

EvidenceNOW

Recruitment and Retention of Primary Care Practices in Quality Improvement Initiatives: A Toolkit

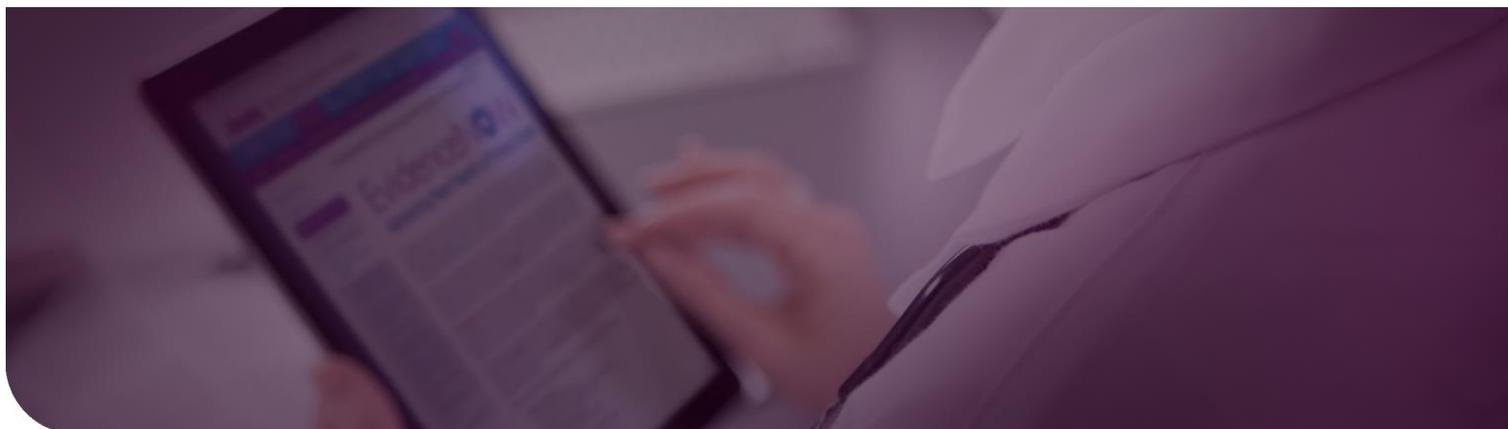
Effectively engaging practices in a primary care quality improvement (QI) initiative, including both the initial recruitment and ongoing retention, is essential to the success of the initiative. However, doing so can be challenging. It is time consuming and resource intensive, and often takes longer than planned. This toolkit provides guidance, tips, and examples to help support future efforts to engage practices in QI initiatives. It is our hope that groups can use the insights and tips included here (customizing them for their own needs) to make their recruitment efforts as effective and efficient as possible.

These materials were developed based on work conducted for the Agency for Healthcare Research and Quality's *EvidenceNOW: Advancing Health Health* initiative. This initiative included seven regional cooperatives that provided QI support services to small- and medium-sized primary care practices, a national evaluation team (ESCALATES), and a technical assistance center (TAC). Information included in this toolkit was gleaned from initiative-related publications, information shared by the cooperatives, and guidance developed by the TAC to assist with that effort. Allison Cuthel from the New York City Cooperative and Julie Schmelzer from the Midwest Cooperative shared their valuable insights and provided expert review as part of the development of this toolkit. Specific references are included in each section, as relevant.



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What is Included in the Toolkit:

- **Section 1:** Tips for Practice Recruitment (pages 3-9)
- **Section 2:** Value Proposition (pages 10-13)
 - Example: EvidenceNOW Value Proposition Text for Recruitment (pages 12-13)
- **Section 3:** Frequently Asked Questions Template (pages 14-16)
- **Section 4:** Tips for Practice Retention (pages 17-21)



Section 1: Tips for Practice Recruitment

In this section we have summarized key lessons learned from the AHRQ *EvidenceNOW: Advancing Heart Health* initiative about how to effectively recruit small- and medium-sized primary care practices (i.e., generally those with fewer than 10 clinicians). The seven AHRQ-funded cooperatives successfully engaged over 1,500 practices for this initiative. The overarching lessons described here were reported in the publications listed as references at the end of this section.

Build Upon Existing Relationships

The AHRQ *EvidenceNOW: Advancing Heart Health* cooperatives found that reaching out to practices with whom they already had a prior relationship was one of the most effective strategies for initial practice engagement.¹ Practices were more likely to be willing to participate when they already trusted the groups reaching out, particularly if they had previously benefitted from that relationship. Recruiting practices with whom a relationship already exists is not only more effective, it is also less costly.

Together the Northwest and Midwest cooperatives found that while they were able to successfully recruit almost 1 in 3 practices when there was an existing relationship, it was closer to 1 in 20 when there was no prior relationship and no referral. In addition, due to the need for additional outreach efforts, the cost of recruiting practices was seven times greater for those without an existing relationship compared to those with a prior connection.²

When prior relationships do not already exist, developing key partnerships with trusted groups that have large primary care networks is essential. In addition, participating practices can help identify other potential practices and make key introductions.

Specific Tips:

- During initial outreach efforts, leverage existing relationships with practices (both those of physicians and practice facilitators) as much as possible.
- If there are multiple organizations working together on a QI project within a State or region, be sure to use the networks of each participating organization to connect with practices.
- Develop partnerships with well-established and respected practice networks to build connections.
- When a previous relationship with a practice does not already exist, a warm hand-off or a referral from a participating practice can help get your foot in the door to make your pitch. Ask participating practices to make introductions to other practices that might be interested in joining, and share testimonials about their experiences or reasons for joining.
 - Note: Be careful to ensure that participating practices and recruiters follow all IRB requirements around information sharing.
- Engage other trusted stakeholders – such as medical societies, primary healthcare associations, or healthcare quality groups – to share information about your initiative with their members to promote participation. For example, ask these groups to share articles about the initiative in stakeholder newsletters, on social media, or send out an eBlast message about the initiative to their members.

The New York City Cooperative found that the long history of collaboration and trust between their partner practice network and the practices they were recruiting was a primary motivator for the practices' participation in the initiative.³

The Midwest Cooperative was not allowed to share the names of participating practices and providers involved in the study with other participating or non-participating practices.

Align with Practice Priorities and Other State and National Initiatives

Primary care practices must routinely juggle the demands and requirements of several State, Federal, and health system programs – not all of which are voluntary. The *EvidenceNOW*:

Advancing Heart Health cooperatives found that practices often cited competing initiatives or feeling overwhelmed by existing reporting requirements as the main reason for declining to participate.²

QI Initiatives can demonstrate the value of participation and reduce practice burden by fulfilling complementary program requirements or by helping practices prepare for upcoming programs of interest.

The New York City Cooperative found that sites were motivated to participate because the AHRQ *EvidenceNOW: Advancing Heart Health* initiative aligned with other concurrent national QI initiatives and reporting requirements [such as the Physician Quality Reporting System (PQRS), Patient Centered Medical Home (PCMH), and Meaningful Use (MU)].³ Another cooperative aligned participation in EvidenceNOW as a way for practices to also get involved with a State Innovation Model, which helped boost enrollment.¹

Specific Tips:

- Become well informed about other current and upcoming QI initiatives, payment reforms, and recognition programs at the Federal and State levels that impact primary care practices. Understand the various competing demands and requirements of these programs, and identify the opportunities where you can help practices save time and effort, or achieve recognition and reimbursement incentives they have not yet achieved.
- Prepare to articulate how participation in your initiative is aligned with other specific initiatives and/or how participation can help practices ease burden, add value, and succeed in future initiatives.
- Highlight if participation in your QI initiative can help practices bill for additional services, or ultimately help them achieve reimbursements for value-based purchasing.
 - However, be cautious not to make promises about reimbursements/incentives outside your initiatives' control.

Provide Financial and Non-Financial Incentives

Both financial and non-financial incentives can be used to help increase participation rates. While there is some academic debate about the effectiveness of using financial incentives to increase participation rates, the AHRQ *EvidenceNOW: Advancing Heart Health* cooperatives found them to be helpful. Incentives signal appreciation for the time and energy that practices must invest to participate, and often make practices more receptive to hearing your initial pitch.

The New York City Cooperative, which compensated practices \$4,500 for data collection activities over a 3-year grant period, found that while this was not the primary reason practices agreed to participate, it was an “important source of motivation.”³

Specific Tips:

- If possible, offer a combination of both financial and non-financial incentives for the specific activities practices must engage in to participate.
- Describe financial incentives as a way for practices to offset the staff time for required reporting rather than as a payment.
 - Note: Federal grantees should ensure that any financial payments would not be interpreted by a reasonable person as being coercive or undue inducement (that is, they should be offered to make it easier for practices to participate, but not convince them to participate if they otherwise would not).

The AHRQ *EvidenceNOW: Advancing Heart Health* cooperatives offered both continuing medical education credits (CMEs) and Maintenance of Certification (MOC) Improvement in Medical Practice Part IV points for participating physicians.

Identify which non-financial incentives would be most appealing to practices, and try to make these available for participants when possible.

Share Details and Expectations about Involvement

Being prepared in advance to share detailed information about the expectations for participation can save recruitment time and help build valuable trust with practices. The AHRQ *EvidenceNOW: Advancing Heart Health* cooperatives were surprised by the number of questions and the level of detail that practices requested when they were deciding if they wanted to participate.¹

Specific Tips:

- Use multiple modes to reach out and share information with prospective participants. Start with an outreach letter (see an example from the North Carolina Cooperative [here](#)), send a fact sheet (see examples included in Section 2), hold informational webinars (see an example from the New York City Cooperative [here](#)), which can also be recorded and shared later, and follow up with recruitment phone calls.
- Develop a script to pitch the project to potential practices. Be prepared to explain how a practice would benefit from participating in the initiative. Proactively promote the ways your initiative aligns with inherent goals of primary care practices, such as improving patient care and efficiency. Develop a strong value proposition that communicates the purpose and benefits specific to your initiative for participating practices (see Value Proposition, Section 2), and tailor your pitch to fit the people and practices you are speaking with (see Tailor Your Pitch, below).
- Develop a detailed Frequently Asked Questions (FAQs) document that recruiters can use to provide consistent and detailed information about the requirements and expectations for participation and can be shared with practices (see Frequently Asked Questions Template, Section 3; including an example FAQ document from the Virginia Cooperative).
 - Prior to starting outreach calls, have the team brainstorm the potential questions practices may have, and add these to the FAQs. Regularly update and revise the FAQs to reflect commonly asked questions and concerns not initially anticipated.
- Include specifics when referencing or describing the features and requirements of the program in your FAQs. For example, practices are likely to have questions about the expected time commitment, reporting expectations, benefits to the practice, required electronic health record (EHR) and staffing capabilities, and the specific requirements to receive incentives. They may also want to know what specific QI strategies will be used and the outcomes that will be measured.
 - Be as detailed and realistic as possible when providing information about the time and effort required, as well as the expected benefits. Provide ranges or estimates if exact information is unknown.

- Be transparent about what you do and do not know. If you are asked about something you do not have an immediate answer for during a call, let the practice know that you will find out the correct information and get back to them as soon as possible with the answer.
- When describing the benefits of your intervention, provide evidence to support its effectiveness.
- Avoid using the term “free” when describing benefits of participation. Practices view the time they and their staff invest as a cost of participation.

Tailor Your Pitch

Practices will likely face a variety of barriers to participation, depending on factors such as practice type and location, etc., and may find different benefits of participation to be compelling. Recruiters for the AHRQ *EvidenceNOW: Advancing Heart Health* initiative learned over time to tailor their recruitment messaging and materials based on the particular needs of the practices in their region.

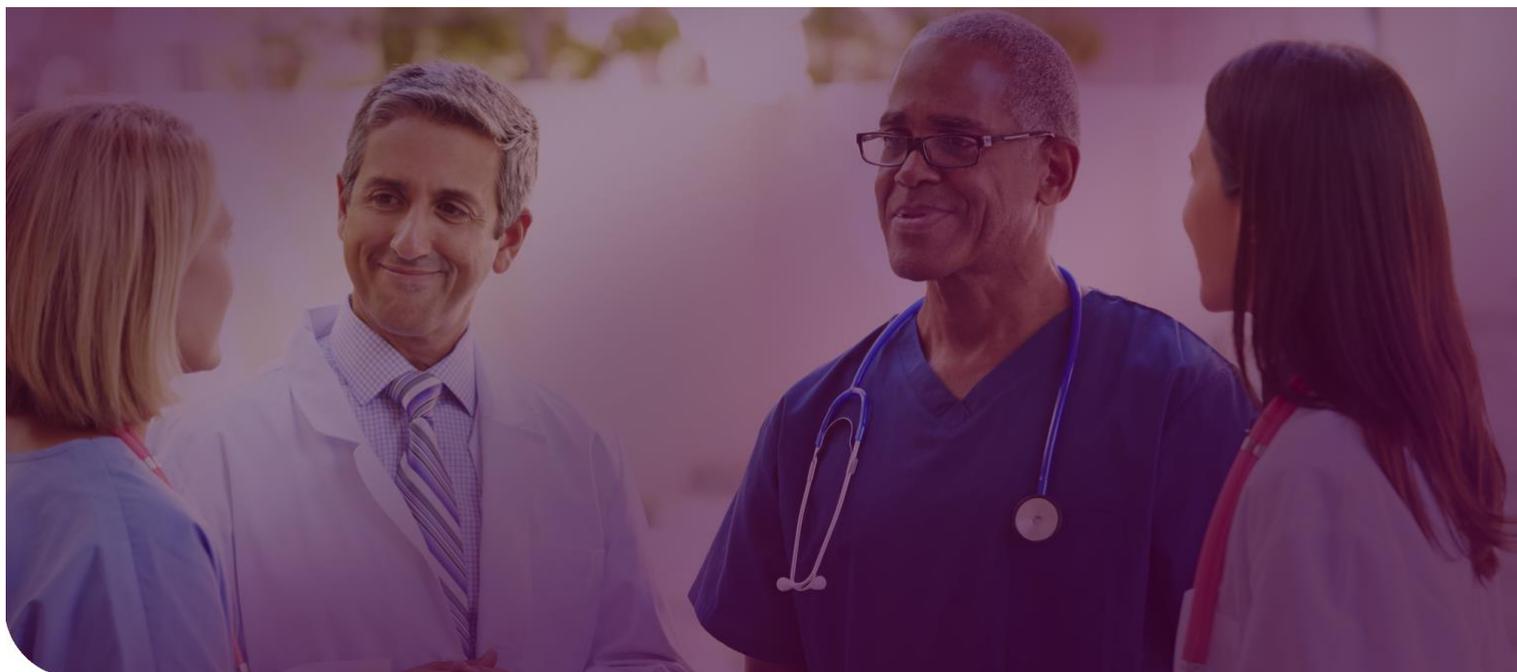
Specific Tips:

- Be knowledgeable about the different types of practices you are reaching out to for recruitment (e.g., Federally Qualified Health Centers, independent practices, practices that are part of a large health system, Tribal Health Centers, and rural practices). Consider how the barriers and opportunities of participation may differ for each.
 - Consider asking representatives from each type of practice to participate in a small focus group. Ask them about the barriers and facilitators of participation from their own perspective and have them provide feedback on your pitch and outreach materials so you can tailor them as needed.
- Take time to understand the circumstances of each practice you are reaching out to and customize your engagement strategy to address their unique interests and concerns. When possible, highlight the specific elements of the intervention that are most likely to appeal to the practice. For example, one practice may be most concerned about meeting Federal requirements, while another practice may need assistance with leveraging their EHR.
 - Some practices may be ready to commit, while others will need more time and additional assurances – be prepared and accepting of these different responses.

- Identify the gatekeeper/decision maker at each practice as the focus of your targeted outreach efforts. When this information is not already known, ask questions to learn more. For example, you might ask: “Can you tell me more about how the practice is run and who makes the decisions about participating in QI projects?”
- Keep detailed notes and documentation of conversations with each practice, particularly with the gatekeeper/leader. Reference these notes to tailor your pitch for difficult-to-recruit practices.
- Meet with the study team weekly to discuss cases where you are struggling to recruit a practice, share tips, and troubleshoot next steps. In some cases, someone on the leadership team may be able to call the practice directly to discuss their questions and concerns.
- Regularly update recruitment materials to reflect which messages are most effective and for which practices, as well as information you learn about areas of interest and concern, and how engagement aligns with other initiatives.

References:

1. Sweeney SM, Hall JD, Ono SS, et al. Recruiting practices for change initiatives is hard: findings from EvidenceNOW. *Am J Med Qual.* 2018;33(3):246-252. PMID: 28868889
2. Fagnan LJ, Walunas TL, Parchman ML, et al. Engaging primary care practices in studies of improvement: did you budget enough for practice recruitment? *Ann Fam Med.* 2018;16(Suppl 1):S72-S79. PMID: 29632229
3. Cuthel A, Rogers E, Daniel F, et al. Barriers and facilitators in the recruitment and retention of more than 250 small independent primary care practices for EvidenceNOW. *Am J Med Qual.* 2019 (Dec); 1062860619893422. PMID: 31865749
4. Geonnotti K, Peikes D, Taylor EF, et al. Quick-Start Guide: Engaging Primary Care Practices in Quality Improvement: Strategies for Practice Facilitators. AHRQ Publication No. 15-0015-EF. Rockville, MD: Agency for Healthcare Research and Quality. March 2015.
5. Geonnotti K, Taylor EF, Peikes D, et al. Engaging Primary Care Practices in Quality Improvement: Strategies for Practice Facilitators. Executive Summary. AHRQ Publication No. 15-0015-1-EF. Rockville, MD: Agency for Healthcare Research and Quality. March 2015.
6. Geonnotti K, Taylor EF, Peikes D, et al. Engaging Primary Care Practices in Quality Improvement: Strategies for Practice Facilitators. Tip Sheet: How a Practice Facilitator Can Support Your Practice. AHRQ Publication No. 15-0015-2-EF. Rockville, MD: Agency for Healthcare Research and Quality. March 2015.



Section 2: Value Proposition

What is a value proposition?

A value proposition is an overarching, benefit-driven statement that explains, both rationally and emotionally, how involvement in your program will benefit the key audience (e.g., primary care practices). It should reflect your target audience's needs and communicate what is unique about your initiative or service. Ultimately, a value proposition offers a promise that resonates to motivate action, affiliation, and participation in your program. An effective value proposition is essential to any recruitment or marketing effort. You can use your value proposition to develop the pitch recruiters will use during initial outreach calls, and to develop your outreach materials.

Creating a value proposition

It is important to tailor your value proposition to the needs and motivators specific to your audience and region. There is likely to be variability in how strongly a particular value proposition resonates with individual providers, different types of primary care practices, and in various regions of the country. The following are key considerations that can help guide the development of a value proposition for your initiative.

- Who is your target audience?
 - What do they care about? What motivates them?
- What problems does your audience have that your program helps solve?

- What benefits does participation in your program offer your audience?
 - What examples or evidence can you share? (e.g., outcomes, testimonials)
- What is unique about your program?
 - What sets it apart from other active QI initiatives?

Additional tips for creating and preparing to implement your value proposition:

- Be concise.
- Use simple, straightforward language.
- Avoid using jargon and acronyms, even if they are commonly used in the field.
- Avoid using unnecessary superlatives and overhyping that can seem like a sales pitch.
- Anticipate questions. Be ready with additional information and specifics about what your program offers and requires.
- Be prepared to discuss what makes your team qualified to provide the services you are offering.
- Test the value proposition with a few members of the target audience to see if it resonates. Ask for feedback and brainstorm ideas for improvements. Continue to revise and improve the value proposition over time.
- Practice delivering the pitch based on the value proposition with colleagues and friends until it is easy and comfortable to deliver.

Examples

See example text developed for the *EvidenceNOW: Advancing Heart Health* initiative below. In addition, see examples from the [Midwest](#) and [Northwest](#) cooperatives for how they used this information to develop their outreach materials.



Healthy Hearts in the Heartland (H3) is a federally funded research program working with small practice clinics in the Midwest to implement and evaluate quality improvement strategies for cardiovascular care. H3 seeks to identify the best practices, tools and supports needed for small clinic settings to improve heart health of their patients.

This type of work is becoming common in large health systems; your clinic has the opportunity to pioneer how this quality improvement work can be done effectively here in the Midwest.

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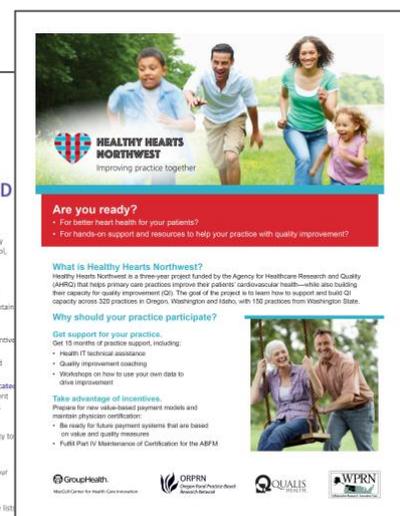
www.healthyheartstheheartland.org

Why Participate?
Participation in H3 may help your practice:

- Strengthen prevention for heart disease and stroke by focusing on the ABCs – Aspirin, Blood pressure control, Cholesterol management and Smoking cessation;
- Build or enhance its infrastructure to report and use quality data to improve care;
- Generate new opportunities for its providers to earn continuing medical education (CME) credits and maintain their board certifications;
- Prepare to take advantage of fee-for-service reimbursement opportunities and quality-based incentive programs; and
- Prepare for our healthcare system's rapid shift toward value-based reimbursement.

H3 will work with your practice primarily through a **dedicated practice facilitator** – an experienced practice management coach who is backed by a team of experienced clinicians, population health experts and researchers at some of our area's most prestigious universities and healthcare organizations. Your practice facilitator will have the ability to:

- Give your practice access to important clinical management tools and resources;
- Suggest best practices for possible integration into your clinical routines;
- Recommend EHR decision support tools;
- Use software to build heart health reports and create lists that help with population health management; and
- Review monthly reports on cardiovascular care and discuss further opportunities for improvement.



HEALTHY HEARTS NORTHWEST
Improving practice together

Are you ready?

- For better heart health for your patients?
- For hands-on support and resources to help your practice with quality improvement?

What is Healthy Hearts Northwest?
Healthy Hearts Northwest is a three-year project funded by the Agency for Healthcare Research and Quality (AHRQ) that helps primary care practices improve their patients' cardiovascular health—while also building their capacity for quality improvement (QI). The goal of the project is to learn how to support and build QI capacity across 200 practices in Oregon, Washington and Idaho, with 150 practices from Washington State.

Why should your practice participate?

Get support for your practice.
Get 18 months of practice support, including:

- Health IT technical assistance
- Quality improvement coaching
- Workshops on how to use your own data to drive improvement

Take advantage of incentives.
Prepare for new value-based payment models and maximize practice certification:

- Be ready for future payment systems that are based on value and quality measures
- Fulfill Part IV Maintenance of Certification for the ABFM

GroupHealth
MEDNET Center for Health Care Innovation

ORPN
Oregon Practice Network

AQUALIS
Quality Improvement Center

WPRN
Washington Practice Research Network

Example: EvidenceNOW Value Proposition Text for Recruitment

The following is sample recruitment messaging developed for the AHRQ *EvidenceNOW: Advancing Heart Health* initiative. This messaging is based on a specific value proposition: improved primary care outcomes. Revise this as needed to fit your own program and region.

Overall Message

By participating in EvidenceNOW, you and your clinical team can achieve better outcomes—for your patients, your practice, and yourself.

The AHRQ EvidenceNOW initiative seeks to improve America's cardiovascular health by supporting primary care practices to implement high quality, evidence-based care. To do this, EvidenceNOW offers practices onsite practice facilitation and coaching, health information technology support, data feedback and benchmarking, expert consultation, and shared learning networks.

Better outcomes for your patients

Improving patient cardiovascular health and preventing heart disease requires implementing the latest medical evidence coupled with the most effective evidence-based techniques for achieving patient adherence. EvidenceNOW will deliver timely knowledge and training, improved processes, and streamlined data collection to improve your team's ability to help patients achieve better heart health outcomes.

[Insert information about specific initiative interventions here; include evidence that supports the interventions' effectiveness]

Better outcomes for your practice

External support can help your practice succeed in the current healthcare landscape. Improved knowledge along with streamlined internal processes, better data access, and improved EHR coordination can have positive impacts on staff satisfaction and morale. Improved team performance means your practice can concentrate on what's always been most important: providing the highest quality care to your patients.

[Insert specific alignment with National, State, and local initiatives as relevant here; insert any practice-level incentives]

Better outcomes for you

By receiving one-on-one support to apply the latest evidence in cardiovascular health, encourage greater patient adherence, and improved workflows, you can focus on what matters most—making people well. With improved processes, a renewed focus on patient care, and better overall practice performance, an additional benefit can result: reigniting the joy of practicing medicine.

[Include specific opportunities for participant recognition here; include any provider-level incentives]

Better outcomes for primary care

Primary care practices are at the center of our Nation's healthcare system. EvidenceNOW aims to transform and revitalize primary care by strengthening its ability to adapt and improve patient care in a rapidly changing environment. With EvidenceNOW, more practices will be equipped to best apply the latest medical evidence and their own practice data to continuously improve care.





Section 3: Frequently Asked Questions (FAQs) Template

While each initiative will need to include the specifics of their own program, we have compiled the questions that you are likely to hear from practices considering participation. Be sure to regularly review and update your FAQs with new information and tailoring to address questions and concerns that arise over time. See example FAQs from the Virginia Cooperative [here](#).

1. Why should my practice participate in [insert name of initiative]?

Improving practice function and quality of care can lead to increased satisfaction for clinicians, staff, and patients. Anticipated outcomes also include improved quality measures and financial performance as your practice incorporates efficient and effective processes.

Your practice will have access to [revise as needed based on initiative specifics]:

- Customized onsite coaching and training related to quality improvement strategies and integration of evidence derived from patient-centered outcomes research (PCOR)
 - [###] of onsite visits
 - [###] of virtual meetings
 - [Insert additional specifics]

- The latest evidence in primary care practice
 - [Insert specifics about PCOR resources for practices]
- Data and feedback with local and national benchmarking to help improve [Insert specific health outcomes]
 - This may also include assistance with using your EHR system for quality improvement
 - [Insert specifics about data systems and support]
 - [Insert strategies to complement existing EHR trainings/relationships]
- Peer learning opportunities
 - [Insert specifics about Webinars and CME opportunities]

[As relevant, include]

- Assistance with participation in [insert aligned Federal and State QI initiatives and payment programs]
- Continuing medical education (CME) credits and Maintenance of Certification (MOC) Part IV
 - [Include specific details about above offerings]
- Assistance with identifying related Federal/State grant opportunities

2. What will be expected of my practice for participation?

[Insert answer; be as specific about requirements as possible]

3. How much time will my practice be required to dedicate to this initiative?

[Insert answer; be as specific about expected time required as possible. If you are unsure, because this is a new initiative, give a conservative time estimate or a range.]

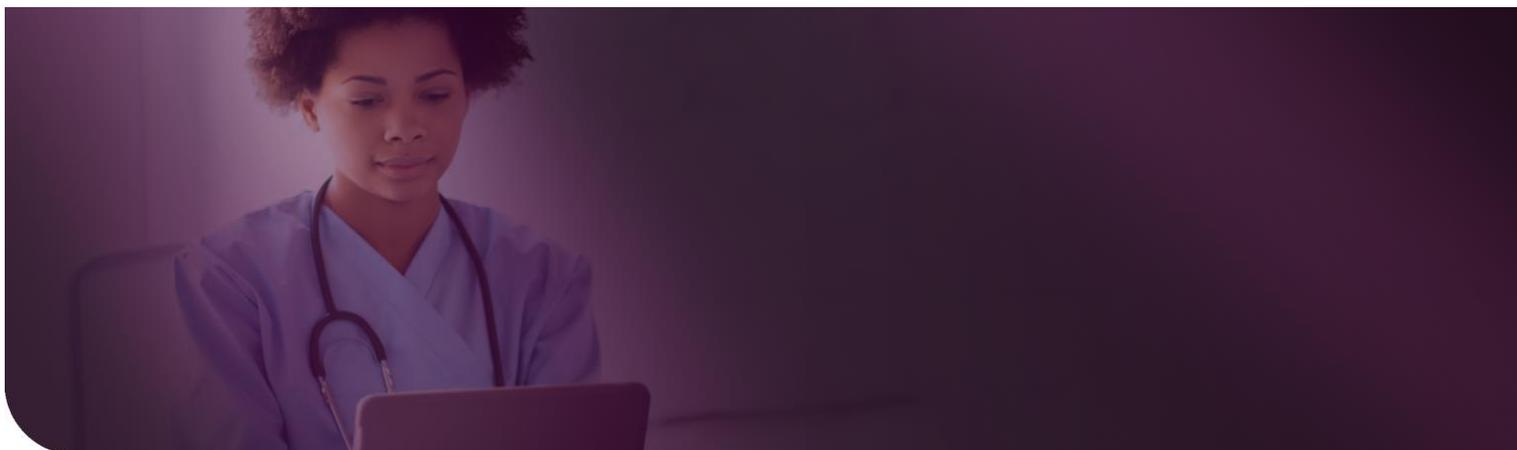
4. Are there any financial incentives for participating?

[Insert answer]

5. What exactly is required to receive the incentives?

[Insert answer]

- 6. What specific quality measures will be monitored?**
[List specific National Quality Forum (NQF) or other quality outcome measures]
- 7. How will my practice's data be protected?**
[Insert plan to protect data]
- 8. What will the practice facilitators/coaches provide for my practice?**
[Insert answer]
- 9. How does this initiative help me with other quality improvement initiatives?**
[Insert answer]
- 10. Are there any longer term benefits of participation for my practice?**
[Insert answer]
- 11. What if our practice is already receiving onsite quality improvement support/facilitation services?**
[Insert answer]
- 12. What if we change our mind about participation? Can we drop out without penalty?**
[Insert answer]
- 13. May I promote my practice's participation in [insert Cooperative] in the local media or online?**
[Insert answer]



Section 4: Tips for Practice Retention

After engaging enough practices to participate in your initiative, another challenge will be sustaining their involvement throughout the life of the project to reduce attrition. Factors that facilitate initial recruitment efforts are interdependent with those that foster retention. Therefore, planning from the outset how your initiative will sustain engagement with practices throughout the life of the project will be the most effective approach.

Some of the tips below are more relevant for use shortly after recruitment, others may be best used in the waiting period before practices enter their intervention period (if applicable), and others may be most appropriate when practices attempt to withdraw. Revisit your retention strategy regularly to make updates as needed based on the stage of the initiative you are in and what you are hearing from the participating practices. The suggestions described here are drawn from a number of sources referenced at the end of this section.

1. Stay in Touch

Depending on the project's timeline and intervention period, some practices may be recruited months before their active participation begins, and some practices may start to lose interest as they wait. Practices also tend to lose focus over the duration of a long active intervention period. Identifying how to keep in touch with practices in ways they find interesting and make them feel part of something bigger can help keep them engaged over time.

- Use various tactics to disseminate overarching program information and available resources to help create a sense of community and keep practices engaged. Some examples are:

- Send a quarterly e-newsletter. Include relevant evidence-based articles and preliminary study findings, program updates such as upcoming deadlines, relevant information such as changes in Federal or State requirements, and practice success stories and accomplishments.
- Create a listserv where participating practices can share relevant information and ask questions of other practices.
- Develop a website for participating practices to access information and be recognized for their participation (e.g., a map and/or list of participating practices, biographies, pictures, contact information for key staff at each practice).
 - Note: Check with your IRB before sharing identifiable information across practices, such as contact information in a website or email addresses in a listserv.
- Consider developing a dashboard to share various metrics about how practices are performing in the initiative relative to each other. If preferred, practices can be identified only by a letter such that each practice only knows where they fall within the overall spectrum of performance, or each practice can be shown their comparison to the overall average performance across other participating practices.
- Consider offering virtual or in-person orientations and trainings that do not confound study goals. For example, EHR training for new practice staff.

2. Build and Maintain Trusted Relationships

Just as relationships are key to the successful initial engagement of practices, building and maintaining those relationships over time is essential for ongoing practice retention.

- Continue to build relationships with practice staff through regular direct outreach and interactions throughout the course of the project. A quick phone call or in-person visit can go a long way! In addition to regular contact by practice facilitators, have the principal investigator check in periodically (e.g., quarterly conference calls) to assure practices that senior program leadership is aware of and appreciates their participation.
- As relevant, maintain regular contact with practice leadership and the individual you worked with during recruitment (if they are not part of the leadership team or involved with ongoing project meetings) to maintain project buy-in.

- Be respectful of staff time and understand that schedules can have last-minute changes in a busy primary care clinic. To help prioritize staff time and keep the project moving forward, have practice facilitators schedule the next meeting or visit with the practice at the conclusion of each meeting. Email a follow-up summary following each visit to provide clarity about what was discussed, and as a written reminder about next steps.
- Solicit regular feedback from practices to identify problems early and troubleshoot solutions. For example, if they mention they are having issues with reporting, you may be able to assist them by making a dashboard for them. Be as flexible and responsive to the feedback as possible.
- Coordinate expert panel informational webinars or peer-to-peer in-person or video conferences to bring providers and staff from different practices together to share how they have overcome challenges. Have practices focus on sharing their successes.

3. Anticipate and Troubleshoot Participation Engagement Barriers

Maintaining trusting relationships will be an asset for recognizing and addressing problems that may arise throughout the initiative, as well as for strategizing effective solutions.

- From the outset try to keep data collection and reporting requirements as minimal as possible. Consider ways to build new activities into existing workflows to reduce burden on practice staff. Share all requirements and information requests in an organized and planned way so that practices know what is expected of them, and have time to respond.
- Take time to connect with staff if a practice identifies a problem. Listen and try to understand their concern(s), and help brainstorm and negotiate resolutions to the problems they identify.
 - For example, if reporting requirements have become too burdensome, brainstorm if practices could divide tasks across existing practice staff so that each person is responsible for only a small portion.
- If a practice indicates they want to withdraw, escalate this to study leadership/PIs so they can reach out to practice leadership directly to discuss alternative solutions.

- Encourage practices to train more than one person to participate from the outset and maintain multiple points of contact with practice staff to prevent reliance on a single practice champion. This helps provide back-up for when things are busy and ensures that momentum is not totally lost if the only trained participant leaves the practice.

4. Provide Recognition and Celebrate Success

Participating in a QI initiative takes a lot of effort and time from already busy practices. Take the time to acknowledge their involvement, help them promote their participation among their own stakeholders, and celebrate key achievements along the way. In addition, highlight for them how their participation in the project contributes to important national goals for improving primary care quality.

- Acknowledge participating practices publicly on cooperative/organization websites and in local media outlets (e.g., via an ad in the local paper), in social media, in State medical association journals, and via other modes. Post on social media or listservs when a practice joins the cooperative or meets a key milestone.
- Provide practices with a graphic or “badge” to put on their websites, acknowledging their participation in your initiative. Practices can also use the image in other ways, such as in newsletters, printed, or made into door clings.
- Provide practices with press release templates they can use to promote their participation in the initiative with local media and sample messages they can use on social media.
- Set achievable intermediate goals and recognize individual practices when they meet them. For example, recognize practices when they make progress on key QI measures or reach certain capacity achievements (e.g., using EHR data). Recognize practice staff that have made individual contributions to the project’s success.
 - Provide certificates of recognition when practices reach an intermediate goal.
 - Verbally acknowledge staff for their individual contributions in front of their colleagues and supervisors.
 - Provide a plaque or award that practices can publicly display upon program completion.

- Highlight practice successes in other related projects/initiatives.
- Emphasize that practice participation and data are contributing to research evidence to inform policy at the regional and national levels and generate knowledge to improve primary care nationwide.
- Share publications and study outcomes with participants once they are publicly available.

Some of the AHRQ
*EvidenceNOW: Advancing
Heart Health cooperatives*
highlighted the success of
practices that became *Million
Hearts® Hypertension Control
Champions.*

References:

1. Cuthel A, Rogers E, Daniel F, et al. Barriers and facilitators in the recruitment and retention of more than 250 small independent primary care practices for EvidenceNOW. *Am J Med Qual.* 2019 (Dec); 1062860619893422. PMID: 31865749
2. Geonnotti K, Taylor EF, Peikes D, et al. Engaging primary care practices in quality improvement: strategies for practice facilitators. AHRQ Publication No. 15-0015-EF. Rockville, MD: Agency for Healthcare Research and Quality. March 2015.
3. Yawn BP, Dietrich A, Graham D, et al. Preventing the voltage drop: Keeping practice-based research network (PBRN) practices engaged in studies. *J Am Board Fam Med.* 2014;27(1):123-135. PMID: 24390894
4. Gibson K, Szilagyi P, Swanger CM, et al. Physician perspectives on incentives to participate in practice-based research: A greater Rochester practice-based research network (GR-PBRN) study. *J Am Board Fam Med.* 2010;23(4):452-454. PMID: 20616287



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