



EvidenceNOW

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# Practice Recruitment

## COMMUNICATION TOOLKIT

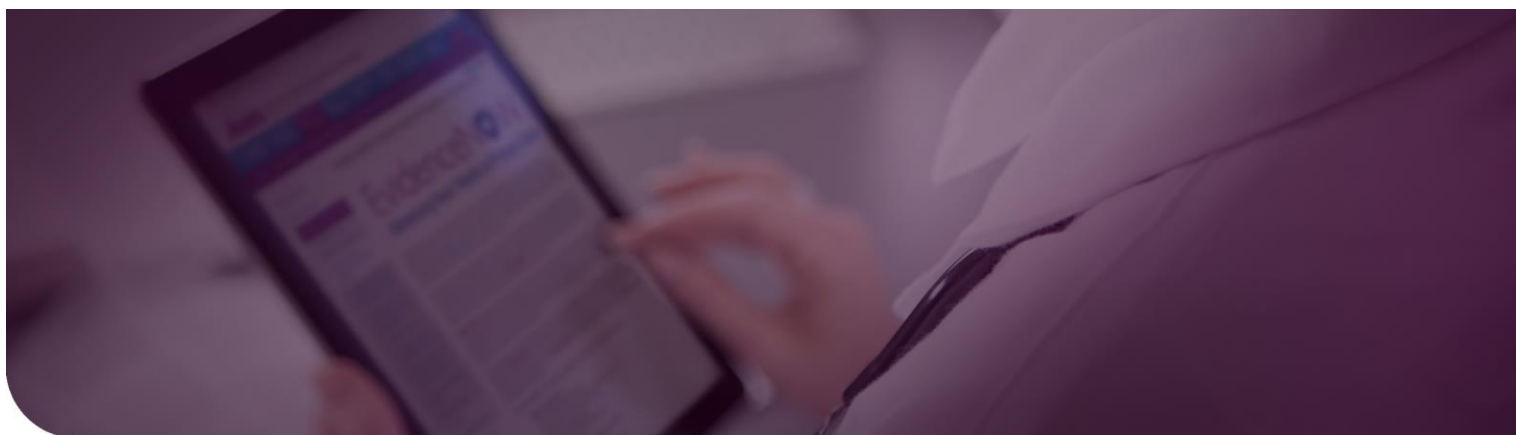
Practice recruitment is pivotal to the success of the EvidenceNOW initiative. This toolkit provides guidance, suggested messaging, and specific components for Cooperatives to use to support practice recruitment.

These materials stem from the Cooperatives' input during Webinars and from feedback from the field. Each Cooperative is working within a different regional context, so these messages are meant to be customized based on your Cooperative's specific environment and practice interventions.



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# ABOUT THE TOOLKIT

You can use the components of this toolkit as is or customize them to meet your specific needs. We have identified where Cooperative-specific information should be included and made suggestions for the type of information to include.

## **What's included in the toolkit:**

1. **Tips for communicating about EvidenceNOW** – page 2
2. **What is a value proposition and is it right for my Cooperative?** – page 3
3. **EvidenceNOW talking points** – page 4
4. **Recommended value proposition for recruitment** – page 5
5. **EvidenceNOW features and benefits checklist** – page 7
6. **Frequently asked questions** – page 8
7. **Quote banners** – page 10

## **Tips for communicating about EvidenceNOW:**

- Include specifics when referencing or describing the features and benefits of the program.
- When discussing the benefits of your intervention, provide evidence that supports its effectiveness.
- Be as detailed as possible about the time and effort needed from participating practices.
- Avoid using the word “free” when describing benefits of participating in EvidenceNOW. Practitioners may view the time they and their staff invest as a cost of participating.
- Use reimbursement and negotiation with payers as program benefits with caution, as these may or may not resonate with practitioners. Feedback from the field indicated that practitioners may not feel they can easily negotiate with payers.

If you have any questions, please contact [TAC@evidencenowexchange.org](mailto:TAC@evidencenowexchange.org).



## What is a value proposition and is it right for my Cooperative?

A value proposition is the overarching, benefit-driven statement that reflects the target audience's rational and emotional needs. It explains how you solve your target audience's problems or improve their situation, both rationally and emotionally. It also offers a promise that resonates to motivate action, affiliation, and participation. There is likely to be variability in how strongly a particular value proposition resonates with individual providers in each region. This toolkit provides sample messaging based on a specific value proposition. As experts in your region, each Cooperative is in a position to select the messages most likely to motivate providers to participate.

Initially, the EvidenceNOW Technical Assistance Center (TAC) presented three value proposition concepts tied to *control*, *recognition*, and *better outcomes* to influence practice participation. After reviewing these value propositions and supporting messages with physicians and office managers in small primary care practices, the TAC narrowed the recommended value proposition and accompanying messaging to the *better outcomes* approach.



## EvidenceNOW talking points

*Use these points when describing the initiative to stakeholders and participating practices:*

- Heart disease is the leading cause of death for men and women in the United States.
- Risk factors for cardiovascular disease such as hypertension, hypercholesterolemia, and smoking remain poorly controlled.
  - One-third of U.S. adults have hypertension, yet only half of those individuals have their blood pressure controlled.
  - One-third of adults have hypercholesterolemia, among which two-thirds are inadequately treated.
  - Twenty percent of adults in America continue to smoke.
- New evidence continually surfaces about how best to deliver the ABCS of cardiovascular care: **A**spirin use by high-risk individuals, **B**lood pressure control, **C**holesterol management, and **S**moking cessation.
- The goal of EvidenceNOW is to ensure that smaller primary care practices get the support they need to find and use the latest evidence to help their patients live healthier and longer lives.
- This program is funded by the Agency for Healthcare Research and Quality, an agency of the U.S. Department of Health and Human Services. For more information, go to [www.ahrq.gov/EvidenceNOW.html](http://www.ahrq.gov/EvidenceNOW.html)



## Recommended value proposition for recruitment

*This represents the expanded “better outcomes” value proposition incorporating language and talking points to help with recruitment.*

### Overall Message

**By participating in EvidenceNOW, you and your clinical team can achieve better outcomes—for your patients, your practice, and yourself.**

The AHRQ EvidenceNOW initiative seeks to improve America’s cardiovascular health by bringing the latest evidence and the support needed to implement it where it will have the greatest positive impact: the smaller primary care practice.

*The following page provides more detailed “better outcomes” messaging.*

## Better outcomes for your patients

Improving patient cardiovascular health and preventing heart disease requires the latest medical evidence coupled with the most effective evidence-based techniques for achieving patient adherence. EvidenceNOW will deliver timely knowledge and training, improved processes, streamlined data collection, and the latest communication best practices to improve you and your team's ability to help patients experience better heart health outcomes.

## Better outcomes for your practice

Improved knowledge, along with streamlined internal processes, better data access, and seamless electronic health record (EHR) coordination can have positive impacts on staff satisfaction and morale. Team performance can improve and your practice can concentrate on what's always been most important: providing the highest quality care to every patient.

[Insert your Cooperative's specific interventions; include evidence that supports the interventions' effectiveness]

## Better outcomes for you

With improved processes, a renewed focus on patient care, and better overall practice performance, an additional benefit can result: joining EvidenceNOW can reignite the joy of practicing medicine. By receiving one-on-one support to apply the latest evidence, encourage greater patient adherence, and benefit from timely staff training, you can focus on what matters most—making people well.

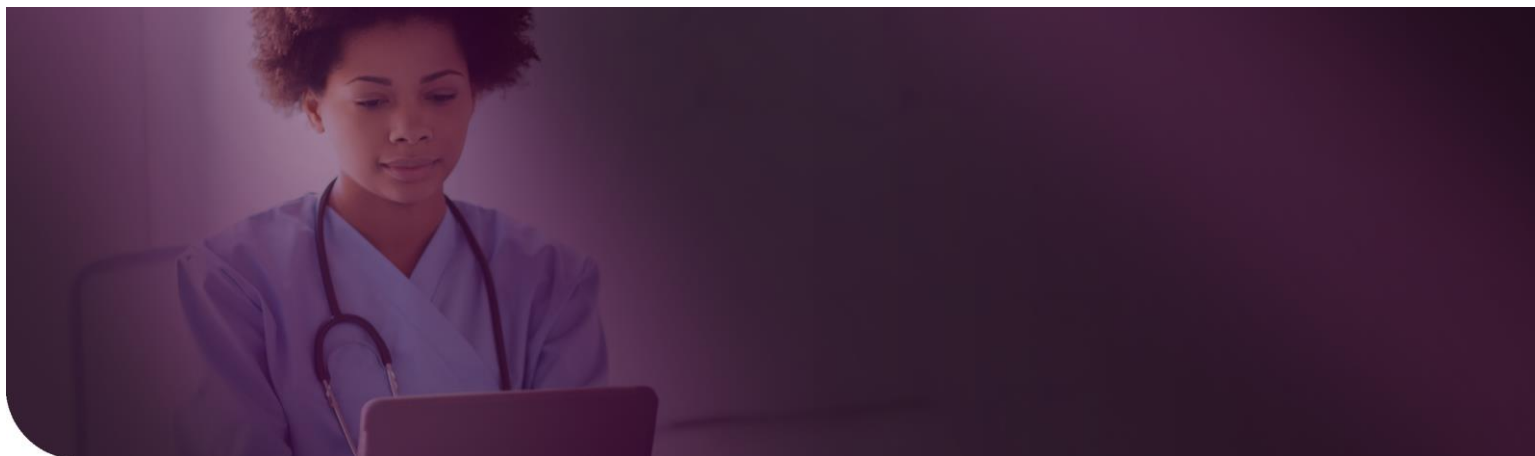
EvidenceNOW offers opportunities to receive the recognition you and your staff deserve, including help with Maintenance of Certification (MOC) requirements. Participating EvidenceNOW physicians who are Board Certified in Internal Medicine, Family Medicine, or one of 18 other specialties of the American Board of Medical Specialties (ABMS) Member Boards can now receive [MOC credit](#) for engagement in this effort.

[Include additional local opportunities for recognition.]

## Better outcomes for primary care

The smaller primary care practice is at the center of our Nation's health care system. It is where most people go to get care. With EvidenceNOW, more primary care providers will be equipped with the latest medical evidence and knowledge to best apply it.





## EvidenceNOW features and benefits checklist

*Below is a checklist with the features and benefits that practices will receive. This list is not exhaustive and can be enhanced based on your Cooperative's specific interventions. Please provide as much information as you can—practices have indicated that the more information, the better.*

### You'll have access to—

- ☐ Customized onsite coaching and training related to quality improvement strategies and integration of evidence derived from patient-centered outcomes research (PCOR)
  - [###] of onsite visits
  - [###] of virtual meetings
  - [Insert additional specifics]
- ☐ The latest evidence in primary care practice
  - [Insert specifics about PCOR resources for practices]
- ☐ Maintenance of Certification (MOC) Part IV
  - Physicians who are Board Certified in Internal Medicine or Family Medicine (or 18 other specialties) can receive MOC credit for participating in EvidenceNOW, which is now part of ABMS' Multi-Specialty Portfolio Approval Program. Visit the [Portfolio Program Web site](#) for more information.
- ☐ Data and feedback with local and national benchmarking to help improve ABCS-related health outcomes
  - This may also include assistance with using your EHR system for quality improvement
  - [Insert specifics about data systems and support]
  - [Insert strategies to complement existing EHR trainings/relationships]
- ☐ Assistance with participation in the CMS Physician Quality Reporting System (PQRS)
- ☐ Peer learning opportunities
  - Be a part of Webinars and CME opportunities.
- ☐ Assistance with identifying related Federal/State grant opportunities

# Frequently asked questions

## 1. Why should my practice participate in [insert name of Cooperative]?

Your practice will receive [insert benefits and outcome of those benefits]. Improving practice function and quality of care can lead to increased satisfaction for clinicians, staff, and patients. Anticipated outcomes also include improved quality measures and financial performance as your practice incorporates efficient and effective processes.

Additionally, participating physicians will be able to pursue Maintenance of Certification (MOC) part IV. Physicians who are Board Certified in Internal Medicine, Family Medicine, or one of 18 other American Board of Medical Specialties (ABMS) Member Boards can receive MOC credit for participating in EvidenceNOW, which is now part of ABMS' Multi-Specialty Portfolio Approval Program. Visit the [Portfolio Program Web site](#) for more information.

## 2. How much time will my practice be dedicating to this initiative?

[Insert answer]

## 3. How will this initiative help me with other quality measures (e.g., accountable care organizations (ACO), clinical integration networks (CIN), commercial insurance, Meaningful Use (MU), or Physician Quality Reporting Systems (PQRS))?

Four of the measures targeted by EvidenceNOW align with the Million Hearts® initiative and are within the scope of clinical quality measures associated with MU and PQRS. As primary care organizations move toward pay-for-performance models, high quality scores and lower costs will impact reimbursement. Blood pressure control, cholesterol management, and smoking cessation are all common measures that practices typically focus on with different quality initiatives (such as CIN). For ACO reporting, aspirin use aligns with ACO #30, blood pressure control aligns with ACO #28, and smoking cessation aligns with ACO #17.



# Frequently asked questions

## 4. What measures will be monitored?

[Insert name of Cooperative] will focus on at least four heart health measures related to the ABCS:

1. Aspirin therapy (PQRS 204/NQF 0068)
2. Blood pressure control (PQRS 236/NQF 0018)
3. Cholesterol management (new measure – N/A)
4. Smoking cessation (PQRS 226/NQF 0028)

In addition, clinicians will be asked to complete a series of surveys at the beginning and end of the project for evaluation purposes. [IF APPLICABLE TO YOUR COOPERATIVE, ADD: Practices will be compensated for the time and effort required for completing evaluation surveys.]

## 5. What will the coaches provide for my practice?

[Insert answer]

## 6. How will my practice's data be protected?

[Insert plan to protect data]

## 7. What if our practice is already receiving onsite quality improvement support/facilitation services?

[Insert answer]

## 8. Are there any financial incentives for participating?

[Insert answer]

## 9. May I promote my practice's participation in [insert Cooperative] in the local media or online?

[Insert answer]

# Quote banners

*These quotes illustrate the value of EvidenceNOW.*

“The goal of the EvidenceNOW initiative is to give primary care practices the support they need to help patients live healthier and longer. By targeting smaller practices, we have a unique opportunity to reduce cardiovascular risk factors for hundreds of thousands of patients, and learn what kind of support results in better patient outcomes.”

–Sylvia Mathews Burwell, Secretary, U.S. Department of Health and Human Services

“Heart disease causes 1 of every 3 American deaths and constitutes 17 percent of overall national health spending. By aligning this impressive work with the Million Hearts initiative, we have the opportunity to focus on activities that have the potential to save lives.”

–Janet Wright, M.D., F.A.C.C., Executive Director, Million Hearts® Initiative

“EvidenceNOW is an exciting opportunity to drive transformative change. This initiative is designed to help practitioners who are the backbone of care delivery in this country build their capacity to meet value-based performance requirements and deliver smarter, better cardiovascular care for their patients.”

–Richard Kronick, Ph.D., Director, Agency for Healthcare Research and Quality

“EvidenceNOW builds on AHRQ’s longstanding efforts to support medical practice improvement. We are pleased about the opportunity this initiative presents for primary care practices to turn research into action that measurably improves the quality of cardiovascular care for patients.”

–David Meyers, M.D., Chief Medical Officer and EvidenceNOW Director, Agency for Healthcare Research and Quality