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Win with Prevention

USPS Task Force A and B Preventive Benefits

JUSTUS-WARREN HEART DISEASE AND STROKE PREVENTION TASK FORCE PRESENTATION
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Why Prevention?



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- Preventive health care services can:
 - ✓ prevent many chronic health conditions from occurring;
 - ✓ diagnose existing health conditions to maximize treatment options; and
 - ✓ prevent or slow a chronic condition's progression.

The Problem



- Adult Medicaid beneficiaries have a disproportionate share of cardiovascular disease (CVD) and uncontrolled CVD risk factors, many of which can be prevented or treated through preventive services.
- Nearly 60 percent of Medicaid adults have one or more condition – including obesity, high blood pressure, high cholesterol, and diabetes – that could be identified or managed by preventive services.

The Toll of CVD in NC

- Heart disease is the 2nd leading cause of death. In 2015, heart disease caused 18,467 deaths or two heart disease deaths every hour and 21% of all deaths.
- Stroke is the 4th leading cause of death. In 2015, stroke caused 5,028 deaths or one stroke death nearly every two hours and 5.6% of all deaths.
- High blood pressure was the primary cause of 942 deaths in 2015 (about 1% of all deaths) and a contributing cause to 23,495 heart disease and stroke deaths or high blood pressure causes or contributes to at least 26% of all deaths each year in the state.

The Financial Toll

- The NC Medicaid program spent **\$775 million** on 398,305 beneficiaries with high blood pressure in 2015. That's about **\$1,946 per beneficiary** with high blood pressure.
- The cost for stroke is even greater. NC Medicaid spent over **\$218 million** on 52,150 beneficiaries who had a stroke in 2015. That's about **\$4,184 per beneficiary** with stroke.

Lowering the Incidence of CVD



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The American Heart Association has found that preventive health care interventions that reduce certain risk factors including:

tobacco use, obesity, physical inactivity, high blood pressure, elevated blood cholesterol, and Type 2 diabetes,

LOWER the incidence of CVD, including heart disease and stroke.

USPSTF A and B Benefits



A Benefits:

- ✓ Tobacco cessation counseling and pharmacotherapies for all adults
- ✓ Tobacco cessation counseling for pregnant women
- ✓ Screening adults for high blood pressure, including measurements outside the clinical setting
- ✓ Screening men aged 35 and older for lipid disorders
- ✓ Screening women aged 45 and older for lipid disorders if they are at increased risk for coronary heart disease

USPSTF A and B Benefits



B Benefits:

- ✓ Use of low-dose aspirin for the primary prevention of cardiovascular disease
- ✓ Dietary counseling for adults with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease
- ✓ Screening adults for obesity and offering intensive counseling and behavioral interventions for the obese
- ✓ Screening for obesity in children and adolescents and offer them or refer them to comprehensive, intensive behavioral interventions to promote improvement in weight status
- ✓ Screening men aged 20 to 35 for lipid disorders if they are at increased risk for coronary heart disease
- ✓ Screening women aged 20 to 45 for lipid disorders if they are at increased risk for coronary heart disease
- ✓ Screening for diabetes as part of cardiovascular risk assessment in adults age 40 to 70 years who are overweight or obese.
- ✓ One-time screening for abdominal aortic aneurysm (AAA) by ultrasonography in men aged 65 to 75 who have ever smoked

What About Other States?



12 states currently cover USPSTF benefits:

DE, IA, KY, LA, MD, MN, NV, NH, NY, TX, VT, WA

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Men and women who lower their risk factors may have **79-82% fewer heart attacks and strokes** than those who do not reduce their risk factors.

How the Task Force Can Help



Support coverage of all evidence-based, cardiovascular-related USPSTF A and B preventive services for all NC Medicaid enrollees with no or minimal cost sharing.

Questions?



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Thank You!

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