

This is the first module of Coach Medical Home—a six-module curriculum designed for practice facilitators who are coaching primary care practices around patient-centered medical home (PCMH) transformation. Based on the Safety Net Medical Home Initiative Framework for Practice Transformation, these modules provide knowledge and tools coaches can use to support practices as they improve quality of care, become medical homes, and achieve PCMH recognition.

Each module has two components: a PowerPoint® presentation and a companion PDF handbook also available on the Coach Medical Home website. The PowerPoint® slides can be saved, modified, and used in your presentations with practice leaders and others. The detailed notes in the handbook will help you learn more and link you to other useful resources. You may also find it helpful to use these notes to guide your talking points during presentations.

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Learning objectives for this module

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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.

Patient-centered medical home (PCMH) transformation usually means big changes to how practices organize and provide care, and even how team members work together. **Practice facilitation—or "coaching"—is a proven way to support practice transformation.** This module provides approaches and tools to help you establish a relationship with a practice and kick start your work together.

Overview of contents in this module

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- 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

Coach Medical Home Module 1

This module is divided into four sections that orient you to getting started with coaching around PCMH transformation. In addition, the module directs you to background information about coaching and PCMH transformation that you may find helpful.

Throughout this module, you will find coaching tips and links to useful tools to help you accomplish the action step(s) listed on that page. Look for the following icons on certain pages:



The light bulb icon points out key tips and insights that will help you in your role as a coach.



The toolbox icon points out tools you can access via the link provided.

SECTION 1

The challenge of transformation and keys to success

Coach Medical Home: Module 1

This section will help you understand how to communicate the changes involved in PCMH transformation and why they are important.

Use the presentation slides, tools, and coaching tips provided to present overview information as you work with practices and answer their questions.

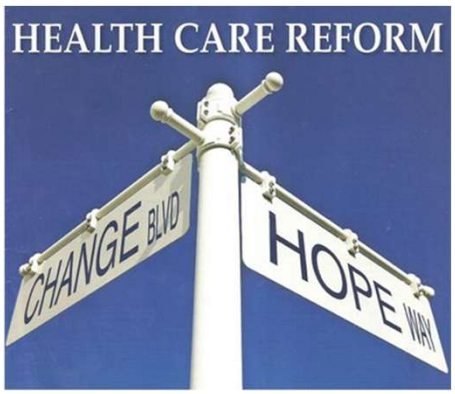
We live in interesting times

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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.



Coach Medical Home: Module 1

In order to effectively coach practices around PCMH transformation, it is important to understand the national significance of your work and to share it with the practices you are coaching. Health care reform will never be fully realized without a robust primary care sector capable of achieving the triple aim—higher quality, lower costs, and better patient experience. Successful reform also depends on the nation's capacity to provide high-quality care to a huge contingent of previously uninsured patients. PCMH transformation helps meet these goals.

PCMH transformation is not business as usual

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

For most practices, transformation means:



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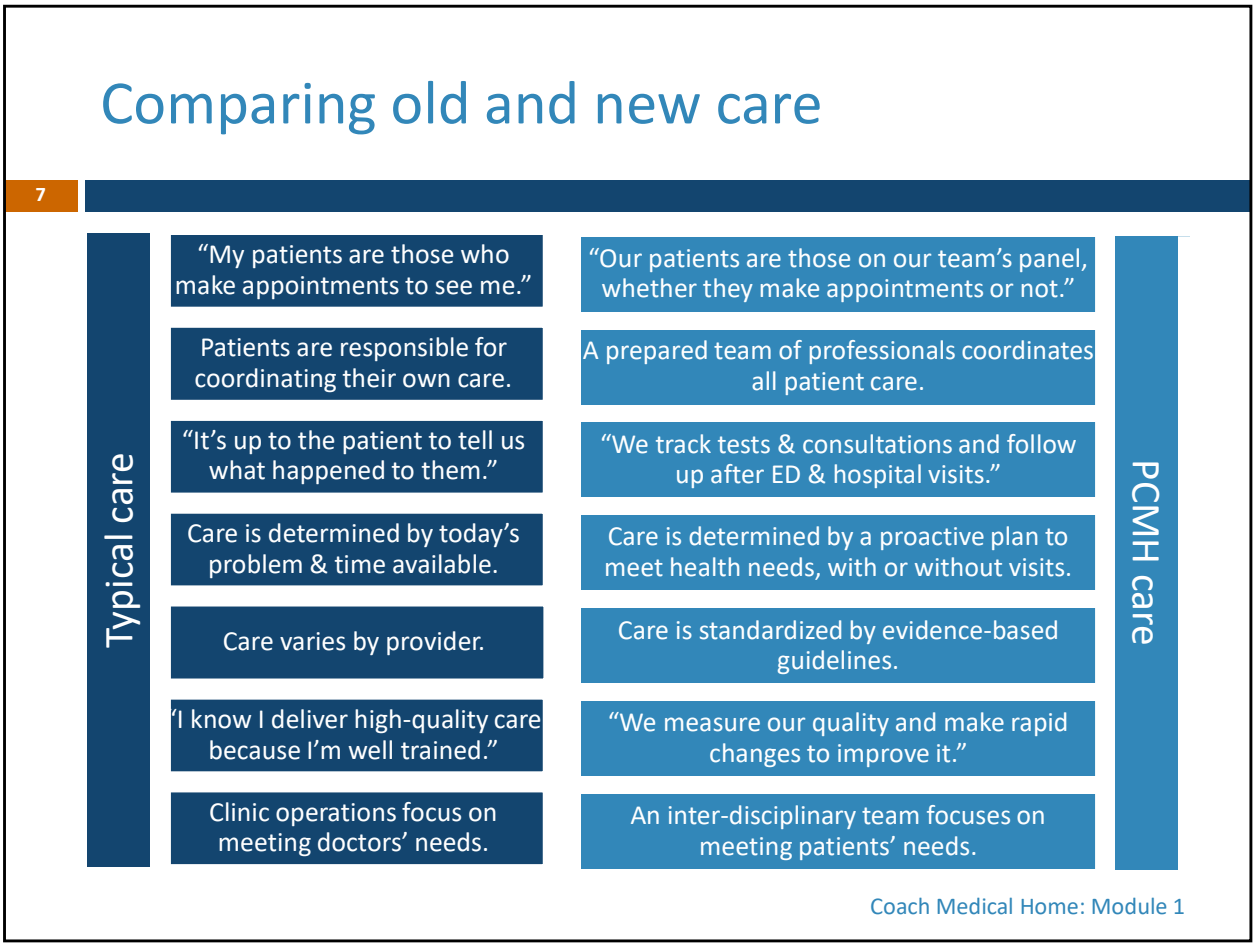
Your job as a coach is to recognize and communicate to practices that becoming a PCMH is a major undertaking. Many practices hear about the PCMH and assume that they are already one. In fact, for most primary care organizations, transformation to a PCMH involves:

- Major changes to when, how, and by whom care is provided.
- Asking physicians and other staff to change their roles, the way they deliver care, and how they relate to each other.
- Spending time and money on new processes or staff.

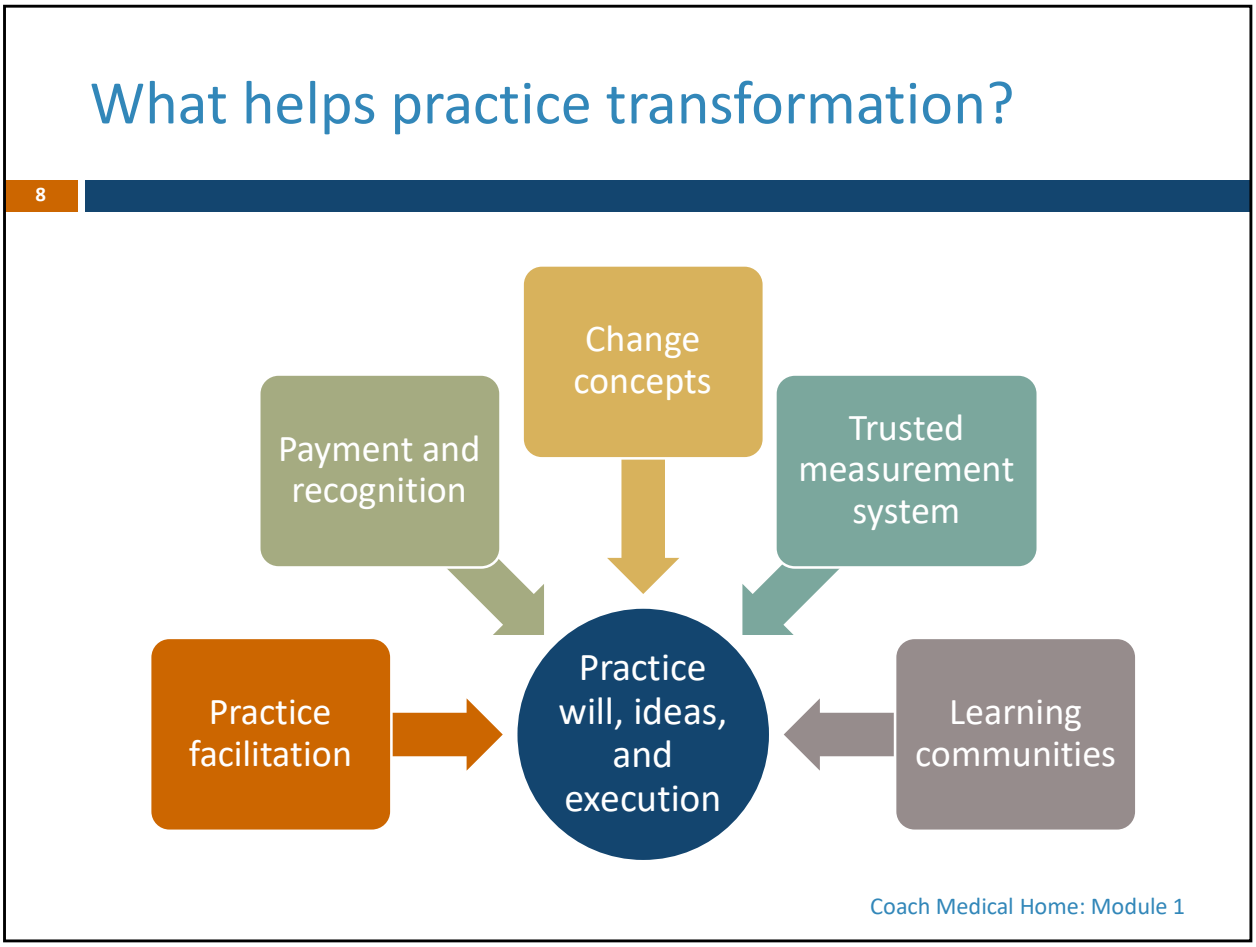
To make progress, try to help practices:

- Understand how a PCMH is different from traditional care.
- Evaluate themselves realistically using readiness assessment tools discussed later in this module.
- Prepare for a long-term effort that may require new expenditures (see Module 2: Recognition and Payment).

Nutting PA, et al. 2009. Initial lessons from the first national demonstration project on practice transformation to a PCMH. Ann Fam Med 7(3):254-60. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2682981/



These examples illustrate how PCMH transforms how primary care practices organize and deliver care.



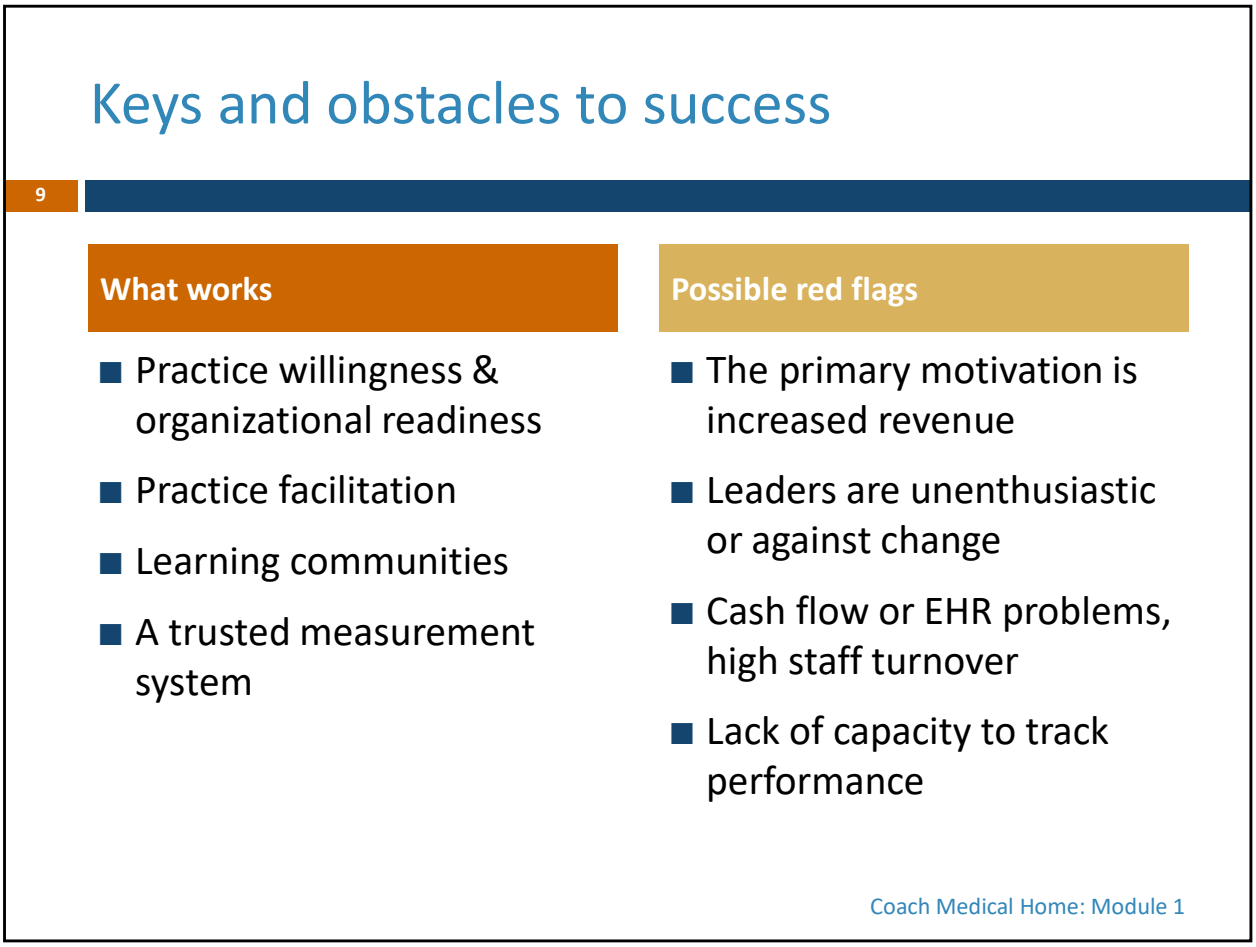
Engaging in all the transformation elements shown above will help practices move toward PCMH efficiently and successfully. The Institute for Healthcare Improvement (IHI) describes major improvement as the result of three elements: **will, ideas, and execution**. You have to want to improve—that's will. You need ideas for changes that will lead to improvement. And you need to have methods and a strategy for executing changes.

To build will, develop ideas, and master execution, encourage a mix of different practice support interventions:

- Practice facilitation using internal or external coaches increases transformation success.
- Balancing costs and benefits using payment and recognition.
- The SNMHI Framework for Practice Transformation provides the blueprint for practice change and a rich set of resources.
- A trusted measurement system that displays practice shortcomings is an important motivator and is critical for assessing the impact of transformation.
- Participation in a learning community (see Module 5) exposes the participants to ideas for change from peer organizations as well as experts.

Ultimately the success of any practice transformation initiative will depend on the practice's ability to continuously make changes to their systems. This requires leadership and organization within the practice and an effective strategy for

identifying, testing, and implementing changes that lead to improvement.



As a coach, it's important to be able to identify common factors that facilitate transformation at a practice—as well as factors that make it more difficult, if not impossible.

You'll learn more about each of the practice features that make PCMH transformation easier—and how to help a practice use them to its advantage—in this and subsequent modules.

You'll also learn strategies for helping a practice overcome the obstacles that make transformation more difficult. Many PCMH initiatives include a financial incentive given either initially or upon the achievement of some benchmark, such as receipt of NCQA PCMH™ Recognition. While financial incentives can help defray transformation costs, practices simply interested in the added revenue often don't have the will to engage in necessarily disruptive practice transformation. As emphasized throughout the curriculum, transformation requires visible, engaged, and enthusiastic leadership. Practices disrupted by the implementation of a new electronic health record (EHR), or financial problems, or high staff turnover also often have trouble.

SECTION 2

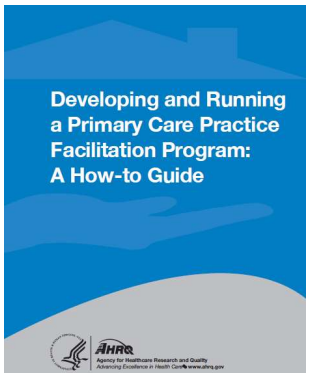
Kick-start your work with a practice

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Good relationships between the coach and the practice are essential to practice transformation. This section provides tools for planning initial meetings.

Successful practice facilitation

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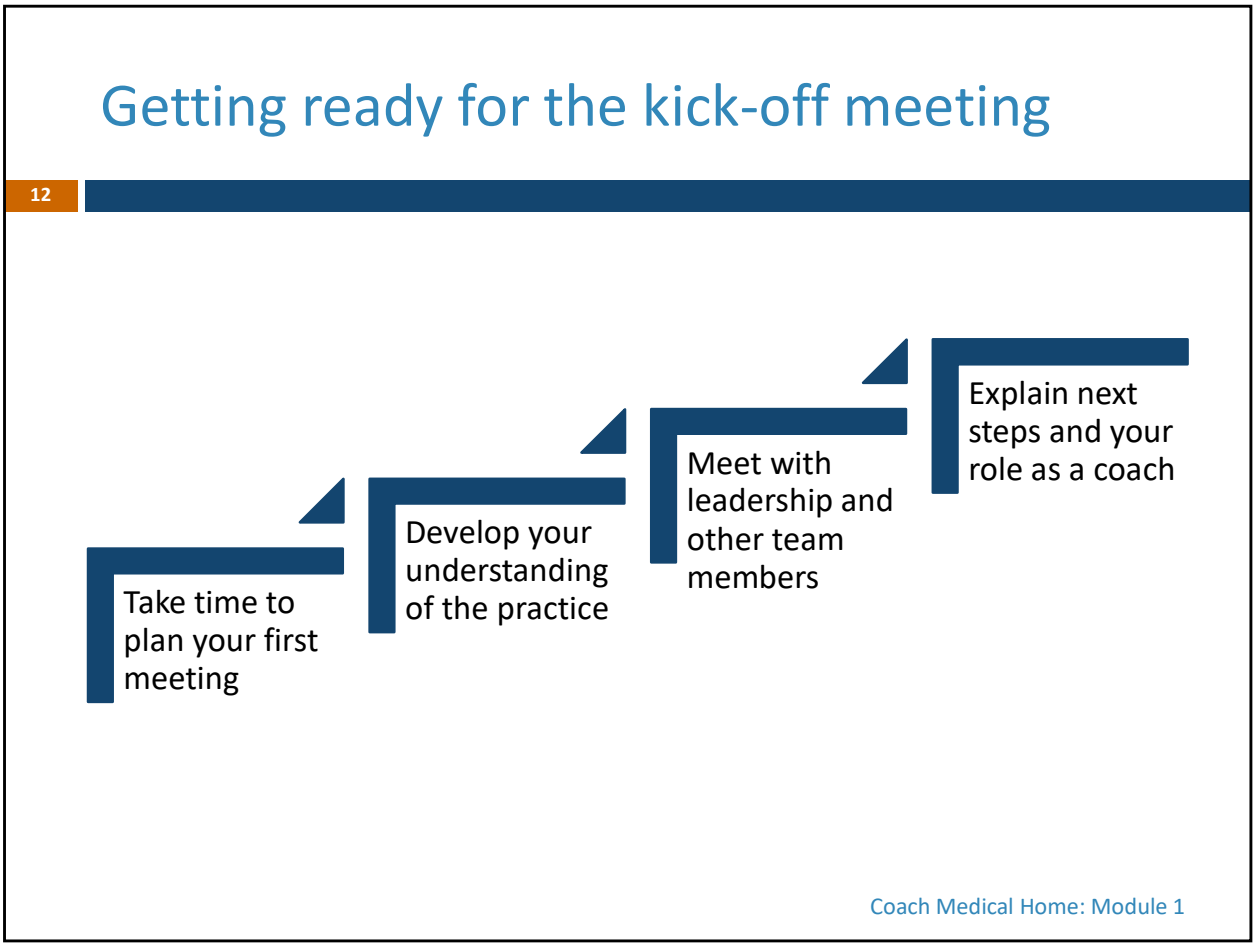
A helpful resource from the Agency for Healthcare Research & Quality (AHRQ):

- A how-to guide for primary care facilitation programs

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There are many coaching resources and training programs you can use to hone your skills. The Agency for Healthcare Research & Quality's free and ongoing resources related to PCMH coaching are especially helpful. In addition, evidence on successful coaching strategies is growing.

For helpful examples, read the following article: Baskerville NB et al. 2012. Systematic review and meta-analysis of practice facilitation within primary care settings. Ann Fam Med 10(1):63-74. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3262473/



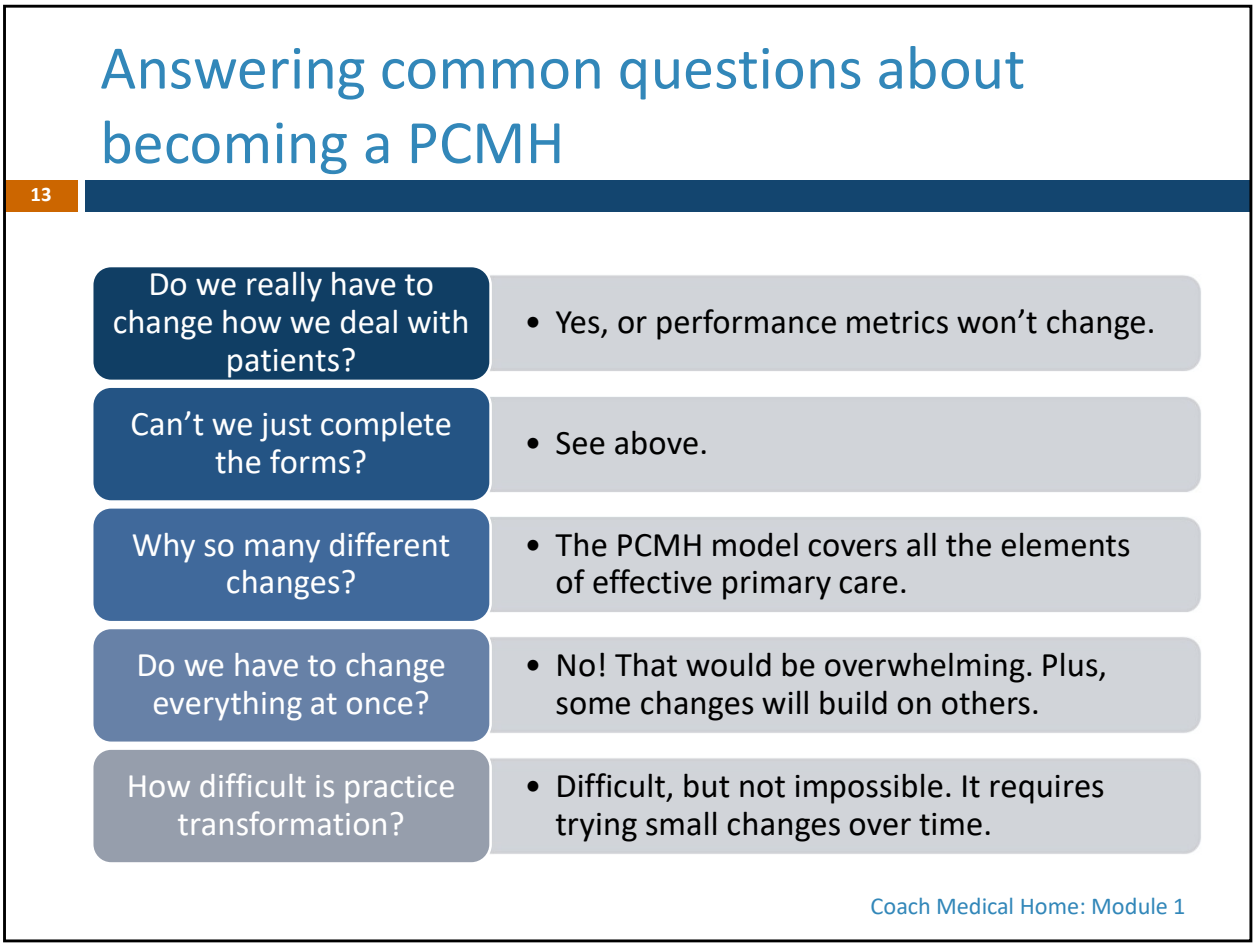
Once a practice indicates interest in practice facilitation as part of their PCMH transformation efforts, it's important to **take time to plan your first meeting** with the team. Here are some other ways to help ensure a successful kick-off meeting:

Research the practice. Start with the practice's website, if there is one, and look for mission and vision statements and quality measures. Also look for relevant information in applications, prework for learning collaboratives, or other materials.

Contact the practice's senior leadership and arrange a telephone or in-person meeting. Many coaches feel that they are not initially in a position to influence a CEO or medical director, and recommend that the first visit to the practice include a senior leader of the sponsoring organization or initiative. From that point, meet with multiple stakeholders—since transformation will involve the whole practice.

Provide an overview of next steps and the role that you will play as a facilitator and set a date for a kick-off meeting at the practice. The kick-off meeting with those involved in the transformation process is critical as it begins the building of relationships and trust.

Implementing the Patient-Centered Medical Home Model: A Practice Facilitator's Guide to Visiting Clinical Teams. https://comagine.org/resource/2682



As you meet with the practice, be prepared for questions challenging the need for wholesale transformation.

A critical agenda item at the kick-off meeting and thereafter is helping the practice establish realistic expectations about the transformation process. Be prepared to answer common questions like those listed above. Since NCQA Recognition is often a part of many PCMH initiatives (and sometimes associated with financial incentives) the second question is both frequent and important. Practices must understand that many NCQA standards, especially the "must pass" items, usually entail major changes in patient management.



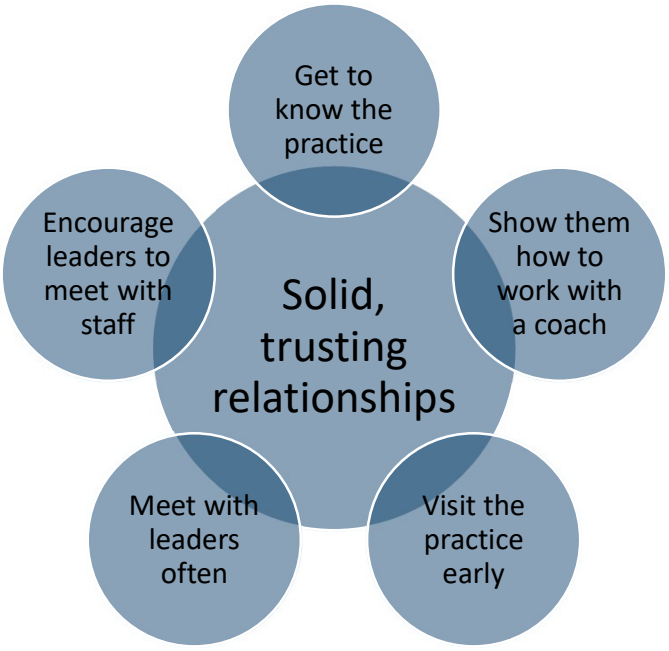
A crosswalk between the Change Concepts (the blueprint for this curriculum), the NCQA Standards and PCMH-A Crosswalk helps explain how to align PCMH transformation and recognition goals.

Good relationships are essential

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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.



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To be successful as a coach, it's vital that the practices you work with trust you. Build trust through frequent interactions. At first, in-person meetings are ideal for building relationships and trust and for clarifying roles—all of which will support the hard work ahead.

- **Get to know the practice team.** PCMH transformation will eventually involve nearly everyone in the practice, so try to develop relationships with all members of the team.
- **Teach practices how to work with their coach.** Find out about the practice's understanding of and any prior experience with practice coaching. Provide a clear description verbally and in writing of what services you will and will not provide.
- **Visit the practice early.** It is difficult to build relationships exclusively through phone calls or e-mail. Make visits to the practice count. Have a purpose and agenda.
- **Meet regularly with practice leadership.** Your first meetings should be with practice leaders to introduce the program and remind them of the critical influence they have. Some coaches recommend that this first meeting include a PCMH initiative leader.
- **Encourage practice leaders to meet with staff about the importance of transformation.** The coach will not work with the practice over the long run, so encourage good relationships within the practice.

SECTION 3

Assessing and strengthening practice readiness

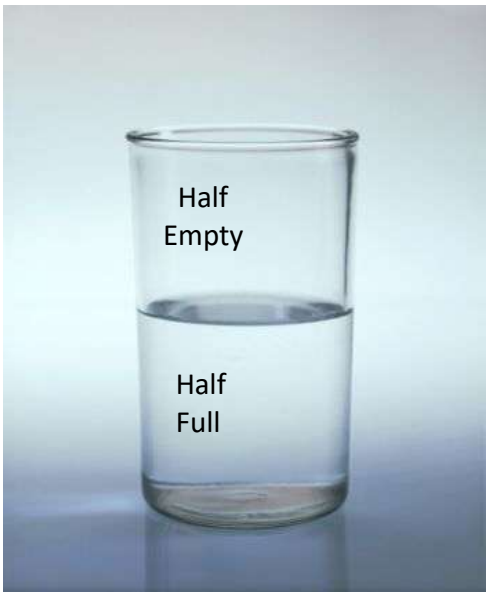
Coach Medical Home: Module 1

Because practice transformation typically involves large changes to workflows, coaches play an important role in the practice identifying readiness for change. This section explains how to assess readiness for change and emphasizes how it differs from level of PCMH recognition.

Lessons from quality improvement (QI) collaboratives

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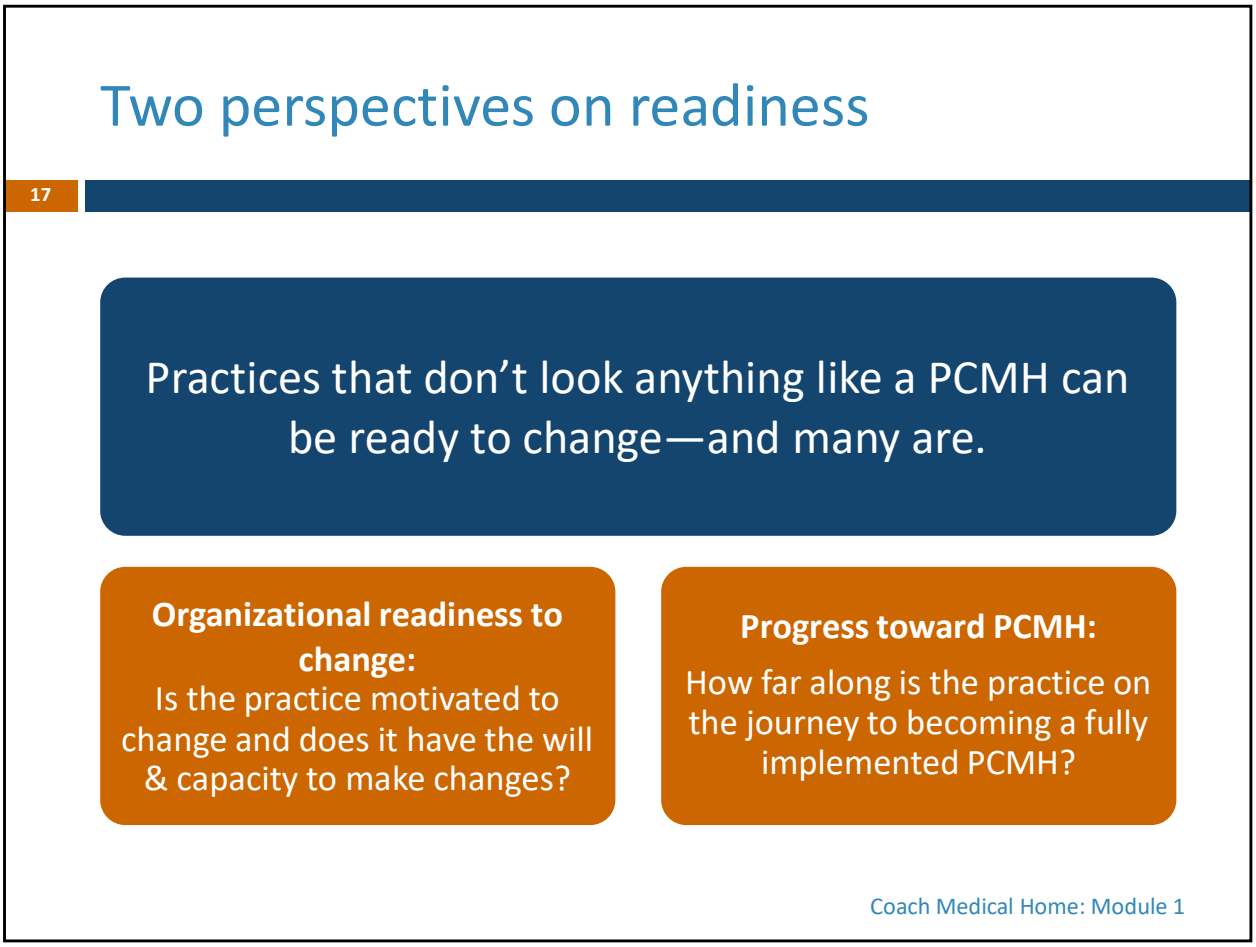
- Half or more of practices show no evidence of improvement.
- Readiness to change distinguishes practices that improve from those that do not.



Coach Medical Home: Module 1

Try to identify practices that will have greater difficulty early in the process. Many of the practices that will flounder in a transformation initiative can be identified early and dealt with more efficiently or effectively.

You might need to take preparatory action—such as bringing in an EHR consultant to help the practice complete implementation, or suggesting that a senior leader participate in leadership training. The rest of this section goes into more detail on assessment approaches.



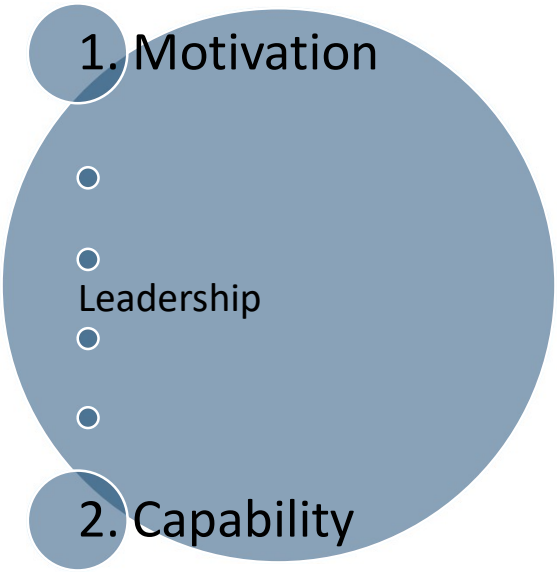
Organizational readiness for change as described above is a very different thing from progress toward becoming a PCMH. **It's important to consider both perspectives**. Organizational readiness predicts long-term improvement capacity, and PCMH progress helps the practice document their successes and identify areas that need work.

What is readiness for change?

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"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.



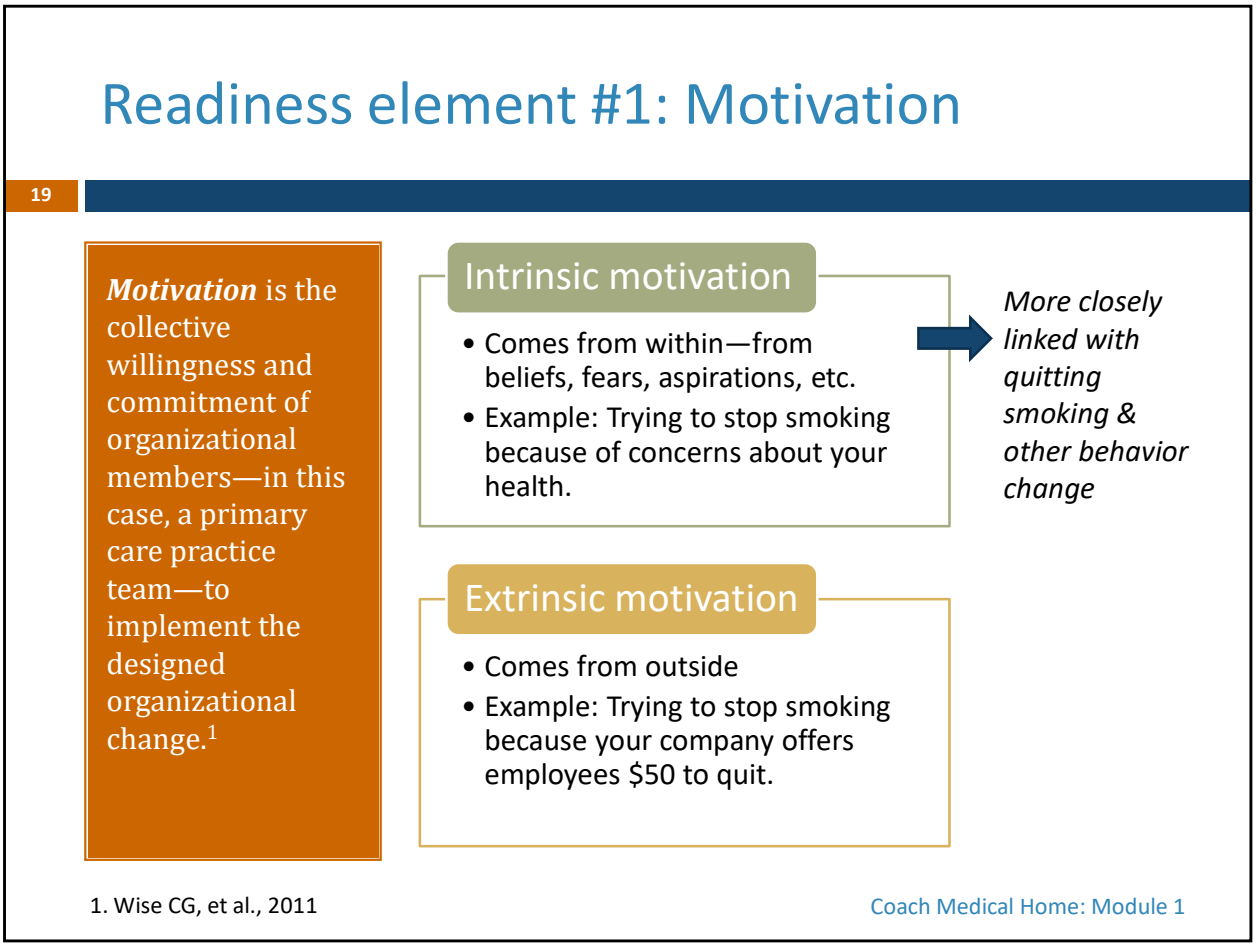
1. Nutting PA, et al., 2011

Coach Medical Home: Module 1

As a coach, it's important to understand the elements of organizational readiness for change so you can intervene appropriately when necessary.

Organizational readiness for change appears to have two major components. The first is the **motivation to change**. Leadership plays a critical role in helping motivate practices to undertake transformation by building the case for change and enabling staff to envision a better future. The second critical component is the **capability to change**. The kind of structural aspects of a practice that enable change include low staff turnover, a stable information system, and financial health.

1. Nutting PA, et al. 2011. Transforming physician practices to patient-centered medical homes: lessons from the national demonstration project. Health Aff (Millwood) 30(3):439-45.



Behavioral scientists distinguish two groups of motivators: intrinsic (from within) and extrinsic (from outside). Intrinsic motivation is more closely linked with behavior change.

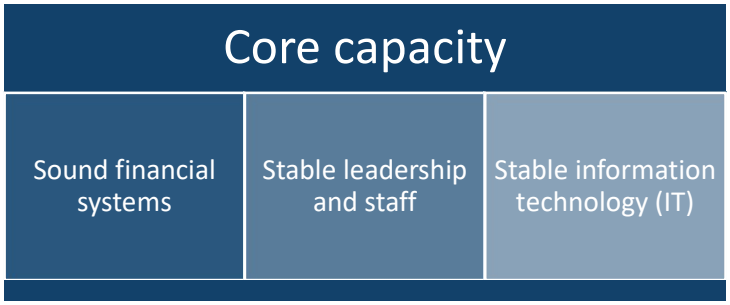
Understanding why a practice is involved may help you predict their ultimate success. A recent study of practices involved in a PCMH initiative showed that practices that were making good progress had very different motivations for participation than those not making progress.[1] Higher performing practices believed in the value of PCMH for themselves and their patients while low-performing practices viewed PCMH as an external requirement. Higher performing practices saw financial incentives as an aid to implementation whereas low-performing practices often saw them as inadequate—suggesting that the revenue, not the change, was the primary motivator.

1. Wise CG, Alexander JA, Green LA, et al. Journey toward a Patient-Centered Medical Home: Readiness for Change in Primary Care Practices. *Milbank Q.* Sep 2011;89(3):399-424.

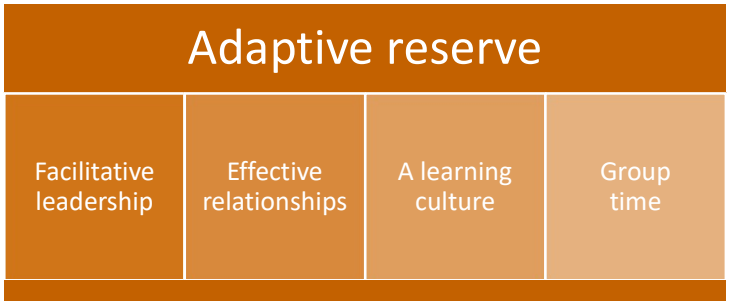
Readiness element #2: Capability

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Can the practice function well in times of stability?



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

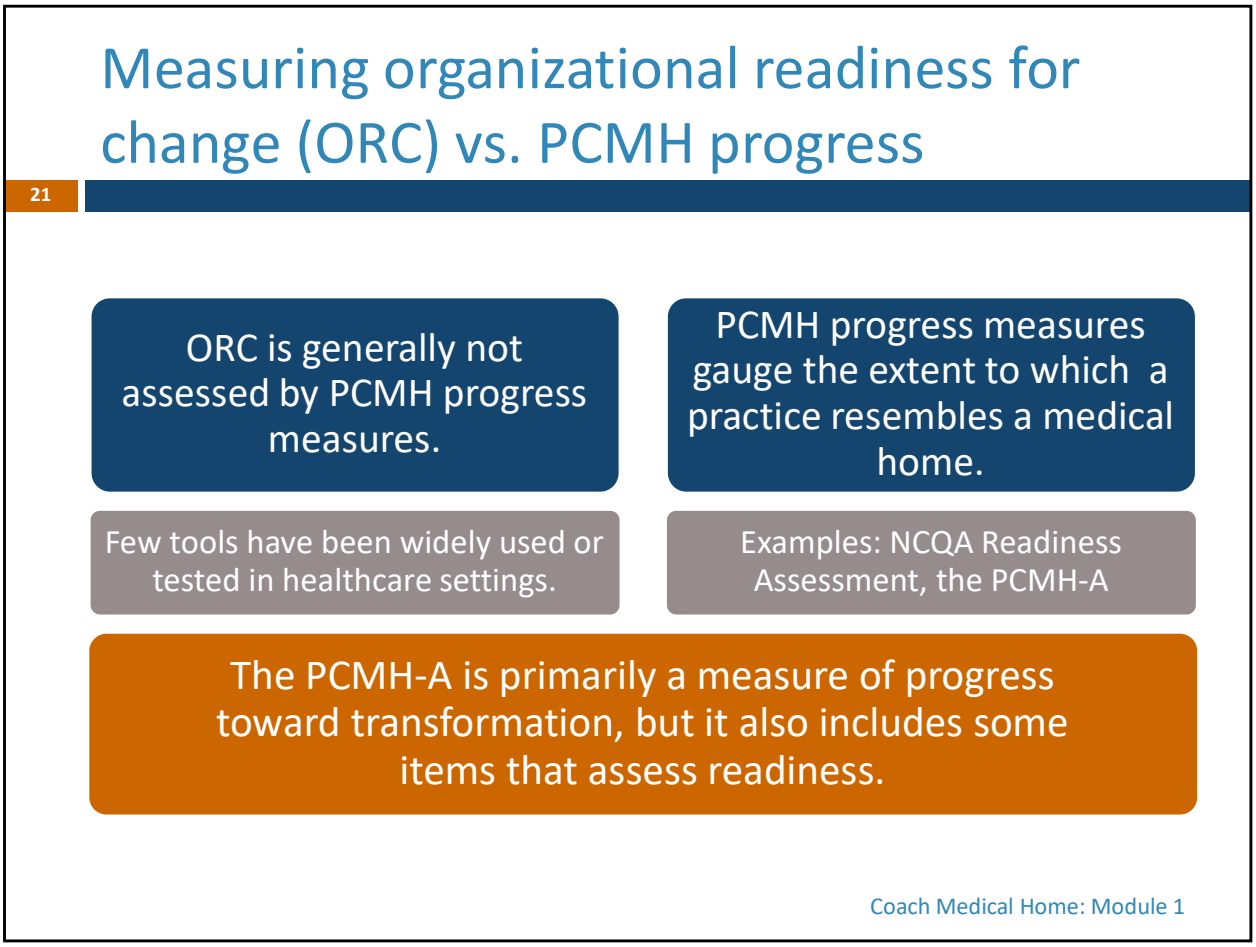


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You can learn more about capability for successful practice development, put in terms of core capacity and adaptive reserve, by reading the following two articles:

- Miller WL, et al. 2010. Primary care practice development: a relationship-centered approach. Ann Fam Med 8 Suppl 1:S68-79; S92. This article from the National Demonstration Project describes in somewhat more detail the major elements involved in core capacity and adaptive reserve. http://annfammed.org/content/8/Suppl_1/S68.full

- Nutting PA, et al. 2011. Transforming physician practices to patient-centered medical homes: lessons from the national demonstration project. Health Aff (Millwood) 30(3):439-45. This article describes adaptive reserve this way: "It includes the nature of leadership within the practice (shared and facilitative versus centralized and authoritarian); an aligned management model in which clinical care, practice operations, and financial functions share a consistent vision of the practice; and healthy relationships within the practice. The latter includes rich communication, a shared sense of trust, and a shared commitment to protecting regular time for reflection." A critical feature of practices with adaptive reserve is a history of the staff as a whole communicating freely and solving problems together. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3140061/



Assessing readiness, especially core capacity and adaptive reserve, will help you identify practices that are most likely to make progress. Section 4 of this module incudes more coaching steps related to the readiness assessment.

Help the practice assess ORC. More comprehensive measures of organizational readiness for change relevant to PCMH transformation include instruments and subscales of instruments that might be useful to further assess readiness. For a good description of ORC instruments, see Wise CG et al. 2011. Journey toward a patient centered medical home: readiness for change in primary care practices. Milbank Q 89(3):399-424 .

Introduce the practice to the PCMH-A and help them choose instruments to assess readiness. There are now several instruments that purport to assess practice progress toward becoming a PCMH: for example, the NCQA Readiness Assessment or the PCMH-A. These measures of progress can be useful for practices and their facilitators to assess their transformation progress. It is important that the measure of progress be consistent with the definition of PCMH guiding the effort.

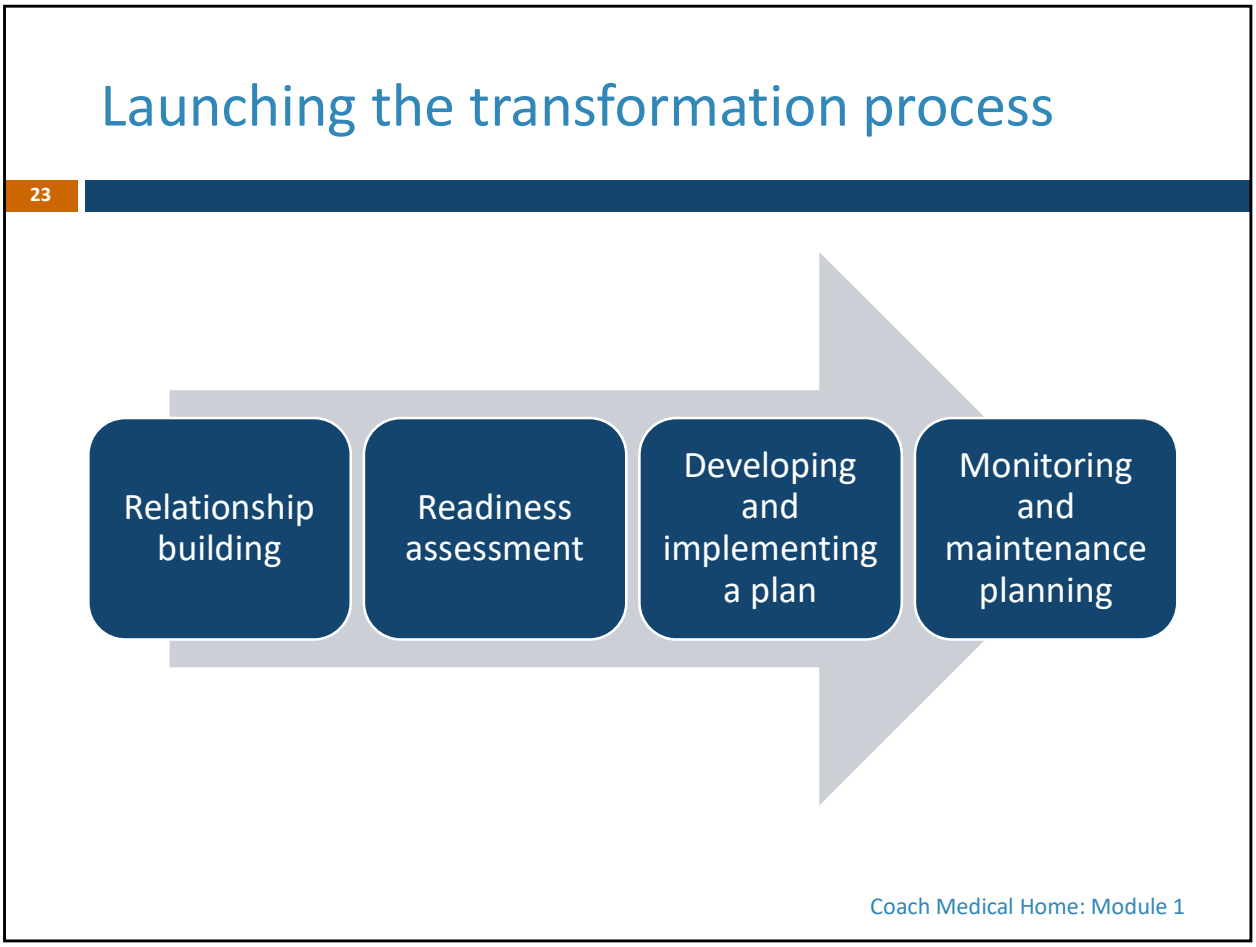
In addition to its uses in measuring PCMH progress, and in providing support for practice facilitation (See Module 2: Recognition and Payment), **two of the eight change concepts assessed in the PCMH-A relate to adaptive reserve**, an important aspect of ORC. The relevant items are 13, 14, and 16 under "Engaged Leadership" and item 19 under "Quality Improvement Strategy."

SECTION 4

Establishing a practice transformation facilitation plan

Coach Medical Home: Module 1

Practice transformation is a journey. Therefore, it is important that a practice transformation plan reflect the practice's goals, readiness, and resources. This section provides you with information on tailoring the practice transformation plan and building on the readiness assessment. As you do so, be sure to clarify your role as a coach and how long you will be involved.

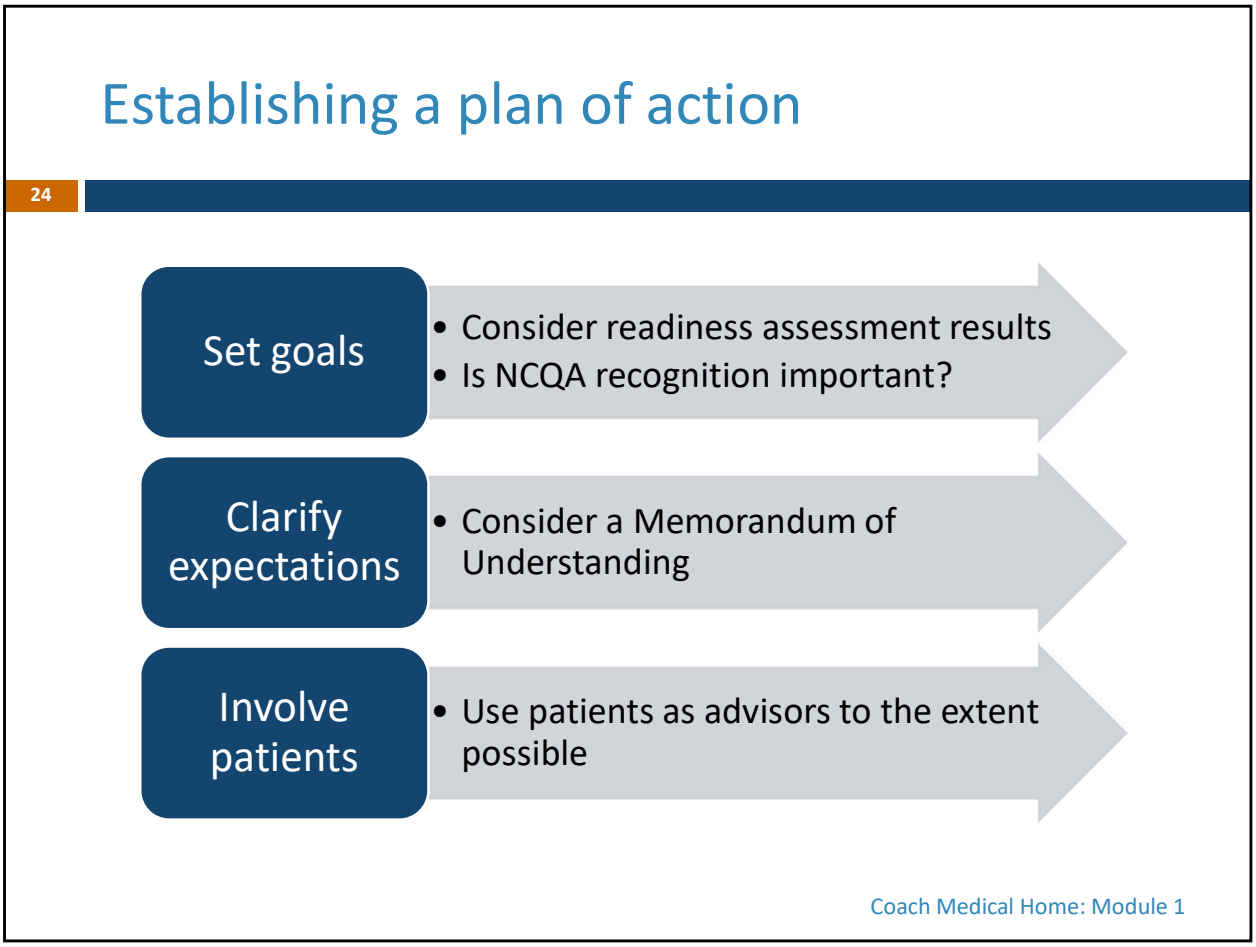


Initial interactions with a practice should focus on building the array of relationships within the practice to get the job done. Relationship building should be systematic and purposeful, not just hanging out in the staff lounge. As mentioned on page 13, relationships need to include the wide array of team members in the practice who will influence transformation.

Once relationships have been established and you've helped the practice assess their readiness for change, it's time to move forward with the transformation process. The transformation plan may begin with capacity building if suggested by the readiness assessment. Or it may start with the change concepts in the order suggested in Module 3: Sequencing the Changes. Many find it useful to create an explicit, written plan using any of a variety of planning tools. The plan should cover both how to implement changes and how to monitor and maintain progress.

Sample Action Plan (Access this tool on "Module 1: Getting Started" https://comagine.org/resource/3267)

Adapted from the AHRQ 2010 Consensus Meeting on Practice Facilitation.



Action planning with a practice is analogous to self-management action planning with a patient. The development of the practice transformation plan should consider the practice's goals, as well as advice from you. Your job is to help guide the practice in identifying their strengths and weaknesses as they set their goals, create their plan, and begin initial activities.

Help the practice uncover their strengths and weaknesses by completing a PCMH progress assessment such as the PCMH-A. This assessment will also help the practice set specific goals for practice transformation.

Remind the practice to include NCQA Recognition in the plan if it's a focus area or goal for the practice or the initiative (See Module 2: Recognition and Payment). The NCQA application and documentation process will be less burdensome for a practice if routine documentation is built into the work processes involved in implementing a practice change.

Encourage the practice to consider a Memorandum of Understanding to clarify expectations. This will also give you a roadmap for the goals the practice has identified and the role you will play in helping them get there.

Recommend that the practice to include patients as advisors, since they are the ultimate focus of PCMH transformation efforts.

Sample Memorandum of Understanding (Access this tool on "Module 1: Getting Started" https://comagine.org/resource/3268)



Practice transformation requires a workable approach to continuous quality improvement (QI), so you'll want to start by assessing how the practice approaches QI. It often helps facilitators to have a designated QI team to work with.

Ensure that delegation to the QI team is consistent with the practice's approach. For example, many practices use all-staff meetings to discuss and plan QI activities. If the practice has a workable approach to continuous QI, exploit and strengthen it—don't try to start something new.

Encourage the practice to engage in peer-to-peer learning as much as possible. Exposure to other practices involved in transformation is always rated as most helpful. Peer-to-peer learning is of best done in the context of a formal learning community (see Module 5: Building Learning Communities). In the absence of a formal collaborative, facilitators should look for opportunities to get practice teams together to compare notes. Site visits, special training activities, and other gatherings can be used for this.

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

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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

Coach Medical Home: Module 1

Work with the practice to check if now is the time for PCMH transformation and where to begin. A practice might hold off on PCMH transformation if they are in the middle of another major change such as implementing an EHR. Rather than losing precious facilitator time on a practice with major barriers to improvement—for example, a partially implemented EHR, unenthusiastic leadership, limited teamwork– it may be wiser to deal directly with the barrier(s).



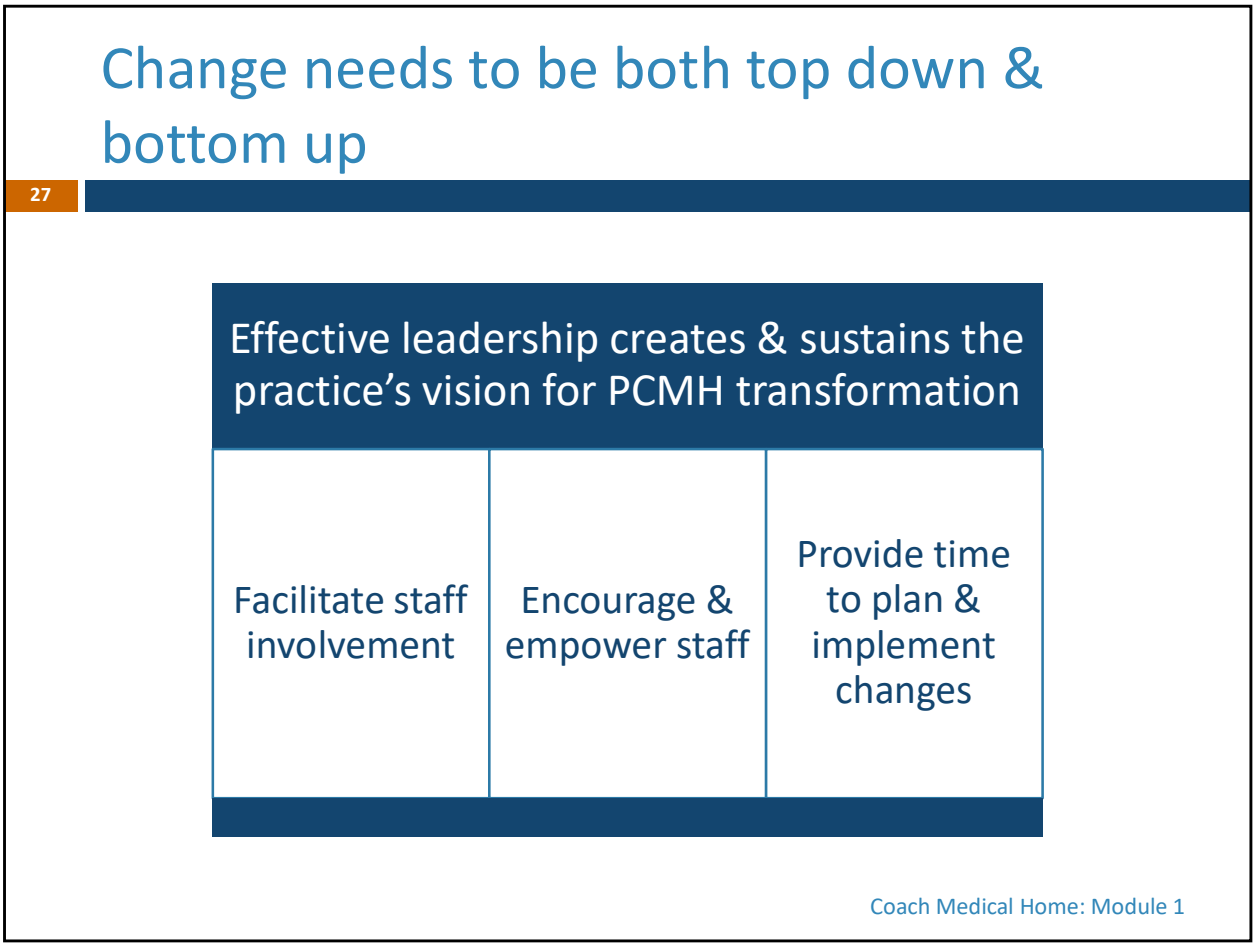
Develop a portfolio of resources for practices that may benefit from additional readiness support. Many of the factors that limit a practice's ability to transform itself are inherently difficult to change. This slide illustrates some common barriers to practice improvement, and general approaches that address them. Leadership and teamwork are often the areas of concern, and transformation initiatives and coaches should be familiar with effective leadership training or mentoring programs in their area, and have a repertoire of team-building tools and resources.



Develop the capacity to help practices successfully deploy their EHRs. An incompletely or poorly implemented EHR is a major barrier to transformation. Wise coaches are developing relationships with local IT support organizations such as RECs or LECs, as well as the major EHR vendors in their area to help their practices.



Develop skills and relationships that will help you assist practices in becoming more stable. Try to identify programs or individuals in their area that can help a practice fully exploit their EHR, repair broken business systems, and reduce staff turnover.

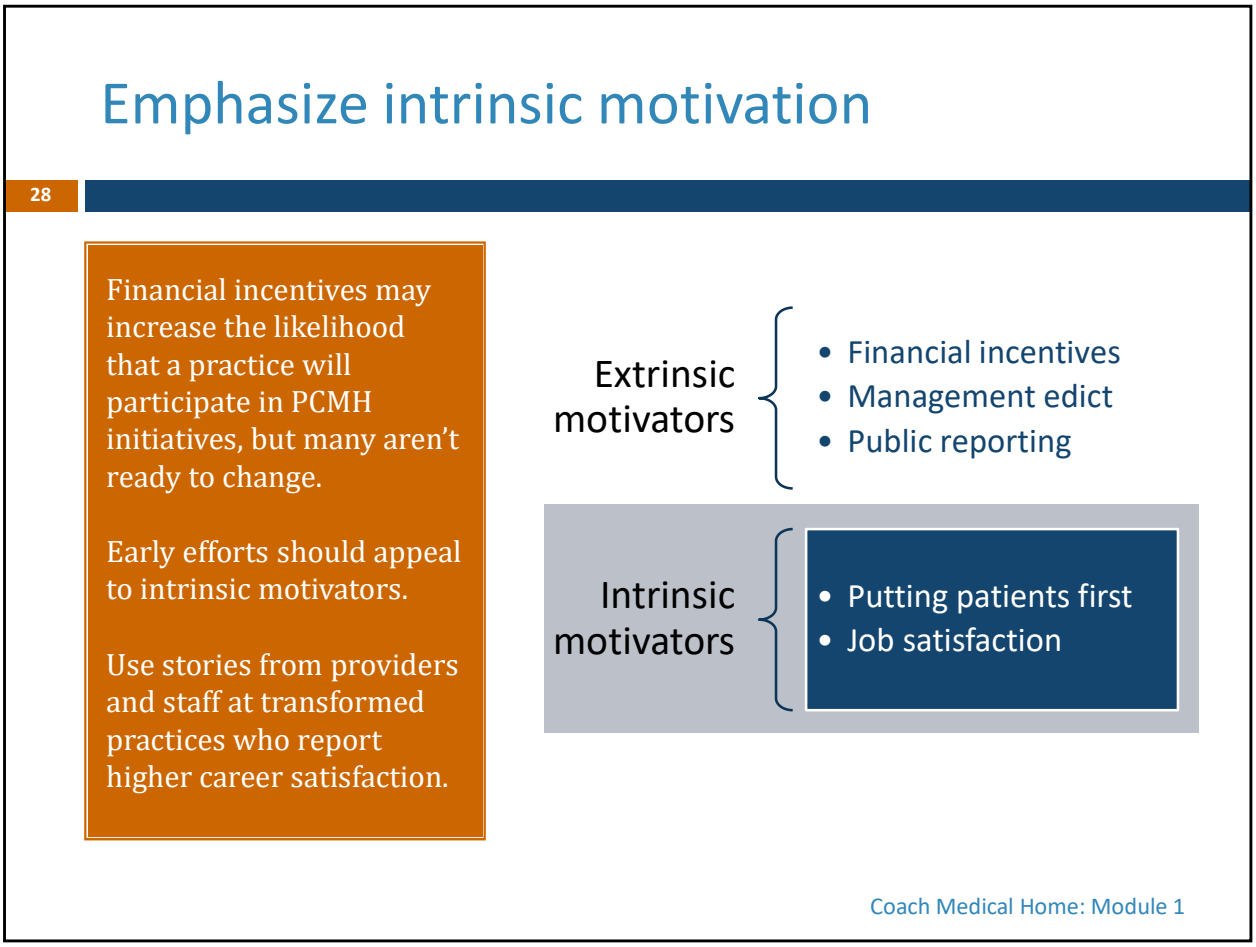


Practice facilitation is a helpful tool—but not the answer to success. Effective leadership creates and sustains the practice's vision for transformation and a better future. PCMH transformation won't work if practice leadership is not involved.

Continue to involve leadership as you proceed. Try to engage practice leaders in training activities and/or learning communities involving leaders from other practices. Even excellent practice leaders can benefit from a well-structured leadership training program, and problematic leaders may be more influenced by seeing and hearing from their more effective peers than from their own faculty.

Try to ensure that the practice has an effective process change or QI strategy. The role of leadership in becoming a PCMH is critical—but even well-led practices can flounder if they don't have an effective way of rapidly testing and refining ideas for change.

See Module 3: Sequencing the Changes for more resources related to leadership and quality improvement.



To strengthen practice readiness to change, try to bolster intrinsic motivators to change. Successful practices tend to believe in the value of PCMH for their patients and for themselves. They are involved because they want to improve their performance, improve patient experience, and reduce staff burn-out and turnover.

You can help by :

Using practice measures to strengthen the desire to improve.

Reinforcing the business case for transformation (See Module 2: Recognition and Payment).

Emphasizing impacts on staff satisfaction.

Evidence of the Effectiveness of the PCMH on Quality of Care and Cost. Reid RJ, et al. The Group Health medical home at year two: cost savings, higher patient satisfaction, and less burnout for providers. Health Aff (Millwood). 2010 May;29(5):835-43. The Group Health PCMH pilot demonstrated the importance of improving provider and staff satisfaction in motivating transformation.