Supplemental materials for:

McHugh M, Brown T, Liss DT, Walunas T, Persell S. Practice facilitators' and leaders' perspectives on a facilitated quality improvement program. *Ann Fam Med*. 2018;16(Suppl 1):65-71.

Appendix

ABCS Measure Definitions and Interview Protocols

Healthy Hearts in the Heartland (H3) ABCS Measure Definitions

Outcome measure	CMS eMeasure ID (For Reporting in 2016)	NQF #	PQRS #	Measure Title	Measure Description
A: Aspirin	CMS164v4	NQF0068	204 (GPRO IVD-2)	Ischemic Vascular Disease (IVD): Use of **A**spirin or Another Antithrombotic	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.
B: Blood pressure	CMS165v4	NQF0018	236 (GPRO HTN-2)	Controlling High **B**lood Pressure	Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (< 140/90 mmHg) during the measurement period.
C: Cholesterol	CMS PREV-13 (2017 measure)	-	-	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	Percentage of patients-all considered at high risk of cardiovascular events-who are prescribed or were on statin therapy during the measurement period: adults ≥ 21 years who were previously diagnosed with or currently have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD) OR adults ≥ 21 years old who have ever had a fasting or direct low-density lipoprotein cholesterol (LDL-C) level ≥ 190 mg/dl or were previously diagnosed with or currently have an active diagnosis of familial or pure hypercholesterolemia OR adults aged 40-75 years with a diagnosis of diabetes with a fasting or direct LDL-C level of 70-189 mg/dl.

S: Smoking cessation	CMS138v4	NQF0028	226 (GPRO PREV-10)	Preventive Care and Screening: Tobacco Use: **S**creening and Cessation Intervention	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.

Interview Protocol, Practice Leaders

THE INTERVENTION

1. In your own words, what's the goal of H3?

2. Do you think that H3 is designed or structured in a way that would achieve those goals? If not, why not?

3. What would you say are some of the strengths of H3 program, as you experienced it?

4. What would you say are some of the weaknesses of H3? *(Probe, only if needed: Was the program designed to address the "right" issues? Did you receive the support you needed? Was there anything you wished the program included that would have made it more valuable to your clinic?)*

5. Overall, how well do you think H3 fit within your practice? *(Probe, only if needed: To what extent do you feel that you were able to adapt or tailor H3 to the needs of your own practice?)*

6. Reflecting on the practice facilitation and tools provided to your practice under H3, how would you describe the quality of H3 as a whole? *[Probe, only if needed: For example, would you say that the support and materials provided by H3 were high-quality? Where were there deficiencies?]*

7. Which H3 interventions, tools, or resources did you find easiest to implement? Why?

8. Which H3 interventions, tools, or resources did you have the most difficulty with? Why?

PROCESS

9. To what extend do you feel that you had an appropriate plan at the outset for implementing H3 changes or tools? *(Prompt, only if necessary: If you think back to initial conversations you had with your practice facilitator when you reviewed the 'menu of options', how valuable was this plan in guiding your work over the past year?)*

10. Do you think that H3 engaged the right individuals within your practice? Explain.

11. How well do you think your practice was able to implement the H3 changes and tools selected in the initial plan?

If you strayed from the plan, why?

INTERNAL FACTORS

12. How well prepared or ready was your practice to undertake these QI strategies and tactics?

13. Thinking about the characteristics of your practice, for example, your staff, your electronic health record, and other resources, what do you think are the biggest factors that facilitated the adoption of H3 changes and tools? Why/How so?

14. Thinking about the characteristics of your practice, for example, your staff, your electronic health record, and other resources, what do you think are the biggest factors that impeded the adoption of H3 changes and tools? Why/How so?

15. Did the age of your practice, the size of your practice, or prior experience with quality improvement efforts help or hinder implementation of the H3 changes and tools? Explain, give examples.

16. How receptive do you think your colleagues (if shared with other MDs) and staff were to changes related to H3? Why*? [Probe, only if necessary: How compatible was H3 with your organization's culture? In other words, did H3 feel like a natural fit?]*

17. To what extent was H3 a priority in your practice? If it was a priority, how was that priority communicated. If not a priority, why not?

EXTERNAL FACTORS

18. Thinking about the characteristics of your external environment, for example, your community and external pressures on your practice, what do you think are the biggest factors that facilitated the adoption of H3 changes and tools? Why/How so? (Prompt, if needed: Examples may include payment models or incentive programs from CMS and others.)

19. Thinking about the characteristics of your external environment, for example, your community and external pressures on your practice, what do you think are the biggest factors that impeded the adoption of H3 changes and tools? Why/How so?

20. (If not already discussed) To what extent did relationships with physicians from other practices – or peer pressure – help or hinder the adoption of H3 changes and tools?

21. (If not already discussed) To what extent did financial incentives – like CMS quality incentive programs -- help or hinder the adoption of H3 changes and tools? 3

CONCLUSION

22. What advice would you give to other practices just beginning the H3 program about the implementation of the QI strategies and tactics?

23. What advice would you give to the H3 team regarding how to help practices adopt the H3 changes and tools (or improve cardiovascular quality of care)?

24. Do you think your practice will be able to sustain the changes made under H3? Why so?/Why not?

25. Is there anything else that you would like to share about your experience with H3 or the factors that facilitated or hindered implementation of the H3 interventions? 1

Interview Protocol, Practice Facilitators

THE INTERVENTION

The first few questions pertain to H3 broadly – not specifically to the XXXX practice. The stated goal of H3 is to implement cardiovascular improvement strategies in small practices in the Midwest.

1. Do you think that H3 is designed or structured in a way that would achieve those goals? If not, why not?

2. What would you say are some of the strengths of H3? *(Probe, only if necessary: What is working?)*

3. What would you say are some of the weaknesses of H3? *(Probe, only if necessary: What is not working?)*

4. Reflecting on the practice facilitation and the interventions and tools provided under H3, how would you describe the quality of the H3 intervention as a whole? *(Probe, only if necessary: For example, how would you describe the quality of the interventions, resources, support provided to the practices?)*

5. In general, which interventions or tools did you find easiest to help practices implement? Why?

6. In general, which H3 interventions or tools did you have the most difficulty getting practices to implement? Why?

H3 IN THE SPECIFIC PRACTICE

7. Now thinking specifically about the XXXX practice, how successful would you say the practice was in implementing H3 changes and tools? Why?

8. Which H3 changes or tools did you find easiest to implement at XXX practice? Why?

9. Which H3 changes or tools did you have the most difficulty getting XXX practice to implement? Why?

PROCESS

10. To what extent were you able to develop a plan at the outset for implementing H3 changes or tools at XXX practice?

11. Did you or the practice stray from the plan? If so, why?

12. Do you think that H3 engaged the right individuals within the practice? Explain.

INTERNAL FACTORS

13. How well prepared or ready do you think the practice was to adopt H3 changes and tools?

14. Thinking about the characteristics of the practice, for example, the staff, the electronic health record, and other resources, what do you think were the biggest factors that helped the adoption of H3 changes and tools? Why/How so?

15. Thinking about the characteristics of the practice, for example, the staff, the electronic health record, and other resources, what do you think were the biggest factors that hindered the adoption of H3 changes and tools? Why/How so?

16. Did the age of the practice, the size of the practice, or prior experience with quality improvement efforts help or hinder implementation of the H3 changes and tools? Explain, give examples.

17. To what extent do you think H3 was a priority in the practice? If it was a priority, how was that priority communicated? If not a priority, why not?

18. How receptive do you think the physicians were to changes related to H3? If not, why not?

19. How receptive do you think the staff was to changes related to H3? If not, why not?

20. Overall, do you think H3 was a good fit for this practice? Why/Why not?

EXTERNAL FACTORS

21. To what extent do you think financial incentives – like CMS quality incentive programs -- helped or hindered the adoption of H3 changes and tools within this practice?

22. Do you think there were other factors within the practice's external environment that helped or hindered adoption of H3 changes and tools? (For example, relationships or competition with other practices?)

CONCLUSION

23. Are there any other factors that you believe helped XXX practice adopt H3 changes and tools?

24. Are there any other factors that you believe hindered XXX practice from adopting H3 changes and tools?

25. Do you think XXX practice will be able to sustain the changes made under H3? Why so?/Why not?

26. What do you think is one or two of the most important lessons H3 can learn from your experience partnering with the practice throughout the 12 month H3 intervention?

27. Now that you've had more than a year of experience with H3, is there anything you would change about H3 to improve it?

28. Is there anything else that you would like to share about your experience with H3 or the XXXX practice?