



# New York City Cooperative

**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.

**Cooperative Name:**  
HealthyHearts NYC

[www.med.nyu.edu/pophealth/  
healthy-hearts-nyc](http://www.med.nyu.edu/pophealth/healthy-hearts-nyc)

**Principal Investigator:**  
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New York University School  
of Medicine

**Cooperative Partners:**  
New York University (NYU)  
School of Medicine  
  
New York City Department of  
Health and Mental Hygiene  
Primary Care Information  
Project (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 (29 percent Hispanic, 23 percent African American, and 13 percent Asian).<sup>1</sup> 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.<sup>2</sup> Residents of the poorest neighborhoods consistently have higher mortality rates from almost all diseases, including CVD, compared with residents of higher income neighborhoods.<sup>3,4</sup>

## 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, policy makers, 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 Professionals Reached: 750-900
- Goal for Population Reached: 1.13-1.35 million



## UPDATES ON KEY PROJECT COMPONENTS

### 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:

- *Monthly onsite practice facilitation meetings* to encourage system changes to support ABCS-driven care
- *Three expert Webinars* on topics related to evidence-based management of CVD risk factors
- *Peer-to-peer learning activities* 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

#### Update

- The intervention began on December 1 and is proceeding as planned.
- The cooperative has planned three Webinars on clinical topics and has conducted two, to date. These three Webinars are only for PCIP Waves 1 and 2 and CHCANYS Wave 1. Webinars will be held again in the fall for PCIP Waves 3 and 4 and CHCANYS Waves 2 and 3.
- The cooperative has established a dedicated “Ask the Expert” email service to facilitate expert consultation.

### Evaluation

The cooperative is using a stepped-wedge design. The intervention is 12 months long and all sites were randomized at the start. Each wave starts 3 months after the start of the prior one, with all sites eventually receiving the intervention.

#### Update

- Data are being collected from PCIP and CHCANYS practices and sent to a centralized data storage and processing facility at NYU. Most of the practices facilitated by PCIP use the same electronic health record (EHR) and are connected to PCIP’s data hub, which queries practices’ EHRs periodically to extract study data. CHCANYS imports data from its practices into a data warehouse daily; the warehouse is EHR agnostic so it can receive and harmonize data from many EHR types.

## Strategies for Disseminating Study Findings and Lessons Learned

#### Update

- The cooperative continues with its plan to prepare briefing papers and presentations, which will be distributed through partner networks, a Web site, social media outlets, and scientific publications.
- The cooperative has shared recent completed manuscript proposals with the EvidenceNOW Technical Assistance Center.

## SPOTLIGHT ON RECRUITMENT

### Comment from Principal Investigator

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

*“We knew recruiting such a large number of practices was going to be a challenge. We are very fortunate to be working with PCIP and CHCANYS, two partners who have built their reputations over years of work with primary care providers throughout the city. Their persistence and focus throughout the recruitment effort was undoubtedly critical, but it is impossible to overstate the value of their trusted relationships with the providers.”*

### Recruitment Specifics

The cooperative has enrolled 286 practices; PCIP completed recruitment in October 2015 and CHCANYS completed recruiting in January 2016. Each partner was responsible for recruiting practices. CHCANYS, a much smaller organization, had a goal of recruiting 30 practices; PCIP had a target of 300. Recruited practices are distributed around New York’s five boroughs.

The cooperative held several kick-off learning sessions with practices who had committed verbally to participate. These events were used to disseminate information on the project and the benefits and responsibilities of participating.

### Factors that Contributed to Recruitment Success

- **Relationships:** Both PCIP and CHCANYS had well-established relationships with practices, and this greatly facilitated recruitment. Practices valued the previous collaboration and help with responding to new Federal regulations, and they were eager to continue receiving technical assistance.

- **Recruitment experience:** PCIP has extensive experience recruiting practices from their network to participate in a wide range of practice improvement programs. They have created a robust recruitment infrastructure to address recruitment needs.
- **Compensation for data extraction:** Enrolled practices receive modest compensation for participation in research activities. The compensation provided some incentive to participate in the initiative, which requires additional staff time.
- **Maintenance of Certification (MOC) credits:** The opportunity to receive MOC credits for participating was salient, especially for the very small practices working with PCIP, who find it difficult to get these credits.
- **Complementarity with other initiatives:** Some practices were already participating in other New York State and Federal practice transformation efforts, and the fact that EvidenceNOW closely aligns with them was appealing.

## Challenges to Recruitment and How the Cooperative Responded

- **Finding the right approach:** The cooperative recognized the need for a targeted plan for recruitment and quickly realized that successful recruitment required a focused, person-to-person, and persistent approach.
- **Finding the right message:** Staff carrying out recruitment found they had to hone their message to provide sufficient information about the research aspects of EvidenceNOW, but not so much that it would make the practices reluctant to participate. Focusing on the alignment of EvidenceNOW with other practice transformation requirements created the most interest and was therefore the message that the cooperative emphasized.

<sup>1</sup> [www.furmancenter.org](http://www.furmancenter.org). Accessed May 24, 2016.

<sup>2</sup> The New York City Department of Health and Mental Hygiene. *New York City Community Health Survey*. <http://www.nyc.gov/html/doh/html/data/survey.shtml>. Accessed April, 25, 2015.

<sup>3</sup> Karpati A, Kerker B, Mostashari F, et al. *Health Disparities in New York City*. New York: New York City Department of Health and Mental Hygiene; 2004.

<sup>4</sup> Myers C, Olson C, Kerker B, et al. *Reducing Health Disparities in New York City: Health Disparities in Life Expectancy and Death*. New York: New York City Department of Health and Mental Hygiene; 2010.