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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UNM | SCHOOL *of* MEDICINE
Family & Community Medicine

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

			10 Template of the future
	8 Prompt access to care	**9** Comprehensive-ness and care coordination	
5 Patient-team partnership	**6** Population management	**7** Continuity of care	
1 Engaged leadership	**2** Data-driven improvement	**3** Empanelment	**4** Team-based care

What can we learn and share about *how* high-performing practices improve?

Clinical Quality Measures (CQMs)

Aspirin Use

% of patients with IVD on aspirin or other anticoagulant

[NQF 0068, PQRS 204]

Blood pressure control

% of patients with HTN whose BP was adequately controlled (last BP<140/90)

[NQF 0018, PQRS 236]

Cholesterol management

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

Smoking cessation

% of patient screened for tobacco use in past 24 months and, if tobacco user, received pharmacotherapy or cessation counseling
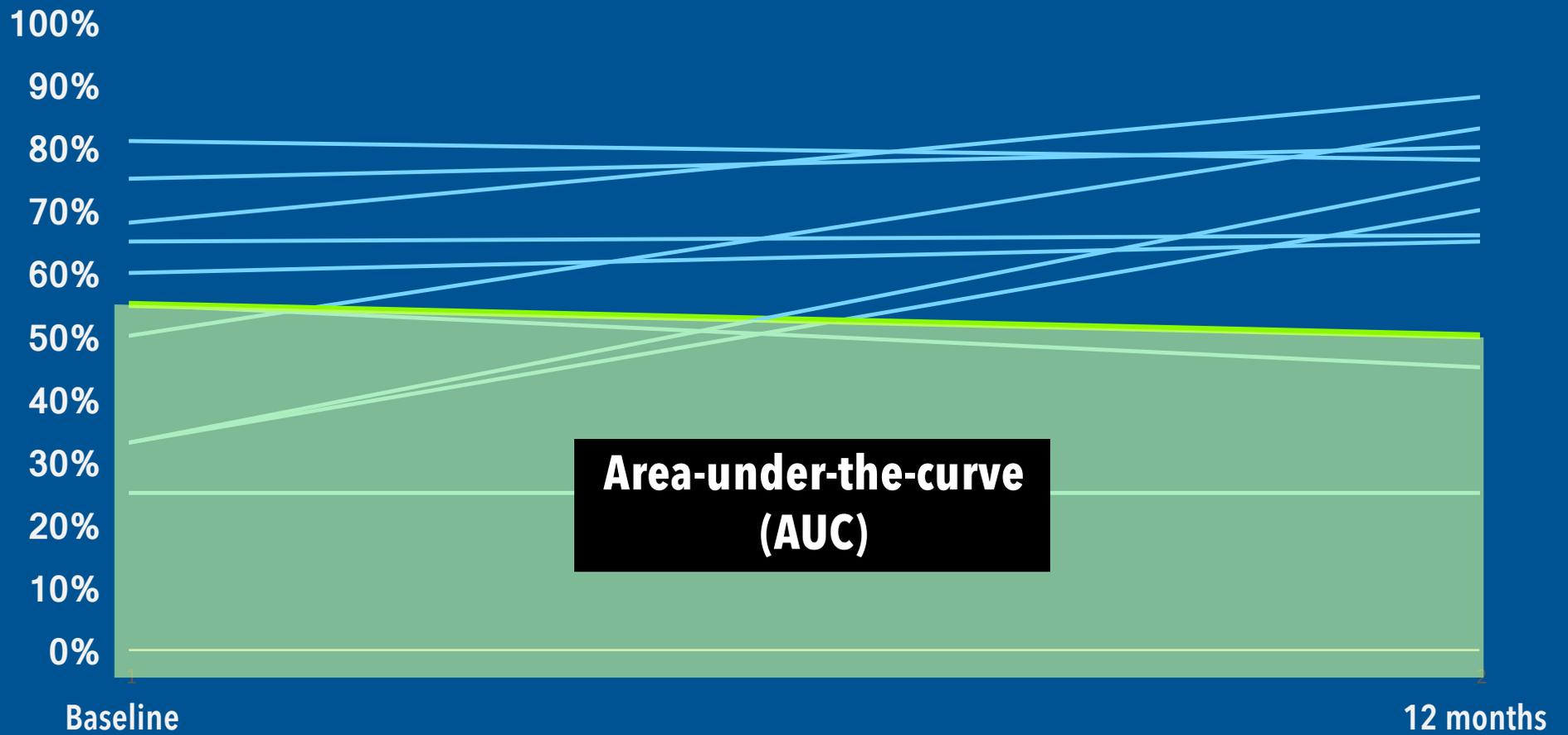
[NQF 0028, PQRS 226]

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

90%
80%
70%
60%
50%
40%
30%
20%
10%
0%

0   1   2   3

Time

Area-under-the-curve analysis

Area-under-the-curve (AUC)

Baseline   12 months

Smoking Cessation

Aspirin Use

90%	
80%	
70%	
60%	
50%	
40%	

—— other —— exemplar

0   9

Blood Pressure

80%

70%

60%

50%

40%

other   exemplar

0   9

What do exemplary practices do?

What do exemplars do with...?
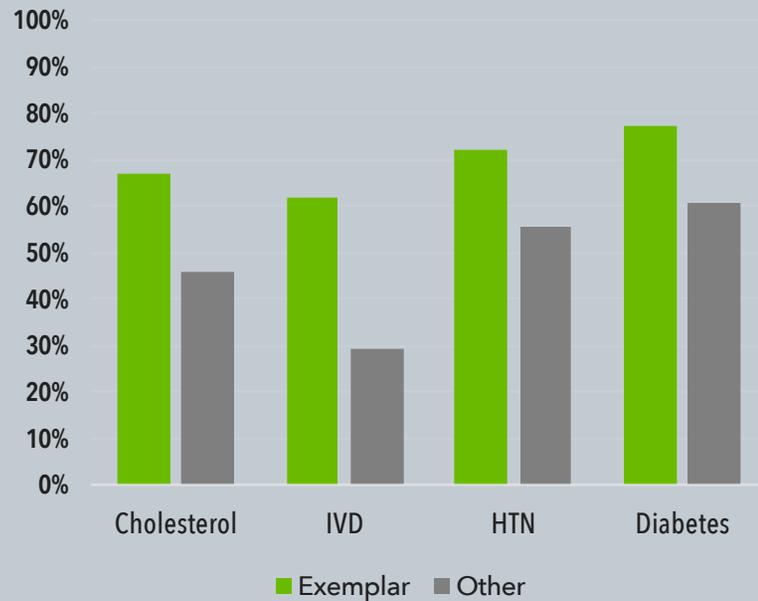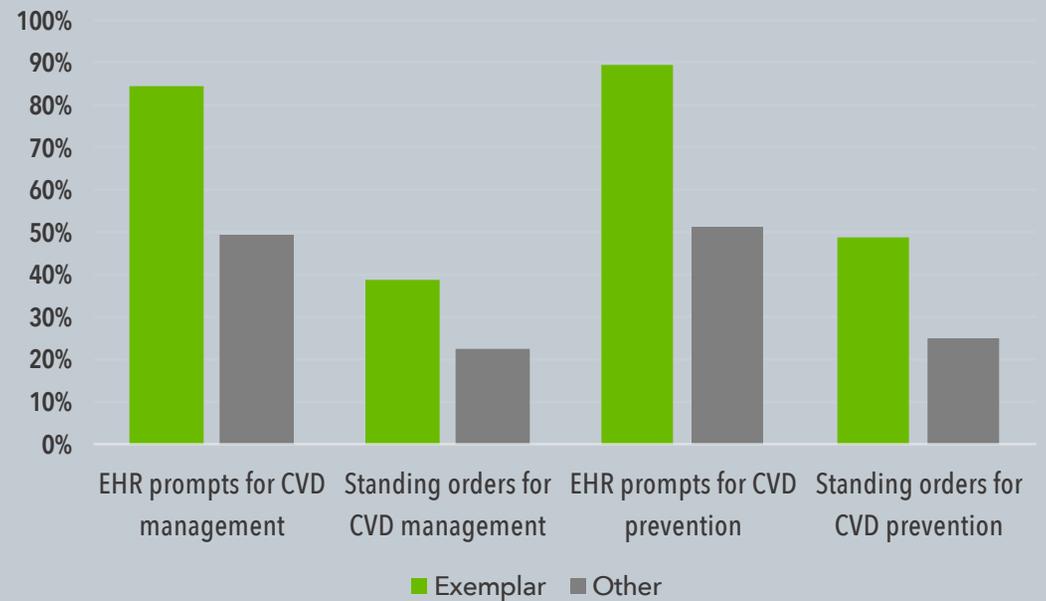
What do exemplars look like?

Building Blocks

Legend: ■ Exemplar ■ Other

Categories (x-axis):
- 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
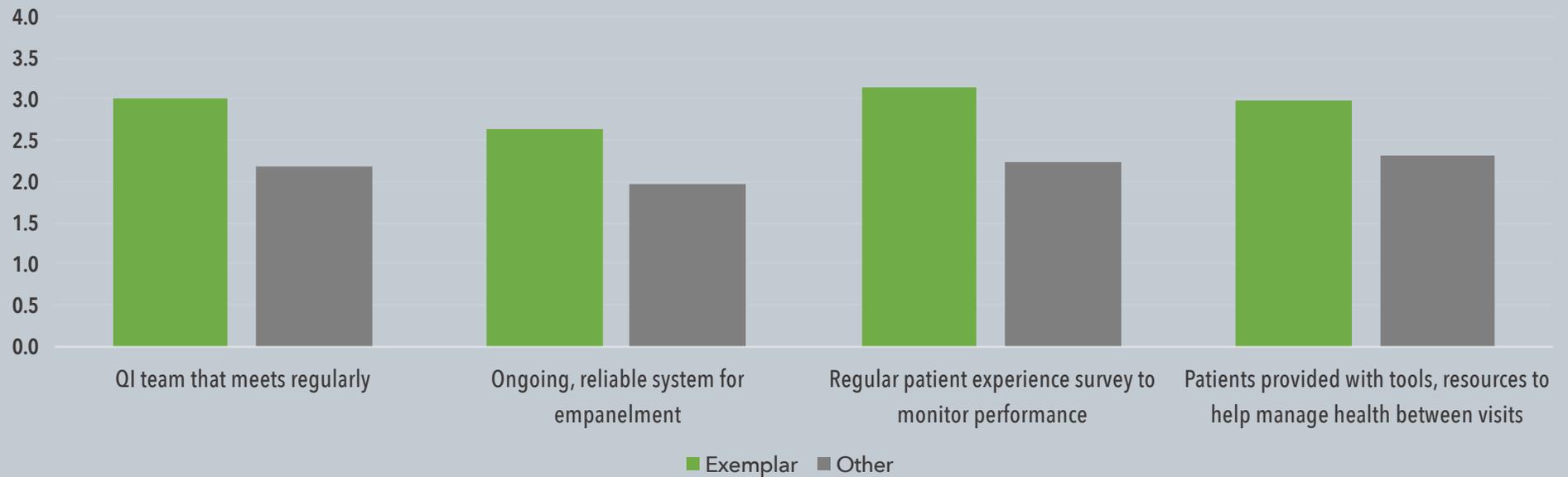
National *EvidenceNOW* CQMs at baseline
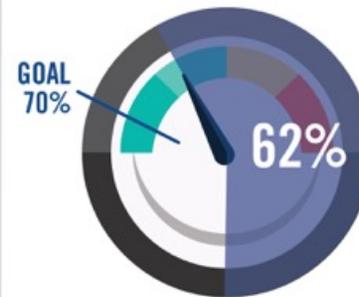

Aspirin Use

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

GOAL 70%

65%

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.

GOAL 70%

62%

DATA FROM
721,762 PATIENTS
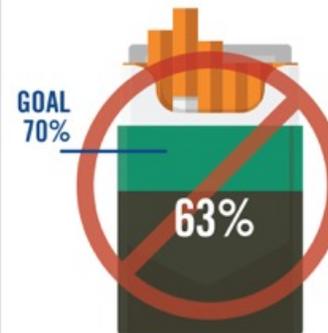
Cholesterol Management

For people at high risk of heart disease, **57%** are prescribed a statin medication to manage their cholesterol.
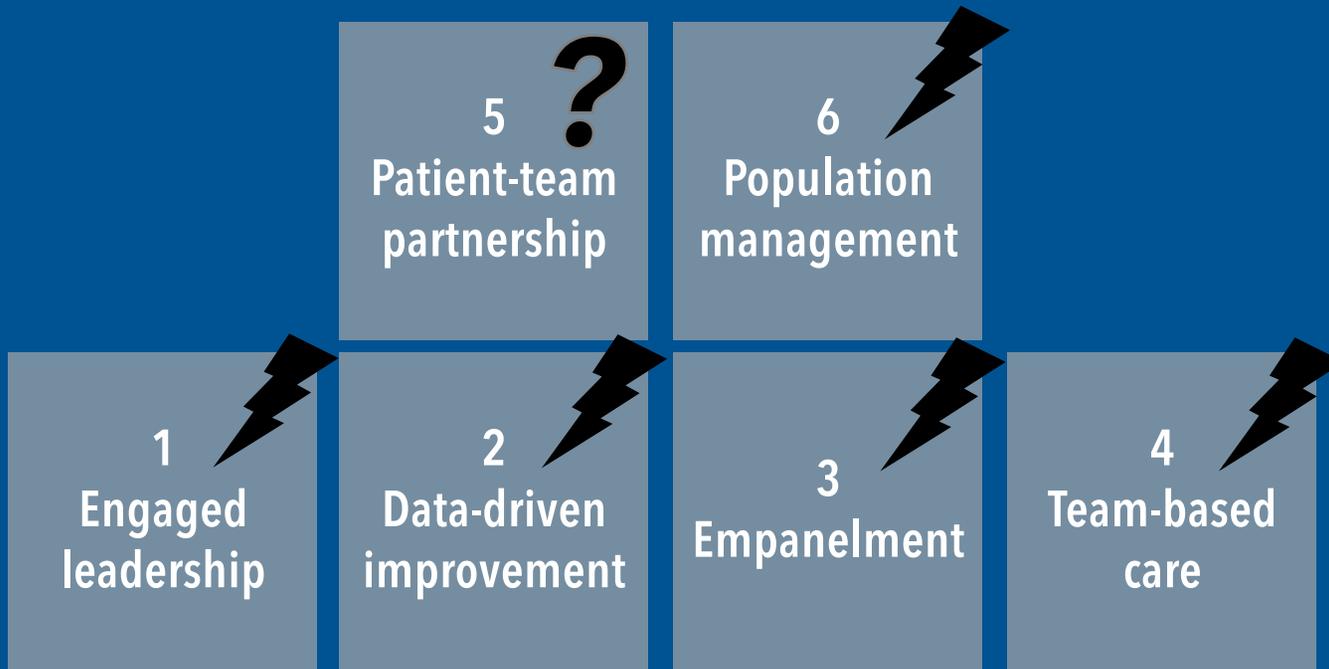
GOAL 70%

57%

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.

GOAL 70%

63%

DATA FROM
830,302 PATIENTS

Did practices improve on building blocks?

5 **?** Patient-team partnership	6 Population management

1 Engaged leadership	2 Data-driven improvement	3 Empanelment	4 Team-based care

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