Coach Medical Home

Strategies & tools to support patient-centered medical home transformation



MODULE 1: Getting Started

GroupHealth

MacColl Center for Health Care Innovation

THE COMMONWEALTH FUND

QUALIS HEALTH

Learning objectives for this module

After completing this module, you will know how to:

- Articulate why PCMH transformation is not business as usual and ways to support it.
- Establish a relationship with practices.
- Take a step-by-step approach to establish a plan of action that supports long-term improvement.

Overview of contents in this module

- The challenge of transformation and keys to success
- Kick-start your work with a practice
- Assessing and strengthening practice readiness
- Establishing a practice transformation facilitation plan

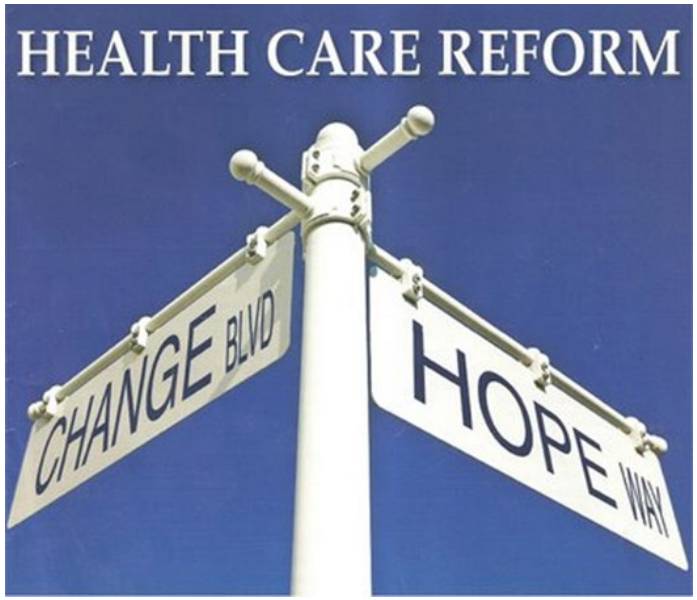
Section 1

The challenge of transformation and keys to success

We live in interesting times

Federal health care reform is counting on:

- Primary care that improves quality, reduces costs, and improves patient experience
- Greater capacity and higher quality among the nation's federally qualified health centers (FQHCs)



CMS and the Bureau of Primary Health Care use the PCMH as the model of robust primary care.

PCMH transformation is not business as usual

"Change is hard enough; transformation to a PCMH requires epic whole-practice reimagination and redesign." (Nutting, et al.)

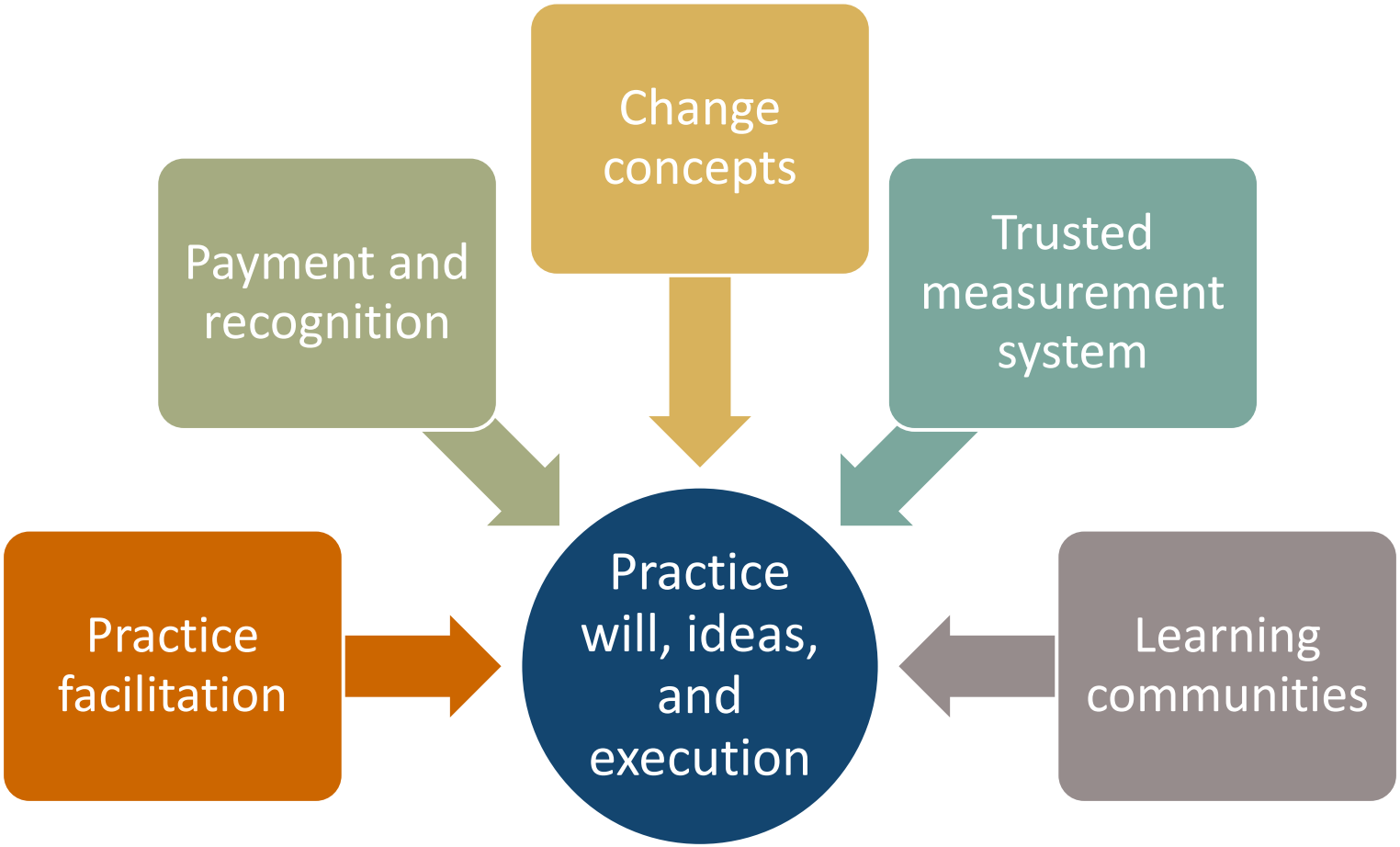
For most practices, transformation means:



Comparing old and new care

Typical care	PCMH care
"My patients are those who make appointments to see me."	"Our patients are those on our team's panel, whether they make appointments or not."
Patients are responsible for coordinating their own care.	A prepared team of professionals coordinates all patient care.
"It's up to the patient to tell us what happened to them."	"We track tests & consultations and follow up after ED & hospital visits."
Care is determined by today's problem & time available.	Care is determined by a proactive plan to meet health needs, with or without visits.
Care varies by provider.	Care is standardized by evidence-based guidelines.
"I know I deliver high-quality care because I'm well trained."	"We measure our quality and make rapid changes to improve it."
Clinic operations focus on meeting doctors' needs.	An inter-disciplinary team focuses on meeting patients' needs.

What helps practice transformation?



Keys and obstacles to success

What works

- Practice willingness & organizational readiness
- Practice facilitation
- Learning communities
- A trusted measurement system

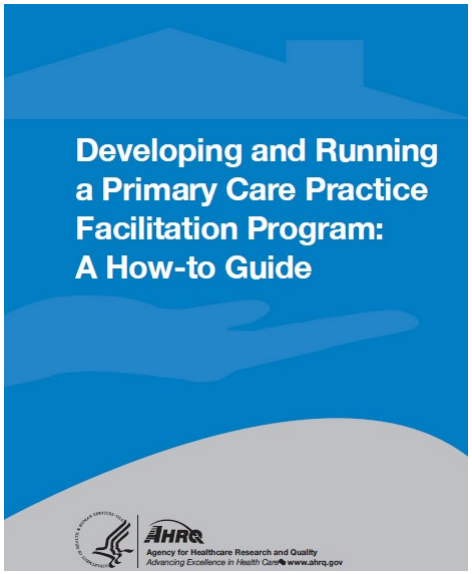
Possible red flags

- The primary motivation is increased revenue
- Leaders are unenthusiastic or against change
- Cash flow or EHR problems, high staff turnover
- Lack of capacity to track performance

Section 2

Kick-start your work with a practice

Successful practice facilitation



A helpful resource from the Agency for Healthcare Research & Quality (AHRQ):

- A how-to guide for primary care facilitation programs

Getting ready for the kick-off meeting



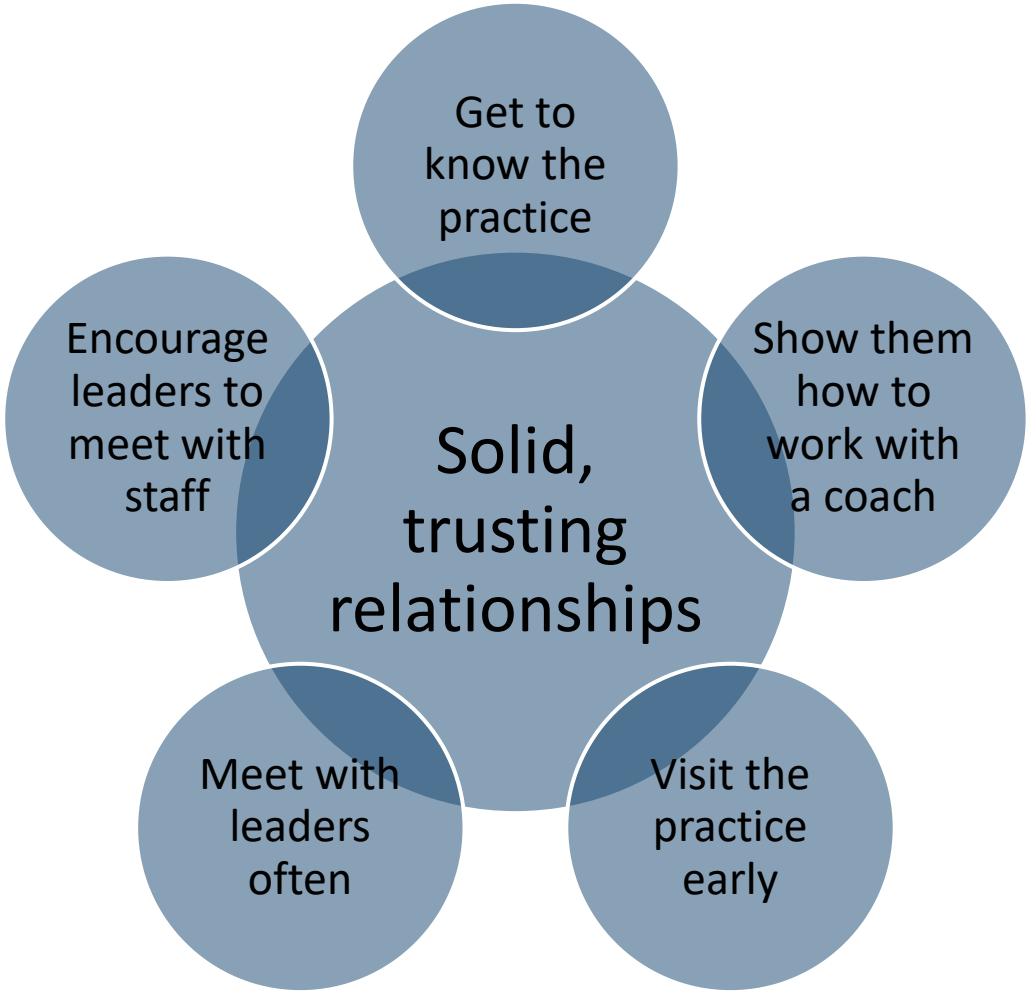
Answering common questions about becoming a PCMH

Do we really have to change how we deal with patients?	• Yes, or performance metrics won't change.
Can't we just complete the forms?	• See above.
Why so many different changes?	• The PCMH model covers all the elements of effective primary care.
Do we have to change everything at once?	• No! That would be overwhelming. Plus, some changes will build on others.
How difficult is practice transformation?	• Difficult, but not impossible. It requires trying small changes over time.

Good relationships are essential

Most practices will need help figuring out how best to work their facilitator.

The success of practice facilitation appears to be related to the quality and intensity of the relationship between the coach and the practice.

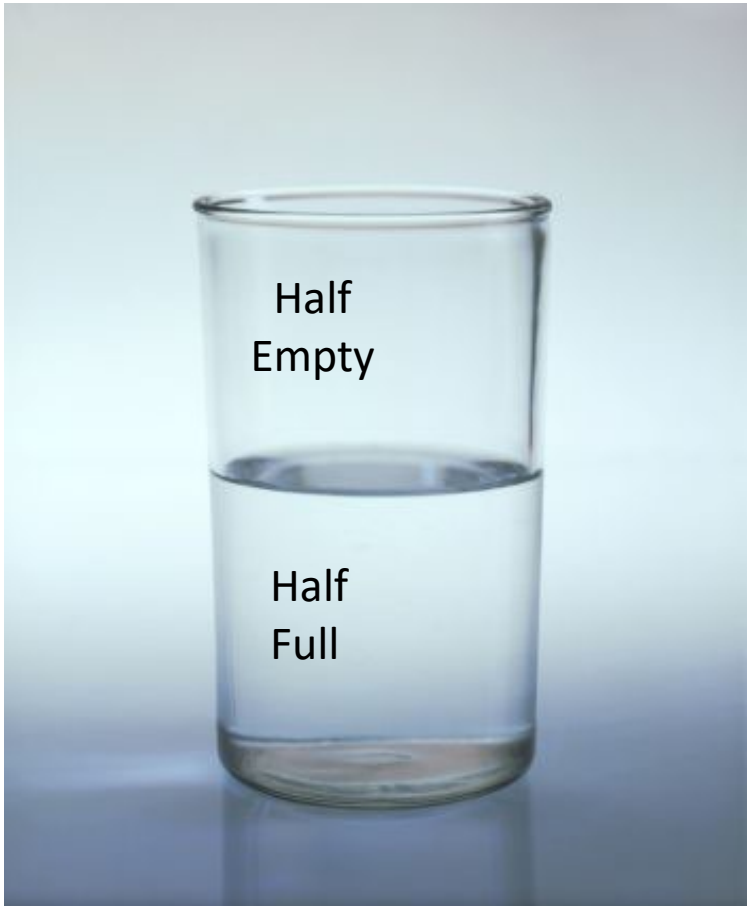


SECTION 3

Assessing and strengthening practice readiness

Lessons from quality improvement (QI) collaboratives

- Half or more of practices show no evidence of improvement.
- Readiness to change distinguishes practices that improve from those that do not.



Two perspectives on readiness

Practices that don't look anything like a PCMH can be ready to change—and many are.

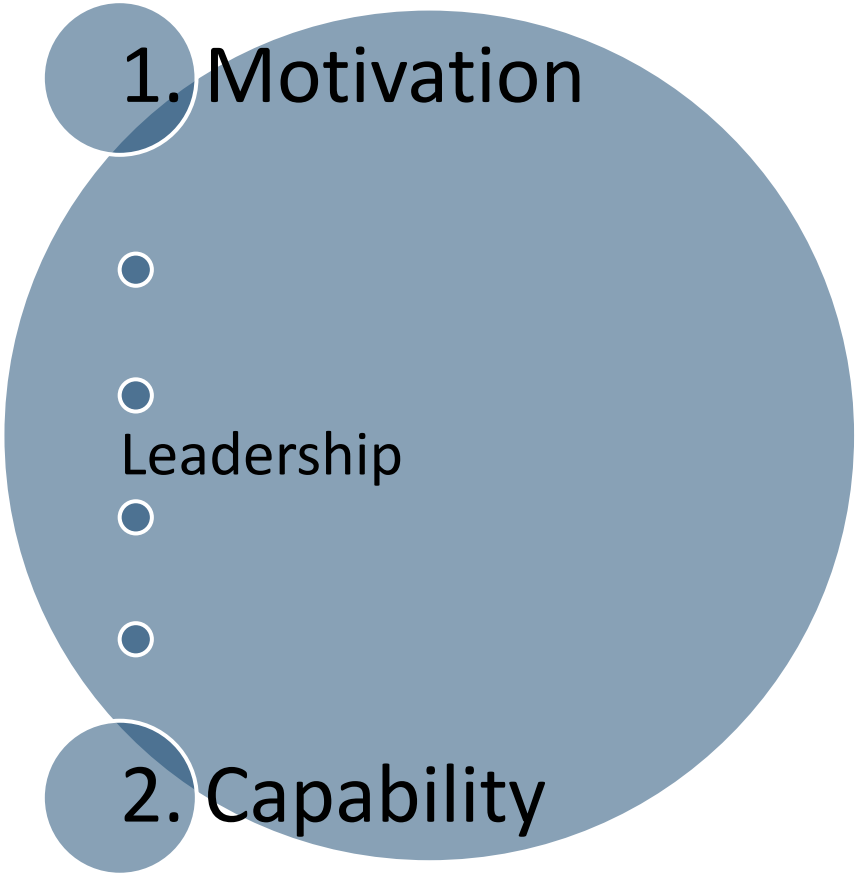
Organizational readiness to change:
Is the practice motivated to change and does it have the will & capacity to make changes?

Progress toward PCMH:
How far along is the practice on the journey to becoming a fully implemented PCMH?

What is readiness for change?

"A **shared psychological state** in which organizational members feel committed to implementing an organizational change and confident in their collective abilities to do so."[1]

But readiness is more than a psychological state of the staff. It also includes **practice characteristics** that enable change.



1. Nutting PA, et al., 2011

Readiness element #1: Motivation

Motivation is the collective willingness and commitment of organizational members—in this case, a primary care practice team—to implement the designed organizational change.[1]

Intrinsic motivation

- Comes from within—from beliefs, fears, aspirations, etc.
- Example: Trying to stop smoking because of concerns about your health.

More closely linked with quitting smoking & other behavior change

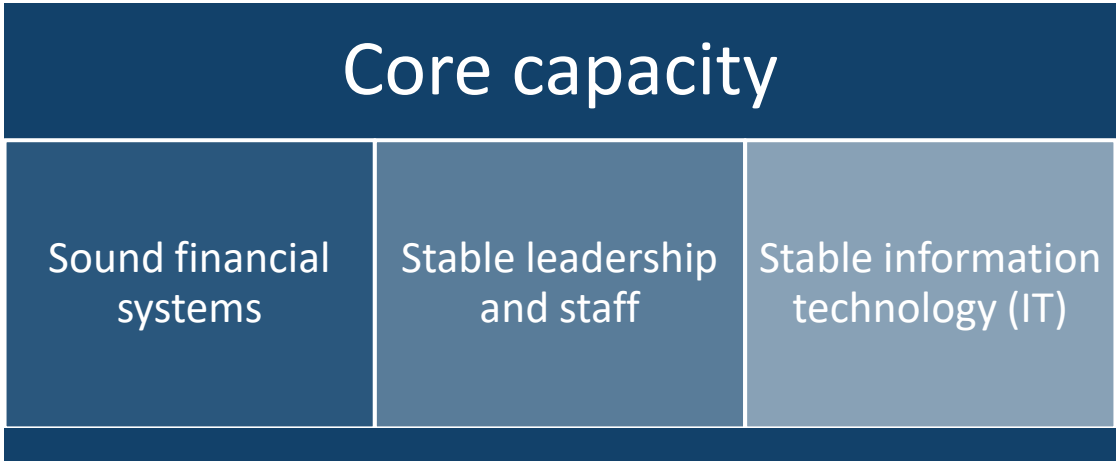
Extrinsic motivation

- Comes from outside
- Example: Trying to stop smoking because your company offers employees $50 to quit.

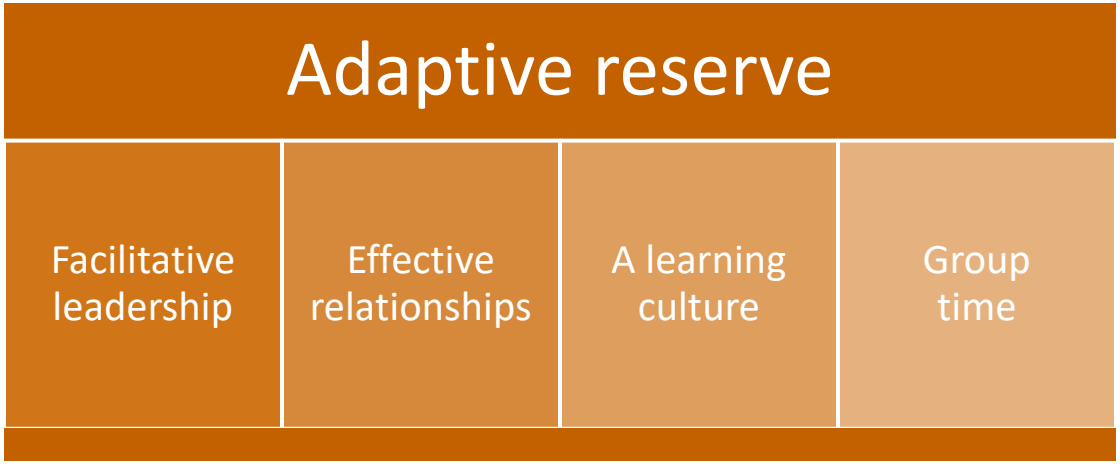
1. Wise CG, et al., 2011

Readiness element #2: Capability

Can the practice function well in times of stability?



Can the practice change to adjust to shifting policy or to improve?



Measuring organizational readiness for change (ORC) vs. PCMH progress

ORC is generally not assessed by PCMH progress measures.

PCMH progress measures gauge the extent to which a practice resembles a medical home.

Few tools have been widely used or tested in healthcare settings.

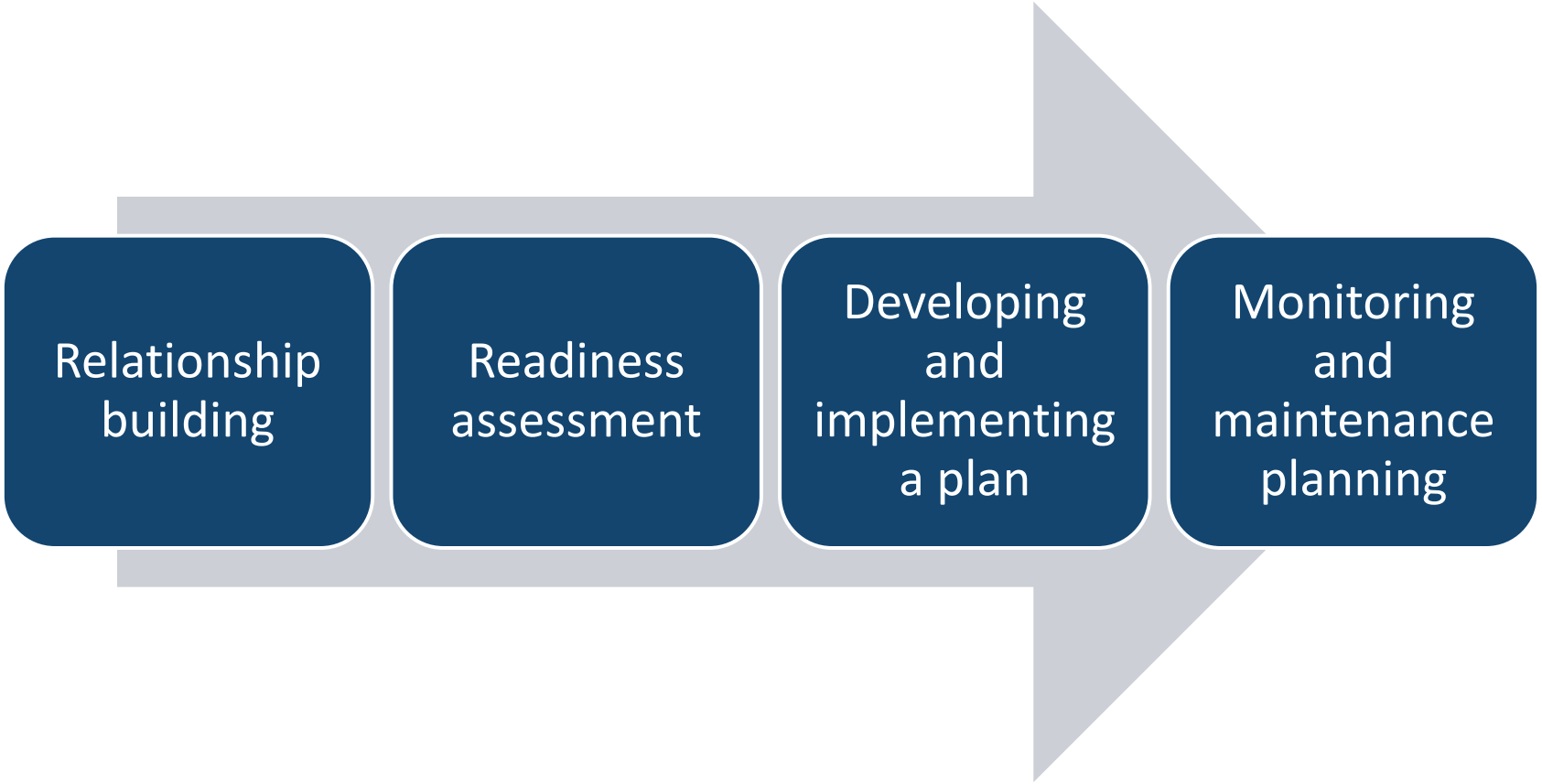
Examples: NCQA Readiness Assessment, the PCMH-A

The PCMH-A is primarily a measure of progress toward transformation, but it also includes some items that assess readiness.

Section 4

Establishing a practice transformation facilitation plan

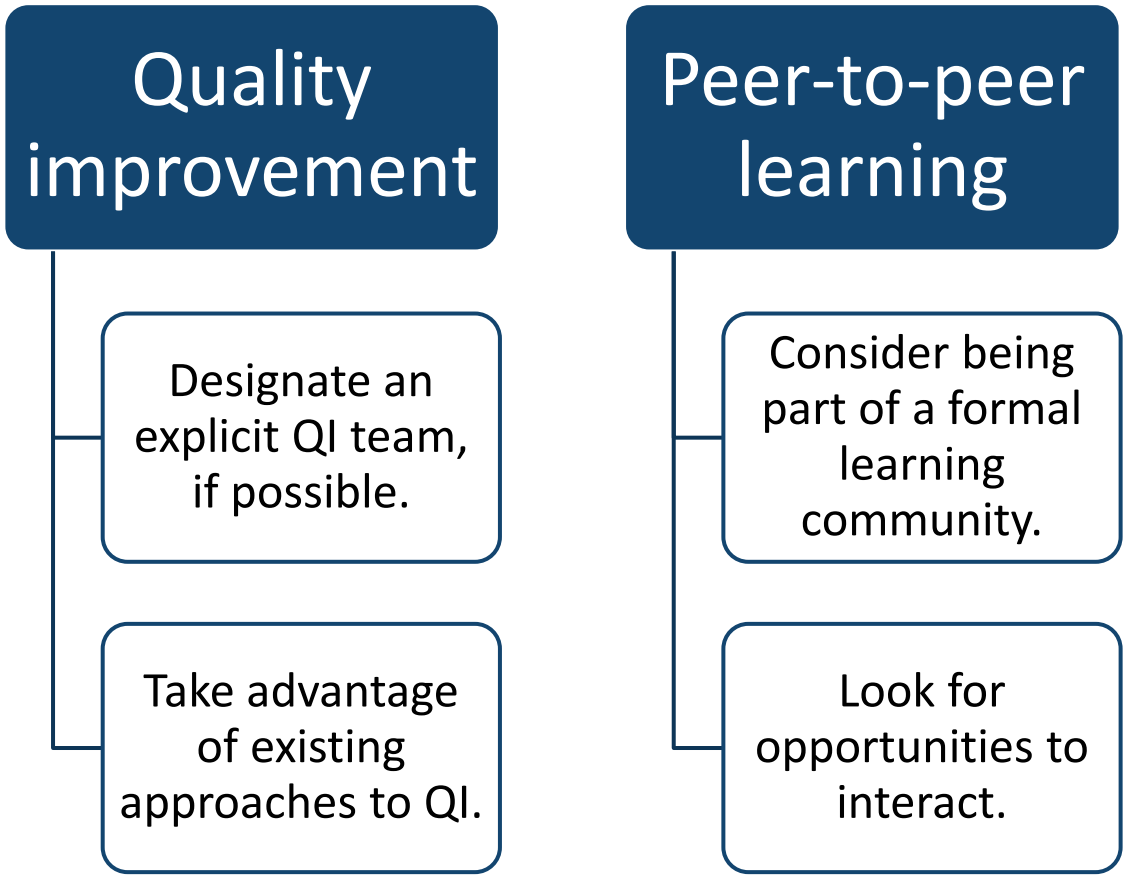
Launching the transformation process



Establishing a plan of action

Set goals	• Consider readiness assessment results • Is NCQA recognition important?
Clarify expectations	• Consider a Memorandum of Understanding
Involve patients	• Use patients as advisors to the extent possible

Setting goals for practice transformation



It is not always a good idea to move ahead with PCMH transformation

Problem	Potential actions
Financial instability	A practice management consultant may help
Unstable IT	Link practices with regional IT resources (e.g., REC, LEC)
Problematic leadership	Leadership training
Staff turnover	Assess staff satisfaction/burnout
Lack of teamwork	Team-building activities

Change needs to be both top down & bottom up

Effective leadership creates & sustains the practice's vision for PCMH transformation		
Facilitate staff involvement	Encourage & empower staff	Provide time to plan & implement changes

Emphasize intrinsic motivation

Financial incentives may increase the likelihood that a practice will participate in PCMH initiatives, but many aren't ready to change.

Early efforts should appeal to intrinsic motivators.

Use stories from providers and staff at transformed practices who report higher career satisfaction.

