HeartHealth+

Learning Collaborative

The Heart Health Plus Program Initiative aims to improve the cardiovascular health of Floridians and contribute to the Million Hearts® initiative to prevent one million heart attacks and strokes nationwide. The Bureau of Chronic Disease Prevention (Bureau) in partnership with the University of Central Florida College of Medicine's HealthARCH (HealthARCH) has developed a new quality improvement (QI) opportunity aimed at improving the prevention and management of hypertension and hypercholesterolemia to reduce the burden of heart disease within defined regions of Florida.

What will be provided as a part of the Heart Health Plus Learning Collaborative:

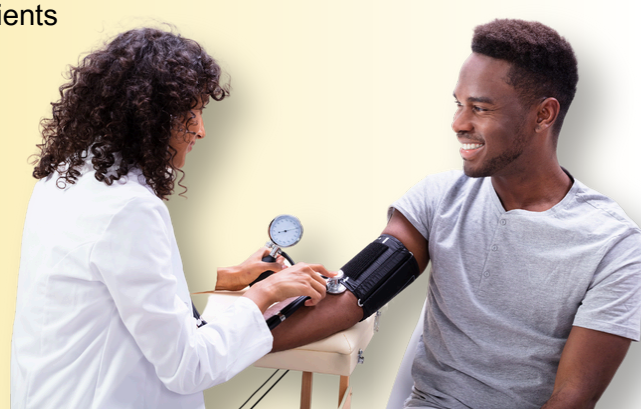
- Education on best practices for the identification and management of patients with hypertension and hypercholesterolemia
- Individually Tailored In-Depth Technical Assistance (see page 2)
- Coordination with local health departments and social service providers to support healthcare and health-related social needs of the organization's patient population, e.g. (lifestyle change programs, community resources, social service support)
- Financial Incentive: Multiple payments based on health system/social service provider meeting various milestones during project term

Counties Served:

Calhoun, Citrus, Dixie, Gadsden, Gulf, Hendry, Jackson, Jefferson, Leon, Levy, Liberty, Madison, Putnam, Taylor, and Union

Program Requirements:

- Use of a 2015 certified (EHR) system and the ability to report aggregated patient-level clinical quality measures data
- Participate in a twelve-month Quality Improvement Cycle
- Attend quarterly Heart Health Plus meetings
- Complete a pre- and post-assessment survey
- Participate in monthly virtual/in-person technical assistance meetings (at minimum)
- Serve a priority population with a primary focus on Medicare recipients
- Establish a referral system to Social Service Providers



HealthARCH
ADVANCING RESOURCES TO CHANGE HEALTHCARE
A Division of the UCF College of Medicine

Contact Us for More Information

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Frequently Asked Questions

What is included in the Technical Assistance provided?

- Health System Assessment
- Assistance identifying a Quality Improvement team who will engage in continuous process of assessment, planning, implementing changes, and evaluation for a 12-month QI cycle
- Support documenting processes for performance improvement efforts
- Development and/or refinement of formal policies, procedures and workflows that adhere to Patient Centered Medical Home guidelines (referral processes, lab tracking and follow-up, care management, care coordination, case management, and EMR data collection practices)
- Assistance identifying tools for tracking, reporting and stratifying data using patient social determinants of health (SDOH) data
- Development of Collaborative Practice Agreements with Social Service Providers

What is included in the Participation in a 12-month Quality Improvement Cycle?

- Identification of a Quality Improvement Team led by a designated QI Champion
- Reporting aggregated patient-level clinical quality measures data
- Sharing requested data with HealthARCH pertinent to the scope of this engagement for the length of the program
- Completion of the pre- and post-assessment surveys

How do I Enroll?

- Contact our Program Manager, Jessica Schappacher, via email: jessica.schappacher@ucf.edu or call 407-266-4002 to schedule a Recruitment Call.

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