

Arkansas



Improving Quality of Care and Health Outcomes by Providing Cardiovascular Disease Guidelines to Physicians and Patients

Public Health Problem

Heart disease is the leading cause of death in Arkansas, and the state ranks second in the country in deaths from stroke. Arkansas has a higher rate of heart disease than the rest of the nation, and this high rate might, in part, be because the state has higher-than-average rates of risk factors: 30% of people in Arkansas have high blood pressure (versus 26% in the nation); 26% smoke cigarettes (versus 23% in the nation), and 27% are physically inactive (versus 24% in the nation), 2001 Behavioral Risk Factor Survey data indicate. These risk factors significantly increase the potential for heart disease and stroke.

Program Example

The Arkansas Cardiovascular Health Program collaborates with partners on the Arkansas Wellness Coalition to improve health outcomes by promoting nationally recognized peer-reviewed guidelines for physician care and patient self-management. Other coalition members include the American Heart Association, Arkansas Department of Health's Diabetes Control Program, Arkansas Quality Improvement Organization, Arkansas Medicaid, University of Arkansas for Medical Sciences, managed care organizations, and pharmaceutical companies. The coalition's first goal is to consolidate efforts between health care providers and advocacy organizations to improve quality of care and health outcomes for targeted diseases. The second goal is to improve the consistency and efficiency of care by providing common core principles, and the third goal is to put in place recognized standards of care. The Arkansas Cardiovascular Health Program has played a key role in developing a tool kit of resources to promote these quality improvement goals. The tool kit includes chart tracking forms as well as principles for the primary and secondary prevention of heart disease and stroke, based on the American Heart Association and the American College of Cardiology guidelines. The coalition has distributed toolkits to 3,600 primary care providers in the state.

Implications and Impact

This intervention is evidence of how public health leadership within a state cardiovascular health program can promote health system changes that support the prevention of heart disease and stroke. The intervention is being evaluated by using Health Plan Employer Data and Information Set data, which are collected by health plans that are members of the Arkansas Wellness Coalition.

Contact Information

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