

Findings at a Glance

MODEL OVERVIEW



The Million Hearts® Cardiovascular Disease (CVD) Risk Reduction Model (Million Hearts® Model) tests whether providing targeted incentives to health care providers to reduce CVD risk lowers the incidence of first-time heart attack and stroke among Medicare beneficiaries (ages 40-79 who have not had a previous heart attack or stroke). As part of the five-year randomized trial, participating providers use a standardized risk assessment tool to calculate their Medicare patients’ risk of having a heart attack or stroke within 10 years. Participants then receive incentives to reduce the CVD risk of high-risk beneficiaries (defined as those with a 30 percent or higher risk of a CVD event at baseline).

PARTICIPANTS



345 primary care practices, specialty practices, health centers, and hospital outpatient departments throughout the country participated in the model – with half randomly assigned to the intervention group and half to the control group.



Together, the intervention and control organizations enrolled about 388,000 Medicare beneficiaries in 2017 and 2018. CVD risk scores among the intervention beneficiaries were very similar to those among control beneficiaries. Unless otherwise noted, findings in this document are for the combined high- and medium-risk group beneficiaries.

CVD risk group at baseline (predicted probability of having a heart attack or stroke in 10 years)	Intervention group	Control group
High ($\geq 30\%$)	40,750 (18%)	27,514 (18%)
Medium (15 – 29.9%)	90,797 (39%)	61,538 (39%)
Low ($< 15\%$)	99,117 (43%)	68,285 (43%)
All	230,664	157,337

FINDINGS

QUALITY OF CARDIOVASCULAR CARE



In earlier findings, intervention providers were nearly twice as likely as control providers to report doing CVD risk assessments for most Medicare patients.



Beneficiaries in the intervention group were 4 percentage points more likely to start or intensify statin or antihypertensive therapy within a year of enrollment.

Intervention group beneficiaries were more likely to start or intensify statins or antihypertensives by one year after enrollment

Intervention



Control

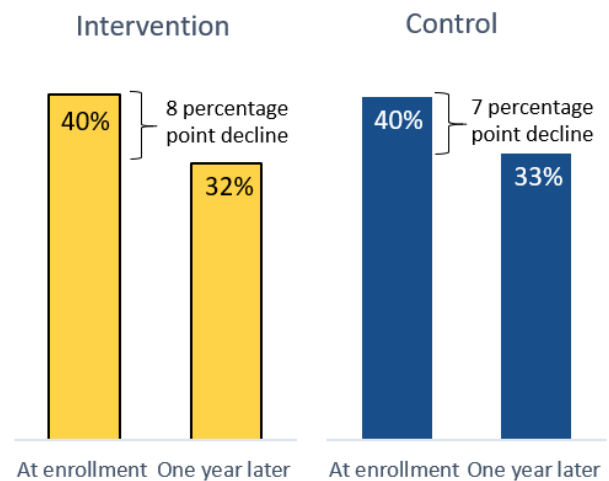


Findings at a Glance

HEALTH OUTCOMES

- CVD risk scores decreased within one year of enrollment for both the intervention and control groups among high-risk beneficiaries. Reductions in blood pressure and cholesterol drove the decline in overall predicted risk.
- The decrease was modestly greater—by 1.2 percentage points—in the intervention group than the control. Although the difference was small, it was statistically significant.
- There was no difference in the rate of first-time heart attack and stroke during the 34-month follow-up period.
- The all-cause death rate was 6 percent lower in the intervention group than in the control group. Over two years, 3.9% of beneficiaries in the intervention group died compared with 4.2% in the control group.

Among high-risk patients, average declines in 10-year predicted risk of a heart attack or stroke were greater in the intervention group



SERVICE USE AND MEDICARE SPENDING



Rates of emergency department visits and hospitalizations were higher in the intervention group than the control group over 34 months of follow-up. Although these findings were unexpected, the model might have made participating beneficiaries more aware of worrisome symptoms and more engaged with the health care system, prompting more visits to the emergency room and hospital.



The model did not measurably reduce or increase Medicare spending. Average Medicare expenditures were very similar for intervention and control group beneficiaries during the entire study period.

KEY TAKEAWAYS

The Million Hearts® Model has improved cardiovascular preventive care as evidenced by increasing rates of CVD risk assessment and the use of statins and antihypertensive medications. These improvements occurred not just for high-risk beneficiaries (for whom CMS made separate CVD risk reduction payments), but also among the much larger high-and medium-risk group. This suggests the model's targeted incentives may have affected care for a broad population. However, over almost 3 years, the model has not yet reduced the rate of first-time heart attack or stroke, or Medicare spending.