin 75-235 mg ▪ Lovastatin 40mg ▪ Lisinopril 20 mg

A Kaiser Permanente QI study tracked 170k individuals over 2 years. Compared to those with no medication bundle exposure:

- Of 47,268 "**low exposure**" individuals who used the medication bundle ≤1 year, 726 fewer heart attacks and strokes occurred (**reduction in hospitalization for heart attack or stroke by 15 per 1,000 members**).

- Among the 21,292 "**high exposure**" individuals who used the medication bundle 1-2 year, 545 fewer heart attacks and strokes occurred (**reduction in hospitalization for heart attack or stroke by 26 per 1,000 members**).

Introduction to Cardio-Protective Bundle Pilot

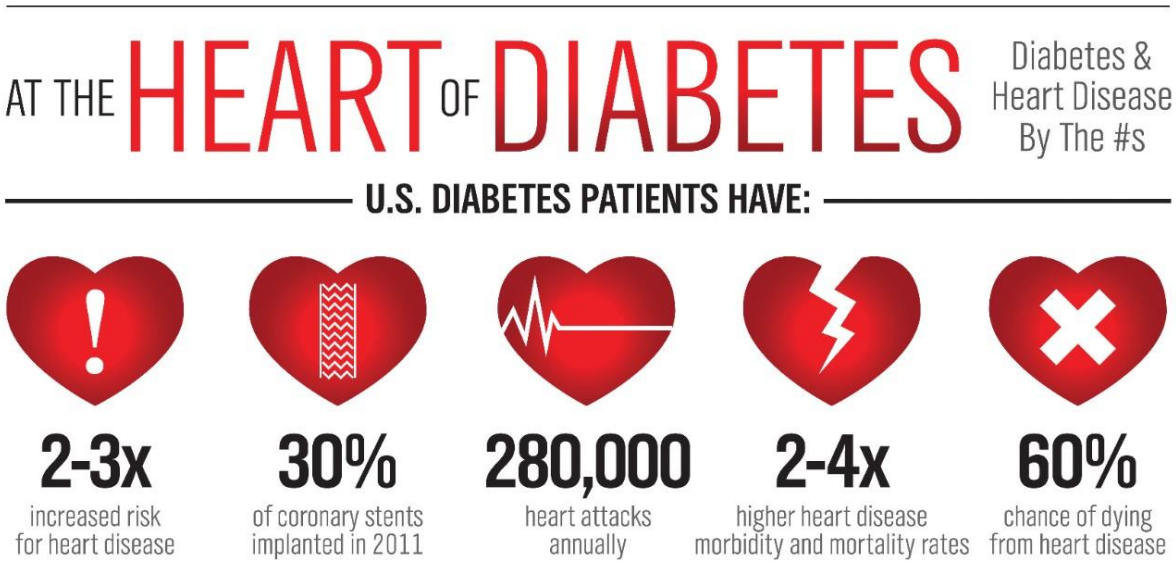
Health Net is an active participant in the University of Best Practices' **Right Care Initiative** which focuses on cardiovascular disease and diabetes with a focus on heart attack and stroke prevention.

Recommended best practices for those over the age of 55 with diabetes and at risk for and/or a history of heart disease with or without hypertension include a cardio-protective medication bundle of:

- ✓ Ace-Inhibitors
- ✓ Aspirin and
- ✓ Statins

Health Net has initiatives and investments to improve population health - one of them being around diabetics and their cardiovascular health (UT #22).

Diabetes and Coronary Artery Disease Prevalence as it relates to HealthNet



- Over 80% of all Diabetes-related coronary event spend is attributed to members with both Coronary Artery Disease and Hypertension.
- 19,469 members with DM with history of CAD represent $62M spend. The cardiovascular spend is about half of the total spend.
  - *57% of the membership is not on the cardioprotective bundle.*
  - *39% of this membership is on the cardioprotective bundle.*

Notes:
Spend and member figures based on all members with spend at each respective facility from July 1, 2015 to March 31, 2016 **(9 Months)**
Coronary Artery event likelihoods assigned to Diagnosis Codes
Data source: http://media.corporate-ir.net/media_files/IROL/25/251324/1329501069178.high_resolution.jpg

SHAPE

Stroke and Heart Attack Prevention Everyday for those with Diabetes and Cardiovascular Disease

Target population

Region: California

All Health Net lines of business including Commercial, Exchanges, Medicare, Medi-Cal, and Cal MediConnect and related products.

All diabetic members over the age of 55 with both Coronary Artery Disease *AND* Hypertension.

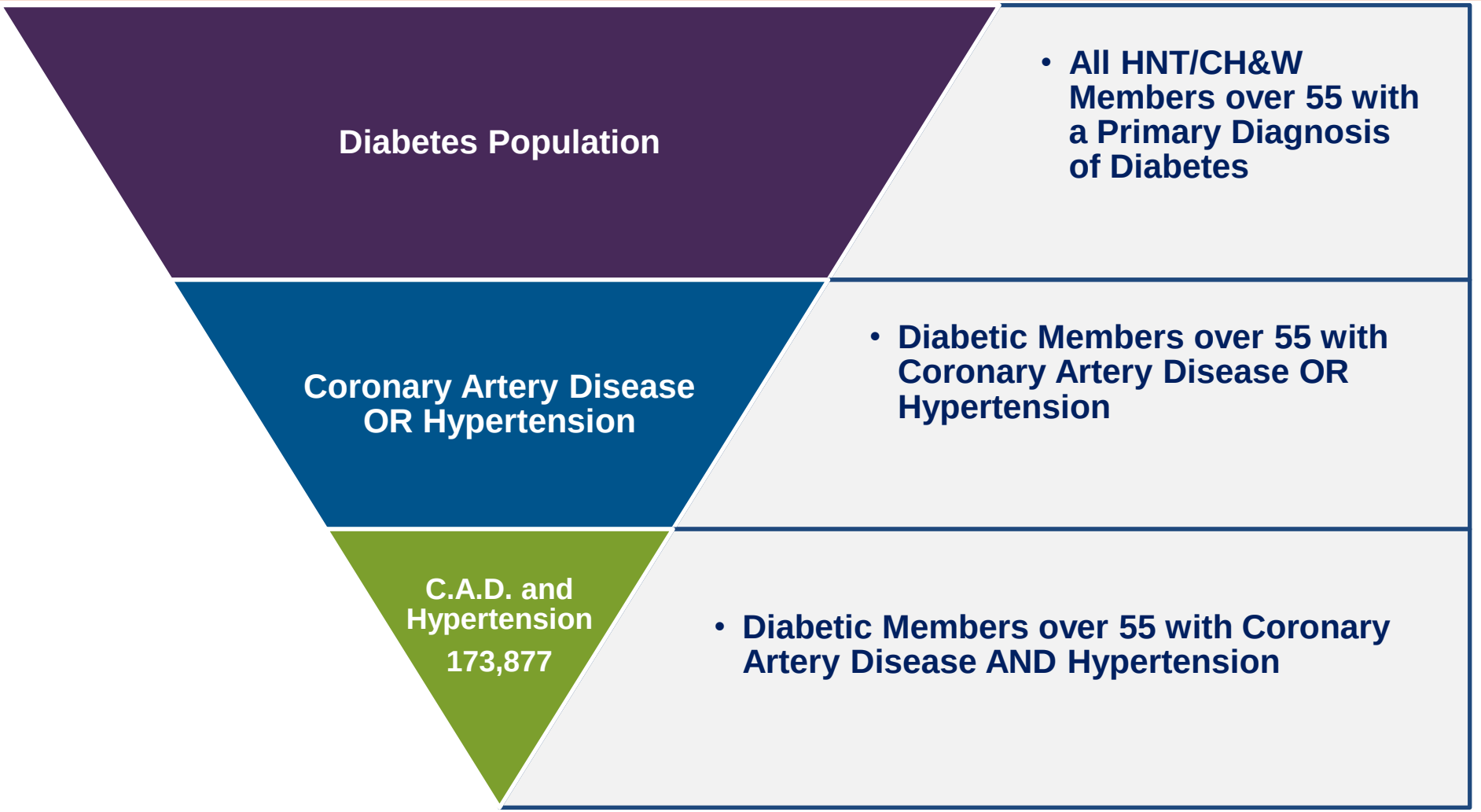
Goals

- The long-term goal is to decrease and prevent cardiovascular events in this targeted high risk population.
- To educate these members with Coronary Artery Disease and Diabetes over the age of 55 about their medication regimen and wellness.
- To achieve the triple aim of improved population health, improved member experience, and lowered costs.

SHAPE - Goals
Stroke and Heart Attack Prevention Everyday

- Partner with providers and provider groups to reduce the number of heart attacks and strokes for patients with diabetes over the age of 55.
- Introduce cardio-protective medication bundle to these members and monitor their compliance and adherence.
- Share best practices for care.
- Share resources available to support education for providers as well as members.
- To educate these members with Coronary Artery Disease and Diabetes over the age of 55 about their medication regimen and wellness.

HealthNet - Overview of diabetic population



Notes:
Spend and member figures based on all members with spend at each respective facility from September 1, 2016 to July 31, 2017 **(12 Months)**
Diabetes, Coronary Artery Disease, and Hypertension defined according to CMS guidelines

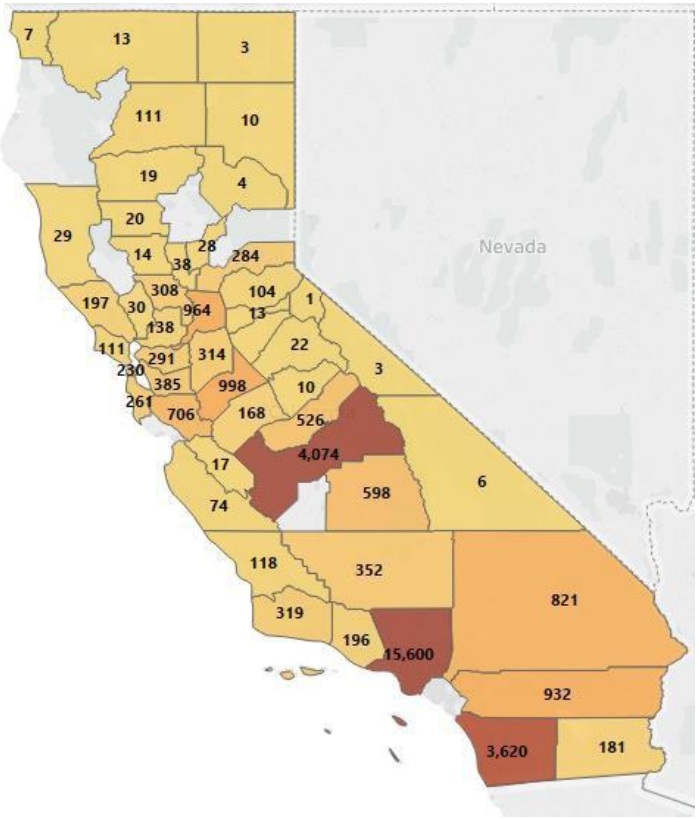
Pharmacy Assessment - Cardioprotective Bundle

57% of members are NOT on the Cardioprotective Bundle

39% of members are on Cardio-protective Bundle

SHAPE - Health Net Diabetic Population Overview
Stroke and Heart Attack Prevention Everyday

Member Distribution

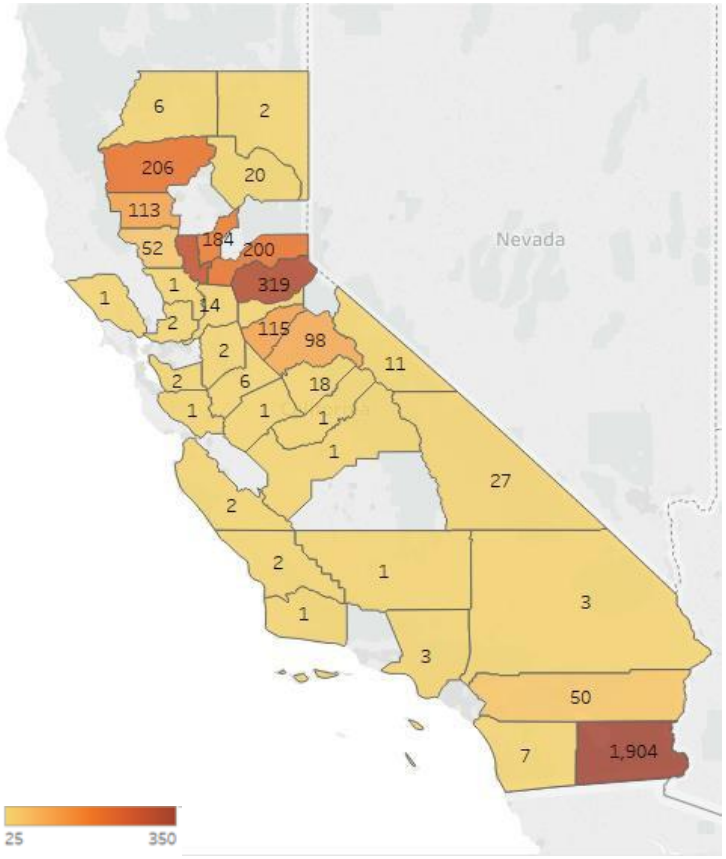


- High concentration of diabetic members in higher populated counties such as LA, San Diego, and Fresno
- Fewer members in Bay Area, more concentrated in Southern California and Sacramento area

Notes:
Spend and member figures based on all members with spend at each respective facility from July 1, 2015 to March 31, 2016 **(9 Months)**
Diabetes, Coronary Artery Disease, and Hypertension defined according to CMS guidelines

SHAPE - California Health & Wellness (CH&W)
Stroke and Heart Attack Prevention Everyday

CH&W Diabetic Members by County



- Majority of diabetic members over 55 come from Imperial County
- Higher population in Northern California than more populated areas
- Population distribution significantly differs from Health Net

Notes:
Spend and member figures based on all members with spend at each respective facility from July 1, 2015 to March 31, 2016 **(9 Months)**
Diabetes, Coronary Artery Disease, and Hypertension defined according to CMS guidelines

SHAPE – Project Model
Stroke and Heart Attack Prevention Everyday

Systematic implementation in all patients with:

- Diabetes (age ≥55yo) AND
- Cardiovascular disease (high risk and/or prior heart attack or stroke)
- And/or hypertension

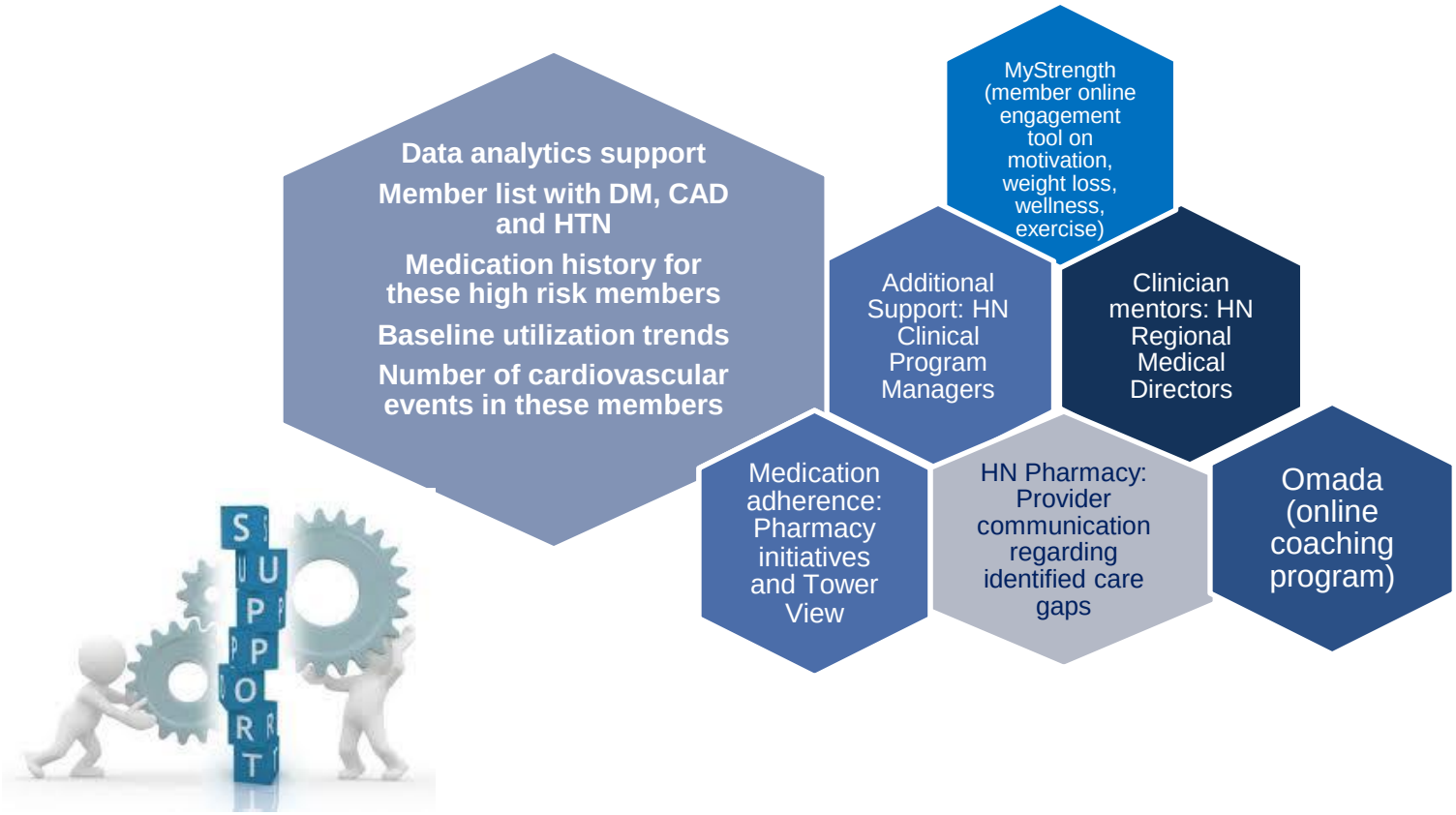
To ensure that these patients are on the cardioprotective bundle which is a daily dose of:

- Aspirin 75-235 mg
- Lovastatin 40mg
- Lisinopril 20 mg

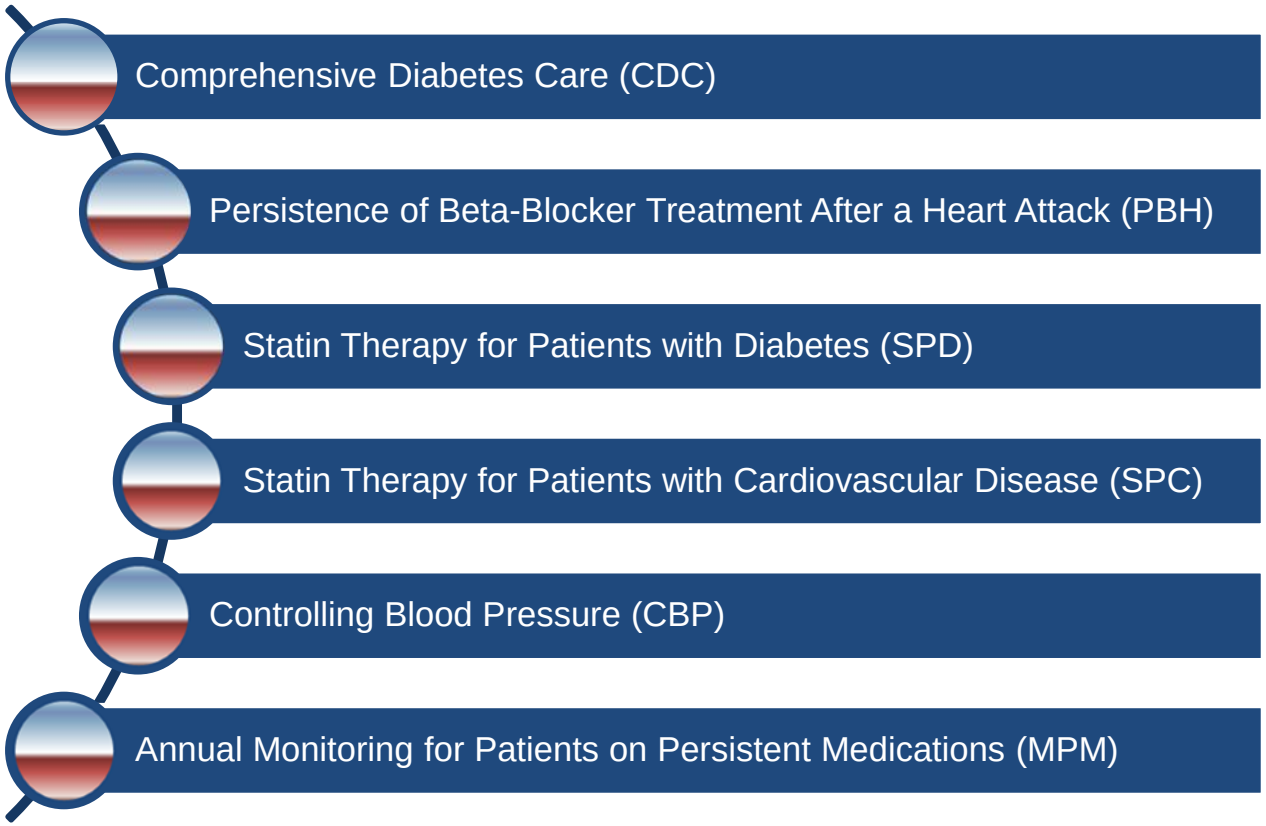
To ensure compliance with medication with healthcare coaches.

- Healthcare coaches comprising diabetes educators, nutritionists, dieticians, etc.
- Engagement by healthcare coaches either on site at provider's office or telephonic
- Frequency of engaging is determined by coach as per the acuity and risk.

SHAPE – Project supporting initiatives
Stroke and Heart Attack Prevention Everyday



SHAPE – Potential HEDIS measures impacted
Stroke and Heart Attack Prevention Everyday



Results and quality initiatives

SHAPE – Quality Improvement initiatives

Stroke and Heart Attack Prevention Everyday

Health Net®

Member Outreach

- Reminders via mail, IVRs, live calls, text messaging, online newsletter, and/or emails
- Incentives
- In-home visits
- CVS Health Tags
- Live calls by clinical pharmacists trained in motivational interviewing
- Health education classes coordinated with clinics

Provider Outreach

- Provider educational resources including best practice tip sheets and toolkits
- Educational webinars
- Care gap lists
- Report cards
- Joint Operations Meetings with PPGs
- Provider Relations and Practice Transformation site visits

Medi-Cal initiatives

SHAPE – MediCal quality initiatives

	Measures	Initiative Description
General Strategies		• PPG member-level care gap lists and performance report cards • Joint Operations Meetings with PPGs • Provider education
Health Net Community Solutions	**Comprehensive Diabetes Care (CDC)**	• Educational outreach to member regarding self management of chronic conditions • A1c test kits mailed for members to complete in their homes • Tailored member incentive program studies across the state for completing four (4) key screening tests: HbA1c, retinal eye exam, nephropathy, and blood pressure • In home visit program to address members not engaging in provider office care • Targeted CVS Health Tag messages available on member prescriptions • Incentivize members to attend educational diabetes class or phone education, and follow up calls to remind members to complete screenings
	Annual Monitoring of Patients on Persistent Meds (MPM)	• In home visit program to address members not engaging in provider office care • Educational IVR, email and text programming for members with incomplete care • MPM “Fax Blast” – provider's to provide data on labs completed and to lose the care gap on remaining labs.
California Health & Wellness	**Comprehensive Diabetes Care**	• Provider training and education on gap reports • Supporting member outreach to engage them in needed care by coaching providers to assist members with transportation, translation services • In home visit program to address members not engaging in provider office care

SHAPE – Use of Retinal Cameras and Telehealth

Issue:
Diabetic retinopathy is the leading cause of blindness in American adults

Partnership to implement solution:

- Since 2016, California Health & Wellness (CH&W) has partnered with the University of California Berkeley's Department of Optometry to offer diabetic retinopathy cameras to *select* FQHCs
- CH&W covers the costs of the cameras in FQHCs so it is not a financial liability for clinics to support diabetic retinopathy exams (DREs)
- The California Health Care Foundation (CHCF) provides ongoing technical assistance and grant-funded money for staffing to participating FQHCs

SHAPE – Use of Retinal Cameras and Telehealth

Benefits:

- Allows FQHCs to conduct DREs onsite and avoid referrals to offsite offices, which may not accept Medi-Cal
- Supports PCMH by ensuring PCP remains at center of care delivery
- Reduces barriers to care, including travel limitations
- Imaging is optimized via use of high-quality cameras, resulting in low rates of reimaging

Results to date (2016 – to date):

- Over 2,500 retinal screens to date
- Rapid turnaround: Results read in < 48 business hours
- Majority of screens are low-risk, negative
- High-risk, positive screens are referred to a specialist

Applying lessons learned to 2018 strategy:

- Add solutions to scale across the Health Net market and lines of business
- Explore a model of care where cameras are centrally located in areas of population densities of diabetic members

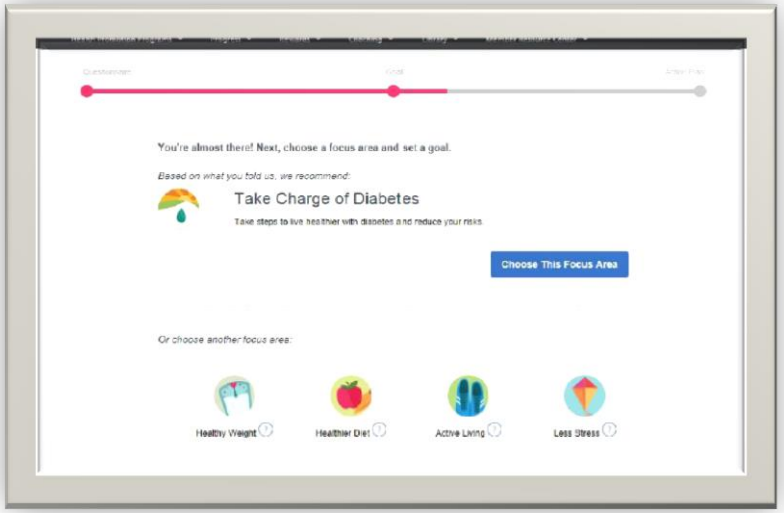
Medicare initiatives

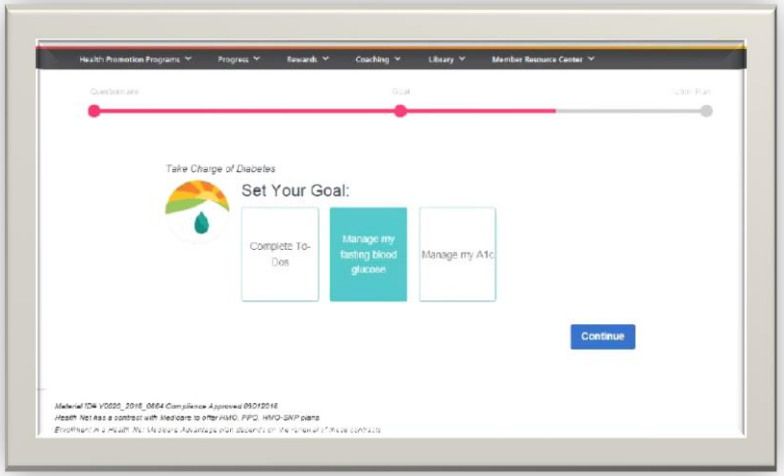
SHAPE – MediCare quality initiatives

Measure	Initiative Description
Multi-Measure Outreach	• Six (6) 2018 provider webinars on preventive care, CAHPS/HOS, Bone Health, Mental Health, HEDIS • PPG member-level care gap lists and performance report cards on provider portal • Joint Operations Meetings with PPGs - performance on measures reviewed • Provider education: related tools include the DRE Tip Sheet, CBP Tip Sheet and Wellness and Prevention Checklist • Live outreach to members with multiple gaps to promote PCP appointments and gap closure • Annual member calendar/health planner and newsletter with CV/CDC topics
Medication Adherence	• Pharmacy calls to members with refill gaps to identify barriers, improve adherence, and promote personal relationship with members • Medication adherence tools such as pillboxes provided as indicated
Blood Pressure Control (CBP)	• Controlling Blood Pressure Tip Sheet online update and email to providers • Educational outreach to members by e-mail or mail with related topics • Promote physical activity to control blood pressure by encouraging use of Silver and Fit, etc
Comprehensive Diabetes Care (CDC)	• Provider webinars on HEDIS Best Practices including CDC • IVR outreach to diabetics promoting eye exam, blood sugar control and kidney screening and follow-up flyer • Emphasis on best practice and coding for Provider educational materials • Project to enroll at risk members in Diabetes Prevention classes • Take Charge of Your Health self management application

Take charge of your health

- Helps participants with chronic medical conditions better manage their well-being through adherence and personal wellness strategies.
- Complements the traditional approach of nurse-based disease management by offering a self-paced portal-based program that does not require the intervention of a telephonic coach or Disease Management nurse.
- Currently offered for diabetes, with upcoming modules around hypertension, heart failure, asthma and COPD.
- **Available for Medicare and Commercial members.**





Comprehensive Diabetes Care IVR

2016 Intervention Description:

20,599 members who were non-compliant for eye exam (retinal) received an Interactive Voice Response (IVR) educational call to remind them of the importance of a retinal eye exam and encourage them to schedule their exam. Also, if members were due for HbA1c test, the call would proceed with this assessment.

For members who indicated that they had completed their screening(s), the call will ask them to provide information on doctor name and city as well as month and year of screening(s).

Targeted Measure(s):

- Eye exam (retinal)
- HbA1c

Timing/Schedule:

Yearly (8/5/16-8/24/16)

Targeted LOB(s):

Medicare and CMC

Data Source:

HEDIS Care Gap Data

Comprehensive Diabetes Care IVR

2017 Initiative:

Combined IVR and mailing approach to comprehensive diabetes control

- Educational Interactive Voice Response (IVR) Call
  - Population: Moderate to low risk Medicare and Cal MediConnect members with year-to-date CDC care gap(s), including retinal eye exam, blood sugar control and kidney disease monitoring
  - Intent of call: Educate members on the importance of testing and encourage them to see their doctor for diabetes-related tests
  - Outreach collected information on when/where from self-reported compliant members
- Diabetes Mailer
  - Diabetes screening reminder mailing (infographic flyer) was sent to members who were included in the IVR outreach as a follow-up

Commercial and Marketplace initiatives

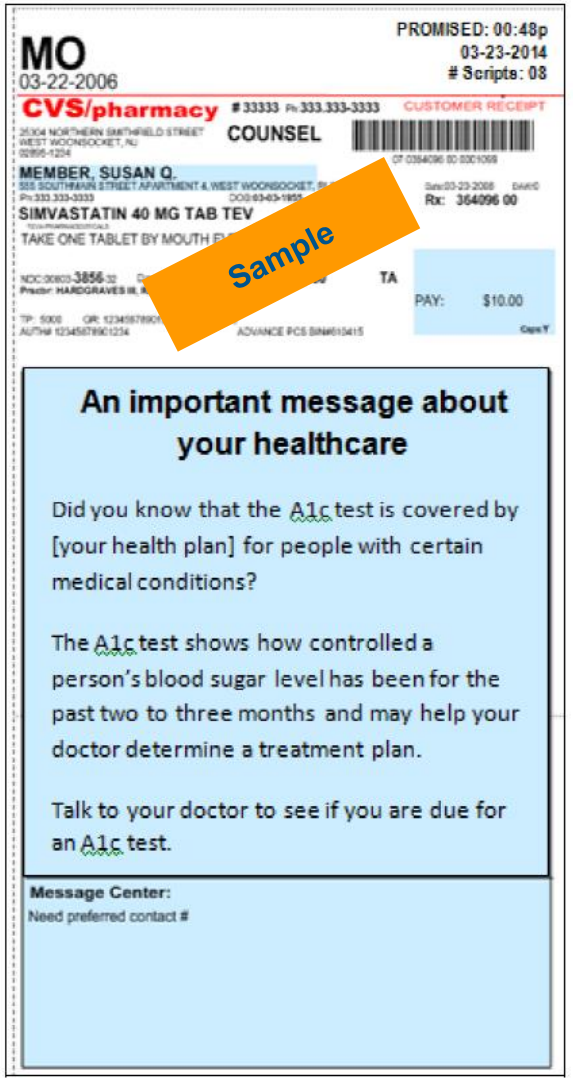
Commercial HMO/ POS activities

Measures	Initiative Description
Multi-Measures Outreach	• PPG member-level care gap lists and performance report cards • Joint Operations Meetings with PPGs • Provider education; ***New in 2018:*** "Care Across the Lifespan" provider webinar.
Comprehensive Diabetes Care (CDC)	• Diabetes education messages printed on CVS pharmacy labels in Q3 and Q4 to all members with gaps. • Diabetes IVR phone call reminder for retinal eye, HbA1c, nephropathy, and blood pressure in Q3 2017 to members with gaps • Diabetes reminder messaging around retinal eye and HbA1c testing. Messaging will be sent out to members based on opt ins collected during Information Gathering IVR campaign, which allows members to opt in and receive future emails or texts messages • Pilot: Direct member mailing with information about diabetes resources available to HN members, including a reminder to schedule an appointment for important screenings • Omada Health prediabetes program offered to targeted groups • Take Charge of Your Health: If a member self identifies as having type 2 Diabetes in their Health Risk Questionnaire (HRQ), it will trigger virtual online coaching program for member with focus on type 2 diabetes. Future topics include hypertension and heart failure. • ***New***: In Q4, pilot cardio-protective medication bundle project for all members 55 years and older with diabetes and at high-risk for (or with a history of) coronary artery disease or hypertension. Includes health care coaches for members
Controlling Blood Pressure (CBP)	• In Q1 2017, launched IVR around importance of regular blood pressure screenings and healthy behaviors to ensure controlled blood pressure • In Q2 2017, mailed providers Hypertension tip sheet developed by Health Net. The tip sheet defines BP HEDIS Specifications, barriers to controlling BP, and recommendations on how to improve overall performance. Mailing included information on existing educational materials such as the *Measure Up, Pressure Down Toolkit* to help control BP • ***New:*** Exploring partnership with American Heart Association's Target BP initiative.
Persistence of Beta Blocker After Heart Attack (PBH)	• Ongoing participation in the Right Care Initiative's University of Best Practices to address preventing heart attacks, strokes, and diabetic complications • Since Q4 2016, Envolve Pharmacy Solutions pharmacist outreaches to all eligible PCPs (letter followed by phone call) and member (live call) if no beta blocker claim post-hospitalization for a heart attack. • ***New:*** Evaluate PBH Pharmacist Live Call outreach and identify/remedy barriers to implementation as needed in Q3-Q4.
Medication Adherence for Oral Diabetes Medications	• ***Pilot:*** Clinical Pharmacist live calls to targeted members to encourage prescription refill behavior change; focuses on review of the member's current oral diabetes prescription and conversation around any barriers or concerns

Diabetes Outreach

CVS Health Tags

- Members with a gap in diabetes care who pick up their medications at a CVS pharmacy will see this type of health message.
- Messages report the importance of the A1c Test and receiving a diabetic retinal eye exam.
- For RY 2018, over 8,500 members received a DRE Health Tag reminder from CVS, and over 3,750 members received an A1c reminder.



Interactive Voice Response Call

- IVR reminds members of the importance of taking their medications regularly, completing their eye exam if needed, and consulting doctor to monitor nephropathy.
- IVR asks members when they will schedule their appointment and/or consult their doctor.
- Call also identifies barriers to compliance and offers barrier-breaking tips.
- Plan to target 24,000 COMM members in Q3 2018.

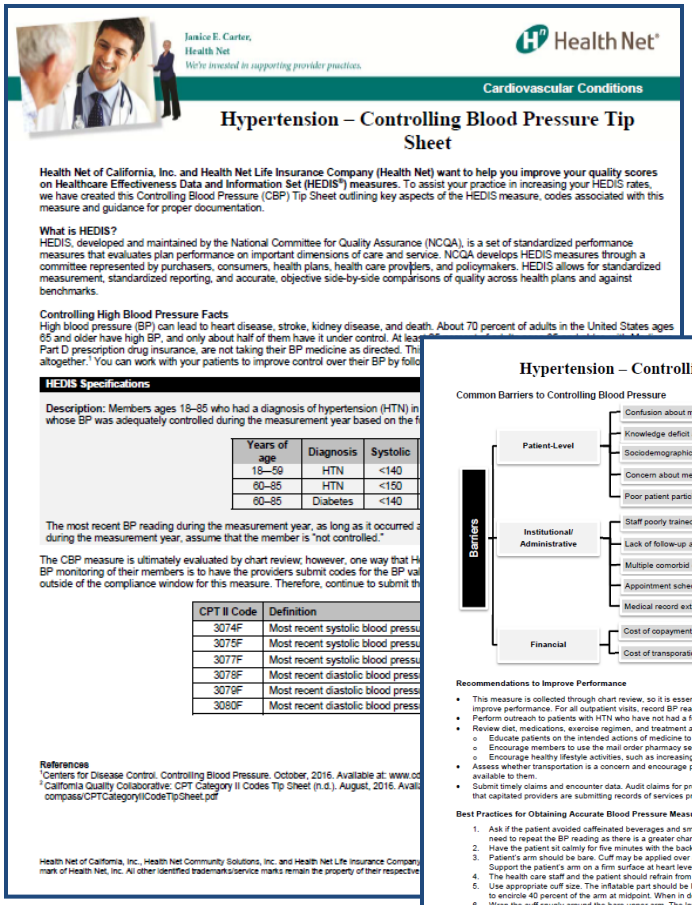
Controlling High Blood Pressure Outreach

Interactive Voice Response Call

- IVR around the importance of blood pressure screenings and healthy behaviors to ensure controlled blood pressure.
- Calls made to almost 30,000 Commercial members in Q1 2017.
- Ongoing in 2018.

Provider Mailing

- Mailing included best practice hypertension tip sheet developed by QI in addition to information on educational materials such as the *Measure Up, Pressure Down Toolkit* to help control blood pressure.
- Sent to 5,914 providers in Q2 2017.



Janice E. Carter,
Health Net
We're invested in supporting provider practices.

Health Net®

Cardiovascular Conditions

Hypertension – Controlling Blood Pressure Tip Sheet

Health Net of California, Inc. and Health Net Life Insurance Company (Health Net) want to help you improve your quality scores on Healthcare Effectiveness Data and Information Set (HEDIS®) measures. To assist your practice in increasing your HEDIS rates, we have created this Controlling Blood Pressure (CBP) Tip Sheet outlining key aspects of the HEDIS measure, codes associated with this measure and guidance for proper documentation.

What is HEDIS?
HEDIS, developed and maintained by the National Committee for Quality Assurance (NCQA), is a set of standardized performance measures that evaluates plan performance on important dimensions of care and service. NCQA develops HEDIS measures through a committee represented by purchasers, consumers, health plans, health care providers, and policymakers. HEDIS allows for standardized measurement, standardized reporting, and accurate, objective side-by-side comparisons of quality across health plans and against benchmarks.

Controlling High Blood Pressure Facts
High blood pressure (BP) can lead to heart disease, stroke, kidney disease, and death. About 70 percent of adults in the United States ages 65 and older have high BP, and only about half of them have it under control. At lea
Part D prescription drug insurance, are not taking their BP medicine as directed. Thi
altogether.[1] You can work with your patients to improve control over their BP by follo

HEDIS Specifications

Description: Members ages 18–85 who had a diagnosis of hypertension (HTN) in
whose BP was adequately controlled during the measurement year based on the f

Years of age	Diagnosis	Systolic
18–59	HTN	<140
60–85	HTN	<150
60–85	Diabetes	<140

The most recent BP reading during the measurement year, as long as it occurred
during the measurement year, assume that the member is "not controlled."

The CBP measure is ultimately evaluated by chart review; however, one way that H
BP monitoring of their members is to have the providers submit codes for the BP va
outside of the compliance window for this measure. Therefore, continue to submit th

CPT II Code	Definition
3074F	Most recent systolic blood pressu
3075F	Most recent systolic blood pressu
3077F	Most recent systolic blood pressu
3078F	Most recent diastolic blood press
3079F	Most recent diastolic blood press
3080F	Most recent diastolic blood press

References
[1]Centers for Disease Control. Controlling Blood Pressure. October, 2016. Available at: www.cd
[2] California Quality Collaborative: CPT Category II Codes Tip Sheet (n.d.). August, 2016. Avail
compass/CPTCategoryIICodeTipSheet.pdf

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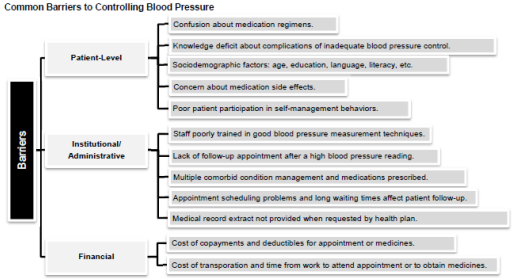
Hypertension – Controlling Blood Pressure Tip Sheet

Common Barriers to Controlling Blood Pressure



Recommendations to Improve Performance

- This measure is collected through chart review, so it is essential to provide medical records as requested by the health plan to improve performance. For all outpatient visits, record BP readings in the patient chart with the date of service.
- Perform outreach to patients with HTN who have not had a follow-up appointment.
- Review diet, medications, exercise regimen, and treatment adherence with the patient at each visit.
  - Educate patients on the intended actions of medicine to control their BP and the importance of medication adherence.
  - Encourage members to use the mail order pharmacy services to save on the cost of medications.
  - Encourage healthy lifestyle activities, such as increasing physical activity and following a heart healthy diet.
- Assess whether transportation is a concern and encourage patients to inquire about health plan and public transportation services available to them.
- Submit timely claims and encounter data. Audit claims for proper codes and provide education to staff on coding as indicated. Verify that capitated providers are submitting records of services provided.

Best Practices for Obtaining Accurate Blood Pressure Measurement

1. Ask if the patient avoided caffeinated beverages and smoking for at least 30 minutes before the examination. If not, you may need to repeat the BP reading as there is a greater chance of having an elevated reading.
2. Have the patient sit calmly for five minutes with the back supported and feet flat on the floor before taking BP.
3. Patient's arm should be bare. Cuff may be applied over a smoothly rolled-up sleeve, provided there is no tourniquet effect. Support the patient's arm on a firm surface at heart level, slightly flexed at the elbow.
4. The health care staff and the patient should refrain from talking while BP is measured.
5. Use appropriate cuff size. The inflatable part should be long enough to encircle at least 80 percent of the arm and wide enough to encircle 40 percent of the arm at midpoint. When in doubt, select the larger size.
6. Wrap the cuff snugly around the bare upper arm. The lower edge should be centered two finger-widths above the bend of the elbow, and the midline of the bladder should be over the brachial artery pulsation.
7. The dial or mercury column should be clearly visible and facing you.
8. Using light pressure, position the stethoscope over the brachial artery without touching the cuff.
9. For patients experiencing pain, anxiety or who are distressed at the time of the initial BP reading, repeat the reading after five minutes of rest and at the end of the appointment, if needed, following the steps above. If the BP is still elevated, schedule the patient to return the next week to assess the BP and treat accordingly.

For additional information, visit www.measureuppressuredown.com/HCProf/find/Toolkit/Plank1.pdf.

Persistence of Beta Blocker Treatment after a Heart Attack Outreach

Health Net®

Envolve Pharmacy Solutions pharmacist outreaches to all eligible PCPs (letter followed by phone call) and member (live call) if no beta blocker claim post-hospitalization for a heart attack.

Persistence with a Beta Blocker after a Heart Attack

Line of Business
CA Commercial – Health Net of California

GOALS

Improve medication adherence to beta blocker therapy after hospitalization for a heart attack: HEDIS measure PBH.

Meet California Department of Managed Health Care (DMHC) mandates to improve performance on Right Care Initiative indicators for cardiovascular disease.

Increase HNCA's overall NCQA accreditation scores.

PROPOSED INTERVENTION CRITERIA

Members who have had a heart attack but no claim for a beta blocker prior to or after hospitalization.

Interval: Monthly outreach to members and prescribers (or weekly, if applicable based on data)

COMMUNICATIONS

Outreach: Members' PCPs receive a letter encouraging initiation of beta blocker therapy (if not contraindicated).

Outreach: Follow-up phone calls to members' PCPs may be required.

Outreach: Members already on a beta blocker will be monitored for medication refills. Gaps in refills will trigger a call to the member from a clinical pharmacist. A member letter may be sent if unable to reach member via phone.

OUTCOMES

Since 10/24/16 through 4/30/18:

Total of 159 members have been identified as having MI
14 members have terminated coverage; 3 did not have an MI

Intervention/Outreach Type	Number of Interventions	Results
Outbound calls	35	10 members reached (29%)
Provider faxes	30	11 responses received (36%)
Member letters	21	n/a

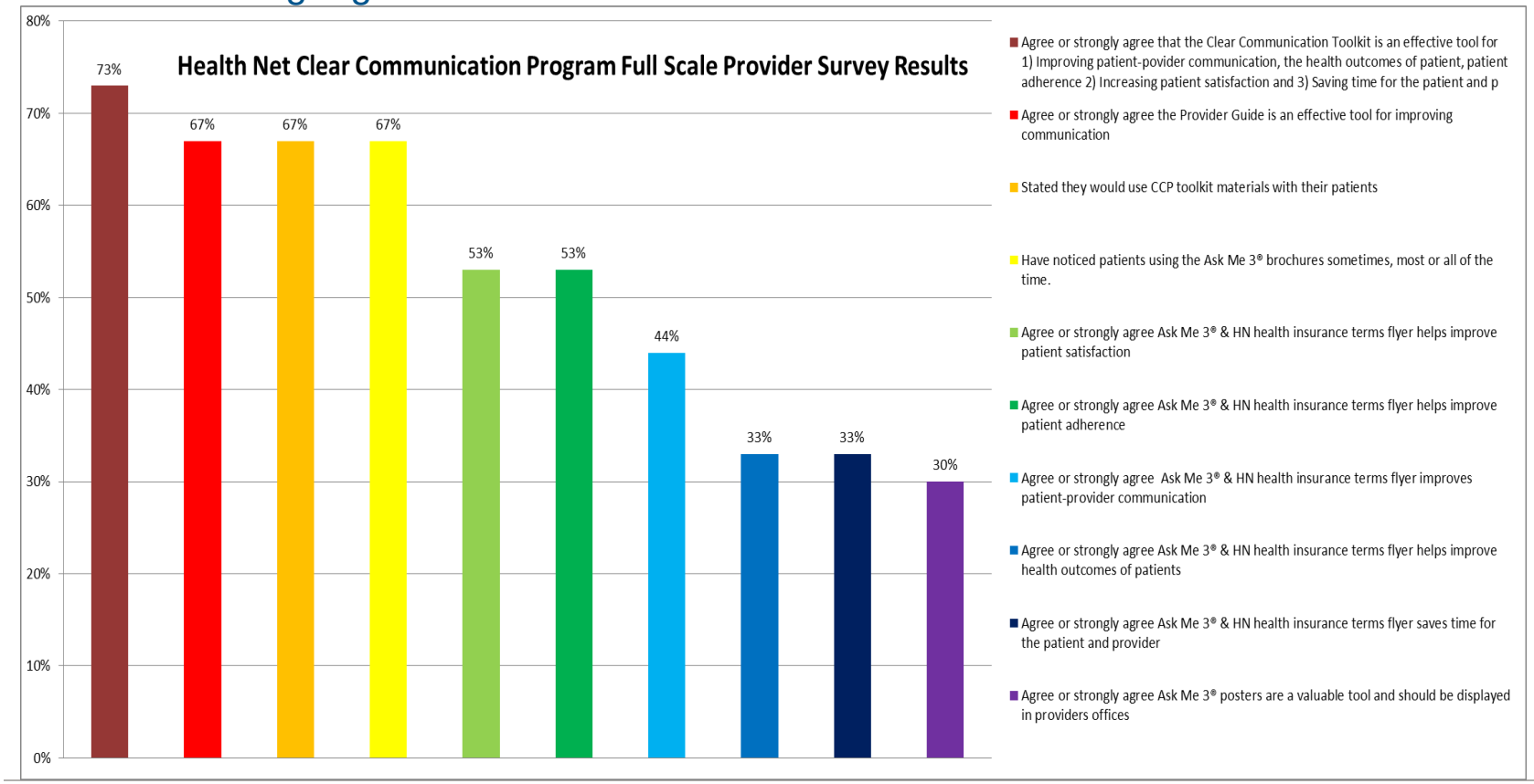
Exchange Activities

Measures	Initiative Description
Multi-Measures Outreach	• PPG member-level care gap lists and performance report cards • Joint Operations Meetings with PPGs • Provider education
Comprehensive Diabetes Care (CDC)	• Targeted CVS Health Tag diabetes educational messages available on prescriptions to members with DRE and A1c testing gaps in Q3- Q4 • Diabetes multi-gap IVR phone call reminder for retinal eye, HbA1c, nephropathy, and blood pressure in Q3 to all members with gaps. • In Q3 2017, launched cardio-protective medication bundle project for all members 55 years and older with diabetes and at high-risk for (or with a history of) coronary artery disease or hypertension
Controlling Blood Pressure (CBP)	• Participate in Right Care Initiative's University of Best Practices to address preventing heart attacks, strokes, and diabetic complications. • Blood pressure screening IVR reminder call planned in Q2/Q3 2018. • ***New:*** Exploring partnership with American Heart Association's Target BP initiative.
Persistence of Beta Blocker After Heart Attack (PBH)	• Pharmacist outreach to all eligible PCPs (letter followed by phone call) and member (live call) with beta blocker care gaps launched end of 2016. Due to continued low reach rate, will reevaluate strategy for Q3/Q4 2018.

Commercial Clear Communication Project

Project designed to improve effective communication between provider and patient to guide optimal care and member experience.

- 3,650 toolkits were mailed to Commercial providers in 2017. Toolkits included:
  - Provider Guide with tips on clear communication including Ask Me 3®,teach-back and cultural sensitivity
  - English and Spanish Ask Me 3® brochures and posters
  - Plain language health insurance terms member handout



Q&A

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Questions/ Comments

Promising Intervention Brief

Cardio-Protective Medication Bundle Protocol

An estimated 935,000 heart attacks and 795,000 strokes occur in the United States each year. 150,000 of all Americans who died of cardiovascular diseases in 2007 were younger than age 65.[1] An inexpensive cardio-protective medication bundle could substantially prevent cardiovascular events.[2,6]

The Right Care Initiative research team recognized the value of medication protocols and convened a consensus conference in January, 2011.[5] Participants included experts from California universities; medical groups and health plans; the Veteran's Administration; the Navy; the CDC; and the Karolinska Institute of Sweden. The consensus experts concluded:

Unless contraindicated, a statin and ACE-inhibitor bundled therapy should be prescribed to patients who:

- Have suffered a heart attack or stroke
- Are high risk for heart attacks and strokes or
- Have diabetes & over age 55 (therefore more than twice as likely to have a cardiovascular event).

Aspirin should be used as secondary prevention for all patients who have had a heart attack or stroke unless contraindicated. Aspirin for primary prevention has not been proven but may be used in the bundle according to the individual's risk factors at the physician's discretion if no contraindication.

"In patients hospitalized for a coronary event, we must do more than treat the ischemia. We must begin to aggressively treat the damaged vascular bed with combination medical therapy, including a statin (regardless of lipid levels), aspirin, a beta-blocker, and an angiotensin-converting enzyme (ACE) inhibitor. This therapy should be started before hospital discharge.

In addition, all patients with known atherosclerotic cardiovascular disease, regardless of how it was diagnosed, should receive appropriate combination therapy. And those patients at high risk, such as people with diabetes and those who score high on the Framingham risk model should also be treated aggressively."

--Gregg C. Fonarow, MD
Director, Ahmanson-UCLA Cardiomyopathy Center; Director, Cardiology Fellowship Training Program; Co-Director, UCLA Preventative Cardiology Program; Associate Professor of Medicine, UCLA Division of Cardiology

The Right Care Initiative research team is actively comparing medication protocols among high performers such as Kaiser Permanente, Sharp-Rees Stealy Medical Centers, the Veteran's Administration, and medical groups outside California. To date, only Kaiser Permanente has widely published their cardio-protective medication protocol.

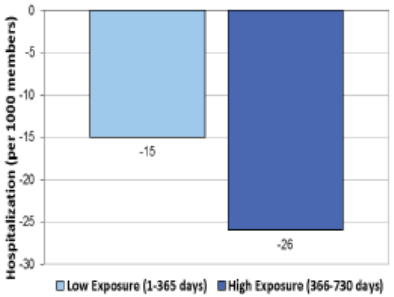
Kaiser Permanente's medication bundle, called **ALL** in Southern California or **PHASE** in Northern California, treats patients with coronary artery disease or over 55 with diabetes. The specific content of the medication bundle may be tailored based on the patient's calculated 10-year Framingham risk score.

- **ALL**: Aspirin, Lisinopril (ACE-inhibitor), and Lipid lowering statin (currently Simvastatin 40mg)
- **PHASE**: Preventing Heart Attacks and Strokes Everyday (ALL protocol with beta blocker therapy and lifestyle emphasis added)

Reduced Heart Attack and Stroke Hospitalizations with ACE-Inhibitor & Statin Bundle [2]

A Kaiser Permanente quality improvement study tracked 170,000 individuals over two years. Compared to those with no medication bundle exposure:

- Among the 47,268 "**low exposure**" individuals who used the medication bundle 1-365 days, 726 fewer heart attacks and strokes occurred—a reduction in hospitalization for heart attack or stroke by 15 per 1,000 members.
- Among the 21,292 "**high exposure**" individuals who used the medication bundle 366-730 days, 545 fewer heart attacks and strokes occurred—a reduction in hospitalization for heart attack or stroke by 26 per 1,000 members.



Right Care Initiative "Cardiovascular, Hypertension and Diabetes Management and Prevention: Quality Indicators, Metrics and Promising Interventions," pp. 25-26 (link on resources page).

California Right Care Initiative Promising Intervention Brief

Cardio-Protective Medication Bundle Protocol

Staggering Price of Preventable Heart Attack and Stroke According to CDC

"In 2010, the total costs of cardiovascular diseases in the United States were estimated to be $444 billion. Treatment of these diseases accounts for about $1 of every $6 spent on health care in this country. Preventing and controlling high blood pressure and high cholesterol play a significant role in cardiovascular health. For example, a 12-13 point reduction in average systolic blood pressure over 4 years can reduce heart disease risk by 21%, stroke risk by 37%, and risk of total cardiovascular death by 25%." [1]

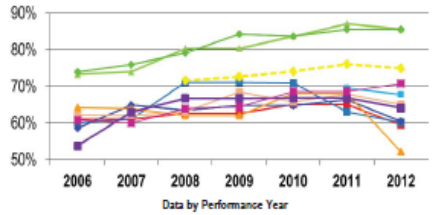
Health plans and medical groups that proactively implement a cardio-protective medication bundle protocol greatly improve clinical outcomes, particularly for the critical prevention measures:

- Blood pressure control for patients with hypertension
- Lipid control for patients with heart disease
- Lipid control for patients with diabetes

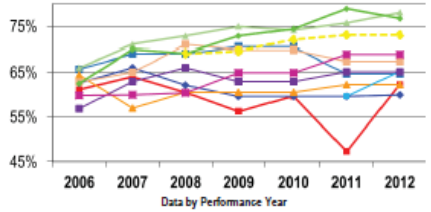
Kaiser Permanente is now among the best performing plans in the U.S. for blood pressure and lipid control.[5] Kaiser Permanente researchers indicate that the ALL protocol contributes to their national top 10 performance in blood pressure and cholesterol control, leading to significant heart attack and stroke prevention as follows:

- For those that took the medication bundle less than one year, the bundle reduced heart attack and stroke hospitalizations by 60% compared to those that never took the medication bundle.[2]
- The medication bundle protocol saves their health plan about $300 per patient per year.[2]
- The medication bundle utilizes inexpensive generic medications, costing just $8/patient/month total.[3]
- Implementing a cardio-protective medication bundle among 10% of patients with diabetes in the U.S. could save $2 billion.[3]
- The Kaiser Permanente generic bundle and protocol is now used in more than 46 California community clinics.[4]

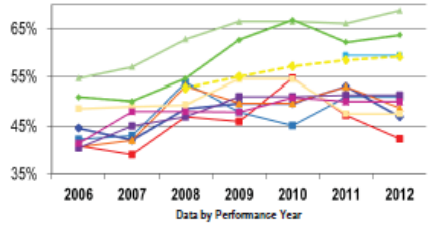
Patients with Blood Pressure Controlled (<140/90 mmHg)



Heart Patients with Lipids Controlled (LDL-C <100) [5]



Diabetic Patients with Lipids Controlled (LDL-C <100) [5]



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2. Dudl, JR et al. "Preventing myocardial infarction and stroke with a simplified bundle of cardio protective medications." American Journal of Managed Healthcare. 2009. 15(10): e88-e94.
3. Dudl, JR. California State Capitol Right Care Briefing, Testimony. 18 Aug 2011.
4. Wong, W et al. "Community Implementation and Translation of Kaiser Permanente's Cardiovascular Disease Risk-Reduction Strategy." The Permanente Journal. 2011. 15(1): 36-41.
5. NCQA Quality Compass®. 2013.
6. Center for Outcomes Improvement and Innovation and Right Care Initiative (Jan 2011). "Medication Bundling Protocols for the Prevention of Cardiovascular Events Expert Consensus Conference. UC San Diego. La Jolla, CA. Expert Summit.

For more information, contact the Right Care Initiative: RightCare@berkeley.edu

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