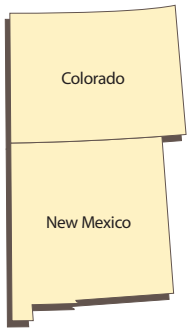
EvidenceNOW
Advancing Heart Health in Primary Care

# Southwest Cooperative




EvidenceNOW SOUTHWEST
| CO | Advancing Heart Health in Primary Care | NM |

**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:**
EvidenceNOW Southwest

www.practiceinnovationco.org/ensw

**Principal Investigator:**
W. Perry Dickinson, M.D.,
University of Colorado at Denver

**Cooperative Partners:**
University of Colorado at Denver

University of New Mexico Health Sciences Center

Colorado Health Extension System

New Mexico Health Extension Rural Offices

Colorado Foundation for Public Health and Environment

**Geographic Area:**
Colorado and New Mexico

**Project Period:**
2015-2018

## Region and Population

Colorado and New Mexico have a combined population of 7.5 million people. The States are racially and ethnically diverse, with substantial Hispanic (Colorado: 21.2 percent; New Mexico: 47.7 percent) and Native American (Colorado: 1.6 percent; New Mexico: 10.4 percent) populations.[1] The burden of cardiovascular disease (CVD) and related conditions is very high. In each State, about 20 percent of adults die of heart disease and 5 percent from stroke, 21 percent have high blood pressure, and 34 percent have high blood cholesterol, 6 to 7 percent have diabetes, and more than half are overweight or obese. [2,3]

## Specific Aims

1. Build primary care practice capacity for quality improvement, change management, and implementation of patient-centered outcomes research findings in small- and medium-sized primary care practices in Colorado and New Mexico.
2. Conduct a cluster randomized trial with an external matched cohort control group using the RE-AIM model (Reach, Effectiveness, Adoption, Implementation, and Maintenance) to examine two practice transformation approaches to improve cardiovascular risk in primary care patients.
   - **a.** Examine the impact of a *standard practice transformation support intervention*.
   - **b.** Determine the incremental benefit of adding *patient engagement* activities.
3. Identify key practice characteristics and other contextual factors that affect the response of practices to the two interventions.
4. Disseminate the findings to key local, regional, and national stakeholders, including sharing ongoing lessons learned and resources.

## Reach

- Goal for Number of Primary Care Professionals Reached: 750-780
- Goal for Population Reached: 1.13-1.17 million

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## UPDATES ON KEY PROJECT COMPONENTS

### Support Strategy

Each participating practice will receive 9 months of support consisting of:

- *A practice transformation support team:* practice facilitator, clinical health information technology (HIT) advisor, regional health connector (Colorado), and health extension rural officer (New Mexico)
- *A practice assessment* to determine the practice's culture, recent or ongoing practice transformation efforts, and current use of patient-centered medical home concepts
- *Health information technology assistance* to help practices develop data capacity for quality measures and population management and to link practices with a central data aggregation system for quality measures
- Active*practice facilitation* consisting of regular meetings with a practice improvement team
- Participation in two *regional learning collaborative* sessions
- Access to *e-learning modules* and a *CVD toolkit*

Selected practices also will receive an enhanced practice transformation intervention consisting of:

- *Materials developed through the Boot Camp Translation process* in which practices, patients, and the community collaborate to translate best practices into culturally- and community-relevant materials
- Additional coaching to incorporate patient engagement activities into practice transformation efforts, including the use of *patient and family advisory councils* and *other activities*, to ensure that practices' quality improvement efforts are both transformational and patient-centered

Update

- Practice facilitators are actively meeting with enrolled practices to develop practice improvement plans, set improvement goals, and implement transformation activities.
- Clinical health information technology advisors are meeting with practices to assess readiness to capture and report relevant measures and develop data quality improvement plans; most enrolled practices have begun reporting clinical quality measures.
- Practice facilitators and clinical HIT advisors are submitting practice field notes containing qualitative data on transformation and data collection activities.
- The cooperative is moving ahead on other intervention components: (1) finalizing Boot Camp Translation materials, (2) developing innovative intervention tools and processes to reflect the cooperative's unique focus on social determinants of health, and (3) holding collaborative learning sessions in Colorado and in New Mexico.
- The cooperative has developed a dashboard, in collaboration with the DARTNet Institute, that practices can use to track their performance.
- The cooperative has established a learning community consisting of practice facilitators and clinical HIT advisors; this community meets at least twice per month to share learning and receive additional training.

### Evaluation

The cooperative is using a two-arm, cluster-randomized trial with an external matched cohort control group to assess the impact of the standard patient engagement and enhanced practice transformation interventions. Practices are randomized at the county level within New Mexico and Colorado. The qualitative data collection efforts are robust and involve practice facilitator field notes, a quarterly intervention tracking form, and qualitative interviews with a small number of practices in both Colorado and New Mexico. In Colorado, the cooperative team is also coordinating EvidenceNOW activities with other initiatives, such as the State Innovation Model grant (SIM) and the Transforming Clinical Practice Initiative (TCPI).

### Strategies for Disseminating Study Findings and Lessons Learned

The cooperative has launched a Web site and is in the process of building a Web page specific to New Mexico. The cooperative is also in the early stages of creating a communication and dissemination plan.

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## Comment from Principal Investigator

***Perry Dickinson, M.D.***

*"Heart disease is the number one cause of death across all ages in Colorado and New Mexico, and stroke is the third cause of death. Both diseases cause many more people to have early health problems with disability or poor quality of life. Research has shown much of this can be prevented, and there are interventions that primary care practices can put in place to help. Some of these interventions require substantial changes for practices; changes that are part of a larger transformation moving to advanced models of primary care, in line with new payment models that are also emerging. This transformation is challenging for any practice, and external support and resources are often necessary to help practices to be successful. EvidenceNOW can greatly assist practices in improving heart health and in implementing the changes necessary for them to be successful in our evolving health care system."*

## SPOTLIGHT ON RECRUITMENT

### Recruitment Specifics

The cooperative's recruitment is still ongoing on a rolling basis. As of May 26, 97 practices have been recruited in Colorado, with 59 enrolled. In New Mexico, 45 practices have been approached, with 14 enrolled. The goal for practice recruitment is 208 practices in Colorado and 52 in New Mexico. The team has expanded their recruitment search to include slightly larger practices (up to 15 providers) and those in networks without a robust quality improvement infrastructure.

### Factors that Contributed to Recruitment Success

- **Relationships:** Existing community and practice transformation infrastructure and personal relationships were critical in supporting recruitment efforts. In both Colorado and New Mexico, the network of practice transformation organizations was important for bringing local practices on board. Regional Health Connectors (RHC) in Colorado and Health Extension Rural Officers (HERO) in New Mexico also play a key role in practice recruitment.
- **The personal touch:** In both States, existing relationships between practice transformation organizations and practices have been critical for practice recruitment. Practice facilitators work with RHCs and HEROs to support practices and connect them to community resources. In New Mexico, more is done in person than electronically, so existing relationships between the HEROs and practices were of significant help in recruitment.
- **Expanded recruitment options:** In addition to continued recruitment conversations with practice transformation organizations, the team moved towards a rolling recruitment process to allow practices to start any time before September/October 2016. Informational Webinars are held weekly for interested practices. The team is also recruiting via State medical societies and at upcoming State conferences.
- **Participation of clinical faculty:** In New Mexico, clinical faculty are assisting with recruitment by contacting colleagues from eligible practices in the State.

### Challenges to Recruitment and How the Cooperative Responded

- **The need to act quickly:** Having a long delay between first contact with a practice and formal enrollment was problematic. The team now sends forms in advance so that the initial discussion about EvidenceNOW and sign-up can happen during the first meeting or soon after.
- **Alignment with competing programs and practice resource constraints:** The cooperative created a "catalogue" of practice improvement initiatives in the State (e.g., State Innovation Models Initiative, Transforming Clinical Practice Initiative, Comprehensive Primary Care Plus) to show how EvidenceNOW aligns with other QI opportunities for practices. This information helped enhance practices' understanding of the benefits of EvidenceNOW, as well as how their involvement in the initiative can increase their readiness to participate in other practice transformation initiatives in the future.

[1] *http://quickfacts.census.gov/qfd/states/35000.html. Accessed May 24, 2016.*

[2] *http://www.cdc.gov/chronicdisease/states/pdf/colorado.pdf. Accessed April 26, 2015.*

[3] *http://www.cdc.gov/chronicdisease/states/pdf/new_mexico.pdf. Accessed April 26, 2015.*

*Last updated date: May 27, 2016*