



PRIORITIES IN FOCUS

August 2016



Prevention and
Treatment of Leading
Causes of Morbidity
and Mortality

CARDIOVASCULAR
DISEASE COSTS
\$312 BILLION PER
YEAR

THE ISSUE: PREVENTION AND TREATMENT OF LEADING CAUSES OF MORBIDITY AND MORTALITY

A small number of chronic illnesses affect a large percentage of the population and account for a majority of deaths and health care expenditures in the United States. In particular, cardiovascular disease has been the leading cause of death in the United States for decades. It kills nearly one in four Americans and costs \$312 billion per year, more than 10 percent of annual health expenditures.¹ Improving the quality of American health care thus demands an intense focus on the prevention and treatment of cardiovascular disease.

The prevalence of cardiovascular disease risk factors and lack of public awareness compound the problem. According to the Centers for Disease Control and Prevention (CDC), 29 percent of American adults have hypertension and another third have prehypertension—both early warning signs of cardiovascular disease—but only 52 percent of those people with hypertension have their condition under control.² Successful prevention and treatment of cardiovascular disease holds real promise to significantly improve the Nation's clinical and economic health.

THE NATIONAL QUALITY STRATEGY SOLUTION

The National Quality Strategy calls all stakeholders to promote effective prevention and treatment of the leading causes of morbidity and mortality by focusing on three long-term goals that involve promoting cardiovascular health through—

- Community interventions that result in improvement of social, economic, and environmental factors.
- Interventions that result in adoption of the most healthy lifestyle behaviors across the lifespan.
- Receipt of effective clinical preventive services across the lifespan in clinical and community settings.

The Affordable Care Act created initiatives to reduce the leading causes of morbidity and mortality. The most wide-ranging is the Million Hearts® initiative, launched by the Department of Health and Human Services in partnership with States and the private sector to prevent one million heart attacks and strokes by 2017. The campaign emphasizes the “four ABCS” of heart health: aspirin when appropriate, blood pressure control, cholesterol management, and smoking cessation. High performance on these measures leads to fewer deadly and disabling cardiovascular events. In 2014, the CDC published an analysis that used current data, measuring performance on the “four ABCs” from 2005 to 2012, to function as baseline values for achieving the initiative's 2017 goals. The analysis returned mixed results, with statistically significant improvement in the prevalence of blood pressure control and cholesterol management since the introduction of the

60 PERCENT OF AMERICANS HAVE CARDIOVASCULAR RISK FACTORS

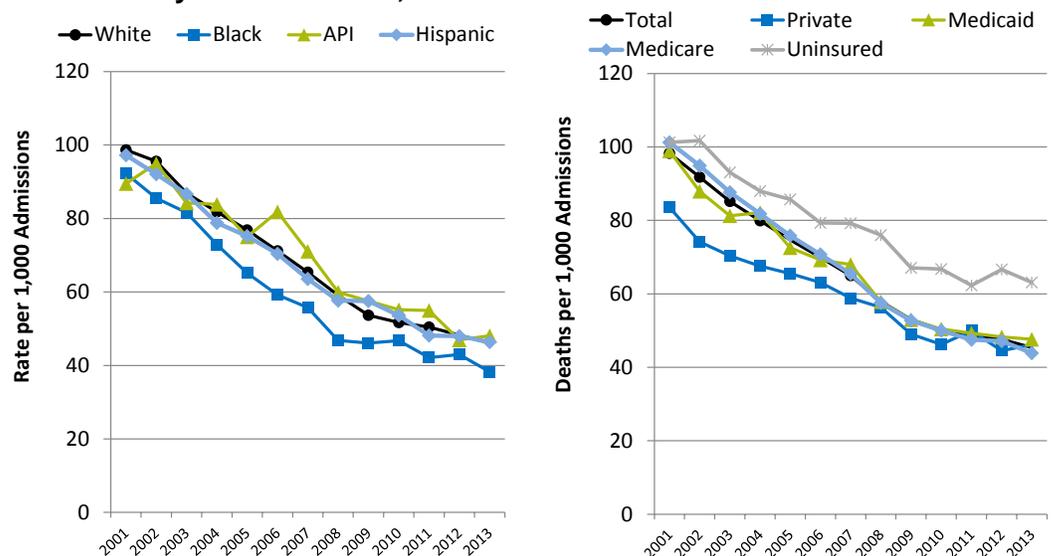
campaign, but no statistically significant change in the prevalence of either aspirin use for secondary prevention or smoking cessation and treatment.³ As the Nation improves its performance on the “four ABCS” of heart health to prevent cardiovascular disease, effective treatment for the millions of Americans with the disease remains a key priority of the National Quality Strategy.

WHERE WE ARE NOW: 2015 EFFECTIVE TREATMENT CHARTBOOK

Measures promoting effective prevention and treatment of the leading causes of morbidity and mortality showed improvement in the [2015 National Healthcare Quality and Disparities Report Chartbook on Effective Treatment](#). Since CMS began publicly reporting measures of hospital quality on the [Hospital Compare Web site](#) in 2005, these measures dominated the list of effective treatment measures tracked in this report, and in recent years, many CMS measures achieved overall performance levels of 95 percent or better and were dropped from the report. The remaining measures of effective treatment have also done well, with about 60 percent showing improvement. Disparities are also less common than in many other priorities; about 45 percent were decreasing over time.

One important measure of effective treatment for cardiovascular disease is the rate of inpatient deaths for hospital admissions for heart attack. Studies have shown that mortality from AMI is steadily decreasing, owing to new technologies, revascularization, more effective drugs to control for heart-related conditions, and increased diagnosis of previously indeterminable AMI by high-sensitivity blood tests.⁴ The [2015 Quality and Disparities Report](#) showed that in 2013 the overall rate was 45.4 per 1,000 admissions, a significant decline from 98.3 per 1,000 admissions in 2001.

Inpatient deaths per 1,000 adult hospital admissions for heart attack, by race/ethnicity and insurance, 2001–2013



¹ Million Hearts. “Costs & Consequences.” Retrieved February 2016. Available from <http://millionhearts.hhs.gov/learn-prevent/cost-consequences.html>.

² The Centers for Disease Control and Prevention. “High Blood Pressure Fact Sheet.” February 2015. Available from http://www.cdc.gov/dhdsp/data_statistics/fact_sheets/fs_bloodpressure.htm.

³ Million Hearts: Prevalence of Leading Cardiovascular Disease Risk Factors — United States, 2005–2012, MMWR Morb Mortal Wkly Rep 2014 May; 63(21):462-7. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6321a3.htm>.

⁴ Mnatzaganian G, Braitberg G, Hiller JE, et al. Sex differences in in-hospital mortality following a first acute myocardial infarction: symptomatology, delayed presentation, and hospital setting. [BMC Cardiovasc Disord](#) 2016;16:109.