EvidenceNow
An AHRQ Initiative to Advance Heart Health in Primary Care
Overview for IPRCC
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• To provide an overview of a recently funded AHRQ initiative as an illustration of dissemination and implementation of PCOR findings.
AHRQ’s Mission

Produce evidence on how to make health care safer, higher quality, more accessible, equitable, and affordable, and work within HHS and with other partners to make sure that the evidence is understood and used.
What AHRQ does

- AHRQ invests in research to understand “how” to make health care safer and improve quality.
- AHRQ creates materials to teach and train health care systems and professionals to help them improve care for their patients.
- AHRQ generates measures and data used to track performance and evaluate progress of the U.S. health system.
Confluence of Three Streams of Influence
One Stream of Influence
• Million Hearts

• Funding from the ACA
  ▶ Beginning in FY2011, AHRQ began receiving funds from the PCOR Trust Fund to disseminate PCOR findings
    ◦ And support the implementation of PCOR evidence into practice
A focus on primary care

AHRQ recognizes that revitalizing the Nation’s primary care system is foundational to achieving high-quality, accessible, efficient health care for all Americans.
• A focus on primary care
  ► Research and evaluation of the PCMH
  ► Guidance on practice facilitation as a tool for practice improvement
  ► Investments in primary care practice-based research networks
  ► Integration of primary care and behavioral health
  ► Care coordination
  ► Self management support
  ► Utilizing health IT for quality improvement
  ► Team-based care and team training
Ensuring that primary care practices have the latest evidence on cardiovascular health and that they use it to help their patients live healthier and longer lives.

- Implement PCOR findings in primary care practice to improve health care quality
  - Focus on heart health (ABCS)

- Build primary care practices’ capacity to receive and incorporate other PCOR findings in the future

- Research Question – Does externally provided QI support accelerate the dissemination and implementation of PCOR findings?
• $112 million investment
  ► Established 7 regional cooperatives through competitive grant application
  ► Awarded 1 grant for an external evaluation

• Reach:
  ► Over 1500 small to medium sized primary care practices
  ► 5000 primary care professionals
  ► 8,000,000 patients
EvidenceNOW
Regional Cooperatives

Healthy Hearts in the Heartland
(Midwest Cooperative)

HealthyHearts NYC
(New York City Cooperative)

Heart Health Now!
(North Carolina Cooperative)

Healthy Hearts Northwest
(Northwest Cooperative)

Healthy Hearts for Oklahoma
(Oklahoma Cooperative)

Evidence Now Southwest
(Southwest Cooperative)

Heart of Virginia Healthcare
(Virginia Cooperative)
Program Launch: May 2015

Program illustration from the first Annual Grantee Meeting (May 19-20, 2015)
Quality Improvement Services

- Data feedback and benchmarking
- Electronic health record support

EvidenceNOW Quality Improvement Services
AHRQ and EvidenceNOW are being supported by members of a Federal working group who:

- Discuss federal resources and materials that are available (or will soon be available) that may be helpful to EvidenceNOW grantees.
- Communicate about related HHS projects in order to align efforts and avoid duplication of effort.
- Lend specific content expertise to strengthen the initiative and to maximize data collection and learning from the grantees.
- And receive quarterly updates on data, lessons learned, and stories from the initiative.
AHRQ awarded a grant to a national team led by researchers at the Oregon Health & Sciences University (OHSU) to conduct an independent, overarching evaluation of the initiative

- Provide a summative evaluation of findings
- Report key themes and findings from across the cooperatives
- Evaluate comparative effectiveness of implementation strategies
Timeline

March 2014
Funding announcement

May 2015
Launch of EvidenceNOW: Advancing Heart Health in Primary Care

May – Dec 2015
Recruitment of practices
Baseline data collection

Jan 2016 – Nov 2017
- Implementation of quality improvement interventions
- Ongoing data collection

Nov 2017 – May 2018
Post-intervention evaluation
Telling the Story

- [https://AHRQ.gov/EvidenceNOW.html](https://AHRQ.gov/EvidenceNOW.html)
- Proposed updates:
  - Fall 2015: Evaluation Metrics
  - Winter 2016: PCOR Evidence
  - Spring 2016: Primary Care Practice Snapshots
  - Summer 2016: Practice Capacity Data
  - Fall 2016: Baseline ABCS Data
Learn more and follow our progress at:

AHRQ.gov/EvidenceNow.html

Thank You

Questions
• The rate of ABCS delivery for all practices
  ► At baseline
  ► Every 3 months during active intervention
  ► And at 3 and 6 months after end of intervention

• Measures of practice capacity
  ► Utilizing validated surveys
  ► Collected at baseline, end of intervention, and post-intervention

• Mixed methods evaluation of implementation of intervention
  ► Utilizing CFIR framework
  ► Examining internal and external context at the practice and cooperative level
ABCS Measures

• Core measures aligned with MH/PQRS/NQF:
  ► A: Percent of patients with IVD receiving aspirin (NQF 0068)
  ► B: Percent of patients 18-85 with HTN with BP controlled (<140/90) (NQF 0018)
  ► C: Percent of patients with IVD, DM, or LDL > 190 receiving a statin (Newly developed measure based on 2013 AHA/ACC guidelines)
  ► S: Percent of patients >18 who were screened for tobacco use, AND for those who use were given cessation support (NQF 0028)