

Northwest Cooperative



EvidenceNOW: Advancing Heart Health in Primary Care is an initiative of the Agency for Healthcare Research and Quality (AHRQ) to transform health care delivery by building a critical infrastructure to help smaller primary care practices improve the heart health of their patients by applying the latest medical research and tools. EvidenceNOW establishes seven regional cooperatives composed of public and private health partnerships that will provide a variety of quality improvement services typically not available to small primary care practices. The goal of this initiative is to ensure that primary care practices have the evidence they need to help their patients adopt the **ABCS** of cardiovascular disease prevention: **A**spirin in high-risk individuals, **B**lood pressure control, **C**holesterol management, and **S**moking cessation. The initiative also includes an independent national evaluation designed to determine if and how quality improvement support can accelerate the dissemination and implementation of new evidence in primary care.

Cooperative Name:

Healthy Hearts Northwest:
Improving Practice Together

Principal Investigator:

Michael L. Parchman, M.D.,
M.P.H., Group Health Cooperative

Cooperative Partners:

MacColl Center for Health Care
Innovation and the Center for
Community Health Evaluation,
both at Group Health Cooperative

Qualis Health

Oregon Rural Practice-based
Research Network (ORPRN)
at Oregon Health & Science
University

University of Washington School of
Medicine

Geographic Area:

Washington, Oregon, Idaho

Project Period:

2015-2018

Region and Population

The Pacific Northwest has a mix of highly agricultural and sparsely populated counties with a growing Hispanic population and large and growing urban centers. Heart health indicators vary considerably across the region. They are worse in small rural counties where primary care has fewer internal quality improvement (QI) resources than in more populated urban areas. For example, heart attack deaths in some small rural counties are almost twice as high as in larger metropolitan counties. In addition, mortality rates from stroke are higher in the region than in the United States as a whole.

Specific Aims

1. Identify, recruit, and conduct baseline assessments in 320 small- to medium-sized primary care practices across Washington, Oregon, and Idaho during the project's first year.
2. Provide comprehensive practice support to build quality improvement capacity within these practices.
3. Disseminate and support the adoption of patient-centered outcomes research (PCOR) findings relevant to aspirin use, blood pressure and cholesterol control, and smoking cessation (ABCS) quality measures.
4. Conduct a rigorous evaluation of strategies that enhance the effectiveness of external practice support to improve QI capacity, implement patient-centered outcomes research findings, and improve ABCS measures.
5. Assess the sustainability of changes made in QI capacity and ABCS improvements and develop a model of scale-up and spread for improving QI capacity in primary care practices.

Reach

- Goal for Number of Primary Care Practices Recruited: 250-320
- Goal for Number of Primary Care Professionals Reached: 750-960
- Goal for Population Reached: 1.13-1.44 million



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Comment from Principal Investigator

Michael Parchman, M.D., M.P.H.

“Our goal is to build a sustainable infrastructure for ongoing improvements in the delivery of primary care in the Pacific Northwest that contributes to the Triple Aim, improves the experiences of those who provide care within the practice, and prepares primary care providers for value-based care reimbursement models. We will make a substantial contribution to the field of implementation science by advancing understanding of how to effectively provide external practice support to build QI capacity and improve cardiovascular risk factors for a substantial number of people served by small- to medium-sized primary care practices.”

Notable Project Features

- Project will have significant participation by rural practices.
- Regional design allows the Cooperative to understand how specific State factors affect health care delivery.
- Design will study rapid scale-up and spread of practice support to build QI capacity.

Approach and Methods

Practice Recruitment and Enrollment

Primary recruitment targets are practices that need significant help in building their QI capacity, but have an Office of the National Coordinator 2014 certified electronic health record that can assist with their QI efforts. Target practices will be small (<10 practitioners) and independently owned and operated. Smaller practices affiliated with larger organizations also will be recruited if the larger organizations have limited experience with providing support for primary care QI. The Cooperative will recruit by:

- Reaching out to practices with which the Cooperative already has strong relationships.
- Leveraging relationships within social networks of already-recruited practices and reaching out to members of the Cooperative's State-level organizational partners.

Support Strategy

Each participating practice will receive 15 months of support in two key areas:

- **Health Information Technology Support and Use of Data for Physician Quality Reporting System (PQRS) Reporting and Quality Improvement.** The Cooperative will help the practices improve PQRS reporting of ABCS measures by creating a tailored Action Plan to guide the support. The practices will be divided into three tiers, depending on how experienced they are in PQRS reporting and how much information technology support they need. Health information technology staff will support practices through ongoing phone and secure Internet communication.
- **External Practice Quality Improvement Support.** This support will enhance the practices' capacity to use new PCOR findings to change their care practices and improve ABCS measures. This content will be disseminated to the practices using academic detailing (i.e., educational outreach through self-paced learning modules and phone calls). To build their QI capacity to adopt and implement PCOR heart health findings, practices will be assessed using PCMH Change Concepts and then receive tailored external support through (1) practice facilitation (i.e., a kick-off meeting, face-to-face visits, regular phone calls); (2) shared learning opportunities (i.e., Regional Improvement Collaboratives led by the practice facilitators with monthly phone calls and Webinars); and (3) affinity groups to conduct “deep dives” on improvement work across the smaller regional groups of practices.

Evaluation

Practices will be divided into small regions of 20 practices each. Each small region will be assigned to one of 16 practice facilitators. Each region of practices also will be randomized to one or more strategies hypothesized to enhance the effectiveness of the external practice support for more rapid adoption of PCOR heart health findings and improvement of QI capacity. This design efficiently uses participating practices and enables estimation of interactions between strategies.

Strategies for Disseminating Study Findings and Lessons Learned:

The Cooperative will disseminate findings through an external website, social media, presentations, manuscripts and outreach to key opinion leaders and potential early adopters.