

## Findings at a Glance



### MODEL OVERVIEW

The Million Hearts Cardiovascular Disease (CVD) Risk Reduction Model (Million Heart Model) tests whether providing targeted incentives to health care providers to reduce CVD risk lowers the incidence of first-time heart attacks and strokes 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 calculate the likelihood that eligible Medicare beneficiaries will have a heart attack or stroke in the next 10 years, and 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

- In the model’s first year (2017), 319 organizations participated, half (N=163) of which were randomized to the intervention group and half (N=156) to the usual care control group.
- Participating organizations included primary care practices, specialty practices, federally qualified health centers, and hospitals throughout the country in rural and urban areas. Over a third of the intervention organizations were small with 1-5 providers, and 44 percent were located in rural areas.
- Participating organizations enrolled about 300,000 Medicare beneficiaries, and the intervention and control groups were very similar in their baseline CVD risk scores.



CVD risk group (predicted likelihood of having a heart attack or stroke in 10 years)	Intervention group	Control group
High (>30%)	32,875 (18%)	21,103 (18%)
Medium (15–30%)	71,476 (40%)	46,311 (40%)
Low (<15%)	75,924 (42%)	49,351 (42%)
All	180,275	116,765

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### FINDINGS

#### IMPLEMENTATION

- Interviews with model participants indicate that providers in the intervention group are more systematically assigning CVD risk scores to model-eligible beneficiaries, and that these risk scores help providers talk with beneficiaries about their modifiable risk factors and steps they could take to lower risk.
- Moreover, having risk scores available for model-eligible beneficiaries appears to increase providers' awareness of medium- and high-risk beneficiaries. As a result, providers said they are more likely to start or intensify medication therapy to address uncontrolled risk factors.

#### BASELINE CHARACTERISTICS OF THE INTERVENTION GROUP

- Characteristics of beneficiaries in the intervention group show that there is meaningful room for improvement within both the high-risk and the medium-risk population. For example, 74 percent of high-risk enrollees in the intervention group have high blood pressure, and 73 percent have LDL cholesterol exceeding 70 mg/dL, indicating that they could benefit from medications and/or behavior changes.

Characteristic	Low risk	Medium	High risk
CVD risk score, mean	9	21	40
Age, mean	64	71	74
Male	25%	54%	65%
Has diabetes	10%	23%	66%
Systolic blood pressure, mean (mmHg)	124	131	140
Elevated or high blood pressure (>130 mm Hg)	34%	54%	74%
Total cholesterol, mean (mg/dL)	186	177	169
LDL cholesterol > 70 mg/dL	85%	80%	73%
Hypertension: treatment or diagnosis	53%	76%	91%
Current smoker	9%	10%	12%

### KEY TAKEAWAY

This report examines the implementation of the Million Hearts Model, and participants' baseline characteristics, during the model's first year. Randomization was successful in producing intervention and control groups that were similar at baseline on CVD risk factors, indicating that a rigorous (unbiased) assessment of the model's impact is feasible. Interviews with participants suggest that the model is largely being implemented as intended and has increased the extent to which participants calculate CVD risk for their Medicare beneficiaries, identify beneficiaries at high risk, and treat modifiable CVD risk factors. While some of the CVD risk among the target population is due to non-modifiable factors, there is still substantial room for improvement. Future reports will assess the impact of the model on CVD events and costs.