The EvidenceNOW initiative, funded by AHRQ, intends to expand quality improvement (QI) infrastructure in primary care practices. Practices were encouraged to create cross-functional QI teams that would meet monthly with practice facilitators (PFs) for 15 months. Practice facilitation meetings happened either in-person or virtually, with the mode, structure, and duration of meetings being tailored to fit practices’ preferences. Quarterly Clinical Quality Measure (CQM) data surveys were used as a primary data collection tool.

Objectives: We aim to understand practice engagement and retention by describing (1) our facilitation structure and practice retention success with 106 practices in Oregon, (2) the percentage of practice facilitation meetings completed, and (3) the percentage of quarterly CQM surveys collected in the first 17 months of the project.

Methods

Collected PF details for 1,114 meetings scheduled (11/2015 – 3/2017)

Calculated % in-person and % remote

Calculated cancellation rates and stratified by date and meeting number

CQM Data Survey Completion

Counted number of CQM surveys distributed

Calculated submission rate

Results: Meeting Completion

106 practices enrolled in Oregon

18% (n=19) withdrew from initiative

93% (n=99) held at least one meeting

9% (n=10) had modified curriculum*

37% (n=7) withdrew before their 1st meeting

63% of those that withdrew (n=12) already held 1st meeting

Results: CQM Survey Completion

CQM Survey Completion Rates

*These data include only currently active practices (n=82).

Conclusions & Implications

Cancellation rates were nearly identical for in-person and remote meetings. Face-to-face interactions were favored with 87% of scheduled meetings being in-person. It is difficult to predict the right time, mode, and frequency for practices to engage in practice-transformation efforts, as shown by the number of cancelled meetings, adoption of modified project curricula, and withdrawals of practices from the project. We observed challenges with QM reporting in 13% of active practices. A broad range of causes were noted for cancelled meetings, lack of CQM data submissions, and withdrawal from the project, including practice disruptions (e.g. loss of clinician or administrator), a lack of dedicated time for QI efforts, and a lack of resources for CQM data reports (e.g. limited support from system vendors).

Primary care practices require a QI infrastructure to improve their level of evidence-based guideline adoption, and practice facilitation can be an effective tool to that end. Without engaged meetings with PFs, practices may not be able to meet the requirements of value-based practice transformation efforts.