



**Heart Disease and Surveillance
Programs Success Showcase 2022**

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Thursday, Jan. 20, 2022

SHAY TARVER:

Thanks so much for joining the heart disease and surveillance breakout presentation. My name is Shay Tarver and I work on the cardiovascular health team. The overall purpose of these sessions is to provide an overview of NACDD's signature programmatic work and achievements over the past year. This specific session will cover cardiovascular health and data in action.

The format will be 20 minutes of presentation followed by five minutes of open discussion and Q and A. Following the discussion, we'll have five minute transition time during which you can take a break and move to the next session of your choosing. At the end of this session, we will post links to the other zoom presentation rooms for you to join.

These are also available in your event registration email. While we hope that you will join us for the entirety of this session, we know that if at any time you need to, you need or choose to move to another room, you are free to do so. Also, as a reminder, we are pasting a link to a help room desk, um, in the chat right now. These are people that are standing by to help you with any questions and guide you in any way that you may need.

We want to acknowledge the great group of NACDD consultants and staff who have contributed to this presentation. You'll hear directly today from Kayla Craddock, Susan Svencer, Kate Hohman, and Laura DeStigter. I will now hand it over to Kayla and the rest of the team to provide an overview of our work. We have so much to cover, so let's get to it.

KAYLA CRADDOCK:

Hi everyone. Today, we'll be covering a broad portfolio of projects with our cardiovascular health and surveillance work aimed to advance public health practice, policy, and partnerships. We work closely with CDC's Division for Heart Disease and Stroke Prevention within the National Center for Chronic Disease Prevention and Health Promotion, as well as the division of Laboratory Sciences within the National Center for Environmental Health.



Our work is framed by these core elements you see on this slide, all with the purpose of improving population health. You'll hear more about each of these areas throughout the rest of the presentation. We'll focus first on projects that build and maintain capacity within health departments and disseminate evidence based systems and strategies.

The CVH council includes all health departments working on cardiovascular health 1815 and 1817 cooperative agreements and WISEWOMAN recipients. We have a new slate of co-chairs that serve as the CVH council leadership team, the chair chair elect and past chair, each support a component of NACDD's work with health departments, including communications, professional development, and leadership.

Other NACDD liaison positions allow us to work closely across the association and includes representation to and from the government affairs forum to help equity council, the evaluation peer network, the diabetes council, and a GIS network. We now have eight CVH area networks or cans that launched in January of 2021.

These are facilitated by a great group of liaisons that are health department staff, and are supported by the NACDD CVH team. The structure helps to build connections within geographic areas, the quarterly call facilitates sharing of promising practices and state developed resources and informs the CVH council, NACDD, and CDC supports for 1815 and 1817 efforts.

The evaluation peer network brings together evaluators and epidemiologists working in 1815 and 1817 categories A and B strategies to share approaches to evaluation, epidemiology, surveillance, and performance measurement. We work closely with an evaluation team at CDC, as well as four recipient representatives to help ensure that the material is timely, relevant, and spotlights best and promising practices.

NACDD has quarterly CVH council calls that are now open to all states. We kicked off this new structure in July 2021 with the presentation from the NACDD Health Equity Council and Dr. Letitia Presley-Cantrell, PDSB Branch Chief who discussed how states can operationalize health equity. NACDD also helped to facilitate and plan a three part virtual recipient meeting for over 130 WISEWOMAN recipients in 2021.

As noted, the newly launched cans have been busy this year. Can liaison plan and facilitated quarterly calls, addressing topics such as self measured blood pressure monitoring, health equity, data reporting system, bi-directional referral and increasing capacity of pharmacists and community health workers as part of the health care team.

Our evaluation peer network encourages peer to peer engagement and identifies topics of interest in advance of the call to continue to engage CDC in conversations about the peer network and we have developed a resource that identifies which health

departments are addressing which category B strategies for both 1815 and 1817. We're in the process of doing the same for category A. Looking to the future, we will continue to build upon the success of this structure and continue to innovate and provide exciting and engaging content. I remember that told us that this type of peer network is valued by the team and there was also interest in peer networking based on strategies to topics and common interest. We are also developing and updating orientation materials to highlight the value of the CVH council, roles of the CVH council leadership team, and onboarding new CVH staff to the CVH council. Through innovative learning opportunities, we plan to increase the visibility of the NACDD CVH team and the CVH accounts on social media, podcasts, interviews, and blogs. We'll continue to adapt the evaluation peer network discussions in response to the needs of health departments and the CDC. We also look forward to supporting additional peer engagement opportunities for WISEWOMAN recipients.

The NACDD CVH team supports two projects that are focused on building support for statewide CVH workforce infrastructure. The document resource center, or DRC, is an online searchable database that highlights the processes other states have gone through in advancing policies around CHWs. You can access to the DRC using the link provided on the screen or in the chat.

The DRC is hosted in house by the National Association of Community Health Workers, or NACHW. NACHW is a nonprofit membership driven organization with the mission to unify CHWs across geography, ethnicity, sector, and experience to support communities to achieve health equity and social justice. NACHW works closely with the DRC stakeholder to conduct key informant interviews and stakeholder meetings to inform the look and feel of the center.

Over 2,500 users access the DRC over a 12 month period, as evidenced on the slide on the screen. NACDD also works closely with the CHW Common Indicators Project, which is our other CHW project within the portfolio. This project contributes to the integrity, sustainability, and viability of CHW programs through the collaborative development and adoption of a set of common process and outcome constructs and indicators for CHW practice.

More information on the CI project can be found in the website shown in the chat and on the screen. The Common Indicators team is currently working to strengthen its methodology as it relates to the indicator development testing and testing. We continue to strengthen the CHW led and community based methods. This group has developed 12 indicators,

This slide, the next slide, highlights some achievements, as well as the 12 process and outcome common indicators. I'm afraid I do not have the time to go into great detail for

each of the indicators, but hopefully you can see the breadth and depth of. We have several ideas about opportunities moving forward, including expanding and strengthening NACDD's capacity to support states and partners, tracking CHW policies and other legislative efforts, supporting utilization and evaluation of both the indicators and the DRC and expanding the DRC to include CHW financing and employment practices.

SUSAN SVENCER:

Thanks Kayla. So the NACDD CVH team is instrumental in supporting CVH efforts at the national level. We've been a long-standing partner of the Million Hearts initiative, and we're thrilled to be able to continue our support on several new initiatives, as well as those that have been ongoing. So the CVH team helped launch the Million Hearts Hospitals and Health Systems Recognition Program in February 2020 and we continue to review applications and vet those who apply. The program just launched a new application website a few months ago. And as hospitals are hopefully able to move past the current COVID surge, we expect to do more targeted outreach to potential applicants moving forward.

Hypertension Control Champions is a long running initiative to recognize clinicians, practices, and health systems who can achieve the 80% control rate among our hypertensive patients. Though it was restructured to recognize those doing exemplary work in 2021, the program is relaunching this spring in its original form. Another exciting and fruitful Million Hearts effort supported by NACDD has been focused on cardiac rehabilitation. We helped hold a think tank event in October 2020, which brought together more than 60 subject matter experts to develop a strategic plan for new care models.

And since then we've played a role in continuing this work, supporting three active and robust work groups. We have four clinical organizations that we've recognized since the launch of the Million Hearts Hospitals and Health Systems Recognition Program. And these hospitals are doing great work on a host of things, nutrition, guidelines, employee benefits, clinical outcomes, and focusing on priority populations. Their spotlight stories on each of these that can be found on the Million Hearts webpage so that you can learn more and we're thrilled to be able to celebrate all that they have achieved. We've noted some of these achievements already, but they bear highlighting them and we want to emphasize a few others. So the development of an innovative cardiac rehab model informed by a work group of 14 key subject matter experts, of course, the Million Hearts Hospitals and Health Systems Recognition Program designees and one more we should be announcing very soon.



A key part of our role at NACDD is also to connect this work to state health departments. Uh, and to that end, we held a listening session with Million Hearts leadership for the CVH council leadership team for the planning of Million Hearts 2027. And NACDD was also a key partner in the development of the CDC foundations Start Small Live Big campaign.

So this year marks the launch of Million Hearts 2027, a national initiative, co-led by the Centers for Disease Control and Prevention and the Centers for Medicare and Medicaid Services to prevent 1 million heart attacks and strokes and other cardiovascular events over the next five years or by 2027.

To meet this aim, the initiative is focusing on three priority areas. The first building healthy communities by making changes to the environments in which people live, learn, work, and play to make it easier to make healthy choices, optimizing care so that those with and at risk for cardiovascular disease receive the services and acquire the skills needed to reduce the likelihood of having a heart attack or stroke, and focusing on health equity for populations who suffer worse outcomes of cardiovascular disease and where there is evidence and the opportunity to make a significant impact. For those who are familiar with Million Hearts, the new target areas include decreasing particle pollution exposure, and focusing on health equity to improve cardiovascular health outcomes among the priority populations you see along the bottom of the slide here. We encourage you to visit the Million Hearts website after February 22nd to see the latest suite of Million Hearts 2027 communication resources.

Looking ahead, we have some exciting ideas and opportunities for continuing our Million Hearts collaboration. This is especially true with the launch of Million Hearts 2027, and we'll be focusing on state health department connections to Million Hearts. For the Hospitals and Health Systems Recognition Program, we'll be increasing our promotion and outreach about it, extending our partnerships, further promoting those that we have recognized and highlighting innovations that have arisen as in the context of COVID-19. And pay attention to our upcoming designee, as they have done some truly excellent work in this area.

NACDD has also worked closely with the CDC foundation to support the establishment of the National Hypertension Control Roundtable. The roundtable represents a renewed effort with CDC's leadership to reach a goal of 80% control of hypertension by 2025. A recent strategic planning process identified a path for us to reach this goal.

Achieving big goals, uh, takes a big group of dedicated partners, and we have a strong steering committee, as you can see, who are all working and in just the ways needed to help us achieve this goal. In addition to the steering committee, we have over 40 other national partners who are ready to work with us to implement the strategies outlined in

our strategic planning session this fall. So what's next for the roundtable? We'll be standing up to action teams in the next few weeks. The first is our programs and practices action team that will be highlighting our successful community, clinical partnerships, including critical partners, funding and payment systems, and policy changes necessary to support actions.

And then the partnerships action team that will explore ways to engage employers, healthcare purchasers, and making hypertension control a priority and taking action. And with that, I will pass it to Kate.

KATE HOHMAN:

Thanks, Susan. Good afternoon everyone. My name is Kate Hohman and I'm an Associate Director of Public Health Practice at NACDD.

And I'm going to move us into our modernizing chronic disease data collection and surveillance system section. And to start we have MENDS, the multi-state EHR based network for disease surveillance, which is a pilot distributed surveillance system that leverages EHR data to generate timely prevalence estimates of chronic disease risk factors at both national and local levels.

And as shown here in the figure, MENDS implementation generally falls into six key areas: partnerships, technical infrastructure and support, chronic disease algorithms and validation, focusing on the five priority indicators listed here, waiting and modeling, workforce education for public health data users, and governance that provides a foundation for building trust and making decisions about how the network operates. Governance importantly extends across all implementation areas and helps drive these components forward. A project team of partners with specialty and surveillance, data modernization, informatics, and other critical expertise shown on the left, including CDC guide this project. On the right, we have our five current MENDS partner sites from across the US. These sites are comprised of large data contributors, like health information exchanges, who then partner with select state and local health department data users. MENDS data can be accessed by these authorized data users for informing policies, monitoring trends, planning programs, and evaluating outcomes.

MENDS data coverage represents approximately 10 million patients. Within the map, the four states in deep blue have the highest number, over 1 million or greater patient lives. And there are 15 states having over 10,000 patients a threshold degenerate prevalence estimates at a more optimal precision level.

A new partner site was recently brought on to pilot data provisioning from the OMOP database, using the data exchange standard HL7 Fast Healthcare Interoperability



Resources, also known as FHIR. This effort strategically aligns with data monitorization priorities and is anticipated to help simplify the provisioning of EHR data and streamline the overall technical effort to bring new sites on board.

MENDS is also actively implementing its governance as the network matures and the data are being validated. This key governance document was developed and approved by the MENDS governance committee in 2021. And the URL is in the chat, should you wish to review.

Moving forward, here's a glance at a few of the new MENDS work streams in 2022. We have foundational learning resources that are being developed to support public health data users working with clinical data for surveillance. One of these three modules will have the will primarily orient be oriented to MENDS partner sites, but the other two will be more broadly appropriate for public health departments aimed at increasing knowledge and use of EHR based surveillance.

MENDS will focus on the production and release of weighted and modeled chronic disease estimates. These include select state and local hypertension reports in a national hypertension estimate. MENDS is gathering requirements to later develop a national visualization tool using this weighted and modeled data.

There is continued interest in scaling MENDS to improve coverage nationally and strengthen its capacity as a piloted model for implementing chronic disease surveillance leveraging EHR data nationally. NACDD also runs an innovative program called community eConnect, which establishes bi-directional electronic referrals between clinic and community organizations.

We are currently working with five states listed here, each of which are at various stages of implementation. Most referrals are for the diabetes prevention program and some for self blood, I'm sorry, self-measured blood pressure, or general why referrals. We are continuing to build this program in our experience with different partners, electronic medical record vendors, and interventions with an eye towards standardizing referral modules and allowing for improved efficiency and streamlined expansion.

And now I'm going to turn it over to my colleague, Laura.

LAURA DESTIGTER:

Thanks so much. I'm going to talk about NACDD's biomarkers project, which aims to improve patient care and public health by promoting the use of standardized laboratory measurements for chronic disease biomarkers and healthcare and research.

For those of you who are not familiar with this topic, biomarkers are compounds measured in blood, urine, or other bodily fluids. For example, blood cholesterol is the biomarker for identifying cardiovascular disease risk. Accurate laboratory tests are essential for properly measuring biomarkers and standardization is a process that ensures laboratory tests are sufficiently accurate for clinical and research needs.

However, unfortunately, many laboratories do not use standardized tests for certain biomarkers, such as testosterone, estradiol, and vitamin D. And therefore the results of these tests may not be accurate. At the patient level, this can lead to misdiagnoses and incorrect treatment, and it also makes it difficult to develop and implement evidence-based clinical care guidelines. At the public health level, use of non-standardized tests means that surveillance data may not be providing an accurate picture of population health.

Our key partners for this project are the CDC, the Endocrine Society, which takes the lead on many of our communications and education efforts, and the partnership for the accurate testing of hormones, or PATH. PATH brings together a number of national organizations and experts to share information and collaborate on initiatives to increase the use of standardized laboratory tests.

Our project work focuses on four areas: education, partnerships, scientific advancement, and communications. Recent work in the area of education includes partnering with the endocrine society to launch a four-part online course designed to educate endocrinologists on accurate hormone testing. In the area of partnerships, NACDD has engaged a diverse group of stakeholders in PATH and organizes the annual PATH meeting.

We've also worked with Avalon Health Care Solutions, a laboratory benefits provider for multiple insurers, uh, to promote the use of standardized testosterone assays through updated policy language and through education for clinicians and health systems administrators within their networks. PATH has been involved in establishing reference ranges for testosterone and estradiol.

And we're currently planning for broader communications, um, work and a congressional briefing to increase awareness and understanding of key actions to increase the use of standardized assays. Looking to the future, there are three areas that we would love to expand. First. We'd like to be able to identify effective messaging and engage in broader communications efforts with our various audiences, including patients, clinicians, payers, researchers, and laboratories.

Second. We'd like to work with insurers to look at various strategies for promoting and incentivizing the use of standardized tasks. For example, through policy changes, um,

education or higher payments. And finally, we'd like to do a more thorough analysis of the costs of inaccurate testing in terms of unnecessary, incorrect, or delayed treatment so that we can better demonstrate the overall financial benefit of using standardized tests.

We've provided contact information if you'd like to reach out to us for more information about these projects, and we'll now move into our open discussion and Q and A. So we'll open up the chat for any questions, insights, or comments that you'd like to share.

KAYLA CRADDOCK:

A question for Kate, maybe, um, for MENDS, for the FHIR partner.

Um, what does that mean for the project's I guess future and even just the, where the project currently is.

KATE HOHMAN:

Well, I'd say it's a, it's a really, it's an exciting step for the project. Um, trying to leverage the FHIR interoperability standard cause to date, all of our partner sites have come on with kind of particular, um, data models that there needs to be a, um, a unique ETL set up for them.

And with FHIR, kind of that, that work, um, no longer exists because the FHIR resources would be common across all data contributors. Um, so we're, this is a pilot, this is a little advanced for its time. It was hard to find a site that was ready to try this with us. Um, but we, we found a great one in, in Health Data Compass and you know, I think we'll see what, what, what it means for the future once we get on the other side of the pilot, but thus far, it's been a really exciting learning opportunity for all involved.

KAYLA CRADDOCK:

Thanks everyone.

- END OF TRANSCRIPT -