



The Centers for Disease Control and Prevention (CDC) works 24/7 to address the following challenging health priorities:

- Improving health security at home and around the world—by preparing for, rapidly detecting, and responding to save lives and safeguard communities from health threats. These include global disease threats, antimicrobial resistance, foodborne illness, and health care-associated infections.
- Preventing the leading causes of illness, injury, disability, and death—by focusing on the top 10 leading causes of death, which account for 75% of all deaths in the U.S., with cardiovascular disease, stroke, and cancer accounting for more than 50% of all deaths.
- Strengthening public health and health care collaboration—by better aligning public health and health care to increase the value of our Nation’s health investments. Areas of focus include partnering with providers, increasing use of community and clinical preventive services, and using data to improve population health.

All of these actions serve to reduce burden on the health care system, improve health care quality, improve health, and support the National Quality Strategy.

CDC conducts a broad range of activities that support all of the priorities of the National Quality Strategy. This section summarizes selected fiscal year (FY) 2015 activities and accomplishments, primarily addressing hospital-acquired conditions, opioid overdose, tobacco, diabetes, cardiovascular disease, and cancer.

Addressing the Leading Causes of Death, Illness, and Disability

Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease.

Despite progress in the fight against cardiovascular disease, this disease remains the leading cause of death in the US. In FY 2015, through its leadership of the Million Hearts® initiative, CDC—

- Spearheaded work that drove development and implementation of standardized treatment protocols, action steps, and other supports for treatment of hypertension and tobacco use, which will improve assessment and treatment of these issues across a broad range of settings.
- Displayed performance on the ABCS (Aspirin use when appropriate, Blood pressure,

Cholesterol management, and Smoking cessation) on a “Clinical Quality Measurement (CQM) Dashboard” using national datasets that cover millions of Americans, making information on the care of these critical issues more accessible and transparent.

- Recognized 18 new Champions, including solo physicians and large health systems, for achieving high rates of hypertension control and disseminating their best practices to help others excel.
- Worked with Federal agencies and other partners to efficiently develop new performance measures related to treatment of cholesterol and tobacco use and work to embed these measures in key quality reporting programs to drive further progress.

Cancer is the second leading cause of death in the US. To address this issue—

- CDC’s National Breast and Cervical Cancer Early Detection Program (NBCCEDP) ensures that low-income, uninsured, and underserved women receive timely breast and cervical cancer screening and diagnostic services. In FY 2015, NBCCEDP developed a performance reporting/management system that requires grantees to report 11 core quality indicators related to screening priority populations, appropriate diagnostic follow up after abnormal results, and treatment when cancer is diagnosed. Results are used to improve quality of care received by these underserved women (e.g., to reduce late screenings or missed opportunities for follow up) as well as for evaluation and research.
- CDC has also produced significant provider-oriented tools and supports for cancer prevention and treatment, including the following:
 - Medical Education modules to promote quality colorectal cancer screening.
 - A Gynecologic Cancer Curriculum.
 - A secure, Web-based application that allows hospitals or providers to use previously collected cancer surveillance data to help develop care plans for cancer survivors.

Despite progress, 40 million Americans still smoke, contributing to heart disease, stroke, cancer, and a host of other ailments. In response, in FY 2015, CDC—

- Worked with multiple stakeholders to develop and create electronic specifications, and incorporate into programs new quality measures related to delivery of tobacco cessation interventions in hospitals and population-level smoking prevalence measures.
- Worked with the National Business Coalition on Health to strengthen assessments of tobacco cessation in the eValue8 tool to help employers better evaluate health plan performance.

Today, 29 million Americans have diabetes, and an additional 86 million have pre-diabetes. Diabetes results in economic costs of \$245 billion annually. To address this issue in FY 2015, CDC—

- Provided funding and technical assistance to State health departments to increase access to diabetes self-management education (DSME) programs to improve A1C control and to increase the number of health systems accessing and monitoring data on A1C control through the National Quality Forum’s performance measure 0059.
 - This contributed to a 15.8 percent increase from baseline to year 2 in the number of

people with diabetes who utilized DSME programs. The number of participants grew from 906,438 at baseline to 1,049,720 in year 2 of State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity, and Associated Risk Factors and Promote School Health, a 5-year program working in all 50 states and the District of Columbia.

Opioid misuse, abuse, and overdose are serious problems. Improving the way opioids are prescribed through clinical practice guidelines and various supports can ensure access to safer, more effective care for patients with chronic pain while reducing the number of people who are adversely affected.

- In FY 2016, CDC published the CDC Guideline for Prescribing Opioids for Chronic Pain to provide recommendations for the prescribing of opioid pain medication for patients 18 and older in primary care settings. The Guideline focuses on the use of opioids in treating chronic pain (pain lasting longer than 3 months or past the time of normal tissue healing) outside of active cancer treatment, palliative care, and end-of-life care.

Working with communities to promote wide use of best practices to enable healthy living.

Four risk behaviors—tobacco use, inactivity, poor nutrition, and excessive alcohol use —account for 40 percent of US deaths. In response,

- CDC supports State and Local Public Health Actions to Prevent Obesity, Diabetes, and Heart Disease and Stroke, a 4-year, \$69.5 million/year program initiated in 2013, that works in 17 State and 4 large city health departments to prevent obesity, diabetes, and heart disease and stroke, and reduce health disparities among adults.
- The National Diabetes Prevention Program (National DPP) reached over 33,000 participants through 748 CDC-recognized organizations to prevent or delay onset of type 2 diabetes.

Strengthening the Public Health and Health Care Collaboration

Making care safer by reducing harm caused in the delivery of care.

CDC works closely with many partners (e.g., Federal, State, professional organizations, health care facilities) to improve patient safety and health care quality, including health care outbreak response; infection control; medication safety; immunization safety; and blood, organ, and tissue safety.

Specific FY 2015 accomplishments included—

- Working with the White House and other Federal agencies to convene a Forum on Antibiotic Stewardship to accelerate implementation of activities under the National Action Plan to Combat Antibiotic Resistant Bacteria (CARB) to preserve antibiotic function.
- Published the CDC Guideline: Core Elements of Antibiotic Stewardship Programs in Nursing Homes to improve use of antibiotics in nursing homes.
- Supported over 18,000 health care facilities enrolled in National Healthcare Safety

Network (NHSN) to track and use data from their facilities to protect patients from Healthcare-Associated Infections.

Ensuring that each person and family is engaged as partners in their care.

CDC produced *Vital Signs*, a monthly publication at CDC Morbidity and Mortality Weekly Report, along with a host of clear-language materials that highlight today's most critical health problems, and guides the public health community, clinical providers, and the general public to actionable solutions.

CDC worked with partners including the Ad Council, the American Medical Association, and the American Diabetes Association to launch the first national campaign to increase awareness of prediabetes as a serious health condition among people at risk.

Promoting effective communication and coordination of care.

Stroke is the 5th leading cause of death in the US. In FY 2015, the CDC's Paul Coverdell National Acute Stroke Program funded 11 States to work with hospitals, Emergency Medical Services personnel, and post-hospital settings to improve stroke care and outcomes across the continuum of pre-hospital, hospital, and post-hospital care. In these programs, adherence to evidence-based performance measures were high—consistently above 95 percent.

Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new health care delivery models.

- CDC has partnered with the Centers for Medicare & Medicaid Innovation on the State Innovation Models Initiative by providing technical assistance to grantees in preparing their population health improvement plans; including metrics for assessing population health status and evaluating progress, using the National Quality Strategy Core Metrics where possible; and prioritizing interventions that will have substantial impacts on population health.
- CDC provided data/information for an analysis conducted by the Centers for Medicare & Medicaid Office of the Actuary to inform expansion of Medicare coverage for the National DPP.
- CDC contributed to efforts that helped assure that the National DPP is now included as a covered benefit for state/public employees in 10 states (CO, KY, WA, NH, NY, MN, ME, LA, RI, NC), encompassing more than a million total covered lives.

Going forward, CDC will continue to work to improve clinical care that occurs in health care settings, while linking that work to community resources that improve the health of the whole population.