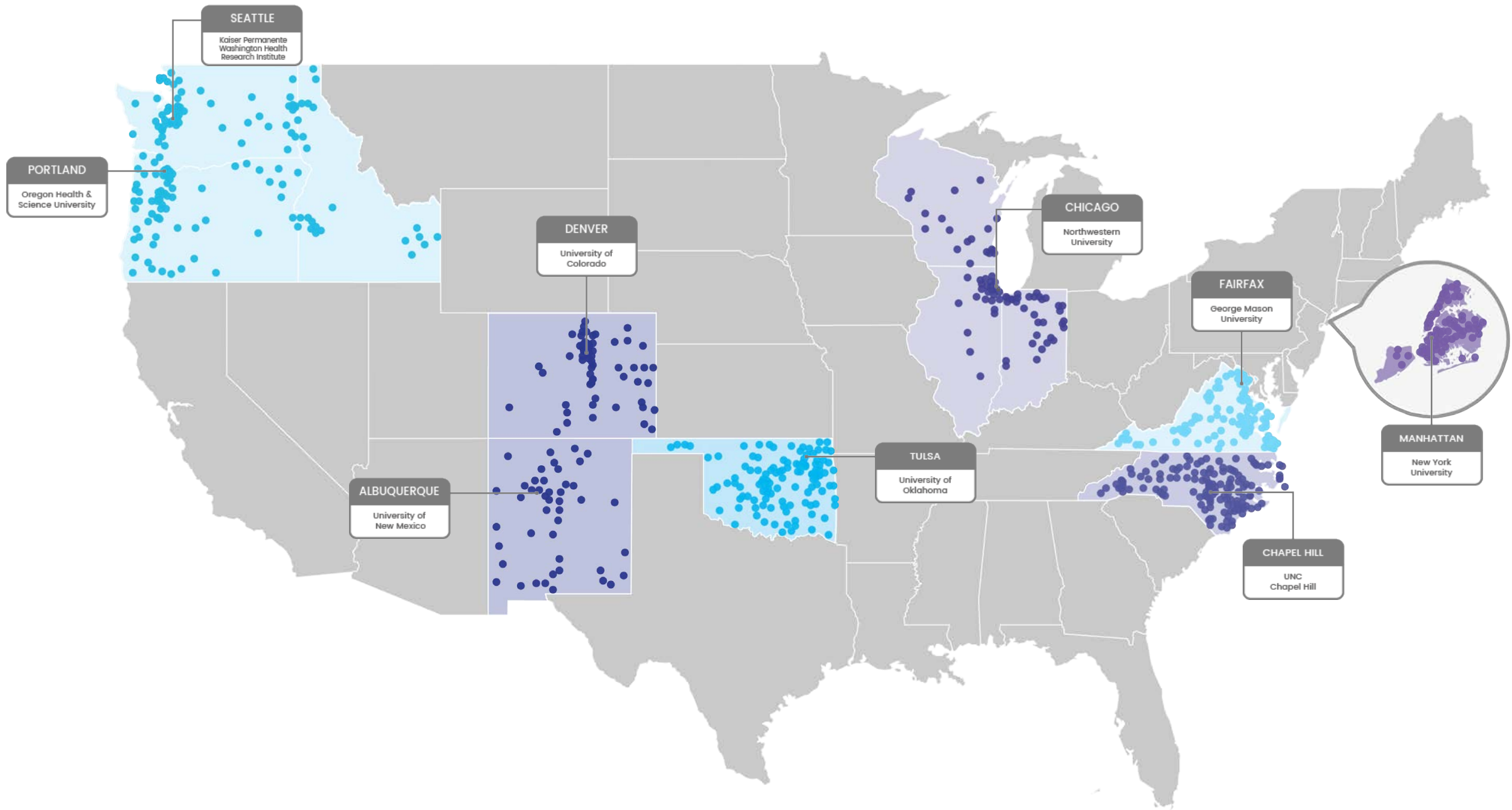**Presenters:**

Robert Rhyne, MD

Department of Family Medicine
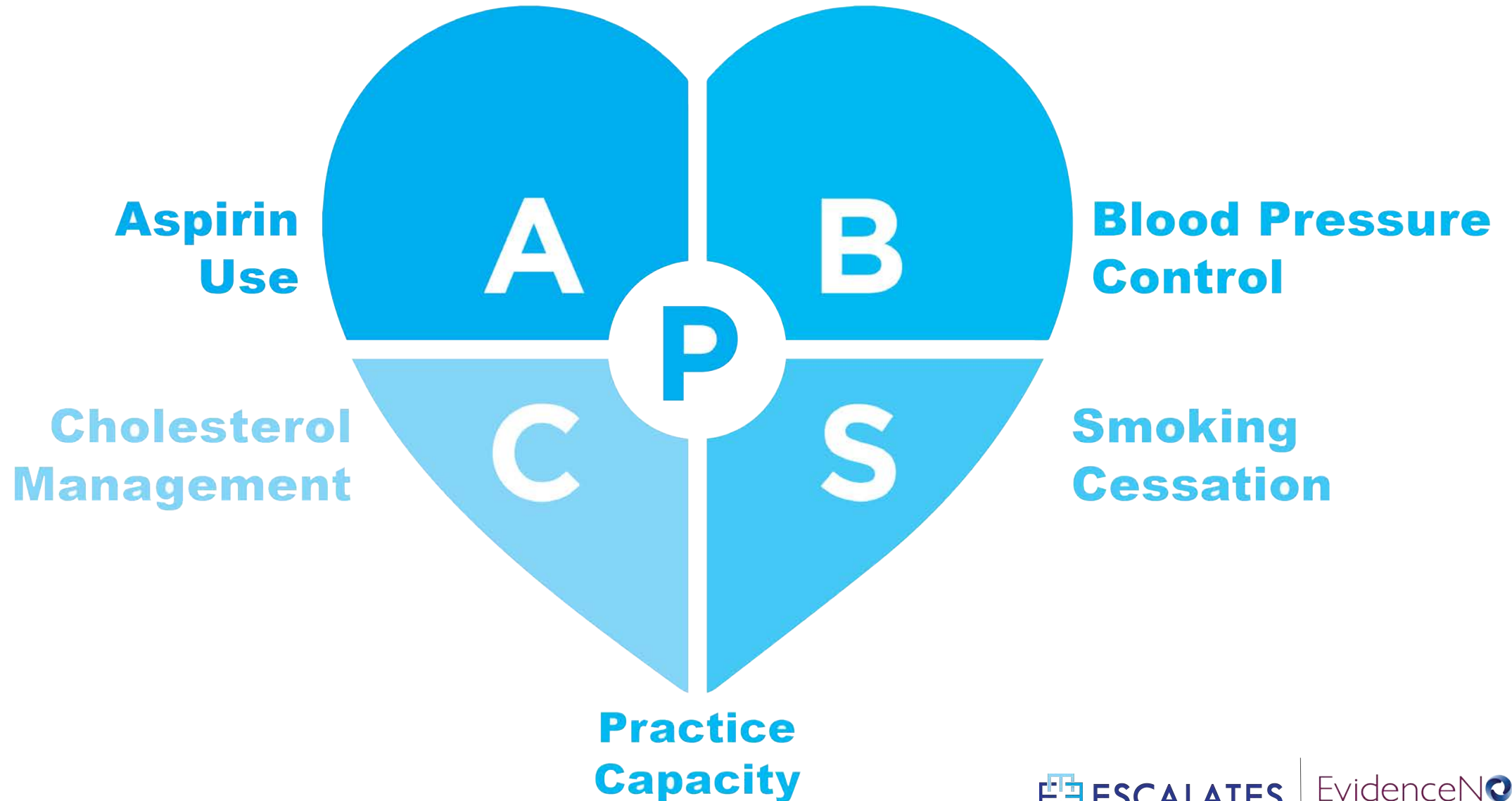
University of New Mexico

**Honored Guest:**

**Douglas Fernald, MA**

**Department of Family Medicine**

**University of Colorado School of Medicine**

# National Evaluation of EvidenceNOW

Provided by ESCALATES

SEATTLE
Kaiser Permanente Washington Health Research Institute

PORTLAND
Oregon Health & Science University

DENVER
University of Colorado

ALBUQUERQUE
University of New Mexico

CHICAGO
Northwestern University

FAIRFAX
George Mason University

TULSA
University of Oklahoma

MANHATTAN
New York University

CHAPEL HILL
UNC Chapel Hill

ESCALATES | EvidenceNOW
An AHRQ Initiative

# ABCS | Foundational Ideas

# EvidenceNOW | Scale

**7** REGIONS

**12** STATES
OR WA ID CO NM OK
WI IL IN NY NC VA

**1500** PRACTICES

**5000** PROVIDERS

**8.1M** PATIENTS

ESCALATES | EvidenceNOW An AHRQ Initiative
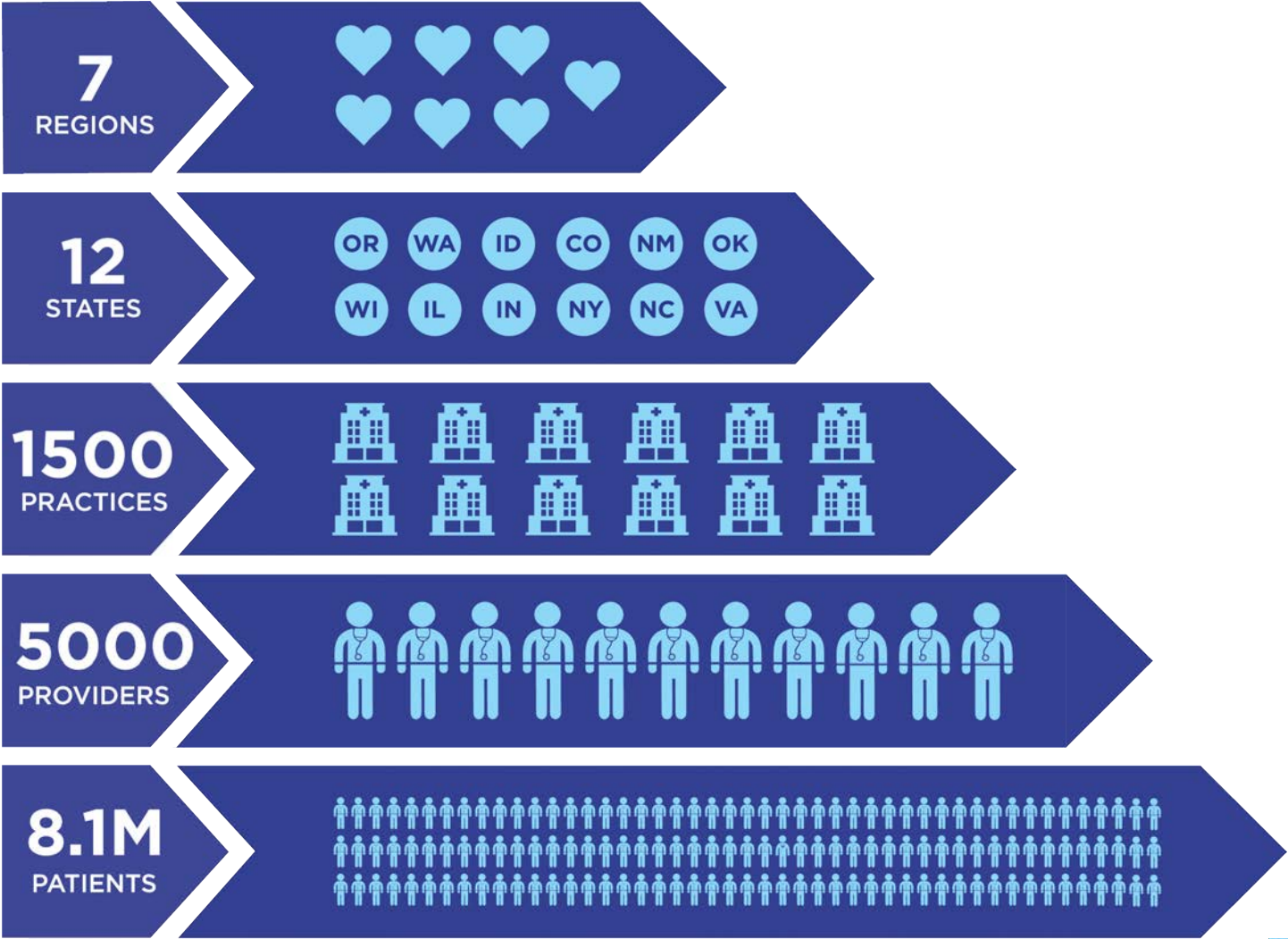
# CHARACTERISTICS OF EvidenceNOW PRACTICES

| Characteristic, n(%) | N=1,492 | Cooperative Range (%) |
|---|---|---|
| **Practice location** | | |
| Urban | 948 (63.5) | 34.9-100.0 |
| Suburban | 107 (7.2) | 0.0-14.8 |
| Large Town | 202 (13.5) | 0.0-29.5 |
| Rural | 235 (15.8) | 0.0-27.9 |
| Classified as Medically Underserved Area | 494 (33.1) | 15.7-45.0 |
| **Practice size** | | |
| Solo practice | 356 (23.9) | 6.2-52.4 |
| 2 to 5 clinicians (MD, DO, NP, PA) | 696 (46.6) | 16.2-59.1 |
| 6 to 10 clinicians | 205 (13.7) | 6.8-17.2 |
| 11 or more clinicians | 160 (10.7) | 1.9-23.4 |
| **Practice ownership** | | |
| Clinician | 603.0 (40.4) | 27.8-72.8 |
| Hospital / health system / HMO | 342.0 (22.9) | 1.6-53.8 |
| Government clinics (FQHC, RHC, IHS) | 322.0 (21.6) | 8.4-42.7 |
| Academic | 19.0 (1.3) | 0.0-5.8 |
| Other / None | 147.0 (9.9) | 1.0-38.8 |

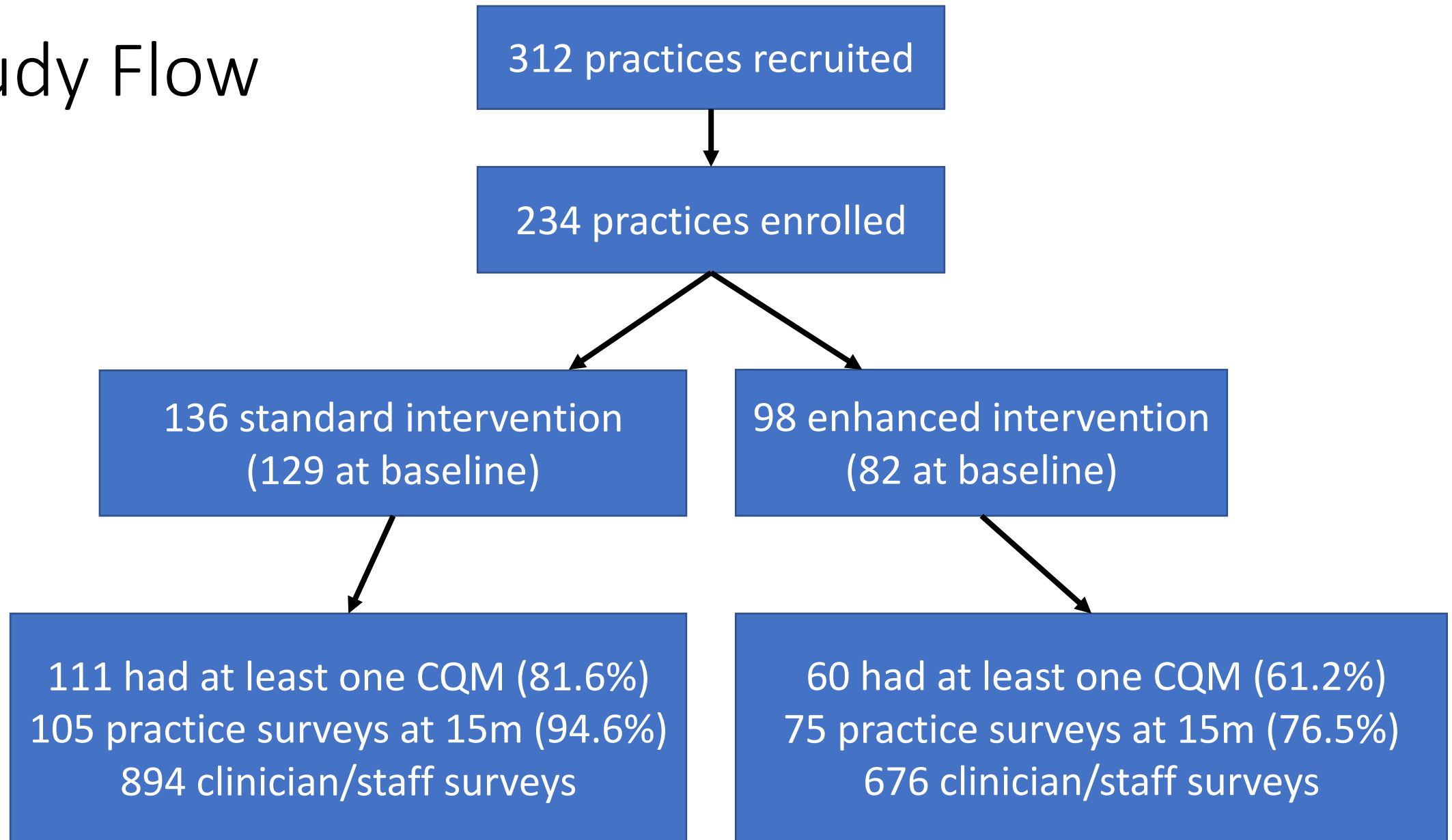# EvidenceNOW Southwest

Colorado and New Mexico
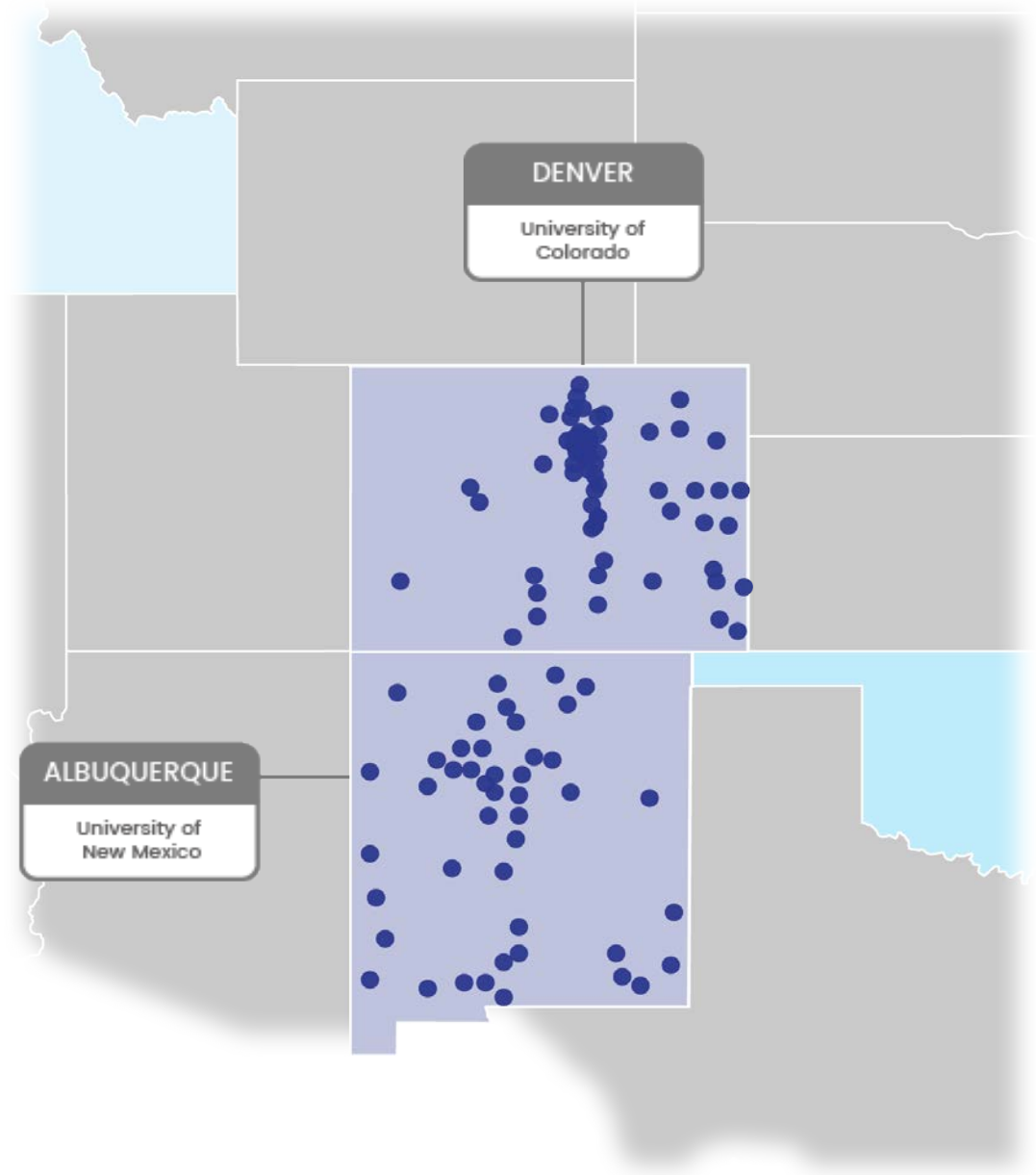
# What we did

- Cluster randomized trial of two approaches to practice transformation to improve cardiovascular risk in primary care patients (geographic-based randomization)

- Two active interventions, one non-intervention control sample
  - **<u>Standard practice transformation support intervention</u>**
    - Practice facilitation, practice assessment with feedback, HIT assistance, and periodic collaborative learning sessions
  - **<u>Enhanced intervention</u>**
    - Standard practice transformation support plus patient engagement activities

  - External non-intervention control group from DARTNet

Study Flow

312 practices recruited

234 practices enrolled

136 standard intervention
(129 at baseline)

98 enhanced intervention
(82 at baseline)

111 had at least one CQM (81.6%)
105 practice surveys at 15m (94.6%)
894 clinician/staff surveys

60 had at least one CQM (61.2%)
75 practice surveys at 15m (76.5%)
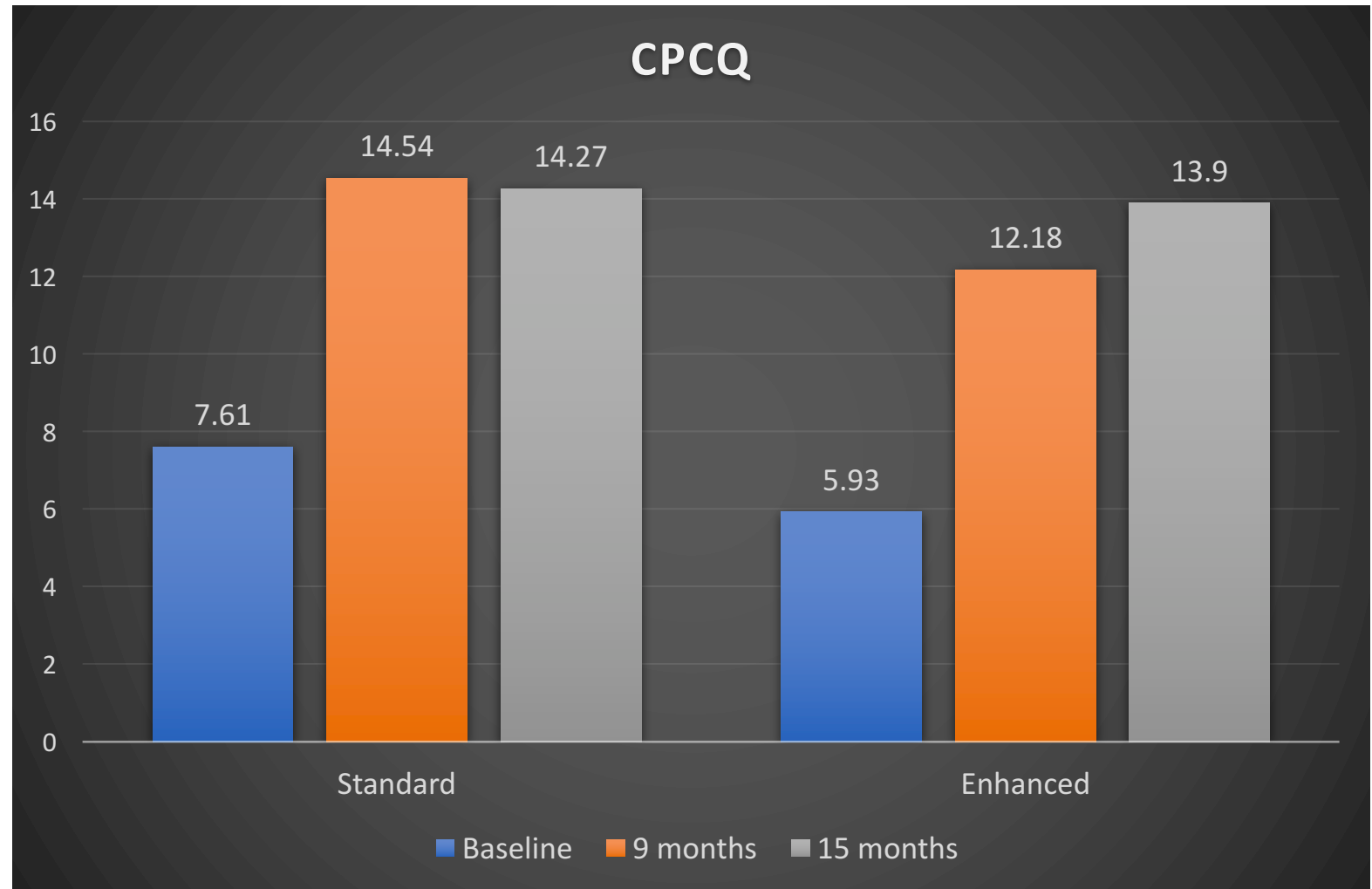676 clinician/staff surveys

# What we measured

- **Change in Use of QI Strategies**
  - Change Process Capability Questionnaire (**CPCQ**)
    - Completed by practices at baseline, 9, and 15 months

- **Change Practice Culture**
  - Adaptive Reserve (short version)
    - Completed by practices at baseline, 9, and 15 months

- **Implementation of the Building Blocks of High-Performing Primary Care**
  - Implementation tracker
    - Completed by Practice Facilitators at baseline, 3, 6, 9 months

- **Change in ABCS Clinical Quality Measures**
  - Aspirin therapy, Blood pressure control, cholesterol management, smoking cessation
    - Reported quarterly by practices pre-intervention through 6 months post-intervention
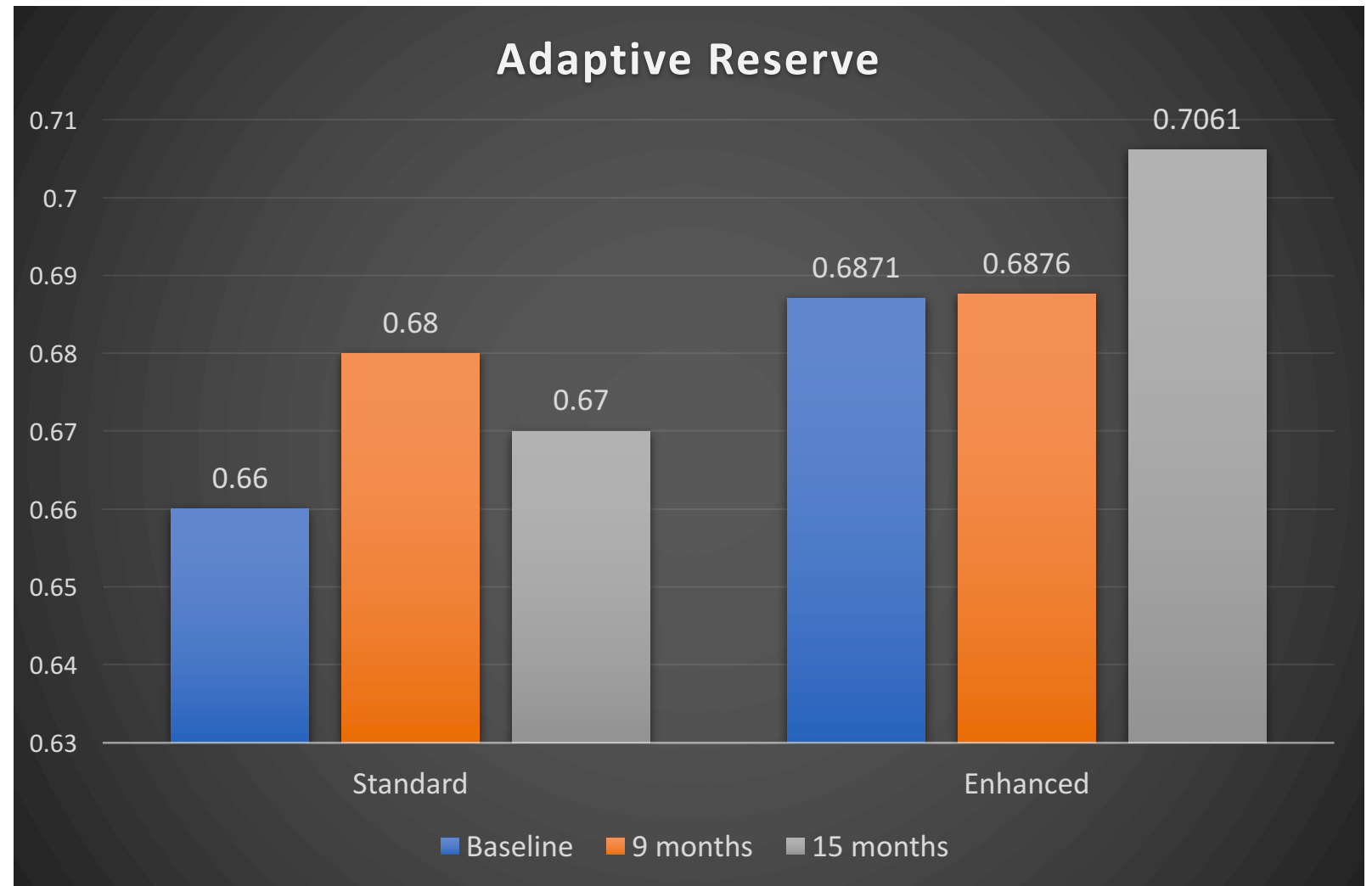
# Results from ENSW Overall: QI Strategies

Significant improvement over time (p<.0001) but not different between Standard and Enhanced arms (p=.5824)



**CPCQ**

Standard: Baseline 7.61, 9 months 14.54, 15 months 14.27

Enhanced: Baseline 5.93, 9 months 12.18, 15 months 13.9

■ Baseline  ■ 9 months  ■ 15 months

# Results from ENSW Overall: Culture Change

Improvement over time (p<.0001); marginally different between standard and enhanced arms (p=.0816)



**Adaptive Reserve**

Standard: Baseline 0.66, 9 months 0.68, 15 months 0.67

Enhanced: Baseline 0.6871, 9 months 0.6876, 15 months 0.7061

Legend: Baseline, 9 months, 15 months

# Results from ENSW Overall: Building Blocks

- Greater improvement in **Enhanced Arm**:
  - *team-based care*
  - ***patient-team partnership***
  - *population management*
  - *empanelment*

- Significant improvement but no difference between arms:
  - *leadership*
  - *data driven improvement*

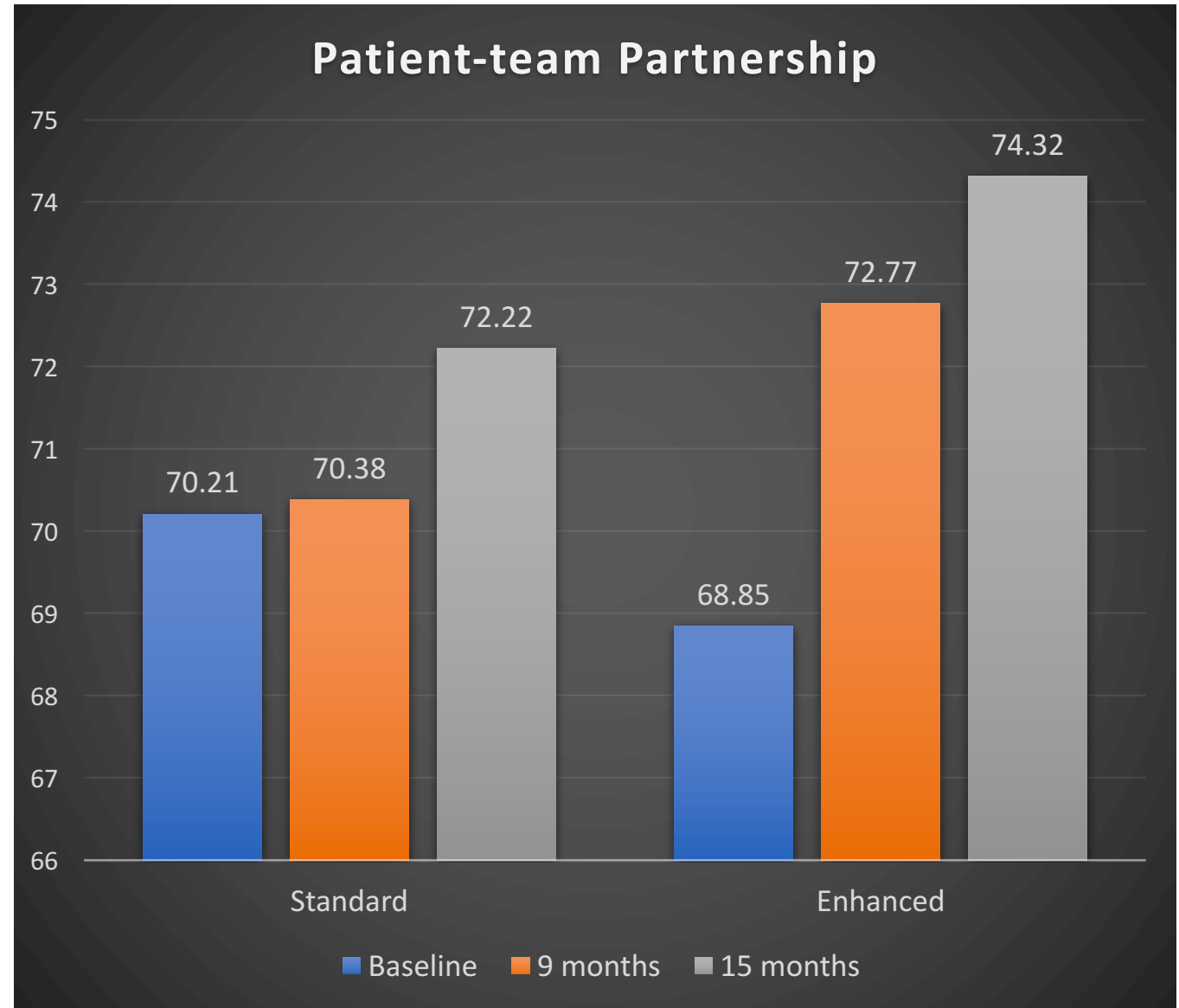Bars show total scores at baselined and follow up; item scores are 0 to 100

**Change in Building Block Scores**

| Category | Standard | Enhanced |
|---|---|---|
| Team | 15.94 | 23.28 |
| Patient Partnership | 13.68 | 18.65 |
| Population management | 20.24 | 28.92 |
| Empanelment | -4.09 | 6.38 |
| Leadership | 30.45 | 31.06 |
| Data | 38.03 | 42.21 |
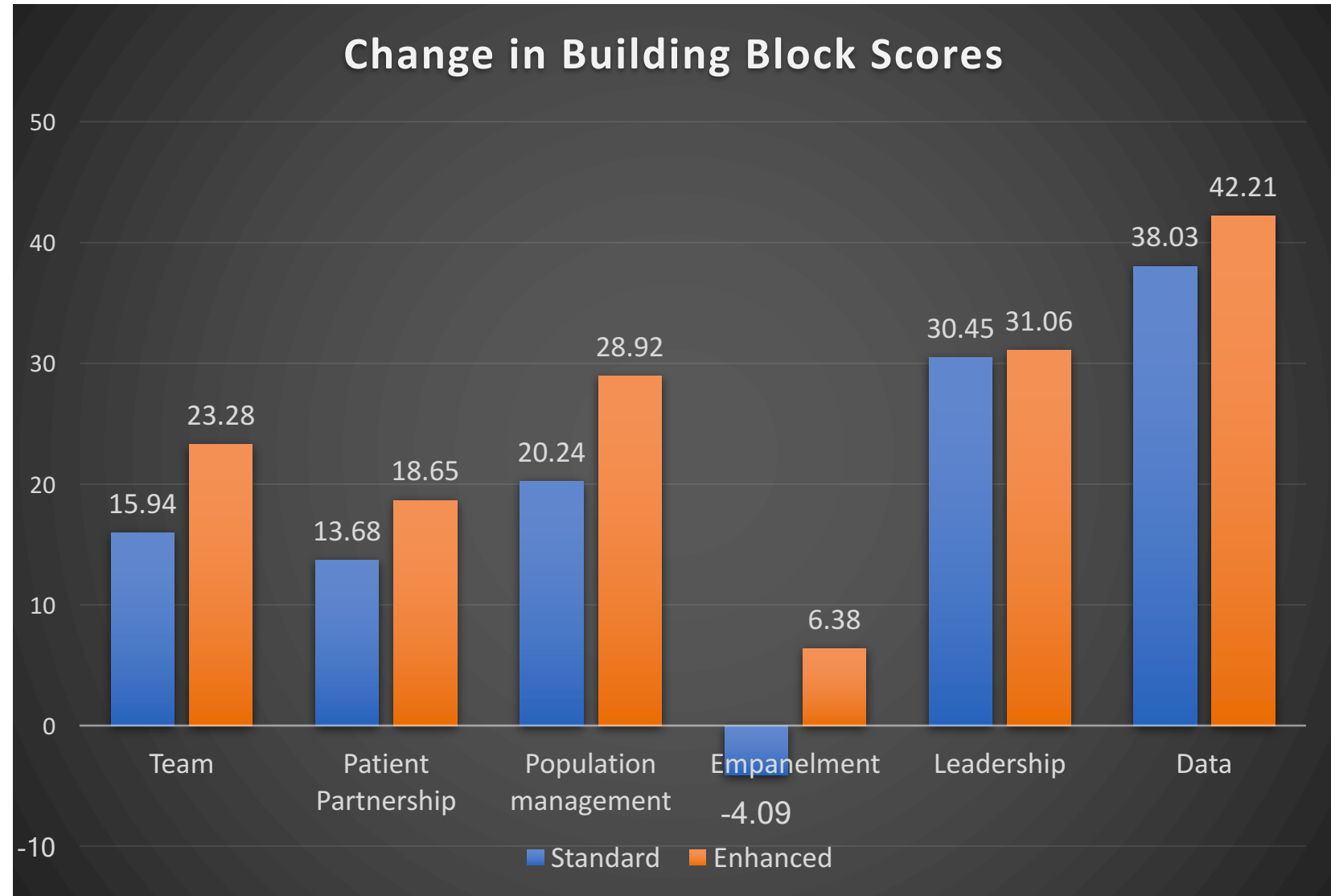
# Results from ENSW Overall: Patient-Team Partnership

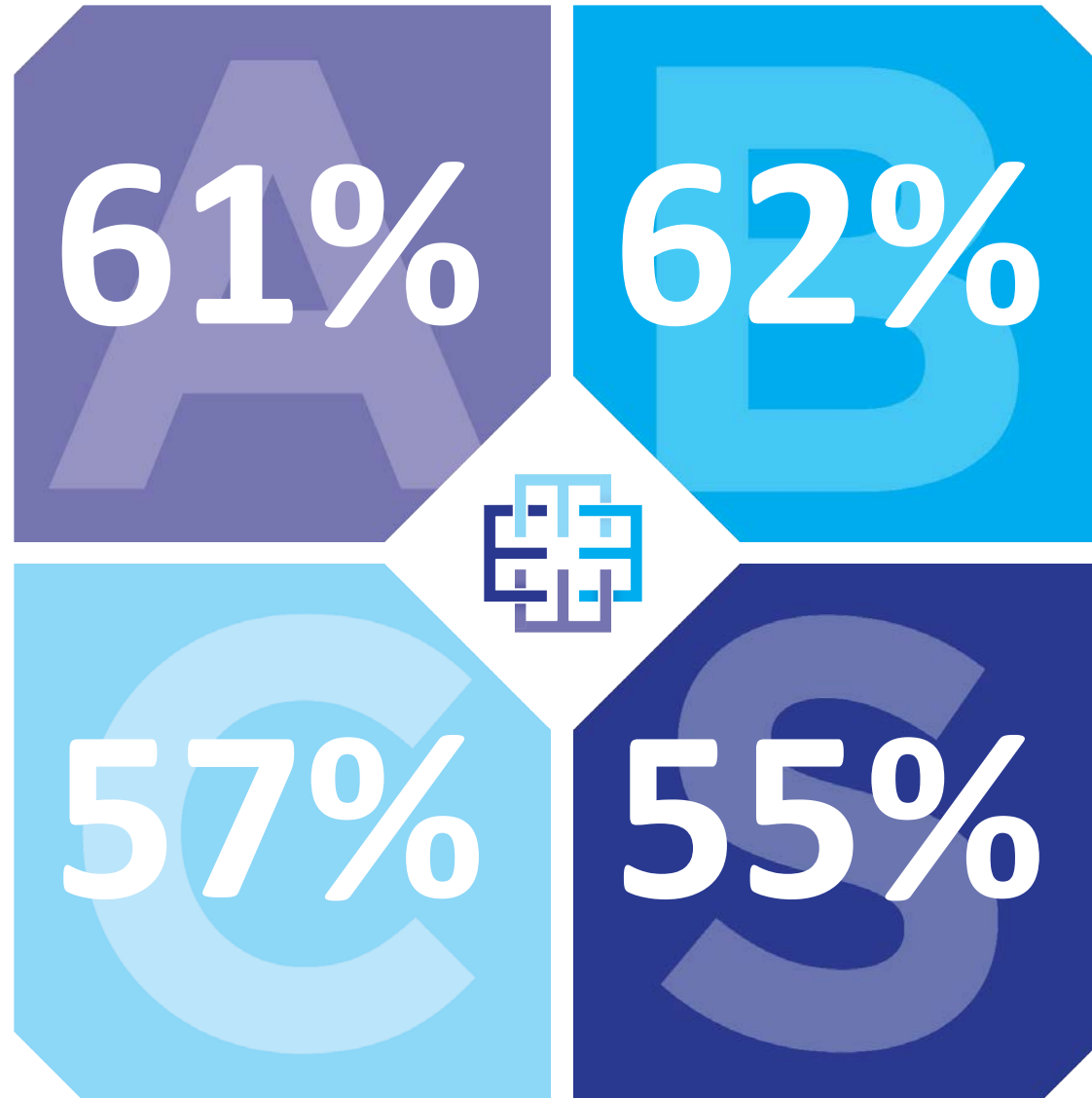- Significantly greater improvement in **Enhanced Arm**

**Mean of items** (rescaled 0 to 100)
- **Good job assessing patient needs and expectations**
- **Data from patients to improve care**
- **Data on patient experience when developing new services**
- **How often ask patients about unmet social needs**
- **How confident - Link patients with unmet social needs to community resources**
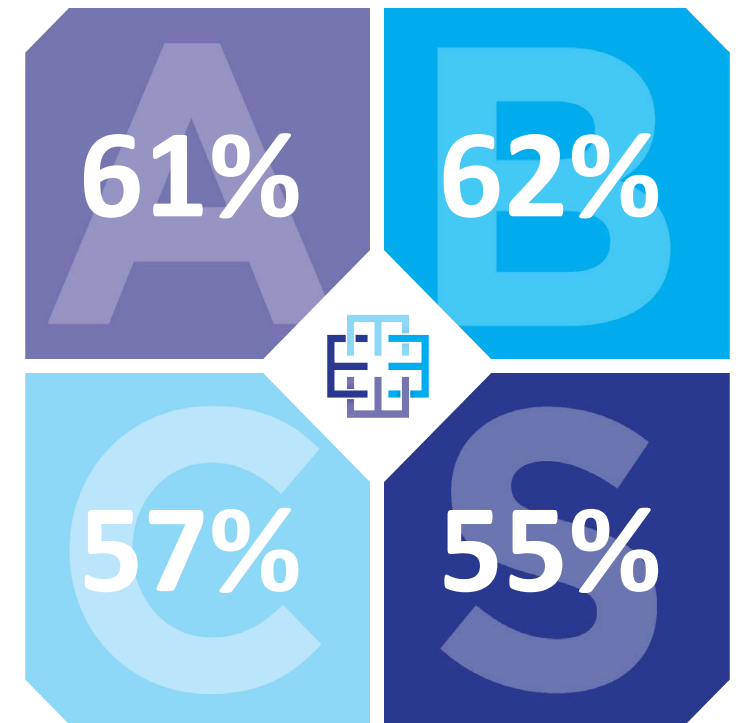
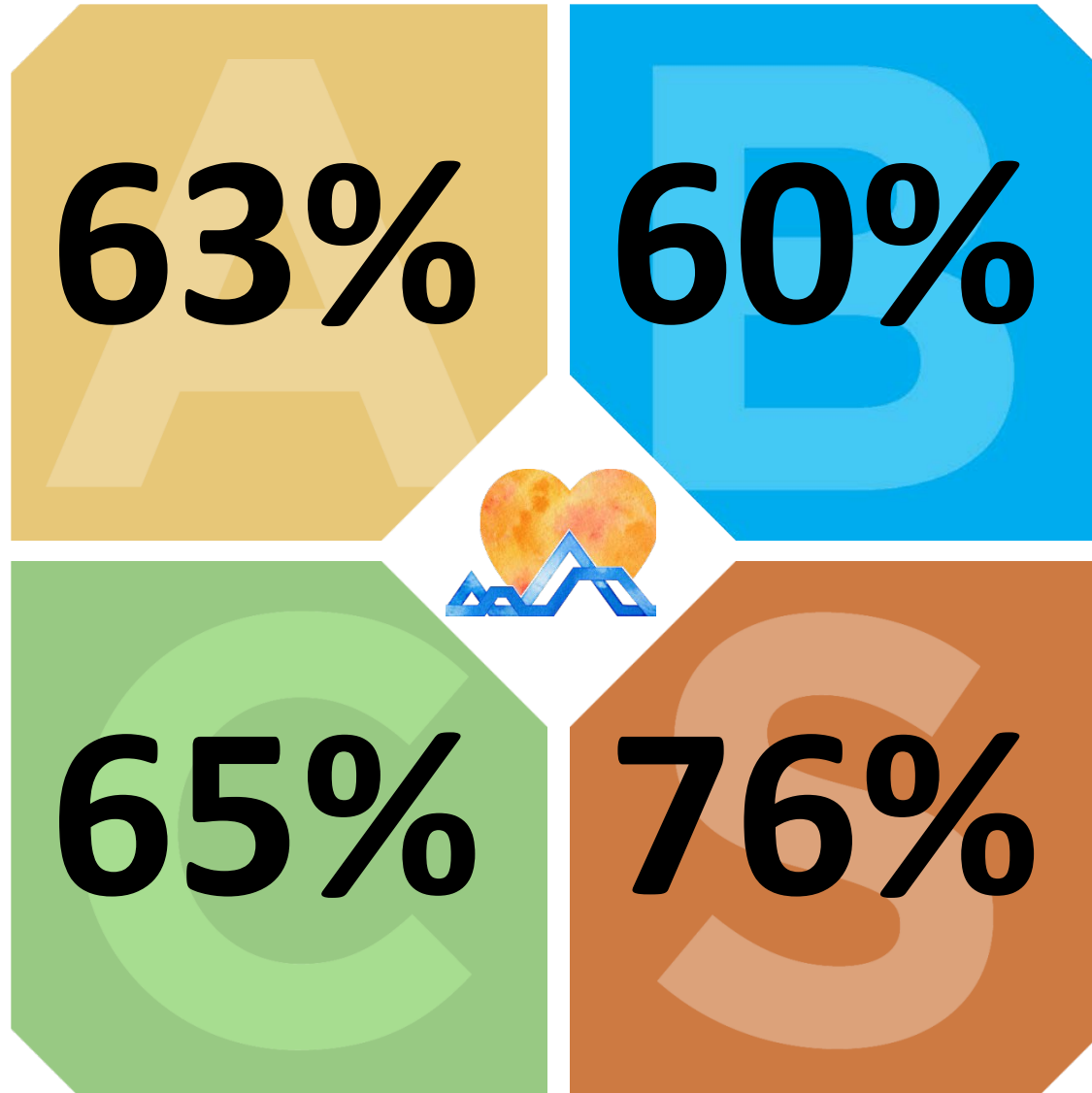**Cronbach's alpha: 0.81**



Patient-team Partnership

Standard: Baseline 70.21, 9 months 70.38, 15 months 72.22
Enhanced: Baseline 68.85, 9 months 72.77, 15 months 74.32

Legend: Baseline, 9 months, 15 months

# ABCS Rates in EvidenceNOW: At Baseline

# ABCS Rates in EvidenceNOW Southwest



63%  60%

65%  76%

61%  62%

57%  55%

# Results from ENSW Overall: CQMs

- Significant improvement in
  - *aspirin (<.0001)*
  - *smoking (.0149)*
  - *cholesterol (.0002)*

- but not *blood pressure* (.2171)

- No differences between study arms (all p> .05)



**ENSW Practices**

% OF PATIENTS MEETING GUIDELINE

Legend: Aspirin, BP, Smoking, Chol

X-axis: 0, 9, 15
Y-axis: 55%, 60%, 65%, 70%, 75%, 80%, 85%
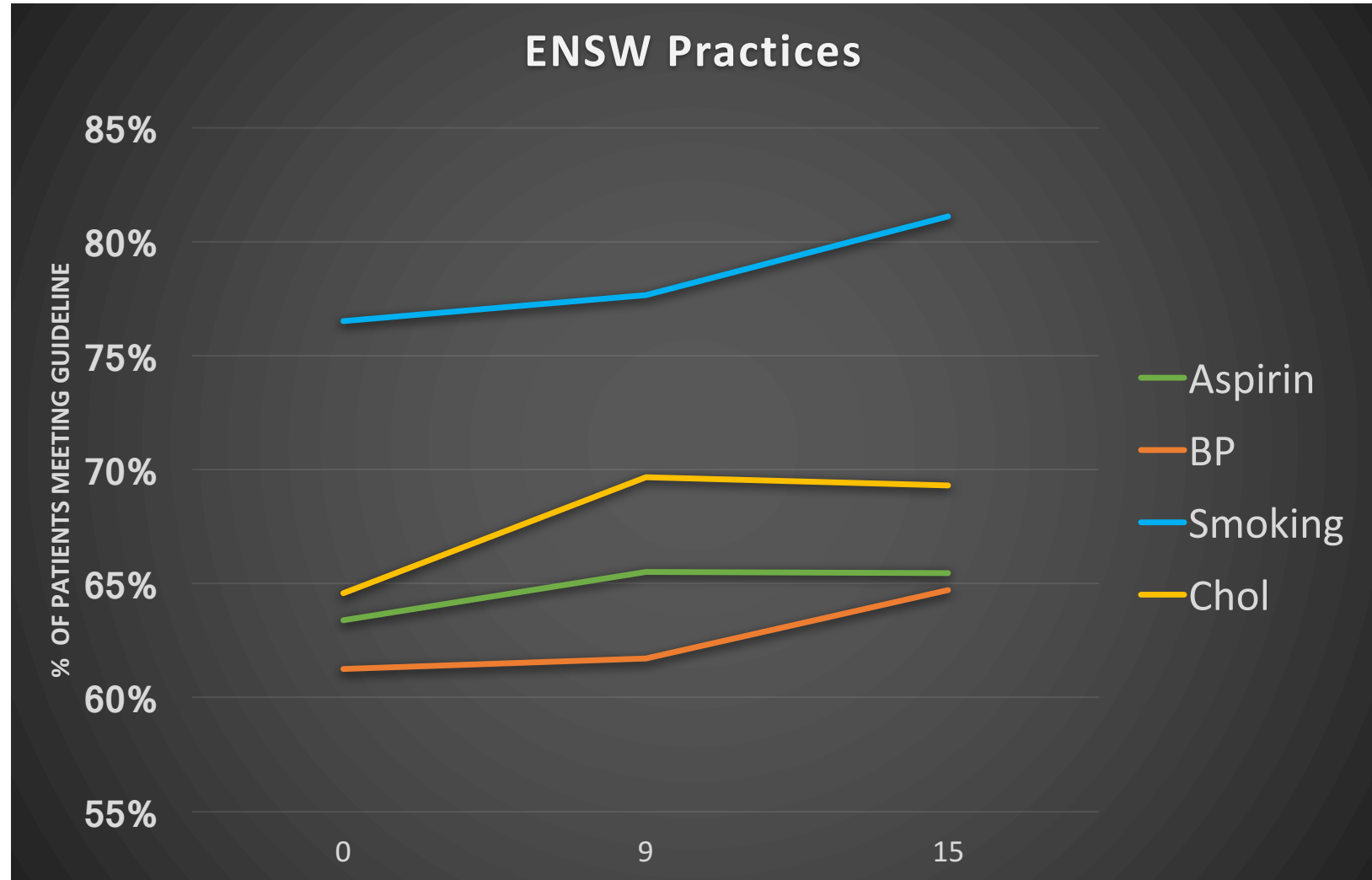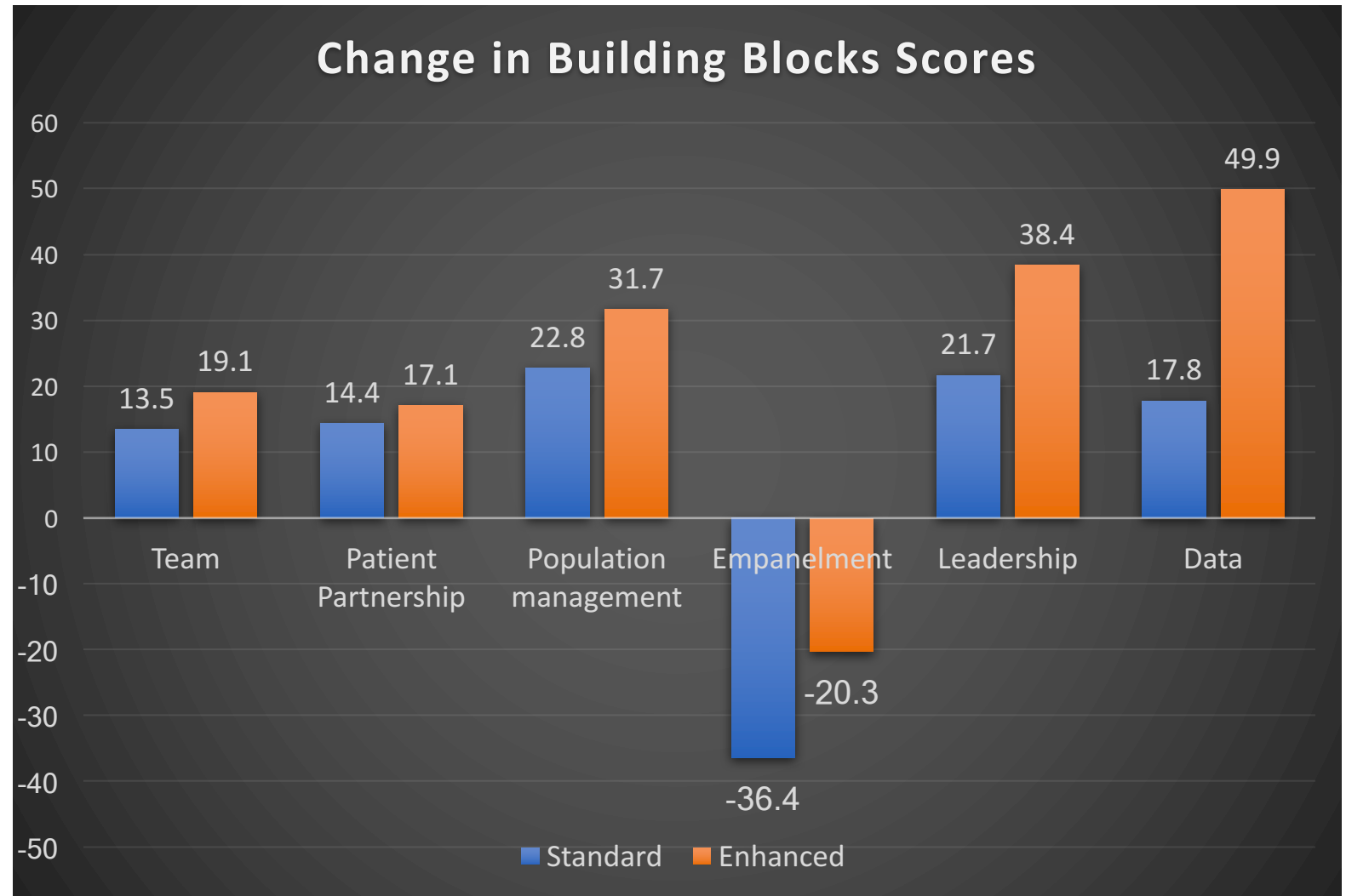
New Mexico
EvidenceNOW Southwest

# Updates from the EvidenceNOW National Meeting

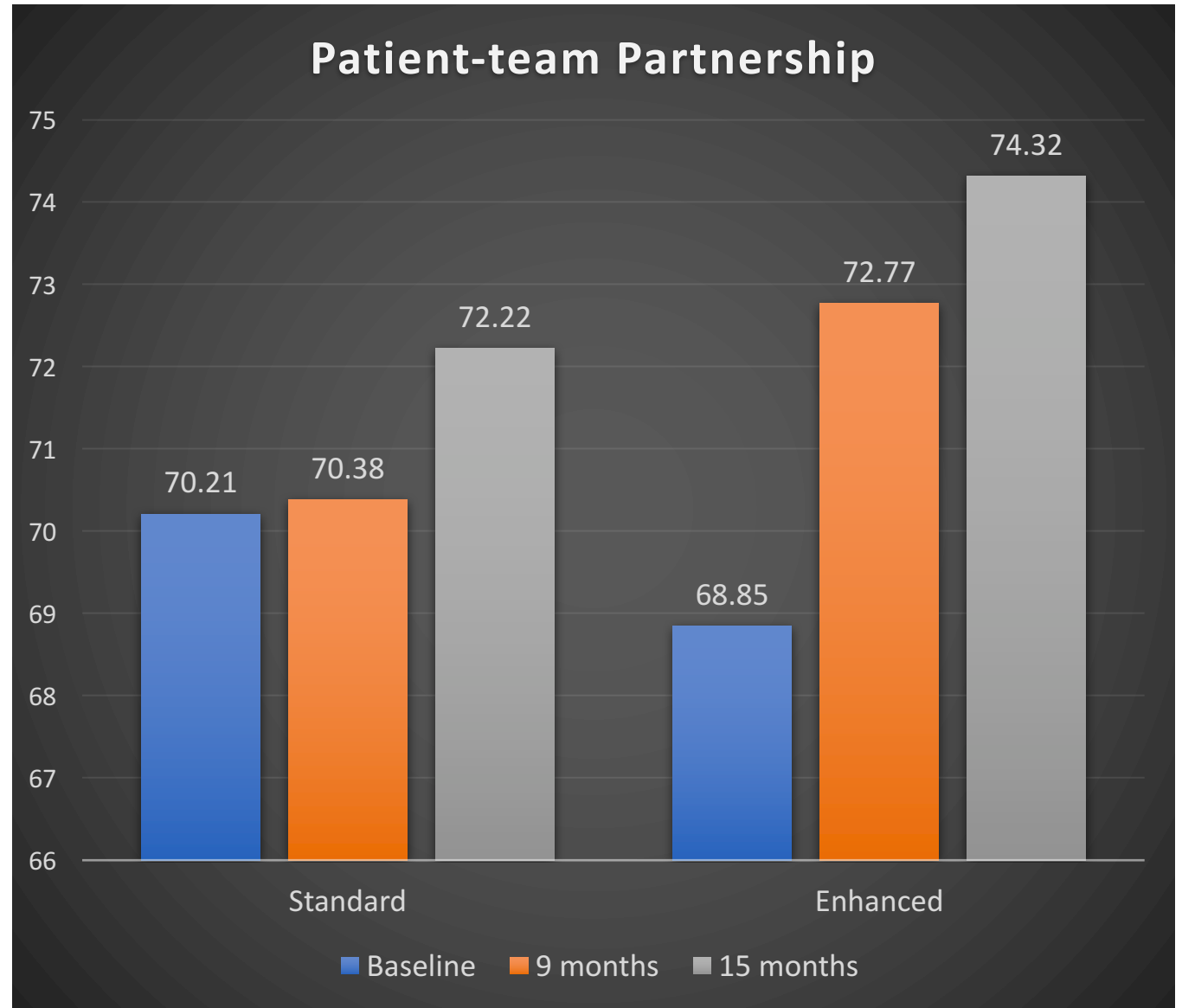# Results from New Mexico: Building Blocks

- Greater improvement in **Enhanced Arm**:
  - *leadership*
  - *data driven improvement*

- Significant improvement but no difference between arms:
  - *team-based care*
  - *patient-team partnership,*
  - *population management*

- No improvement
  - *empanelment*

Bars show total scores at baselined and follow up; item scores are 0 to 100



**Change in Building Blocks Scores**

| | Standard | Enhanced |
|---|---|---|
| Team | 13.5 | 19.1 |
| Patient Partnership | 14.4 | 17.1 |
| Population management | 22.8 | 31.7 |
| Empanelment | -36.4 | -20.3 |
| Leadership | 21.7 | 38.4 |
| Data | 17.8 | 49.9 |

# Results from New Mexico: Patient-Team Partnership

- Significantly greater improvement in **Enhanced Arm**

- Good job assessing patient needs and expectations
- Data from patients to improve care
- Data on patient experience when developing new services
- How often ask patients about unmet social needs
- How confident - Link patients with unmet social need



Patient-team Partnership

Standard: Baseline 70.21, 9 months 70.38, 15 months 72.22
Enhanced: Baseline 68.85, 9 months 72.77, 15 months 74.32

Legend: Baseline, 9 months, 15 months

# Results from New Mexico: CQMs

- Some improvement

- Smaller samples

- Hard to determine significance differences between study arms
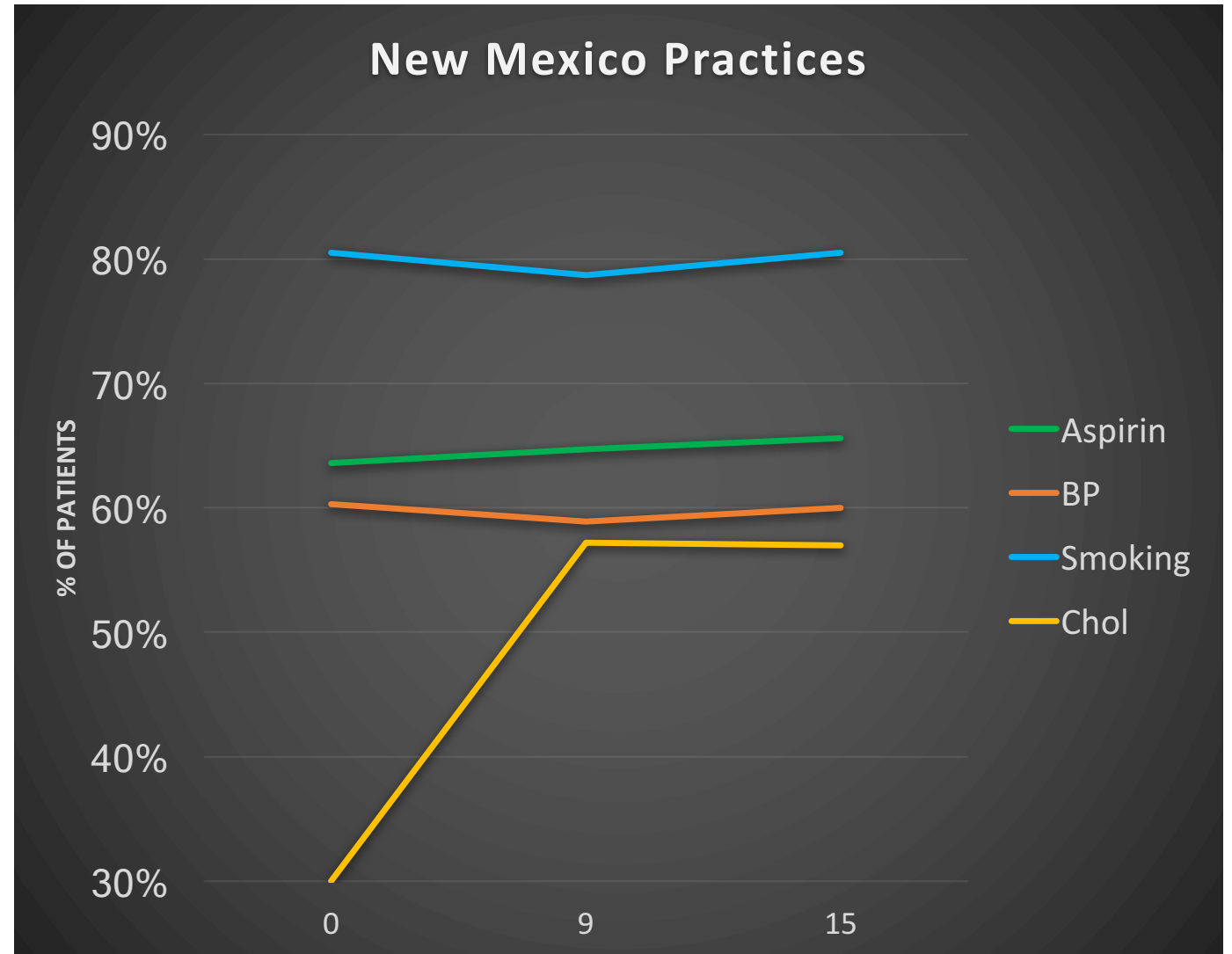
# Working with Practices: Field Note Data

|  | Overall | New Mexico |
|---|---|---|
|  | Mean (SD, min-max) | |
| **PER PRACTICE AVERAGES** | **N=217 practices** | **N=53 practices** |
| **Total average # field notes filed** | **19.9 (7.7, 1-37)** | **12.9 (2.6, 1-18)** |
| **Average # "touches" (all unmissed contacts)** | **17.4 (7.2, 0-36)** | **10.4 (3.2, 1-18)** |
| **Average # missed meetings** | **2.6 (2.4, 0-14)** | **2.5 (2.3, 0-9)** |
| **Average # unique improvement activities documented** | **12.6 (4.4, 0-23)** | **11.9 (3.2, 2-20)** |
| **Sum of all "touches" + all activities** | **47.3 (23.0, 0-123)** | **37.8 (15.2, 2-74)** |

# Questions