

Small primary care practices that received training in quality measures to enhance care improved patient outcomes

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A team of family medicine researchers conducted an assessment to determine if the implementation of policies and workflows designed to improve quality of care in smaller primary care practices was associated

with improved health outcomes for patients with cardiovascular disease. The study also examined whether enhancements in quality improvement capacity are associated with a change in clinic performance.

During the 15-month intervention, study participants received training on how to extract clinical quality measures from patient data and implement QI innovations using plan-do-study-act cycles of improvement. Performance on three cardiovascular quality measures —appropriate aspirin use, [blood pressure](#) (BP) control, and tobacco screening/cessation counseling—were reported by clinics at baseline and follow-up.

Within 15 months of the intervention, practices were able to make improvements in all areas, with most improvements occurring in the domains related to QI where facilitators focused their efforts. Additionally, the researchers observed that for each one-point increase in the QICA score, practices were 24 percent more likely to reach the Million Hearts campaign goal of 70 percent of patients with well-controlled blood pressure. With these findings, the authors suggest that relatively light QI support provided by an external facilitator can support important QI changes within small primary care practices.

The research was published in *The Annals of Family Medicine*.

More information: Katie F. Coleman et al, Improving Quality Improvement Capacity and Clinical Performance in Small Primary Care Practices, *The Annals of Family Medicine* (2021). [DOI: 10.1370/afm.2733](#)

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