A Policy Agenda to Stop the Rise in Cardiovascular Deaths

TAKE HEALTH TO HEART

THE PROBLEM

Cardiovascular disease is an urgent national crisis.

Cardiovascular disease is the number one cause of death in the United States, killing more Americans each year than all forms of cancer and accidents combined.[1] Despite the growing availability of new treatments, after a decades-long decline, the number of cardiovascular deaths is on the rise again – a trend that has been further exacerbated by the COVID-19 pandemic.[2] It's also the costliest condition among all major disease categories, accounting for 12% of total U.S. health expenditures and costing the U.S. economy a total of $378 billion each year in inpatient, outpatient, and home health care, therapies and medical devices, and lost productivity and mortality.[2]

Atherosclerotic cardiovascular disease (ASCVD) is the most common and deadliest form of cardiovascular disease, affecting over 22 million people – 8% of the U.S. population.[3] Undertreatment among racial and ethnic minorities, women, and rural Americans contributes to disparities in outcomes among these traditionally underserved populations, which often face disproportionately higher rates of risk factors, hospitalizations, and poor outcomes like heart attack, stroke, and death.

We must act now to address the access barriers that continue to lead to poor outcomes for millions of Americans with cardiovascular disease. The National Medical Association (NMA) and the Foundation of the National Lipid Association (FNLA) have partnered to launch the Take Health to Heart initiative, which aims to fill critical gaps in education around cardiovascular disease, drive needed public policy change at the state and federal levels to ensure access to optimal care and treatment – and ultimately reverse the alarming trend in cardiovascular deaths.

THE SOLUTION

A policy agenda to stop the rise in cardiovascular deaths

Ensure broad, appropriate, and timely access to care and treatment

Address the socioeconomic barriers that contribute to disparities in cardiovascular outcomes

Improve the quality of cardiovascular care through updated quality measures

Enable better collaboration across health care stakeholders

Ensure broad, appropriate, and timely access to care and treatment

While prior authorization was once an infrequent tool used by health insurers, it is now a common step in many prescribed treatments – reducing the ability of patients with cardiovascular disease to access the care and treatment they need in a timely fashion and burdening providers. **Reforms that create a more efficient and transparent prior authorization process, exempt certain providers from prior authorization requirements altogether, or some combination of these and other approaches can help patients better manage their disease and prevent deadly cardiovascular outcomes.**

- 91% of physicians reported a negative clinical impact on their patients due to prior authorization-related delays.[4]
- Prior authorization can contribute to patients with ASCVD abandoning treatment and experiencing serious adverse events.[5]
- Women and Black and Hispanic patients face 20-25% higher rejection rates by their health plans for advanced cholesterol-lowering therapies.[6]

Address the socioeconomic barriers that contribute to disparities in cardiovascular outcomes

Underserved populations face social and economic barriers that can increase their burden of cardiovascular disease risk factors and poor outcomes like stroke, heart attack, and death. **Collaboration between targeted federal, state, and local programs is needed to eliminate barriers faced by underserved populations. Increasing funding for the Center for Disease Control and Prevention's WISEWOMAN program[7] and expanding it to additional states is one approach that could help improve outcomes among low-income, uninsured, and underinsured women ages 40 to 64 years.**

- Black Americans have higher death rates from heart disease than White, Hispanic, and Asian Americans.[8]
- Rural Americans experience higher cardiovascular death rates; the difference in mortality between rural and large metropolitan areas nearly doubled since 1999.[9]
- Women with ASCVD are 28% more likely to have two or more hospital emergency department visits a year compared to men.[10]

Improve the quality of cardiovascular care through updated quality measures

Despite the demonstrated risks of long-term exposure to elevated levels of LDL-C, or "bad cholesterol," current quality measures for patients with ASCVD do not focus on treating to evidence-based cholesterol targets. **To make a difference for the millions who die from ASCVD each year, we need to change the discussion around what quality looks like by focusing on controlling cholesterol.**

- Lifetime exposure to high LDL-C levels increases risk for ASCVD and poor outcomes like heart attack, stroke, and death.[11]
- Despite this, current quality measures focus on statin use rather than on treating to recommended cholesterol targets.
- Currently, only 20% of patients with ASCVD who are taking statins achieve healthy levels of LDL-C, putting many at risk for dangerous cardiovascular events.[12]

Enable better collaboration across health care stakeholders

New approaches to care delivery can help proactively predict, prevent, and treat cardiovascular disease, such as value-based arrangements that link reimbursement to demonstrated patient outcomes. **Public policies should foster greater use of patient-centered access models for innovative therapies in Medicaid and commercial markets, including through CMS guidance that ensures adequate provider reimbursement in value-based arrangements.**

- Patients with providers who participated in value-based arrangements had better medication adherence and lower out-of-pocket costs.[13]
- While the number of value-based arrangements has grown,[14,15] they are currently limited in their structure, hindering uptake across payers and for providers.
- Recent Centers for Medicare and Medicaid Services (CMS) policies have created uncertainty that impacts providers' ability to participate in value-based arrangements.[16]

About Take Health to Heart

Take Health to Heart is an education and advocacy initiative of the Foundation of the National Lipid Association and the National Medical Association. *Take Health to Heart* is made possible through a sponsorship from Novartis Pharmaceuticals Corporation. Learn more at **TakeHealthtoHeart.Org**.

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National Medical Association

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