



The shaded areas are the selected states for evaluation.



Project Name:

Evaluating System Change to Advance Learning and Take Evidence to Scale (ESCALATES)

www.escalates.org

Principal Investigator:

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Lehigh Valley Health Network

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Project Period:

2015-2019

The National Evaluation

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 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.

Specific Aims

1. Engage EvidenceNOW grantees in the overall evaluation initiative by harmonizing measures and working together to collect similar qualitative and quantitative data, identify lessons learned, and foster rapid-cycle learning.
2. Identify the practice, organization, and contextual factors associated with higher and lower levels of delivery of ABCS services at baseline for over 1,500 primary care practices engaged by EvidenceNOW grantees.
3. Identify which intervention strategies are most effective in improving the delivery of ABCS services over time in relation to practice, organization, and contextual factors, and identify why some strategies are more effective.
4. Engage, rapidly disseminate, and evaluate the impact of disseminating actionable findings to key external stakeholders.

UPDATES ON KEY PROJECT COMPONENTS

Collecting and Analyzing Data

The national evaluation team is collecting and analyzing quantitative data from each EvidenceNOW grantee (or cooperative) to identify the most effective combinations of intervention strategies for various primary care practice types, contexts, and organizational characteristics. The evaluation also is collecting qualitative data from cooperatives and selected practices to understand why and how those combinations of interventions are effective.

Year 1 Accomplishments

- In collaboration with the cooperatives, the EvidenceNOW Technical Assistance Center (TAC), and AHRQ, the national evaluation team facilitated three data harmonization workgroups (ABCS, Survey, Intervention Tracking) to come to consensus on the core and optional measures that the entire initiative would use.



- The national evaluation team standardized data submission by creating measurement specifications, survey codebooks, and data request packets with input from each cooperative to support the assembly and submission of consistent data. The national evaluation team also developed an online data collection system—the online diaries—for qualitative data.
- The national evaluation team conducted site visits to each cooperative to build relationships between the teams, develop a better understanding of the study and appreciation of the context and infrastructure in the region, and obtain feedback on the national evaluation team’s work.

Update

- The national evaluation team has begun to receive practice-level ABCS and practice survey data from the cooperatives. The team is performing data validation checks and working with the cooperatives to resolve any data validation issues.
- The national evaluation team has begun to receive data from cooperatives on the cost of delivering their interventions. The data are being cleaned and processed.
- The national evaluation team, in collaboration with the TAC and AHRQ, continues to engage with each cooperative to understand on-the-ground issues arising from extracting the ABCS data, specifically the cholesterol measure.
- The national evaluation team continues to engage cooperatives on the diaries to collect qualitative data on the day-to-day details of study implementation.

Strategies for Disseminating Study Findings and Lessons Learned

The national evaluation team is disseminating EvidenceNOW activities and findings through a range of communications strategies, including an interactive Web site, multi-media Webinars, press releases, blogging and vlogging, and academic and professional publications and conferences.

Update

- The national evaluation team launched its external-facing Web site, which includes details about the EvidenceNOW national evaluation, infographics, videos, spotlights on the cooperatives, and blog stories from leaders in the field as well as EvidenceNOW partners.
- The national evaluation team has worked in collaboration with the cooperatives and the TAC to submit seven abstracts to conferences, including AcademyHealth, North American Primary Care Research Group, and the American Public Health Association.
- The national evaluation team has seven manuscripts that are currently in development, and it is actively seeking collaborators from among the EvidenceNOW cooperatives.
- The national evaluation team is in the process of launching a Twitter account.

MEETING EVIDENCENOW CHALLENGES

Comment from Principal Investigator

Deborah Cohen, Ph.D.

“As cooperatives have gotten into the field, it is only natural that some aspects of their study design, timeline, data collection instruments, and intervention plan have changed. Our job is not to judge (or evaluate) these changes, but to appreciate them, understanding why they happen so that the important lessons from these experiences can be distilled and shared with others who will follow in their path. The ESCALATES team has also adjusted our timeline, approach to data collection, and analysis plans to best align with the cooperatives.”

Addressing the ongoing need for harmonization: Although partners in this initiative collaborated in an extremely productive harmonization phase in the first 6 months of the study, it is clear that harmonization and understanding potential threats to harmonization are going to be an ongoing process throughout the life of the national evaluation as issues emerge on the ground. The national evaluation team has addressed this challenge by staying in close communication with cooperatives about emerging data collection issues (e.g., data extraction for the cholesterol measure), collecting as much data as possible on the potential variations between practices and between cooperatives (e.g., information on the source of ABCS data at the practice level), as well as proposing potential retrospective harmonization that the team may be able to do in some cases (e.g., intervention tracking data).

Maintaining a flexible evaluation approach to capture implementation processes: As cooperatives have begun recruiting and engaging practices, some aspects of their study design, timeline, data collection instruments, implementation processes, and intervention plan have been modified. The national evaluation team has also needed to adjust its timeline, approach to data collection, and analysis plans to best align with the cooperatives. The team has maintained close communications with the cooperatives to understand which aspects of their study have been modified; in response, the national evaluation team has tailored the data collection approach to what works best for each cooperative, and the team is being proactive about collecting additional data on emerging themes. Examples of this additional data collection include conducting in-depth interviews with personnel overseeing ABCS extraction to better understand challenges to extracting electronic health record data, or virtually shadowing practice facilitator management meetings to explore how cooperatives are deploying and overseeing facilitators across their region or across various organizations.