



Ohio 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:

Ohio Cardiovascular Health Collaborative

Principal Investigators:

Shari Bolen, MD, MPH and Aleece Caron, PhD, Case Western Reserve University/The MetroHealth System

Cooperative Partners:

American Heart Association
 Better Health Partnership
 CVS Health, Minute Clinic
 Health Action Council
 IPRO
 Ohio Association of Community Health Centers
 Ohio Association of Health Plans
 Ohio Department of Medicaid
 Ohio Department of Health
 Professional and health care associations (e.g., National Association of Community Health Workers - Ohio Ambassador, Ohio Academy of Family Physicians, Ohio Academy of Nutrition and Dietetics, Ohio Association of Physician Assistants, Ohio Chapter of the American College of Physicians, Ohio Nurses Association, Ohio Pharmacists Association, and Quality and Safety Education for Nurses Institute)
 The Health Collaborative
 The Healthcare Collaborative of Greater Columbus

Project Period:

2021-2023

Achieving outstanding cardiovascular health outcomes for all Ohioans

Background

Approximately 11.7 million people reside in Ohio, including 2.4 million in rural areas. Ohio contains a mix of white, Black/African American, Hispanic, and Asian populations and about eight percent of Ohioans age 18-64 are uninsured. The state has a high burden of cardiovascular disease (CVD) and substantial disparities in CVD risk factors and outcomes, putting it in the highest quartile nationally for CVD morbidity. The state's high prevalence of hypertension (35%) and smoking (21%) contributes to this CVD burden. Disparities exist with higher rates of uncontrolled hypertension and CVD events among Black/African American populations compared with whites, and greater hypertension prevalence in rural and urban vs. suburban settings. Smoking rates are higher in Ohio's geographic regions with lower socioeconomic factors mirroring the areas with worse health outcomes across the state.

Goal

Use the Ohio Cardiovascular Health Collaborative (Cardi-OH) to establish a transformative and sustainable model for cardiovascular health improvement for all Ohioans by aligning the state's strong primary care network and stakeholder organizations with quality improvement (QI) expertise. Build on regional QI strengths to develop a broader and sustainable external QI support infrastructure by linking Ohio's three Regional Health Improvement Collaboratives and seven medical schools more effectively with the state's network of primary care practices.

Aims

1. Expand a nascent statewide cardiovascular health collaborative and establish a sustainable external QI support infrastructure.
2. Co-design, implement, and evaluate the effectiveness, adoption, implementation, and maintenance of the heart healthy QI intervention overall and by subgroup (e.g., geography, insurance, race/ethnicity) using a group randomized stepped-wedge design.
3. Determine patient, provider, clinic, and other contextual factors associated with greater improvements in cardiovascular care at the heart healthy quality improvement project (QIP) clinics.

Approach

Cardi-OH, as part of the Heart Healthy Ohio Initiative, will employ a statewide cardiovascular health collaborative and facilitated co-design approach to develop a heart healthy QI intervention based on patient-centered outcomes research that is focused on accelerating statewide CVD improvement and reducing disparities. Co-design involves working together to design a new solution or intervention and considering and incorporating everyone's knowledge, resources, and contributions to achieve better outcomes. The initiative will establish the following QI services to support primary care practices in priority regions across the state: (1) experienced QI practice facilitator consultations; (2) quality measurement standardization and support; (3) online clinical and QI resources; (4) selected financial management guidance; (5) local learning opportunities; (6) community resource identification; and (7) health information technology support.

Evaluation

Ohio's Heart Healthy Data and Evaluation Team will conduct routine assessments, monitoring, and evaluation through the implementation of the Heart Healthy Ohio Initiative. Activities will include a robust mixed methods evaluation of: (1) Cardi-OH's evolution, network development, dissemination, and sustainability; (2) co-design, adoption, implementation, maintenance, and effectiveness of the heart healthy QIP overall and by subgroup; and (3) factors associated with greater improvements in CVD care at the heart healthy QIP clinics.

Notable Features

- Using a unique co-design approach to ensure engagement of the Cooperative in building a successful heart healthy quality improvement project and Cooperative structure.



“This initiative allows Ohio to develop ways to support primary care teams in their efforts to improve cardiovascular health and reduce disparities in Ohio. We are excited to partner with others to make a meaningful difference in the health of all Ohioans.”

– Principal Investigator Shari Bolen, MD, MPH, Case Western Reserve University/The MetroHealth System