

## Kaiser Permanente Policy Story, v2, No. 1

### Reducing Heart Attacks and Strokes: Bringing KP Treatment Protocols to Safety Net Providers

- Heart attacks and strokes are among the leading causes of death and disability in the United States, but they are often avoidable.
- The risk factors for heart disease (such as high cholesterol, high blood pressure, physical inactivity and obesity) are well known, but often not well managed.
- Kaiser Permanente programs reduce the probability of heart attack and stroke among high-risk patients by up to 60 percent.
- We have now extended these programs to safety net clinics, whose patients are especially vulnerable to avoidable hospitalizations. Today, more than 35,000 patients across 55 safety net sites have participated.

#### Policy Context

Heart disease is the leading cause of death in the United States.<sup>1</sup> One in every three deaths in our country is from heart disease or stroke.<sup>2</sup> Heart attacks and strokes are also among the leading causes of disability in the U.S., with more than 3 million people reporting disability from these causes.<sup>3</sup> Importantly, many of the major risk factors for heart disease and stroke can be prevented or controlled.<sup>4</sup>

In September 2011, the U.S. Department of Health and Human Services launched Million Hearts™, a national initiative to prevent 1 million heart attacks and strokes over five years. Kaiser Permanente has joined health care organizations, employers, advocacy groups, and others in supporting this initiative. The effort aligns with activities already underway within Kaiser Permanente, including ALL/PHASE—a heart attack and stroke risk-reduction program (detailed below)—and EveryBody Walk!, a campaign to encourage physical activity.

#### The Challenge

Certain medical conditions and lifestyle choices can put people at high risk for heart disease, including: high cholesterol, high blood pressure, diabetes, cigarette smoking, obesity, poor diet, physical inactivity, and excessive alcohol use.<sup>5</sup> Across the U.S. population, these risk factors are poorly managed.<sup>6</sup>

However, several low-cost generic medications are highly effective in preventing heart attacks and strokes among high-risk individuals.<sup>7</sup> Nevertheless, many people who are at high-risk remain untreated. People who receive their care from safety net providers (including the uninsured and underinsured) are particularly vulnerable. One California study indicated that this group is almost three times more likely than others to be hospitalized for an avoidable cause.<sup>8</sup>

#### Kaiser Permanente Solution

Kaiser Permanente launched our A-L-L program in 2003 to reduce heart attacks and strokes among members with heart disease and diabetes. Under this program, high-risk patients take Aspirin, Lovastatin (a cholesterol lowering medicine), and Lisinopril (a medication for high blood pressure). We developed our Preventing Heart Attacks and Strokes Everyday (PHASE) program a year later, adding a beta blocker—which protects against second heart attacks—and lifestyle changes, such as smoking cessation and physical activity. The combined protocol—the ALL/PHASE program—is now available to all Kaiser Permanente members with heart disease, and diabetics who are over the age of 55.

Through a comprehensive outreach program, Kaiser Permanente members are encouraged to participate in

this program. In addition, to spread these prevention activities beyond Kaiser Permanente, we have shared the ALL/PHASE protocol with safety net providers in our communities. We have also offered grants to numerous safety net providers to assist with the costs of administering the program, such as identifying and communicating with at-risk clients.

Dr. Winston Wong, Medical Director of National Community Benefit, notes: “at Kaiser Permanente, we recognize that preventive and community health is critical to individual health and wellness, and extending care beyond our walls is central to our mission. The ALL/PHASE program is just one example of how we share our knowledge with our safety net partners to help them improve the health of the broader community.”<sup>9</sup>

### Outcomes

A 2009 study of Kaiser Permanente members found that the A-L-L program reduced the rate of heart attack and stroke in a high-risk population by 60 percent.<sup>10</sup> The study authors estimated that if just 20-30 percent of all diabetics over age 65 in the U.S. were similarly treated for a two-year period, tens of thousands of hospitalizations for heart attack and stroke could be avoided.

By 2011, 46 safety net clinics in California had initiated Kaiser Permanente’s ALL/PHASE program.<sup>11</sup> Over 2,000 community-clinic patients received cardiovascular medications within the first 18 months of the program. Since then, our Northwest, Colorado, Georgia, and Mid-Atlantic regions have all shared these programs with safety net providers in their communities. Today, more than 35,000 patients across 55 safety net sites participate in ALL/PHASE.<sup>12</sup>

### Practical Implications and Transferability

Kaiser Permanente’s initial experience in disseminating the ALL/PHASE program to safety net clinics in California has shown that grants are important since resources are needed to collect data and to make contact with patients who have not refilled their prescriptions. Grant funding is especially important

during the program’s start-up phase. In addition, significant involvement by safety net physicians has been critical to the success of the program. These doctors agree overwhelmingly that implementing this protocol is one of the most important contributions they can make to the health of their patients. Not only has uptake of the prescription bundle been good, but adherence to the drug regimen over the longer term has also been high.

*For more information, please contact:*  
Kaiser Permanente Institute for Health Policy at  
<http://www.kp.org/ihp>

- 1 Centers for Disease Control and Prevention (CDC). Leading Causes of Death: <http://www.cdc.gov/nchs/fastats/lcod.htm>
- 2 Food and Drug Administration. A Valentine for Your Heart: <http://blogs.fda.gov/fdavoices/index.php/tag/heart-disease/>
- 3 Million Hearts. About Heart Disease and Stroke: <http://millionhearts.hhs.gov/about/hsd/cost-consequences.html>
- 4 *Ibid.*
- 5 Centers for Disease Control and Prevention (CDC). Heart Disease Fact Sheet: [http://www.cdc.gov/dhdsp/data\\_statistics/fact\\_sheets/fs\\_heart\\_disease.htm](http://www.cdc.gov/dhdsp/data_statistics/fact_sheets/fs_heart_disease.htm)
- 6 For example, see CDC: Adult Obesity Facts, <http://www.cdc.gov/obesity/data/adult.html> and Saydah S., et al. Poor control of risk factors for vascular disease among adults with previously diagnosed diabetes. *JAMA*. 2004 Jan 21; 291(3):335-42.
- 7 Wald, NJ, Law, MR, “A Strategy to Reduce Cardiovascular Disease by More than 80%.” *British Medical Journal*, Volume 326, 28 June 2003.
- 8 California Healthcare Foundation, California’s Health Care Safety Net: Facts and Figures October 2010, <http://www.chcf.org/publications/2010/10/californias-health-care-safety-net-facts-and-figures#ixzz2PL8hyjeD>
- 9 “Kaiser Permanente’s ALL/PHASE Initiative Wins 2010 Care Continuum Alliance Quality Impact Award for Greatest Impact on Health,” October 13, 2010, Kaiser Permanente News Center.
- 10 Preventing Myocardial Infarction and Stroke with a Simplified Bundle of Cardioprotective Medications, James Dudl et al, October 2009, *AJMC*.
- 11 Wong, W, Jaffe, M, Wong, M, Dudl, RJ. “Community Implementation and Translation of Kaiser Permanente’s Cardiovascular Disease Risk-Reduction Strategy.” *The Permanente Journal*. Winter 2011, Volume 15, No. 1.
- 12 2012 Community Benefit ALL/PHASE grantee enrollment report.