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: Aspirin in high-risk individuals, Blood pressure control, Cholesterol management, and Smoking 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.

New York City Cooperative

Cooperative Name: HealthyHearts NYC

Principal Investigator: Donna Shelley, M.D., M.P.H., New York University School of Medicine

Cooperative Partners: New York University School of Medicine
New York City Department of Health and Mental Hygiene Primary Care Improvement Program (PCIP)
Community Health Care Association of New York State (CHCANYS)

Geographic Area: New York City

Project Period: 2015-2018

Region and Population

With 8.3 million people, New York City (NYC) is the most populous city in the United States. It also is the most diverse (26% Hispanic, 26% African American, and 13% Asian). Heart disease is the primary cause of death in the city, and prevalence of cardiovascular disease (CVD) risk factors is high: a 2012 survey of 10,000 adults found that 28 percent had hypertension, 29 percent had high blood cholesterol, and 15 percent used tobacco. Residents of the poorest neighborhoods consistently have higher mortality rates from almost all diseases, including CVD, compared with residents of higher income neighborhoods.

Specific Aims

1. Compare the effect of practice facilitation with usual methods of patient care on implementation of ABCS recommendations.
2. Explore potential organizational-level mechanisms that may contribute to and explain the impact of practice facilitation on ABCS outcomes.
3. Use qualitative methods to assess factors that help and hinder practices in implementing change and achieving ABCS outcomes.
4. Disseminate findings to key primary care professional organizations, policymakers, payers, purchasers, consumer groups, and other stakeholders to ensure that national, State, public and private institutions support, incentivize, continue to study, and apply effective practices.

Reach

- Goal for Number of Primary Care Practices Recruited: 250-300
- Goal for Number of Primary Care Professionals Reached: 750-900
- Goal for Population Reached: 1.13-1.35 million
Comment from Principal Investigator

Donna Shelley, M.D., M.P.H.

“The NYC Cooperative will enroll more than 250 practices across NYC in one of the largest and most ambitious efforts yet to rigorously test strategies for translating evidence-based guidelines for prevention and treatment of CVD into improved provider practice, leading to improved health outcomes among low socioeconomic status and minority populations. To achieve the study goals, the Cooperative has created an innovative public-private partnership that brings together a multidisciplinary group of health services researchers (NYU) and health care delivery and public health professionals (PCIP and CHCANYS) who are on the frontline of transforming primary care practices to improve healthcare quality and outcomes among patients at highest risk for CVD-related morbidity and mortality. By applying an implementation science framework, we expect to provide critical new knowledge to facilitate the widespread implementation, dissemination, and sustained utilization of evidence-based guidelines for prevention of CVD across the U.S. and to advance Healthy People 2020 objectives.”

Notable Project Features

- Public-private partnership between NYU, the New York City Department of Health and Mental Hygiene and the Community Health Care Association of New York State, the largest primary care practice association in the U.S.
- Focus on practices that serve low-income and underserved populations in an inner city setting
- Use of a synergistic, city-wide electronic health record
- Inclusion of Federally Qualified Health Centers and Community Health Centers

Approach and Methods

Practice Recruitment and Enrollment

Participating practices must agree to upload their electronic health record data into the Department of Health and Mental Hygiene Primary Care Improvement Program and CHCANYS data warehouse. Over the first 15 months, the Cooperative will recruit practices by:

- Using direct mail, fax, email, and existing social networks to contact Primary Care Improvement Program and CHCANYS member practices
- Conducting community outreach through breakfast meetings, Webinars, telephone and in-person meetings, and site visits

Support Strategy

Practice facilitation will focus on helping sites implement evidence-based components of the Chronic Care Model. Practices will be supported by one-on-one tailored facilitation combined with opportunities for shared learning across intervention sites. The facilitation will consist of:

- An in-person kick-off learning session, which will include training on Chronic Care Model components, how to use plan-do-study-act to implement the Model, a review of the study parameters, and an overview of ABCS protocols
- Regular onsite practice facilitation meetings to encourage system changes to support ABCS-driven care
- Bimonthly Web-based expert consultations on topics related to evidence-based management of CVD risk factors, use of clinical information systems for quality improvement, and related practice improvement topics
- Four quarterly collaborative calls to allow practices to engage with each other, share best practices, and present data from their quality improvement activities
- Telephone and email exchanges with practices as needed

Evaluation

The Cooperative will use a stepped-wedge design in which practice sites are enrolled into the control group and then randomly assigned to the intervention in four waves at 3-month intervals, with all sites eventually receiving the intervention.

Strategies for Disseminating Study Findings and Lessons Learned

The Cooperative will prepare plain language briefing papers and presentations, which will be distributed through partner networks, a Web site, social media outlets, as well as publications in scientific journals.