

The Million Hearts initiative: How nurse practitioners can help lead [Editorial]

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Abstract:

Every 39 seconds a person in the United States dies from a heart attack or stroke (Roger et al., 2012). Those who survive frequently have residual symptoms or disabilities and poor quality of life. Furthermore, these conditions are expensive for our nation, accounting for nearly \$444 billion in healthcare expenditures and lost productivity in 2010 (Heidenrieck et al., 2011).

Heart attacks and strokes, two of the top four killers of Americans, are largely preventable, regardless of family history. Million Hearts™, launched in September 2011 by the Centers for Medicare and Medicaid Services (CMS) in collaboration with the Centers for Disease Control and Prevention (CDC), aims to prevent 1 million heart attacks and strokes in the United States over the next 5 years. The campaign is focusing entirely on prevention in order to produce, on average, a 10% reduction in the rate of acute cardiovascular (CV) events a year for the next 5 years.

Keywords: Million Hearts initiative | community prevention | clinical prevention | cardiovascular health

Article:

Overview of Million Hearts

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life. Furthermore, these conditions are expensive for our nation, accounting for nearly \$444 billion in healthcare expenditures and lost productivity in 2010 (Heidenrieck et al., 2011).

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To achieve this goal in the relatively short 5-year time frame, major efforts to dramatically change behaviors must be made by multiple groups and individuals. One way that Million Hearts is striving to meet the goal is by combining public and private sector partnerships. Partners from the public sector include the Agency for Healthcare Research and Quality, the Federal Drug Administration, the National Heart, Lung, and Blood Institute, the US Department of Veterans' Affairs, and many others. The American Academy of Nurse Practitioners (AANP), the American Nurses Association, and the Preventive Cardiovascular Nurses Association (PCNA) are among the growing list of supporters from the private sector. Additional private-sector partners include the American Heart Association (AHA), the American College of Cardiology, the American Medical Association, the American Pharmacists Association, the National Consumer League, the YMCA of America, Walgreen's, UnitedHealthcare, America's Health Insurance Plans, and many others.

Million Hearts seeks to meet the 5-year goal by approaching prevention from two angles, community prevention and clinical prevention. Combining types of prevention allows for public health and clinical practice initiatives to work synergistically. Community prevention efforts are aimed toward making it easier for individuals to make healthier choices and reduce the likelihood that they will need treatment for CV conditions. Community prevention strategies such as comprehensive programs to reduce tobacco use, reduce sodium intake, and eliminate trans-fat intake can help make the nation healthier by default. Evidence-based tobacco control programs include graphic mass media campaigns, smoke-free public places and work place policies, cigarette price increases, and community grants for tobacco use prevention and cessation programs. Sodium intake may be reduced through public and professional education about the harmful effects of excess sodium, mandated labeling of sodium content in menus of chain restaurants, and changes in food purchasing policies to allow increased access to low sodium foods. Strategies to eliminate (or reduce) dietary intake of trans-fats include educating the public and professionals about the detrimental effects of trans-fats, encouraging the food industry to replace trans-fats with other types of fat, implementing FDA requirements for labeling trans-fat content in all foods, and monitoring/publishing trans-fat levels for the population as a whole. Some communities and two states, California and Illinois, have already enacted trans-fat regulations (CDC, 2012a). Other states have introduced trans-fat legislation, though the regulations have been defeated or stalled. However, most states have not introduced trans-fat regulations. Thus, more work needs to be done to fully implement these and other community prevention strategies.

Clinical prevention refers to what healthcare providers (HCPs) can do in their clinical settings to optimize the quality of the care they deliver. HCPs are being advised by Million Hearts to prioritize the “ABCS” of heart disease: appropriate Aspirin therapy for high-risk individuals, Blood pressure (BP) control, Cholesterol management, and Smoking cessation counseling/medication for those individuals trying to quit. These priority areas were chosen because reaching the targets proposed will save the most lives and get the “biggest bang for the buck” out of our current healthcare investments. Table 1 gives specific targets for each area.

Table 1. The ABCS of clinical prevention efforts

Intervention	Baseline (2012)	January 2017 target	Clinical target
Aspirin for those at high risk	47%	65%	70%
Blood pressure control	46%	65%	70%
Cholesterol management	33%	65%	70%
Smoking cessation	23%	65%	70%

In Table 1, the targets for January 1, 2017, are percentages for the population of the United States as a whole; a higher standard, 70%, has been set for clinical systems of care.

The use of health information technology (HIT) can assist in clinical prevention efforts by tracking improvements in the ABCS across the healthcare system. The inclusion of prevention-oriented *meaningful use* measures provides one mechanism for HCPs to collect and report data to show progress toward goals. However, revisions to existing software used for electronic health records may be needed to demonstrate that eligible HCPs meet the meaningful use HIT requirements mandated by governmental agencies. Financial incentives are already in place by CMS for eligible providers who meet the requirements.

Finally, as part of the improvement in the ABCS and changes in HIT, team-based care is needed. The development of innovative patient-centered care delivery models that recognize and reward quality care structured around the ABCS is critical for clinical prevention.

What can individual NPs do to help

Everyone has a role in Million Hearts, whether as HCPs in clinical practice settings or as individuals in their communities. NPs, particularly those in primary care, internal medicine, women's health, and CV specialty areas, are well positioned to optimize access to high quality care related to the ABCS. Focusing on diagnosing and treating individuals with hypertension as *the priority area* of the ABCS is one valuable contribution that NPs can make. Even modest improvements in systolic BP dramatically reduce the likelihood of morbidity and mortality. For example, a 5 mmHg reduction of systolic BP could result in a decrease in mortality due to stroke by 14%, mortality due to heart disease by 9%, and total mortality by 7% (Whelton et al., 2002). BPs are easy to obtain and are a standard part of our practice. Detecting individuals who have not been previously diagnosed and optimizing treatment with evidence-based therapies for those with hypertension are the “bread and butter” of what we do. Moreover, the Affordable Care Act, upheld by the Supreme Court in June, has provisions for seniors to receive preventive care at no cost, including free BP screening. Many private insurance companies and retail venues also offer free BP screening. Sending out letters to potential or existing patients to remind them to take

advantage of these screening opportunities or wellness visits is one way that NPs can help improve access to quality care. NPs can also routinely encourage home BP monitoring (HBPM), even for normotensive patients, and educate the public about the importance of monitoring BP over their lifetime. A third way to optimize BP control is through Heart360®, a free online service offered by the AHA to enable individuals to track and manage their heart health. Heart360®, available at <http://www.heart360.org>, a secure location, offers information about CV risk factor modification and a place where participants may enter their HBPM values to share with their HCP. In addition, HCPs have the option of creating an account to “invite” patients to connect directly to their provider account so as to monitor the values remotely and print reports prior to scheduled office visits. Through technology like this, NPs can schedule follow-up visits sooner than planned or can make referrals as appropriate to specialists or community health workers for those who are not meeting specified goals. Systems like these not only increase adherence to lifestyle modifications and medication but also empower patients to take control of their heart health. Similar strategies may be used to optimize use of aspirin for those at high risk, managing cholesterol, and providing counseling for those who use tobacco.

In addition to prioritizing the ABCS of clinical prevention when treating individual patients, NPs can serve as a bridge to their community through education and screening. NPs can be leaders in efforts to support patients and the public in their quest to make healthier choices. For example, currently approximately 90% of Americans consume more than the recommended daily amount of sodium; average intake is about 3.3 g/day while the recommended daily intake is less than 2.3 g (CDC, 2012b). A further reduction to 1.5 g/day is recommended for individuals at higher risk for CV disease. NPs can help people to see that the types of food they ingest matter, brands of food matter, and processed foods and foods prepared in restaurants are likely to contain higher sodium content. Teaching patients, families, and caregivers not just to avoid adding salt at the table, but also to read labels would help reduce excess sodium intake. To learn more about sodium, the CDC provides a link to Vital Signs on Sodium at: <http://www.cdc.gov/vitalsigns/Sodium/index.html>

In addition to being leaders in improving the ABCS and supporting patients to live healthier, individual NPs need to be part of task forces to revise and expand the use of HIT to prevention-oriented electronic records. NPs can help design point-of-care assessment tools that include the ABCS as a way to screen for CV risk factors and monitor patients’ progress toward goals. NPs have the education and experience to take the lead in designing new delivery models that are patient-centered and family-friendly.

How the AANP can help

Beyond individual NP efforts, NPs as a group can assume a leadership role in supporting Million Hearts. As the leading NP professional organization, the AANP has already established a partnership with Million Hearts, with commitments to assist with consumer and health advocacy. From a policy perspective, the AANP also is lobbying for legislation and regulations to ensure that NPs are eligible to receive access to programs such as the Physician Quality Reporting System and other individual provider quality reporting programs operated by CMS or other insurers. Such programs not only provide financial incentives but a system to track ABCS

metrics. To learn more about what is on the legislative agenda for the AANP refer to: <http://www.aanp.org/legislation-regulation>

The *JAANP* has committed to use its publications and CME activities to educate the public and patients about the ABCS and raise the visibility of the initiative. The *JAANP* will include a link to the initiative in any publications that are aligned with the objectives of Million Hearts.

The Million Hearts initiative was also recognized in forums at the 27th AANP National Conference in Orlando in June. As part of the annual membership meeting on June 20, Cmdr. Dickens, DNP, NP-C, FAANP, spoke about the important partnership between the AANP and Million Hearts and invited all attendees to visit the Million Hearts web site to learn more about the initiative. On June 23, the CV Interest Group met to identify ways in which NPs, especially those with an interest in CV health, can serve as leaders in the AANP to move this important effort forward. Over 50 NPs attended, and many shared success stories from their practices and communities. The group also discussed the challenges they face and identified several strategies for moving the effort forward. One suggestion was to create an annotated list of free or low-cost materials (flyers, fact sheets, slides, screening tools, and consents) for NPs to use for screening and educating the public and other professionals. Suggested resources included those from the Million Hearts web page, the AHA, and the PCNA. A second suggestion was to create a database for NPs to post “lessons learned” from local initiatives, including both challenges faced and secrets to success. This would enable NPs to share with others what they are doing, avoid reinventing the wheel, and avoid the mistakes made by others by anticipating pitfalls. The database, made available through the AANP with links to Million Hearts, could also document the efforts made by NPs across the country to improve the CV health of the nation. A third suggestion was to create a link (through the AANP or Million Hearts) to share literature on interventions that have been found successful in producing sustained behavior change among patients. A fourth suggestion was to develop a mechanism for this group (and others who could not attend the national meeting) to exchange ideas or communicate with each other through some form of social media. A final suggestion was to publicize Million Hearts while simultaneously promoting the use of NPs as providers of quality health care. One participant suggested creating posters for the initiative with an NP’s picture and a caption that reads “This NP is helping prevent 1 million heart attacks and strokes.”

Conclusion

Million Hearts has the potential to change the health of the nation. NPs are a major vehicle for change. The goal of Million Hearts aligns nicely with our philosophy and scope of practice. NPs do an excellent job of empowering patients and families to work on lifestyle measures, for example, diet, regular exercise, adherence to medication, smoking cessation, and ways to improve overall health and fitness. We are well positioned as individuals and as a group to make an impact on both clinical and community prevention. We have an opportunity *and* an obligation to improve performance in the four ABCS indicators. What will you do as an individual to join the initiative? Will you pledge to focus on the ABCS in your clinical practice? Will you collect your own practice data to monitor your numbers? Will you help form teams to design innovative patient care delivery models? Take the pledge at <http://millionhearts.hss.gov> to recruit 20

patients and encourage partners to do the same. We encourage you to make the commitment today. In the process, the unique contributions of NPs will surely be realized.

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