CPCPracticeSpotlight31

Comprehensive Primary Care is an initiative of the Center for Medicare & Medicaid Innovation

Building a Transformative Culture to Sustain Change

Providence Medical Group, Dayton, Ohio
Multi-Specialty; 13 physicians, 3 PAs, 3 APRNs; 27,198 patients

Dec. 5, 2014

This innovation addresses **CPC Change Driver 3: Continuous Improvement Driven by Data**

- 3.1: Internal Measurement and Review
- 3.2: Culture of Improvement

For more information about the CPC initiative, visit http://innovation.cms.gov/initiatives/Comprehensive-Primary-Care-Initiative/.

Situation: With nine CPC practices, **Providence Medical Group** (PMG) encompasses 39 office sites spread across 14 cities in the Dayton area. PMG is committed to positive, transformational health care and, like most health care settings, is experiencing rapid, frequent change. To stave off "change fatigue," PMG has sought ways to cultivate engagement, sustain staff morale and further build a culture focused on continual improvement.

Innovation: PMG leadership has committed to a cohesive approach that supports transformation in the CPC practices and weaves innovation through all practice sites. They use elements of consensus-driven change to engage staff and drive healthy competition toward excellence through transparency. These efforts are clearly evident in how PMG participates in the **CPC learning community,** the focused practice transformation work the group pursues in quarterly **staff retreats** and how **care coordinators** serve as resources for both patients and staff.

Learning with CPC. PMG encourages CPC practices to participate in three CPC learning events monthly. Clinical leaders participate in additional events and then share their insights with their practices. By integrating CPC information throughout all PMG practices, it generates discussion across disciplines, eliciting a range of perspectives. This fosters camaraderie and empathy among all levels of staff, lifting morale and re-igniting focus. As they undertake new processes, everyone speaks "CPC" and can frame the endeavors as the big picture of sustaining comprehensive primary care rather than simply attempting a stand-alone QI project.

Quarterly staff retreats. PMG hosts a group-wide, off-site evening retreat for all providers, site supervisors, care coordinators/navigators and their support staff. Free from the distractions of daily work, attendance is robust, averaging of 100 participants. The agenda blends presentations and interactive learning opportunities with a focus on celebrating successes, reviewing data, developing workflows, brainstorming solutions and sharing information.

CPC-related work is consistently highlighted at these retreats, again engaging non-CPC practices to take away best practices. A recent meeting focused on "deep dives" into care management and shared decision making, with breakout groups comprising a mix of disciplines and practice sites to brainstorm ideas. After each group proposed tactics, everyone voted, and they chose these strategies for implementation across all PMG sites: a new workflow for colorectal cancer screenings, wallet-sized medication cards for patients, improvements to the community services resource list and developing relationships across the medical neighborhood.

This medication wallet card is an example of one strategy that emerged from PMG's multi-disciplinary staff retreat.

Following the meeting PMG sent supporting resources and additional information to all practice sites to expedite implementation. Additionally, staff from each office who attended the retreat became on-site change agents for the tactics. They could speak to the details with their peers, answering questions and providing background. The wrap-around of resources, information and a peer contact are confidence-builders for staff.

Care coordinators. The care coordinator often centers the care team, connecting information, people and resources for staff and patients alike. While they work within each practice site, they also meet weekly as a group, forming a natural hub for sharing information and building cross-team relationships. Care coordinators also mentor their counterparts at non-CPC practices (care navigators), offering support and guidance as needed.

How does PMG know these approaches are working? While they track gains in clinical quality measures, the practice also checks in with PMG staff in semi-annual surveys. Another indicator that has been gratifying for the staff is the increased positive patient feedback. The care coordination supervisor believes patients see and experience PMG's commitment to transformation and quality by way of an empowered and knowledgeable staff. Across all disciplines, PMG providers know their expertise contributes to not only to improved patient outcomes but also enhances the patients' satisfaction with the care they receive.

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