



Michigan Cooperative

EvidenceNOW: Building State Capacity is an initiative of the Agency for Healthcare Research and Quality (AHRQ) to improve heart health and help reduce cardiovascular disease disparities by engaging with primary care practices to implement patient-centered outcomes research (PCOR) findings to improve care delivery. The initiative aims to address health equity in primary care by working with health care organizations, public health, and primary care practices in states with the highest rates of preventable cardiovascular disease events. Over three years, grantees in four states – Alabama, Ohio, Michigan, and Tennessee – will form cooperatives by aligning clinical, public health, and community interventions and working with state partners that collectively have the resources, skills, and commitment to support primary care practice improvement. The goal is to catalyze the development of a sustainable, state-based external primary care quality improvement support infrastructure using the EvidenceNOW model of external support.

Project Name:

Healthy Hearts for Michigan

Principal Investigators:

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Theresa Walunas, PhD, Northwestern University

Cooperative Partners:

Altarum Institute, Health Information Technology Regional Extension Center for Michigan
Michigan Center for Rural Health
Upper Peninsula Healthcare Solutions
American Medical Association
Michigan Department of Health and Human Services, Heart Disease and Stroke Prevention Unit and Tobacco Section
Northwestern University

Project Period:

2021-2023

Providing support to improve heart health and help reduce cardiovascular disparities by engaging with rural primary care practices

Background

Michigan is among the top 10 states with the highest cardiovascular disease (CVD) burden in the United States, with heart disease the leading cause of death for both men and women. Approximately 35 percent of adults in Michigan adults have hypertension and roughly 18 percent of the population smoked as of 2018.¹ Approximately 75 percent of Michigan's 9.9 million residents reside in urban areas and 25 percent live in rural communities, encompassing roughly 94 percent of the state's geography. Michigan's rural residents are more likely to have been diagnosed with heart disease or have previously had a stroke than their urban counterparts and are also more likely to be physically inactive, use tobacco, and be diagnosed with diabetes, when compared with urban counties.

Goal

Healthy Hearts for Michigan (HH4M) will expand, build on, and help secure important primary care quality improvement (QI) resources in Michigan. The HH4M Cooperative will create the foundation for a robust and sustainable primary care QI infrastructure in the state of Michigan focused on the needs of vulnerable rural populations and clinicians who serve them.

Aims

1. Convene and evaluate the development of a statewide Cooperative to support the in-clinic implementation of the HH4M model for people with hypertension and people who use tobacco.
2. Evaluate the ability of rural practices to implement the elements of the HH4M model by identifying facilitators and barriers to sustainable implementation and test whether the model improves: (a) blood pressure control; and (b) tobacco use screening and cessation in a stepped-wedge trial with a pilot and three waves.

Approach

HH4M combines telehealth and home-based monitoring strategies with population management and evidence-based treatment models in a rural setting to support improved care quality and access to care for patients with CVD and tobacco users. Services provided will include: (1) practice facilitation; (2) optimization of health information technology; (3) optimization of telehealth tools, including support for remote monitoring of blood pressure; and (4) performance feedback. Telehealth strategies will be essential to addressing barriers to healthcare access in rural Michigan.

Evaluation

The capacity of small rural practices to adopt and sustain QI strategies will be a key focus of the HH4M evaluation strategy. The strategy is based on the recognition that evidence-based interventions are often first developed in high capacity, well-resourced environments, and slower to spread to small rural practices, that may lack bandwidth, staffing, and resources for complex QI activities. HH4M will use a Type II effectiveness-implementation hybrid study design that will simultaneously test both an implementation strategy and effectiveness of the intervention. In particular, the study design will assess the proposed adoption of the clinical interventions to rural practice environments, with effectiveness testing at the practice and clinician level.

Notable Features

- Focusing on rural practices and Tribal Health clinics, which experience much higher rates of hypertension and tobacco use than the general population.
- Building on the resources, best practices, and learnings from Northwestern University's participation in AHRQ's EvidenceNow: Advancing Heart Health initiative. Through this foundation, HH4M can dedicate more energy in building the state cooperative, developing the external QI infrastructure and focusing on implementation.



“Rural populations in Michigan experience significant disparities in health status and access to care. At the same time, the practices that serve them lack many of the supports and infrastructure available to their urban and suburban counterparts. I am so excited to be part of an AHRQ initiative that not only recognizes the value of external quality improvement support but truly prioritizes supporting the practices that need it most, even though there are often barriers and challenges to engaging low resource practices.”

— Principal Investigator Anya Day, MPH, Altarum Institute

¹ <https://www.cdc.gov/tobacco/about/osh/state-fact-sheets/michigan/index.html> Accessed November 18, 2020.