

PRACTICE INVOLVEMENT

Your practice will partner with us by:

- Establishing an EHR connection to CCNC's Informatics Center reporting services
- Working with a practice coach to develop a quality improvement (QI) team in your practice
- Designating a Provider Champion and up to 5 additional practice staff members to participate in required surveys. Survey participants will receive direct payments of \$30 and \$50 for completing quantitative and qualitative surveys, respectively.
- Meeting with your practice coach up to 8 hours per month
- Learning from experts about improvement science and how to motivate ongoing system improvement in your practice
- Reviewing monthly progress on 6 core cardiovascular measures defined by evidence-based CVD prevention strategies
- Utilizing real-time data tools to plan and implement improvement interventions
- Carrying out small tests of change
- Sending QI team representatives to regional learning collaboratives 3 times per year

FUNDING

Funding provided by the Agency for Healthcare Research and Quality (AHRQ) – www.ahrq.gov

GRANT INFORMATION

North Carolina is one of 7 states to receive this grant.

The partners leading this effort for North Carolina are:

- The University of North Carolina at Chapel Hill
- NC Area Health Education Centers Program
- Community Care of North Carolina
- NC Healthcare Quality Alliance

CONTACT

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Join the race to prevent cardiovascular disease.

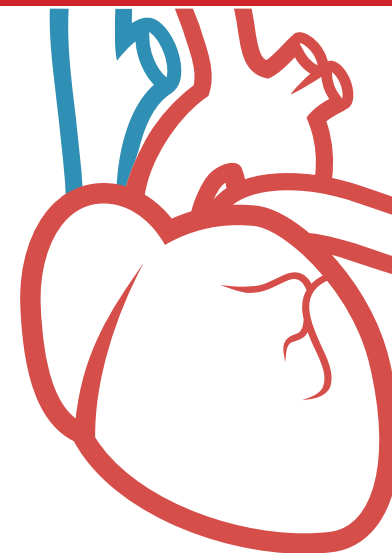


THE UNIVERSITY
of NORTH CAROLINA
at CHAPEL HILL

This is our time!
Are you ready?

Heart Health NOW!

**Advancing heart health in
N.C. primary care**



Heart Health NOW! is the N.C. Cooperative of EvidenceNOW – a program funded by the Agency for Healthcare Research and Quality



America now recognizes the promise of primary care to **combat chronic disease** before our patients suffer the consequences of advanced illness. We selected your practice to help us prove that we, as primary care providers, can deliver on that promise.

We want to partner with you to help build systems of care which significantly reduce the risk of cardiovascular events and death for patients throughout the state.



75%

For patients who achieve control in all study measures, lifetime cardiovascular mortality risk can be reduced by 75%.¹

Gaining control of even a few measures can lead to perceptible improvements.

25%

Short term event risk for patients who already have evidence of vascular disease can be cut by 25% with adherence to one or two measures.^{2,3}

Important new evidence can efficiently be applied to patient care with the support of **onsite practice coaching and informatics.**

BENEFITS OF PARTICIPATING

Participating practices will be able to clinically integrate their EHR with CCNC's Informatics Center to produce advanced analytics and chronic care support at little to no cost for each year of this three-year project.



Gain access to specialized disease registries to support patient care and optimal chronic disease management and MU.



Get free consultation from the NC AHEC Practice Support Program to **ready your practice for value-based payment opportunities**, such as the Medicare Shared Savings Program and other "Accountable Care" approaches squarely on the horizon in N.C.



Participate in webinars and collaboratives that share best practices regionally and across the state.



At no cost to your practice, you will receive support for building systems and/or developing workflows that:

- Optimize the use of your EHR to improve care delivery
- Train staff on how to create positive change
- Assess patient and staff satisfaction
- Help improve throughput and billing (e.g. chronic care codes, transition codes)
- Support use of patient registries, dashboards, and other analytic tools to effectively manage patient populations and offer value-based care
- Enhance patient self-management support
- Increase care coordination by closing the referral loop

¹Yang Q, Cogswell ME, Flanders WD, Hong Y, Zhang Z, Loustalot F, Gillespie C, Merritt R, Hu FB. Trends in cardiovascular health metrics and associations with all-cause and CVD mortality among US adults. JAMA 2012; 307:1273-1283. ²Rashid, P., Leonardi-Bee, J., Bath, P. "Blood Pressure Reduction and Secondary Prevention of Stroke and Other Vascular Events: A Systematic Review". Stroke 2003. 34: 2741-48. ³Antithrombotic Trialists' Collaboration. "Collaborative meta-analysis of randomized trials of antiplatelet therapy for prevention of death, myocardial infarction, and stroke in high risk patients". BMJ. 2002;324: 71-86.