


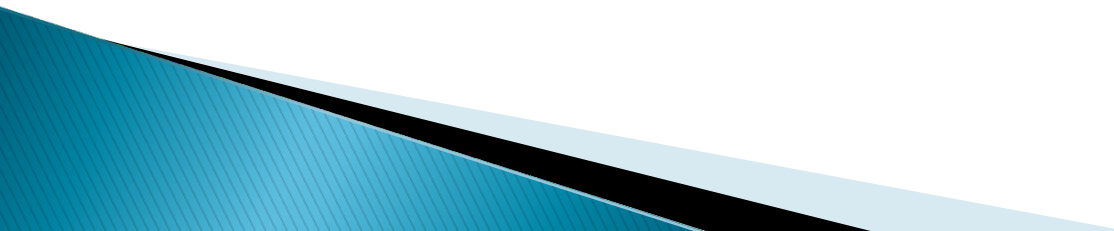
EvidenceNOW Southwest

Perry Dickinson, MD

WELCOME!

- ▶ This is a very important project, both for practices and for people working to support practices in quality improvement and practice transformation
 - ▶ Funded by Agency for Healthcare Quality and Research (AHRQ) – one of seven regional groups across the country, with over 1750 primary care practices
 - ▶ The national evaluation will provide very rich information to guide transformation efforts in the future
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EvidenceNOW Southwest

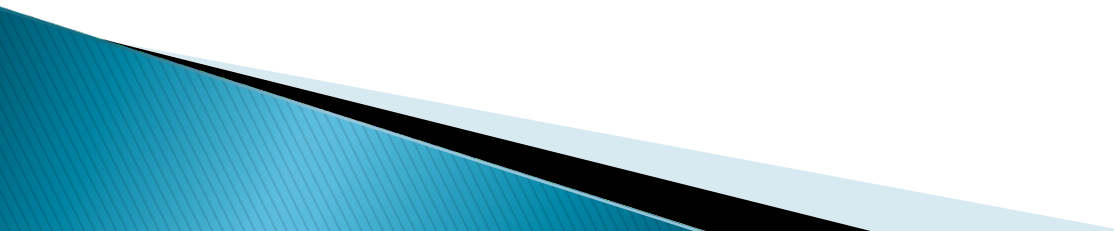
- ▶ Deals with the basic framework of practice transformation, with a focus on improving cardiovascular risk in adults
 - ▶ 208 practices in Colorado, 52 in New Mexico – in three waves
 - ▶ Small practices (10 or less providers) able to make local decisions about change efforts
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Partnerships

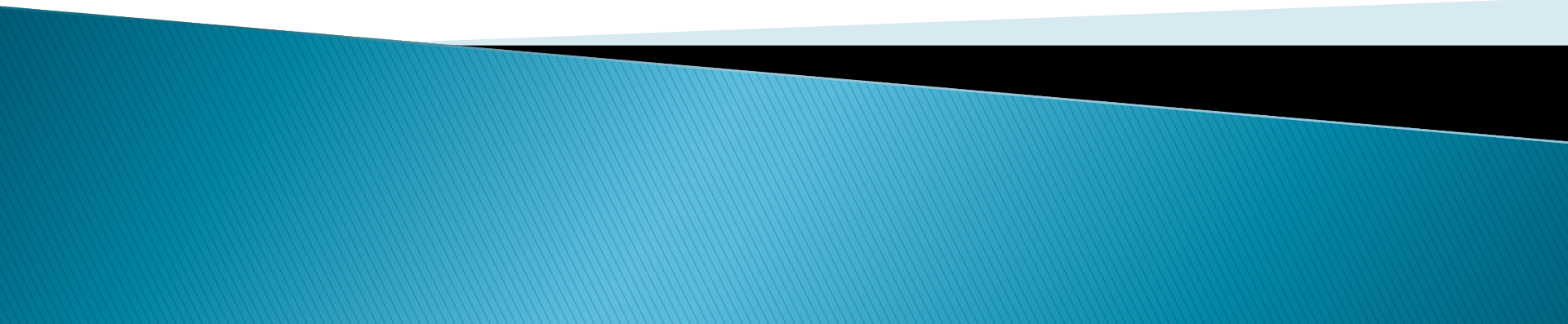
▶ Colorado

- University of Colorado Department of Family Medicine
- Colorado Health Extension System (lots of partners)
- Colorado Clinical and Translational Science Institute
- SNOCAP – practice based research networks
- Colorado Foundation for Public Health and Environment

▶ New Mexico

- Health Extension Rural Offices (lots of partners)
 - University of New Mexico Health Sciences Center
 - HealthInsight
 - New Mexico Primary Care Association
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So why are we spending
time on cardiovascular
disease?



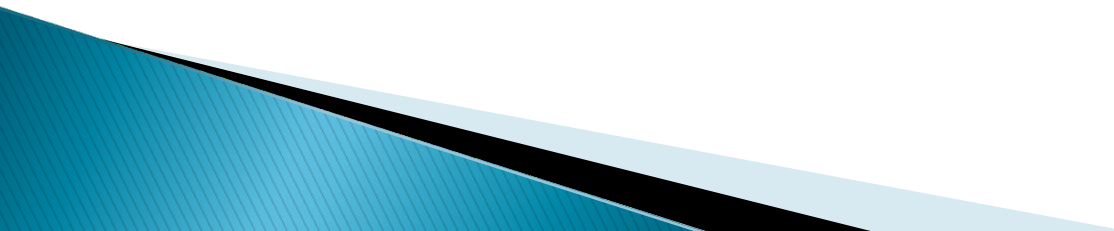
Heart Disease in the US

- ▶ Heart Disease causes 1 in every 4 deaths in the US¹
- ▶ Heart disease is the leading cause of death for both men and women¹
- ▶ Americans have 735,000 heart attacks every year²

1. CDC, NCHS. Underlying Cause of Death 1999-2013 on CDC WONDER Online Database. Accessed via <http://www.cdc.gov/heartdisease/facts.htm>. Access date: 7.10.15.

2. Mozaffarian D, Benjamin EJ, Go AS, et al. Heart disease and stroke statistics—2015 update: a report from the American Heart Association. Circulation. 2015;131:e29-322.

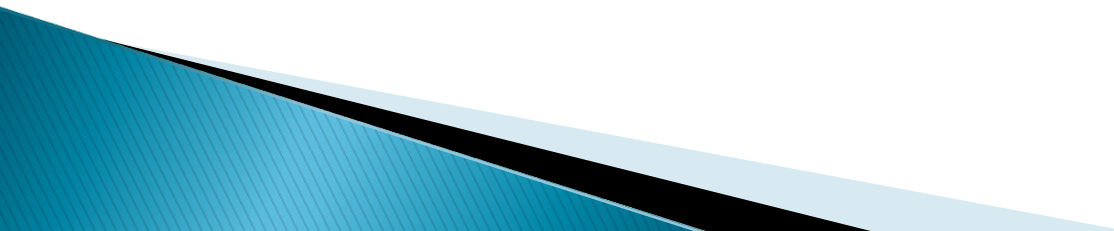
Stroke In the US

- ▶ Stroke is the fifth leading cause of death in the U.S.
 - ▶ Up to 80 percent of strokes can be prevented.
 - ▶ Stroke is the leading cause of adult disability in the U.S.
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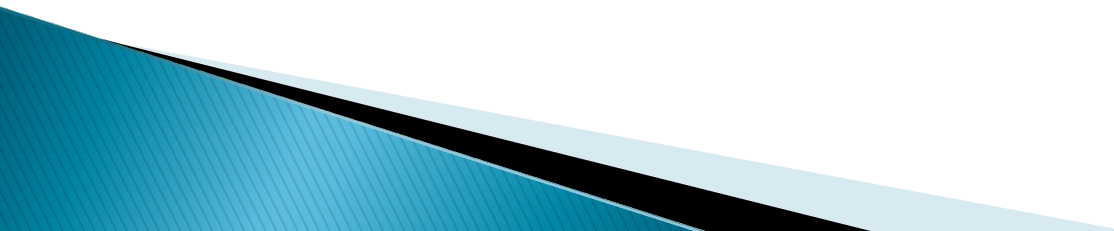
Modifiable risk factors to reduce the risk of cardiovascular disease

• high blood pressure	• diets high in saturated fats, cholesterol, and sodium
• high cholesterol	• low fruit and vegetable consumption
• diabetes	• tobacco use
• obesity	• exposure to secondhand smoke
• physical inactivity	• excessive alcohol use

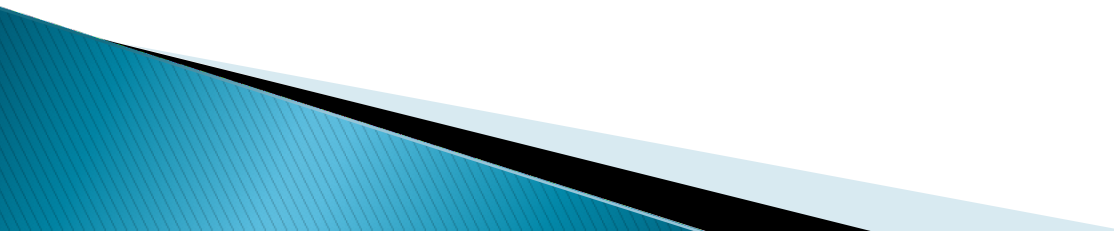
Why is practice transformation important?

- ▶ Quadruple Aim – cost, quality, experience of care, clinician and staff wellbeing
 - ▶ Shifting in payment structures
 - MACRA – Medicare Access & CHIP Reauthorization Act of 2015
 - Comprehensive Primary Care Plus
 - Multiple others
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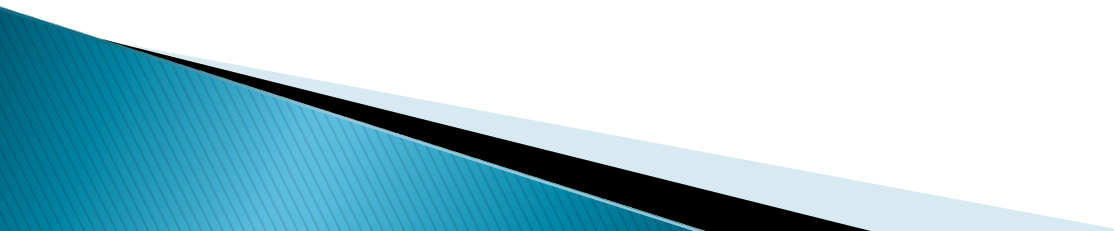
“Care Team for Practices”

- ▶ Practice Facilitators
 - ▶ Clinical HIT Advisors
 - ▶ Health Extension Rural Offices (HEROs)
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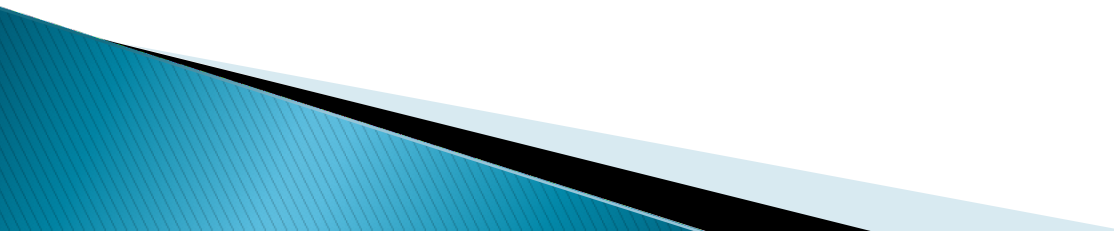
Practice Facilitator Role

- ▶ Implement an ongoing change and quality improvement process – improvement teams
 - ▶ Specifically implement the changes involved in practice transformation and (for ENSW) working to improve cardiovascular risk
 - ▶ Keep the team on task
 - ▶ Identify and solve problems
 - ▶ Implement sound quality improvement techniques
 - ▶ Link to transformation resources
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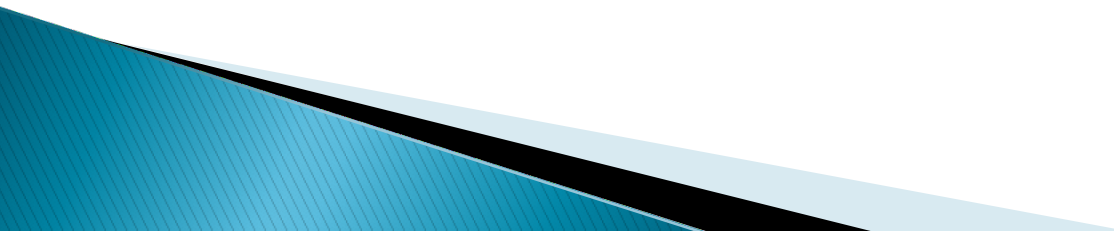
Clinical HIT Advisors

- ▶ Support practice data capacity
 - ▶ Analyze and identify potential improvements in practice data systems
 - ▶ Assist with developing and managing workflow for data collection, reporting, and analysis
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HERO

- ▶ Local person who functions as a connector in the community
 - ▶ Builds ongoing supportive relationships with the practice
 - ▶ Connects practices with public health agencies and community resources to meet the needs of its patients
 - ▶ Collaborates with practices and community partners to:
 - Identify and assist with community health priorities
 - Address social determinants of health
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Transformation Support

- ▶ Baseline assessment with feedback
 - ▶ Data resources and technical support
 - ▶ Practice facilitation – quality improvement teams
 - ▶ System level engagement as needed
 - ▶ Learning collaboratives, learning community
 - ▶ Connect primary care with community resources
 - ▶ Training resources for clinicians and staff – e-learning modules, webinars, online toolkit
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Practice Information


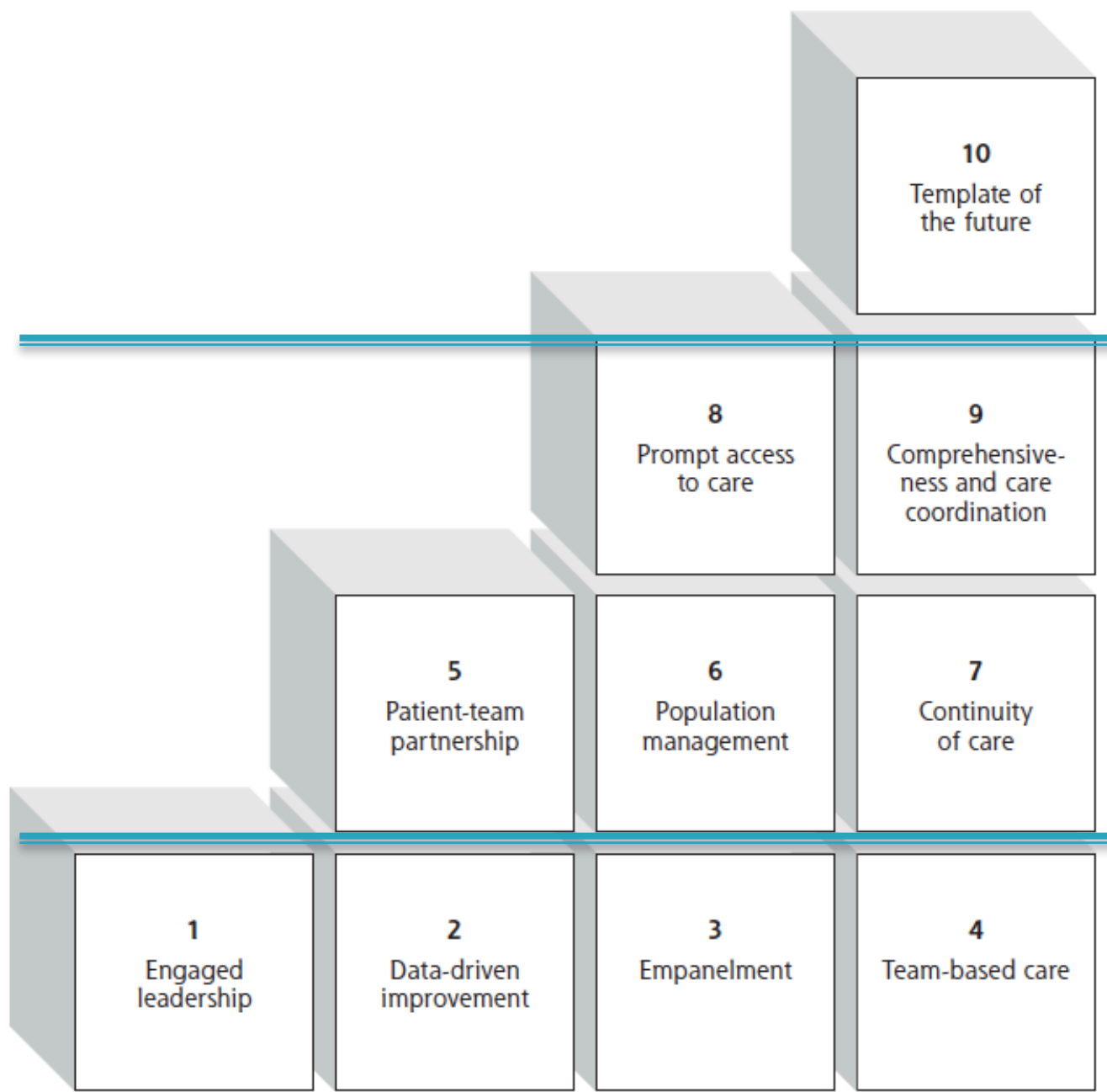
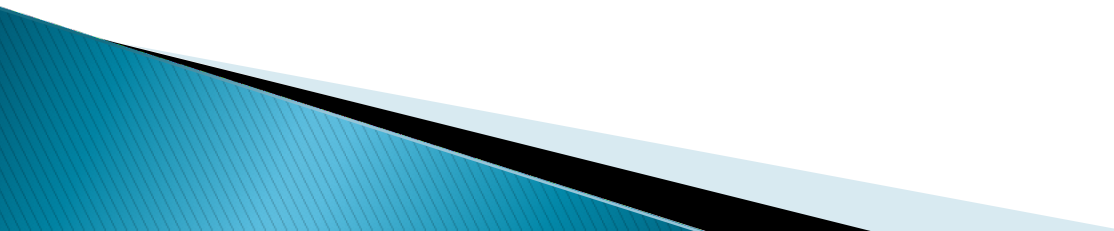
- ▶ Nine months of support from practice facilitators and clinical HIT advisors
 - ▶ Two learning collaborative sessions
 - ▶ Report on four measures – “ABCS” – aspirin use, blood pressure control, cholesterol treatment, smoking cessation
 - ▶ Surveys at baseline, nine, and fifteen months
 - ▶ Small stipend for practices for participation in the research part of the project (completion of surveys)
 - ▶ Maintenance of certification and CME credits
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Figure 1. Ten Building blocks of high-performing primary care.



Change Package for EvidenceNOW

- ▶ Generally target the first 6 building blocks – activities tailored to the practice's baseline level and needs
 - ▶ QI activities targeting ABCS measures
 - ▶ Evidence-based cardiovascular risk interventions – particularly involving team-based care, patient-team partnership, and population management
 - ▶ Lots of tools available through national EvidenceNOW team and Million Hearts campaign
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National Evaluation

▶ Surveys

- Practice survey – one per practice
- Practice member survey – everyone in practice – 70% completion rate targeted

▶ Quality measures – ABCS

- Aspirin use
- Blood pressure control
- Cholesterol management
- Smoking cessation

▶ Track what's provided to each practice, what the practice does

Questions?

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