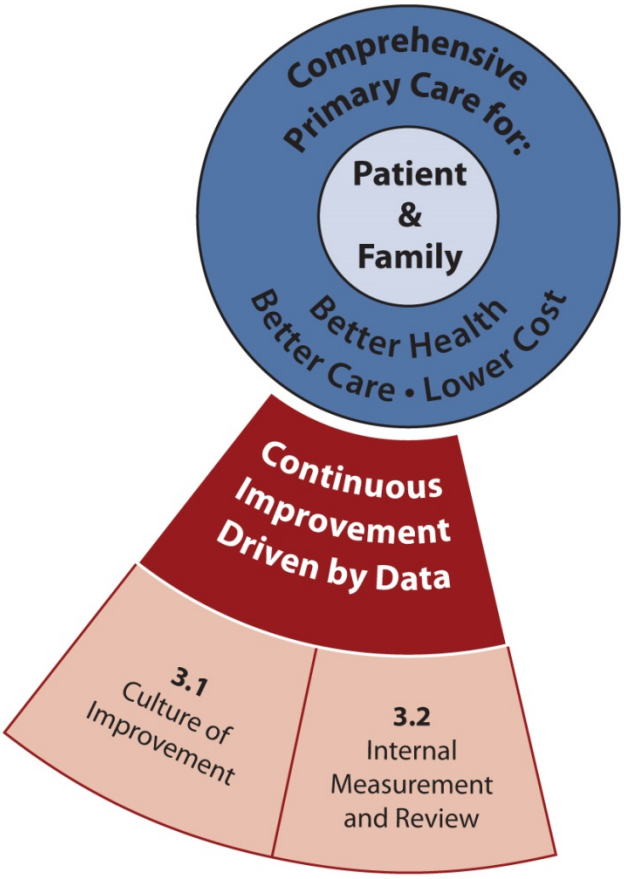
Driver 3:
Continuous Improvement Driven by Data

CPC practices focused on making rapid changes to how they delivered care that would result in measurable, data-driven improvement. To accomplish this, practices used data from payers, the local HIE, system resources and CAHPS data. Measurements collected in the practice from the care team also guided these changes. This effort required an active and engaged leadership, committed team members with improvement skills, and the allocation of time and resources for practice change and improvement. The work in this driver informs improvement work for Driver 1's comprehensive primary care functions, along with the other CPC drivers.



Driver 3: The Secondary Drivers

The secondary drivers described below support Continuous Improvement Driven by Data:

3.1 Culture of Improvement

This secondary driver focuses on the tactics involved in building a practice's culture of improvement, effective approaches and responses to improvement as a whole.

3.2 Internal Measurement and Review

This secondary driver focuses on the importance of internal measurement and review to aid practices in quality improvement.

Secondary Driver 3.1: Culture of Improvement

Practice improvement is only successful when it changes an organization's overall culture of improvement. This culture shift does not just happen; it is cultivated over time through training, team building, sharing and engagement with the entire team. A paradigm shift must occur in the way the care teams think. This new way of thinking must lend itself to performance improvement skills that will integrate into the team's daily work responsibilities. The team's work should lead to new capabilities and an understanding of opportunities for managing the total cost of care through the reduction of harm and waste. Teams should understand how processes and workflow improvement help to overcome barriers to creating a culture of continuous improvement.

Performance improvement can assume many forms. It could be a small project to improve the flow of patients entering a rural clinic, or it could be a system-wide endeavor. Basic system redesign concepts and tools are essential knowledge for this process.

Gathering data for analysis is only meaningful when you do something with it. It is important that the measures used to identify opportunities for change assess whether there is improvement in care and cost. This requires building the capability, systems and processes to regularly make changes and practice improvements.

The phases of the work in CPC:

- Practices and/or systems identified the roles or functions within their respective groups to extract data from the EHR and then present it in an actionable format. Providers and team members underwent education to read and interpret their team- and practice-level data as a means of engaging the entire staff membership; this is practice improvement.
- Initially, practices identified one quality measure and one utilization measure on which they would focus their improvement efforts.
- This broadened with specific, regular study of the clinical quality measures (CQM) data and focused improvement on these measures. Practices developed a regular cycle of review for their CQMs at both the practice and provider/care team level.
- The addition of data from the CMS Practice Feedback Reports, along with other payer data, helped practices understand how data reflects their performance.

Implementation tips for a culture of improvement

- Leadership must be engaged and share in improving the culture of your practice or health system.
- Identify a clinical leader and administrative leader to champion this improvement work.
- Train everyone in the practice in quality improvement methods, including understanding the data.
- Quality improvement includes everyone on the team. Integrate these activities into the workday.
- Be transparent with patients and families. Share data with them and seek their input into change.
- Tap into already established external resources to enhance your improvement efforts.
- Enhance engagement of the entire practice with transparent sharing of data and seeking ideas for change from the entire practice team.

Change Concepts for culture of improvement

- Adopt a formal model for quality improvement, and create a culture in which all team members actively participate in improvement activities
- Ensure full engagement of clinical and administrative leadership in practice improvement
- Active participation in shared learning

Change Concept: Adopt a formal model for quality improvement and create a culture in which all team members actively participate in improvement activities

The implementation of a formal model of continuous quality improvement involves leadership and every member of the practice team. Adopting a culture of continuous improvement is a journey that requires practices to begin with the end in mind. If practices are going to reach their destinations, they will need to understand both where they are and where they are trying to go. Traditionally, practices look for problems, diagnose them and then find a solution. This process focuses on what is wrong or broken; when practices look for problems, they find them. By paying attention to those problems, practices emphasize and amplify them.

Online (external) resources for training all staff

HRSA Quality Toolkit (2017). This site has a wide range and assortment of tools for free use in health care quality improvement. https://www.hrsa.gov/quality/toolbox/index.html

Part of this journey will include changing actions, habits and ultimately the culture surrounding how the practice functions on a daily basis. This will require active participation from team members and leadership who work most closely with the process you are attempting to improve. Just as all parts of an engine must be working to move an automobile, all members of the practice team must be actively engaged to move the practice forward. Everyone is responsible for quality improvement endeavors. All members of the team can contribute ideas about how to improve the daily workflows for which they are responsible and how to increase patient outcomes and satisfaction.

Effectively documenting this process of improvement will be an important component of incorporating change in a practice. The model that you select to move forward with during this endeavor may dictate the tools that you use to show improvement and document change. You can achieve this through various means (e.g., value streams, storyboards, A-3 forms, PDSA cycle, written notes, etc.). Accurate documentation of this process will ensure continuity, as well as it will provide a written record of where you have needed more work and where you have been successful. Documenting your changes over time is important for internal review but also for sharing your journey with other practices.

Change tactics CPC practices used:

- Train all team members in quality improvement methods
- Integrate practice change/quality improvement into team duties
- Engage all team members when identifying and testing practice changes
- Designate regular team meetings to review data and plan improvement cycles
- Promote transparency and accelerate improvement by sharing practice-level and panel-level quality of care, patient experience and utilization data with all personnel
- Promote transparency and engage patients and families by sharing practice-level quality of care, patient experience and utilization data with patients and families

Change Tactic:
Train all team members in quality improvement methods

Quality improvement (QI) is not a subject that most team members studied during their education. Education about QI provides a means by which team members may influence their practice's workflow and outcomes, which provides a sense of accomplishment for their efforts. Providing the entire team with tools and techniques encourages their use on a daily basis throughout the organization.

Essential components

- Select a model to use in your practice. Understand that some models may not work for your organization. There are several models from which to choose (see inset), so ensure you research which model will best work for your needs. Keep in mind that your changes may affect the delivery of patient care.
- Once you select a QI model, develop a training plan for practice team members. Include both knowledge and experiential components. Adult learners grasp concepts much more effectively when they can apply them immediately.
- Share your understanding of continuous quality improvement, what it involves for the practice and its anticipated outcomes:
  - Improved quality of patient care
  - Improved workflows
  - Better experience for patients
  - Improved health outcomes
  - Decreased total cost of care
- Quality improvement concepts during basic training efforts should include the following, regardless of the model selected:
  - Using the PDSA approach (Plan-Do-Study-Act): Create your plan for improvement, perform the actions decided upon, study the results and finally take action. Action most often means modification of the plan or actions taken and repeating the PDSA cycle for improvement. Multiple iterations of this cycle will fine tune the process and result in the outcome you desired.
  - Understanding data: Include run charts, bar charts and other forms of data representation used by your practice. It is important that the entire team knows how to interpret the data so that they are able to participate meaningfully in the change process.
  - Developing flow charts and workgroup charters: These tools help the team understand and improve workflows in the practice, as well as the work assigned to the group.
- Encourage every team member to put his or her newfound knowledge to use immediately. Assigning individuals or teams to a specific project that makes use of their skills is one method of accomplishing this. Keep projects simple until their skillset and confidence builds.

Online (external) resources for training all staff

Analytics Adoption Model: https://www.healthcatalyst.com/healthcare-analytics-solutions/

LEAN: http://www.lean-concepts.com/

The Model for Improvement (MFI): https://www.ahrq.gov/professionals/prevention-chronic-care/improve/.../mod4.htm

PDSA Cycle Template (2016). This template from CMS may help practices as they adopt the PDSA tool for improvement. https://www.cms.gov/medicare/provider-enrollment-and-certification/qapi/downloads/pdsacycledebedits.pdf

Online (external) resources for measuring and improving quality

TeamSTEPPS for Office-based Care Version (2016). Primary care practice teams are the audience for this version of the TeamSTEPPS (Team Strategies and Tools to Enhance Performance and Patient Safety) program. The focus is on creating high-performing teams that improve quality and safety. Sections cover change management and measurement. http://www.ahrq.gov/teamstepps/officebasedcare/index.html

Considerations for your practice

- When assigning practice teams or individuals a project or task, allow them to be autonomous. Arrange time for them to work on their assignment, and listen carefully to their project outcome. Take this time to praise their work and improve their QI education with your feedback.
- Consider holding the training away from busy office settings, if possible. This will help the group focus on learning.
- The practice may adopt a model such as TeamSTEPPS to enhance teamwork during its quality improvement efforts. In this program, individuals can train to be a master trainer and then use the program to coach others in this methodology.

Change Tactic:
Integrate practice change/quality improvement into team duties

QI is not just another task to accomplish; it must be a way of life at the practice. Quality is everyone's job, and every member of the team is important. CPC practices fount that integrating the work elements of quality improvement into the practice teams' daily work life fostered a culture of improvement in the practice.

CPC resources related to the integration of practice change into staff duties

CPC On Demand Video: Creating and Sustaining a Culture of Improvement (2017). This small, rural practice team accepted "Change is the New Normal" as its mantra. They meet regularly, educate staff and embrace change. https://youtu.be/ZP3dooe4pMI

CPC On Demand Video: Building a Culture for Practice Improvement (2017). How a medical center in Colorado used data to improve its practice. Leadership encourages site-wide improvement efforts through a variety of methods. https://www.youtube.com/watch?v=WEd4LhB-oe0&index=26&list=PLaV7m2-zFKpgNDwSSnQ6QMys_LbIaZXjh

Essential components

- Allow team members to identify potential problems, take action to correct those deficiencies and participate in system redesign as it relates to their work environment.
- Define value-added activities within your organization, and teach these concepts to all team members as standardized tasks.
- Standardizing tasks is a foundational element for continuous improvement. Standardization allows for higher-level thinking and time to address the complex problems of the organization.
- Define the QI tasks required of your team. The following are examples of tasks to be considered:
  - Audit data entered into the EHR, and assuring it is in the correct discrete field for reporting purposes.
  - Document patient experiences expressed during a visit or phone call. Each staff member should perform this function in a designated manner. This information will supplement patient survey data and/or data collected from a Patient and Family Advisory Council.
  - Mine data from the EHR, payer feedback reports, patient experience data and other sources, as applicable.
  - Develop data reports into a format usable by the practice leadership and team.
- Identify areas of improvement from the data or other means. Below are examples to consider:
  - Improve phone tree waiting time
  - Increase patient flow through the clinic
  - Measure and track patient satisfaction
  - Increase focus on SMS resources
- Integrate these tasks into the work of the practice teams. Some tasks require a skillset to accomplish, while others may be able to become part of a team member's daily work.
- Spread successful standardization outcomes throughout the entire practice.

Considerations for your practice

- Improve the skillset of engaged staff members; this is an excellent way to improve staff experience and satisfaction.
- Avoid relying on team members who routinely volunteer for extra tasks. Engage the entire team in this activity.

Change Tactic: Engage all team members when identifying and testing practice changes

Although tests of change may engage a small segment of the practice, the entire practice must embrace the change efforts and help identify areas of improvement, as well as test and implement changes. Quality improvement is a team sport, and improvement is more likely to occur when the team works together to bring about the necessary change. Successful QI teams often use PDSA cycles to document change. Small-scale improvement initiatives can uncover waste and identify value and non-value added process flows.

Essential components

- The identification of areas of improvement is a role that applies to every member of the practice team. Every suggested improvement is worth consideration. Consider them all carefully.
- Develop a plan of action for improvement. The practice team, especially the members responsible for identifying the potential change, should take part in developing a plan for change. The plan should include tests of change and accompanying measures to consider while studying the results from those tests of change. Process, outcome and balancing measures should be included.
  - Process measures identify how the system is working. For example, determine what percent of patients with diabetes had their A1c tested in the last six months.
  - Outcome measures identify the effect of actions taken. For example, determine the average A1c for the population of patients with diabetes.
  - Use balancing measures to answer the following question: Are the changes causing new problems in other parts of the practice? For example, determine the staff satisfaction of lab personnel after expanding testing for the patient population with diabetes.
- Implement a small test of change, and consistently document and measure the progress and outcomes.
- Staff should be involved in iterating and monitoring the change as it evolves.

Considerations for your practice

- It is vital that all team members who are testing a change perform the functions and document outcomes in the same way. This ensures the outcomes are a result of actions taken, not of variation.
- Seek feedback from the entire practice team on all tests of change. Every area of the office will have a different perspective on the change. The front office staff may see an outcome that affects their workflow positively or negatively, whereas the back office may have a different perspective.
- Consider how the change affects patients and their families. To ensure that your practice remains patient-centered, seek feedback from patients and their families before scaling to the entire team. Use a Patient and Family Advisory Council, focus group or random selection during patient visits.

Online (external) resources for measuring and improving quality

Science of Improvement: Establishing Measures (2016). The authors discuss the use of process, outcome and balancing measures for learning and process improvement.
http://www.ihi.org/resources/Pages/HowtoImprove/ScienceofImprovementEstablishingMeasures.aspx

CPC resources related to measuring and improving quality

CPC Practice Spotlight 45: PDSA Cycles Focused on Reducing Falls Risk Help Reduce ED Use (2014). This practice used a data-drive PDSA process to study fall risk screening, identifying cause and reducing ED visits.
https://innovation.cms.gov/Files/x/cpcipsl-2015summary.pdf#page=10

CPC Practice Spotlight 48: Million Hearts® 'Champion' Practice Honed Performance in Hypertension Control through Multiple Tests of Change (2015). Transformation teams tested workflows, using data as their measurement of improvement. To improve outcomes, they offered refresher trainings.
https://innovation.cms.gov/Files/x/cpcipsl-2015summary.pdf#page=12

CPC Practice Spotlight 56: Explore Potential Efficiencies Using Your Patient Portal as an Outreach Tool (2015). This practice tested the patient portal as an outreach tool. Process data assisted the change process.
https://innovation.cms.gov/Files/x/cpcipsl-2015summary.pdf#page=19

Change Tactic:
Designate regular team meetings to review data and plan improvement cycles

When your teams participate in improvement projects, they are able to see the result of their work, individually and as a team. Sharing the full set of data with the entire team will help them see the big picture. The work teams can see how their actions affect the practice results as a whole. They will "own" the change, and this ownership will make the changes spread throughout the organization with greater ease. The shared data will also stimulate additional ideas for the team to plan improvement cycles.

By scheduling regular meetings for the entire practice to review data and plan additional improvement cycles, practices send the message that process improvement is important to the practice, and that all team members are valued as change agents. These meetings are a key part of building and sustaining a culture of improvement.

Essential components

- Schedule meetings to occur on a pre-determined schedule. Modify the practice schedule for that time to allow as many staff to attend as possible.
  - Scheduling over lunch or before the day begins may be optimal.
- Have a defined agenda and goals to accomplish during the meeting.
- Present data in a format readily understood by all members of the practice team. For example, when addressing a measure associated with a recent change effort, mark data with the date the change began and the final value. This demonstrates the effect the change project had on the outcomes. When data is involved, it is also beneficial to send it out ahead of time to allow staff to review, process, and form questions/comments.
- Include time during the meeting to plan for the next change cycles. This includes modifying a current improvement test of change, or initiating new ones, based upon the data reviewed. Allow the practice team to problem-solve and plan the change cycles.

Considerations for your practice

- Staff should participate in both the presentation of data and discussions about change ideas. This can help communicate their value to the practice's improvement efforts.
- Take time to celebrate "wins" and recognize people for their contributions.

Change Tactic: Promote transparency and accelerate improvement by sharing practice-level and panel-level quality of care, patient experience and utilization data with staff

Leaders understand that actions speak louder than words. One action that supports transparency is sharing data with the practice teams. When teams understand and know the status of CQMs, patient experience data and utilization data, they have a concrete grasp of the practice's progress. Their understanding and engagement with data can accelerate improvement by way of healthy competition among teams. CPC physicians reported that sharing data transparently has also affected their actions in their work.

Essential components

- Prepare data reports in a visual format readily understood by the team. This may include various graphic displays such as run charts, bar charts and other formats used by your practice.
- When preparing reports on patient experience, include your patients' comments. Adding those comments will supplement the data and make it tangible to the practice team.
- Prepare data in a format that demonstrates outcomes at the practice and panel level. Initially, practices are hesitant to share panel data openly and may present it in a blinded format. When sharing panel data, transparency and openness help the teams take ownership of their data and stimulate improvement.
- Share data in both verbal and printed form. If printed, post it in a staff area. Present data in a neutral tone; it is neither good nor bad. It is a means of understanding where the practice and the teams are improving, as well as a means of determining where they may wish to focus change efforts.
- Take the time to answer questions and provide explanations to all practice staff. There are no silly questions. All questions help the staff understand the data and the effect that their work has on outcomes and patient experience.

CPC resources related to measuring and improving quality

CPC Practice Spotlight 44: Teamwork, Transparency and Rewards Drive Improvement in Quality Measures (2015). This physician group pursued three strategies to help providers and practice teams with their integration of CQMs into improvement work: teamwork, data transparency and rewards for performance. https://innovation.cms.gov/Files/x/cpcipsl-2015summary.pdf#page=9

CPC On Demand Video: Building a Culture for Practice Improvement (2017). How a Colorado medical center used data to improve its practice. A variety of methods are used to encourage staff in improvement efforts. https://www.youtube.com/watch?v=WEd4LhB-oe0&index=26&list=PLaV7m2-zFKpgNDwSSnQ6QMys_LbIaZXjh

Considerations for your practice

- Share data with a quality improvement committee, or other applicable sub-group of the practice team, and obtain their feedback prior to sharing with the entire practice team. They may have ideas about how to share with the practice or feedback about activities that may have affected the data.
- Data should be up to date with minimal lag.
- Consider taking an Appreciative Inquiry approach to data review. Begin by examining areas in which the practice is excelling. Study why performance is high in these areas, and apply what you learn to areas that need improvement.

Change Tactic: Promote transparency and engage patients and families by sharing practice-level quality of care, patient experience and utilization data with patients and families

Patients and their families are the most important members of the practice team. They may have the most profound effect on quality and utilization measures, and they are the sole source of patient experience data. In addition to sharing data transparently, it is vital to work alongside patients and their families during practice improvement efforts. Sharing the data about quality, utilization and patient experience promotes informed actions on the part of each patient.

Essential components

- Share quality data in a format readily understood. Use run charts clearly labeled with data points and explain what the data means to patients.
- Share utilization data, as described earlier. Take the opportunity to educate patients and families about the effects of inappropriate utilization. Inform them about alternate options to ED and urgent care (e.g., same-day appointments and 24/7phone/portal contact), as well as tactics to reduce hospital admissions and readmissions.
- When sharing patient experience data, include descriptions of changes that the practice is making and how they relate to patients' feedback. This will encourage continued feedback, as well as it will demonstrate that the practice takes patient suggestions seriously and that it seeks to improve patients' experience of care.
- Share the data mentioned above with your Patient and Family Advisory Council (PFAC), once you create one for the practice. This will inform your PFAC and help it make decisions.

CPC resources related to engaging patients and families in improvement

CPC On Demand Video: Using Patient Feedback to Drive Practice Change (2017). This practice initially worked with their PFAC on workflows and signage before expanding to patient education and outreach. The practice presented data about cancer screening to the PFAC. https://youtu.be/6_maGI-MKfk

Considerations for your practice

- Use a variety of methods to share this data. For example, share data through a newsletter, website, social media platform, patient portal and displays in the practice's waiting room. Be creative, and seek patient feedback on the data. Consider trying various methods of communication with your population so that you reach the greatest audience.
- Engage in a two-way conversation with patients as you reflect on the data, and seek suggestions for improvement.

Measure Success for Change Concept: Adopt a formal model for quality improvement and create a culture in which all team members actively participate in improvement activities

Evaluating the culture of improvement in a practice may seem like a subjective task. For instance, how does one put a numerical value on "culture"? Still, it is possible to demonstrate how culture affects practice improvement. Although it is not exhaustive, the following list includes suggested methods of evaluating a practice's culture of improvement:

- What is the attendance at meetings when sharing data and discussing improvement?
- What percent of those in attendance participate in the discussion?
- How many improvement ideas did practice teams contribute?
- Satisfaction surveys, often used as balancing measures, alert us about how change affects various populations.
    - Distribute satisfaction surveys to staff regularly (e.g., quarterly or semi-annually). Evaluate the results, during periods of practice change, with team involvement.
    - Evaluate provider satisfaction on a regular basis. Has it changed as the practice makes changes?
    - Evaluate patient satisfaction data closely. How has it changed as the practice improves?
- Evaluate CQM, utilization and patient experience data in relation to staff engagement in practice improvement. Has the pace of change accelerated in any of these areas?

Change Concept: Ensure full engagement of clinical and administrative leadership in practice improvement

Emphasizing the importance of engaging the entire practice team **during** these efforts is a prime element of this driver. In particular, it is important to engage the full practice leadership (clinical and administrative). The leadership must be visible and participate fully in practice improvement efforts. Strong leadership will be the practice's greatest advocate as the practice team works to make changes that improve its quality of care and patient experience.

CPC practices leaned heavily on leaders to champion improvement. Not only were they directly responsible for ensuring the implementation of improvement, the achievement of outcomes and the continuity of results, leaders eliminated barriers to change and provided support for meeting the improvement objectives. Leading by example and encouraging team members' contributions advances a positive culture and work environment for their entire teams.

Change tactics CPC practices used:

- Make responsibility for guidance of practice change a component of clinical and administrative leadership roles
- Allocate time for clinical and administrative leadership for practice improvement efforts, including participation in regular team meetings
- Incorporate population health, quality and patient experience metrics in regular reviews of practice performance

Implementation tips for engaging leadership in practice improvement

- Clinical and administrative leaders have an important role in practice improvement.
- Leadership's participation in practice improvement activities demonstrates to everyone how vital it is to the practice.
- Include measures of population health, utilization, quality and patient experience in the overall review of practice performance. This communicates that they directly relate to business metrics.

Online (external) resources for measuring and improving quality

Engaged Leadership Implementation Guide: Strategies for Guiding PCMH Transformation (2010). This Safety Net Medical Home implementation guide explains the importance of leadership during practice transformation. This includes the use of data to guide improvement and management of change. http://www.improvingchroniccare.org/downloads/engaged_leadership.pdf

Change Tactic: Make responsibility for guidance of practice change a component of clinical and administrative leadership roles

Transforming a practice from providing reactive care, one that focuses on primarily on acute needs of patients, to a comprehensive primary care practice constitutes a paradigm shift. Everyone, from leadership to the clinic staff, must be on board to effect change. Clinical improvement to reach this goal demands leadership support. Any change requires these essential elements: ideas and execution. Leaders have the primary responsibility of building and sustaining the will to change.[1] Leaders should provide training, insight, leadership, mentoring, coaching and inspiration to change their respective organization's thinking and behavior as a means of helping the organization achieve its goals and objectives.

Implementing these changes and being the champion of culture change often require leadership engagement. Incorporating these skills into the required competencies for leadership, holding annual leadership training and hiring people with the correct leadership skill set are among a few viable options for ensuring that these changes occur.

Essential components

- Clinical and administrative leaders work together to create a shared vision for change. This vision will be the beacon that guides the practice on its journey. What does comprehensive primary care look like in your practice?
- Communicate, communicate and communicate! Every member of the practice team must embrace the vision created. The only way to assure this is to communicate it to them in various ways. Posters, newsletters, buttons and other print media is one communication method. One of the most effective means of communication is through leadership actions.
- Develop metrics that measure leadership success toward achieving the goal. Hold leaders accountable for practice improvement. Metrics including quality, utilization, patient experience and cost of care are included as evaluative tools for leaders.
- Leaders engaged in change activities demonstrate their support of the change and have the ability to guide their team on the ground. This could include attending meetings, "walking rounds" to visualize the change in action and taking time to talk with the practice team casually about change activities, along with the effect they are having on the individual and the team.

Considerations for your practice

- Unity between administrative and clinical leaders helps project one voice during times of change. Along with aligning goals and strategies, business and clinical goals should line up.
- Use staff meetings to identify appropriate and effective methods for communication. Test them often.

CPC resources related to measuring and improving quality

CPC Practice Spotlight 31: Building a Transformative Culture to Sustain Change (2014). Leadership at this medical group is committed to a cohesive approach of supporting transformation. Leadership and staff engagement in learning activities is key to their success. CQM measures, along with staff surveys, measure their progress. https://innovation.cms.gov/Files/x/cpcipsl1.pdf#page=54

CPC Practice Video Spotlight 73: Utica Park Clinic: CPC from the Leader's Perspective (2016). This physician discusses the leader's role and the processes necessary to implement change. Team building, training and dealing with resistance to change were all needed to improve metrics. https://www.youtube.com/watch?v=jxt1tcibOtI&feature=youtu.be

CPC Practice Video Spotlight 74: Utica Park Clinic: Starting at the Clinic and Going Beyond (2016). This video highlights a change process carried out between primary care practices and the hospital to address transitions in care. https://www.youtube.com/watch?v=LA4QVFJpceo

[1] Engaged Leadership Implementation Guide: Strategies for Guiding PCMH Transformation (2010). http://www.improvingchroniccare.org/downloads/engaged_leadership.pdf

Change Tactic: Allocate time for clinical and administrative leadership for practice improvement efforts, including participation in regular team meetings

The leaders of a primary care practice have many demands on their schedule. Blocking time during their busy days so that they may participate in practice improvement efforts is crucial to successful improvement efforts. This includes active participation in the planning and implementation of change, as well as regular attendance at team meetings.

CPC resources related to leadership engagement

CPC Practice Spotlight 24: How Your Approaches to Improvement Strategies Also Build Your Culture for Improvement (2014). This system's leadership implemented quality improvement across 17 sites based on team collaboration and shared data. https://innovation.cms.gov/Files/x/cpcipsl1.pdf#page=47

Essential components

- Set aside time for regular team meetings. Participation in the planning and reporting of outcomes is the most effective means of understanding the practice voice as related to change efforts. Leaders who spend more time listening than speaking at these meetings will glean a deeper insight into the activities of their respective practices.
- Participation in the change efforts themselves communicates leaders' commitment to the practice team's efforts. For instance, a physician leader may nominate her practice panel for a process test of change. Alternately, a front desk manager may work with her team to develop a test of change related to the check-in process.
- Take time to walk around and see what is happening. Talk to your staff members and gain their trust. They need to be able to express the problems comfortably and without worry. This will allow you to take the necessary steps toward improvement.

Considerations for your practice

- Leaders should exercise caution when declining a team meeting or arriving late/leaving early. These actions communicate a message as well. For instance, this may communicate that other things are more important than practice improvement.

Change Tactic: Incorporate population health, quality and patient experience metrics in regular reviews of practice performance

Leaders have a responsibility to keep their practices healthy, particularly from a fiscal standpoint. Business measures are often a top consideration. Return on investment for allocated resources (staff/time/financial support), staff or patient turnover and financial gains/losses are all important to the overall well-being of the practice. However, other metrics (e.g., population health, clinical quality, patient experience) affect the total cost of care, which has a direct effect on the bottom line.

It is important that leaders share data with their practice teams, their patients and their patients' families. This communication assists with the ongoing work of practice improvement. Leaders are responsible for reviewing these metrics in light of how their respective practices are performing.

Practice staff may not understand the effect that an improvement in a metric has on the overall performance of the practice. For example, explaining how decreased utilization affects total cost of care, or how improved clinical outcomes for patients with hypertension affects ED usage, helps the team understand the purpose of its efforts. It is important to relate how financial investment in a change project results in efficiency of care, which serves to demonstrate the connection between business metrics and clinical measures.

Essential components

- When developing the dashboard or "report card" for practice performance, include key measures of population health, quality and patient experience and business metrics. Share this with the team in written form.
- Schedule regular meetings to discuss how practice performance affects team understanding of and participation during change activities. These meetings are a vital part of building a culture of improvement. They communicate its importance to the change process, along with the significant role it has in making things happen.
- Include both process and outcome metrics. This presents a complete picture of how action results in an outcome. For example, you may include the process metric for the number of follow-up calls made to patients within 72 hours of hospital discharge alongside the outcome measure for readmissions. Alternately, you may share the number of phone calls answered within three rings (process measure) alongside patient satisfaction scores in this area (outcome measure). When relating business metrics to clinical measures, a cause and effect relationship may emerge. For example, it may become apparent that installing a new phone system could help patient and team satisfaction scores.
- The presentation of metrics should include more than just a review of the numbers. Leaders must connect the dots to show how the metrics produce an overall result. Ensure the practice team has a firm understanding of the presented information. Take time to respond to questions. When a question requires further research to answer, be certain to take the time to do the research and then respond to the staff in a timely fashion.

Considerations for your practice

- When the leadership group includes both business and clinical leaders, it is crucial that both are included in the review of practice performance metrics. Once reviewed, develop a joint agenda for the presentation to practice staff.

Measure Success for Change Concept: Ensure full engagement of clinical and administrative leadership in practice improvement

Evaluating the engagement of clinical and administrative leaders in practice improvement provides the opportunity to evaluate both the associated metrics and satisfaction scores.

- What is the effect of practice improvement activities on population health, quality and patient experience?
- What is the effect of process and outcome metrics (associated with change projects) on business metrics?
- What is the effect of business decisions (e.g., staff addition/reduction, addition of BH specialist or pharmacist, new signage for the practice, etc.) on patient experience scores? Have they affected staff and provider satisfaction?

Change Concept: Active participation in shared learning

Learn from other practices similar to your own. As primary care practices make changes to focus on comprehensive primary care, it is vital that they connect with other, similar practices that have either already undertaken the journey or that are currently on their way. These connections may be through a specific state or national initiative—such as SIM (State Innovation Model), CPC+ (Comprehensive Primary Care Plus) or PTNs (Practice Transformation Networks). Practices may also connect with others that are members of the same PHO (Physician Hospital Organization), IPA (Independent Practice Association) or QIN (Quality Improvement Network). The sharing that occurs between similar practices is a valued component of accelerating the improvement process and helps practices to realize they are not alone in their journeys.

Implementation tips for shared learning

- Share the lessons learned with other practices to accelerate the change process.
- Develop a set of common measures to share among practices to guide the work.
- Locate available experts both inside and outside of the organization to help with strategic changes.

Change tactics CPC practices used:

- Share lessons learned from practice changes (successful and unsuccessful), useful tools and resource materials with other practices
- Engage with other practices through the transparent sharing of common measures used to guide practice change
- Access available expertise to assist with practice changes of strategic importance to the practice

Change Tactic: Share lessons learned from practice changes (successful and unsuccessful), useful tools and resource materials with other practices

Practices that actively share their experiences with other practices find that this valuable communication enhances their progress and helps their colleagues. Sharing useful change tools and resources will save practices time that they would have spent locating them on their own. Repeatedly, teamwork has proven to benefit all parties involved. In effect, other practices become a part of your change team.

CPC resources related to sharing common measures to guide change

CPC On Demand Video: How Sharing Duties and Better Coordination Drive Improvement in Health Care Measures (2017). At this practice, having every team member work at the top of his or her certification helped achieve this practice's goals. Sharing data between practices helped drive change.

https://www.youtube.com/watch?v=aldKmbIoyL8&list=PLaV7m2-zFKpgNDwSSnQ6QMys_LbIaZXjh&index=6

Essential components

- Identify one or more groups of practices that share your goal of becoming a comprehensive primary care practice. For instance, this may involve applying for a state or national initiative. Alternatively, you might organize a group of similar practices in your community or region.
- Establish methods of communication with your group(s). Sharing stories during regular meetings helps to foster relationships between like-minded practices. To encourage more consistent sharing, consider developing a secure website for tool sharing, creating of a listserv or blog, or setting up periodic web-based meetings.
- Share positive and less positive outcomes. No action outcome is bad when a lesson is learned. If the practice shares a tactic that they attempted, but that was not a successful improvement effort, they can help another practice potentially avoid the same mistake. Furthermore, this may lead to ideas about how to modify the activity so that it results in a more positive outcome. This is why documenting your change is crucial; to learn from one another's attempts at change.
- Participation in a formal collaborative series of events may be of use to the practice. For example, IHI's Breakthrough Series for Collaborative Improvement[2] has been widely used as a means to improve health care quality and value in various health care settings at the system level. Participation provides the opportunity to learn from and share with similar practices. Practice groups may be able to locate trained, collaborative leaders who can help organize and produce the event, or who could train someone in the group.

Online (external)resources for measuring and improving quality

The Breakthrough Series: IHI's Collaborative Model for Achieving Breakthrough Improvement (2003). This white paper describes the use of the Breakthrough Series model to transform health care in various settings. http://www.ihi.org/resources/Pages/IHIWhitePapers/TheBreakthroughSeriesIHIsCollaborativeModelforAchievingBreakthroughImprovement.aspx .

Considerations for your practice

- There are costs (time and money) associated with some methods of collaboration. The most important thing to consider is the return on investment. Participating in a collaborative may take staff away from the office for a day or two at a time, but the sharing that will take place may enhance the practice improvement efforts a great deal.
- Presenting lessons learned at a conference is another way to share information.

[2] The Breakthrough Series: IHI's Collaborative Model for Achieving Breakthrough Improvement. IHI Innovation Series white paper. Boston: Institute for Healthcare Improvement; 2003. (Available on www.IHI.org)

Change Tactic: Engage with other practices through the transparent sharing of common measures used to guide practice change

Data tells the objective story of the practice improvement journey. Sharing data between practices that use common measures is even more powerful. This objective information assists with understanding the cause and effect of actions taken, and it stimulates practices to ask, "How did you do that?"

Essential components

- When practices in a group share in a collective transformational journey, it is important to identify a set of measures that participating practices will collect. This allows practices to collaborate on practice improvement activities that would affect identified measures. Beyond that, this opens the conversation to the methods used to improve outcome data, including workflows and staffing models.
- Initially, sharing data between practices in an organized group can be sensitive for leaders, providers and practice staff. There is a tendency to blind the source of data intended for discussion. Avoid this temptation. Knowing the data source encourages sharing of experiences and elicits helpful input that each practice can use to enhance its growth. When sharing data within the collaborative group, share at the practice level. This makes understanding the environment of the data source more easily understood (e.g., large urban practice, small rural practice, solo-provider). Practices tend to gravitate to similar practices as they work on practice improvement.

Considerations for your practice

- States or communities with data aggregation methods for sharing data are helpful. Though signed participation agreements and fees are commonly required, the return on investment is generally well worth the expense.

Change Tactic: Access available expertise to assist with practice changes of strategic importance to the practice

Leaders often say, "If you always do what you've always done, you'll always get what you've always got." This is especially true in practice improvement efforts. To make process improvements, practices must change their ways of doing things, which requires knowledge about what to do and how to do it. It is possible to gain this knowledge in a number of ways. At times, it is valuable to tap into the expertise of others to assist with the process of change. This is why it is important to identify your desired model of change and undergo training on that model.

Essential components

- Identify areas of improvement that are of strategic importance to the practice.
- Review best practices and online resources—many practices post tools, videos and measurement considerations to help drive improvement.
- Look for other people, organizations or practices that have successfully navigated specific changes. You may need to reach out and bring their expertise into your practice.
- Create a collaborative relationship through phone conversations, site visits and improvement meetings with subject matter experts.

Considerations for your practice

- Consider the expertise available within a practice or organization to facilitate the change. Many health systems and related organizations have quality improvement professionals that may be able to assist.
- Consider training a current staff member or members to perform the role of practice coach or facilitator. There are multiple methods to accomplish this. For instance, many universities offer training, both online and in-person, for professional development, AHRQ offers education about practice facilitation online and IHI has an 11-month virtual program to train practice coaches for their role. Choose the training method that best meets the goals of your organization, both in regards to skillset and cost.

Online (external) resources for measuring and improving quality

Enhancing the Primary Care Team to Provide Redesigned Care: The Roles of Practice Facilitators and Care Managers (2013). Facilitators (or quality improvement coaches) work with the primary care practice on their quality improvement activities. This article discusses their role, along with the role of the care manager, as primary players in redesign efforts. http://www.annfammed.org/content/11/1/80.full.

Practice Facilitation (2016). AHRQ's Primary Care Practice Facilitation (PCPF) learning community is a valuable resource for practices as they begin or continue their journey of practice improvement. https://www.pcmh.ahrq.gov/page/practice-facilitation

Primary Care Practice Coach (2016). This is IHI's 11-month virtual professional development program and associated community. http://www.ihi.org/education/WebTraining/Webinars/PrimaryCare/Pages/default.aspx

Measure Success for Change Concept: Active participation in shared learning

Evaluating performance for this concept may be difficult. Consider the following as you evaluate your own performance:

- Does your practice engage with a group of other practices with which they can share their experiences and learn?
- Have practices established common measures to enhance peer-to-peer collaboration?
- Compare process and outcome measures collected before collaboration to those collected after collaboration. Has practice improvement accelerated?
- Obtain baseline process and outcome measures prior to engaging with a practice coach/facilitator. Monitor these measures over time once coaching has begun. Has practice improvement accelerated?

Secondary Driver 3.2: Internal Measurement and Review

Measurement at the practice and the panel level helps practices with their quality improvement efforts. Understanding the measures at the practice level helps practice teams understand how they compare with similar practices. Measurement at the panel level (provider or care team) helps practice teams as they fine-tune their workflows.

Change Concepts for internal measurement and review

- Measure and improve quality at the practice and panel level

This segment of work was an iterative process. Improvements in health IT, coupled with many different reports from payers, aided growth in this area over time.

The phases of the work in CPC:

- In the beginning, practices identified quality and utilization measures of importance for themselves and their patients. Practices used this data as a guide for testing practice change.
- The ability to evaluate and report eCQMs from the practice EHR was the next step in this growth.
- Practices then expanded evaluation of eCQMs to both the practice and panel level. Practices then included evaluations of payer feedback reports for internal measurement and review.

Change Concept: Measure and improve quality at the practice and panel level

Collecting the right data will allow you to quantify the problem you are trying to address. Data is used to describe (e.g., how big, how much, how often, how many, and what type) problems. Those individuals tasked with reviewing data must be able to understand the data, along with how your practice collected it and how to interpret it.

Gathering data for analysis is only the first step of improvement. Making progress involves evaluating the data against practice goals and developing a plan of action to make changes. It is important to use this data to evaluate the progress made toward goals, at both the panel (care team) and practice level.

As in any other investigative process, you should always address the five W's (who, what, when, where, why and sometimes how) before collecting the data. Who is going to collect the data and make sense of it? What data should you collect? When should data be collected (timeframe)? Where will the practice collect it? Why is it important (i.e., what insight will this data give us)?

Implementation tips to measure and improve quality

- Create reports from the EHR on CQMs that the practice deems of importance at the practice and panel levels.
- Create or gather utilization reports in the same fashion.
- Always gather raw data. Summary and aggregate data may not answer all of the questions.
- Study internal and external data to establish goals and benchmarks.

Change tactics CPC practices used:

- Identify a set of EHR-derived clinical quality and utilization measures that are meaningful to the practice team
- Regularly review quality, utilization, patient satisfaction and other measures that may be useful at the practice level and at the panel level (care team or provider)
- Use relevant data sources to create benchmarks and goals for performance at the practice level and panel level

Change Tactic: Identify a set of EHR-derived clinical quality and utilization measures that are meaningful to the practice team

When deciding where to begin and what to improve, the EHR is a good source of data. Evaluation of clinical quality measures (CQM) and utilization measures will help practice teams identify those areas that need improvement, along with those that will be most meaningful for the practice team and most beneficial for the patients.

Essential components

- Run reports on all relevant quality measures from the practice EHR. Initially, CQMs monitored for reporting to CMS and other payers are a suggested choice of measures. CMS updates this list annually for its programs, and other payers generally use similar measures as well.
- Create reports at both the practice and the panel level (care team).
- Prioritize quality measures that the practice team deems important as an area of focus. For example, when a practice desires to focus on the care of its patient population with diabetes, measures related to this goal—both process and outcome—may be included to provide a more complete picture of those areas needing active improvement.
- Utilization measures require both electronic and manual input into the EHR; these measures include hospital admissions, readmissions, ED usage and urgent care visits.
- Develop a workflow to ensure the team enters non-electronic data (i.e., faxes) into the EHR in correct, discrete data fields. This allows the practice to generate reports that accurately reflect practice and patient activity. Running these reports by practice population and panel is helpful, especially as related to certain diagnoses, as the practice works to improve utilization and cost of care measures.

Considerations for your practice

- Keep in mind that the EHR may have many more reports available than are useful to your practice. Focus on reports that address the practice needs and its desired direction. Use filters to obtain only the necessary information.
- Not all EHRs report the CQMs identified by CMS and other payers in their reporting modules. Once you identify target measures, verify that they are mapped and reportable in your EHR.

Online (external) resources for measuring and improving quality

eCQM Library (2016). CMS provides updates to electronic CQM measures that are used for report to CMS programs. https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eCQM_Library.html

Successful Measurement for Improvement (2016). This IHI article provides an overview of how to create a system of measurement that is rewarding and useful to organizations. http://www.ihi.org/resources/Pages/ImprovementStories/SuccessfulMeasurementForImprovement.aspx

CMS Core Quality Measures (PCMH/ACO) (2016). CMS and its partners worked together through the Core Quality Measures Collaborative to identify core sets of quality measures that payers have committed to using for reporting. Listed here is a link to Core Measures for Primary Care. https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Downloads/ACO-and-PCMH-Primary-Care-Measures.pdf

CPC resources related to measuring and improving quality

CPC Practice Spotlight 58: Setting Your Improvement Project in Motion: Get a Quick Start with Pre-planning, Guidelines, Communication and Tools (2015). This team approach to using data to improve identification and treatment of patients with COPD hit some snags. https://innovation.cms.gov/Files/x/cpcipsl-2015summary.pdf#page=21

CPC Practice Spotlight 66: Co-located Primary and Urgent Care Helps Reduce ED Use (2016). This practice used feedback reports, payer data and practice research to evaluate and change ED usage. https://innovation.cms.gov/Files/x/cpcipsl2014-2016.pdf#page=27

Change Tactic: Regularly review quality, utilization, patient satisfaction and other measures that may be useful at the practice level and at the panel level (care team or provider)

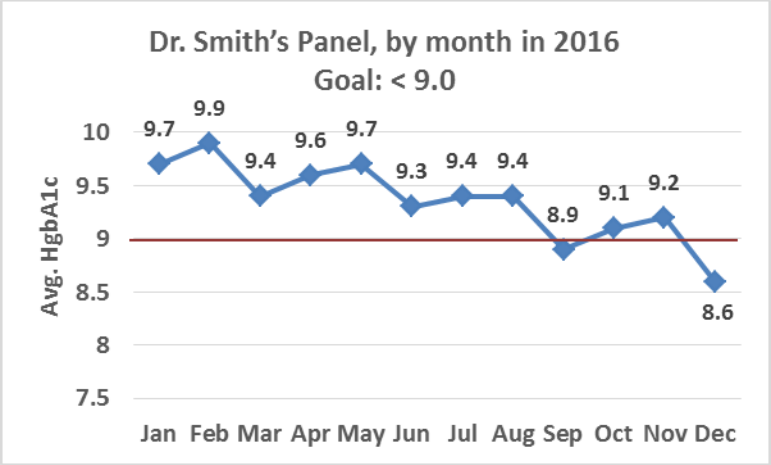
This Guide provides definitions of measures of success for each change concept discussed. To create measures for your practice, you will use various sources of data (e.g., patient experience, staff satisfaction, clinical quality measures, utilization and cost of care data and other data as identified by the area studied). The review of this information is broken down to reflect progress at both the practice level and the panel (or care team) level. This allows you to focus improvement efforts on those areas most in need of action.

Essential components

- Determine how frequently your teams will review data. Some measures are actionable monthly. Others may take longer to demonstrate change and quarterly monitoring may be more effective. For example, patient experience data is more sensitive when reviewed every quarter; this is due to practices' ability to collect sufficient data. Seasonal care, such as flu vaccination, is another measure that may only require monthly review during specific times, such as flu season.
- Set aside time for the team and leadership to review data.
- Determine how your practice will review data and improve patient experience, quality and utilization.

Considerations for your practice

- Run charts are one of the most useful tools for visualizing progress. A run chart is a plot of data for a given measure over time; this data forms a type of line graph. This allows everyone, leadership and team alike, to have a visual representation of the data. Include the benchmarks in the graphic representation to help everyone visualize performance against this mark. Post the data in the breakroom or other location to allow all team members the opportunity to study it and plan actions accordingly.



CPC resources related to measuring and improving quality

CPC On Demand Video: Using Cost Data to Support and Direct Comprehensive Primary Care (2017). This practice discusses using cost and utilization data to drive changes at its practice. https://www.youtube.com/watch?v=YRiT9QFuuy8&feature=youtu.be

CPC Practice Spotlight 55: Measuring the Effectiveness of Behavioral Health Management (2015). This system-affiliated group used data to evaluate the effectiveness of its BH interventions. https://innovation.cms.gov/Files/x/cpcipsl-2015summary.pdf#page=18

Online (external) resources for measuring and improving quality

IHI Run Chart Tool (2016). This resource offers a guide to run charts and an Excel template for practice use. Registration on the IHI site is free. http://www.ihi.org/resources/pages/tools/runchart.aspx

Run Charts (2016). IHI Open School provides videos about run charts and how to construct this visual of data for evaluating variation or change. Provides explanations of run chart rules and the use of run charts. http://www.ihi.org/education/WebTraining/OnDemand/Run_ControlCharts/Pages/default.aspx

Change Tactic: Use relevant data sources to create benchmarks and goals for performance at the practice and panel level

Use the gathered information to create benchmarks and goals that guide improvement efforts. Consider two types of data: internal and external. Gathering information from within the practice assists with creating a baseline and monitoring progress toward goals. Internal data may include information collected from a PDSA that you are working on. External data allows practices to compare themselves against similar practices in the community, state or nation. External data may include reports from payers or quarterly regional reports. Both internal and external resources provide valuable information to stimulate improvement and monitor progress.

Internal goals may be set at the panel level within the practice. This often stimulates healthy competition within the practice as each team member works to improve his or her measures. For example, practices may want to increase RVU production or decrease the number of patients with diabetes who have elevated A1cs. Panel-level data and goals help each team understand how it affects the overall practice goal on any given measure. Create practice-level goals within a health system to stimulate this same type of competition between practices.

CPC resources related to measuring and improving quality

CPC Practice Spotlight 70: Practice 'Re-attacks' ED Visits Following Changes in the Medical Neighborhood (2016). This small practice assesses conditions inside and outside the clinic's walls to identify factors that could affect ED usage. This drove their change to reduce after-hours ED usage. https://innovation.cms.gov/Files/x/cpcipsl2014-2016.pdf#page=29

CPC On Demand Video: How Sharing Duties and Better Coordination Drive Improvement in Health Care Measures (2017). At this practice, having every team member work at the top of his or her certification helped achieve the practice's goals. Sharing data between practices helped drive change. https://www.youtube.com/watch?v=aldKmbIoyL8&list=PLaV7m2-zFKpgNDwSSnQ6QMys_LbIaZXjh&index=6

Essential components

- Use data from practice reports to set a baseline for each measure. Create baselines at both the practice and panel level.
- Set both practice- and panel-level goals for each measure the practice will be monitoring.
- Identify benchmarks from data collected outside of the practice. This could be data from the health system, the region or other identified audience.

Considerations for your practice

- When beginning QI work, one might find national or regional benchmarks overwhelming or unobtainable. Consider beginning your QI work by setting internal benchmarks based only on your past performance or baseline. Once you are comfortable with the improvement process and see movement toward or past your internal benchmarks, identify new benchmarks that are widely accepted performance standards for your area of practice.
- When identifying or developing data benchmarks, practices should consider the data's source. Benchmarks are most meaningful when derived from similar practices or environments. For example, benchmarks for a residency family practice that are derived from a large system practice may not be meaningful; the large system practice will have different available resources and care processes.

Online (external) resources for measuring and improving quality

AHRQ Module 7 – Measuring and Benchmarking Clinical Performance. This source identifies key steps for selecting measures and identifying benchmarks. While at the target audience is practice facilitators, it is also valuable for quality-improvement staff within a practice or health system. https://www.ahrq.gov/professionals/prevention-chronic-care/improve/system/pfhandbook/mod7.html

Measure Success for Change Concept: Measure and improve quality at the practice and panel level

Evaluating progress necessitates that practices monitor the usability of collected data, along with the applicability of those measures to practices' respective plans for improvement.

- Are you using data collected from your EHR to create improvement plans or monitor progress? Is there any data collected that is not useful to the practice for these purposes?
- Have you set realistic benchmarks using external data? Are these benchmarks useful to your practice?
- Does the percent of time reviewing measures meet your goals? For example, are you reviewing measures monthly as you said you would? For example, if you reviewed 10 months out of 12, is that sufficient for your tracking purposes?

Resources for Driver 3: Continuous Improvement Driven by Data

AHRQ Module 7 – Measuring and Benchmarking Clinical Performance. This source identifies key steps for selecting measures and identifying benchmarks. While at the target audience is practice facilitators, it is also valuable for quality-improvement staff within a practice or health system. https://www.ahrq.gov/professionals/prevention-chronic-care/improve/system/pfhandbook/mod7.html

Analytics Adoption Model: https://www.healthcatalyst.com/healthcare-analytics-solutions/

The Breakthrough Series: IHI's Collaborative Model for Achieving Breakthrough Improvement (2003). This white paper describes the use of the Breakthrough Series model to transform healthcare in various settings. http://www.ihi.org/resources/Pages/IHIWhitePapers/TheBreakthroughSeriesIHIsCollaborativeModelforAchievingBreakthroughImprovement.aspx .

CMS Core Quality Measures (PCMH/ACO) (2016). The Centers for Medicare & Medicaid Services (CMS) and partners worked together through the Core Quality Measures Collaborative to identify core sets of quality measures that payers have committed to using for reporting. Listed here is a link to Core Measures for Primary Care. https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Downloads/ACO-and-PCMH-Primary-Care-Measures.pdf

CPC On Demand Video: Building a Culture for Practice Improvement (2017). How a medical center in Colorado used data to improve their practice. They encourage staff in improvement efforts through a variety of methods. https://www.youtube.com/watch?v=WEd4LhB-oe0&index=26&list=PLaV7m2-zFKpgNDwSSnQ6QMys_LbIaZXjh

CPC On Demand Video: Creating and Sustaining a Culture of Improvement (2017). This small, rural practice team accepted "Change is the New Normal" as its mantra. They meet regularly, educate staff and embrace change. https://youtu.be/ZP3dooe4pMI

CPC On Demand Video: How Sharing Duties and Better Coordination Drive Improvement in Health Care Measures (2017). At this practice, having all team members work at the top of their certification helped achieve the practice's goals. https://www.youtube.com/watch?v=aldKmbIoyL8&list=PLaV7m2-zFKpgNDwSSnQ6QMys_LbIaZXjh&index=6

CPC On Demand Video: Using Cost Data to Support and Direct Comprehensive Primary Care (2017). This system demonstrates how patient contact with primary care drives the cost of care. Data-driven research drives the system's improvement efforts. https://www.youtube.com/watch?v=ei8Q4-u-Mco&feature=youtu.be

CPC On Demand Video: Using Patient Feedback to Drive Practice Change (2017). This practice initially worked with their PFAC on workflows and signage before expanding to patient education and outreach. The practice presented data about cancer screening to the PFAC. https://youtu.be/6_maGI-MKfk

CPC Practice Spotlight 24: How Your Approaches to Improvement Strategies Also Builds Your Culture for Improvement (2014). This system leadership implemented quality improvement across 17 sites based on team collaboration and shared data. https://innovation.cms.gov/Files/x/cpcipsl1.pdf#page=47

CPC Practice Spotlight 31: Building a Transformative Culture to Sustain Change (2014). Leadership at this medical group committed to a cohesive approach supporting transformation. Staff engagement and both leadership and staff engagement in learning activities is key to their success. CQM measures with staff surveys measure their progress. https://innovation.cms.gov/Files/x/cpcipsl1.pdf#page=54

CPC Practice Spotlight 44: Teamwork, Transparency and Rewards Drive Improvement in Quality Measures (2015). This physician group pursued three strategies to help providers and practice teams with their integration of CQMs into improvement work: teamwork, data transparency and rewards for performance. https://innovation.cms.gov/Files/x/cpcipsl-2015summary.pdf#page=9

CPC Practice Spotlight 45: PDSA Cycles Focused on Reducing Falls Risk Help Reduce ED Use (2015). This independent practice used the PDSA process driven by data to study fall risk screening, identifying cause and reducing ED visits. https://innovation.cms.gov/Files/x/cpcipsl-2015summary.pdf#page=10

CPC Practice Spotlight 48: Million Hearts® 'Champion' Practice Honed Performance in Hypertension Control through Multiple Tests of Change (2015). Transformation teams tested workflows, using data as their measurement of improvement. Refresher training was employed to improve outcomes. https://innovation.cms.gov/Files/x/cpcipsl-2015summary.pdf#page=12

CPC Practice Spotlight 55: Measuring the Effectiveness of Behavioral Health Management (2015). This system-affiliated group used data to evaluate the effectiveness of their BH interventions. https://innovation.cms.gov/Files/x/cpcipsl-2015summary.pdf#page=18

CPC Practice Spotlight 56: Explore Potential Efficiencies Using Your Patient Portal as an Outreach Tool (2015). This system-affiliated site tested the patient portal as an outreach tool. Process data assisted the change process. https://innovation.cms.gov/Files/x/cpcipsl-2015summary.pdf#page=19

CPC Practice Spotlight 58: Setting Your Improvement Project in Motion: Get a Quick Start with Pre-Planning, Guidelines, Communication and Tools (2015). This team approach using data to improve identification and treatment of COPD patients hit some snags. https://innovation.cms.gov/Files/x/cpcipsl-2015summary.pdf#page=21

CPC Practice Spotlight 66: Co-located Primary and Urgent Care Helps Reduce ED Use (2016). This practice used feedback reports, payer data and practice research to evaluate and change ED usage. https://innovation.cms.gov/Files/x/cpcipsl2014-2016.pdf#page=27

CPC Practice Spotlight 70: Practice 'Re-attacks' ED Visits Following Changes in the Medical Neighborhood (2016). This small practice assesses conditions inside and outside the clinic's walls to identify factors that could affect ED usage. This drove their change to reduce after-hours ED usage. https://innovation.cms.gov/Files/x/cpcipsl2014-2016.pdf#page=29

CPC Practice Video Spotlight 73: Utica Park Clinic: CPC from the Leader's Perspective (2016). This physician discusses the leader's role and processes necessary to implement change. Teambuilding, training, and dealing with resistance to change were needed to improve metrics. https://www.youtube.com/watch?v=jxt1tcibOtI&feature=youtu.be

CPC Practice Video Spotlight 74: Utica Park Clinic: Starting at the Clinic and Going Beyond (2016). This video highlights a change process between the primary care practices and the hospital to address transitions in care. https://www.youtube.com/watch?v=LA4QVFJpceo

eCQM Library (2016). CMS provides updates to electronic CQM measures that are used for report to CMS programs. https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eCQM_Library.html

Engaged Leadership Implementation Guide: Strategies for Guiding PCMH Transformation (2010). This Safety Net Medical Home implementation guide explains the importance of leadership during practice transformation. This includes the use of data to guide improvement and management of change. http://www.improvingchroniccare.org/downloads/engaged_leadership.pdf

Enhancing the Primary Care Team to Provide Redesigned Care: The Roles of Practice Facilitators and Care Managers (2013). Facilitators (or quality improvement coaches) work with the primary care practice on their quality improvement activities. This article discusses their role, with the role of the care manager, as primary players in redesign efforts. http://www.annfammed.org/content/11/1/80.full.

HRSA Quality Toolkit (2017). This site has a wide range and assortment of tools for free use in health care quality improvement. https://www.hrsa.gov/quality/toolbox/index.html

IHI Run Chart Tool (2017). IHI. This resource offers a guide to run charts and an Excel template for practice use. Registration on the IHI site is free. http://www.ihi.org/resources/pages/tools/runchart.aspx

LEAN: http://www.lean-concepts.com/

Resources

The Model for Improvement (MFI): https://www.ahrq.gov/professionals/prevention-chronic-care/improve/.../mod4.htm

PDSA Cycle Template (2016). This template from CMS may help practices as they adopt the PDSA tool for improvement. https://www.cms.gov/medicare/provider-enrollment-and-certification/qapi/downloads/pdsacycledebedits.pdf

Primary Care Practice Coach (2016). IHI's 11-month virtual professional development program and associated community. http://www.ihi.org/education/WebTraining/Webinars/PrimaryCare/Pages/default.aspx

Practice Facilitation (2016). AHRQ's Primary Care Practice Facilitation (PCPF) learning community is a valuable resource for practices as they begin or continue their journey of practice improvement. https://www.pcmh.ahrq.gov/page/practice-facilitation

Run Charts (2016). IHI Open School provides videos on run charts and how to construct this visual of data for evaluating variation or change. Explanation is provided of run chart rules and the use of run charts. http://www.ihi.org/education/WebTraining/OnDemand/Run_ControlCharts/Pages/default.aspx

Science of Improvement: Establishing Measures (2016). The authors discuss the use of process, outcome and balancing measures for learning and process improvement. http://www.ihi.org/resources/Pages/HowtoImprove/ScienceofImprovementEstablishingMeasures.aspx

Successful Measurement for Improvement (2016). This IHI article, which is part of the Improvement Series, provides an overview of how to create a system of measurement that is rewarding and useful to organizations. http://www.ihi.org/resources/Pages/ImprovementStories/SuccessfulMeasurementForImprovement.aspx

TeamSTEPPS for Office-Based Care Version (2016). Primary care practice teams are the audience for this version of the TeamSTEPPS (Team Strategies and Tools to Enhance Performance and Patient Safety) program. The focus is on creating high-performing teams that improve quality and safety. Sections cover change management and measurement. http://www.ahrq.gov/teamstepps/officebasedcare/index.html