BACKGROUND:
Formal networks of practices are well-established platforms for learning and sharing pragmatic lessons about clinical practice to improve patient care. Among network practices, clinical quality measures (CQMs) are commonly captured, reported, and used for quality improvement (QI) activities. Identifying and learning directly from exemplary practices about how they improve or maintain high marks on clinical quality measures may be an effective learning approach. This session describes the methods and outcomes for identifying practices that improve significantly on their CQMs or maintain high performance on their CQMs related to cardiovascular care.

SETTING & PARTICIPANTS:
EvidenceNOW Southwest was one of seven regional collaboratives funded by the Agency for Healthcare Research and Quality designed to improve the use of cardiovascular care guidelines in 210 primary care practices in Colorado and New Mexico.

METHODS:
Clinical quality measures on the percent of patients meeting guideline care for aspirin therapy, blood pressure management, and smoking/tobacco cessation and counseling were assessed for exemplary performance. Practices were considered exemplars if they met or exceeded benchmarks on all three CQMs. Using the National Quality Forum measures, the following exemplar benchmarks were chosen:

* Aspirin therapy—70% of patients 18 years of age or older with ischemic vascular disease who had documentation of use of aspirin or another antithrombotic;
* Blood pressure management—70% of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (< 140 mmHg and diastolic blood pressure < 90 mmHg);
* Smoking cessation—90% of patients 18 years of age or older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.

"Area-under-the-curve" analysis was used to identify practices that showed significant improvement or significant sustained benchmark performance (standardized to 9-month estimates). Practice surveys, completed at baseline, provided practice-level dependent variables to characterize which types of practices were among the exemplars.

RESULTS:
Among 168 EvidenceNOW Southwest practices in the analysis, 25 were identified as exemplary. Exemplars were more likely to be community health centers (CHCs) (76% of CHCs were exemplars vs. 24% clinician-owned exemplars, p<0.01) and have higher percentage of patients with Medicaid or uninsured (p<0.05). Exemplars were also more likely to report use of registries, use standing orders or EHR prompts related to guideline CVD care (all p<0.05), and use multiple quality improvement strategies, such as regular QI team meetings, performance monitoring and benchmarking, and patient engagement techniques.

CONCLUSION:
Foundational quality improvement processes and capabilities appear to be necessary components for routinely delivering high-quality cardiovascular care, measured by commonly-reported clinical quality measures.

RELEVANCE STATEMENT:
Area-under-the-curve analysis may be a useful statistical method to identify and learn from network practices that either show significant improvement or consistently demonstrate high achievement on common clinical quality measures or other metrics tracked over time.
Identify Your Exemplary Practices

Lessons from the EvidenceNOW Southwest Collaborative

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Improve guideline care for...

Aspirin Use
Blood Pressure Control
Cholesterol Management
Smoking Cessation
EvidenceNOW Southwest

Practice Facilitator

Clinical HIT Advisor

Patient Engagement Tools/Resources

9-month intervention period
211 primary care practices enrolled

158 Colorado practices

53 New Mexico practices

Smaller primary care practices: Mean <3 clinicians
What can practices do to improve?

10 building blocks of high-performing primary care

Source: Bodenheimer et al, Annals of Family Medicine, 2014
What can we learn and share about how high-performing practices improve?
<table>
<thead>
<tr>
<th>Clinical Quality Measures (CQMs)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Aspirin Use</strong></td>
</tr>
<tr>
<td>% of patients with IVD on aspirin or other anticoagulant</td>
</tr>
<tr>
<td>[NQF 0068, PQRS 204]</td>
</tr>
<tr>
<td><strong>Blood pressure control</strong></td>
</tr>
<tr>
<td>% of patients with HTN whose BP was adequately controlled (last BP&lt;140/90)</td>
</tr>
<tr>
<td>[NQF 0018, PQRS 236]</td>
</tr>
<tr>
<td><strong>Cholesterol management</strong></td>
</tr>
<tr>
<td>% of patients with ASCVD, diabetes with LDL&gt;70, or LDL&gt;190 who are on statin</td>
</tr>
<tr>
<td><strong>Smoking cessation</strong></td>
</tr>
<tr>
<td>% of patient screened for tobacco use in past 24 months and, if tobacco user, received pharmacotherapy or cessation counseling</td>
</tr>
<tr>
<td>[NQF 0028, PQRS 226]</td>
</tr>
</tbody>
</table>
Blood pressure control and smoking screening/counseling steady but not really improving
How about those practices that didn’t improve, but sustained high performance throughout?

And what do we know about them?
Assess exemplary practices on CQMs

A: Sustained performance
B: Substantial improvement
C: Low and no improvement or decline
Area-under-the-curve analysis

Baseline to 12 months

Area-under-the-curve (AUC)
Identify exemplary practices

Aspirin therapy + Blood pressure control + Tobacco cessation

In TOP 25% on all 3 measures
Smoking Cessation

The graph shows the percentage of smoking cessation over time, with two lines representing different categories: 'other' and 'exemplar'. The 'exemplar' category shows a higher percentage of smoking cessation compared to the 'other' category.
Who were the exemplars?

178 practices had sufficient data

39 practices were exemplars

- More likely to be an FQHC (p=0.0006)
- Higher % Medicaid-covered patients (p<0.0001)
Aspirin Use
Blood Pressure
What do exemplary practices do?
What do exemplars do with…?

**Use of Registries**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Exemplar</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cholesterol</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IVD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HTN</td>
<td></td>
<td></td>
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<tr>
<td>Diabetes</td>
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</tbody>
</table>

**Guidelines**

<table>
<thead>
<tr>
<th>Category</th>
<th>Exemplar</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>EHR prompts for CVD</td>
<td></td>
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<tr>
<td>Standing orders for CVD</td>
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</tbody>
</table>
What do exemplars look like?

### Building Blocks

- **QI team that meets regularly**
- **Ongoing, reliable system for empanelment**
- **Regular patient experience survey to monitor performance**
- **Patients provided with tools, resources to help manage health between visits**

**Legend**
- Exemplar
- Other
National EvidenceNOW CQMs at baseline

**Aspirin Use**
For people with known heart disease, 65% are prescribed daily aspirin to prevent heart attack and stroke.

**Goals**
- **GOAL**: 70%
- **DATA FROM**: 142,135 patients

**Blood Pressure Control**
For people with high blood pressure, 62% are successfully managing it through diet, exercise, and when needed, medications.

**Goals**
- **GOAL**: 70%
- **DATA FROM**: 721,762 patients

**Cholesterol Management**
For people at high risk of heart disease, 57% are prescribed a statin medication to manage their cholesterol.

**Goals**
- **GOAL**: 70%
- **DATA FROM**: 186,250 patients

**Smoking Cessation Support**
For people who smoke or use tobacco, 63% are provided counseling and medication to help them quit.

**Goals**
- **GOAL**: 70%
- **DATA FROM**: 830,302 patients

*Source: ESCALATES (National Evaluation Team)*
Did practices improve on building blocks?

1. Engaged leadership
2. Data-driven improvement
3. Empanelment
4. Team-based care
5. Patient-team partnership
6. Population management
What are we learning so far?

- Overall improvement in 2 of 4 CQMs
- Overall progress in implementing building blocks
- Exemplar practices that are doing very well on CQMs are
  - More likely to have registries
  - More likely to use EHR prompts and standing orders
  - Have a variety of strategies for improving cardiovascular care
  - Have a higher level of implementation of primary care building blocks