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Agency for Healthcare Research and Quality
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An Exploration of AHRQ's PCMH Resource Center (and Beyond!)

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PCPCC Monthly Briefing

May 21, 2015

Session Overview

- Acknowledgements
- Quick primer on the Agency for Healthcare Research and Quality (AHRQ)
- AHRQ's resources for primary care transformation
  - Implementation
  - Quality Improvement
  - Research and Evaluation
- Additional AHRQ resources

Contributors to this work

AHRQ

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- Kristin Geonnotti
- Tricia Higgins
- Lyndee Knox (LA Net)
- Dana Petersen
- and many others

AHRQ's Mission Statement

- To produce evidence to make health care:
  - ✓ safer
  - ✓ higher quality
  - ✓ more accessible, equitable, and affordable

- To work with HHS and other partners to make sure that the evidence is understood and used.

www.ahrq.gov

AHRQ Priorities

- Improve health care quality by accelerating implementation of Patient-Centered Outcomes Research
- Make health care safer by preventing HAIs and reducing other harms and accelerating patient safety improvements
- Increase accessibility by evaluating Affordable Care Act coverage expansions
- Improve health care affordability, efficiency, and cost transparency

Revitalizing the nation's primary care system is foundational to achieving AHRQ's mission of improving the quality, safety, accessibility, equity and affordability of health care for all Americans

AHRQ Resources for Primary Care Transformation

Resources developed specifically for primary care

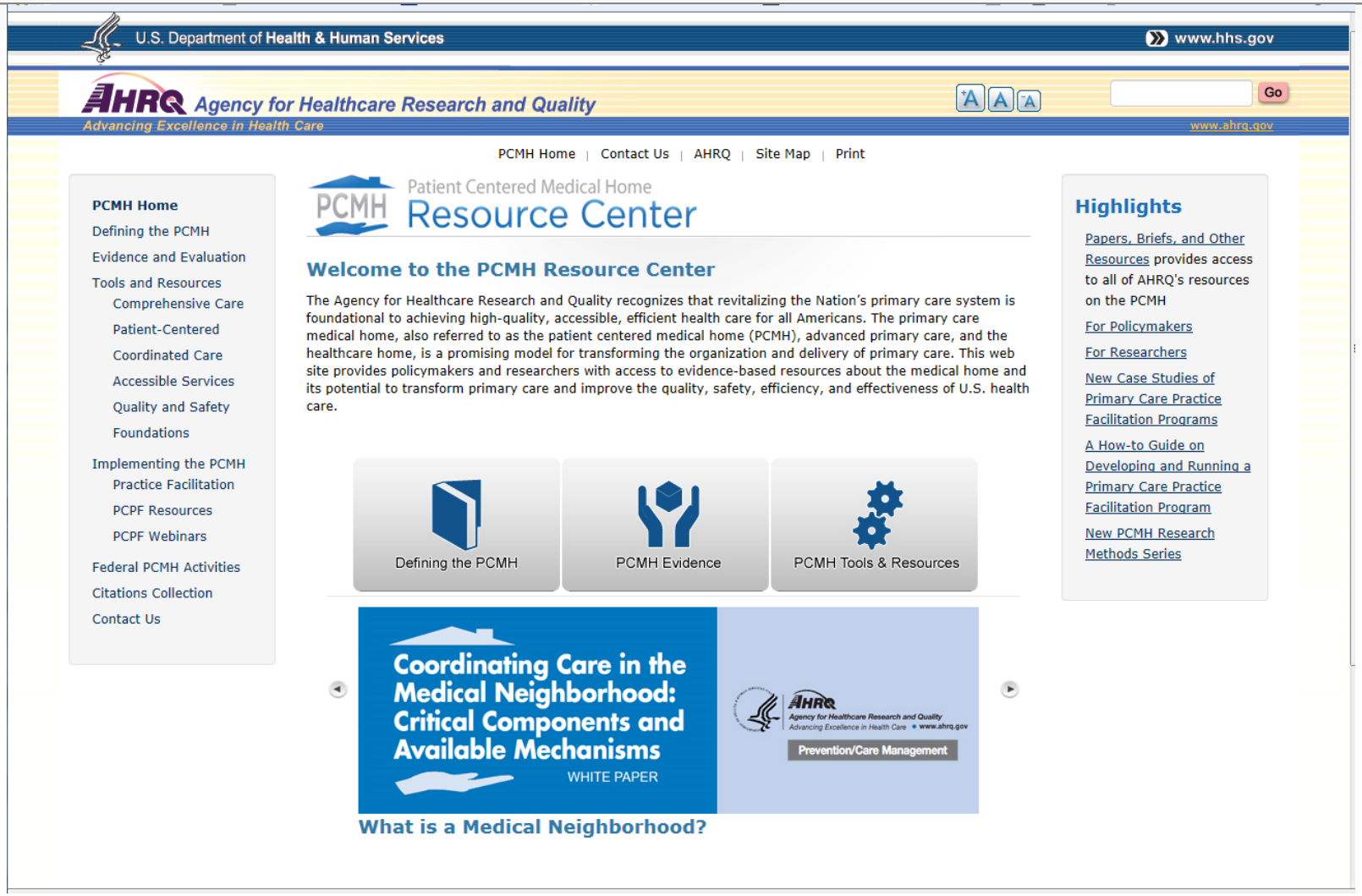
- PCMH Resource Center web site
- Primary Care Measures databases
- Improving Primary Care Practice – Information for Health Professionals

Other useful AHRQ resources

- Innovations Exchange
- Health IT
- Clinical Decision Support
- National Quality Measures Clearinghouse (NQMC)
- National Guideline Clearinghouse (NGC)

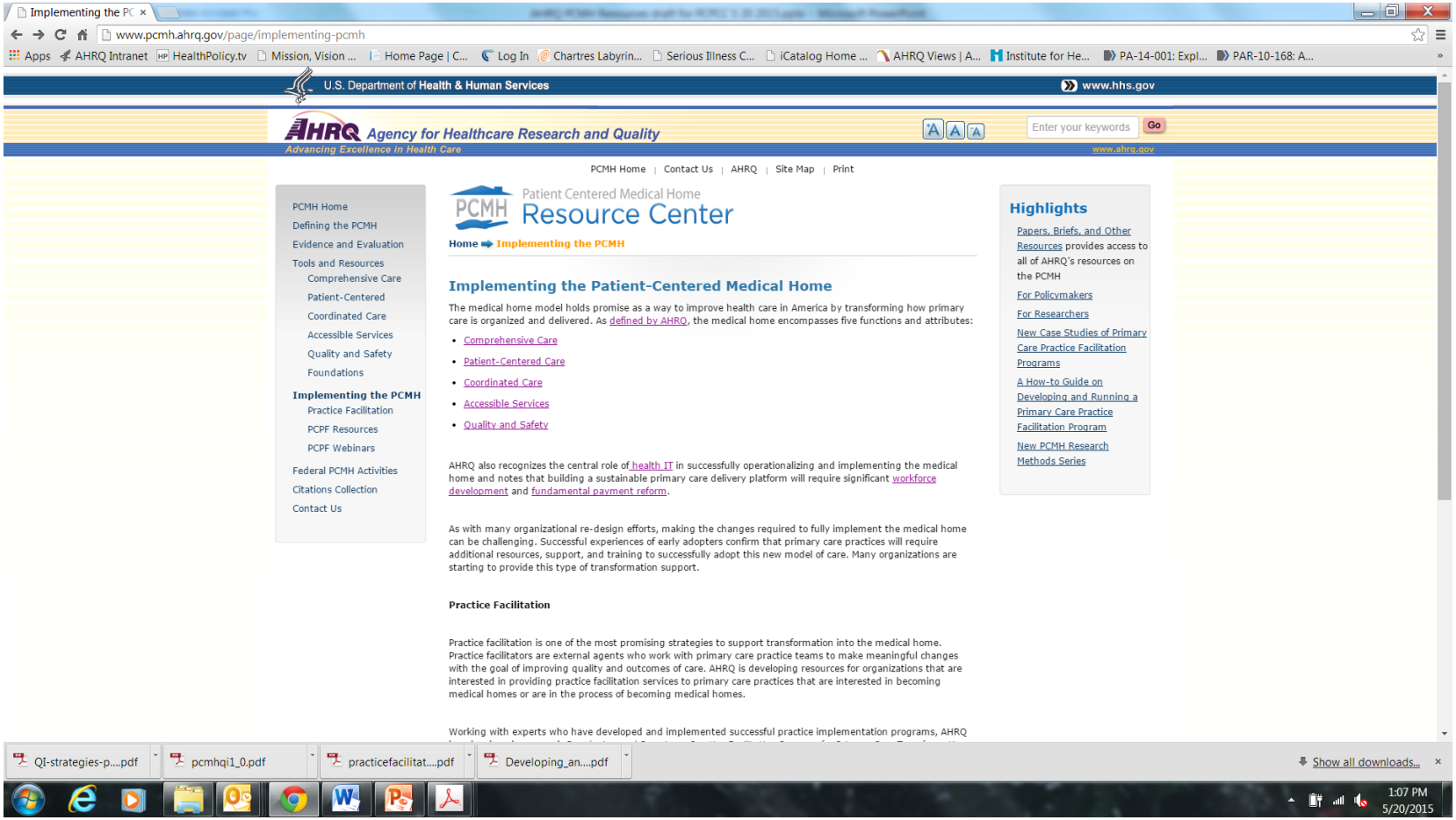
Information Hubs

PCMH Resource Center



http://www.pcmh.ahrq.gov/

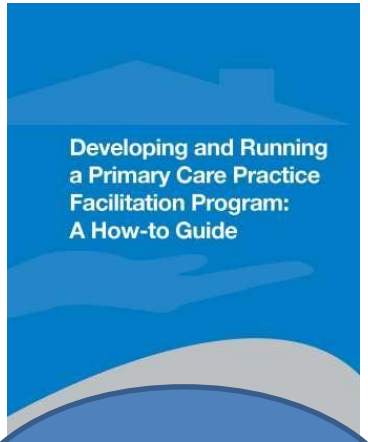
Implementing the PCMH – Transforming Primary Care



What is a Practice Facilitator?

- Practice facilitators are specially trained individuals who work with primary care practices “to make meaningful changes designed to improve patients’ outcomes. [They] help physicians and improvement teams develop the skills they need to adapt clinical evidence to the specific circumstance of their practice environment” (DeWalt, Powell, Mainwaring, et al., 2010)

AHRQ's Portfolio of Practice Facilitation Products



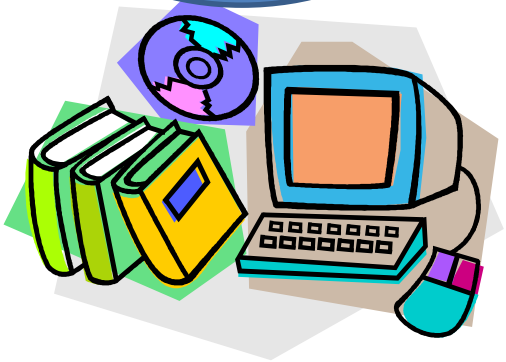
How to Guide

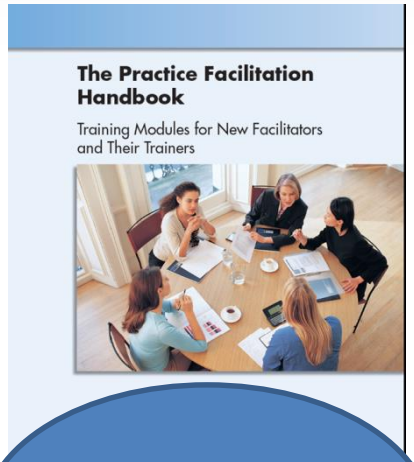
Support for organizations interested in starting PF programs

Competency-based curriculum for training entry-level practice facilitators

Model Curriculum

Coming summer 2015





PF Handbook

Essentials for teaching and learning the knowledge and skills for a new PF

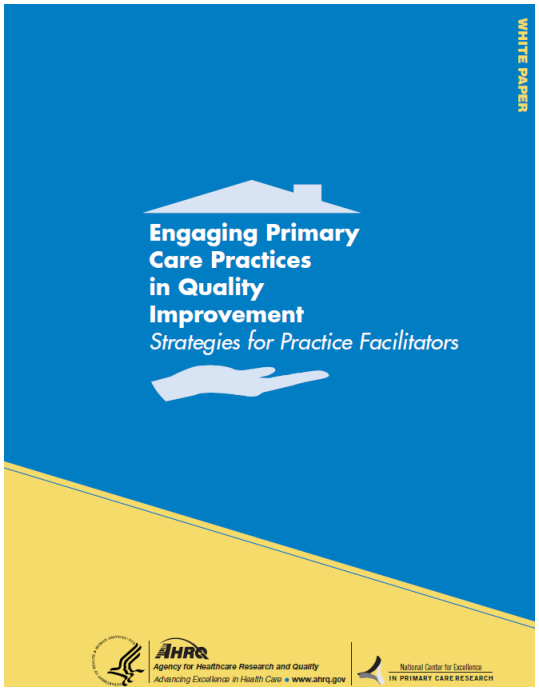
http://www.pcmh.ahrq.gov/page/practice-facilitation

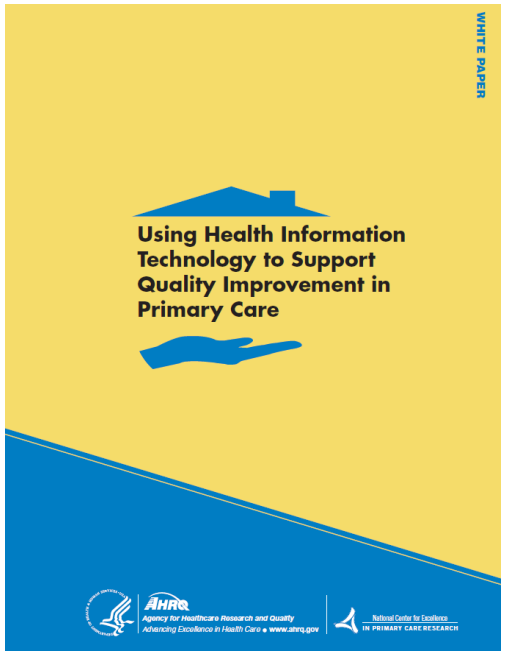
Development of a Model Curriculum for Training Practice Facilitators

- Objective
  - Provide entry-level training for PFs to assist primary care practices in achieving their quality improvement and transformation goals
  - Builds upon AHRQ's Practice Facilitation Handbook
- Key Characteristics
  - Links with competencies and includes specific learning objectives
  - Instructor's guide including guidance for assessment
  - Student materials and other supporting information
- Available Summer 2015

Quality Improvement

Two New Resources





- ✓ **Companion resources for QI paper**
- ✓ **Webinar on Health IT paper**

  www.pcmh.ahrq.gov/page/pcpf-webinars
- ✓ **Webinar on QI paper coming soon!**

http://www.pcmh.ahrq.gov/page/quality-safety

Lessons Learned about Transformation

- A strong foundation is needed for successful redesign
- The process of transformation can be a long and difficult journey
- Approaches to transformation vary
- Visionary leadership and a supportive culture can ease the way for transformation
- Contextual factors are inextricably linked to outcomes

Lessons Learned From the Study of Primary Care Transformation

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Ann Fam Med 2013;11:S1-S5. doi:10.1370/afm.1548.

The Agency for Healthcare Research and Quality (AHRQ) believes that a robust primary care system is the foundation for an American health care system that delivers high-quality, affordable health care to all Americans.[1] There is recognition, however, that the current primary care system is struggling.[2,3] The patient-centered medical home (PCMH) model is one transformative way of organizing and delivering primary health care whereby practices deliver care that is patient centered, comprehensive, coordinated, and accessible, with a systematic focus on quality and safety.[4] Although the PCMH holds promise as a solution to improve health in America, it remains largely an aspiration, a type of care not currently found in most clinical practices or experienced by most patients in the United States.[5] Before the promise of primary care can be achieved, more robust information is needed about the actual change process and the lessons learned by successfully transformed practices.[6-9]

In the summer of 2010, AHRQ awarded 14 grants to better understand the processes and determinants of transformation.[10] The grants provided funds for retrospective analysis of the process of becoming PCMHs from systems and practices that had already demonstrated successful transformational activities. Successful efforts at substantive redesign were demonstrated by improvements in care quality as reflected in quantitative processes, outcome measures, or both. AHRQ is especially interested in the evaluation of transformation efforts that have been in progress long enough to generate measurable changes in patient-level outcomes. After validating these improvements, investigators studied in detail the actual change process and evaluated its impact on patient and clinician experiences and satisfaction. In addition, they systematically assessed the practice culture, context, and conditions within which change occurred. AHRQ is interested in identifying the approaches and methods for transforming the structure, characteristics, and function of primary care that are likely to be successful in a wide variety of practice types and settings. This knowledge will be used to facilitate wider efforts in practices across the United States with the goal of improving quality, reducing cost, and better satisfying the needs of patients and families.

In this commentary, we summarize the characteristics of the practices and interventions studied by the 14 grantees and highlight our impressions, as the funding agency, of the lessons learned on the process of transforming to a PCMH that cut across all the projects. The wide variety of study designs, practice types, and geographic locations means at least one in this group of articles is likely relevant to any given primary care practice in the United States. The lessons learned demonstrate that true transformation to the PCMH model is not only possible but desirable, although not without its challenges. These lessons provide valuable insight that will likely be helpful to other practices considering or beginning this transformation.

MORE ONLINE

Conflicts of interest: authors report none.

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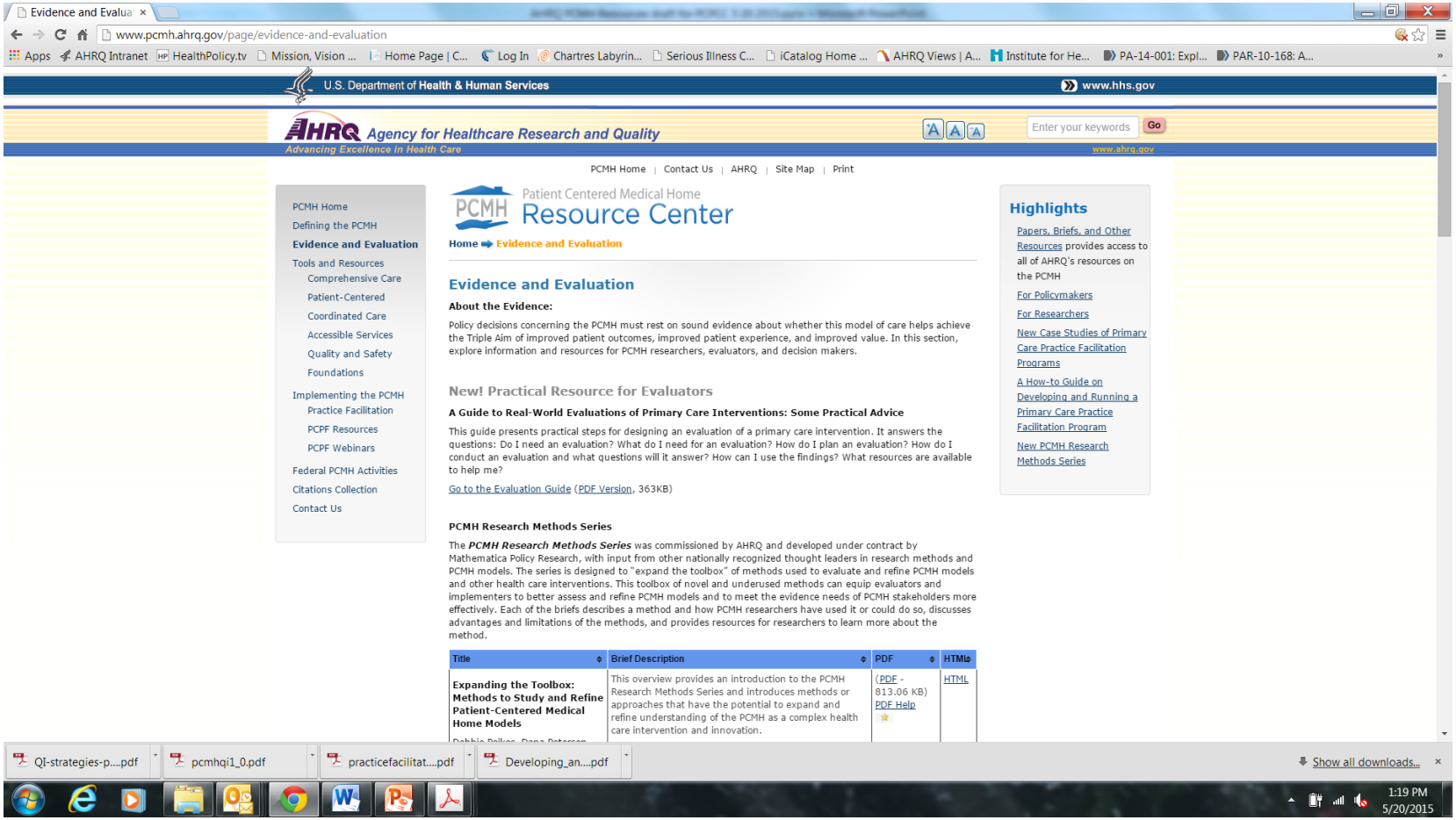
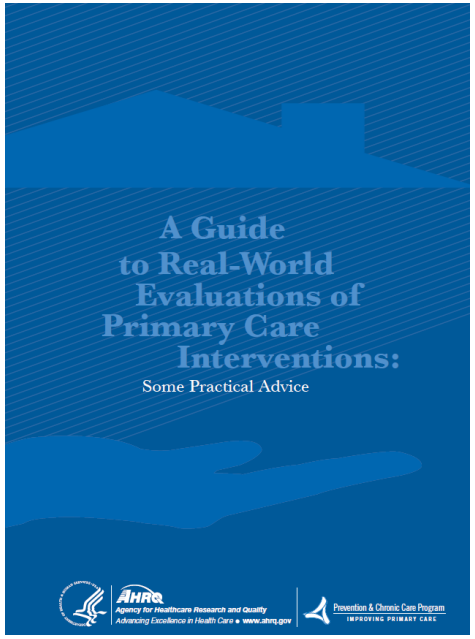
Evidence and Evaluation



Improving PCMH Research and Evaluation



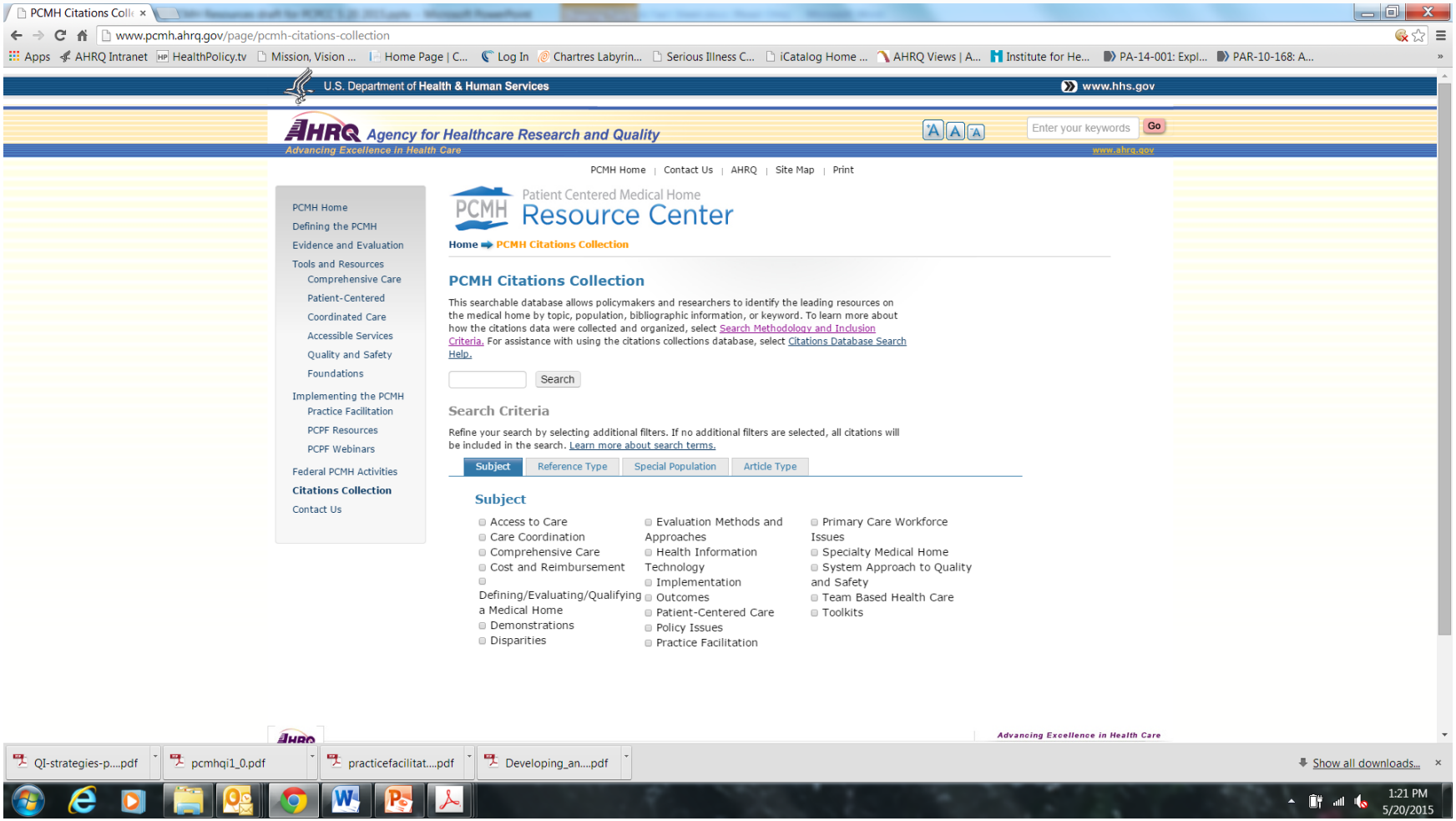
- Practical advice
- Information about novel methods
- Guidance for decision makers

http://www.pcmh.ahrq.gov/page/evidence-and-evaluation

- Methods Webinar Series

http://www.ahrq.gov/professionals/systems/system/advanced-methods/index.html

PCMH Citations Database



http://www.pcmh.ahrq.gov/page/pcmh-citations-collection

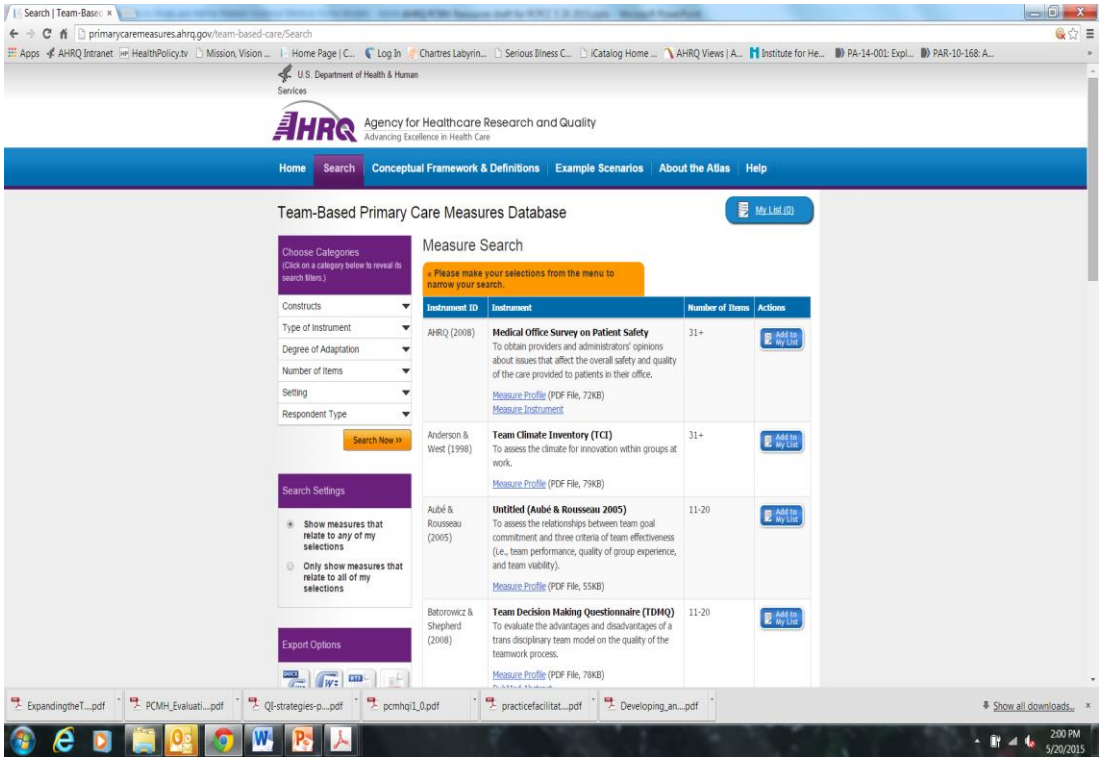
primarycaremeasures.ahrq.gov

Improve research and build evidence in 4 key areas

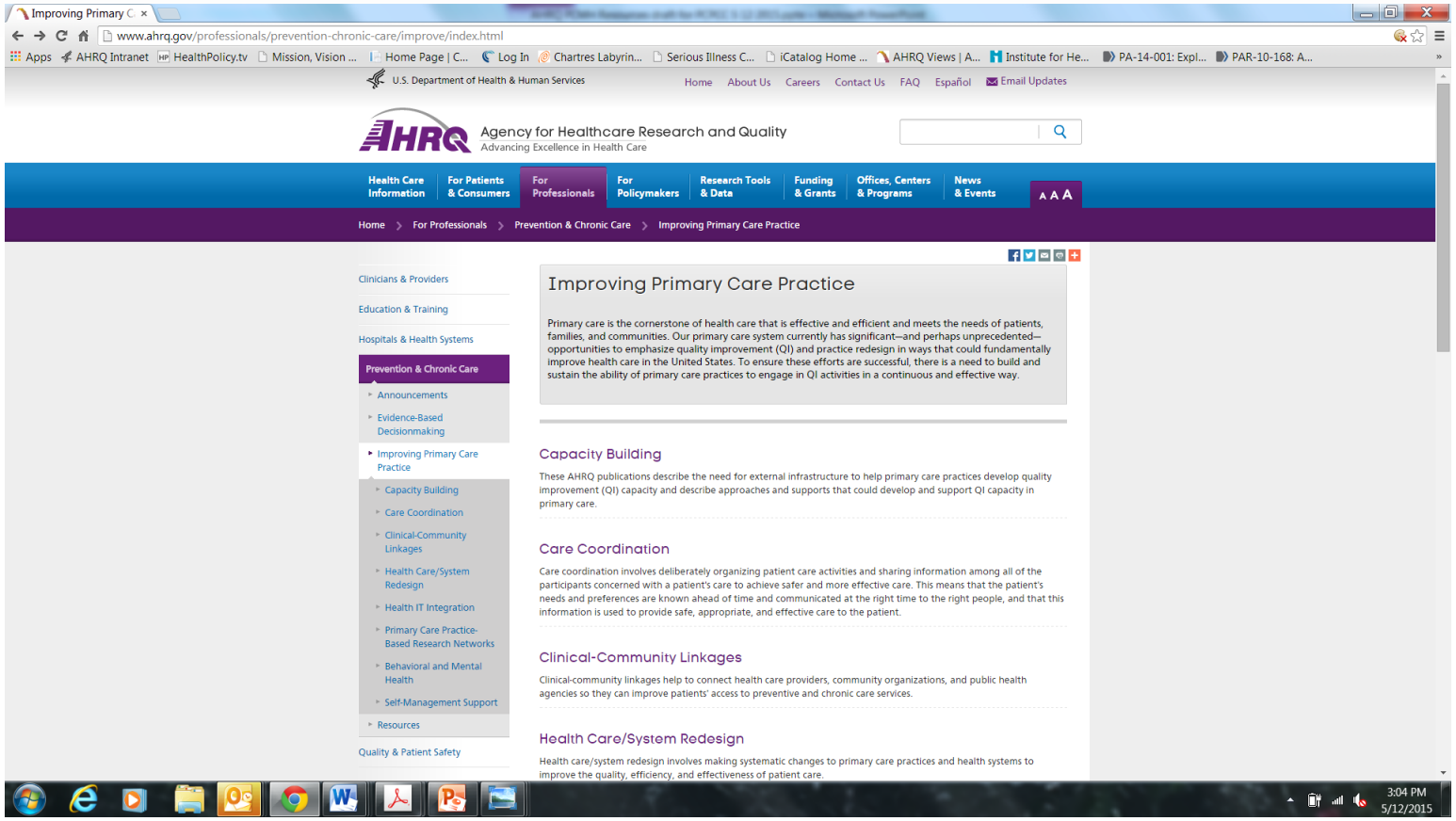
Separate resources for care coordination, team-based care, integration of behavioral health, and clinical-community linkages

Database features:

- ✓ Include conceptual models
- ✓ Comprehensive measure profiles
- ✓ Searchable by multiple characteristics
- ✓ Search results can be saved and downloaded



Improving Primary Care Practice:
Information on ahrq.gov for Health Care Professionals

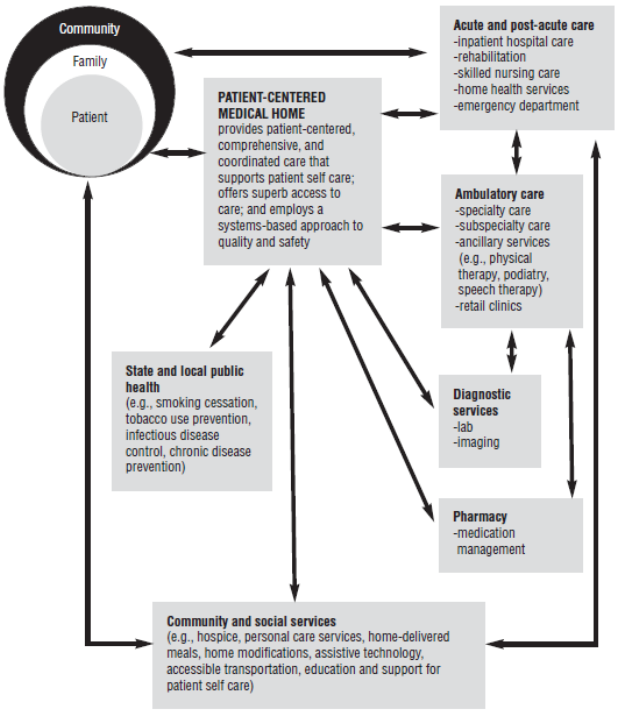


http://www.ahrq.gov/professionals/prevention-chronic-care/improve/index.html

Care Coordination and the Medical Neighborhood

- Information to support systems redesign to improve referral processes between primary care, specialty care practices, and community services
- Improving research and the evidence base – measure development work

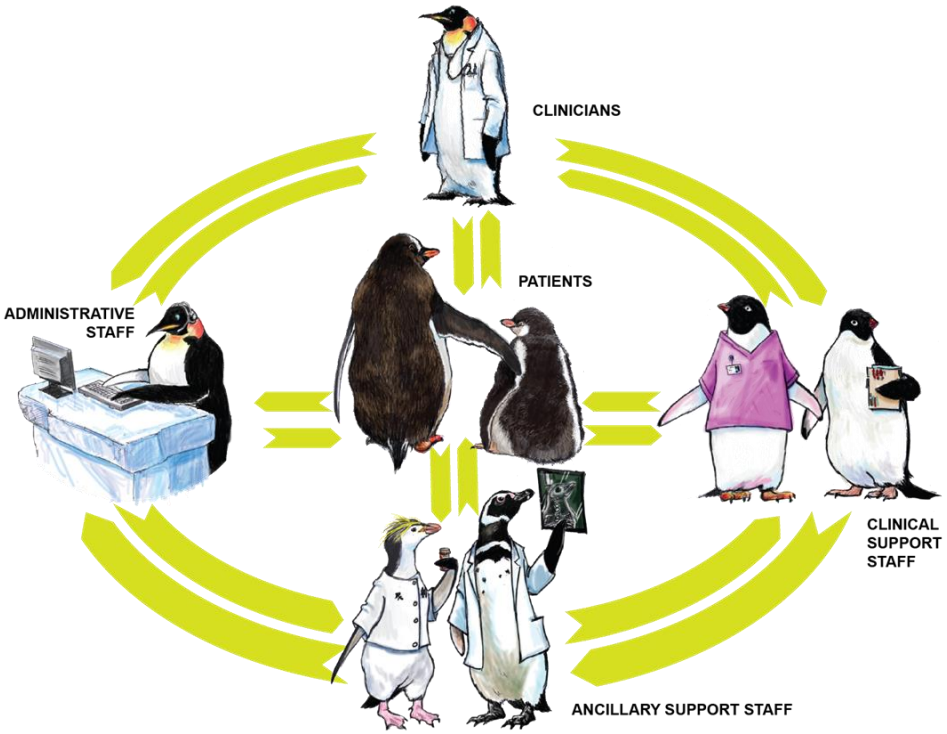
Figure 1. Key actors and the flow of information in the medical neighborhood



Taylor EF, Lake T, Nysenbaum J, Peterson G, Meyers D. Coordinating care in the medical neighborhood: critical components and available mechanisms. June 2011.

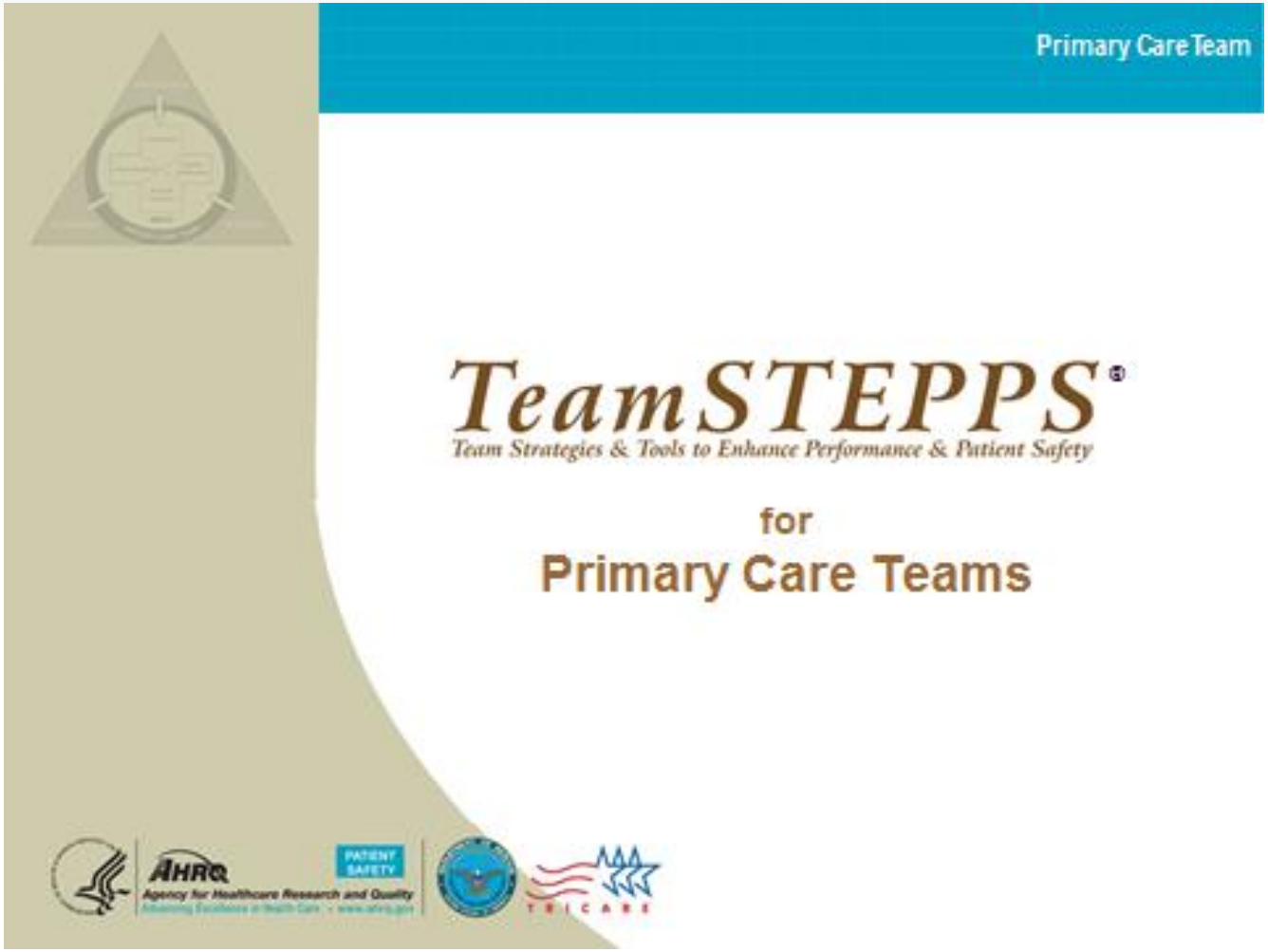
Enhanced Care Delivery Resources

- In order to deliver accessible, coordinated, comprehensive, patient-centered care
  - It requires a team



Primary care teams

Helping Build Teams



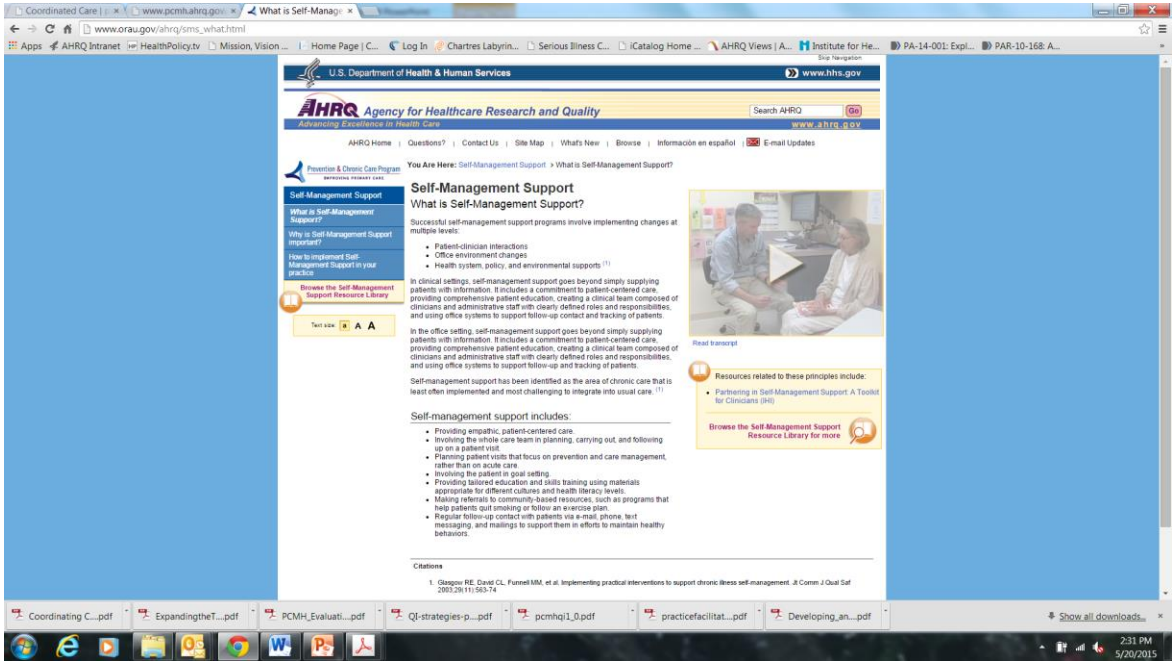
http://teamstepps.ahrq.gov/

Integration of Primary Care and Behavioral Health

http://integrationacademy.ahrq.gov/

Self-Management Support

- What is self-management support? Why is it important? How can it be implemented in practice?
- Resources for clinicians, clinical teams, health systems, and consumers



http://www.orau.gov/ahrq/sms_home.html

AHRQ Resources for Patient and Family Engagement

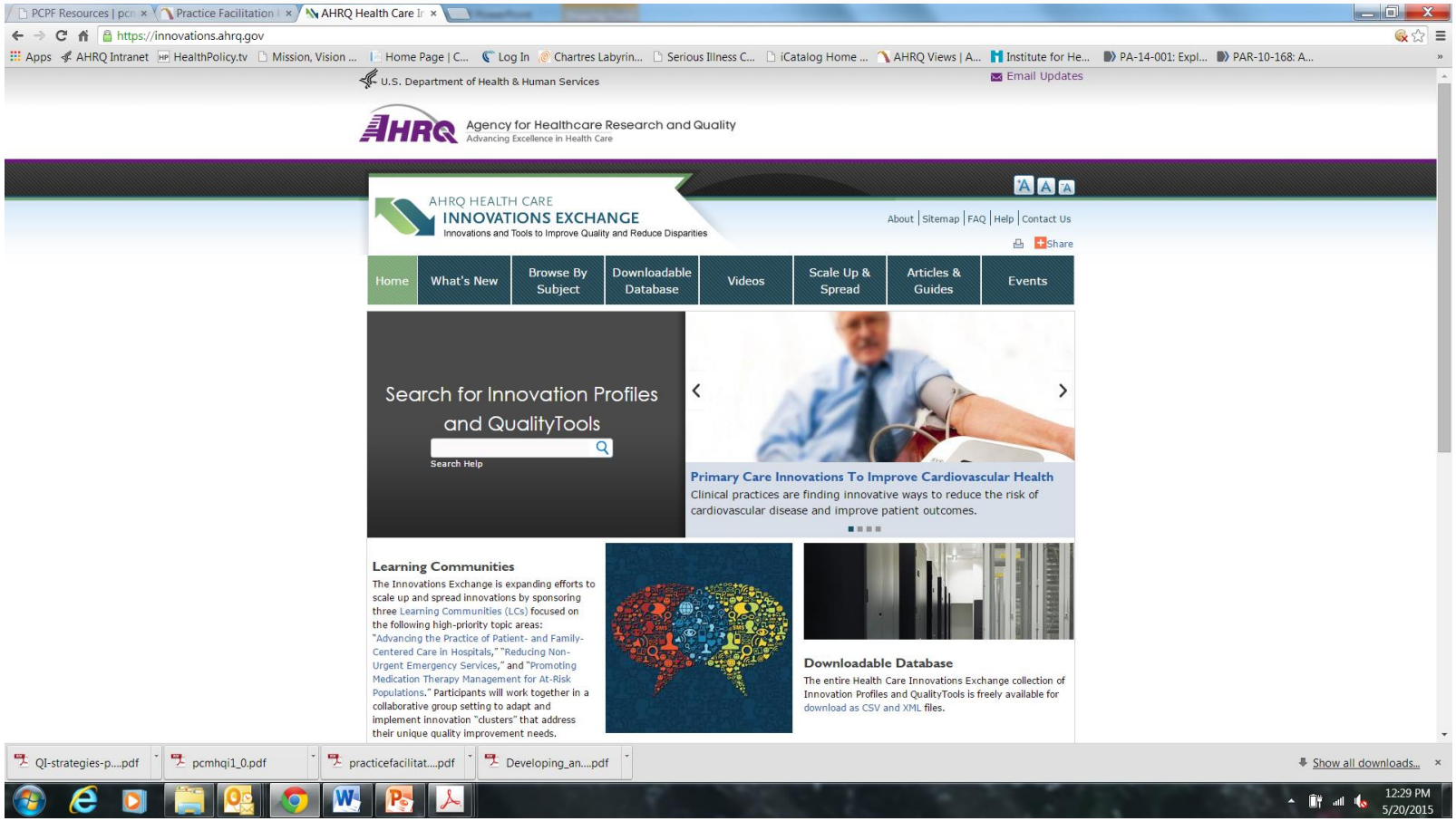
- Engaging Patients and Families in the Medical Home
  (white paper)
- Strategies to Put Patients at the Center of Primary Care
  (decisionmaker brief)

  Resources that describe how decisionmakers can encourage a model of care that truly reflects the needs, preferences, and goals of patients and families.
  http://www.pcmh.ahrq.gov/page/patient-centered-care

- Health Literacy and Cultural Competency Resources

  Resources, such as the Health Literacy Universal Precautions Toolkit, to help primary care practices reduce the complexity of health care, increase patient understanding of health information, and enhance support for patients of all health literacy levels.
  http://www.ahrq.gov/health-care-information/topics/topic-health-literacy.html

AHRQ's Innovations Exchange



https://innovations.ahrq.gov/

AHRQ's Innovations Exchange

- Building Relationships Between Clinical Practices and the Community to Improve Care
  https://innovations.ahrq.gov/scale-up-and-spread/building-relationships-between-clinical-practices-and-community-improve-care

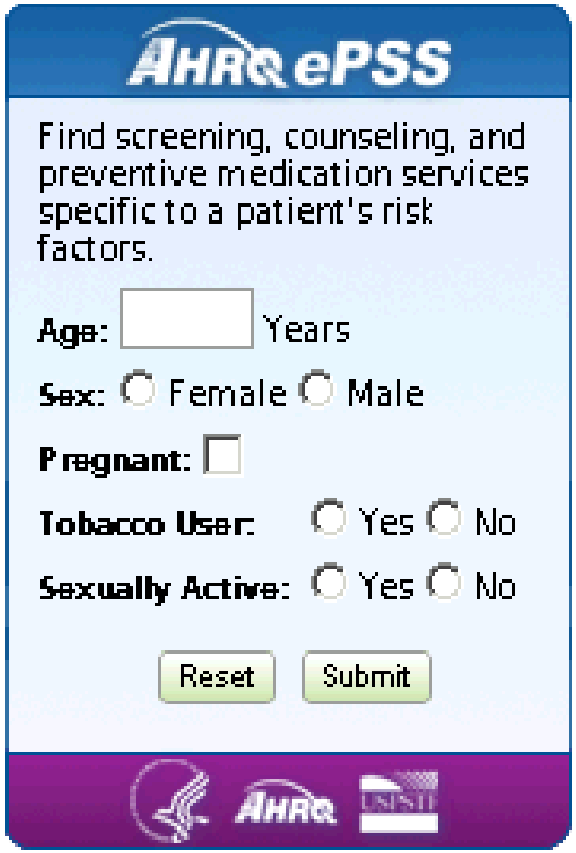
- Award-winning series of 3 videos on Vermont's Blueprint for Health program
  https://innovations.ahrq.gov/videos/blueprint-health-working-together-better-care-1-3

Getting Health IT to Work for You

http://healthit.ahrq.gov/

Clinical Decision Support

Preventive Services Recommendations



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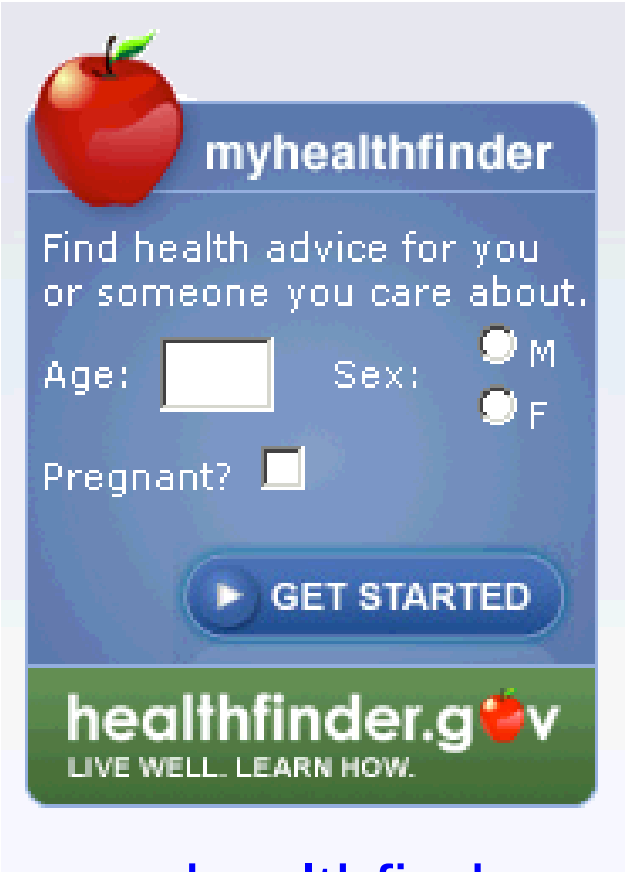
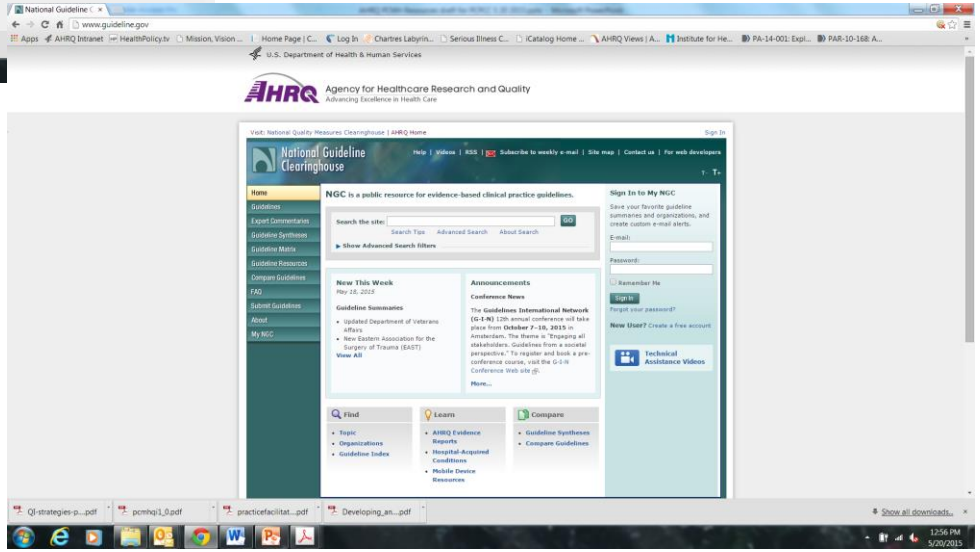


www.healthfinder.gov

Additional resources for Quality Improvement and Evidence-Based Care

National Quality Measures Clearinghouse

http://www.qualitymeasures.ahrq.gov/



National Guideline Clearinghouse

http://www.guideline.gov/

AHRQ's Resources for Primary Care Transformation

Questions?

Thank you!

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