Illinois Million Hearts

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Our Starting Point

Current activities:
• CTG funded Healthy Hearts
• Chronic Disease 1305 basic funding
• Collaboration with American Heart Association, Telligen (QIO)

Identified the need for a unified approach between agencies:
• Establish state goals for action and improvement
• Coordinated messaging for providers and the public
• Coordinate to optimize available resources
• Impact state policy related to CVD and prevention

“Conveners” worked with NACDD for the Million Hearts Workshop
Identified a small group of interested, key leaders

- Primary Healthcare Association
- Large Health Systems
- REC / HIE
- QIO
- Academy of Family Physicians
- Rural health
- Key FQHCs
- Key local health departments
- Illinois Hospital Association
- Large payers
- Medicaid
34 Attendees

Agenda
• Overview Million Hearts
• CDC’s 4 domains
• Current activities in Illinois
• Roundtable discussions
  • Opportunities to spread current efforts
  • Potential new projects
  • Develop priorities for widespread collaboration

Established hypertension as the focus: with two workgroups
• Hypertension management (IDPH)
• The Million Heart ABCS (QIO)
Activities

Hypertension workgroup convened: academic, medical, associations, and provider partners

Met several times with grand plans
BUT
Soon discovered that we lacked a “burning platform”

At the same time:
• Started using a new algorithm to reveal preventable ED visits and hospitalizations at the county and zip code level
• Provided fact based motivation for action in 3 counties: creating coalitions around hypertension detection and management
• Provided provider level data on hypertension control
• Integrated Million Hearts requirements with CTG and ASTHO projects
Creating Linkages for Engagement

Leveraged existing projects to optimize engagement

• Used county HTN data to demonstrate the need for action

• Created community / clinical linkages focused on HTN management
  • Initiated county coalitions
  • Determined target populations for local action
  • Used coalition to create new systems of care / community services
A Work in Progress

Work to date served as a pilot for our next steps

Seeking funding to expand into more counties

Model for expansion:
1. Data driven quality improvements in provider and community systems
2. Create a population level approach through public health /clinical linkages
3. Implement self management tools at the community level
Lessons Learned

1. Effective change is local—there's no cookie cutter approach

2. Capitalize on existing initiatives: IPLAN, CHNA, MU

3. The best intentions go awry

4. Overcome local interests to focus on population / systems improvements

5. Share data early and often