NICHQ

Cultivating Internal Change Agents for Medical Home Transformation



National Institute for Children's Health Quality
30 Winter Street, 6th Floor, Boston, MA 02108 | 617.391.2700 | f: 617.391.2701
www.NICHQ.org

Background to the Patient- and Family-Centered Medical Home

A patient- and family-centered medical home (PFCMH; medical home) provides family-centered, comprehensive, compassionate, continuous, coordinated and culturally effective care[i]. The medical home's emphasis on care coordination and family involvement in decisions increases family satisfaction[ii] and improves outcomes for children[iii,iv]. It also allows work to be distributed across the care team, creating a better practice environment for medical providers[v] through increased efficiency and team morale. A PFCMH addresses the unique requirements of children and youth with special healthcare needs, while improving care for *all* children through a higher functioning primary care system.

Ideally, each medical home creates an infrastructure in which care is coordinated across community resources and specialty, behavioral and oral health providers, and *all* children and their families are supported as decision makers. However, many practices face significant challenges in PFCMH implementation, which requires system improvements, training and dedicated staff to lead transformation efforts[vi].

The practice transformation facilitator (PTF) model is a tested approach that accelerates progress towards the PFCMH. The PTF is a critical player in transformation efforts, managing improvement and medical home activities, to ensure that transformation efforts remain on course. There is significant literature supporting the use of PTFs to facilitate PFCMH efforts[vii]. The majority of programs, however, use PTFs who are *external* to the practices, employed by a central hub organization that provides training and support. This paper describes the role and attributes of *internal* PTFs, practice staff who receive additional training to serve as transformation champions within their practice settings.

The PTF model and curriculum from the Massachusetts CHIPRA Learning Collaborative are outlined below, along with key findings on essential characteristics of PTFs, and, based on a focus group with PTFs in the collaborative, strategies to overcome common challenges and recommendations for use of the internal PTF model in PFCMH transformation efforts.

Introduction to the Massachusetts CHIPRA Learning Collaborative and Participating Pediatric Practices

NICHQ (National Institute for Children's Health Quality) is one of several partners leading the Massachusetts CHIPRA Quality Demonstration grant. In this initiative, NICHQ led a 29-month breakthrough series (BTS)™ learning collaborative[viii] to implement a PFCMH in 13 pediatric practices in the commonwealth. The practices ranged in type from single site, single specialty practices to community health centers to academic practices. Sizes varied from having only two full time equivalent (FTE) physicians to over 20 FTE physicians on site. In this collaborative, practice teams came together in person and virtually to learn from experts and from each other about topics including medical home transformation, improvement science and incorporating parent and family partners into improvement activities.

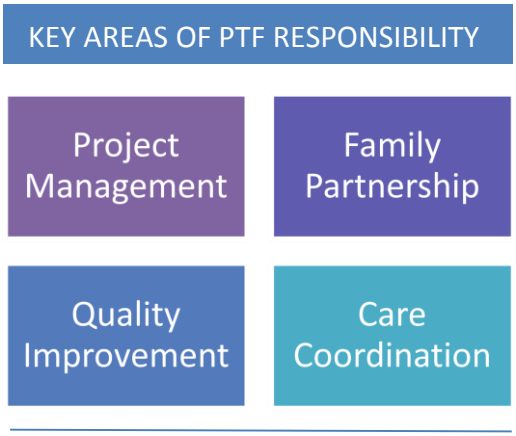
Each of the 13 participating practices identified a multi-disciplinary team of at least five members to lead the improvement and transformation. The members and roles included:

1. *Practice Transformation Facilitator*: Medical home transformation leader and internal data and QI expert, selected from existing practice staff who ensures the completion of day to day practice transformation activities.
2. *Provider Champion*: Clinical leader of PFCMH transformation who ensures leadership support for practice transformation activities.
3. *Senior Leader*: Administrator who ensures strategic support and resourcing for the improvement activities.
4. *Family Partners (two)*: Family members of children or youth who come to the practice, many of whom have children with special healthcare needs. This ensures that changes made as part of transformation truly benefit children and families.

The CHIPRA Practice Transformation Facilitator Model

Each participating practice selected its own PTF for its PFCMH transformation. Practices were asked to identify a PTF as part of the learning collaborative application process and were given guidance that the PTF would be responsible for day to day activities related to medical home improvement implementation. There was a range of professional experience levels, knowledge of the medical home and professional roles. Some PTFs were in leadership roles such as nurse managers while others were in non-leadership positions in registration or community outreach.

There were two overarching areas of rationale for the internal PTF approach in the Massachusetts CHIPRA Learning Collaborative. First was related to *sustainability and cost implications.* Internal PTFs are often less expensive than hiring an external consultant. Training an internal staff member as a PTF develops and maintains internal expertise and resources. It facilitates the establishment of new norms by leveraging existing relationships between the PTF and other staff members. The internal staff member may also have a stronger personal investment in the success of positive change within the organization. Additionally, since s/he works within the organization, the PTF remains there beyond the grant period as a permanent resource. This improves the sustainability of the transformation.



The second area related to *internal knowledge and understanding.* That is, an internal PTF has a deeper understanding of the practice culture, dynamics and key influencers of change and the surrounding community context than an external consultant. Ideally, the PTF is well regarded and trusted within the organization, and has access to a variety of informal and formal relationships inside the practice and with community partners. External consultants do not have these advantages.

The key responsibilities of PTFs in the NICHQ-led collaborative were:

Project Management ○ Organization of medical home activities ○ Integration of medical home team into the practice workflow ○ Medical home team meetings ○ Orientation of staff to PFCMH efforts ○ Communication to staff and patients about medical home activities ○ Collaboration with other practices and other multi-specialty groups ○ Scale up and spread activities ○ Sustaining change over time	**Family Partnership** ○ Maintaining voice of the patient/family in all medical home processes/work ○ Incorporation of patient/family feedback into medical home work ○ Integration of parent and family partners into improvement team ○ Creation or continuation of a parent and family advisory committee ○ Relationships with family partners
Quality Improvement ○ Data collection and interpretation of data for improvement ○ Development and implementation of Plan-Do-Study-Act cycles	**Care Coordination** ○ Identification of existing resources/systems in place and needs to support care coordination ○ Development of care planning system and templates ○ Development of protocols for transition to adulthood

The PTF Curriculum

PTFs were supported to perform the above activities through a robust curriculum delivered by NICHQ. There were many opportunities for collaborative learning, including a monthly PTF call for discussions about key components of the medical home model, applying QI methods, and how to address challenges faced while driving their transformation work. Deeper learning, collaboration and problem solving were addressed through in-person quarterly PTF meetings. All interactions stressed the importance of shared learning and cultivation of a community of practice, allowing PTFs to share lessons learned, strategies for transformation and means to overcome barriers.

The PTF curriculum developed expertise in four major categories:

1. Utilization of quality improvement (QI) methods to facilitate change and practice transformation, including setting aims and testing changes, collection and use of data for quality improvement, and training to teach QI skills to other staff in the practice.
2. Effective leadership, including team building, communication skills and creative problem solving techniques
3. Content knowledge of the PFCMH and standards for high quality pediatric care
4. Making family-centered care and cultural competency the practice standard

Key Activities and Characteristics of the PTF

The Massachusetts CHIPRA Learning Collaborative revealed that although the actual clinic role of the PTF is important, individual attributes may be even more essential to effectively lead change. To explore this further, NICHQ conducted a focus group with the PTFs from each team at the close of the CHIPRA collaborative. Participants discussed key PTF activities and responsibilities for PFCMH transformation, as well as personal and professional characteristics of highly effective PTFs. A key finding was that the PTFs felt that personal characteristics that support the activities of transformation mattered more than their positions within the practices. The key activities and characteristics of highly effective PTFs identified during the focus group are summarized in Table 1.

Table 1. Key Characteristics of Effective PTFs

Key Characteristics of Effective PTFs
• Listens well and does not dominate conversation • Possesses strong partnerships within/outside the practices • Displays good interpersonal and communication skills • Has strong business sense (might be more important than clinical knowledge) • Deeply understands healthcare and related processes and practice operations/work flow • Shows strong systems-level knowledge and perspective • Has deep contextual knowledge of practice habits and culture • Exhibits strong administrative and organizational skills

Source: CHIPRA PTF focus group

> *"The PTF should be someone who knows the processes well, has knowledge of the systems in place and how the flow in clinic works at a systems level."*
>
> -PTF focus group participant

Focus group participants also indicated that it is beneficial for the PTF to have a leadership role at the practice, but that the role could vary among clinical and administrative positions. Practice leaders were able to more effectively facilitate removal of barriers to change and support transformational efforts, and negotiate with key stakeholders or authorities as needed. Additionally, it was recommended

that PTFs become a permanent position within the organization to ensure sustainability of the transformation. A barrier to this suggestion was that the role of a PTF can be time consuming, and often individuals in highly influential positions have competing priorities and limited time available for the work.

Key Support, Challenges and Strategies

The PTFs reported that certain aspects of the CHIPRA collaborative were particularly valuable and should be incorporated into any future PTF training program, including understanding effective advocacy strategies for implementing a PFCMH. The PTFs also identified commonly faces challenges, including resistance to culture change. Key supports and challenges as identified in the PTF focus group are listed in Table 2.

Table 2. Key Supports and Challenges for PTFs

Key Supports
• Development of knowledge about the medical home model • Use of QI methods, including data collection, analysis and interpretation • Training in effective communication skills, particularly for resistant key stakeholders • Understanding of effective advocacy strategies for work towards PFCMH implementation • Specific key improvement ideas provided as part of the learning collaborative
Key Challenges
• Resistance to necessary culture change in practice • Concerns regarding burden of PFCMH implementation with limited resources • Achieving collective buy-in from all practice staff to support transformation efforts to PFCMH

Source: CHIPRA PTF focus group

> *"The collaborative taught us tips for holding an effective meeting and sharing duties. Also, the specific drivers helped us measure changes and keep focused."*
>
> -PTF focus group participant

> *"It was challenging to get people to see that change is necessary, feasible, and can be built into the workflow without too much disruption."*
>
> -PTF focus group participant

Key resources, training and guidance provided through the PTF curriculum and CHIPRA collaborative enabled many PTFs to optimally facilitate transformation. The PTFs indicated that having the very specific key improvement ideas provided in the collaborative driver diagram and change package were particularly useful to keep all team members focused on the precise changes that a practice needs to make. The detailed training offered in each of the driver areas informed PTFs of the essential components of the medical home model and how to lead and monitor progress in such areas. As the PTF role required leadership and management skills to drive such change, the participating PTFs appreciated the training on how to hold an effective meeting and delegate testing and implementation among practice staff and QI collaborative team members.

Conclusions and Implications for Future Work

The PTF role in the CHIPRA project was innovative for a number of reasons. First, it used a novel approach of an internal change agent to drive PFCMH transformation in pediatric practices. Second, practices were free to select their own internal PTF without restrictions on his/her title or skills. Third, NICHQ created a PTF curriculum that included improvement science, with special attention on data collection, team-building, leadership development and innovation harvesting.

The NICHQ-led learning collaborative saw PTFs emerge as powerful, durable change agents who were sustainable leaders of their practices. PTFs formalized leadership and generated respect and credibility for the PFCMH. Over the course of the CHIPRA Medical Home Learning Collaborative, PTFs integrated medical home change concepts into the clinic and achieved results. They facilitated several key elements in the PFCMH transformation work because they:

- Were co-located and employed by the clinic
- Understood the clinic contextual factors
- Understood the local community
- Used data to understand whether changes resulted in improvement
- Used a disciplined approach to making changes including through the Model for Improvement and use of Plan-Do-Study-Act cycles
- Overcame barriers because of relationships inside the clinic and community

Many medical home models use external PTFs, who can provide the advantage of fresh and more objective perspectives regarding current practices and norms in each site. An external PTF may introduce new knowledge, skills and strategies and may provide benchmark comparisons to outside practices. These challenges were mitigated in the CHIPRA collaborative through introduction of the PTF curriculum, where NICHQ faculty, staff, and improvement advisors, alongside PTFs from other practices provided an outside perspective regarding transformation and practice culture. In addition, the curriculum focused on building the skills listed above, allowing PTFs to view their own practices differently.

Some potential drawbacks exist for internal PTFs. They may have complicated relationships with others in the organization, especially if there is a strong hierarchy of power or influence. Internal PTFs may be challenged to find sufficient time required for the role if they have other responsibilities within the organization, especially if s/he is clinical staff.

Ultimately, there is not a “one size fits all” approach. The decision to have an internal or an external PTF may depend on the preferences, personnel or dynamics of a particular practice. If there is a trusted leader within the practice who has aptitude for data review, influence to make change, and can be freed up enough from other responsibilities to lead this effort, an internal PTF is a good choice. Whether a practice selects an internal or external PTF, it is critical that the practice supports the PTF with commitment to PFCMH transformation and ensures a plan for sustainability after the program supporting transformation ends.

Bottom line: In order to implement the medical home model within the current structures of primary care settings, many practices need transformation support. External consultants are not always adequately resourced or knowledgeable of practice context to impart their knowledge effectively on internal teams. They may help implement strategy but are not a consistent enough presence in many short-term engagements to make sustainable changes at the systems level. By focusing external resources to train and coach the internal PTFs, as was done with the CHIPRA collaborative, a larger impact on building will, providing ideas and supporting sustainable execution is possible. This innovative approach to training internal PTFs for PFCMH implementation efforts combined with QI methods can be broadly disseminated and spread across primary care practices nationwide.

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This paper was written by NICHQ's Rachel Vanderkruik, MSc, Emma Smizik, MPH, Jane Taylor, MBA, MHA, EdD, and Shikha Anand, MD, MPH.

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