

The Iowa Million Hearts® Action Plan—2015 - 2017 Progress Report

Progress Report Legend:

Stoplight progress mechanism to look at the Action Plan:

Green = Continued Good Progress

Yellow = Intermittent or Partial Progress

Red = Committed, but with Little or No Progress

= Objective Completed

= Objective Removed

12-2017: As partners prepare to meet to consider a plan for Million Hearts achievements through 2022, this report articulates the majority of accomplishments that have been achieved through the end of December, 2017. One additional report will be conducted that will document additional achievements through the end of November.

The Iowa Department of Public Health, Iowa Healthcare Collaborative and Telligen wish to congratulate the many partners throughout the state that have worked on the Million Hearts achievements that were accomplished between 2015 and 2017. We are cognizant that other partners may have accomplished other undocumented objectives in addition to those documented here in this report. Should other organizations, agencies or individuals wish to be included in the final report; please contact Terry Meek at terry.meek@idph.iowa.gov.

Goal #1: Increase Public Awareness of the Million® Hearts Initiative and the ABCS

Objective	Responsible Agency (ies)	Comments/Progress:	2015 Progress	2016 Progress	2017 Progress
1.1: Work with Des Moines Register health reporters to have at least one annual statewide article that covers the Million Hearts® Initiative and/or hypertension control through 6-2017. (Additional news media included)	IDPH, AHA	<p>2015: February DSM Register article and Governor’s Proclamation. Multiple Red Dress Activities throughout the year.</p> <p>2016: February DSM Register article and City of Des Moines Mayor’s Proclamation. Multiple Red Dress activities throughout the year.</p> <p>2017: February DSM Register article and City of Des Moines Mayor’s Proclamation. Multiple Red Dress activities throughout the year.</p> <ul style="list-style-type: none"> • IDPH-Major CDC Vital Signs on Stroke mortality stalling led to multiple press coverage from IDPH press release regarding Iowa being one of only 13 states where mortality had continued to decrease through 2015. 	Green	Green	Green
1.2: Work to participate in as many health fairs or other public events that would enable the promotion of Million Hearts® public awareness. Distribute educational materials regarding ABCS (risk factors, screening, treatment, control, etc.). Allow for Million Hearts® pledging, as possible.	IDPH, AHA, IPA, YMCA-Healthy Living Center*	<p>2015:</p> <p>IPA</p> <ul style="list-style-type: none"> • Hosted Capitol Screenings during its Annual Legislative Day • IPA pharmacists/student pharmacists provided 50 BP Screening events <p>YMCA</p> <ul style="list-style-type: none"> • Go Red for Women Luncheon 10/17/2014 • Mercy Annual Community Event 2/22/2015 	Green	Green	Green

<p>Provide screening opportunities and referrals through 6-2017.</p>		<ul style="list-style-type: none"> • Telligen WDM BP Screens 2/23/2015 • Telligen South Suburban BP Screens 4/23/2015 • YMCA HLC Community Day 2/21/2015 • YMCA HLC Clive 60 9/26/2015 • DMU Senior Health Fair 11/7/2015 <p><u>IDPH</u></p> <ul style="list-style-type: none"> • IHC Care Coordination Conference 6/2015 • Governor’s Conference on Public Health 4/2015 • Mercy Health Fair 2/2015 • IPCA Conference 10/2015 • IPA Conference/Forum 6/2015 <p>2016:</p> <p><u>IDPH</u></p> <ul style="list-style-type: none"> • IHC Care Coordination Conference 6/2016 • Governor’s Conference on Public Health 4/2016 • IPCA Conference 10/2016 • IPA Conference/Forum 6/2015 • IDPH Women’s Health Week display 5/2016 <p><u>YMCA</u></p> <ul style="list-style-type: none"> • National Falls Prevention Awareness Day/Iowa’s Largest Tai Chi Class 9/2016 – performed BP screening • YMCA Healthy Living Center Community Day 9/2016 • Latino Resource Fair 10/2016 • Iowa-Nebraska NAACP Health & Wellness Expo 10/2015 • Des Moines University Health Fair 11/2016 <p>2017:</p> <p><u>IDPH</u></p> <ul style="list-style-type: none"> • Participated in health fairs at Annual IHC Conference, Rural Health Association, IPCA Conference, etc. 			
<p>1.3: Promote the role of pharmacists in Million Hearts® in all current and future health care models through publications both in print and on social media each year during American Pharmacists Month (October) through 6-2017.</p>	<p>IPA</p>	<p>2015: IPA and members participated in Global Tweet-A-Thon to promote role of pharmacists in delivery of patient care services. IPA utilized American Pharmacists Month materials to promote pharmacists as a collaborative member of healthcare teams.</p> <p>2016: IPA utilized American Pharmacists Month materials to promote pharmacists as a collaborative member of healthcare teams. IPA included Million Hearts messaging/update in our weekly e-newsletter and quarterly journal.</p>			

		2017:			
1.4: Inform, educate and demonstrate to the public about the expertise and value of pharmacy professionals through community outreach events through 6-2017. This would include events such as health fairs coordinated by Colleges of Pharmacy, IPA's Legislative Day, and outreach on the Register's Annual Great Bicycle Ride Across Iowa (RAGBRAI).	IPA	<p>2015: IPA hosted a successful RAGBRAI team of 30 riders that visited 22 pharmacies in route, provided 2 health screenings at local pharmacies, and provided first-aid and numerous OTC meds from 3 mobile pharmacies.</p> <p>2016: IPA hosted a successful RAGBRAI team of 25 riders that visited 24 pharmacies in route and provided first-aid and numerous OTC meds from 2 mobile pharmacies. IPA also convened a summit with key stakeholders to discuss the role of pharmacists through utilization of medication synchronization services.</p> <p>2017: IPA hosted a successful RAGBRAI team of 30 riders that visited 18 pharmacies in route and provided first-aid and numerous OTC meds from 3 mobile pharmacies.</p>			
1.5: In coordination with activities around American Heart Month each year, provide consistent information about Million Hearts® and the ABCS and track all events across the state on the AHA Calendar of events, through 6-2017.	AHA, IDPH, YMCA-Healthy Living Center*	<p>2015:</p> <ul style="list-style-type: none"> • YMCA HLC Community Day 2/21/2015 • Mercy Annual Community Heart Month Event 2/22/2015 • IDPH-6th Floor Lucas Bldg on Capitol Complex display with hand-outs during February. <p>2016:</p> <ul style="list-style-type: none"> • YMCA Healthy Living Center provided material about BP Monitoring and brought attention to Cardiac Rehab class during National Cardiac Rehab Week 2/2016 • YMCA Healthy Living Center BP Screening for Heart Health Month 2/2016. • IDPH-6th Floor Lucas Bldg on Capitol Complex display with hand-outs during February. <p>2017:</p> <ul style="list-style-type: none"> • IDPH-6th Floor Lucas Bldg on Capitol Complex display with hand-outs during February. 			
1.6: Advocate for and recruit companies in Iowa to become "fit friendly" which includes awareness of Million Hearts® and/or hypertension control, through 6-2017.	AHA	<p>2015: AHA fundraising staff recruited 16 Iowa companies for Fit Friendly Awards, with a few others working towards the designation in the coming year.</p> <p>2016: This program has been renamed but the essence of this program still exists. Our Iowa companies are being rewarded for their excellence in this area.</p> <p>2017: No progress reported.</p>			

1.7: Post information on Million Hearts® and the ABCS through AHA social media sites and blogs that are viewed by many staff, companies and volunteers across the state through 6-2017.	AHA	<p>2015: AHA posted messaging throughout the year on their statewide Facebook page and twitter account. Facebook followers are up to 5,233; with 1,969 Twitter followers.</p> <p>2016: No progress reported.</p> <p>2017: No progress reported.</p>			
1.8: Promote Medicare beneficiary/family engagement (BFE) and self-management focused on ABCS through 7-2019.	Telligen	<p>2015: Series of webinars being conducted in 2016 about beneficiary/family engagement. Encouraging self-measured blood pressure monitoring.</p> <p>2016: Improving Health Outcomes: Blood Pressure webinar series conducted, which included SMBB, evidence-based practices, and made many tools and resources available to IA participants.</p> <p>2017: BFE and Self-management has been emphasized with FAC and with diabetes self-management education classes. In DSME, we cover BP management and proper technique when taking BP.</p>			
1.9: Collaborate with Cardiac LAN partners and stakeholders to improve the ABCS in patients through 7-2019.	Telligen	<p>2015: Met with physician stakeholders to educate them about Million Hearts. Data collected from participants with feedback provided for QI purposes.</p> <p>2016: Continued efforts with participants, including sharing quarterly data reports based upon participant performance in comparison to others in order to drive improvements.</p> <p>2017: Continued efforts; hosted a webinar on aspirin/antithrombotics in April 2017.</p>			
1.10: Create and sustain an Iowa Million Hearts® social media presence, through the creation of a Million Hearts® Facebook page or documented inclusion of Million Hearts® material and sharing through established social media outlets of primary partners by 12-2014.	IHC, IDPH, AHA	<p>2015:</p> <p>IHC Facebook Page posted a Million Hearts message every Monday in February.</p> <p>IDPH Communications Coordinator featured webpage coverage, tweets, FB and other messaging regarding Million Hearts during February and other more casual coverage throughout the year.</p> <p>Telligen was removed from the partner list, since the QIO does not participate in social media.</p> <p>2016: IDPH has issued several Stroke and Heart Disease Media releases and social media postings.</p> <p>2017:</p> <p>IDPH Communications Coordinator featured webpage coverage, tweets, FB and other messaging regarding Million Hearts during February and other more casual coverage throughout the year.</p>			
1.11: Work with private and public payers to include Million Hearts® information and materials in consumer/member-facing	IHC	<p>2015: IHC partnered with Wellmark's Blue Magazine to publish Million Hearts/Choosing Wisely/CV topics in their January edition prior to Heart Month.</p>			

<p>communications and resource outlets. Inclusion of information can be accomplished in collaboration with Choosing Wisely communications planning through 6-2017.</p>		<p>2016: Million Hearts was not a focus for Blue in 2016. 2017: Re-established common content connections. Heart health information was included in consumer-facing materials, though not Million Hearts specific. Working for a February 2018 inclusion.</p>			
<p>1.12: Create and maintain Iowa Million Hearts® webpage to promote the Initiative and activities, including the developed Action Plan and links to Million Hearts® consumer resources, through 6-2017.</p>	<p>IHC, Other Partners</p>	<p>2015: Updated IDPH Heart Disease and Stroke webpage has Million Hearts Action Plan link. 2016: Million Hearts materials included within program-specific resource pages of the IHC website. 2017:</p> <ul style="list-style-type: none"> • IHC-Million Hearts materials included within program-specific resource pages of the IHC website. • Telligen-Million Hearts microsite on Telligen website. • IDPH-Continued release of Million Hearts information on website. 			
<p>1.13: Inform, educate and demonstrate heart healthy behaviors and promote healthy lifestyles, to include the Million Hearts® Initiative activities, to the community through an on-going educational series held in collaboration with community health partners through 6-2017.</p>	<p>YMCA-Healthy Living Center*</p>	<p>2015:</p> <ul style="list-style-type: none"> • Heart Healthy You program- 6 mos. in 2014 • Better Choices, Better Health workshops 7/2013 through March/2015 • Ongoing Cardiac Rehab, Phase III • 4 Weeks for a Healthier You • Move Well Today • Diabetes Empowerment Education PGM-DEEP <p>2016:</p> <ul style="list-style-type: none"> • Blood Pressure Self-Monitoring Program starting 7/2016 • Blood Pressure Self-Monitoring Program – Monthly Nutritional Seminars for High Blood Pressure Management starting 8/2016 • On-going Cardiac Rehab, Phase III • 4 Weeks to a Healthier You • Move Well Today • Diabetes Empowerment Education Program – DEEP <p>2017: Program ended.</p>			
<p>1.14: Utilize existing relationships with the Iowa Public Health Association to inform their members about the Million Hearts® Initiative and activities in their counties through 6-2017.</p>	<p>IDPH</p>	<p>2015: Million Hearts information at Governor’s Conference on Public Health. 2016: Million Hearts information at Governor’s Conference on Public Health. 2017: Million Hearts information at Governor’s Conference on Public Health.</p>			

1:15: Utilize existing relationships with local public health agencies throughout the state to inform their staff about Million Hearts®; and encourage them to tell their patients and other residents about the Initiative and activities in their counties through 6-2017.	IDPH	<p>2015: LPHAs are on the IDPH Collaborative Healthcare Provider Network (CHPN) and receive the e-bulletin.</p> <p>2016: Continued as in 2015. Also frequent communication with the LPHA Regional Coordinators.</p> <p>2017: Continued as in 2016.</p>			
Goal 2: Increase Healthcare System Awareness of Million Hearts® Initiative and the ABCS					
Objective	Responsible Agency (ies)	Comments/Progress:	2015 Progress	2016 Progress	
2.1: Publish monthly e-bulletin, <i>Chronic Disease Connections</i> , through 6-2017, which includes Million Hearts® and ABCS articles and resource links, to the Collaborative Healthcare Provider Network (CHPN). Continue working to increase the size of the CHPN by 10% each year.	IDPH	<p>2015: Chronic Disease Connections was disseminated monthly. The CHPN network changes constantly with members leaving and enrolling. Estimated readership is 400.</p> <p>2016: Chronic Disease Connections was disseminated monthly. The CHPN network changes constantly with members leaving and enrolling. Estimated readership is 400.</p> <p>2017: Chronic Disease Connections was disseminated monthly. The CHPN network changes constantly with members leaving and enrolling. Estimated readership is 400.</p>			
2.2: Send e-BLASTS to CHPN health systems, practices and providers regarding Million Hearts® webinars, other webinars regarding hypertension control, health system transformation, etc. and other important communications through 6-2017.	IDPH	<p>2015: e-BLASTS were published on a regular basis during 2015.</p> <p>2016: e-BLASTS were published on a regular basis during 2016.</p> <p>2017: e-BLASTS were published on a regular basis during 2016.</p>			
2.3: Communicate best practices of Million Hearts® collaborations among pharmacists and other healthcare providers through utilization of live meetings and webinars that utilize CE and non-CE platforms through 6-2017.	IPA	<p>2015: IPA provided 9 local pharmacy meetings across the state with CPE/CME credits that focused on collaborative practice agreements, need for change and QI. Million Hearts® materials provided to 300 attendees of these IPA Goes Local meetings. IPA hosted a Practice Advancement Forum on 6/11 for 75 attendees.</p> <p>2016: IPA provided eight local pharmacy meetings across the state with CPE/CME credits that focused on improving health outcomes through pharmacist-led chronic disease management. Million Hearts® materials were provided to 250 attendees of these IPA Goes Local meetings. IPA hosted a</p>			

		Practice Advancement Forum on 6/16 for 65 attendees with a focus on “How-To” improve your practice. 2017: IPA hosted a Practice Advancement /forum on 6/15 for 60 attendees with a focus on specific “How-To” steps to improve patient health outcomes.			
2.4: Publish results from pharmacy-based research opportunities to advance the practice of pharmacy and Million Hearts/ABCS in Iowa through 6-2017.	IPA	2015: With research partners at U of I, IPA is working to publish results of team-based care models (ACOs) focused on advancing the role of the pharmacist in care delivery. 2016: IPA assisted IDPH with outreach and education to pharmacists to engage in the WISEWOMAN program including publications in quarterly journals.			
2.5: Ensure all AHA healthcare system sponsors, staff and volunteers understand the Million Hearts® Initiative and the ABCS and are prepared to share that information with their staff and patients, through 6-2017.	AHA	2015: AHA continues work with the Des Moines Board that includes CEOs of the two major hospital systems, the Advocacy Committee, task forces and key volunteers across the state to ensure that Million Hearts and ABCS information is disseminated to patients and staff in Iowa. 2016: This work continues with all of the players mentioned above and as well with out of state staff and volunteers in those areas. 2017: Program ended.			
2.6: Share Million Hearts® information via e-newsletters to Iowa clinical providers, through 7-2019.	Telligen	2015: Monthly newsletters and web conferences. The Action Plan has been shared with participants. HHAs oriented to the Million Hearts website. 2016: Telligen continues to share Million Hearts information and updates with participants via communications and e-newsletters. Hosted webinar in February whereby Dr. Wright gave an update on Million Hearts progress. 2017: Continued activity; Million Hearts has been promoted through downloads and links provided to providers and in monthly messages.			
2.7: Collect baseline and quarterly ABCS data from participating Cardiac LAN providers through 12- 2018; implement relevant quality improvement actions for cardiac health.	Telligen	2015: Telligen now has tristate coverage; the CV LAN covers 14 agencies with 120+ Iowa providers, 100 Illinois providers and 120 Colorado providers. In addition there are Home Health agencies involved: Iowa 36, Illinois 200 and Colorado 10. Data is collected for baseline and ongoing on a quarterly basis. Comparison reports provided to participants to drive QI. HHAs also submit data to a cardiac registry with reports provided monthly and quarterly. 2016: Telligen collects quarterly data and then shares reports with participants, based upon participant performance in comparison to others and national benchmarks in order to improve performance. 2017: Continued activity.			
2.8: Collaborate with partners and stakeholders to improve the ABCS through 7-2019.	IHC	2015: Million Hearts clinician action plans disseminated and TA provided to program enrolled clinicians; disseminated among Iowa network and TCPI partners. 2016: Iowa Medication and Safety & Effectivity statewide strategy.			

		2017: Continued commitment to utilization of Million Hearts clinician support resources, dissemination, TA support, measure alignment, etc.			
2.9: Continue to update and maintain the Million Hearts® webpage available through IHC’s website through 6-2017. Content to emphasize available resources for patients and providers along with information related to the Iowa Action Plan and activities.	IHC	2015: Applying for TCPI with multiple state service area, HTN control will be a major initiative. 2016: IHC successful in TCPI application. Million Hearts clinician action plans disseminated and TA provided to program enrolled clinicians; disseminated among Iowa network and TCPI partners. Million Hearts also emphasized in cross-programming heart health promotions. 2017: Million Hearts clinician action plans disseminated and TA provided to program enrolled clinicians; disseminated among Iowa network and TCPI partners. Million Hearts also emphasized in cross-programming heart health promotions.			
2.10: Engage provider professional organizations, prioritizing primary providers, to disseminate Million Hearts® and ABCS articles and resources links through 6-2017.	IHC	2015: Applying for TCPI with multiple state service area, HTN control will be a major initiative. Collaborating with the Medical Society. 2016: IHC successful in TCPI application. Million Hearts clinical action plans disseminated and TA provided to program enrolled clinicians; disseminated among Iowa Network and TCPI partners. 2017: Million Hearts clinician action plans disseminated and TA provided to program enrolled clinicians; disseminated among Iowa network and TCPI partners. Million Hearts also emphasized in applicable newsletters, communications, education events, etc.			
2.11: Continue to include hypertension as one of the specific conditions targeted by the Iowa Medicaid Enterprise’s health home emphasis by health system providers—including encouragement for care coordination, care management, health coaching, and pay for performance bonuses for hypertension control through 6-2017.	Iowa Medicaid Enterprise	2015: Although CV measures will remain, the Health Home initiative will move under the MCOs. Pay for performance is not in place quite yet. 2016: No report submitted. 2017: No report submitted.			
2.12: Continue collaborations with the IDPH Office of Healthcare Transformation to assure aligning of programs with similar goals and objectives and to assure that Million Hearts® is part of all developed strategies.	IDPH	2015: IPCA sends out Million Hearts information to FQHCs on a weekly basis. IDPH CHPN e-Bulletin distributes information monthly regarding Million Hearts and the ABCS. IDPH updates are provided to the Office of Healthcare Transformation and also the SIM project staff. 2016: IDPH continues with information to these other IDPH program contacts, as well as to Local Public Health organizations. 2017: IDPH continues with information to these other IDPH program contacts, as well as to Local Public Health organizations.			

Goal 3: Increase Implementation of Team Care/Care Coordination in Primary Practice to Address Hypertension

Objective:	Responsible Agency (ies)	Comments/Progress:	2015 Progress	2016 Progress	
3.1: Continue contracting with the Iowa Healthcare Collaborative to conduct Care Coordination Learning Community sessions through conference calls, webinars and conference tracks through 6-2017.	IDPH, IHC	<p>2014 Attendance: 90 scholarship attendees.</p> <p>2015 Attendance: 350 + total attendees 215 scholarship attendees</p> <p>2016 Attendance: 227 total attendees 65 scholarship attendees 193 total attendees 100 scholarship attendees</p>			
3.2: Provide advanced level care coordinator training based upon needs assessment conducted with health system leadership through 6-2017.	IDPH, IHC	<p>2015 Attendance: 25</p> <p>2016 Attendance: 35</p> <p>2017 Attendance: 40</p>			
3.3 The IDPH Bureau of Oral and Health Delivery Systems will continue support for the ongoing Iowa effort to train and encourage dental practices to screen for high blood pressure and smoking among patients through 2018, dependent upon HRSA continuation funding. Those individuals that are screened positively will be referred to their primary care physician and/or the Iowa Quitline.	IDPH, U of I College of Dentistry, Local Public Health Agencies, I-SMILE Regional Program Coordinators, local dental practices	<p>2012-2014: The IDPH HDSP funded creation of program in 5 pilot dental practices along with curriculum. IDPH CTG Project impacted dental practices: Y1 =6 counties; Y2 =10 counties; and Y3 =11 counties. CTG ended in 9/2014.</p> <p>2015: IDPH I-SMILE program continues this program forward. There were 3 pilots based at 71 practices/27 counties (6 were at FQHC sites. Dentists more hesitant with tobacco use screening.</p> <p>2016: The focus during 2016 was on a project evaluation of the three phases (SE Iowa, SW Iowa, and North Iowa), with emphasis on evaluation of Phase 3. Of the practices trained in Phase 3, 75% indicated that they would continue routine implementation of blood pressured screening and 79% reported performing tobacco screening on most patients. There is no longer dedicated funding for trainings but local dental hygienists, nurses and tobacco partners are able to provide dental practices with education and referrals to Iowa Quitline training. Overall, the project provided the opportunity for new local partnerships and increased awareness of the need for medical/dental integration.</p> <p>2017: Program funding for this project ended.</p>		<input checked="" type="checkbox"/>	

<p>3.4: Conduct multi-disciplinary educational programs for health care professionals and students through events coordinated through universities with healthcare degree programs, including: Des Moines area education collaborative, University of Iowa, and IPA’s Midwest Pharmacy Expo through 6-2017.</p>	<p>IPA, IHC, IPCA, Telligen</p>	<p>2015: IPA-2015 Midwest Pharmacy Expo hosted an Inter-Professional Educational Program focused on palliative care. Telligen hosts monthly webinars on a myriad of topics.</p> <p>2016: Telligen-hosted a ten-month series on blood pressure management, in conjunction with AMA and Johns Hopkins Medicine. Many tools and resources were provided. All practices and home health agencies were invited to participate. IPCA-completed blood pressure competency training with 11 of the FQHCs and developed a plan to ensure training occurs at each FQHC on an annual basis. Two FQHCs do have residency programs to the training did impact medical students as well. IPA-The eight IPA Goes Local events were accredited as CME and CPE and focused on team-based care coordination. In addition, IPA presented several presentations on the role of pharmacists in tea-based care at IHA, IDPH, and IHC meetings throughout the year.</p>			
<p>3.5: Conduct an Iowa Medication Safety Strategy in collaboration with health provider organizations that improves medication use and patient safety through 6-2017.</p>	<p>IPA, IHC, IPCA, Telligen</p>	<p>2015: In July 2015, all involved stakeholders approved an Iowa Statewide Medication Safety and Effectiveness strategy, now endorsed by IDPH/IHC.</p> <p>2016: Telligen-distributed the IA Med Safety & Effectiveness strategy and continues to work on medication safety initiatives. IPCA-At least three of IA FQHC sites have clinical pharmacy services underway within their clinic sites. Hypertension medication adherence has been a focus for Crescent Community Health Center in Dubuque. IPCA hopes to build upon these smaller initiatives with other FQHCs in through the Performance Improvement Learning Collaborative.</p> <p>2017: IPA- Iowa Medication and Effectivity statewide strategy undergoing a review and update process to enhance and expand focus and application. Telligen: Iowa Medication Safety Strategy task force that was headed by Tom Evans (IHC) has not met since 2015, no new meetings schedules.</p>			
<p>3.6: Align Million Hearts® with efforts of the Iowa Board of Pharmacy to provide for new pharmacy practice models, including: collaborative practice agreements and Tech-check-Tech through 6-2017.</p>	<p>IPA</p>	<p>2015: IPA has been working with the Board of Pharmacy to implement Tech-Check-Tech in 16 community-based pharmacies as a mechanism to free up the time of pharmacists to engage in advanced pharmacy services. A final report on Phase 1 of the project will be presented to the Board of Pharmacy in 1-2016. In addition, IPA and the Board of Pharmacy have held several meetings to update and expand current collaborative practice agreement regulations.</p>			

		<p>2016: IPA continued its efforts to implement Tech-Check-Tech, or recently termed Technician Product Verification, in collaboration with the Iowa Board of Pharmacy. IPA also presented to the Board of Nursing on the value of pharmacist-delivered care through CPAs. The Board approved IPAS's recommendation to craft rules to allow pharmacists and ARNPs to enter into CPAs.</p> <p>2017: IPA is working to publish results of this initiative, and hopes to see legislation pass in 2018 that would allow this initiative to move forward outside of pilot project status with the BOP, IPA, and IDPH attended a CDC/NACDD-sponsored learning community project on the use of CPAs and the pharmacist patient care process.</p>			
3.7: Promote Team Care/Care Coordination to all AHA sponsors, staff and volunteers to help increase the amount of participation through committee and board meetings, events at facilities and trainings through 6-2017.	AHA	<p>2015: Key volunteers involved in AHA Stroke and STEMI Task Forces are working on care coordination throughout the state.</p> <p>2016: The Stroke and STEMI task forces are working on team care/care coordination through their ongoing communication. This is also carried forward at AHA board meetings, trainings and events/conferences with health centers and staff.</p>			
3.8: Spread the implementation of evidence-based practices that promote the ABCS through 6-2017. Provide assistance to promote and facilitate team-based care through resource sharing.	Telligen, IHC, IDPH	<p>2014/2015: IHC Care Coordination Conference and Care Coordination Workshops were planned and implemented in-part utilizing CDC funding. Telligen will be offering a 10-month webinar series in 2016, in collaboration with the AMA/John Hopkins covering an evidence-based improving health outcomes program on blood pressure control. CDC funding supported RFPs for health system contracts to implement evidence-based innovations. CMS funding supported LAN work with practices.</p> <p>2016: Improving health outcomes program on blood pressure control webinar series was offered by Telligen. Many evidence-based tools, resources, and podcasts were made available to participants, as well as posted on the Telligen website so others could benefit from them also. Iowa had two practices who earned the BP Champion status for their full participation.</p> <p>2017:</p> <ul style="list-style-type: none"> • Telligen-Million Hearts resources provided through webinars, links and materials that are downloaded for the organization. Webinar on MH provided for HHA. 			
3.9: The Iowa Primary Care Association (Iowa PCA) will continue to work with Iowa Federal Qualified Health Center (FQHC) Dental Clinics to implement and maintain	Iowa Primary Care Association (IPCA)	<p>2015: IPCA continued to engage with dental staff to ensure that they are taking blood pressures and asking about tobacco use with new dental patients and patients returning for periodic oral health exams. Many of the IA FQHCs have incorporated this into their customary processes. One barrier</p>			

the Iowa PCA Blood Pressure and Tobacco Use Screening Project through 6-2017. This project's goal is to increase the number of dental patients 18+ years that have a BP screening and tobacco use assessment during comprehensive or periodic dental exam; reinforce compliance with drug therapy for dental patients with hypertension; increase the number of dental patients that know their BP; provide pre-hypertension training with patients; and encourage patients that use tobacco product to quit and educate/refer these patients to Iowa Quit.		to more effectively tracking and reporting this data is the limitations with the dental practice software being used by FQHCs. 2016: The Performance Improvement team at the IPCA encouraged the centers to include dental staff in blood pressure competency trainings and evaluations as accurate readings were identified as being problematic.			
3.10: Work with the Department of Human Services (DHS) on the State Innovation Model (SIM) grant partners to include hypertension control through care coordination, use of protocols and EHR utilization.	IDPH, DHS, IME, IHC	2015: Hypertension was not one of the SIM grant targeted diseases/activities. Prioritized activities are Diabetes, Obesity, Smoking Cessation. Some 3C contractors may choose to focus on hypertension. 2016: Million Hearts information and materials provided to interested SIM pilot communities and stakeholders. 2017: Million Hearts information and materials provided to interested SIM pilot communities and stakeholders.	<input checked="" type="checkbox"/>		
3.11: Utilize CDC 1305 Enhanced Supplemental funding to fund clinical innovations by health systems that will increase hypertension control through care coordination, use of protocols, and EHR utilization.	IDPH	2015: RFPs have been released multiple times with funded projects underway. 2016/2017: Each year of the 1305 program, IDPH has been able to fund contracts that will assist health systems increase hypertension control through care coordination, use of protocols, EHR utilization, SMBP, and other clinical innovations.			
Goal 4: Increase Implementation of Provider-Pharmacist Teams to Address Hypertension					
Objective	Responsible Agency(ies)	Comments/Progress:	2015 Progress	2016 Progress	2017 Progress
4.1: Continue contracting with the U of I College of Pharmacy to originate new provider-pharmacist teams throughout Iowa through 6-2017, prioritizing at least 5	IDPH, U of I College of Pharmacy, participating	2015: 2015 work with new provider-pharmacist teams went well. Positive deviant study and survey of all teams will be conducted in 2016. 2016/2017: The U of I has been able to train and assist 15 + provider – pharmacist teams throughout the state. Over 70% of the teams are still in			

<p>new teams each year of the HPCDC Partnership grant. Monitor closely to determine how many of these teams are able to sustain their relationship after the TA has concluded.</p>	<p>health systems and pharmacies</p>	<p>operation or have expanded to include additional providers and/or pharmacists.</p>			
<p>4.2: Engage provider and pharmacist provider professional organizations to promote provider-pharmacist team model approaches and provide relevant and valuable resources and materials through 6-2017.</p>	<p>IPA</p>	<p>2015: IPA continues to work collaboratively with IDPH, IME, IHC, IRHA to present and discuss the roll of pharmacists in collaborative care teams. IPA presented to the Trinity Pioneer ACO leadership team on the results of a key clinical initiative on showcasing the role of pharmacists in team-based care. 2016: IPA hosted meetings with other professional societies related to the role of pharmacists within CPAs (nursing groups), statewide protocols (medical groups), and medication synchronization (all stakeholders). IPA has closely worked with a large commercial payer to move pharmacy reimbursement into a value-based model to begin in 2017.</p>			
<p>4.3: Promote the Provider-Pharmacist Team approach to hypertension control with all pharmacists and practices AHA works with to increase implementation of collaborative practice agreements through 6-2017.</p>	<p>AHA, IPA</p>	<p>2015: This partnership is in place and expansion during the coming year is anticipated. 2016: IPA-The eight IPA Goes Local events were accredited as CME and CPE and focused on team-based care coordination. In addition, IPA presented several presentations on the role of pharmacists in team-based care at IHA, IDPH, and IHC meetings throughout the year. This also includes presentation to the Iowa Board of Nursing to expand their rules to allow pharmacists and ARNPs to operate under CPAs.</p>			
<p>4.4: Work with at least one pharmacist as part of the cardiac health improvement activities through 7-2019.</p>	<p>Telligen</p>	<p>2015: This activity has yet to be initiated. 2016: Request by Telligen to delete the objective. They were unable to find and interested pharmacist.</p>		<input checked="" type="checkbox"/>	
<p>4.5: Engage key health system partners and major pharmacy networks to increase collaboration and resource sharing and promote provider-pharmacist team model approaches as part of continuing care coordination and team-based care initiatives and provide relevant and valuable resources and materials, through 6-2017.</p>	<p>IHC, IDPH, IPA, and Telligen</p>	<p>2015: IPA has engaged key pharmacy stakeholders to create a peer-to-peer program focused on high performing pharmacy services that impact and create positive health outcomes for patients. IPA has worked with Telligen and IDPH to integrate pharmacies into the IHIN for exchange of necessary patient health information for care transitions. 2016: IPA worked with leaders in the profession to cultivate a Community Pharmacy Enhanced Services Network (CPESN) for Iowa. These pharmacies conduct core services that provide value to health systems, clinics, and payers. Recruitment and quality improvement will be a focus in the early development stages. IPA has closely worked with a large commercial payer to mover pharmacy reimbursement into a value-based model to begin in 2017.</p>			

		<p>2016: IDPH and IPA were selected to be members of a Learning Collaborative through NACDD: Advancing Team-Based Care Through the Use of Collaborative Practice Agreements and Using the Pharmacists' Patient Care Process to Manage High Blood Pressure, April 2017 along with Arizona, Georgia, Utah, Virginia, West Virginia, and Wyoming. Through this participation IDPH and IPA were able to develop a Work Plan that has helped Iowa partners to plan a more effective way of moving team-based care initiatives forward and provide relevant and valuable resources to pharmacists and their provider partners.</p> <p>2016/2017: CPESN Iowa has expanded well in 2017 to over 100 participating pharmacies with at least one payer planning to contact with these pharmacies in 2018. The large commercial payer's value-based pharmacy program launched in the summer of 2017 with over 60 pharmacies being paid for the value they bring to the healthcare system.</p>			
4.6: Increase awareness of and expand the role of pharmacist-provided Medication Therapy Management (MTM) services for hypertension management through 6-2017.	VA-Central Iowa Health System	<p>2015: There is a collaborative practice residency project by one resident currently serving 100 patients. Hopefully, this will be expanded to work with the dyslipidemia, diabetes and smoking cessation clinics.</p> <p>2016: No progress reported.</p> <p>2017: No progress reported.</p>			
Goal 5: Increase Implementation of Hypertension Protocols in the Primary Care Setting					
Objective	Responsible Agency(ies)	Comments/Progress:	2015 Progress	2016 Progress	2017 Progress
5.1: Facilitate practice change opportunities in collaboration with the Iowa Board of Pharmacy, and educate pharmacy professionals on these opportunities to initiate or expand their hypertension management services through 6-2017.	IPA	<p>2015: IPA has been working with the Board of Pharmacy to Implement Tech-Check-Tech in 16 community-based pharmacies as a mechanism to free up the time of pharmacists to engage in advanced pharmacy services. A final report on Phase 1 of the project will be presented to the Board of Pharmacy in 1-2016. In addition, IPA and the Board of Pharmacy have held several meetings to update and expand current collaborative practice agreement regulations.</p> <p>2016: IPA continued its efforts to implement Tech-Check0Tech, or recently termed Technician Product Verification, in collaboration with the Iowa Board of Pharmacy. IPA also presented to the Board of Nursing on the value of pharmacist-delivered care through CPAs. The Board approved IPA's</p>			

		<p>recommendation to craft rules to allow pharmacists and ARNPs to enter into CPAs.</p> <p>2017: IPA is working to publish results of this initiative, and hopes to see legislation pass in 2018 that would allow this initiative to move forward outside of pilot project status with the BO. IPA and IDPH attended a CDC/NACDD-sponsored Learning Collaborative that promoted the use of CPA and the pharmacist patient care process.</p>			
5.2: Provide education programs and foster collaboration among pharmacy practitioners through consulting services and new website capabilities to share Million Hearts® best practices through 6-2017.	IPA	<p>2015: IPA provided 9 local pharmacy meetings across the state with CPE/CME credits that focused on collaborative practice agreements, need for change and QI. Million Hearts® materials provided to 300 attendees of these IPA Goes Local meetings.</p> <p>2016: The eight IPA Goes Local events were accredited as CME and CPE and focused on team-based care coordination. In addition, IPA presented several presentations on the role of pharmacists in team-based care at IHA, IDPH, and IHC meetings throughout the year.</p> <p>2017:</p>			
5.3: Promote protocol implementation with recruited Cardiac LAN providers/clinics through 7-2019.	Telligen	<p>2015: Use of protocols assessed with LAN practices and HHAs; examples shared and encouraged.</p> <p>2016: Continued from 2015. Some EHRs not able to be customized with a protocol, so paper alternatives suggested.</p> <p>2017: The value of protocols and examples of them provided to practices and also to HHA.</p>			
5.4: Disseminate and assist Cardiac LAN providers to utilize best practices through 7-2019.	Telligen	<p>2015: As mentioned previously, the 10-month webinar series will take place in 2016.</p> <p>2016: BP series completed, which included best practices. Will seek other opportunities in future years, including Target BP. HHAs educated on cardiac best practice packages available to them.</p> <p>2017: Continued to share best practices during technical assistance meetings.</p>			
5.5: Include sample hypertension protocols for the primary care setting, including those available through Million Hearts® Champions, as part of the Million Hearts® Iowa webpage (or establish links to the Million Hearts® website through 6-2017.	IHC	<p>2015: Links to Million Hearts on IDPH website. Telligen has been working with LANs to customize EHRs to include protocols.</p> <p>2016: IHC continues utilization of Million Hearts clinician action plans, dissemination of best practice resources, and provision of TA clinician through CMS initiatives, SIM, and Care Coordination actions. Use of protocols are a specific intervention within TCPI clinician QI work plans.</p> <p>2017: IHC continues utilization of Million Hearts clinician action plans, dissemination of best practice resources, and provision of TA clinician</p>			

		through CMS initiatives, SIM, and Care Coordination actions. Use of protocols are a specific intervention within TCPI clinician QI work plans.			
5.6: Encourage Iowa clinical practices/health systems to become Million Hearts® Champions or publicize their success stories through Million Hearts® Challenges through 6-2017.	IDPH, IHC, Telligen, AHA, IPA	<p>2015: IPA has worked to have 80% of hospital pharmacies complete a Hospital Self-Assessment to showcase areas of improvement at the hospital level and state level to have pharmacists closer to patient care opportunities.</p> <p>2016: Million Hearts Challenge shared with practices by all partners.</p> <p>2017: Million Hearts Challenge shared with practices by all partners. Four FQHCs, in partnership with the Iowa Primary Care Association, submitted applications for the Challenge. As of the end of October, 2 of the FQHCs were still in contention for designation. Finally, River Hills Community Health Center in Ottumwa was designated a Million Hearts Champion. In addition, eight FQHCs: All Care Health Center in Council Bluffs; Community Health Care, Inc. in Davenport; Community Health Center of Fort Dodge; Community Health Centers of Southern Iowa in Leon; Eastern Iowa Health Center in Cedar Rapids; River Hills Community Health Center in Ottumwa; Siouxland Community Health Center in Sioux City, and United Community Health Center in Storm Lake earned a Million Hearts badge for having met clinical quality measures for blood pressure control. This is a total of 8 out of 14 FQHCs in Iowa.</p>			
5.7: Disseminate sample collaborative practice agreements and Million Hearts® materials on IPA webpage through 6-2017.	IPA	<p>2015: Million Hearts materials have been disseminated at meetings; Million Hearts links on website.</p> <p>2016: Million Hearts materials have been disseminated at meetings; Million Hearts links on website.</p> <p>2017: Million Hearts materials have been disseminated at meetings; Million Hearts links on website.</p>			
5.8: Disseminate/update Million Hearts® web links on ACC-Iowa Chapter website.	ACC-Iowa Chapter	<p>2015: Million Hearts links on website. Bi-weekly blog for ACC members with article and links to website.</p> <p>2016: No report submitted.</p> <p>2017:</p>			
Goal 6: Increase Utilization of Patient Self-Measured Blood Pressure (SMBP) with Clinical Monitoring					
Objective	Responsible Agency(ies)	Comments/Progress:	2015 Progress	2016 Progress	2017 Progress

6.1: Facilitate practice change opportunities for pharmacy professionals to participate in patient care services, such as hypertension management, by educating patient to properly self-monitor their blood pressure through 6-2017.	IPA	<p>2015: Good progress, see previous remarks.</p> <p>2016: See previous remarks regarding Board of Pharmacy and Board of Nursing expanded rules, Practice Advancement Forum, CPESN Iowa, large commercial payer value-based pharmacy network.</p> <p>2017: See previous remarks regarding Board of Pharmacy and Board of Nursing expanded rules, Practice Advancement Forum, CPESN Iowa, large commercial payer value-based pharmacy network.</p>			
6.2: Promote pharmacist-provided Medication Therapy Management (MTM) services focused on hypertension management through successes observed through the Community Transformation Grant (CTG) through 6-2017.	IPA	<p>2015: IPA continues to have ongoing discussions with Wellmark and Medicaid MCOs on the need for payment of pharmacist services as part of a collaborative team.</p> <p>2016: Completed efforts through CTG, MTM services has been a focus in discussions with a large commercial payer, CPESN Iowa, and new Medicaid MCOs.</p>			
6.3: Engage with key health system partners, including Cardiac LAN practices, to increase collaboration and resource sharing to promote evidence-based SMBP approaches as part of ongoing patient engagement, care coordination and chronic disease care initiatives and provide relevant and valuable resources and materials, through 6-2017.	Telligen, IHC, IDPH	<p>2015: Medicaid does cover monitors, but requires prior authorization. Medicare does not cover monitors, but SMBP is encouraged. CDC does not allow for funds to be used for monitors. This has made it difficult to promote such health system-wide SMBP projects.</p> <p>2016: Practices who participated in BP series have purchased BP equipment to lend to hypertensive patients for use at home, with improved BP control seen in patients. IHC continues utilization of Million Hearts clinician action plans (inclusive of SMBP recommendation), dissemination of best practice resources, and provision of TA to clinicians through CMS initiatives, SIM and Care Coordination actions.</p> <p>2017: IHC continues utilization of Million Hearts clinician action plans (inclusive of SMBP recommendation), dissemination of best practice resources, and provision of TA to clinicians through CMS initiatives, SIM and Care Coordination actions.</p> <p>Telligen utilizes Million Hearts action plans, change packages, toolkits, resources, etc. with practices and HHA.</p>			
6.4: Discuss and determine coverage option priorities for related patient SMBP materials and equipment (BP measurement cuff/automated monitors, self-monitoring patient education) with both private and public payers through 6-2017.	IDPH, IHC, IPA, Telligen, AHA	<p>2015: Refer to 6.2 reporting.</p> <p>2016:</p> <p>2017: Little progress on this has been accomplished. Medicare will cover BP monitors, but there is still no coverage under private or MCO coverage that we are aware of.</p>			
6.5: Complete needs assessment primary care practices to determine education needed, existing barriers, and additional	IDPH, IHC, AHA	<p>2015: IDPH to conduct CHPN survey in 2016.</p> <p>2016: IDPH conducted a CHPN survey and tabulated results that were used to change focus of articles in several areas, publicize webinars and other</p>			

<p>opportunities for increased utilization of patient SMBP with clinical monitoring by 6-2015.</p>		<p>training to meet the needs expressed through the survey. The e-bulletin has featured articles and links regarding the use of SMBP. One contract was issued after a RFP to Siouxland Community Health Center to assist them in a very successful SMBP project for FQHC patients with high blood pressure. Control and/or lowering of BP was realized in the majority of 103 participants. IHC conducted pre-workshop event surveys to assess needs, current clinic activities, areas of interest and skill levels.</p> <p>2017: IHC conducted pre-workshop event surveys to assess needs, current clinic activities, areas of interest and skill levels.</p>			
<p>6.6: Include patient SMBP education and materials as part of patient/public and provider awareness engagement content.</p>	<p>IDPH, IHC, Telligen</p>	<p>2015: IDPH has Million Hearts SMBP Guide available at conferences/events. Topic to be covered in Telligen 2016 webinar series.</p> <p>2016: Telligen included Guide in BP webinar series and practice communications. IDPH funded a SMBP project at a FQHC site as part of contracts issued in Year 3-4 in the 1305 program.</p> <p>IDPH: There are plans to have the Siouxland Community Health Center present both at IPCA and IHC Conferences. Hopefully this will encourage other clinics to consider beginning a SMBP project. Siouxland is continuing their project on without assistance from IDPH.</p> <p>2017: Telligen utilized Million Hearts SMBP resources that were provided to practices and HHA.</p>			
<p>6.7: Incorporate BP screening into physical therapy best practice at the YMCA promoting ongoing patient engagement and management of their blood pressure. Provide relevant correspondence back to referring physician for care coordination through 6-2017.</p>	<p>YMCA-Healthy Living Center*</p>	<p>2015: Incorporated into normal practice with patients</p> <p>2016: Incorporated into normal practice with patients and referred patients that met requirements for our BP self-monitoring program or cardiac rehab class.</p>			
<p>6.8: Conduct monthly BP screenings at YMCAs in the Greater Des Moines Association to improve public awareness about the importance of blood pressure control and cardiovascular disease prevention according to the Million Hearts® Initiative. Provide a report card that participants can take to physicians for appropriate care coordination through 6-2017.</p>	<p>YMCAs in Greater Des Moines Association</p>	<p>2015: Includes South Suburban YMCA, Grubb YMCA, Riverfront YMCA, Indianola YMCA, Walnut Creek YMCA, Waukee YMCA, YMCA HLC, Northwest YMCA, Ankeny YMCA, YMCA Supportive Housing and Boone YMCA. 273 BP screenings conducted; 13% recommended to follow-up with their primary care provider.</p> <p>2016: Y-USA Blood pressure Self-Monitoring Program implementation at four sites: South Suburban YMCA, Grubb YMCA, YMCA HLC, and Sumpter Pharmacy, Adel/Dallas County, conducting BP screenings three hours per week at each site, from 7/2016 to 3/2017.</p>			

<p>6.9: [Added in 5/2016] Operate Y-USA grant for Blood Pressure Self-Monitoring grant, WISEWOMAN, Dallas Co. Public Health SIM and other providers will refer patients. 4-month evidence-based program for patients with HBP. Patients measure and record BP at least 2x/mo.; attend 2 personalized office consultations; attend monthly nutrition education seminars. At 5 sites: South Suburban YMCA, Grubb YMCA, Wellmark YMCA, YMCA Healthy Living Center and at Dallas County Public Health SIM.</p>	<p>YMCAs in Greater Des Moines</p>	<p>2015: N/A 2016: Program implementation from 7/2016 to 3/2017. Performed BP screening at four sites: South Suburban YMCA, Grubb YMCA, YMCA HLC and Sumpter Pharmacy, Adel/Dallas County.</p>	<p>N/A</p>		
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Goal 7: Increase Health System Awareness of , and Referral to Available Community Resources for Lifestyle Improvement Education

Objective	Responsible Agency(ies)	Comments/Progress:	2015 Progress	2016 Progress	2017 Progress
<p>7.1: Publish monthly e-bulletin, <i>Chronic Disease Connections</i>, using it to disseminate information regarding available community resources such as the Chronic Disease Self-Management peer support program.</p>	<p>IDPH</p>	<p>2015: Better Choices, Better Health has monthly featured column in <i>Chronic Disease Connections</i>. 2016: Better Choices, Better Health has monthly featured column in <i>Chronic Disease Connections</i>. 2017: Better Choices, Better Health has monthly featured column in <i>Chronic Disease Connections</i>.</p>			
<p>7.2: Collaborate with health system leaders including Directors of Pharmacy and other health system innovation stakeholders to promote programs such as pharmacist the Iowa Board of Pharmacy and other key pharmacy stakeholders to promote programs, such as pharmacist-provided ambulatory care services, enhanced pharmacy service networks, and the Iowa Medication Safety & Effectiveness Strategy, that showcase how pharmacists can</p>	<p>IPA</p>	<p>2015: Refer to previous Comments. 2016: Refer to previous Comments. 2017: Refer to previous Comments.</p>			

improve patient safety with appropriate hypertension medication use through 6-2019. [Objective revised in 2016]					
7.3: Disseminate information such as the Chronic Disease Self-Management (CDSMP) peer support program through electronic updates, newsletters and through materials at events throughout the state with all AHA staff and volunteers in all capacities in Iowa, through 6-2017.	AHA	<p>2015: See comments in 7.1. AHA distributes information to staff and volunteers through these modes of communication and at sponsored events.</p> <p>2016: No report submitted.</p>			
7.4: Post community resources for Lifestyle Improvement Education through the AHA social media sites and blogs that are viewed by many staff and volunteers across the state who work for/with health systems through 6-2017.	AHA	<p>2015: As mentioned in 7.3, AHA reaches out to followers on social media and has been providing community resources for lifestyle improvement throughout the year.</p> <p>2016: AHA expanded social media presence in 2016 to include Instagram which is a way to broaden reach to the millennial generation. Postings include healthy recipes physical activity tips and other lifestyle improvement education. AHA experienced a huge jump in engagement this year that helps illustrate reach throughout the state.</p>			
7.5: Identify and implement appropriate community-level interventions that improve the coordination of care for Medicare and Medicaid beneficiaries and their families across provider settings.	Medicare-Telligen Medicaid-IHC, IDPH	<p>2015: Telligen is working with 20 communities on such areas as: hospital to post-acute care interventions related to improved communication and medication reconciliation; improving communication regarding end-of-life care; smoking and tobacco cessation; diabetes management and obesity; preventing unplanned transfers; decreasing ER utilization and social determinants of health.</p> <p>2016: Telligen continues working with 20+ communities on areas identified in 2015.</p> <p>2017: Telligen now working with 20 different communities than described previously, in addition to identifying beneficiaries on high risk medications (anticoagulants, opioids, and antidiabetic agents) and reducing risk associated with those drugs,</p>			
7.6: Develop and implement a care coordination model that promotes the integration of a health care delivery system with a community-based health and wellness organization to treat heart disease through 6-2017.	YMCA-Healthy Living Center*	<p>2015: Primary care physicians can refer patients to YMCA Heart Healthy programs and they receive individualized patient reports from initial intake every 12 weeks. This becomes part of the EHR. Program marketing has resulted in 47% patient growth, 42% of patients come from non-Mercy practices.</p> <p>2016: Ongoing referral process following 2015 model.</p>			

7.7: Maintain and update resources for dissemination to members regarding Million Hearts® recommendations and National ACC Guidelines for chronic disease management, risk factor modification for HTN, and hyperlipidemia.	ACC-Iowa Chapter	<p>2015: No report submitted.</p> <p>2016: No report submitted.</p> <p>2017:</p>			
7.8: Reach out to the Iowa Primary Care Association (IPCA) to integrate Million Hearts® with their funded Safety Net Community Care Teams through 6-2017.	IDPH, IPCA	<p>2015: IDPH is now contracting with IPCA to advance hypertension or diabetes control work... but we still have a way to go in having all FQHCs integrate Million Hearts© into their care delivery.</p> <p>2016: The IPCA evaluated and considered application for the Million Hearts Challenge during 2015, but the Challenge required regular data collection and reporting, which they had not realized until it was too late to nominate any of the FQHCs for 2015. They will reconsider applications for 2016 when that is possible. There were, however, quite a few FQHCs that were recognized as FQHCs with control rates below 70% by the Million Hearts Initiative.</p> <p>2017: IPCA assisted four FQHCs to submit applications for the 2016 Million Hearts Challenge; two of which were considered as finalists (Eastern Iowa Community Health Center and River Hills Community Health Center); and River Hills Community Health Center was designated a 2016 Million Hearts Champion.</p> <p>2017: Continued activities.</p>			
Goal 8: Increase and Enhance Health Information Technology (EHR/Registry Use) in Managing Patients with Hypertension					
Objectives	Responsible Agency(ies)	Comments?Progress:	2015 Progress	2016 Progress	2017 Progress
8.1: Continue contracting with the Iowa Healthcare Collaborative to conduct EHR Utilization Quality Improvement Learning Community sessions through conference calls, webinars and conference tracks, through 6-2017.	IDPH, IHC	<p>2014 Attendance: 25</p> <p>2015 Attendance: 40</p> <p>2016 Attendance: N/A (specific counts not obtained through registration system.)</p> <p>2017 Attendance: N/A (specific counts not obtained through registration system.)</p>			

<p>8.2: Coordinate with Pharmacy HIT Collaborative and Iowa HIT stakeholders to integrate pharmacist services and other pharmacy data into the Health Information Exchange (HIE) for Iowa through 6-2019. [Objective revised in 2016.]</p>	<p>IPA</p>	<p>2015: IPA presented at the 12-2015 IHIN Advisory Council on the current progress in working with four pharmacy organizations (representing 15 communities and LTC pharmacies) to utilize the services of the IHIN. 2016: IPA promoted the IHIN as a resource to pharmacies to communicate electronically with providers through webinar and print/e-communications. IPA has assisted the Pharmacy HIP Collaborative as part of their Value Set Committee to best document pharmacist-delivered services within SNOMED-CT coding.</p>			
<p>8.3: Work to improve the use of EHR for effective and timely data capture, standardization of BP, and electronic reporting. Leverage EHR functionality including clinical decision support, registry functions and Medicare beneficiary reminders/alerts within the Cardiac LAN, through 7-2019.</p>	<p>Telligen</p>	<p>2015: Helping practices with utilizing their EHR to full capacity and to run and interpret frequent reports. Some vendor problems. 2016: Continued with 2015 reported activities. One practice runs weekly reports to monitor BP control rates. 2017: Continued with the same activities, some report issues with various EHRs/EMRs which prohibit running measure performance reports.</p>			
<p>8.4: Work with Home Health Agencies to register for and enter data for ABCS in Home Health Quality Improvement (HHQI) cardiovascular registry through 7-2019.</p>	<p>Telligen</p>	<p>2015: Orienting participating HHAs to HHQI and their registry, although not every agency is entering data yet. 2016: All participating HHAs have been oriented to the data registry, however some have very small numbers of patients who qualify for ABCS measures selected. 2017: Continued with the same activities; HHQI will be making changes to the cholesterol measure.</p>			
<p>8.5: Using EHRs, collect baseline and quarterly data on Cardiac Learning and Action Network (LAN) for Medicare patients whose blood pressure was adequately controlled, through 12/2018.</p>	<p>Telligen</p>	<p>2015: Data is collected for baseline and ongoing quarterly. Comparison reports are provided to participants to drive QI. HHAs also submit data to a cardiac registry with reports provided monthly and quarterly. 2016: Telligen continues with 2015 activities as listed. 2017: Continued with the same activities.</p>			
<p>8.6: Collaborate with other key stakeholders and health systems to publish progress on CDC prescribed Domain 3 and Domain 4 performance measures related to high blood pressure control and diabetes management in the State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk</p>	<p>IDPH, IHC and other key health system stakeholders</p>	<p>2015: Data base is up and ready to accept data; health systems have yet to send in data. IHC and IDPH working to recruit participating health systems. 2016: Clinical Health Systems participating: 2 Health systems, 93 clinics. 1305 database only. 2017: Clinical Health Systems participating: 3 systems, 92 total clinics. 1305 database only.</p>			

Factors and Promote School Health program, through 6-2017.					
Goal 9: Decrease Disparities in Hypertension Care and Control					
Objectives	Responsible Agency(ies)	Comments/Progress:	2015 Progress	2016 Progress	2017 Progress
9.1: Ensure that all Medicaid and Iowa Wellness Plan patients are aware of the United States Preventive Services Task Force (USPTF) preventive services recommendations that can help with the prevention of Heart Disease/hypertension risk factors through AHA public education campaigns, through 6-2017.	AHA	<p>2015: AHA continues work on this issue. There is an ongoing public campaign and given the managed care transition, AHA has been working to ensure that services are understood and used.</p> <p>2016: Work continued throughout the year to ensure that patients are getting access to these preventive services but issues have arisen with the managed care transition and AHA is a part of a working group and has submitted comments and had discussions with policymakers on how to improve this care of all Medicaid patients.</p>			
9.2: Partner with multicultural organizations in Iowa on preventing heart disease risk factors such as obesity by providing more safe routes to school and increasing the number of schools open for community use through 6-2017.	AHA	<p>2015: AHA has increased its public awareness and advocacy campaigns with organizations like Urban Dreams to help create more opportunities for people to become physically active. AHA presented at several conference on SRTS as well as community use agreements (2015 Governor’s Public Health Conference and the Super Power Summit). AHA supported several events to encourage biking and walking to school in Perry and King Elementary where there is a culturally diverse population and many students on free and reduced lunch programs.</p> <p>2016: AHA continued the outreach work with multicultural organizations throughout Iowa including many African American social organizations and radio organizations, we helped more communities enter into community use agreements and provide access to safe routes to school.</p>			
9.3: Continue outreach to women across the state through the Go Red for Women movement through lunches, survivors, Go Red Committees and Circle of Red committees through 6-2017.	AHA, YMCA-Healthy Living Center*	<p>2015: Go Red for Women Luncheons in Iowa City, Cedar Rapids, Des Moines, Ames, Sioux City and Quad Cities as well as the Circle of Reds and committees of those events.</p> <p>2016: This was accomplished through partnership with WISEWOMAN as a referral source into the Blood Pressure Self-Monitoring Program since 7/2016.</p>			
9.4: Provide hypertension care information through a variety of events, such as the	AHA	<p>2015: AHA dispersed information at several multicultural events throughout the state including Make Me a World and Juneteenth celebrations in Des Moines.</p>			

AHA Power Sundays and other multicultural events in the state through 6-2017.		2016: AHA dispersed this information at many different multicultural events including those listed above and the Latino and Asian festivals, Des Moines area free clinics and many African American social organizations.			
9.5: Focus on disparate populations and providers who serve them to improve on the ABCS using evidence-based practices through 7-2019. Utilize appropriate interventions to maximize improvement in cardiac health disparities.	Telligen	2015: Telligen is recruiting practices with disparate populations, county by county. Working to develop relative improvement rates across the measures and providers. 2016: Telligen continues to work towards individual and overall improved BP control rates. This progress is posted on the Telligen website maps of Iowa along with IA county-level hypertension diagnosis rates among Medicare FFS beneficiaries. 2017: Continued with the same activities.			
9.6: Confirm that Cardiac LAN patient-education materials account for health literacy levels and are linguistically and culturally appropriate for Medicare beneficiaries through 7-2019.	Telligen	2015: Need not yet identified. 2016: Practices felt that materials are appropriate for their populations. 2017: Continued with the same activities; materials reviewed with BFAC and diabetes self-management education participants.			
9.7: Incorporate BP screens into Healthy Kids Assessment objectives, therefore reaching a high risk population of children and families who demonstrate an unhealthy weight, sedentary lifestyles, poor nutrition habits, and possibly demonstrating early signs of chronic diseases through 6-2017.	YMCA-Healthy Living Center*	2015: This was accomplished through Heart Healthy You patient education series of 4 sessions held each February during Heart month. 2016: BP screening is incorporated into the assessment objectives for Healthy Kids.			
9.8: Provide disease management and health coaching programs targeting hypertension for Medicaid members in-house and through Meridian to improve control of their blood pressure through 6-2017.	Iowa Medicaid Enterprises	2015: Some disease management is being conducted, although a small volume, computer-based program through Meridian. This will convert to MCOs when that program begins. 2016: During the period of transition from Medicaid Enterprises to MCOs the communication and collaboration has not been as strong. 2017:			
9.9: Communicate USPTF updates to health systems through Chronic Disease Connections e-Bulletin and e-BLASTS, including any articles or research findings in regards to evidence-based cardiovascular disease treatment models among disparate populations.	IDPH	2015: Ongoing. 2016: Ongoing. 2017: Ongoing.			

9.10: Work collaboratively with the IDPH Office of Minority and Multicultural Health to educate partners regarding Million Hearts®.	IDPH	<p>2015: Ongoing collaboration.</p> <p>2016: Ongoing collaboration.</p> <p>2017: Due to budget constraints; the Office of Minority and Multicultural Health was closed in July 2017.</p>			✕
9.11: Work closely with the WISEWOMAN program (a federally funded cardiovascular screening program for women ages 40-64 who are uninsured/underinsured) to assure that all grantees are familiar with and utilizing Million Hearts® resources and tools through 6-2017.	IDPH	<p>2015: Ongoing collaboration. They are able to use their funds for monitors and have an on-going SMBP project for hypertensive women participants.</p> <p>2016: Ongoing collaboration. Million Hearts materials have been made available to all WISEWOMAN participants. The WISEWOMAN SMBP protocol was based upon the Million Hearts protocol.</p> <p>2017: Ongoing collaboration. WISEWOMAN CDC funding was extended for an additional year to align its funding with that of the Heart Disease and Stroke Program beyond FY17.</p>			

This Action Plan is supported by Cooperative Agreement Numbers 5U58DP004807-02 and 3U58DP004807-02S1 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention, the Iowa Department of Public Health or other collaborative partner organizations.

*As of April 2017, the YMCA Healthy Living Center is renamed Community Health Partners due to the closing of the YMCA Healthy Living Center as of March 31st, 2017. The work will continue through Community Health Partners, contracted entity to the YMCA of Greater Des Moines.