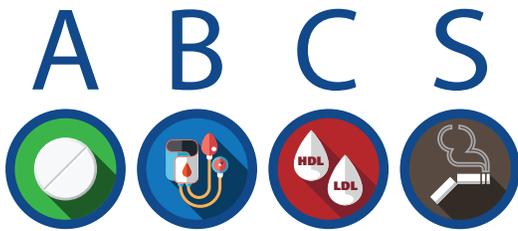


BRIDGING RESEARCH & PRACTICE IN PRIMARY CARE



What is EvidenceNOW?

The U.S. Agency for Healthcare Research and Quality (AHRQ) is making one of its biggest investments in primary care to date with EvidenceNOW, a \$112 million project to accelerate the use of evidence to improve the delivery of primary care and heart health. The multi-State initiative is working closely with 1,500 small- and medium-sized primary care practices to enhance their ability to more effectively—and quickly—implement evidence-based care to better serve their 8 million patients.



Through this initiative, the practices receive customized support to improve the delivery of services proven to prevent heart attacks and strokes. These include the “ABCS” of heart health: **A**spirin use by high-risk individuals, **B**lood pressure control, **C**holesterol management, and **S**moking cessation. The knowledge gained about practice support will be used to develop and disseminate a blueprint to improve primary care practice and save lives across America.



Why EvidenceNOW is Important

Primary care is the backbone of the Nation’s health care system and how most people receive health care. But this backbone is under stress in the face of increasing clinical and administrative demands. Such pressures worsen a fundamental problem: it takes many years for new evidence to make its way into clinical practice. Launched in May 2015, EvidenceNOW is working to reduce this research-to-practice delay for heart disease, the leading cause of death in the United States. EvidenceNOW focuses on small- and medium-sized primary care practices, which often do not have access to quality improvement support services because of their size.

**EvidenceNOW
delivers on AHRQ’s
commitment to
revitalize the
Nation’s primary
care system.**



Practice Improvement

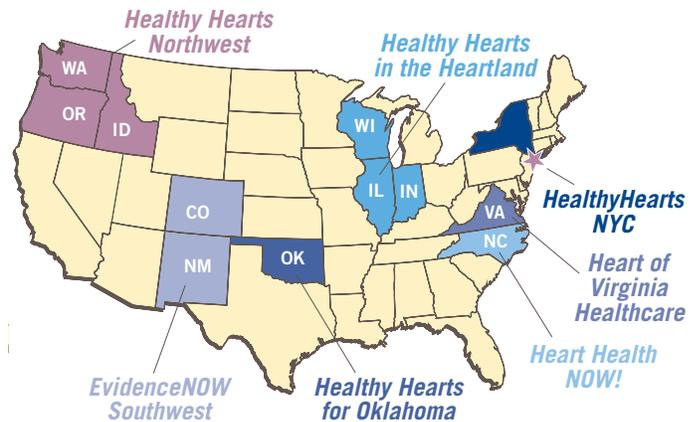
Through this initiative, teams of practice facilitators—health care professionals who assist primary care practices in quality improvement and research activities—provide guidance and other practice improvement support to the 1,500 practices participating in EvidenceNOW. The practice improvement activities are designed to help practices meet the national target of 70 percent or more of their patients receiving the ABCS services. Equally important goals are to evaluate the practice improvement interventions and apply the resulting knowledge to the primary care system as a model of how to quickly translate evidence into effective, high-quality care.



EvidenceNOW Support

AHRQ works to build bridges between research and practice. Through EvidenceNOW, teams of experts from seven regional cooperatives—comprising academic research centers and primary care quality improvement organizations—work with primary care practices in 12 States.

Each cooperative helps their participating primary care practices evaluate and incorporate new evidence into practice. Practice improvement teams tailor their support to the needs of each practice, helping the practices prevent clinician burnout, use evidence to enhance patient care and practice capabilities, optimize electronic health record (EHR) use, and improve patients' health. In addition to elbow-to-elbow practice coaching, the cooperatives are providing health IT support, shared learning collaboratives, expert consultation, and data feedback and benchmarking to support practice improvement.



Who are the EvidenceNOW Practices?

1 in 3

Operate in medically underserved areas

75%

Have five or fewer clinicians*

*physicians—M.D. and D.O., nurse practitioners, and/or physician assistants

41%

Are clinician-owned



Measuring the Success of EvidenceNOW

Each cooperative will evaluate the success of its practice improvement services. An independent national evaluation that continues through 2019 is examining, across all cooperatives, the impact of interventions on practice improvement and the delivery of heart health care. The national evaluation also will provide information about which practice support services and quality improvement strategies are most effective in increasing the implementation of new evidence.



EvidenceNOW is Making Progress

EvidenceNOW is a work in progress, but early findings indicate that it is making strides in bridging research and practice. **As of fall 2017, EvidenceNOW has:**

Found that many practices were already delivering some of the individual ABCS services to 70 percent or more of their patients, but that almost all practices had room for improvement.

ENGAGED
1,500
PRIMARY CARE
PRACTICES.

Gained deeper knowledge about common hurdles primary care practices face in consistently implementing evidence-based care into practice, including:

- Limited capacity for quality improvement projects
- High rates of staff turnover and clinician burnout
- Limited use of EHRs and data to support quality improvement activities
- Communication gaps with larger parent health systems or regional health information exchanges

1 IN 5

PRIMARY CARE
PRACTICES

recognized as
2017 national
Million Hearts®
Hypertension Control
Champions were
participants in
EvidenceNOW.

Made a difference in individual practices' day-to-day operations, such as:

- Improving care by sharing evidence guides with thousands of primary care clinicians
- Linking hundreds of practices to regional health information exchanges
- Coaching care teams on ways to identify high-risk patients to better target evidence-based preventive services like aspirin and cholesterol medication
- Developing practice dashboards so clinicians can use data to more effectively manage patient care

What People Are Saying About EvidenceNOW

AHRQ

“EvidenceNOW is an example of how AHRQ fosters the development of learning health systems, systems that use data and collaboration to constantly improve care. EvidenceNOW is creating a blueprint of how to support smaller primary care practices in delivering the best evidence-based care to everyone.”

— David Meyers, M.D.
Chief Medical Officer and EvidenceNOW Director, AHRQ

EvidenceNOW COOPERATIVE

“Working in these very small practices, we are seeing how much they are part of their communities. The doctors live in the same neighborhoods as their patients. They are important figures in their patients’ lives, and without these doctors, these patients might not even seek care. When you support practices like these, you are supporting the well-being of a community.”

— Donna Shelley, M.D., M.P.H.
Principal Investigator, EvidenceNOW New York City Cooperative, New York University School of Medicine

PARTICIPATING PRACTICE

“Participating in the EvidenceNOW program made me more aware of the importance of hypertension control. This awareness led to a marked improvement in my clinic’s hypertension control goals in a year’s time.”

— Jeffrey Lim, M.D., F.A.C.P.
Participating EvidenceNOW clinician in Guymon, Oklahoma, and 2017 national hypertension control champion

KEEP UP WITH THE LATEST FROM EvidenceNOW

- ▶ Look for the *Annals of Family Medicine* journal supplement on EvidenceNOW appearing in early 2018.
- ▶ Follow EvidenceNOW’s progress: www.ahrq.gov/EvidenceNOW

