

Supplemental materials for

Coleman KF, Krakauer C, Anderson M, et al. Building quality improvement capacity in small primary care practices. *Ann Fam Med*. 2021;19(6):499-506.

Supplemental Table 1. Comparing Practices With and Without Both QICA Evaluations				
	Completed both QICA Evaluations	Missing at least one QICA evaluation		p-value[†]
	(n=165)	(n=44)		
Practice characteristics				
Site, n(%)				
Qualis Health (Washington & Idaho)	103 (64.2%)	6 (13.6%)		<0.001
ORPRN (Oregon)	59 (35.8%)	38 (86.4%)		
Location, n(%)				
Rural	75 (45.5%)	16 (36.4%)		0.28
Urban	90 (54.5%)	28 (63.6%)		
Number of clinicians, n(%)				
One (solo)	31 (18.8%)	8 (18.2%)		0.79

2 to 5	85 (51.5%)	25 (56.8%)	
6 or more	49 (29.7%)	11 (25.0%)	
Average panel size for full-time clinician, mean (SD)	1186.33 (821.71)	1082.22 (614.09)	0.48
Number of patient visits per week at practice, mean (SD)	253.68 (247.59)	219.57 (209.12)	0.40
Organizational type, n(%)			
FQHC	22 (13.3%)	0 (0.0%)	0.07 [‡]
Health/Hospital system	60 (36.4%)	21 (47.7%)	
IHS/Tribal	8 (4.8%)	2 (4.5%)	
Independent	75 (45.5%)	21 (47.7%)	
Specialty, n(%)			
Family Medicine	129 (78.2%)	41 (93.2%)	0.03 ^{††}
Internal Medicine	5 (3.0%)	2 (4.5%)	
Mixed	31 (18.8%)	1 (2.3%)	
Patient population			
White, mean clinic-level percent (sd)	78.90 (23.73)	75.69 (26.68)	0.56

Hispanic, mean clinic- level percent (sd)	9.72 (14.72)	5.42 (4.66)	0.17
Female, mean clinic- level percent (sd)	54.37 (7.68)	54.24 (8.56)	0.94
Age, mean clinic- level percent (sd)			
<17	13.17 (9.14)	12.83 (8.48)	0.87
18-39	25.26 (10.57)	23.44 (8.89)	0.43
40-59	28.78 (10.05)	28.14 (6.45)	0.76
60-75	21.74 (10.45)	23.98 (10.63)	0.34
>75	10.35 (11.47)	11.49 (7.01)	0.64
Insurance type, mean level percent (sd)			
Medicare	24.68 (16.69)	24.24 (17.11)	0.90
Medicaid	24.62 (20.80)	23.09 (14.96)	0.73
Dual (Medicare and Medicaid)	3.46 (6.89)	5.57 (9.10)	0.18
Commercial	36.10 (22.85)	36.43 (20.08)	0.95
Uninsured	7.80 (13.50)	5.28 (7.52)	0.36
Other	3.40 (8.48)	5.42 (11.11)	0.30
Baseline: QICA 1			
QICA 1, mean (sd)	6.45 (0.11)	7.02 (1.85) <i>n=37</i>	0.03

Baseline: Blood pressure CQM

Site achieved Million Hearts goal of $\geq 70\%$ eligible patients with BP ($<140/90$), n (%)

38 (23.0%)	6 (13.6%)	0.17
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† p-values are the results of Pearson's chi-squared tests for binary/categorical variables (see result of Fisher's exact test for select variables below) and t-tests otherwise.

‡ p-value of 0.03 with Fisher's exact test.

†† p-value of 0.01 with Fisher's exact test.

Supplemental Appendix

Clinical Quality Measure Specifications

The clinical measure for aspirin (CMS164)²⁹ was defined as the percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG), or percutaneous coronary interventions (PCI) in the 12 months prior to the measurement period, or who had an active diagnosis of ischemic vascular disease (IVD) during the measurement period, and who had documentation of use of aspirin or another antithrombotic during the measurement period.

Blood pressure control (CMS 165)²⁸ was defined as the percent of patients ages 18-85 with previously diagnosed hypertension from each practice who achieved adequate blood pressure control (<140/90).

Smoking cessation (CMS 138)³⁰ was defined as the percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months and who received cessation counseling intervention if identified as a tobacco user.

The protocol requested each practice submit numerator and denominator data on each measure using a rolling 12-month look-back period.

Our analyses are based on a comparison of data for the fourth quarter 2015, which corresponds to clinical data from calendar year 2015 prior to the interventions, to the fourth quarter of 2017. Data remain missing for some practices due to loss to follow-up; see Figure 1 for further details.