

## MILLION HEARTS® IN ACTION

# Epi-Exchange, a CDC and CMS Collaboration



“I was really inspired knowing that these two organizations are looking for ways to use their valuable data for mutual benefit in the surveillance arena.”

—Damon Davis, Director,  
HHS Health Data Initiative

### Resources

**Million Hearts®**  
<http://millionhearts.hhs.gov>

**Medicare.gov**  
[www.medicare.gov](http://www.medicare.gov)



[millionhearts.hhs.gov](http://millionhearts.hhs.gov)

**Background:** New approaches are needed to maximize public health and clinical resources to address the leading causes of disease and death in the United States—heart disease and stroke—and one of the leading risk factors—high blood pressure (hypertension). Although medication is an effective treatment option to control high blood pressure, medication adherence—a person’s ability to continue using their medications as prescribed by their doctor—is a challenge.

To tackle this important issue, two federal agencies, the Centers for Medicare & Medicaid Services (CMS) and the Centers for Disease Control and Prevention (CDC), teamed up to discuss how to improve blood pressure medication adherence. This effort became known as the Million Hearts® Epi-Exchange because of the similarities to CDC’s **epidemic-assistance investigation** (Epi-Aid) program, which provides epidemiological support within the United States and throughout the world to assist with emergency responses, investigate infectious and environmental disease outbreaks, and quantify impact of diseases. The Epi-Exchange aims to align Million Hearts® surveillance and research efforts by CDC and CMS.

The Epi-Exchange is part of **Million Hearts®**, a Department of Health and Human Services (HHS) initiative co-led by CMS and CDC to prevent 1 million heart attacks and strokes by 2017. Having many committed partners working to implement clinical and community prevention is key to the success of the initiative. Million Hearts® focuses on improving the “ABCS” of cardiovascular health—**A**spirin when appropriate, **B**lood pressure control, **C**holesterol management, and **S**moking cessation.

**The Opportunity:** The Medicare Part D Prescription Drug Program, initiated by CMS in 2006, provides prescription drug coverage for the majority of U.S. adults aged 65 years and older. Pharmaceutical claims data (Part D) (e.g., billing data) are a viable proxy of appropriate and evidenced-based treatment of health conditions such as high blood pressure. However, the use of pharmaceutical claims data (Part D) to monitor high blood pressure medication adherence had not been explored to support public health monitoring of hypertension treatment.

Focusing on pharmaceutical claims data proved to be a good collaboration for CMS and CDC. The collaboration provided an opportunity for CMS’ Part D Program expertise to be combined with CDC’s public health and clinical knowledge of high blood pressure treatment. The three main objectives of the Epi-Exchange included (1) coordinating Million Hearts® research activities across CMS and CDC, (2) developing a plan for Million Hearts® public health surveillance using Part D data, and (3) identifying opportunities for CMS and CDC scientist collaboration.

**Lessons Learned:** Overall, the Epi-Exchange event resulted not just in increased transparency of how to use and access CMS data and information, but also validated that research collaboration and data-sharing opportunities can enhance the effective use of evidenced-based treatment strategies for hypertension. This effort is expected to improve the way the Million Hearts® activities will be monitored and provide opportunities that may not be possible in research silos. The lessons learned by CDC and CMS in reaching across organizational boundaries to identify new ways to collaborate on data usage can be applied to other public health priority areas.