



November 2019

Study Points to Key Considerations for Implementing Primary Care Quality Improvement Efforts

Key Findings

- Large-scale quality improvement efforts in primary care should focus recruitment at the practice level, not the health system level, and consider practice time commitment and provider engagement.
- Before implementation, efforts should be taken to assess practice organizational structures and existing capability for quality improvement.
- Efforts benefit from a multi-organization implementation team, a well-designed kick-off event, a flexible approach, and a variety of resources to meet the needs of individual practices.
- Practice transformation and adoption of evidence-based research require time commitments, major changes in processes and workflows, and additional training.

The Question:

What are the challenges, best practices and lessons learned from large-scale quality improvement efforts in primary care?

There is tremendous pressure on primary care practices to adopt new processes and technologies to improve quality and access to care. The Heart of Virginia Healthcare (HVH) initiative was a regional collaboration aimed to assist small-to-medium-sized primary care practices implement evidence-based cardiovascular care and build capacity for quality improvement. Recently published lessons learned from the project have important implications for future efforts to disseminate information and implement evidence-based research in primary care.

Study authors Debora Goetz Goldberg, Ph.D., M.H.A., M.B.A.; Sahar Haghghat, M.A.; Sneha Kavalloor, M.D., M.S.; and Len M. Nichols, Ph.D., of George Mason University used qualitative methods to facilitate team member reflection on the implementation and dissemination of the initiative in Virginia. In-depth interviews were conducted with 22 implementation team members including physicians, academic professionals, project leaders, practice coaches, and expert consultants.

This research was funded by the Agency for Healthcare Research and Quality (R18HS023913) under the EvidenceNOW: Advancing Heart Health in Primary Care.

The Implications:

Study findings provide researchers, policy makers, and clinicians with insights for future quality improvement efforts in primary care settings.

Authors conclude that large-scale quality improvement efforts in primary care should focus recruitment at the practice level, not the health system level, and consider practice time commitment and provider engagement. Before implementation, efforts should be taken to assess practice organizational structures and existing capability for quality improvement such as electronic health record (EHR) functions, performance measurement activities, and decision-making authority for intervention-related changes. Practice transformation and adoption of evidence-based research require time commitments, major changes in processes and workflows, and additional training.

These conclusions were based on experiences from the project such as challenges in practice recruitment, a limited timeframe for external quality improvement support for practices, and difficulties with EHR data extraction. Other challenges were due to the diversity of practices in the study that included independent and health system-owned practices, varying levels of practice engagement with the initiative, and practices at extreme ends of a practice transformation continuum.

Authors point to the use of external quality improvement support, including practice facilitators and physician consultants, as a helpful strategy in implementing evidence-based research in small-to-medium-sized primary care practices. Nevertheless, effectiveness of external quality improvement support may depend on practice engagement, quality improvement and organizational structures and processes already in place, availability of tools and resources, and length and continuity of external practice facilitation. Authors urge additional time and resources for practice recruitment for study participation and the importance of a longer intense intervention phase where practices have ongoing interaction with external quality improvement specialists.

Learn More

For more information on the results from this grant, please contact Debora Goetz Goldberg at dgoldbe4@gmu.edu or [read the full study](#) in the Journal of the American Board of Family Medicine.