

EvidenceNOW: A Model for Heart Health and Beyond



The Problem

The Nation's primary care practices have been challenged in recent decades by fragmentation of the healthcare system, a lack of resources to meet patient needs, and limited access to an infrastructure to support quality improvement (QI). As a result, many primary care practices struggle to adopt evidence-based practices to prevent and manage heart disease, the leading cause of death in the United States, and to continuously improve patient care.

AHRQ's Solution—EvidenceNOW

In 2015, AHRQ launched EvidenceNOW: Advancing Heart Health with four goals:

- **Help practices implement evidence** to improve healthcare, starting with heart health.
- **Build practice capacity** to receive and incorporate evidence in the future.
- **Learn how external QI support** helps these practices improve workflow and patient health.
- **Build and disseminate a blueprint** of how to improve primary care with external help.

EvidenceNOW: Advancing Heart Health provided external support through seven Cooperatives to 1,500 small- and medium-sized primary care practices in the U.S., including QI support and help with adopting evidence-based services to advance patient heart health.



Results

Despite challenges—such as facing a more chaotic primary care landscape than anticipated—the [EvidenceNOW model](#) of external support boosted the capacity of primary care practices to improve quality of care, while helping to advance heart health.

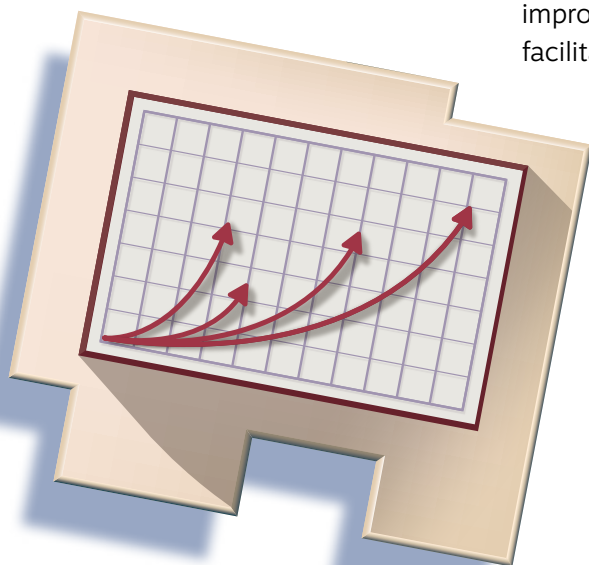
EvidenceNOW: Advancing Heart Health demonstrated promising results with practices participating in the initiative. For example:

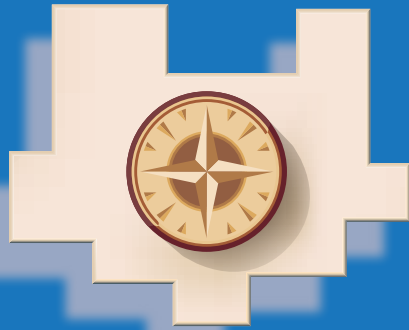
- Practices across the Cooperatives dramatically improved the number of QI strategies used to improve care.
- In almost every Cooperative, practices with lower baseline QI capacity made larger improvements than practices that started with higher capacity.
- More hours of practice facilitation, and more months with at least one practice facilitation visit, were associated with larger improvements in QI capacity. Frequent and consistent practice facilitation works best.

Preliminary findings showed that EvidenceNOW practices also improved heart health services and outcomes at significantly greater rates than a comparison group of practices, including:

- A **10.9%** increase in smoking screening and cessation counseling
- A **6.7%** improvement in prescribing aspirin for eligible patients
- A **6.3%** increase in cholesterol management
- A **2.8%** increase in blood pressure control—an important finding, given decreasing national rates of blood pressure control.

The EvidenceNOW model proved effective even when some initial assumptions—anticipated payment reform, health information technology systems that support quality improvement, and adequate workforce—never materialized.





EvidenceNOW Lessons Learned

The knowledge gained for navigating future QI efforts was invaluable, including:

- Practices accept external support, this support works, and it is best organized at the State level.
- Primary care practices are incredibly creative, dedicated, and resilient, even with problematic EHRs and unaligned payment systems.
- Independent, physician-owned practices are often more adaptable than those in larger systems.
- EHRs often do not provide primary care practices with access to the data they need to improve care quality and conduct research; access to data alone does not lead to QI.



Future Research

The EvidenceNOW model can deliver more gains to primary care practices by filling gaps in research based on lessons learned.

This includes exploring:

- 1** Strategies that can provide timely feedback data to primary care practices to drive QI, given the limitations of current EHRs.
- 2** The effectiveness of virtual practice facilitation visits, especially given the challenges of COVID-19.
- 3** Options for developing sustainable infrastructure to provide external QI support to practices.

The Next Big Step

EvidenceNOW stands as a proven model and progress toward revitalizing the Nation's primary care system to bring high-quality, accessible, efficient healthcare for everyone in the U.S. AHRQ is expanding the application of the EvidenceNOW model to address research gaps and other important work by:

- **Applying the EvidenceNOW model** to help primary care practices manage their patients' unhealthy alcohol use.
- **Supporting State-based infrastructure** to help more primary care practices build their capacity for QI State by State.
- **Updating an existing Practice Facilitation Curriculum** as an interactive online curriculum and developing a new guide for health information technology advisors.

There is more work to be done, but one thing is clear: **the EvidenceNOW model works.**

