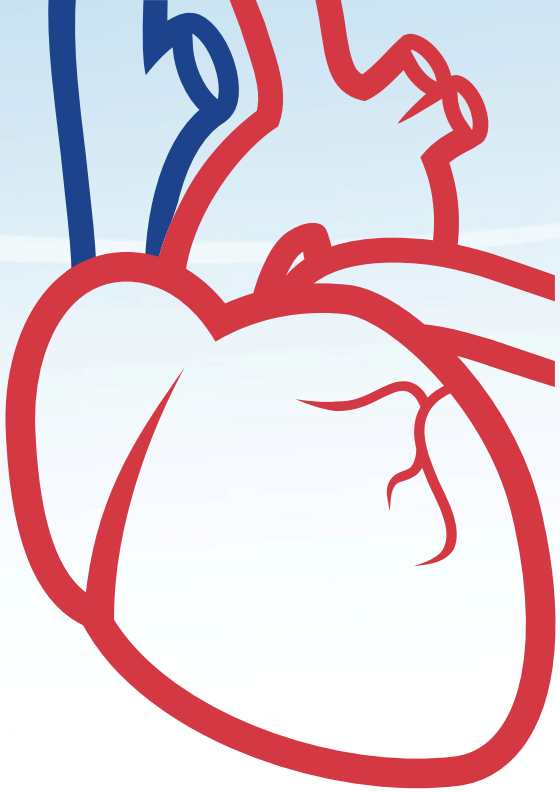

Heart Health Now!

The North Carolina Cooperative for AHRQ's EvidenceNOW

Advancing Heart Health in Primary Care

UNC THE CECIL G. SHEPS CENTER FOR HEALTH SERVICES RESEARCH

NCHQA North Carolina Healthcare Quality Alliance

North Carolina AHEC

Community Care OF NORTH CAROLINA

Funded by the Agency for Healthcare Research and Quality (AHRQ) in the U.S. Department of Health & Human Services

Heart Health NOW

NC Population Data

- **Cardiovascular Death Rate 263 per 100K**

  -1/3 of all NC deaths (32nd in U.S.)

- **Annual cost: $4.6 billion dollars (inpatient alone)**

- **Risk Factors**

  - 65% obese / overweight
  - 54% lack physical activity
  - 40% high cholesterol
  - 32% HTN
  - 10% diabetic
  - 20% smoke

Heart Health NOW

Advancing Heart Health in NC Primary Care

Why NOW?.... Getting Heart Health Right in NC

- **Fulfill the Promise of Primary Care**
  - Prevent chronic disease from advancing to serious illness
  - Reduce patient suffering
- **Join with Selected Primary Care Practices**
  - Build systems of care
  - Decrease risk of cardiovascular events and death

Heart Health NOW

Overview

- **Who Is Eligible?**
  - Primary Care Practices: Have an EMR, ≤10 Providers / site & serving adults, CA II or participating in Medicaid MU. Selecting 250-300 practices in NC.
- **Time Frame**
  - 3 Years
- **Partners for Success**
  - UNC Chapel Hill, Cecil G. Sheps Center for Health Services Research
  - Community Care of North Carolina (CCNC)
  - NC Area Health Education Centers Program (NC AHEC)
  - NC Healthcare Quality Alliance

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Heart Health NOW Cardiovascular measures

1. Ischemic Vascular disease (IVD): Use of Aspirin or another Antithrombotic (PQRS 204/NQF 0068).
2. Aspirin for the Primary Prevention of Cardiovascular Disease **
3. Blood Pressure Management: Controlling High Blood Pressure (<140/90) (PQRS 236/NQF 0018)
4. Blood Pressure Management: Controlling High Blood (JNC8) **
5. Tobacco Use Screening (PQRS 226 Part A modified) / NQF 0028
6. Smoking Cessation Support (PQRS 226 Part B modified) / NQF 0028
7. Statin Therapy for Prevention and Treatment of Cardiovascular Disease ** (proposed CMS eMeasure)
8. Risk Based Statin Therapy**
9. Assessment of Cardiovascular Risk **

** *Novel measure developed with UNC expert panel*

Heart Health NOW

Study Evaluation – The Outcomes

- **ABCS measures for all patients** (not just Medicaid).

  These are automatically pulled from your EMR system – no extra clicks or manual entry necessary

- **ASCVD (ACC/AHA) Risk Calculus**

- **Surveys** – Baseline, Immediately After Practice Facilitation, Post intervention

- **Exploratory Data on Utilization, Mortality, Cost**

- **The Secret Sauce of Implementation**

Heart Health NOW

Reduce CVD Risk

We can make an IMPACT!!!

- To Improve Patient Health
  - Control ***1 or 2 Measures:***

    Can reduce short-term event risk 

  - Control ***ALL Measures:***

    Can reduce lifetime CVD mortality risk 

Heart Health NOW

Benefits – To Your Practice (QI and Informatics Support)

- **Onsite practice coaching and informatics support for your practice to:**
  - Implement evidence-based practices for CVD prevention
  - Optimize use of EHR to prepare for value-based payment
  - Facilitate effectiveness and efficiency:
    - *Resource utilization*
    - *Billing, coding*
    - *Patient self-management support*
    - *Closing the referral loop*
    - *Patient and staff satisfaction*

Heart Health NOW

Benefits – To YOU for Educational Opportunities

- **Interaction with national and regional content experts**
  - New clinical guideline recommendations
  - Evidence-based practices for CVD prevention, including:
    - CVD risk assessment calculator
- **Multiple formats:**
    - Webinars
    - Regional meetings – mini collaboratives
    - Onsite practice consultations
    - CME and other CE credits available.
    - Counts for MOC Part IV (QI project)

Heart Health NOW

Benefits – Patient Population Management

- **Access to CCNC's Informatics Center (IC)**
  - Heart Health Now NC Dashboard – CVD Measures
  - Patient registries & longitudinal records
  - Clinical Quality Measures (eCQM) application

- **Dashboards compliment current practice initiatives, including:**
  - Meaningful Use (MU)
  - Patient Centered Medical Home (PCMH)

Heart Health NOW

Benefits – To Your Practice (Financial)

Fees associated with NC HIE/ CCNC Integration:

- **1. Integration (connection of EMR to NC HIE/CCNC's IC) –** state subsidy is currently still available
- **2. Maintenance fee –** HHN grant can cover some/all of these fees
- **3. User Subscription fee –** $175/physician/ year (All other users are free). The grant does NOT cover this fee.

- **Heart Health Now grant will pay for certain of these fees from the date the practice signs MOU through April 30, 2018.**
  - *Your practice will also receive remuneration for all surveys and interviews completed during the project.*

**** Work with your Practice Facilitator (contact info on last page) to help calculate the financial benefits for your particular situation.**

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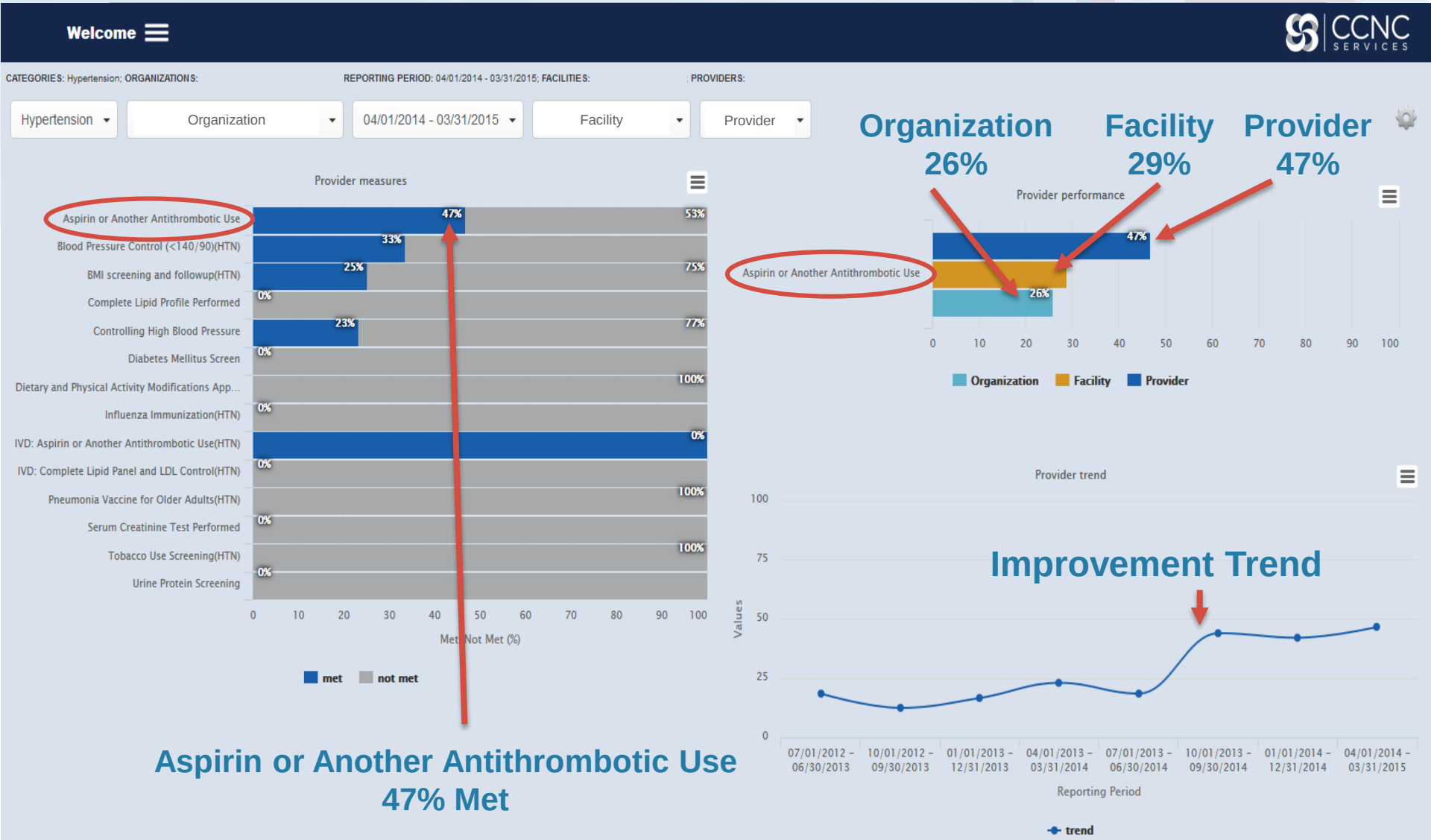
Dashboard – Organization, Facility and Provider View



Aspirin or Another Antithrombotic Use
47% Met

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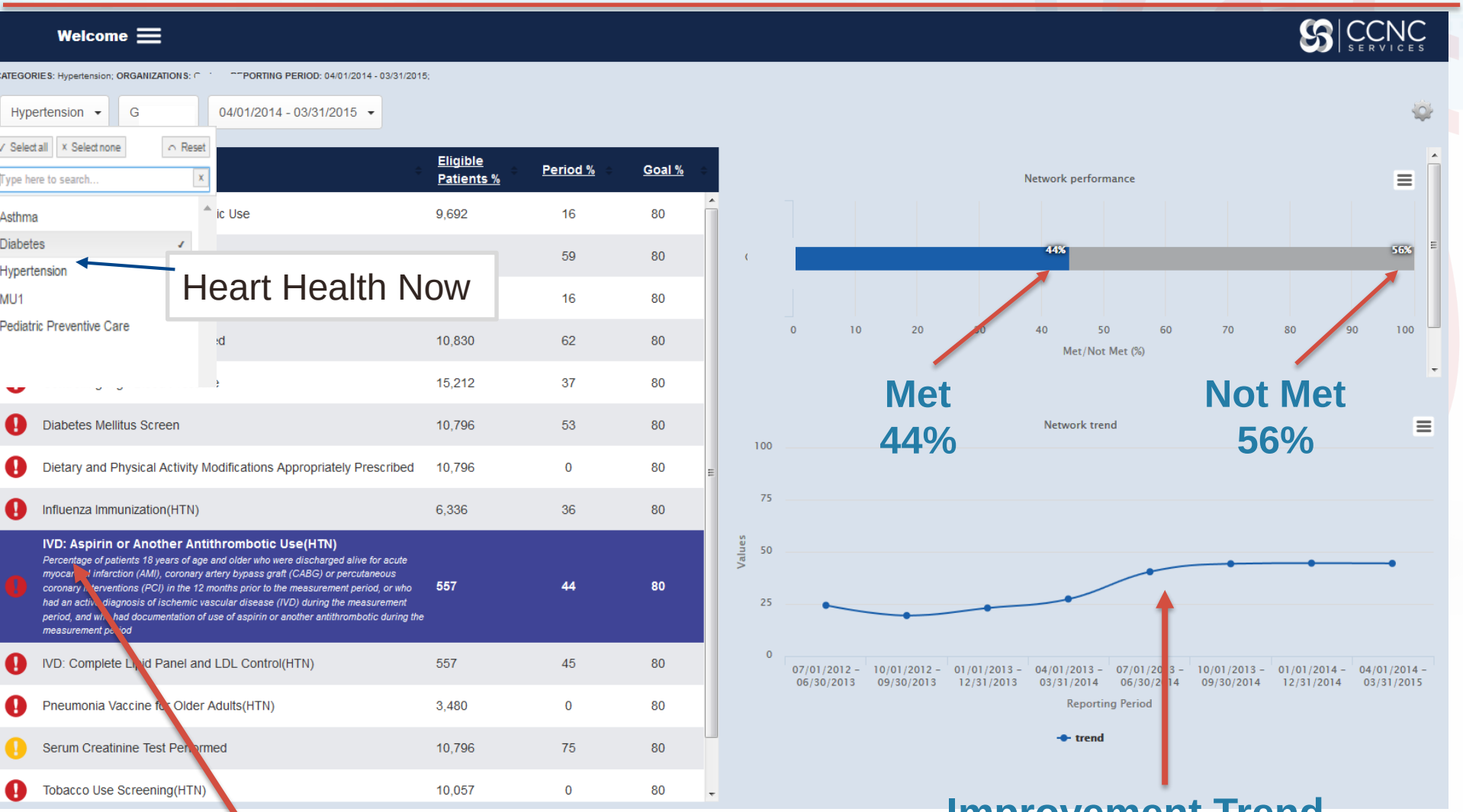
Dashboard – Organizational Performance View



Aspirin or Another Antithrombotic Use

Heart Health NOW

Dashboard – Single Facility Performance View

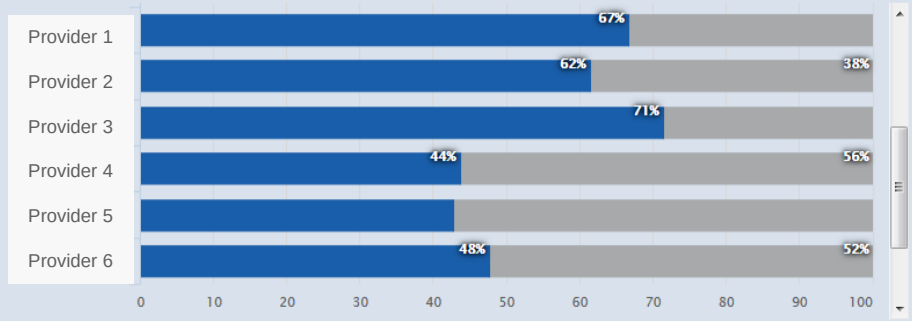
Welcome

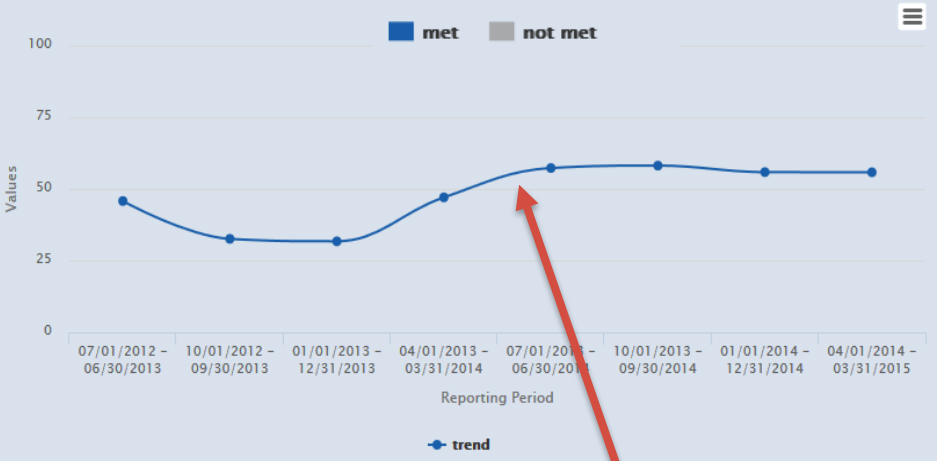
CCNC SERVICES

CATEGORIES: ORGANIZATIONS: REPORTING PERIOD: 04/01/2014 - 03/31/2015; FACILITIES: PROVIDERS:

04/01/2014 - 03/31/2015

Measure	Eligible Patients %	Period %	Goal %
Blood Pressure Control (<140/90)(DM) *Percentage of patients aged 18 through 90 years old with a diagnosis of diabetes whose most recent blood pressure was under control (< 140/90 mmHg)*	584	56	80
BMI screening and followup(DM)	589	14	80
Eye Exam	505	0	80
Foot Exam	505	2	80
HbA1c Control (<8.0%)	505	42	80
HbA1c Poor Control (>9.0%)	505	47	80
HbA1c Test Performed	505	76	80
Influenza Immunization(DM)	324	18	80
IVD: Aspirin or Another Antithrombotic Use(DM)	22	5	80
IVD: Complete Lipid Panel and LDL Control(DM)	22	14	80
LDL Control (<100)	505	18	80
LDL Test Performed	505	40	80
Tobacco Use Screening(DM)	584	0	80
Urine Protein Screening(DM)	580	92	80





BP Control 31% Met

Improvement Trend

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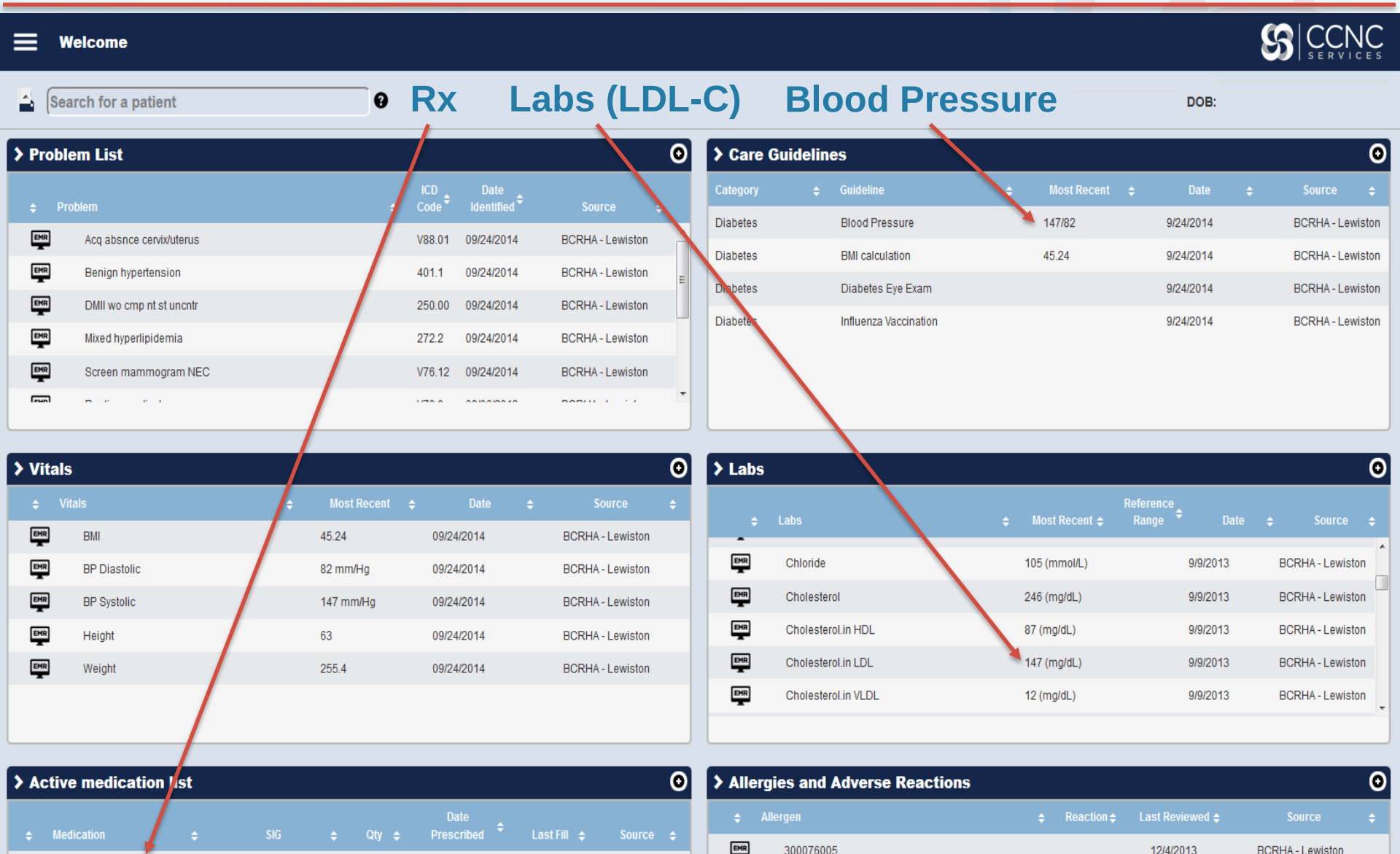
Dashboard – Patient Longitudinal View



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Timeline

- **Practice sign up begins in Summer 2015**
- **Connection to CCNC Informatics Center (IC) Platform in Summer 2015 through Summer 2016**
- **Practice receives 12 months intervention support**
  - Assigned start date for initiating practice intervention
  - Earliest start date in January 2016 & latest in summer 2016
  - Practice cohorts of 50, staggered every 2 months
- **Data collection:**
  - Before, during and end of intervention
  - 6 & 12 month follow-up

Heart Health NOW
Participation

Step 1: Sign up with CCNC's Practice Facilitator (PF)

- Sign a Technical Agreement for EHR integration with CCNC IC or amend existing agreement.
- Sign a consent form to participate in study

Step 2: Complete 2 assessments measuring technical and quality improvement (QI) "readiness"

- Choose a provider champion and practice staff to complete study surveys with assistance provided by the CCNC PF

Step 3: Clinically integrate EHR with CCNC's IC (if not already integrated)

- Engage with the CCNC PF who will facilitate process to ensure baseline data can be established and data collected

Heart Health NOW
Participation

Step 4: Receive training from the CCNC PF on the use of patient registries, dashboards and/or other IC tools.

Step 5: Engage with an AHEC Coach during the 12-month intervention period

- Receive on-site, individualized support from an AHEC coach assigned specifically to your practice
- Help the AHEC coach get to know your practice and how you and your staff like to operate, and what you want to improve
- Use patient registries, dashboards and/or other IC tools to drive the changes you want to make happen in your practice
- Learn from your AHEC coach what other practices have done to improve their care of patients with CVD
- Use the AHEC coach to better understand how this work prepares your practice for national and statewide payment programs

Heart Health NOW

Learn More…

- To learn more about Heart Health NOW or if your practice would like to participate, please contact:
- **Eastern NC**: Jill Boesel at jboesel@n3cn.org or 919-516-8114
  CCLCF and CCPEC network practices
- **Western NC**: Kerry Kribbs at kkribbs@n3cn.org or 919-926-3979
  CCHP, CHP, CCofSP, CCPGM, CCWNC, P4CC and NWCC network practices

  NWCC and P4CC - Joy Key at jkey@nwcommunitycare.org or 336-716-3086
- **Central NC**: Robin Wagner at rwagner@n3cn.org or 919-745-2423
  4C, NP, CC Sandhills and CCWJC network practices

  NC PATH and Central - Patrick Garrett at pgarrett@n3cn.org or 919-882-0321

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Learn More…

NC AHEC REC Contact:

- Monique Mackey, MLS

  Quality Improvement Manager

  NC AHEC Practice Support Program

  monique.mackey@arealahec.org

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