

The Heart Healthy Ohio Initiative (HHOI): Full Speed Ahead with Quality Improvement Efforts

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Ohio is in the top quartile of states for high cardiovascular disease (CVD) event rates, combined stroke and heart attacks, highlighting the need for the Heart Healthy Ohio Initiative (HHOI) Quality Improvement Project (QIP). HHOI QIP is funded by the Agency for Healthcare Research and Quality and led by The MetroHealth System, Case Western Reserve University, The Ohio State University, University of Cincinnati and the three Regional Health Collaboratives across the state. This QI initiative is partnering with the Ohio Cardiovascular and Diabetes Health Collaborative (Cardi-OH), the Ohio Academy of Family Physicians (OAFP), Ohio Association of Community Health Centers (OACHC), Ohio Department of Medicaid, Ohio Department of Health and many other key [stakeholders](#). The QIP is focused on adapting and testing a Heart Healthy Quality Improvement (QI) process designed to improve cardiovascular health and reduce disparities in CVD.



Over 50 participating primary care practice sites from across the state joined in recent Kick-Off events providing an in-depth overview of the project and an introduction to the Institute for Healthcare Improvement (IHI) Model for Improvement: Plan-Do-Study-Act (PDSA) Cycles.

Practices have elected to implement PDSA cycles targeting blood pressure control and/or smoking rates as a strategy to reduce CVD events across Ohio. Each practice has a designated Quality Improvement (QI) Coach, aka practice facilitator, offering guidance, support, and expertise to the practices' core QI team. The Agency for Healthcare Research and Quality said of the project, "Practice facilitators help primary care practices implement the best evidence and develop quality improvement capacity." The practice coach specializes in training practice teams in introducing and implementing a more structured and robust QI program, for example, the IHI model for improvement. The practices represent a wide range of familiarity in formal QI methods. Many practices have already invited a patient to be a member of their core QI team, recognizing and appreciating the value that a patient adds.

More than 90% of the practices elected to focus their initial QI efforts on blood pressure control and identified taking accurate blood pressure as the best place to start. Using resources from the QIP Toolkit on the Heart Healthy website (www.hearthealthyohio.org), they were able to quickly retrain multiple primary care teams across the practice on taking accurate blood pressure and simultaneously educate patients about the appropriate technique for taking in-office blood pressure by using visual cues strategically placed throughout the practice.

For some practices, this initial PDSA illustrated opportunities for further process improvements, and equipment failings or shortages. Naturally, these new insights led to subsequent PDSA cycles.

Other practices elected to start with data-driven improvements such as taking a repeat blood pressure measurement when the initial reading was high and scheduling timely follow-up appointments to help get blood pressure in control. All of these are best practices and worthwhile steps.

We look forward to reducing cardiovascular disease and reducing disparities in CVD in Ohio as a part of the HHOI Initiative.