Coach Medical Home

Strategies & tools to support patient-centered medical home transformation



MODULE 6: Sustainability & Spread

GroupHealth
MacColl Center for Health Care Innovation

THE COMMONWEALTH FUND

QUALIS HEALTH

This is the sixth 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:

- Coach sites to support sustainability and spread from the beginning of a program.
- Prepare sites to continually improve even after your coaching time with them is over.
- Help organizations plan for spread to new locations—standardizing core elements while allowing room for customization.

Once patient-centered medical home (PCMH) transformation implementation planning has begun, it is important to "hold the gains." In addition, participating practices may wish to spread similar changes to other locations.

This module tries to equip you with practical examples and tools to support spread and sustainability.

Overview of contents

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- Planning for sustainability
- Planning for spread
- Case study: Group Health's PCMH

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This module is divided into three sections. The first two include definitions and tools for spread and sustainability. The third includes a case study of spread at Group Health Cooperative.

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

Planning for sustainability

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Improvement is never complete. Each site needs tools to both "hold the gains" and continue improving.

A key message throughout the Coach Medical Home curriculum is that both you and the practice should think beyond the most intensive PCMH transformation efforts to when the practice will need to rely on its own internal capacity to improve.

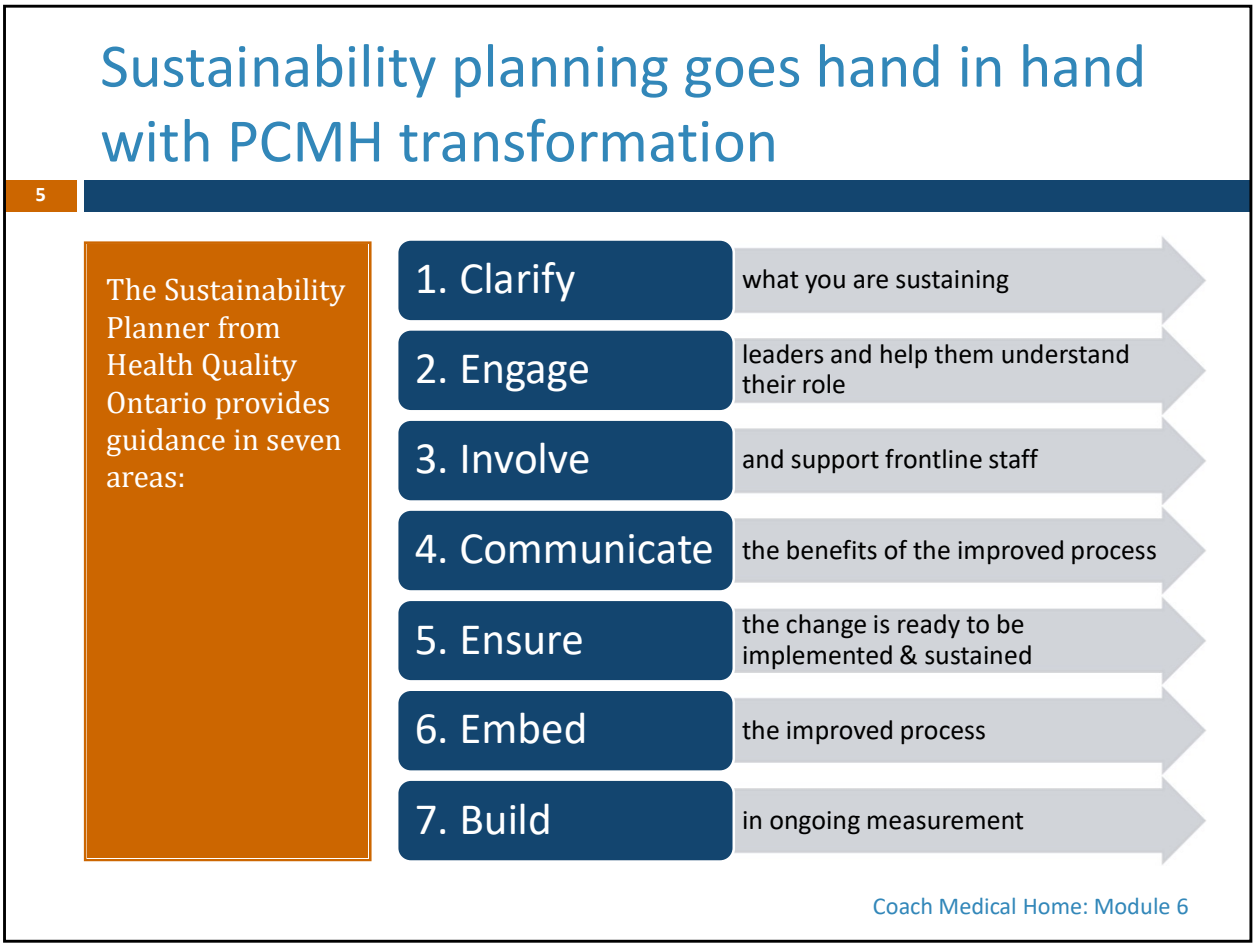
The content in earlier modules is essential to sustaining and spreading improvement by emphasizing an organized approach, leadership support, leveraging resources, engaging both staff and patients, and actionable measurement.

This section helps you further understand how to think about sustainability during implementation, and approaches that the practice can use to continue to improve in the future. You can debate whether sustainability or spread needs to be discussed with your sites first, but both are important to be thinking about from the start.



Beginning with the End in Mind

(Tool available at https://comagine.org/resource/3278 in Module 6: Sustainability & Spread)



As you coach the practice around PCMH implementation, we encourage you to use the planner developed by Health Quality Ontario. Transformation, by definition, involves creating sustainable systems. On the following pages, you'll find more detail and coaching tips on these areas.

In addition to the Sustainability Planner, there are three more academic instruments that you can use to help in your planning:

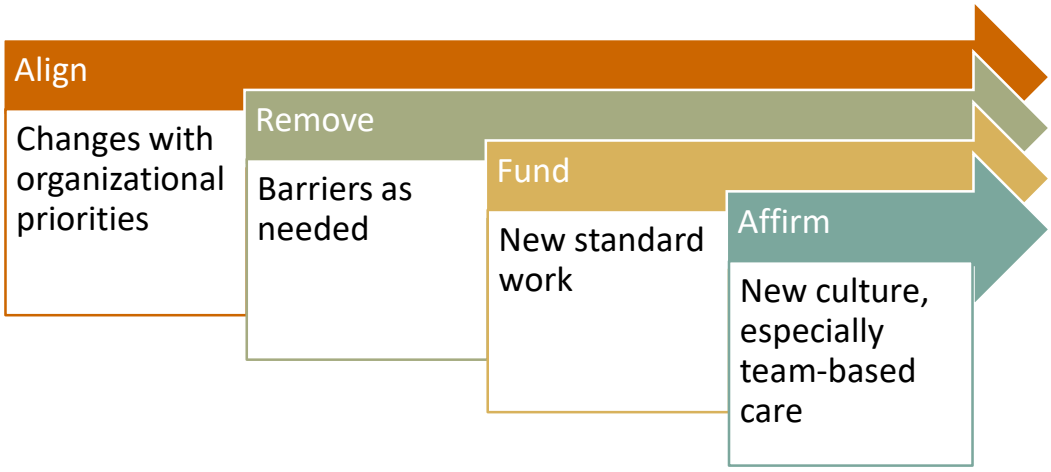
- Assessment instrument that emphasizes routinization and institutionalization. Includes 40 item and 30 item assessment instrument versions.. (Slaghuis SS et al. 2011. A framework and a measurement instrument for sustainability of work practices in long-term care. BMC Health Serv Res 11:314.)
- Sustainability Index for evaluating community–based programs. 53 and 28 item versions. (Mancini JA and Marek LI. 2004. Sustaining community-based programs for families: Conceptualization and measurement. Fam Relat 53(4):339-347.)
- Conceptual framework and a checklist to be used by partnership leaders to identify sustainability issues during the design stage. (Edwards JC et al. 2007. Sustainability of partnership projects: a conceptual framework and checklist. Jt Comm J Qual Patient Saf 33(12 Suppl):37-47.)

Health Quality Ontario Sustainability Planner
(Tool available at https://comagine.org/resource/3278 in Module 6: Sustainability & Spread)

The fundamental importance of leadership

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Leaders across the practice—including members of the Board—need to be involved to foster sustainable implementation.



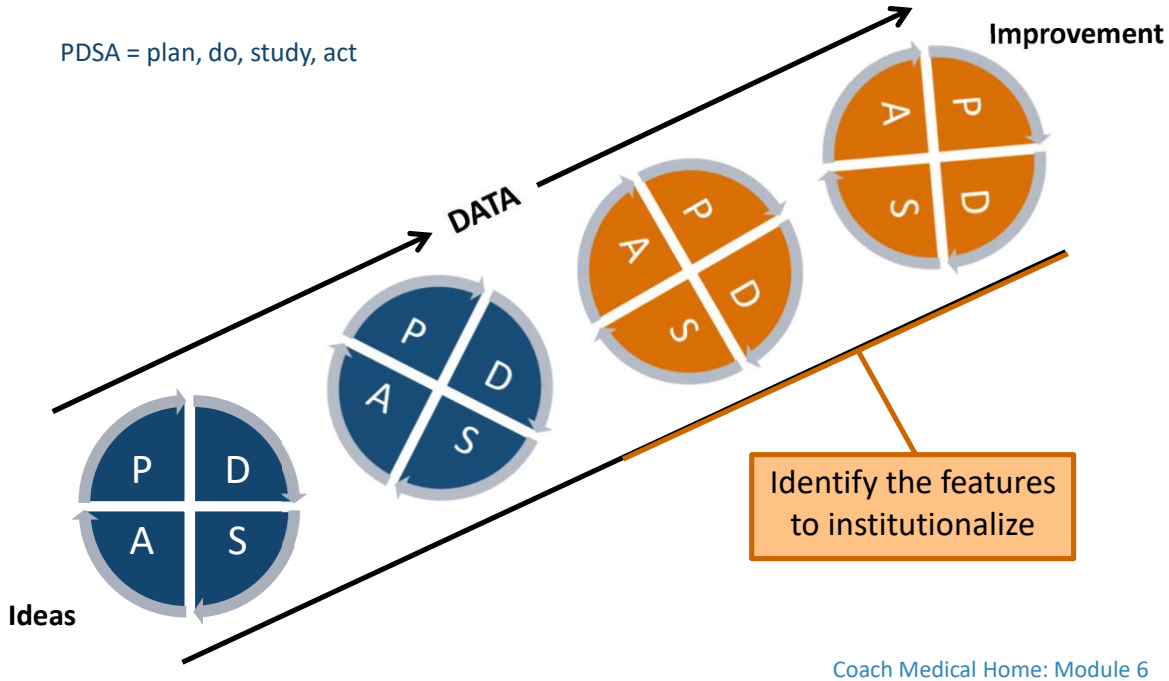
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Engaged leadership is key to successful PCMH transformation because of the inherent changes that will happen in the practice as it improves the organization and delivery of care.

As a coach, do your best to **ensure that the entire leadership is invested in implementation and sustainability efforts** and consistently reinforce that supportive leaders are key to PCMH transformation success. (See Module 3: Sequencing the Changes for more information on engaged leadership as a critical element of the Safety Net Medical Home Initiative framework for practice transformation.)

Deciding which changes to make permanent

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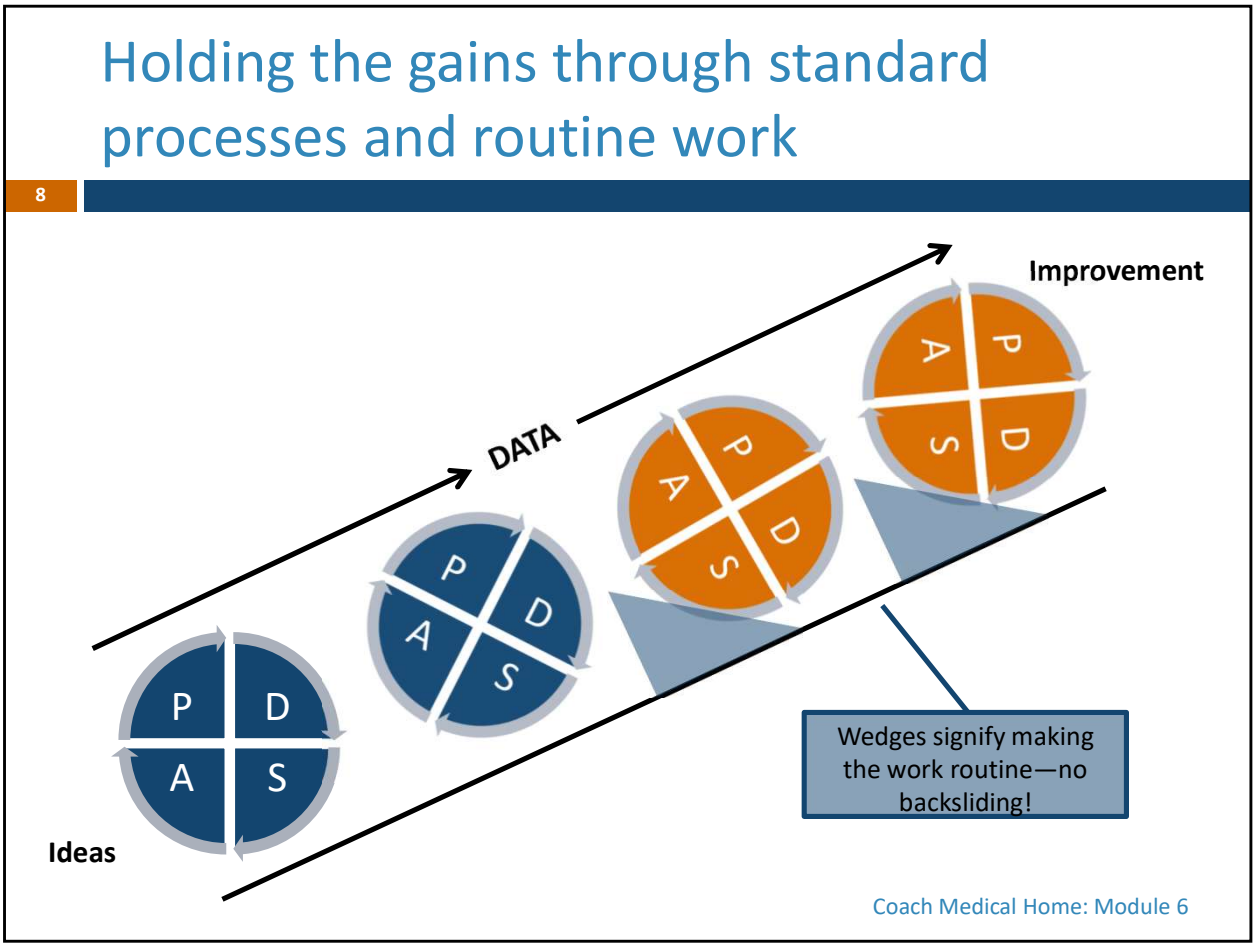
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As you and the practice work toward specific transformation goals, it's likely that you will test approaches before fully implementing them.

There are many good reasons why tests start small: Failures are low risk, staff find it easier to buy in to a temporary alteration in how they work, you can learn about how the small change fits into the local environment, and you can rapidly test a large number of different changes, each in a brief period, to see what the data tell you about which is most effective. That's why PDSA (plan-do-study act) cycles or similar approaches using other QI techniques are powerful.

Ensure there is enough time for experimentation, since that provides freedom to work the wrinkles out of a new process building support among practice team and helping them understand why the new method is better.

Once you and the practice have decided which changes should become permanent, you move from testing to sustainability, also referred to as implementation. **Help the team identify which features of the innovation are essential** and consider ways to make sure they are done consistently, as part of new standard work.



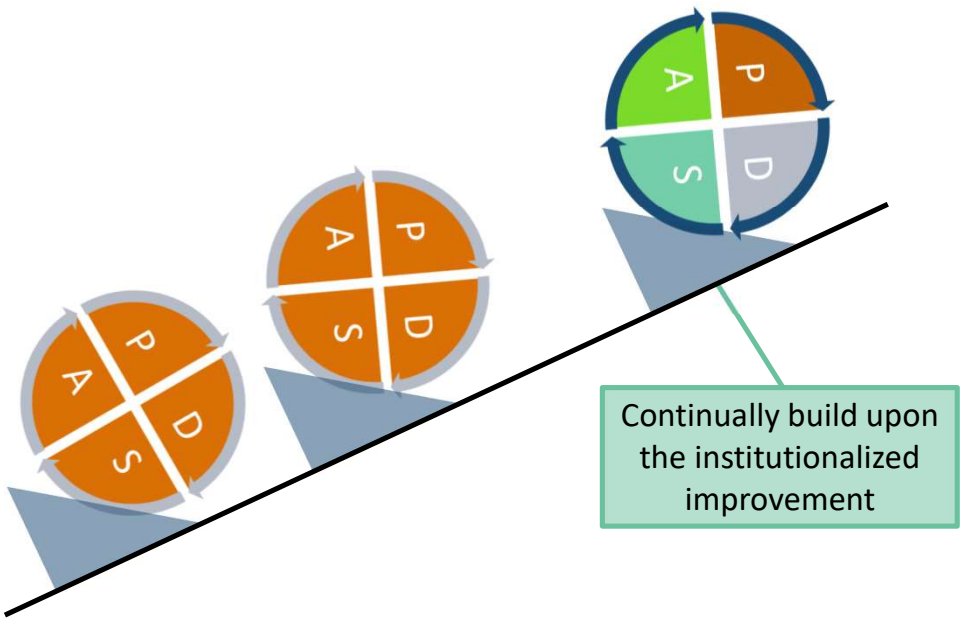
As testing and implementation proceed, the practice needs to determine how to **make the work routine and part of standard processes** achievable in the context of a normal day. This takes good problem-solving skills on the part of both the team and the coach, as well as patience as the initial glow of discovery fades and the hard work of implementation continues. Electronic health record systems are a key area where practices will need to implement changes.

As a coach, you can help the practice:

- Communicate with leaders and staff about the need for and benefits of the new standard work. Share the evidence the team generated while testing the changes and redesigned the work processes.
- Train staff in the new processes.
- Update policies, procedures, forms, checklists, training, job descriptions, HR competencies, and new hire training.
- Align measurement systems with the new way, and check them on a regular basis. Consider if electronic health record changes will be required and how that will be accomplished.
- Discontinue old processes that are part of the old way of working.

Improvement is continuous

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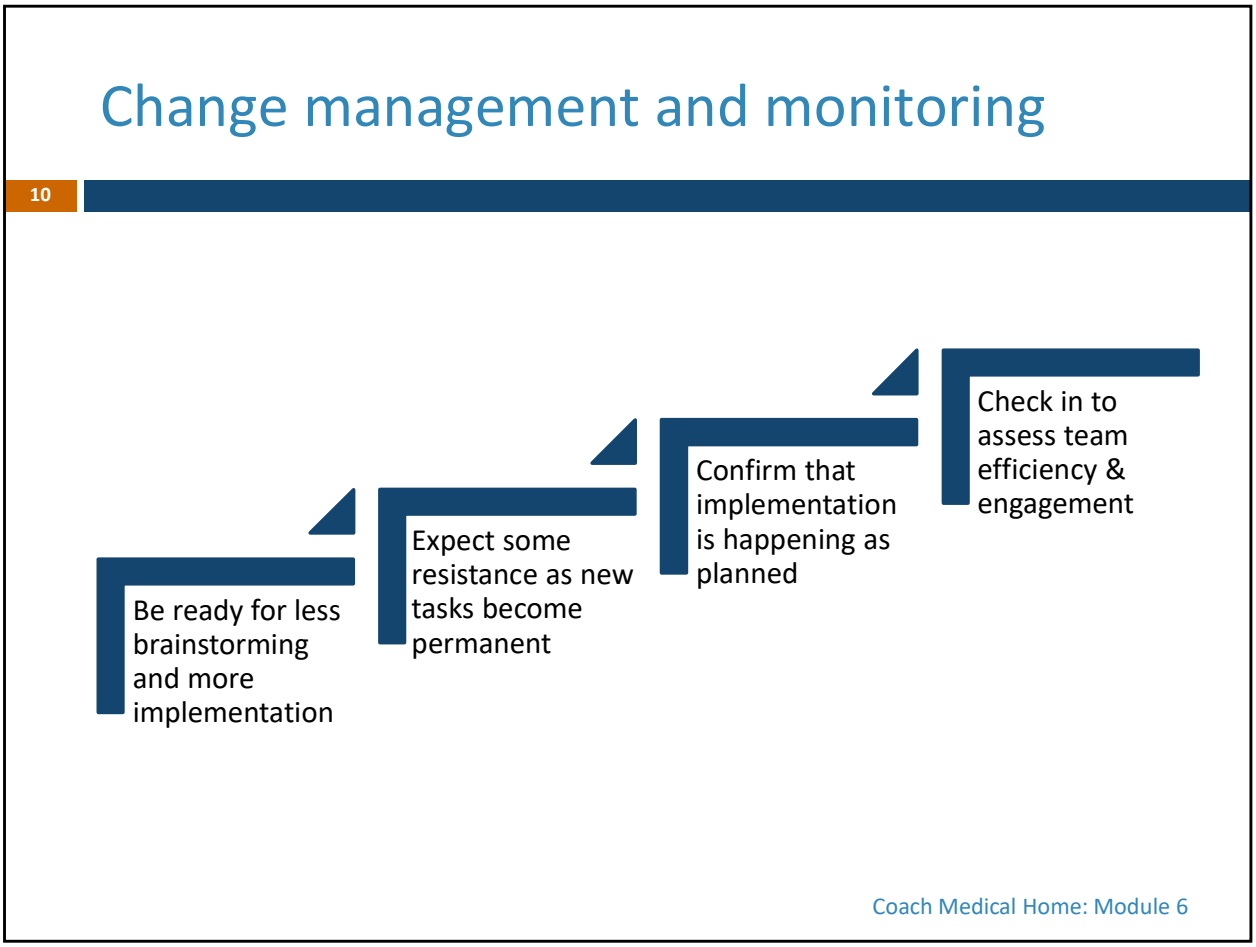


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Don't assume that practices move from being focused 100% on innovation through testing in small PDSAs to a total absorption with implementation. In fact , **most practices will probably continue with small-scale tests on some parts of their work while standardizing and implementing others.**

To promote continuous improvement, work with supportive leaders to encourage the practice to:

- Promote ongoing small-scale testing—that is often the fun part.
- Share data on the new routine throughout the practice.
- Designate a group or person to be responsible for ongoing monitoring of the data.
- Demonstrate results.
- Celebrate accomplishments and continue to improve.
- Measure staff engagement to adapt innovation to meet changing practice needs.



Your work—and the practice's work—will change as the process moves from small tests to sustainability. Expectations are raised when you move to implementation, and there is a necessary shift to less brainstorming and more work to incorporate new tasks into the practice's workflow.

Change management becomes increasingly important as staff grapple with new work becoming permanent, and you should expect resistance to increase. It's helpful to refer to the practice's measurement and reporting strategy (see Module 4: Measurement) and to apply it from a sustainability perspective.

Plan on this step to taking more time than earlier, less formal PDSA processes, and keep in mind that it will require careful monitoring and leadership support.



The roles and responsibilities you establish at the beginning of coaching will help the practice continue improvement after the coaching period ends. Establish a formal transition plan after your primary work as a coach is complete.

Encourage the practice to:

- Document standard work for all processes—an important step that will help them adhere to the new way of doing things.
- Train selected staff members as internal quality improvement consultants so they can continue to apply QI methods (PDSAs, the use of data for improvement, etc.). The practice should also make sure training for new and existing staff continues and should avoid having only one person who can do a task.
- Recognize and celebrate their hard-won successes.

If possible, **set a date to check in with the practice** to see which gains have been held.

Examples of coach training programs you can recommend to sites are available at https://comagine.org/resource/3278 in the "Other resources" section of Module 6: Sustainability & Spread.

SECTION 2

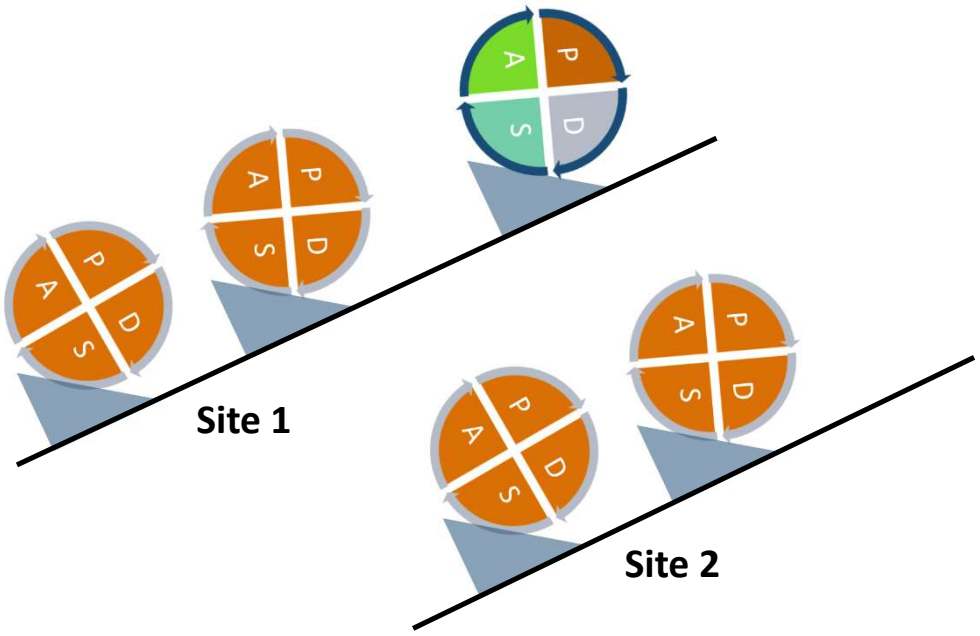
Planning for spread

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This section provides an overview of how to plan for spread to a new setting or context, whether from one site to another within a health center, one health center to another, or within a regional or national demonstration project.

Spread exports the essential components…

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Site 1 has identified the core components needed to sustain an innovation. Now it is time for spread, either within a single organization or between different organizations in a community.

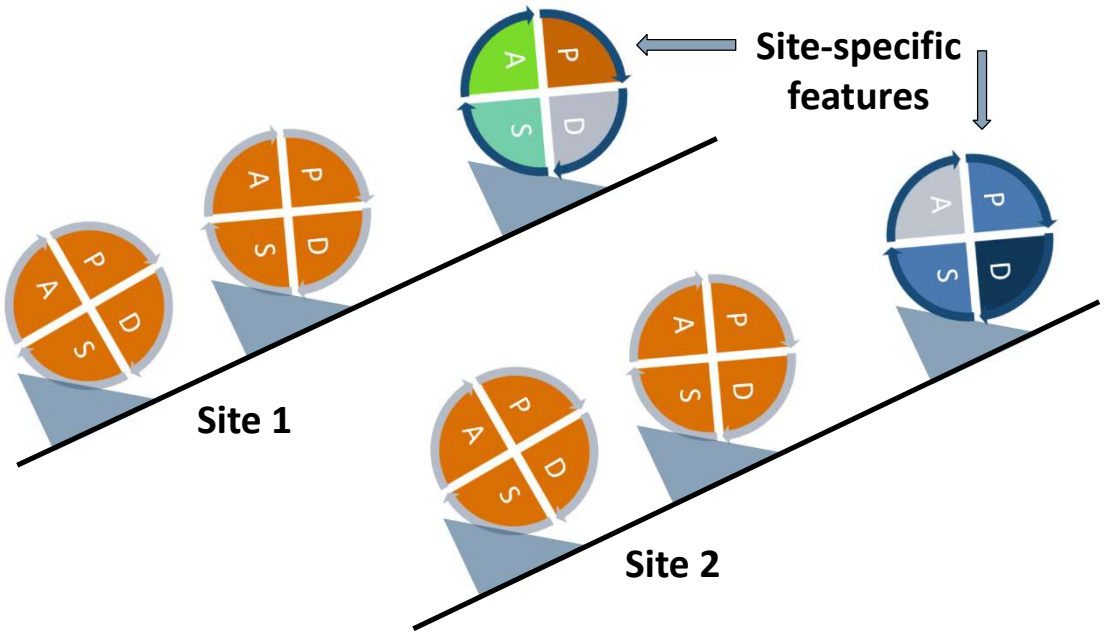
Core components are always needed—but alone they are not enough to ensure widespread adoption. To ensure successful spread, potential adopters must refine and modify the innovation to suit their needs based on their internal and external environment.



"Supporting Spread: Lessons from the California Improvement Network" provides a good general discussion of spread and lessons learned. It uses the experience of a variety of member organizations to discuss engaging leadership, selecting a spread strategy, and designing measurement and feedback systems.

…but leaves room for customization

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Site 2 adopts certain core components from Site 1, but adds or changes specific features of the innovation to fit their internal environment and other external circumstances. These internal and external considerations are described in more detail on pages 17-19.

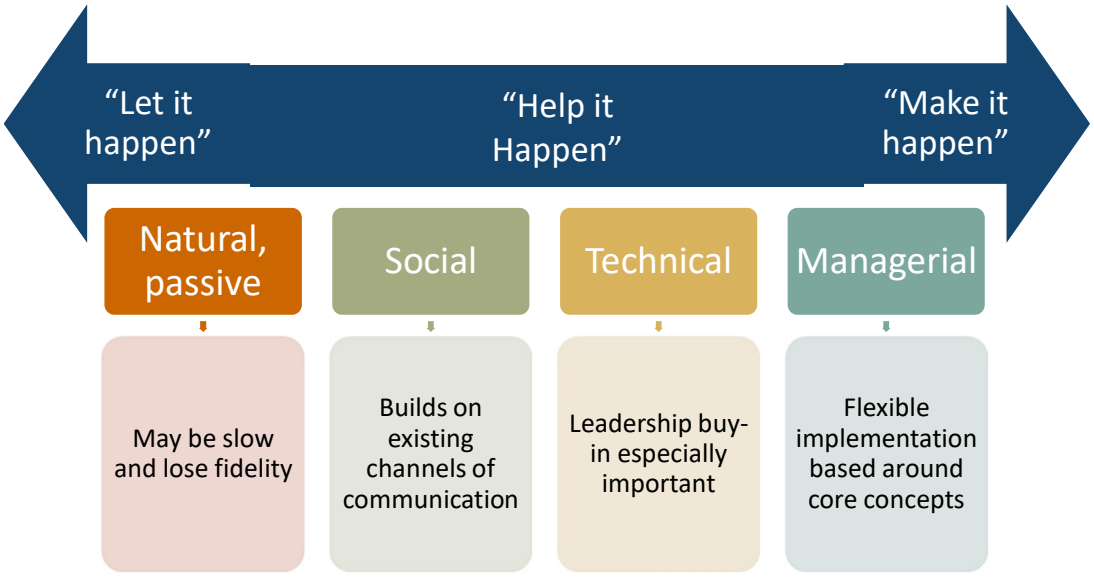
As a coach, remember to emphasize the need for customization, which previous research has shown is key to successful spread. For example, a study by Cohen and colleagues found:

- All interventions require changes as they were integrated into practice.
- Modifications differ by project and by practice, and were often unanticipated.
- Consider three broad categories of changes: practices' and patients' circumstances (staffing and population characteristics) and personnel costs (how to do it cheaper).

1. Cohen DJ et al. 2008. Fidelity versus flexibility: translating evidence-based research into practice. Am J Prev Med 35(5 Suppl):S381-9.

Spread can happen in different ways

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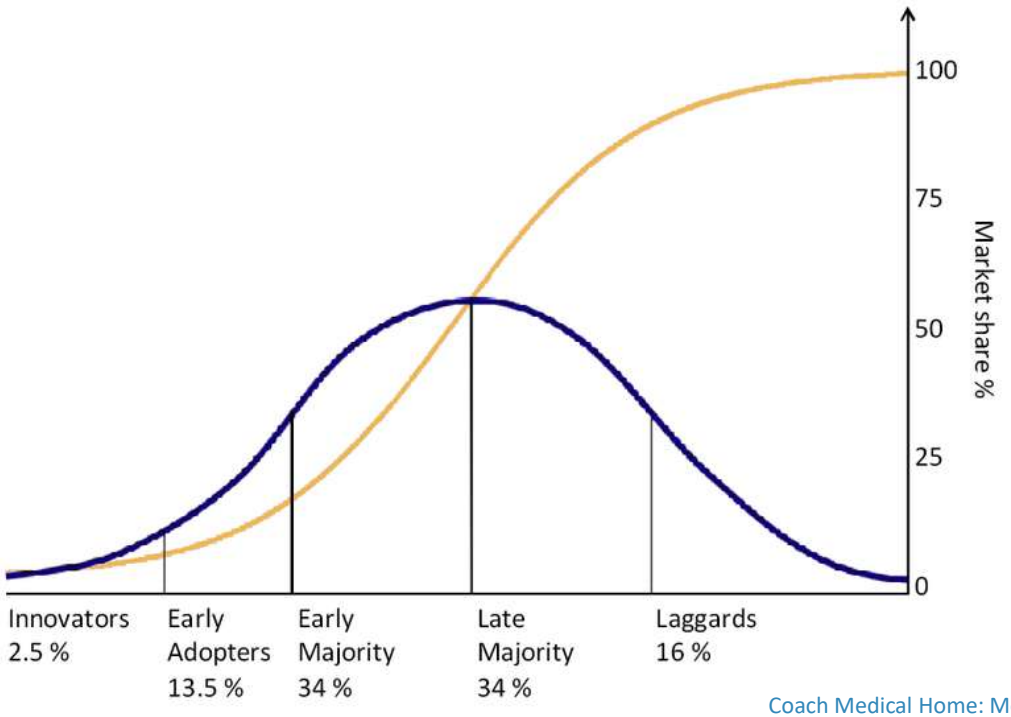


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As you work with sites on spread, it is helpful to understand that there are different approaches to spread. You can use this to coach sites around a spread strategy suited to their environment and to watch for possible challenges.

Adapted from Greenhalgh T et al. 2004. Diffusion of innovations in service organizations: systematic review and recommendations. Milbank Q 82(4):581-629.

Draw on Roger's Theory of Diffusion to inform your planning



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With adequate spread, transformation can become self-sustaining. On the other hand, if the innovations created by transformation efforts are spread to only a few practices in a large organization, the changes are vulnerable to being forgotten or reversed. **The goal of spread is to change how the majority of sites are working, which makes innovation much more likely to become embedded across an organization.**

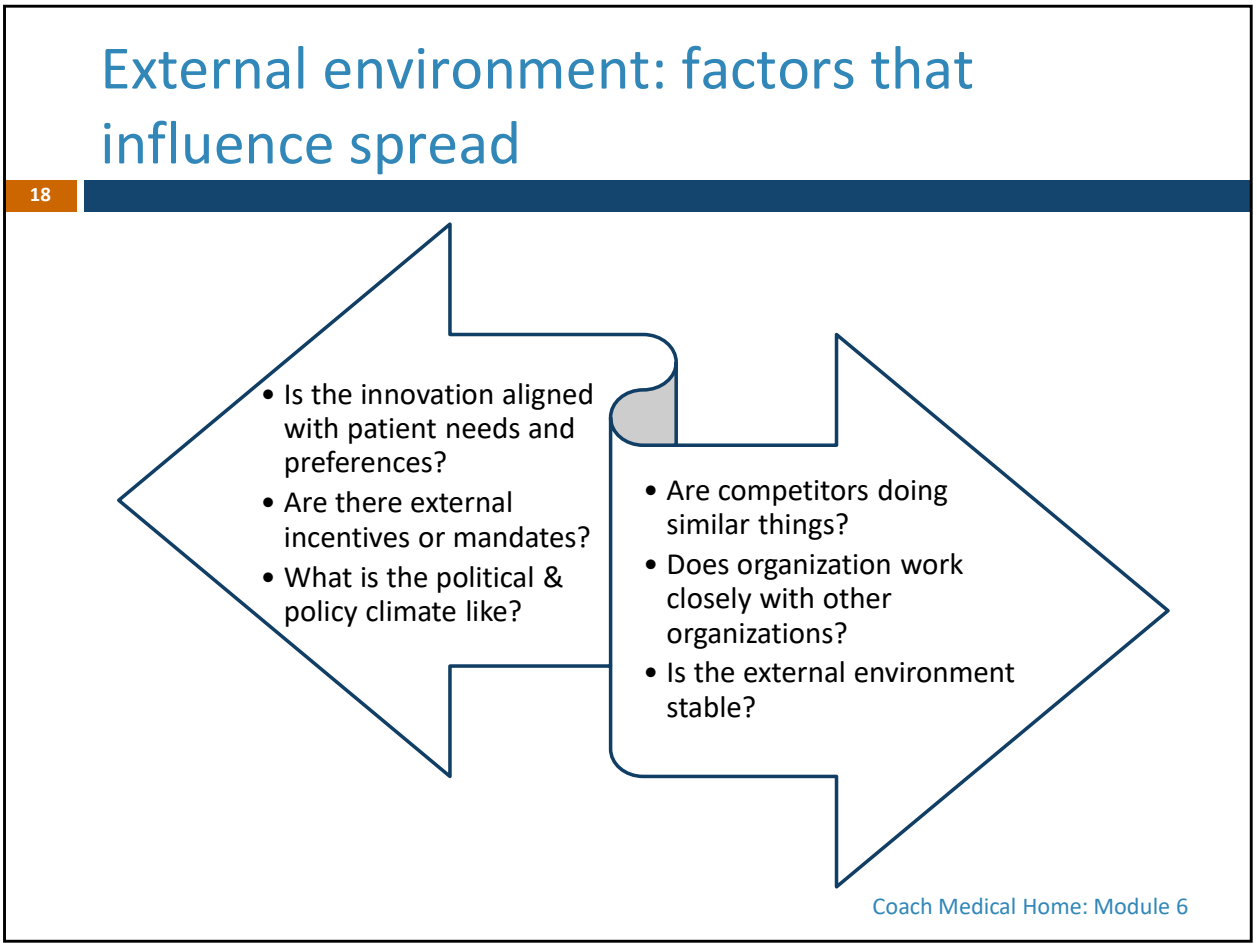
Experience shows that transformation early adopters are likely to have different motivations or incentives than the spread groups. Therefore, **the way you work with the spread sites (late majority and even laggards) and what motivates them also has to be different.** In particular, implementation is likely to be more directive and less reliant on individual passions and heroics.

Source: Rogers EM. 2003. Diffusion of innovations. New York: Free Press. xxi.



There is a broad academic literature on how to make spread successful. Implementation researchers have examined a number of spread attempts and developed frameworks to help understand the elements that affect spread. The characteristics of successful efforts that they identified are shown above.

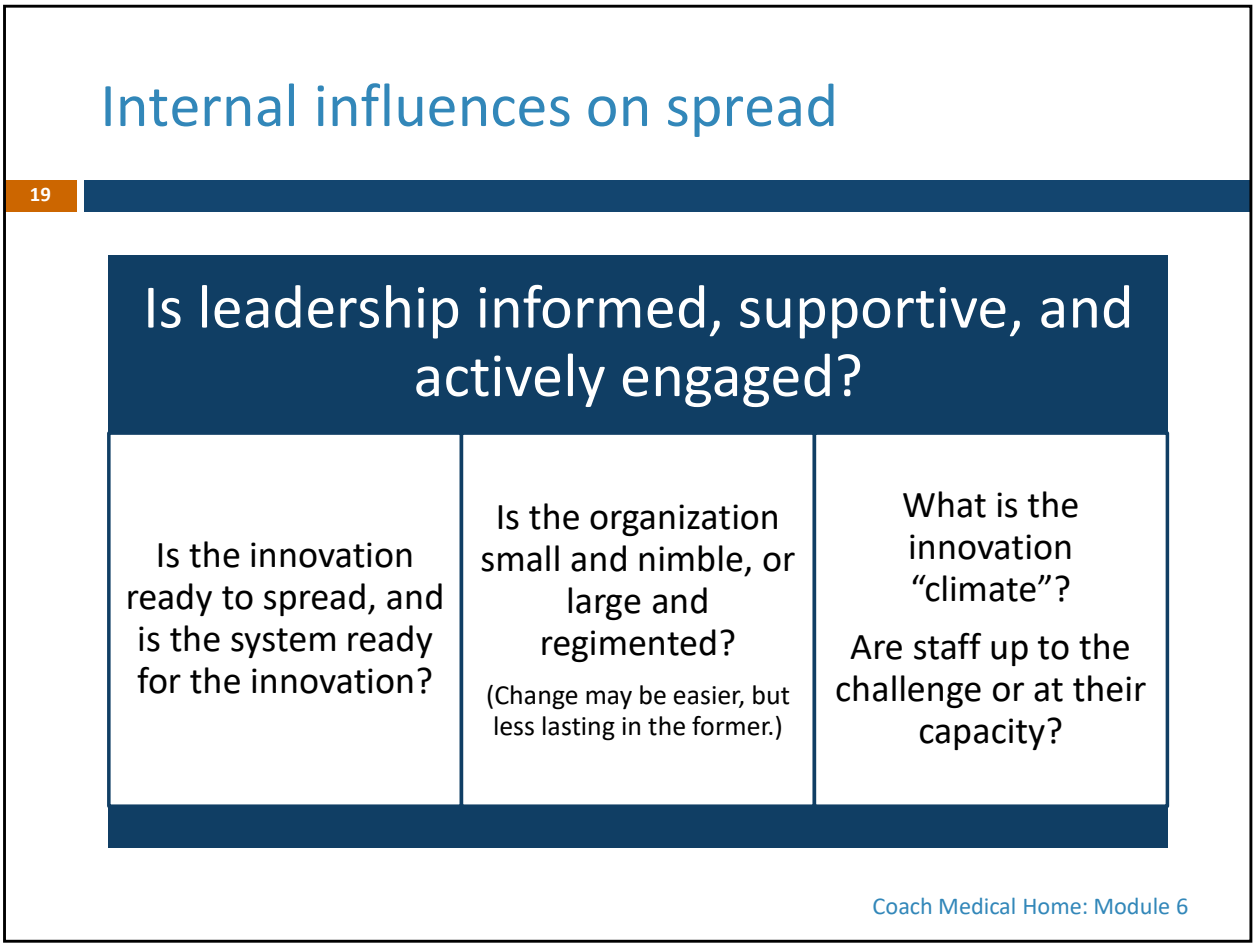
You'll learn more about these factors in the next section—a case study of Group Health Cooperative's medical home spread effort.



The external environment will influence how you design the spread program for an organization and the likelihood of its uptake. To inform spread planning, consider the above points in conjunction with the information about payment and recognition in Module 2: Understanding the Environment. If your goal is to spread between organizations, careful planning with the external environment in mind becomes even more important.

References:

- Damschroder LJ et al. 2009. Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation science. Implementation Science 4(1):50.
- Greenhalgh T et al. 2004. Diffusion of innovations in service organizations: systematic review and recommendations. Milbank Q 82(4):581-629.



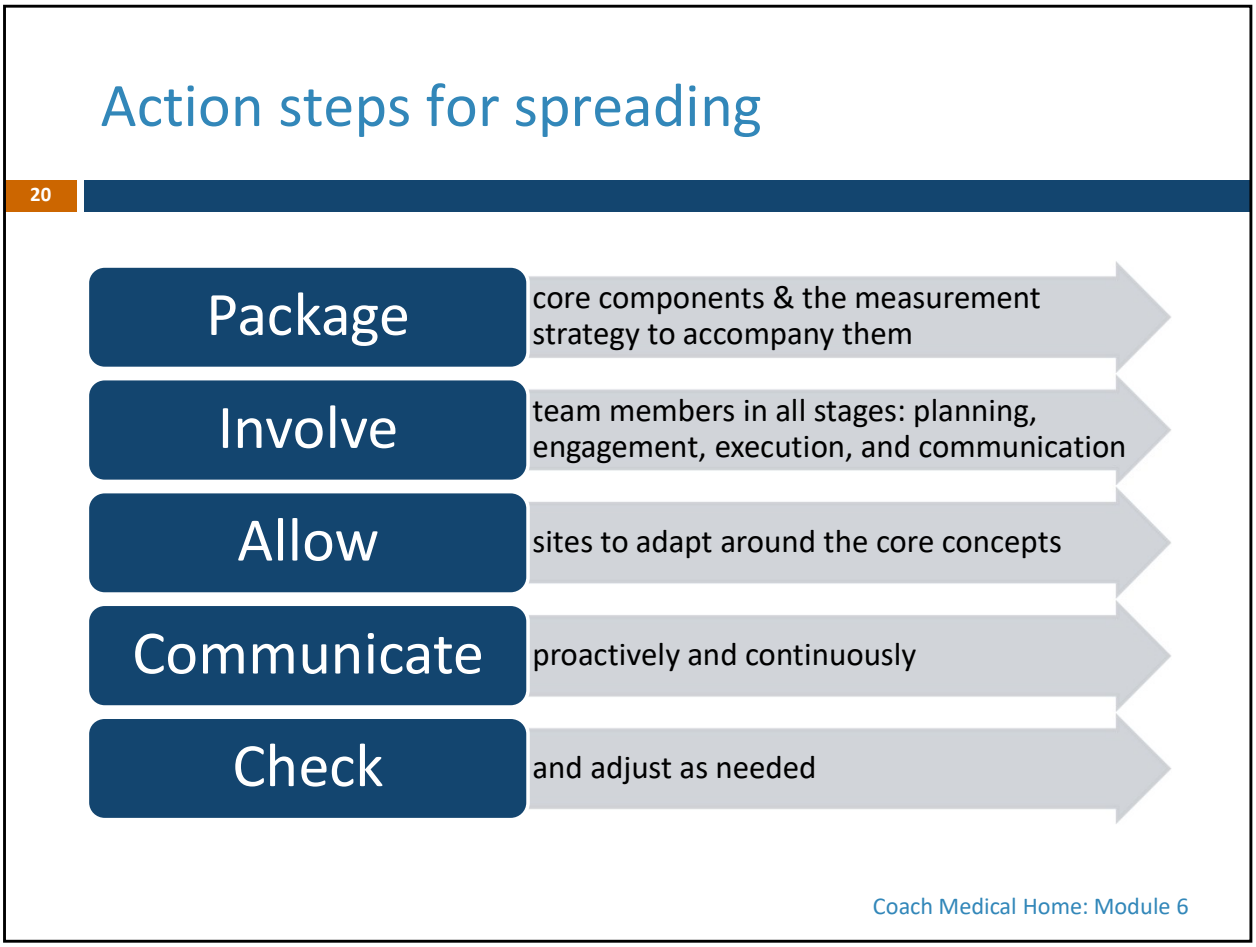
The spread plan should be adapted to internal characteristics of the spread site, including the examples above.

But, of all the elements, leadership engagement is the most important. Leaders validate the topic as in line with the strategic initiatives, ensure that goals and incentives are in place, make sufficient resources available both in terms of material and personnel, and remove barriers encountered by the team charged with spread. Leaders are typically focused on the business case for any improvement, and literature on the costs and benefits of the medical home are only now emerging.

Modules 1 and 2 of Coach Medical Home contain tools that can be used to describe the importance of and business case for PCMH transformation.

The following articles discuss the cost of performing as a PCMH, potential benefits in terms of better health, patient and provider satisfaction, and return on investment. More literature is sure to be forthcoming.

- Nocon RS et al. 2012. Association between patient-centered medical home rating and operating cost at federally funded health centers. JAMA 308(1):60-6. http://jama.jamanetwork.com/article.aspx?articleid=1197012
- Reid RJ et al. 2010. The Group Health Medical Home at year two: cost savings, higher patient satisfaction, & less burnout for providers. Health Aff (Millwood) 29(5):835-43.



The art and science of coaching around PCMH transformation and spread is still evolving. In addition to the advice and tools in these documents, you might find it helpful to engage in learning communities and peer networks to continue learning and to share best practices (see Module 5: Building Learning Communities).

Tool: Health Quality Ontario Spread Planner

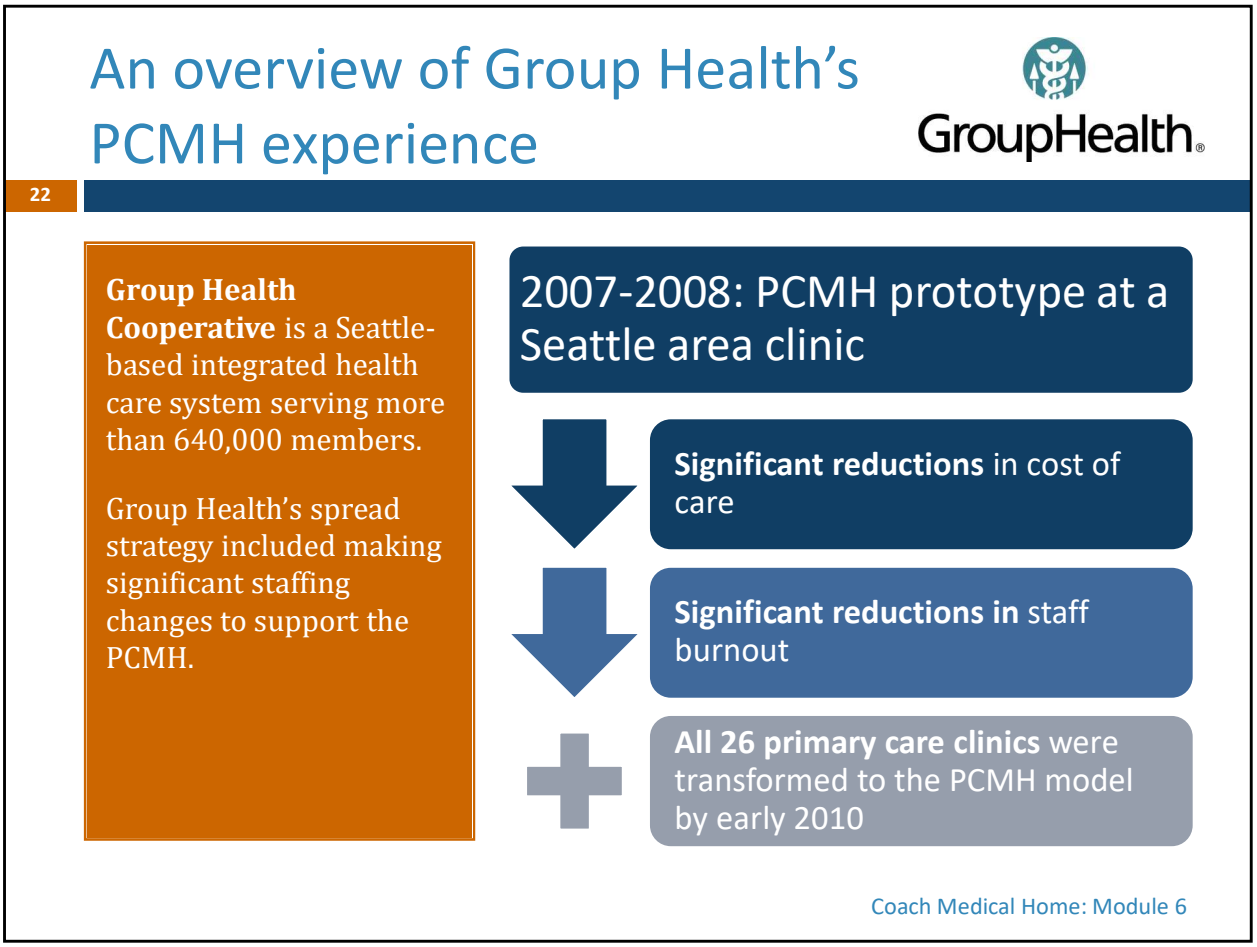
(Tool available at https://comagine.org/resource/3278 in Module 6: Sustainability & Spread)

SECTION 3

Case study: Group Health's PCMH

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This section illustrates how to apply the concepts described in the previous two sections to better understand how Group Health spread PCMH from a pilot clinic to system-wide transformation.



To achieve successful rollout of the PCMH to all 26 of its primary care clinics, Group Health standardized the changes into four practice change modules (see page 25) and five system change modules. The spread work was guided by design principles developed by Group Health leadership on the importance of the primary care physician-patient relationship, the need to support continuous healing relationships, and a commitment to access centered on patients' needs. The spread approach initially emphasized a high degree of standardization across all sites, but later this was relaxed to allow some clinic-initiated improvements as long as they did not change the prescribed standard work.

Spread properties: The Group Health experience

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Relative advantage?	Compatible with existing norms & values?	Risks?
• Compared to current state—no alternatives to PCMH were considered.	• Consistent with values of primary care & having manageable work lives.	• Compared risks of doing the intervention (losing money invested) to the risk of not doing it (losing the workforce, becoming less competitive).

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Damschroder e al. Implementation Sci. 2009;4(1):50; Greenhaugh et al. Milbank Q 2004;82(4) 581-629

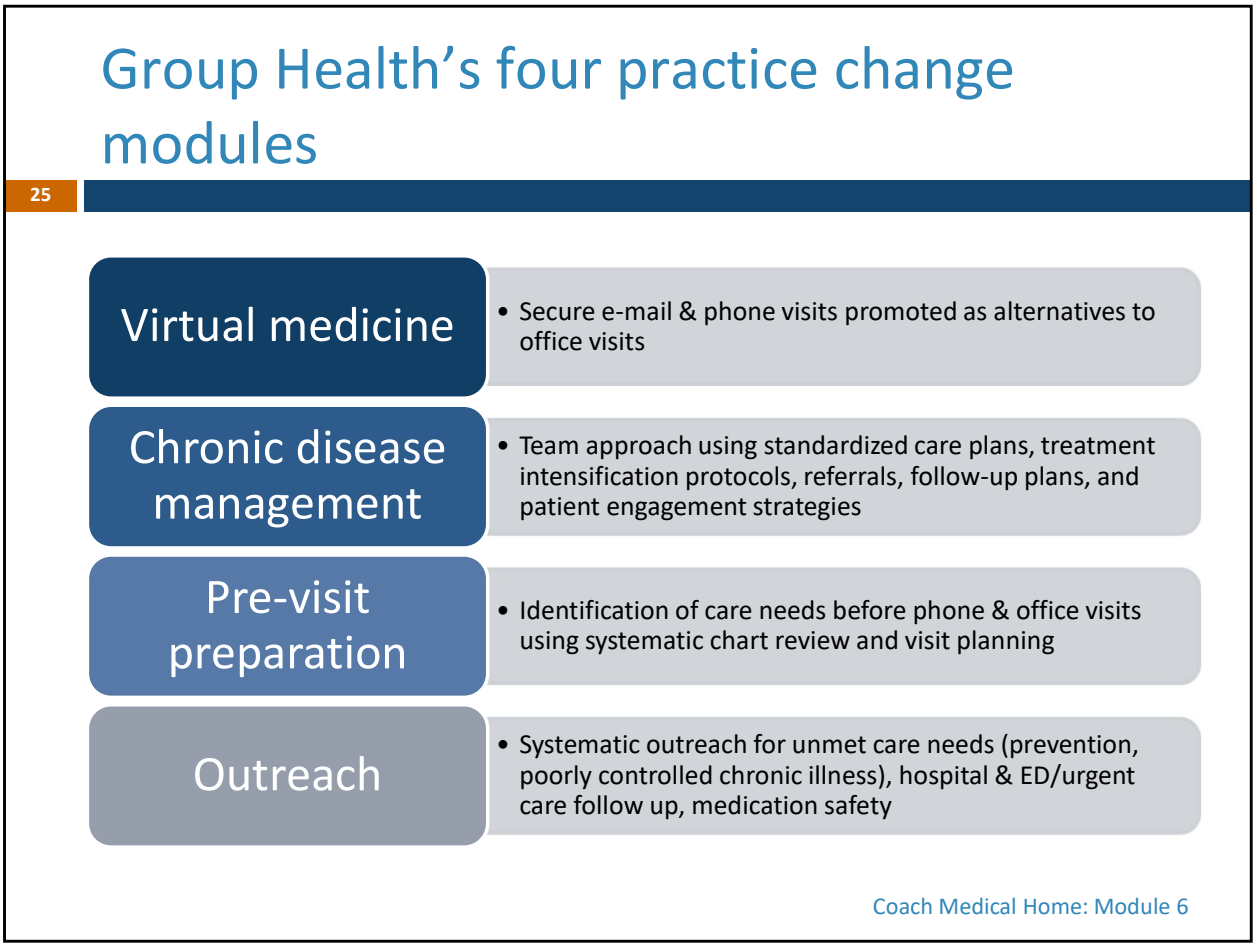
Spread properties: The Group Health experience (cont.)

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Can users try it on a limited basis before adopting?	How quickly are the benefits seen?
• Three clinics trialed all the spread interventions to refine them before spread to all clinical sites.	• Through visual display systems, all users were able to see the results right away.

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Damschroder e al. Implementation Sci. 2009;4(1):50; Greenhaugh et al. Milbank Q 2004;82(4) 581-629



At Group Health, breaking the changes into manageable parts was key. The intervention was divided into four practice change modules and spread sequentially, with each building on the other. The timeline for pilots and rollouts went from January 2009 to March 2010.

Adapted from: Hsu C et al. 2012. Spreading a patient-centered medical home redesign: a case study. J Ambul Care Manage 35(2):99-108.