

# VIRGINIA Heart Disease

## Background

In 2017, census bureau data estimated that Virginia's population is 8.47 million. Previously reported data from 2012 indicated that heart disease attributed to **73,701 hospitalizations and 13,276 deaths** and hypertension attributed to **7,250 hospitalizations and 1,110 deaths**. Virginia's hypertension rate was reported at **33.2%** in 2015.

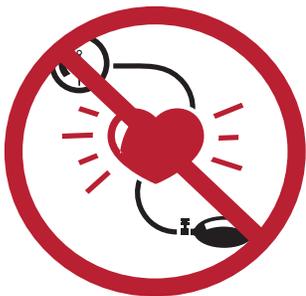
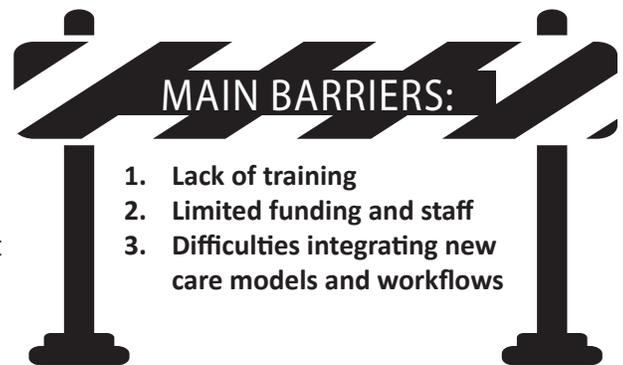


## Approaches

Through clinics and professional organization collaborations the Virginia Department of Health (VDH) supported **team-based care**, **blood pressure self-management** (including self-measured blood pressure monitoring tied to clinical support), and **integration of key data monitoring** tied to electronic health records (EHR) to improve heart disease patient health outcomes.



VDH conducted focus groups and a comprehensive survey analysis with healthcare providers in five areas of the Commonwealth. Over 62% of respondents reported excellent or very good engagement with chronic disease management. However, few providers track hypertension control (53%) and only 49% reported that they offer chronic disease management for hypertension. Data suggests there are barriers to fully embracing data and team-based care models to support hypertension management including:



### NO REGULATION

Another statewide effort was a review of current utilization of SMBP in Virginia. The study, highlighted that Virginia does **not** have laws to regulate SMBP practices

nor are there standards to support telemedicine encounters for SMBP. Policy review indicates that SMBP is **not** widely marketed, nor are there incentives to promote SMBP apart from case management services.



### DIFFICULT

The large majority of respondents reported they have patients who experience difficulty with self-measured blood pressure monitoring (SMBP). Between 22% and 36% of respondents

reported that more than half of their patients experience difficulty with one or more elements of SMBP.

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Lessons learned from these statewide reviews supported and refined opportunities to target priority healthcare practices and innovative projects:

## Check.Change.Control. (CCC)

Health coaches embedded into the practice function as an extended member of the medical team with the intent to educate, assist with monitoring medication adherence, emphasizing and supporting SMBP, and connecting patients with other resources. The CCC pilot has already reached **1,540** patients with several patients having 2+ follow-up visits.

PATIENTS WITH 2+ DR. VISITS



## Virginia Cardiovascular Health Collaborative

VDH working with public and private payers to: 1) identify high risk, high cost, and/or underserved populations with hypertension, and 2) develop and test innovative payment mechanisms and/or health care delivery models and policies to support target populations in improving their blood pressure. Project estimated to reach 1.4 million individuals in three years.

- 223 patients identified as hypertensive
- 142 patients diagnosed with uncontrolled hypertension
- 85 patients referred to and engaged by community health worker

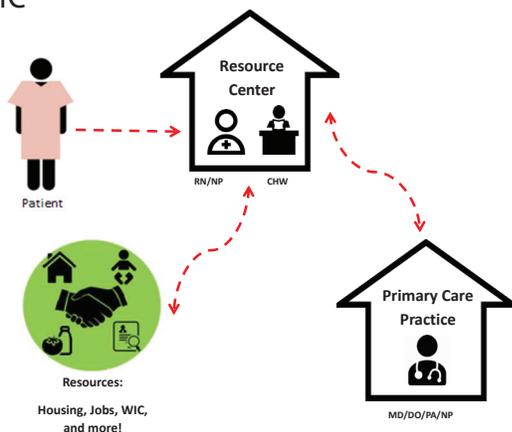
## Quality Improvement Project for Chronic Disease

Project coordinated with VDH cancer programs (breast, cervical and colorectal) to support selected federally qualified health centers (FQHCs). Centers have access to the eClinicalWorks population health dashboard to support quality improvement initiatives. Project currently reaching an estimated **21,799** patients with **69.37%** of patients achieving hypertension control.

15,122 PATIENTS IN CONTROL



PUBLIC



PRIVATE

