What Happens When Colorado Practices Take on Heart Health?

Early Findings from EvidenceNOW Southwest
EvidenceNOW Southwest

- Combined effort between Colorado and New Mexico
- One of seven regional cooperatives funded by the Agency for Healthcare Research and Quality (AHRQ)
- Provides small primary care practices support to improve heart health in their patients using the latest medical evidence
  - Practice Facilitator (PF)
  - Clinical Health IT Advisor (CHITA)
  - Collaborative Learning Sessions
  - Data sharing and benchmarking
  - Additional resources
30,000 foot view

76 Active practices
15% solo clinician
65% 2-5 clinicians
20% 6-10 clinicians
60% clinician-owned
225 average patient visits per week

ranges from 30 to 1467 patient visits per week
82% all electronic health records
18% part paper records
35% “very satisfied” with their EHR
What does facilitation support look like?
<table>
<thead>
<tr>
<th>CHITA only</th>
<th>PF only</th>
</tr>
</thead>
<tbody>
<tr>
<td>70% Empanelment</td>
<td>33% Brainstorming</td>
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<tr>
<td>57% CQM Reports</td>
<td>31% PDSA</td>
</tr>
<tr>
<td>37% DQIP</td>
<td>30% Agendas</td>
</tr>
<tr>
<td>23% Something else…</td>
<td>29% Team-based care</td>
</tr>
<tr>
<td>9% Process mapping</td>
<td>26% CQM Reports</td>
</tr>
</tbody>
</table>
Combined PF / CHITA role

- 38% Agendas
- 35% CQM Reports
- 30% DQIP
- 26% Brainstorming
- 25% PIP
Clinical Quality Measures (CQMs)

- **Aspirin** (NQF 0068 or PQRS 204)
  - % of patients with IVD on aspirin or other anticoagulant

- **Blood Pressure** (NQF 0018 or PQRS 236)
  - % of patients with HTN whose BP was adequately controlled (last BP<140/90)

- **Cholesterol**
  - % of patients with ASCVD, diabetes with LDL>70, or LDL>190 who are on statin

- **Smoking** (NQF 0028 or PQRS 226)
  - % of patient screened for tobacco use in past 24 months and, if current tobacco user, received pharmacotherapy or cessation counseling
Clinical Quality Measure Values

- Reporting aspirin
  - 1st submission: n=38
  - 2nd submission: n=42

- Reporting BP
  - 1st submission: n=43
  - 2nd submission: n=46

- Reporting smoking
  - 1st submission: n=41
  - 2nd submission: n=45

- Cholesterol
  - 1st submission: n=2
  - 2nd submission: n=2
How much do practices trust their CQM data?
Smoking Cessation Support

- Little or no trust: 8% baseline, 8% 3 Month
- Some trust: 36% baseline, 28% 3 Month
- Nearly complete or complete trust: 44% baseline, 58% 3 Month
- N/A or unable to assess at this time: 12% baseline, 6% 3 Month
Aspirin Therapy

- Little or no trust: 21% (Baseline), 10% (3 Month)
- Some trust: 23% (Baseline), 30% (3 Month)
- Nearly complete or complete trust: 34% (Baseline), 40% (3 Month)
- N/A or unable to assess at this time: 21% (Baseline), 20% (3 Month)
Blood Pressure Management

<table>
<thead>
<tr>
<th>Little or no trust</th>
<th>Some trust</th>
<th>Nearly complete or complete trust</th>
<th>N/A or unable to assess at this time</th>
</tr>
</thead>
<tbody>
<tr>
<td>10%</td>
<td>25%</td>
<td>54%</td>
<td>12%</td>
</tr>
<tr>
<td>10%</td>
<td>22%</td>
<td>62%</td>
<td>6%</td>
</tr>
</tbody>
</table>

- Little or no trust: 10% (Baseline), 10% (3 Month)
- Some trust: 25% (Baseline), 22% (3 Month)
- Nearly complete or complete trust: 54% (Baseline), 62% (3 Month)
- N/A or unable to assess at this time: 12% (Baseline), 6% (3 Month)
Cholesterol Management

- Little or no trust: Baseline 23%, 3 Month 28%
- Some trust: Baseline 12%, 3 Month 10%
- Nearly complete or complete trust: Baseline 20%, 3 Month 24%
- N/A or unable to assess at this time: Baseline 46%, 3 Month 38%
How are practices addressing cardiovascular health?
REGISTRIES

• How many practices have registries?
  • 42 diabetes
  • 35 hypertension
  • 31 prevention services
  • 27 cholesterol
  • 26 high risk
  • 18 Ischemic vascular disease

GUIDELINES

• How do practices use guidelines for cardiovascular disease prevention?
  • Clinicians in 44 practices have agreed to use specific guidelines
  • 11 practices have standing orders
  • 7 have guidelines posted or distributed
<table>
<thead>
<tr>
<th>STRATEGIES FOR IMPROVING CARDIOVASCULAR CARE</th>
<th>% Strongly or somewhat agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providing information and skills-training</td>
<td>14%</td>
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<tr>
<td>Using opinion leaders, role modeling, or other vehicles to encourage support for changes</td>
<td>22%</td>
</tr>
<tr>
<td>Changing or creating systems in the practice that make it easier to provide high quality care</td>
<td>27%</td>
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<tr>
<td>Removal or reduction of barriers to better quality of care</td>
<td>16%</td>
</tr>
<tr>
<td>Using teams focused on accomplishing the change process for improved care</td>
<td>27%</td>
</tr>
<tr>
<td>Delegating to non-clinician staff the responsibility to carry out aspects of care that are normally the responsibility of physicians</td>
<td>32%</td>
</tr>
<tr>
<td>Providing to those who are charged with implementing improved care the power to authorize and make the desired changes</td>
<td>17%</td>
</tr>
<tr>
<td>STRATEGIES FOR IMPROVING CARDIOVASCULAR CARE</td>
<td>% Strongly or somewhat agree</td>
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<tr>
<td>----------------------------------------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Periodic measurement of care quality for assessing compliance with any new approach to care</td>
<td>35%</td>
</tr>
<tr>
<td>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</td>
<td>40%</td>
</tr>
<tr>
<td>Setting goals and benchmarking rates of performance quality on cardiovascular disease prevention measures at least yearly</td>
<td>40%</td>
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<tr>
<td>Customizing the implementation of cardiovascular disease prevention care changes to the practice</td>
<td>39%</td>
</tr>
<tr>
<td>Using rapid cycling, piloting, pre-testing, or other vehicles for reducing the risk of negative results for introducing organization-wide change in care</td>
<td>44%</td>
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<tr>
<td>Deliberately designing care improvements so as to make clinician participation less work than before</td>
<td>34%</td>
</tr>
<tr>
<td>Deliberately designing care improvements to make the care process more beneficial to the patient</td>
<td>22%</td>
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</table>
Are you burning out?
25% reported at least some symptoms of burnout

In another project in Colorado, 23% of staff & clinicians reported at least some symptoms of burnout

In a national study of clinician burnout and PCMH in safety net clinics, 39% of clinicians reported at least some symptoms of burnout
Symptoms won’t go away

- Definitely burning out: 52%
- 18%
- 5%
- 1%