

Million Hearts® Model Promising Practice Case Study

Participant Spotlight

Mercy Clinic East Communities
Eastern Missouri & Southern Illinois



Mercy Clinic East Communities (Mercy) is a large healthcare system, serving Eastern Missouri and Southern Illinois. Before the COVID-19 PHE, Mercy provided about 8,400 daily visits, with the majority of their visits in-person. When COVID-19 was declared a pandemic in March 2020, Mercy devoted substantial resources to optimize their virtual healthcare. In just three weeks, **Mercy developed and deployed technological advances for the new virtual environment** by acquiring hardware and software training for providers and staff on new standardized processes and expectations as well as sharing patient education materials. In-person visits were converted to virtual methods, and by the end of the first full week of April 2020, a daily average of 2,500 visits were virtually provided. The volume of virtual care remained substantially high throughout 2020, and, to date, even though Mercy's clinics have increased in-office visits, they still receive an average of 478 virtual visits per day.

To ensure Million Hearts® Model risk reassessment, Mercy has a care coordination note on each high-risk beneficiary's chart in their EHR system, so the information is accessible to the care team. The note includes the anniversary window, each ASCVD risk score calculated during the window, and reminders to order an annual lipid panel and document the MH Smartphrase. These built-in EHR tools enhance shared decision-making and improve consistency and intensity of treatment.

To encourage engagement and shared decision-making during the COVID-19 PHE, Mercy's ambulatory pharmacist leverages **telehealth to provide patient education on statin use, decrease medication-related barriers, and improve medication adherence** by, for example, converting 30-day prescriptions to 90-day prescriptions. Mercy is currently performing at a 5-star rating in the HEDIS® Medication Adherence for Cholesterol quality measure.

Additionally, to engage patients, optimize telehealth success, aid hypertension management, and increase blood pressure control rates, Mercy sends five educational and bidirectional text messages to high-risk Million Hearts® Model beneficiaries yearly to promote healthy lifestyles and disease prevention. Mercy also incorporated **Self-Measured Blood Pressure (SMBP) monitoring** in their practice. Mercy's SMBP monitoring program empowers patients to manage their hypertension virtually, and the program increases data for providers to support individualized treatment regimens. Mercy ensures patients have an SMBP device through three programs:

1. Mercy outpatient pharmacy's discounted rate,
2. Mercy utilizes funding to provide the device to those who cannot afford it, or (3) Mercy's new SMBP device loaner program. To sustain the SMBP program, Mercy developed and implemented an EHR workflow and billing process based on new SMBP CPT codes improving documentation and provider engagement.

“Million Hearts® Model Smartphrase enhances **shared decision-making** and **improves consistency** and intensity of treatment.”

~ Mercy Clinic East Communities



The aim of the Centers for Medicare & Medicaid Services (CMS) Innovation Center's Million Hearts® Model Cardiovascular Disease Risk Reduction Model (Million Hearts® Model or MH Model) is to prevent first time heart attack and stroke in high risk Medicare beneficiaries. The model aim was supported by primary model drivers. This case study spotlights one of our participant organizations' innovative implementation of the "Shared Decision Making" model driver.

Promising Practice: Adjusting Practices for Cardiovascular Disease (CVD) Care during the COVID-19 Public Health Emergency (PHE)

The Centers for Disease Control and Prevention (CDC) estimates that, due to COVID-19 related concerns, 41% of U.S. adults delayed or avoided medical care during the PHE, and deaths from ischemic heart disease and hypertensive disease increased year-over-year.^{1,2} Avoiding care and not having access to care can have major impacts on a patient's health trajectory, and making adjustments and addressing barriers to care during the COVID-19 PHE may help mitigate ASCVD risk.

In an effort to improve access to CVD care during the COVID-19 PHE, patient visits rapidly shifted to telehealth (e.g., virtual visits, patient portal communications). Patient-centered communication and shared decision-making should continue to remain central to practices, and it may result in less frequent requests for critical care support. With the large, digital transition, remote physiologic or patient monitoring (RPM) is a care adaption many practices utilize. **RPM is the use of noninvasive medical monitoring devices to measure and capture physiologic data**, including devices such as pulse oximetry devices, electrocardiograms, and implantable pulmonary artery pressure sensors.^{4,5}

Recommendations for CVD Patient Care During the COVID-19 Pandemic from the American Society for Preventive Cardiology:⁶

- Refrain from patient visit deferrals
- Utilize telehealth resources (e.g. video calls, phone calls)
- When meeting with patients, ensure you are:
 - » Asking about symptoms
 - » Encouraging emergency medical services and/or emergency room care for acute symptoms
 - » Ensuring adequate medication refills and access
 - » Inquiring about physical activity and nutritional habits
 - » Checking vaccination status
 - » Utilizing the full care team to enhance patient care

Million Hearts® Model Sustainable Tactics: Intersection of COVID-19 & Health Equity in CVD Care

- **Significant racial and ethnic inequities** persist across the continuum of COVID-19 morbidity, hospitalization, and mortality. Black individuals have died from COVID-19 at twice the rate of White individuals. 10 Similarly, Black individuals have the highest prevalence of CVD risk factors.^{11,12}
- **In 2020, heart disease was the leading cause of death in the US**, and the overall COVID-19 death rates were highest among non-Hispanic Black individuals and non-Hispanic American Indian or Alaska Native individuals.¹³
- Black adults, Hispanic adults, unpaid caregivers for adults, individuals with underlying medical conditions, young adults, and individuals with disabilities are the **more prevalent groups of patients that avoided urgent or emergency care**, and statistically, non-Hispanic, black adult men have the highest overall rates of death attributable to CVD.^{1,14}

Million Hearts® Model Practical Tools to Consider: CVD Care during the COVID-19 PHE

American College of Cardiology (ACC) COVID-19 Clinical Guidance for the CV Care Team

The ACC provides clinical guidance for the Cardiovascular Care team with Current COVID-19 Clinical Context, Acute Cardiac Complications of COVID-19, COVID-19 Implications for Patients with Underlying Cardiovascular Conditions, and Cardiac-specific Preparedness Recommendations for COVID-19.

American Heart Associations (AHA) COVID-19 CVD Registry

Rapidly developed and launched by AHA volunteers and staff, the registry is powered by Get with the Guidelines to expedite scientific advancement through shared learning, quality improvements, and research.⁷ Additionally, there is a series of audiocasts for workshops and webinars on the AHA COVID-19 CVD Registry.

AHA's RPM Technologies Guidance for better CVD Outcomes

Some of what the guidance details is the effects of RPM on CVD and Guidelines for the Appropriate Design and use of RPM.

Million Hearts® Model COVID-19 & Cardiovascular Disease Partner Toolkit

Not only have there been more deaths from CVD during the pandemic, but people who have serious heart conditions are also at higher risk for severe illness from COVID-19.^{8,9} To help increase public awareness of the links between CVD Care and COVID-19, utilize the toolkit. It includes a variety of resources that are easily shared on social media, in newsletters, or on blogs.

Million Hearts® Model – SMBP Monitoring

A barrier to telehealth is the collection of vitals for monitoring. Visit the MH SMBP landing page for tailored implementation guides to Public Health Practitioners or Clinicians. Additionally, find a guide for SMBP Patient Engagement and an interactive infographic for Clinicians.

Reference Links:

1. [Delay or Avoidance of Medical Care - COVID-19 Concerns](#)
2. [COVID-19 Pandemic Disrupting Heart Disease Care](#)
3. [Don't forget share decision making](#)
4. [Leveraging Remote Physiologic Monitoring](#)
5. [Home Monitoring of Cardiac Devices](#)
6. [Continuity of care and outpatient management](#)
7. [American Heart Association COVID-19](#)
8. [Scientific Evidence for Conditions that Increase Risk of Severe Illness](#)
9. [Excess Deaths from COVID-19](#)
10. [Racism, Not Race, Drives Inequity](#)
11. [Race, Discrimination, and Cardiovascular Disease](#)
12. [Racial and Ethnic Disparities in Cardiovascular Disease](#)
13. [Provisional Mortality Data](#)
14. [Race/Ethnic and Sex Differences in the Association of Cardiovascular Disease Risk](#)