Using Standardized Data Visualization Tools to Engage Practices in Quality Improvement Efforts Through the Healthy Hearts Northwest Study

Cullen Conway, MPH, CCRP
Steven Brantley, MPH, CCRP

International Conference on Practice Facilitation - NAPCRG
Tuesday, December 11, 2018
Oregon Rural Practice-based Research Network

ORPRN’s mission is to improve the health of rural Oregonians by promoting knowledge transfer between communities and clinicians.
Healthy Hearts Northwest (H2N)

Million Hearts Measures: 
**Aspirin, Blood Pressure, Cholesterol, Smoking Cessation (ABCS)**

1. Embed clinical evidence on ABCS into daily work to guide patient care
2. Utilize data to understand and improve ABCS measures
3. Establish a regular QI process involving cross-functional teams
4. Identify at-risk patients for prevention outreach
5. Define roles and responsibilities across the care team to identify and manage ABCS population
6. Deepen patient self-management support for action planning around ABCS
7. Develop robust linkage to evidence-based community resources

H2N is supported by grant number R18HS023908 from the Agency for Healthcare Research and Quality.

The content is solely the responsibility of the authors and does not necessarily represent the official views of the Agency for Healthcare Research and Quality.
The Pulse – Single Measure Display

<table>
<thead>
<tr>
<th>Measure</th>
<th>Q1 2015</th>
<th>Q2 2016</th>
<th>Q3 2016</th>
<th>Q4 2016</th>
<th>Q1 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aspirin</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood Pressure</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cholesterol</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoking</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Measures</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Graph showing trends over time.
The Pulse – All Measures
# The Pulse - Annotation and Validation

Annotations and Comments:

- 6/15/17: Practice created patient list for outreach

### Data Validation Messages:
- 1a. No zero numerator or denominator validation issues found.
- 1b. No low denominator validation issues found.
- 1c. No extreme value validation issues found.
- 2. No low performance rate validation issues found.
- 3. Denominators differ by 25% or more for the two most recently submitted quarters.
- 4. Numerators differ by 25% or more for the two most recently submitted quarters.
- 5. No extreme performance differences found.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Your Practice's Numerator</th>
<th>Your Practice's Denominator</th>
<th>Your Practice's Current Performance (%)</th>
<th>Healthy Hearts NW Current Performance (%)</th>
<th>Your State's Average Performance (%)</th>
<th>Million Hearts National Baseline (%)</th>
<th>Million Hearts Clinical Target (%)</th>
<th>AHRQ EvidenceNOW Clinical Target (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aspirin</td>
<td>31</td>
<td>45</td>
<td>68.9</td>
<td>71.9</td>
<td>74.4</td>
<td>54.0</td>
<td>70.0</td>
<td>80.0</td>
</tr>
</tbody>
</table>

*Red = 0%-49.9%; Yellow = 50%-79.9%; Green = 80%+: Grey = no data available/en. Color scoring modified from Million Hearts.

**Refers to the performance of participating Healthy Hearts NW clinics within your state.
Table displays data from most recent practice submission: Q3 2017.
How We (Facilitators) Use the Pulse

• Engage QI team during monthly meetings

• Ensure comprehension of metric logic

• Develop buy-in from team members

• Identify areas for improvement, PDSA cycles
  • Low hanging fruit (process) vs. patient interventions

• Personalize the data to combat metric fatigue
The Pulse – Benefits to Practices

- Uniform data visualization
- QI interest and motivation
  - Confidence and engagement
- Metric comprehension
- Data quality checks
- External reporting and benchmarking
- Population health management
Barriers to Utilization

• Practices want to see actionable data
  • Patient-level data for outreach

• Data reported with 12-month lookback period is not representative of current QI efforts

• Different or lacking tools built into EHRs

• Practice want to compare data across clinic providers

• Clinics did not understand the specifications of the CQMs or where the data should be entered in the EHR
Questions/Discussion
Thank you!

Steven Brantley, MPH, CCRP
Practice Facilitator,
Research Associate
brantles@ohsu.edu
541.321.3315

Cullen Conway, MPH, CCRP
Practice Facilitator,
Research Associate
conway@ohsu.edu
503.679.0455