

# Understanding the Wisconsin Landscape

May 30, 2018

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# Outline

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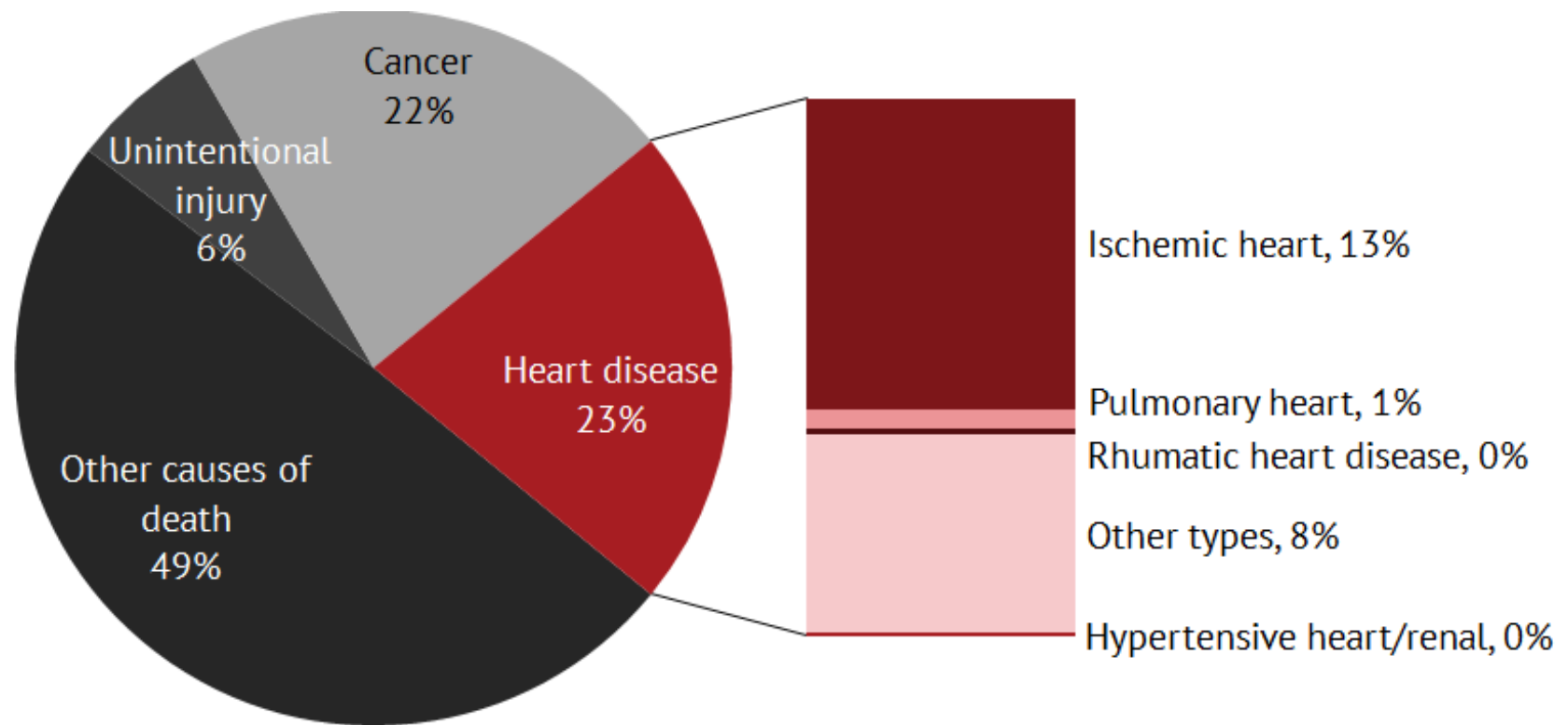
- Impact of hypertension (HTN) and cardiovascular disease (CVD) in Wisconsin
- Past and present efforts to prevent and control HTN and CVD
- Next steps and continuation of work



# Need for All Hands on Deck

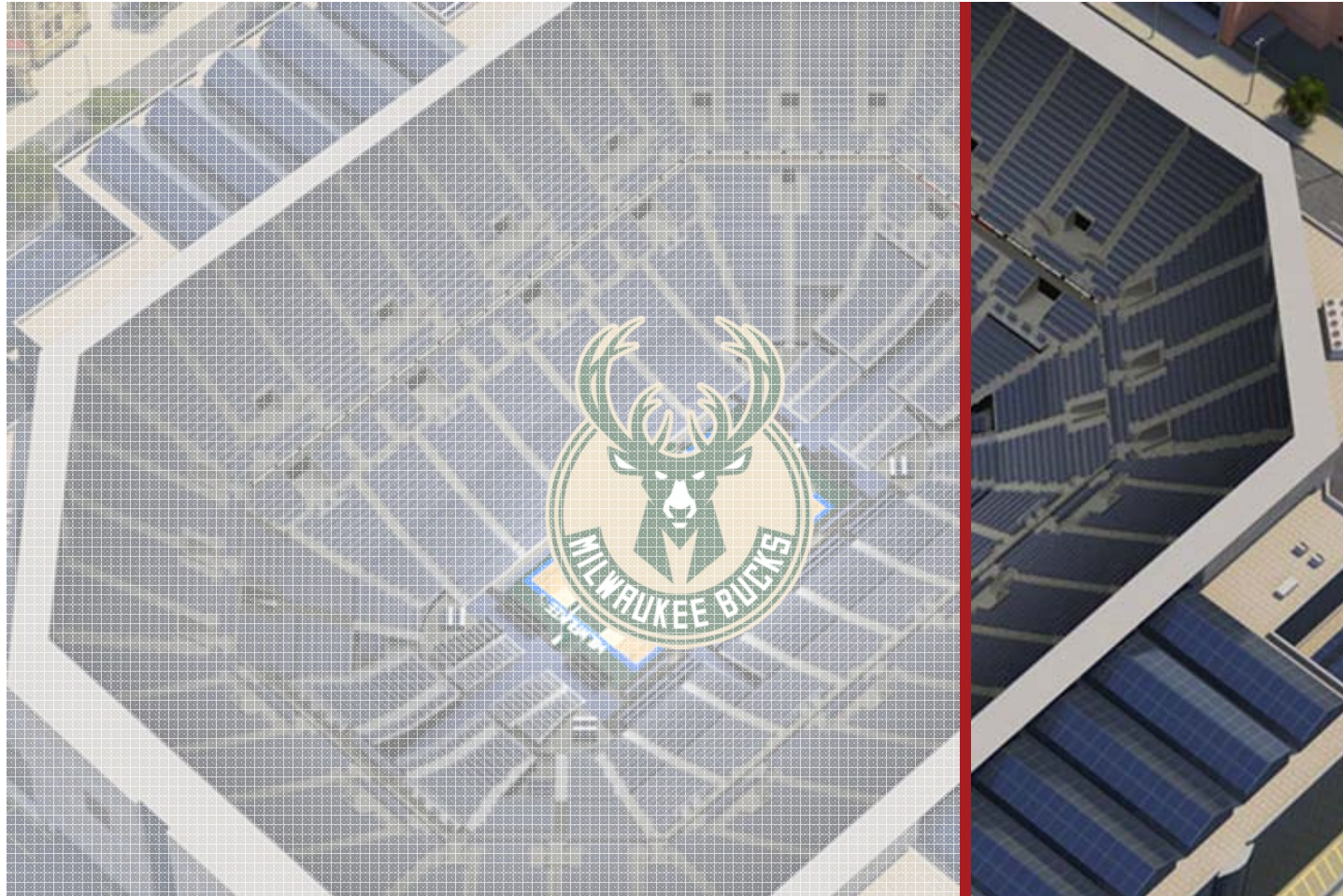
# Heart Disease is the Number One Cause of Death in Wisconsin

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Source: Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics. Annual Wisconsin Death Report, 2015 P-01170-16 (September 2016).



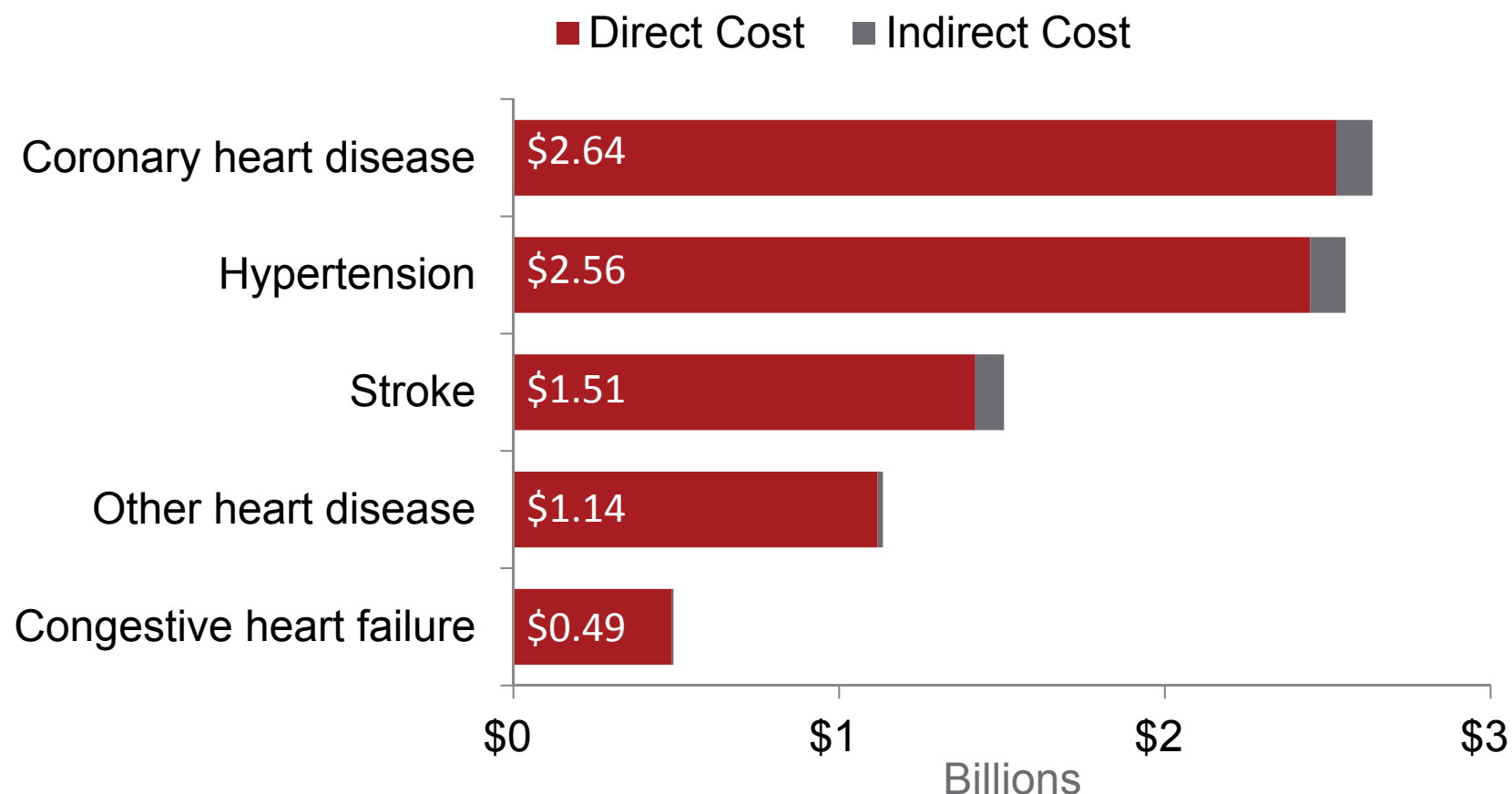


The number of deaths in just one year could fill over half of the BMO Harris Bradley Center.

Source: Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics. Annual Wisconsin Death Report, 2015 P-01170-16 (September 2016).

Wisconsin spends an estimated \$9 billion dollars on CVD direct medical costs and an additional \$329 million dollars on indirect costs.

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Source: Centers for Disease Prevention and Control and RTI International. Chronic Disease Cost Calculator version 2.6.5058. Wisconsin Department of Health Services, Chronic Disease Prevention Program. April 2018.





**In Wisconsin,  
1 in 3 adults  
have  
hypertension =  
1.3 million  
people.**

Source: Based on National Health and Nutrition Examination Survey (NHANES), 2015-2016 and U.S. Census Bureau 2016 Wisconsin Population Estimates, National Center for Health Statistics (NCHS) Data Brief No. 289, 2017.

# HTN Increases Other Health Risks

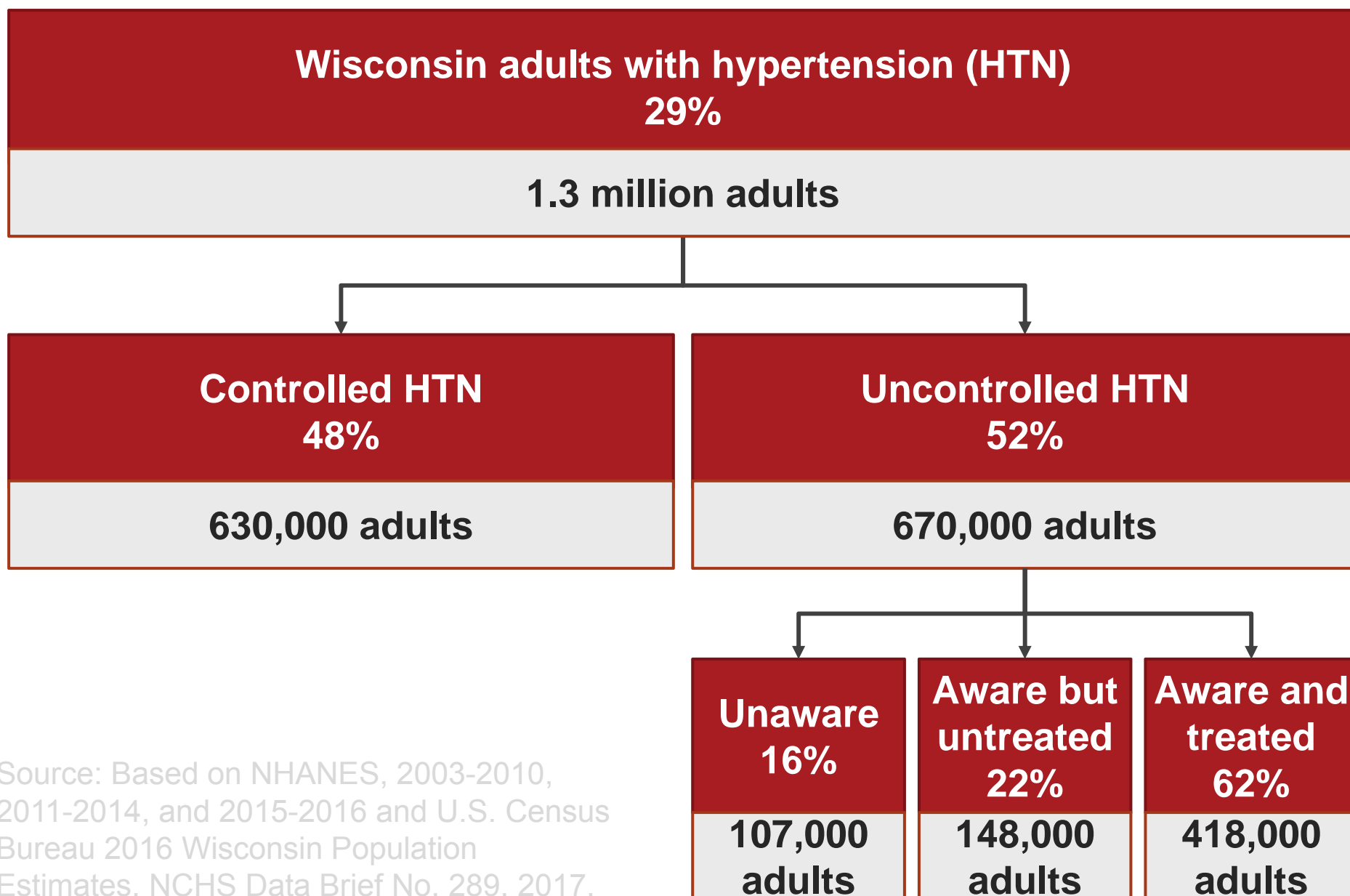
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- People with HTN are four times more likely to die from a stroke and three times more likely to die from a heart attack.
- Seven of 10 people with chronic heart failure have HTN.
- Seven of 10 people having their first heart attack have HTN.
- Eight of 10 people having their first stroke have HTN.



Source: Mozaffarian D, Benjamin EJ, Go AS, et al. Heart Disease and Stroke Statistics-2015 Update: a report from the American Heart Association. Circulation. 2015; e29-322.

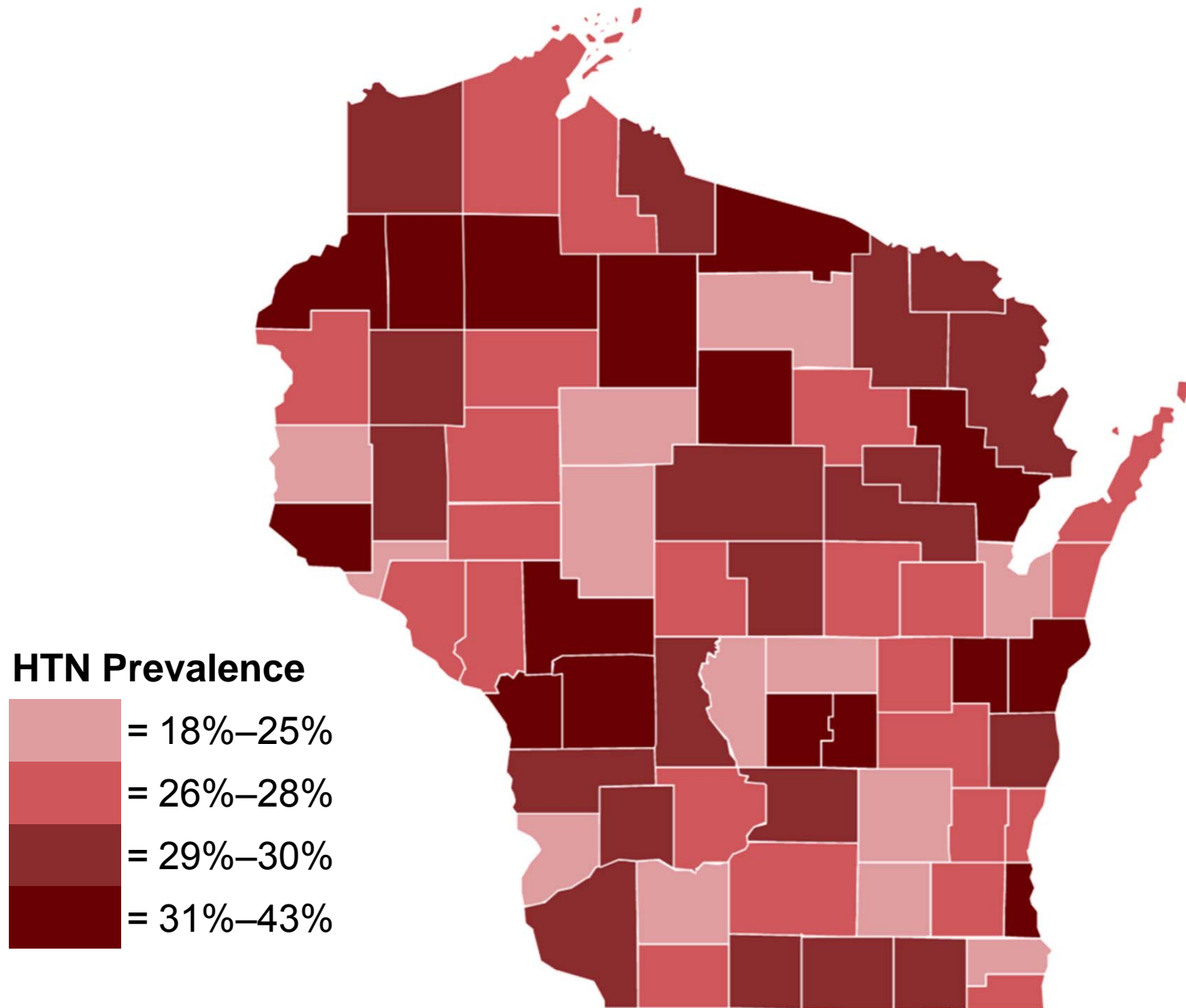




Source: Based on NHANES, 2003-2010, 2011-2014, and 2015-2016 and U.S. Census Bureau 2016 Wisconsin Population Estimates. NCHS Data Brief No. 289. 2017. NCHS Data Brief No. 278, 2017. Morbidity and Mortality Weekly Report (MMWR),



# Geographical Distribution



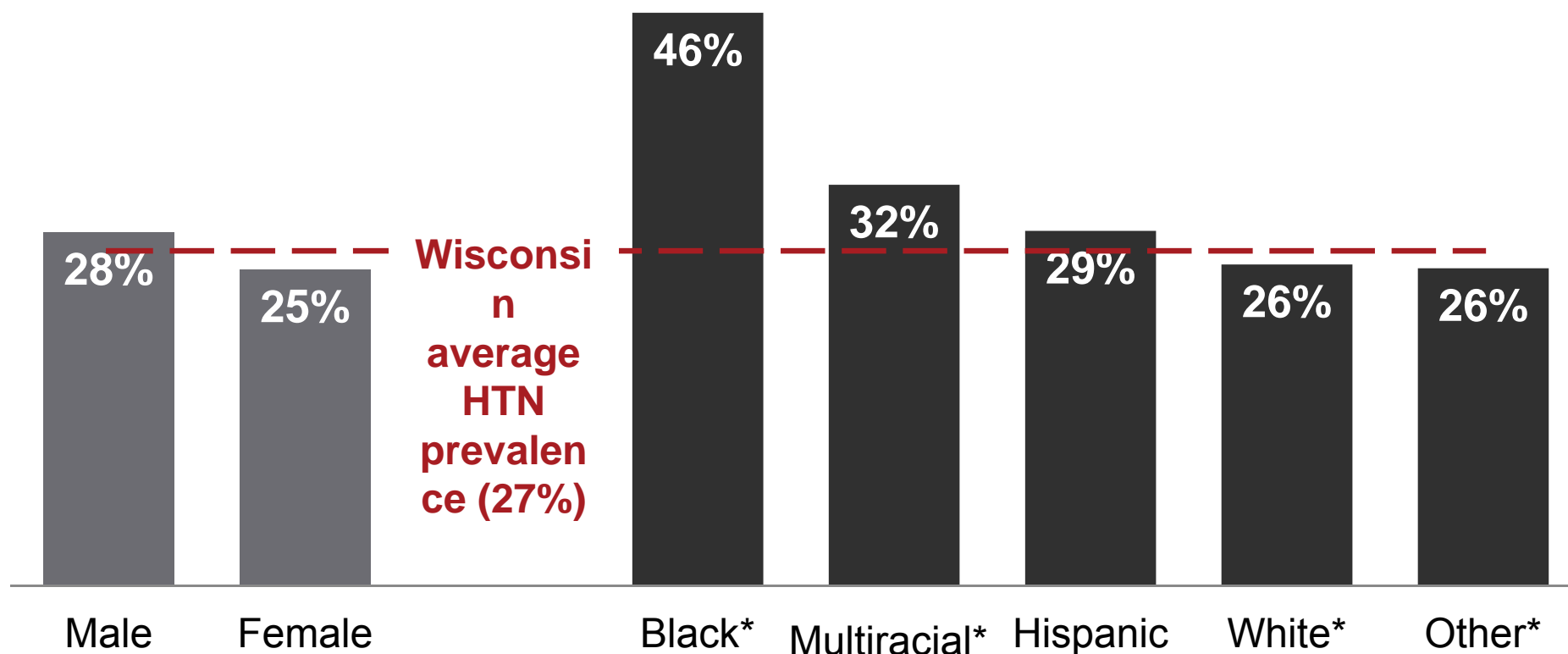
Source: Behavioral Risk Factor Surveillance System, 2011, 2013, and 2015. Diagnosed HTN prevalence estimates are age-adjusted to U.S. 2000 Census. Menominee and Pepin Counties exclude 2015 data due to small sample size.



# Demographics

# Age-Adjusted HTN Prevalence Among Gender and Race and Ethnicity in Wisconsin

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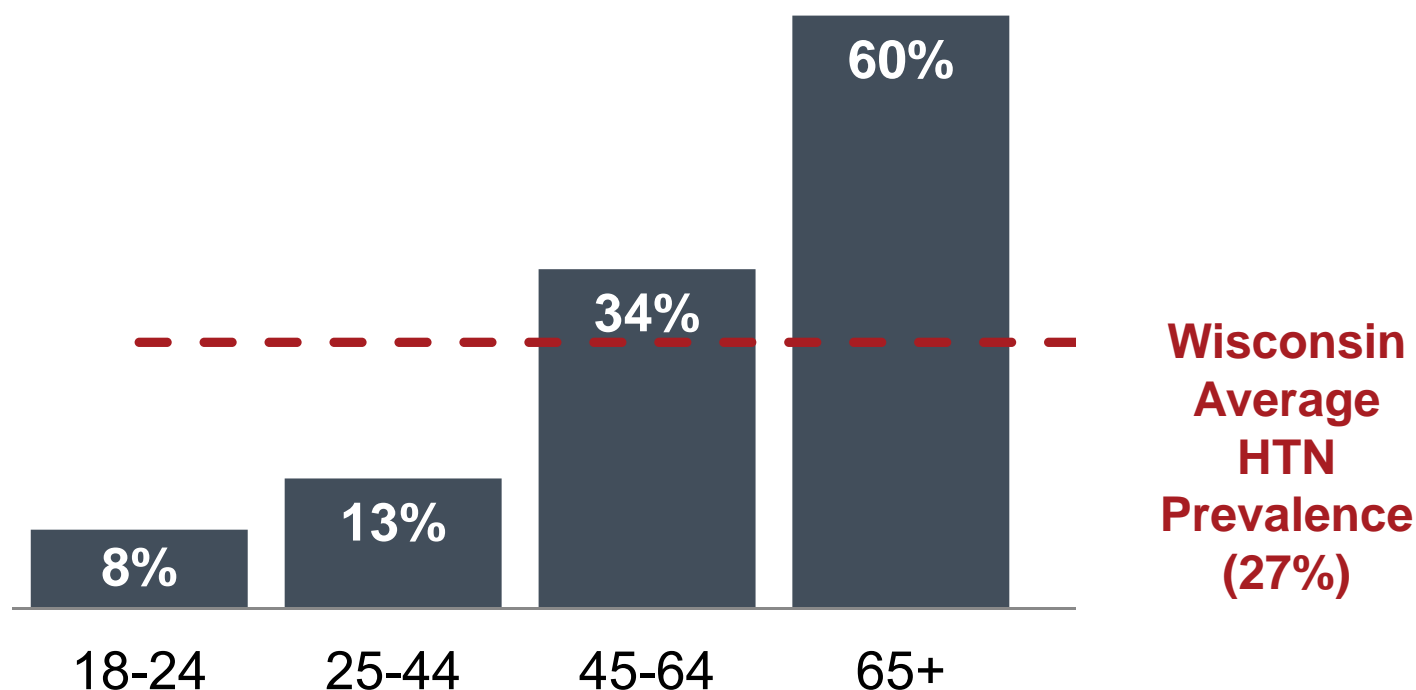
\*Non-Hispanic

Source: BRFSS 2015. Diagnosed HTN prevalence estimates are age-adjusted to U.S. 2000. Centers for Disease Control and Prevention (CDC), National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Division of Population Health. Chronic Disease



# HTN Prevalence by Age Groups in Wisconsin

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Source: BRFSS 2015. Diagnosed HTN prevalence estimates are age-adjusted to U.S. 2000. CDC, NCCDPHP, Division of Population Health. Chronic Disease Indicators Data.

# HTN Control in Some of Wisconsin Health Systems and Health Plans

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## HRSA<sup>1</sup> Represents:

- All FQHCs (18)
- Over 300,000 patients with 94%  $\leq$ 200% of poverty

62%

## CDQIP<sup>2</sup> Represents:

- Approximately 11 of 16 health insurance plans or payers in Wisconsin
- Over 1.4M patients

74%

## WCHQ<sup>3</sup> Represents:

- Approximately 60% of Wisconsin providers
- Over 1.8M total patients
- 600,000+ patients with HTN

84%

<sup>1</sup>Health Resources & Services Administration (HRSA), 2016 Health Center Program Grantee Profiles.

<sup>2</sup>Wisconsin Chronic Disease Quality Improvement Project (CDQIP), 2016 HEDIS® Summary Data.

<sup>3</sup>Wisconsin Collaborative for Healthcare Quality (WCHQ), 2016 Medical Group Clinical Topic Reports.

## Contributing Factors and Related Conditions

# Other Impacts and Contributors

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- ❑ High cholesterol
- ❑ Diabetes
- ❑ Prediabetes
- ❑ Obesity
- ❑ Heart failure
- ❑ Heart attack
- ❑ Stroke
- ❑ Kidney disease

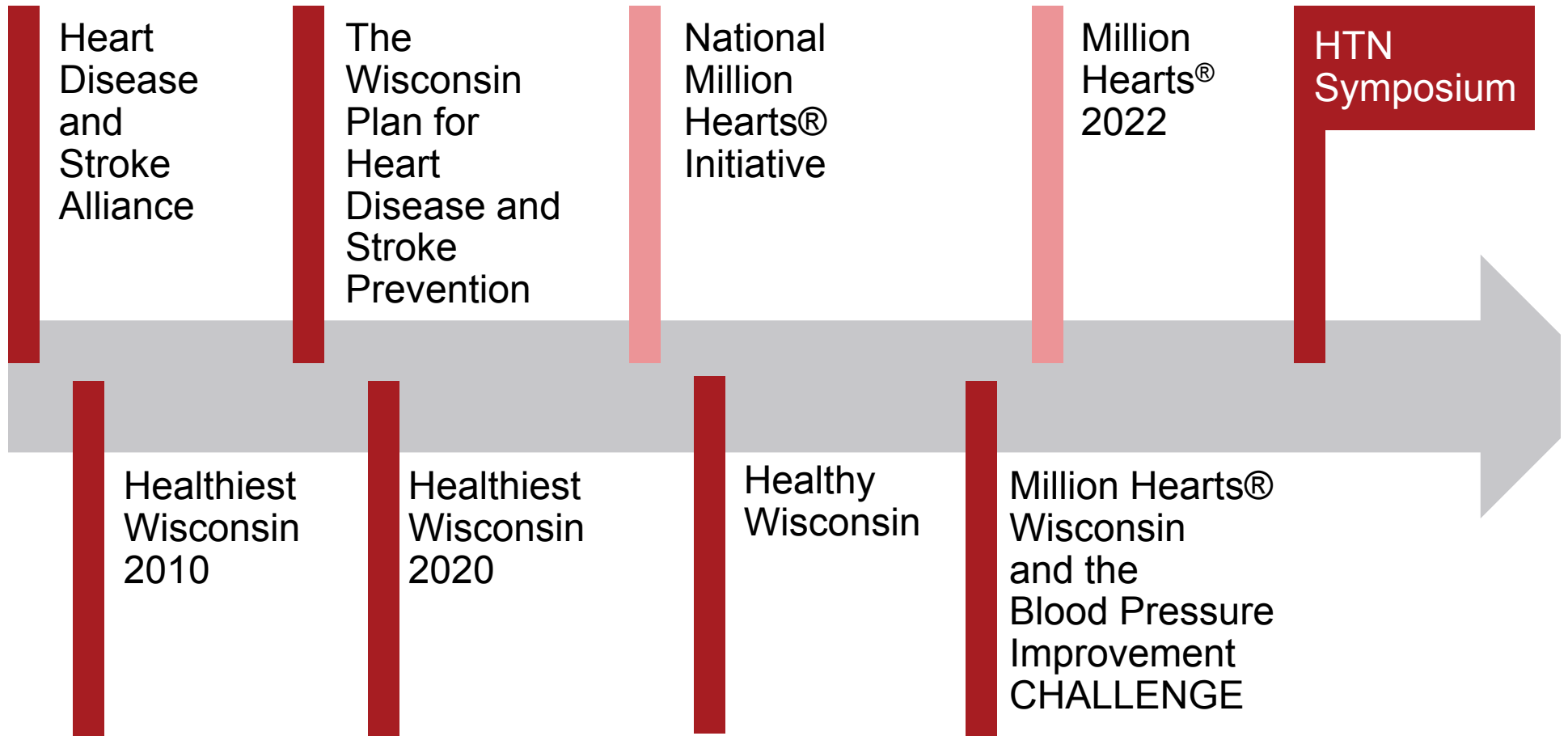


What Are We Doing to Address This?



# History

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# Addressing the Problem

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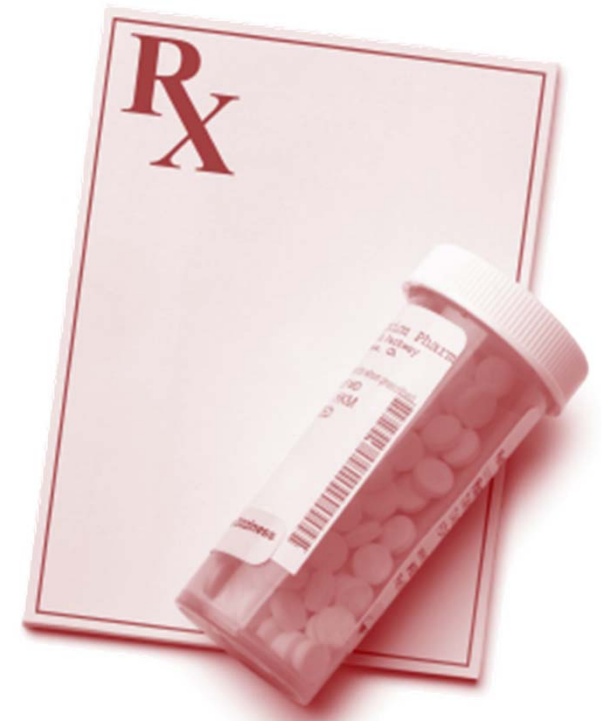
- Utilizing electronic health records and health information technology to identify individuals with undiagnosed HTN and manage adults with HTN
- Promoting the adoption of evidence-based quality measurement at the provider level



# Addressing the Problem

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- Supporting engagement of non-physician team members or team-based care in HTN management in clinical settings
- Promoting the adoption of medication therapy management between pharmacists and prescribers



# Addressing the Problem

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- Facilitating use of self-measured blood pressure monitoring with clinical support among individuals with HTN
- Implementing systems to facilitate systematic referral of individuals with HTN to community programs and resources



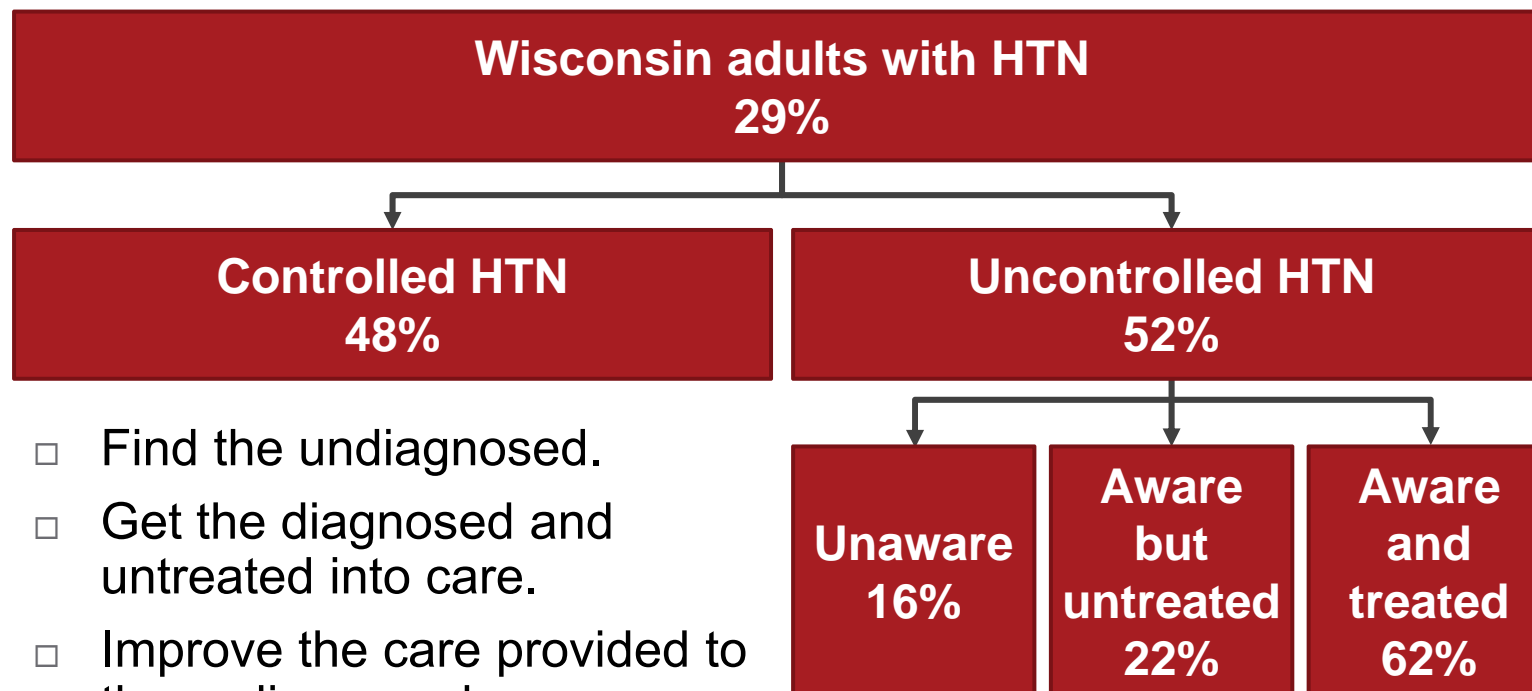


# Planning for the Future



# Continuation of Work

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- Find the undiagnosed.
- Get the diagnosed and untreated into care.
- Improve the care provided to those diagnosed.
- Increase the control rates for those diagnosed.
- Prevent individuals from having high blood pressure.

Source: Based on NHANES, 2003-2010, 2011-2014, and 2015-2016 and U.S. Census Bureau 2016 Wisconsin Population Estimates. NCHS Data Brief No. 278 and 289, 2017. MMWR, 61(35), 2012.

# Next Steps for Today

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- Reflect on information presented.
- Learn from panels.
- Consider how you can use or apply the information.



# Next Steps for Today

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- Engage with key leaders from across the state to identify action items.
- Join the statewide effort to improve HTN and CVD outcomes.





Thank you