

Helping Ambulatory Practices Succeed: Reflections from Practice Transformation Facilitators

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ABSTRACT

Healthcare reform efforts implemented to optimize primary and specialty care delivery require practices to undertake considerable transformation. To support change efforts, many private insurers and federal and state health-reform efforts provide practices and clinicians with access to practice-transformation facilitators. Healthcentric Advisors provides practice-transformation support and technical assistance to practices in Rhode Island and across New England. From this work we know that strategies and approaches to support transformation and achievement of program recognitions differ by practice characteristics, resource access, and patient panels. Understanding practice attitudes and beliefs about change, recognizing that change occurs on a spectrum, acknowledging that program recognition is only the beginning, and aligning quality-improvement initiatives, are domains that support success regardless of practice type. However, working with a facilitator who engages your entire care team to integrate a culture of quality improvement and process ownership, has the greatest impact on overall transformation.

KEYWORDS: patient-centered medical home, practice transformation, quality improvement, pediatrics, residency clinic, Rhode Island

INTRODUCTION: PRACTICE TRANSFORMATION

Healthcare reform efforts implemented to optimize primary and specialty-care delivery require practices to undertake considerable transformation. Challenges and barriers associated with practice transformation and the shift to models such as the Patient-Centered Medical Home (PCMH), a widely accepted solution to transforming the delivery of primary care,^{1,2,3} are well documented.^{4,5} To support practice change efforts, many private insurers and federal and state health reform efforts driving adaptation of the PCMH model or the shift to value-based care provide practices and clinicians with access to practice-transformation facilitators.⁶

Healthcentric Advisors provides practice-transformation support and technical assistance to primary care and specialty practices in Rhode Island and across New England, and has for more than 20 years. Our practice-transformation

facilitators include licensed clinicians, quality improvement specialists, master's prepared associates, and information technology and reporting experts. Facilitators work with practice implementation and care teams to provide technical assistance, training, and resources to support transformation efforts. Work begins by collecting baseline data from the entire care team to inform work with a smaller implementation team, allowing progress assessment. Our ultimate goal is to foster ownership of the transformation process among practices and care teams.

Strategies and approaches to support transformation and achievement of program recognitions, such as National Committee for Quality Assurance (NCQA) PCMH status, differ by practice characteristics, resource access, and patient panels. Although, through our experience working with practices across the readiness spectrum and across all practice types, we have identified key domains critical to practice transformation success. In sharing our insights and experiences with practices, care teams, and others looking to implement change, we describe four domains: understanding attitudes and beliefs about change, recognizing that change occurs on a spectrum, achieving NCQA PCMH Recognition (or other program achievements) is only the beginning, and aligning quality improvement initiatives to augment success. Each concept is followed by our team's approach and an example from our work with practices in Rhode Island.

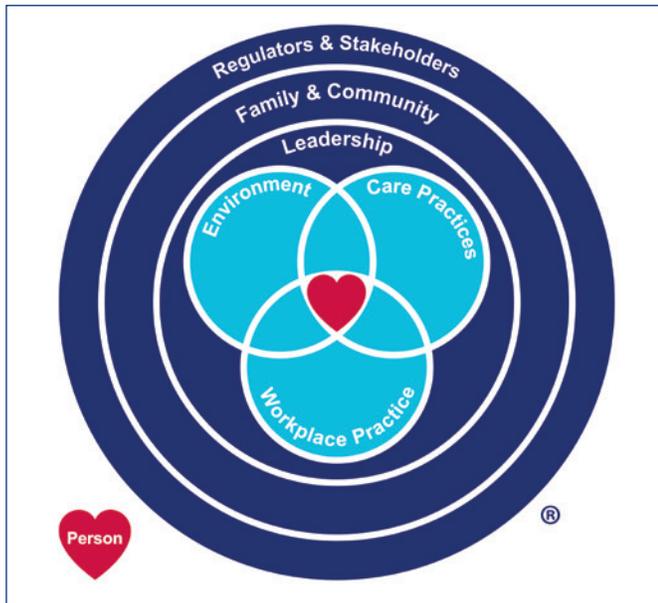
UNDERSTAND THE ENTIRE CARE TEAM'S ATTITUDES AND BELIEFS ABOUT CHANGE

Assessing and understanding the entire care team's attitudes, beliefs, and behaviors at the outset of practice transformation is more important to success than evaluating only standard practice characteristics at baseline. Standard baseline characteristics (e.g. patient panel size, staffing and resource allocation, insurance/payer mix) are important considerations, yet culture change is driven by attitudes, beliefs, and behaviors.

Practice Facilitation Approach

We use the Holistic Approach to Transformational Change (HATCh[®]) model to support this approach (Figure 1). HATCh[®], designed by Healthcentric Advisors, is used by healthcare organizations to transform their settings and

Figure 1. HATCh® – Holistic Approach to Transformational Change



practices from institutional to individualized centers of care. The care, delivery systems, and supports originate and revolve around the patient.

When working with a practice, all care team members (not only the implementation team) are assessed prior to embarking on practice transformation, to evaluate their overall readiness for change. Assessment questions map to activities, workflows, and other areas for improvement that align with the highest standards of program recognition. The assessment provides us with a baseline of roles, tasks, attitudes, and more. For example, identifying the most common tasks across all care team roles allows us to recognize opportunity for delegation. Understanding care team members' attitudes about their role and confidence levels if roles evolve, supports the shift to practicing at the top of their license, certification, or education. Lastly, feelings on change provide a starting point for addressing concerns when beginning the transformation process.

Sample Outcome

Our team uses these assessment results to inform our approach to working with the care teams. In our work with a local practice, all care team members were asked prior to implementing change, how confident they are that the following positions (health care assistant, registered nurse, physicians or advance practice providers, and front desk staff) would be successful if their responsibilities were to become more aligned with their license, certification or education. Using a Likert scale to identify level of confidence (ranging from not confident at all to very confident) we observed a positive shift in confidence across all positions when reassessed after completion of work with the practice.

RECOGNIZE THAT CHANGE OCCURS ON A SPECTRUM

Our second concept is helping practices recognize that change is not a onetime event. The most successful practices allow for time and exposure to take transformation from concept to meaningful implementation. We involve care teams in the process, rather than completing work on their behalf; this collaboration over time limits burden, instills confidence, and promotes suitability.

Practice Facilitation Approach

We repeatedly expose practices to concepts and establish a realistic timeline that provides opportunity to process the deeper implications of change and how to reasonably initiate modifications to the workflows in their practice. Using proven quality improvement methodologies, our practice facilitators introduce a broad topic, allow for flexibility, and conduct small tests of change to reduce clinician burden. For example, following the framework of a Plan, Do, Study, Act (PDSA) cycle, data is used to identify areas for improvement (plan), to inform interventions or change (do), to assess and report out on the impact of an intervention or change effort (study), and to make adjustments as needs evolve (act). Using data-driven processes such as PDSA, practices can continually evaluate their own successes and failures, adapting methods to the changing priorities. Most importantly, we incorporate as many care team members as possible when moving a model or transformation effort from concept into workflow redesign, to promote buy-in and facilitate the culture shift over time.

Sample Outcome

Implementing pre-visit planning (huddles), is one strategy we share with practices. Often, the concept is met with resistance due to the upfront time commitment and competing priorities. For example, assessment responses from a practice revealed they were not participating as a team in consistent huddles. Our team responded by recommending implementing huddles using a PDSA process as an initial strategy to meet their needs. After implementation we found that: huddles took place 89% of the week and occurred 55% of the time during both morning and afternoon sessions. Among participants assessed, 84% agreed it was a more efficient session, 55% indicated patient care was enhanced, and 93% indicated the process improved team communications.

Our team continually stresses the different ways to implement and foster care team involvement, as opposed to dictating, allowing practices to drive the iterative process. Once implemented and refined to fit into unique workflows, the majority find it helpful in practice.

ACHIEVEMENT OF NCQA PCMH (OR OTHER PROGRAM): RECOGNITION IS ONLY THE BEGINNING

Practice transformation is not only about initial implementation of a new process or program recognition. Achieving recognition is the first step to transformation. Oversight and continued quality improvement is required to sustain and maintain new models of care and adapt as the environment continues to evolve. The quality improvement foundation of our practice facilitation approach emphasizes not only the results, but most importantly the process.

Practice Facilitation Approach

Introducing the concept of quality improvement into the implementation process provides a foundation for practices to incorporate change and to monitor results over time. Practices that build staffing roles and responsibilities to support practice transformation and quality improvement efforts (e.g. care coordination, prioritizing data, and reporting) have a greater likelihood of sustainability because someone is assigned to the monitoring and maintenance within their day-to-day tasks. We also encourage peer-to-peer sharing and often refer practices to others who are further along the transformation spectrum.

Sample Outcome

Hasbro Primary Care, a 75-doctor Pediatric Residency Program achieved NCQA PCMH recognition within 12 months. Their team maintains recognition and consistently achieves outcome targets by meeting regularly and forming quality improvement workgroups that are topic specific to their patient population. For example, workgroups implemented focus on emergency department utilization, behavioral health initiatives, and referral management. Workgroup teams emphasize quality improvement as their core approach, utilizing data to support their work. The various care team roles are represented on the workgroups, providing the opportunity for different perspectives to be shared to foster collaboration and ownership of the work across the practice.

ALIGN QUALITY IMPROVEMENT INITIATIVES TO AUGMENT SUCCESS

Practice transformation does not occur in isolation. As practices move through the transformation continuum, they are presented with more opportunities and expectations to demonstrate a cohesive quality improvement model. Aligning quality improvement initiatives, by integrating efforts such as PCMH and the transition to value-based payment systems, increases sustainability, streamlines practice priorities, and reduces burden.

Practice Facilitation Approach

Our team works with a practice to identify concurrent and future quality improvement initiatives and how they can be used to satisfy multiple program requirements. Practices can select quality improvement projects or measures that complement the overarching recognition requirements and align with their patient panel.

Sample Outcome

Facilitation teams work with practices to align quality improvement initiatives if possible and where appropriate. For example, NCQA recognition requires practices to administer a patient satisfaction survey. We often recommend identifying patient satisfaction measures in other programs so practices are able to implement a validated survey tool that meets multiple program or contract requirements. We then support practices in analyzing and using the survey results to make decisions on quality improvement projects.

CONCLUSION

Practice transformation is an iterative process that requires an organization-wide commitment to a quality improvement approach. We hope the described domains can support your practice's transformation efforts and achievement of success. Most importantly, work with an experienced facilitator who engages your entire care team to integrate a culture of quality improvement and process ownership.

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