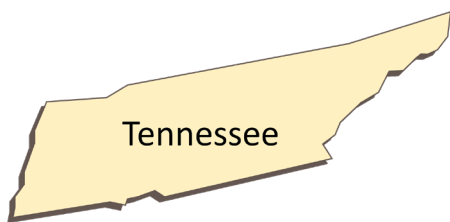


Tennessee Cooperative

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:

Tennessee Heart Health Network

Principal Investigators:

James E. Bailey, MD, MPH,
University of Tennessee Health
Science Center

Ben Heavrin, MD, Qsource

Cooperative Partners:

University of Tennessee Health
Science Center, Tennessee
Population Health Consortium

Qsource

East Tennessee State University

University of Memphis

Tennessee Medicaid and
managed care organizations

Tennessee Department of Health

Professional and health care
Associations (e.g., American
Heart Association, Tennessee
Medical Association, Tennessee
Primary Care Association, and the
Tennessee American College of
Physicians)

Indiana University, Center
for Health Innovation and
Implementation Science

Project Period:

2021-2023

*Implementing patient-centered
practices in primary care to
improve cardiovascular health*

Background

Tennessee's population of 6.8 million is roughly 78 percent white, 17 percent Black/African-American, and five percent Hispanic, with 22 percent of the population residing in rural areas. More than one in 10 Tennesseans under age 65 is uninsured (12%) and about 20 percent of adults and 50 percent of children are insured by Tennessee Medicaid (TennCare). The state is ranked fifth highest in the nation for tobacco use, sixth for diabetes, 12th for obesity rates, and fourth for physical inactivity — all potent risk factors for cardiovascular disease (CVD). Largely as a consequence of these risk factors, Tennessee ranks third highest in the nation in rates of cardiovascular events (e.g., strokes and heart attacks). The state's rural and African-American populations are medically underserved, have poor access to healthcare, and experience worse health outcomes.

Goal

The goal of the Tennessee Heart Health Network is to leverage existing infrastructure by identifying and implementing appropriate PCOR evidence-based interventions to improve quality and outcomes of CVD care across the state. The project will target the ABCS (aspirin, blood pressure, cholesterol, smoking) of heart health with a focus on hypertension control and smoking cessation — two of the most prevalent CVD risk factors in Tennessee — to reduce and/or eliminate disparities and inequities in CVD outcomes and risks. Ultimately, the Network will help primary care practices implement PCOR findings for the state's priority populations (e.g., Black/African Americans with hypertension and people with obesity, diabetes, and CVD) to transform primary care and measurably improve heart health care and outcomes across the state.

Aims

1. Establish a statewide Cooperative external quality improvement (QI) support infrastructure, building upon existing state and local resources to disseminate and implement PCOR evidence to primary care practices and professionals across Tennessee.
2. Build a Network of primary care practices and related stakeholders across the state that can use the Cooperative as a resource for QI support.
3. Develop a comprehensive, multicomponent, evidence-based approach for a heart health improvement project to improve delivery of ABCS and build internal QI capacity.



4. Conduct a robust evaluation of all phases of the project, including the development of the heart health Cooperative, the effectiveness of participation on improving patient and partner experience, practice capacity for improvement, and key heart health processes and outcomes of care.
5. Disseminate interim findings to state and local stakeholders and use this information to improve the quality of the planned interventions and address detected problems while the project is in progress.
6. Integrate sustainability planning into all aspects of the project and develop a plan to maintain the Cooperative and its network of practices and professionals beyond the project conclusion.

Approach

Through practice facilitation, agile implementation, and quality improvement services tailored to practice needs, the Tennessee Heart Health Network will provide primary care practices across the state with practical evidence-based tools and strategies to help them improve heart health care and measurably improve population health. The Network will coordinate with the existing infrastructure of external QI support services within the state. To accelerate opportunities to promote high-quality primary care, the Network is aligned with the multi-payer payment reform activities of TennCare through its patient-centered medical home program.

Evaluation

The Tennessee Heart Health Network will use a mixed methods evaluation approach, with ongoing assessment across the three-year initiative. The Network process evaluation will use patient-centered practice team experience to assess the impact of participation in the Network on practice capacity for improvement and patient experience. The evaluation will also identify facilitators and barriers to implementation of the practice-level interventions employed using the Consolidated Framework for Implementation Research. In addition, a robust outcomes evaluation will assess the impact of participation in the Network on primary and secondary performance measures.

Notable Features

- Partnering with the Tennessee Population Health Consortium and using its Tennessee Population Health Data Network to support real-time tracking of key heart health outcomes.
- Supporting primary care practices in implementing patient-centered outcomes research findings for evidence-based interventions that emphasize motivational interviewing and the use of community health workers and lay health coaches.
- Centering the consumer voice by seeking advice and expertise from patients across the state on the interventions they find most effective in helping them make the changes necessary to improve their heart health.



“We are determined to help rebuild the foundation of health care in Tennessee by working to strengthen primary care practices across the state in their ability to measurably improve population health and health equity in Tennessee. We are building the Tennessee Heart Health Network to last, so that we can bring best evidence from both patient-centered outcomes research and patient experience as to what works best in moving the needle on heart health.”

– Principal Investigator James E. Bailey, MD, MPH, University of Tennessee Health Science Center