

EvidenceNOW

Advancing Heart Health in Primary Care

Developing State-Level Capacity for Dissemination and Implementation of Patient-Centered Outcomes Research into Primary Care (U18)

One of the main goals of this Funding Opportunity Announcement (FOA) is increasing the capacity of primary care practices to implement evidence into practice. We define capacity as the attitudes, skills, structures, and processes that enable a primary care practice to improve systematically. For example, practices with capacity for quality improvement are eager to learn from mistakes, create and train high-functioning teams, and integrate improvements into their work.

As noted in the FOA:

“The measurement plan must include the use of 14 questions from the Change Process Capacity Questionnaire (CPCQ) at baseline and at the end of the heart health improvement project.”

CPCQ Questions

Indicate the extent to which you agree or disagree that your practice has used the following strategies to improve cardiovascular preventive care:

Approaches	strongly disagree	somewhat disagree	neither agree nor disagree	somewhat agree	strongly agree	NA
1. Providing information and skills training						
2. Use of opinion leaders, role modeling, or other vehicles to encourage support for changes						
3. Changing or creating systems in the practice that make it easier to provide high-quality care						
4. Removal or reduction of barriers to better quality of care						
5. Organizing people into teams focused on accomplishing the change process for improved care						
6. Delegating to non-physician staff the responsibility to carry out aspects of care that are normally the responsibility of physicians						



Approaches	strongly disagree	somewhat disagree	neither agree nor disagree	somewhat agree	strongly agree	NA
7. Providing to those who are charged with implementing improved care the power to authorize and make the desired changes						
8. Periodic measurement of care quality for assessing compliance with any new approach to care						
9. Reporting measurements of practice performance on cardiovascular disease prevention measures (such as aspirin for patients at risk for ischemic vascular disease) for comparison with their peers						
10. Setting goals and benchmarking rates of performance quality on cardiovascular disease prevention measures at least yearly						
11. Customizing the implementation of cardiovascular disease prevention care changes to the practice						
12. Use of rapid cycling, piloting, pre-testing, or other vehicles for reducing the risk of negative results from introducing organization-wide changes in care						
13. Deliberately designing care improvements in order to make clinician participation less work than before						
14. Deliberately designing care improvements to make the care process more beneficial to the patient						

For more information about the CPCQ and its use in EvidenceNOW follow the links below.

Scoring the Change Process Capability Questionnaire Strategies Items

<https://www.ahrq.gov/sites/default/files/wysiwyg/evidencenow/results/research/cpcq-scoring.pdf>

Journal article describing the new tool

<https://www.ncbi.nlm.nih.gov/pubmed/18539980>

EvidenceNOW Data Collection Instruments and Analysis

<https://www.ahrq.gov/evidencenow/results/research-research/collection.html>

EvidenceNOW: Practice Survey Codebook

<https://www.ahrq.gov/sites/default/files/wysiwyg/evidencenow/results/research/survey-codebook-baseline.pdf>

EvidenceNOW Results: Increasing the practice's capacity for quality improvement

<https://www.ahrq.gov/sites/default/files/wysiwyg/evidencenow/evaluation/capacity-infographic.pdf>

