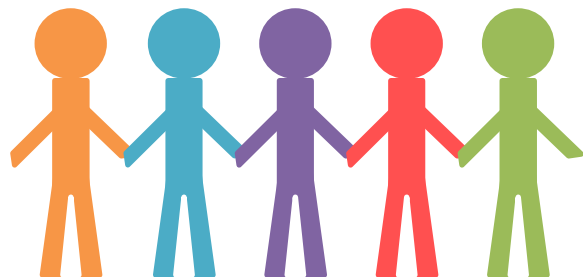


# Transforming Clinical Practices Initiative

Patient, Caregiver & Community Engagement  
Support & Alignment Network (PaCCE SAN)

**PCPCC National Briefing**

October 29th, 2015



# Welcome & Acknowledgments



Marci Nielsen, PhD, MPH  
Chief Executive Officer  
Patient-Centered Primary Care Collaborative



Amy Gibson, RN, MS  
Chief Operating Officer  
Patient-Centered Primary Care Collaborative

The project described is supported by Grant Number 1L1CMS-331478-01-00 from the U.S. Department of Health & Human Services, Centers for Medicare & Medicaid Services. The contents provided are solely the responsibility of the authors and do not necessarily represent the official views of HHS or any of its agencies.

# PCPCC: What We Do

## Our Mission

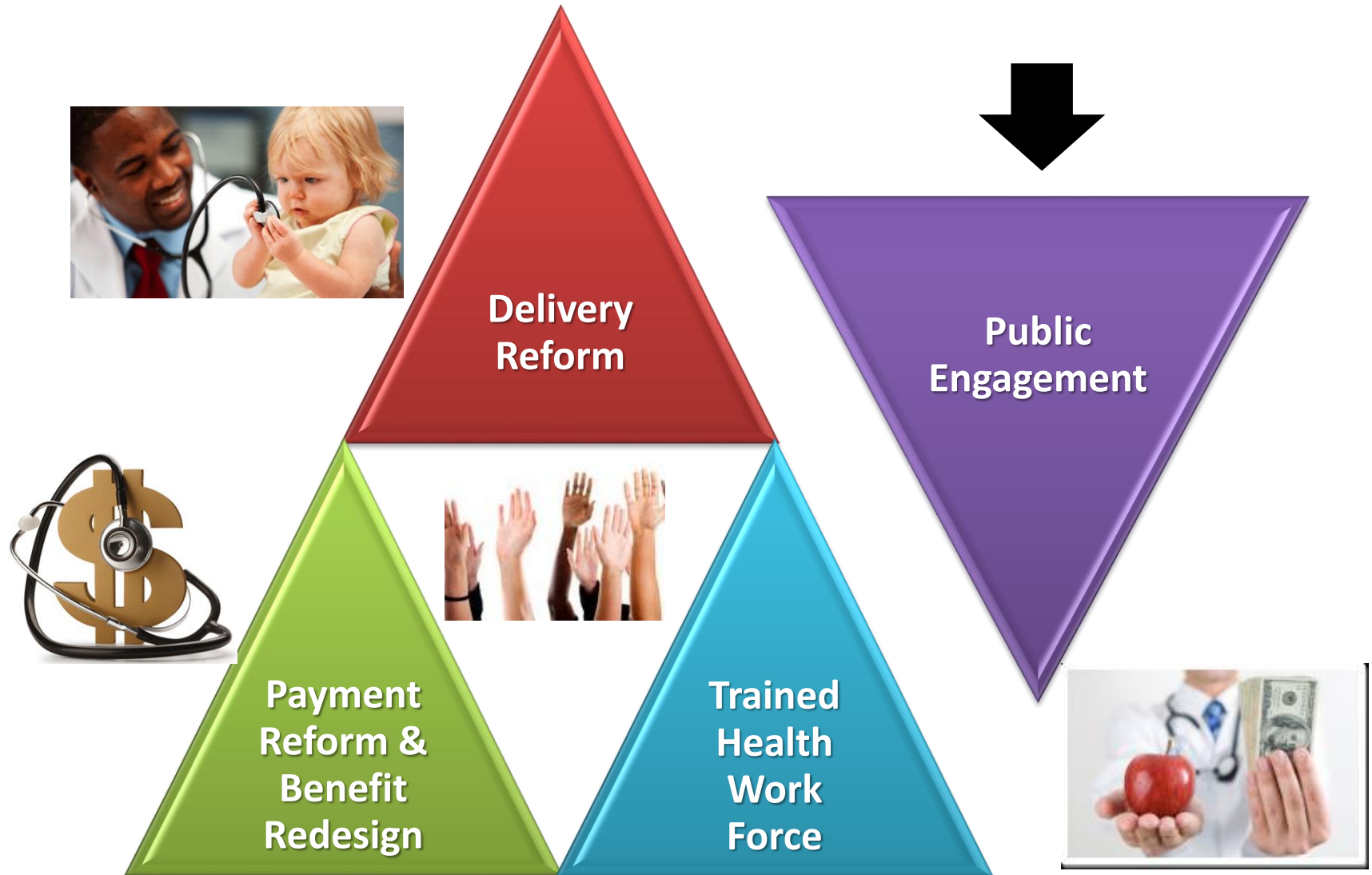
- Dedicated to advancing an effective and efficient health system built on a strong foundation of primary care and the patient-centered medical home (PCMH).

## Activities

- **Educate stakeholders and strengthen public policy** that advances and builds support for primary care and the medical home
- **Disseminate results and outcomes** from advanced primary care and PCMH initiatives and clearly communicate their impact on patient experience, quality of care, population health and health care costs
- **Convene health care experts** and patients to promote learning, awareness, and innovation of primary care and the medical home



# Overall Goal: *Health system transformation*



# Outcomes of Advanced Primary Care



Cost Savings



Fewer ED/Hospital Visits



Improved Access



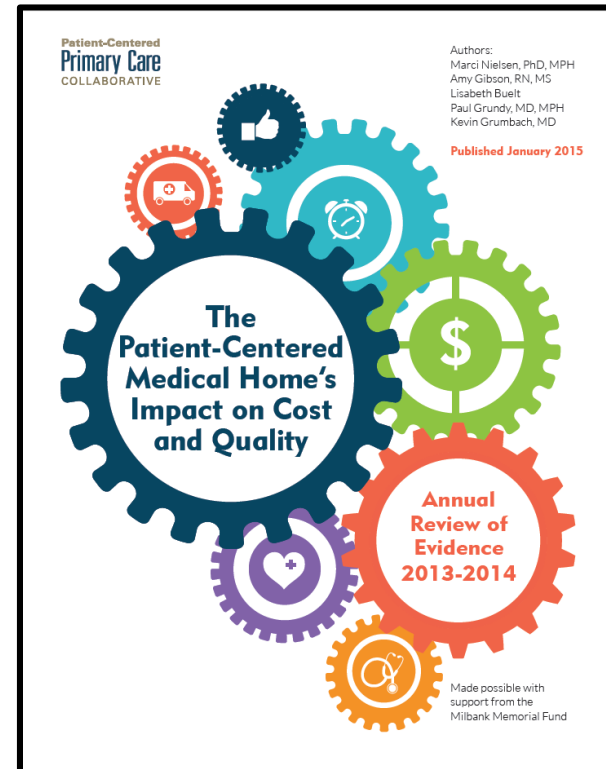
Increased Preventive Services



Improved Health



Improved Patient & Clinician Satisfaction



Source: Nielsen, M., Gibson, L., Buelt, L., Grundy, P., & Grumbach, K. (2015). **The Patient-Centered Medical Home's Impact on Cost and Quality, Review of Evidence, 2013-2014.** - See more at: <https://www.pcpcc.org/resource/patient-centered-medical-homes-impact-cost-and-quality#sthash.iJAvicCb.dpuf>

# Mapping Primary Care Innovations

## Legend

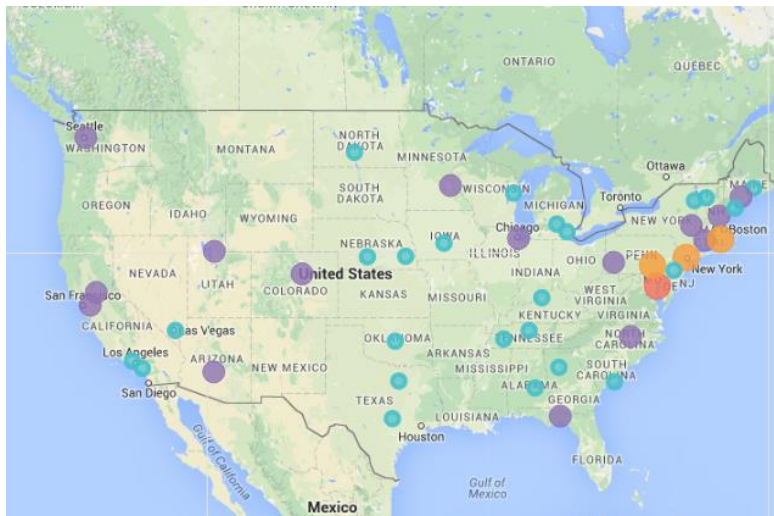
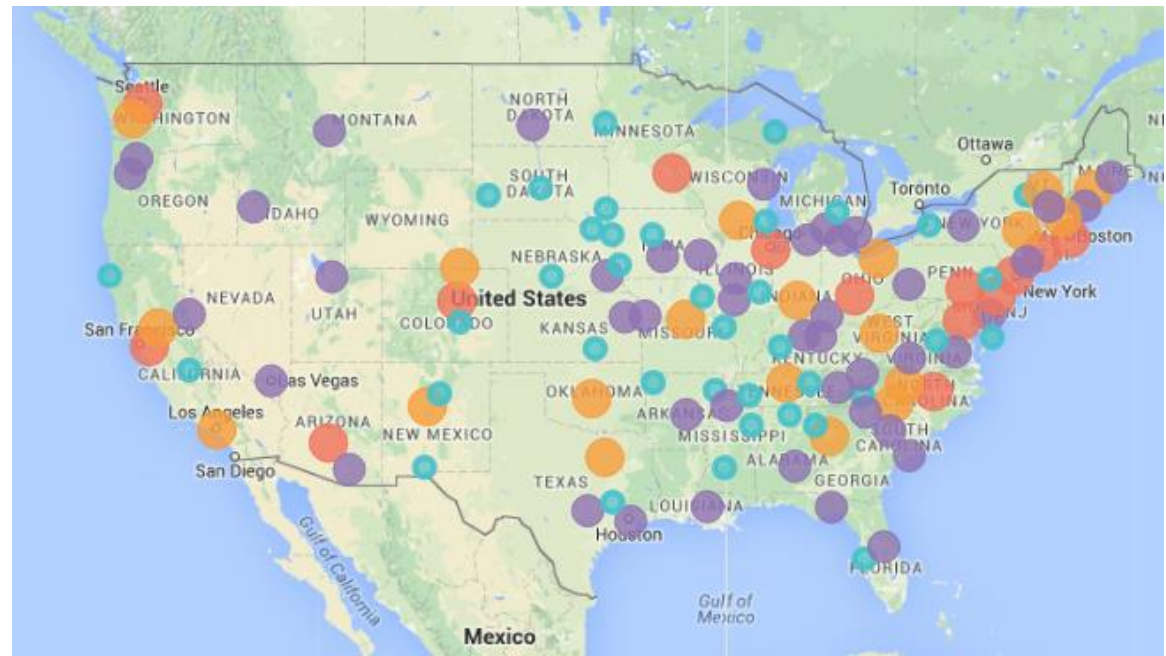
color indicates  
number of initiatives

1

2+

5+

8+



Source: **Primary Care Innovations and PCMH Map.** PCPCC.  
Accessed July 2015. <http://www.pcpcc.org/initiatives>

Map of PCMH initiatives  
with reported outcomes

# What are the critical pieces to practice transformation?



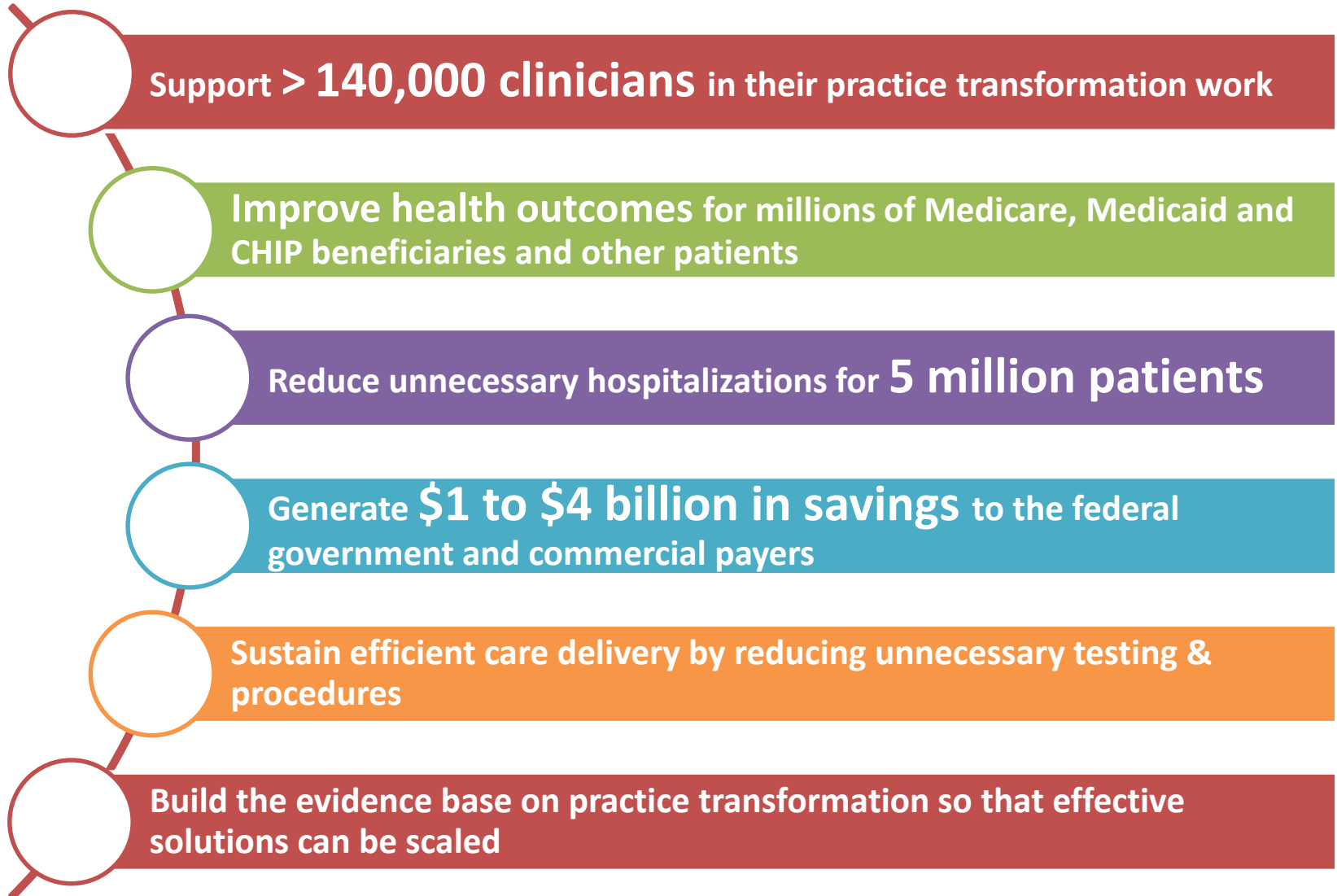


# PCPCC Recipient of TCPI Funding!

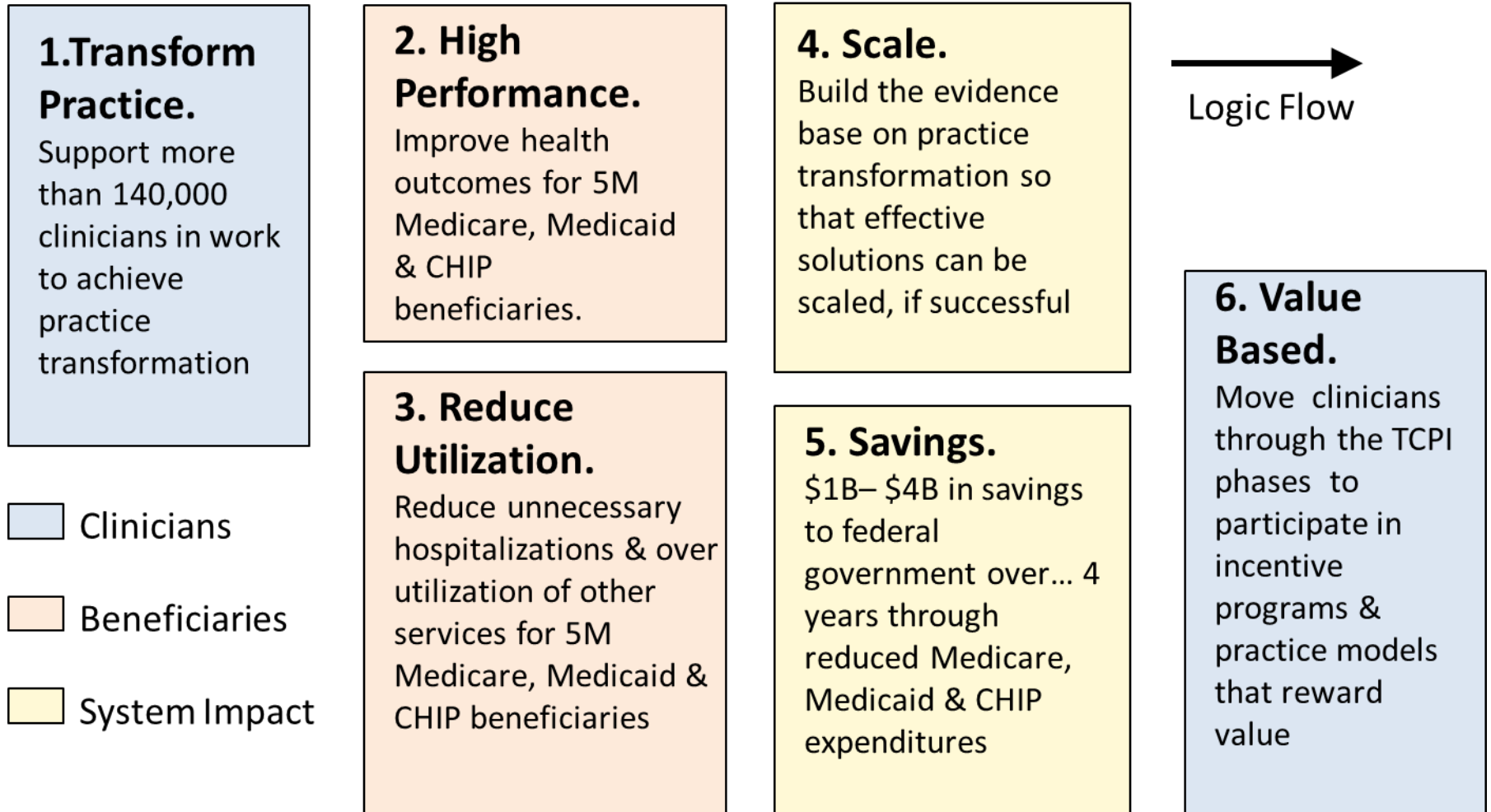
- **1 of 39** selected in 2015 for **Transforming Clinical Practice Initiative (TCPI)**.
- 1 of 10 Support & Alignment Networks (SAN)
- **PCPCC SAN:** Patient, Caregiver & Community Engagement Support & Alignment Network (PaCCE SAN)
  - The PaCCE SAN will provide technical assistance to participating practices and networks across the US in order to promote deeper patient relationships and community engagement among care teams.



# TCPI Goals



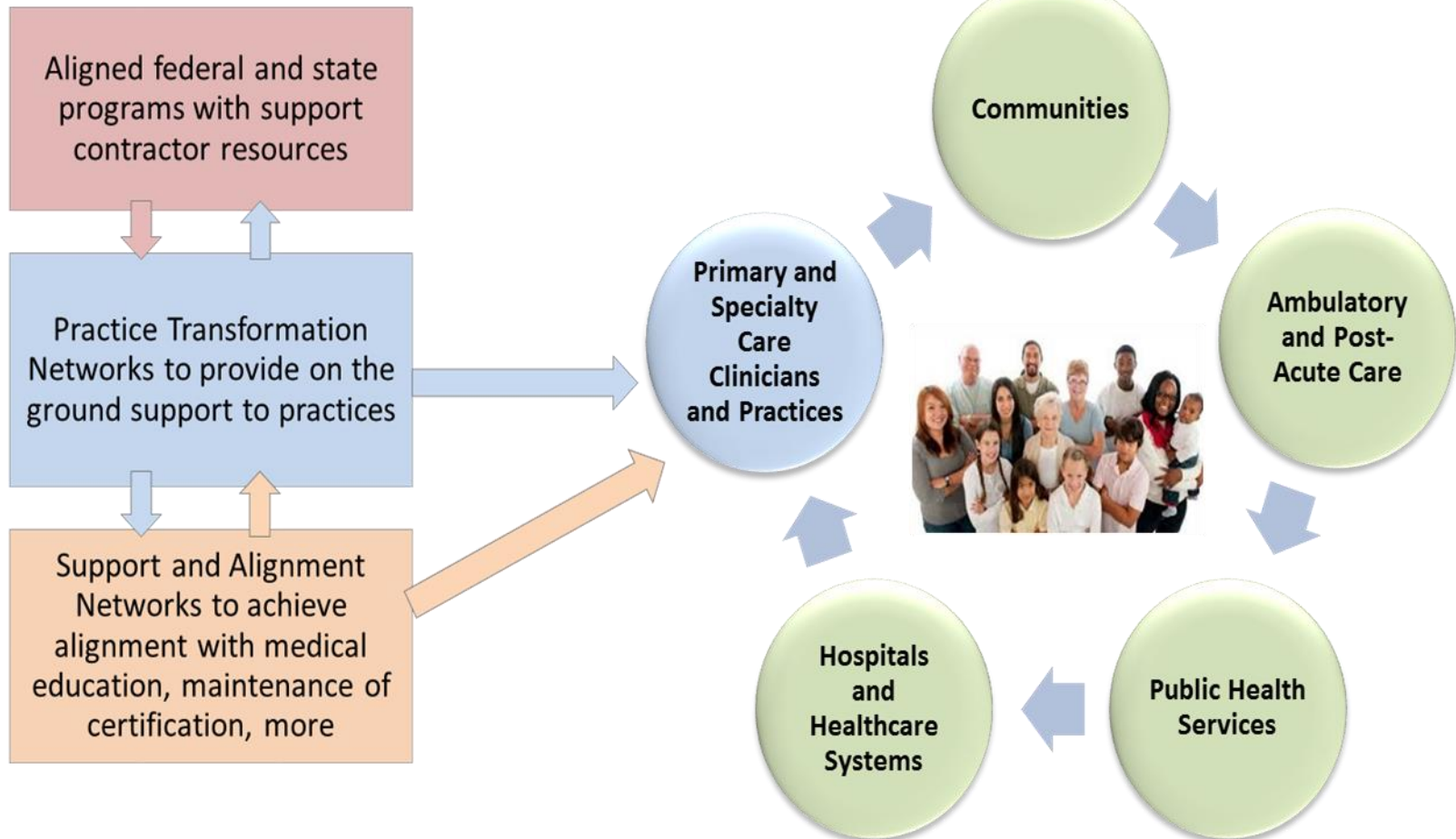
# Overall Aims of the TCPI Model



# Practice Transformation in Action

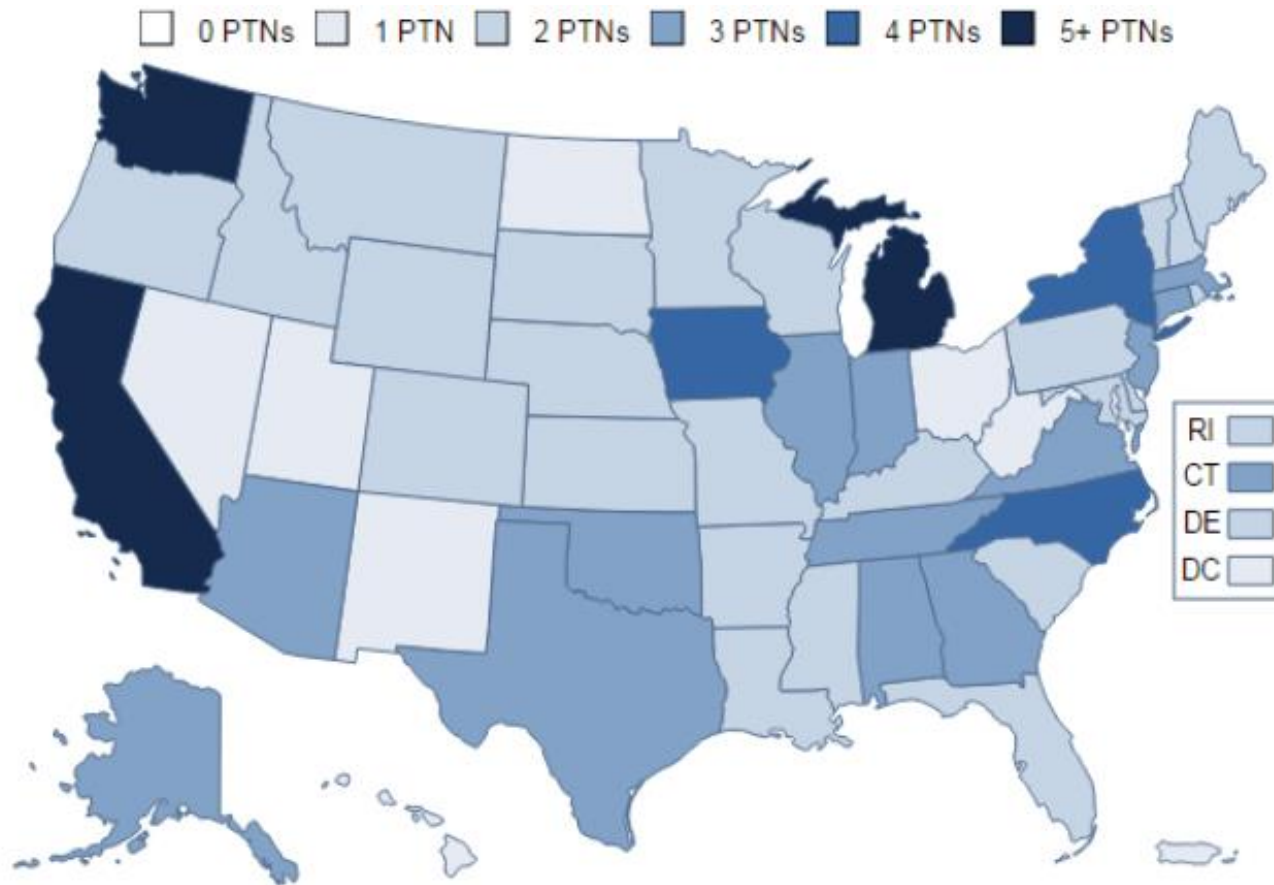
Transforming Clinical Practice would employ a **three-prong approach** to national technical assistance.

This technical assistance would enable large-scale transformation of more than **140,000 clinicians'** and their practices to deliver **better care and result in better health outcomes at lower costs.**



# Practice Transformation Networks (PTNs)

Peer-based learning networks designed to coach, mentor and assist clinicians in developing core competencies specific to practice transformation.



Source: Centers for Medicare & Medicaid Services

# PTNs Selected

- Arizona Health-e Connection
- Baptist Health System, Inc.
- Children's Hospital of Orange County
- Colorado Department of Health Care Policy & Financing,
- Community Care of North Carolina, Inc.
- Community Health Center Association of Connecticut, Inc.
- Consortium for Southeastern Hypertension Control
- Health Partners Delmarva, LLC
- Iowa Healthcare Collaborative
- Local Initiative Health Authority of Los Angeles County
- Maine Quality Counts
- Mayo Clinic
- National Council for Behavioral Health
- National Rural Accountable Care Consortium
- New Jersey Innovation Institute
- New Jersey Medical & Health Associates dba CarePoint Health
- New York eHealth Collaborative
- New York University School of Medicine
- Pacific Business Group on Health
- PeaceHealth Ketchikan Medical Center
- Rhode Island Quality Institute
- The Trustees of Indiana University
- VHA/UHC Alliance Newco, Inc.
- University of Massachusetts Medical School
- University of Washington
- Vanderbilt University Medical Center
- VHQC
- VHS Valley Health Systems, LLC
- Washington State Department of Health

# Key Accountabilities of the PTNs

- Pursue and achieve the quantitative AIMS of the initiative
- Recruit clinicians/practices and build strategic partnerships
- Lead practices in continuous improvement and culture change
- Facilitate improved clinical practice management
- Utilize quality measures and data for improvement

# SANs Selected

- American College of Emergency Physicians
- **American College of Physicians, Inc.**
- HCD International, Inc.
- **Patient Centered Primary Care Collaborative**
- **The American Board of Family Medicine, Inc.**
- Network for Regional Healthcare Improvement
- American College of Radiology
- **American Psychiatric Association**
- American Medical Association
- National Nursing Centers Consortium



# Key Accountabilities of the SANs

- Pursue and achieve the quantitative AIMS of the initiative.
- Align multiple programs and drivers with aims & activities of TCPI:
  - Continuing Medical Education
  - Maintenance of Certification
  - Registries
  - Journals, Newsletters, Messaging to Members
  - Professional Standards & Requirements
  - Annual Meetings
  - Awards Programs
- Help recruit members into initiative and sustain their active engagement over 4 years
- Support practices with person & family engagement

# PCPCC's SAN Grant

## Patient, Caregiver & Community Engagement SAN (PaCCE SAN)

The PaCCE SAN will provide technical assistance to participating practices and networks across the US in order to promote deeper patient relationships and community engagement among care teams.

### Four Key Activities

- Unify and communicate key TCPI learnings
- Help define & promote team-based care
- Define & support patient-practice partnerships
- Help define & promote clinic-to-community linkages

### Partners & Funding

- Subcontractors:
  - Institute for Patient & Family Centered Care
  - Planetree
  - YMCA of the USA
- Awarded (2015-2019):
  - \$566,433 for Y1;
  - \$2.9M Years 1-4 (upon CMS renewal each year)



# Purpose of the PCPCC SAN

- WHO: The Patient, Caregiver, & Community Support and Alignment Network
- WHAT: will provide technical support (TA)
- WHEN: to participating practices and networks
- WHERE: across the US
- WHY: in order to establish deeper patient-care team relationships and community engagement

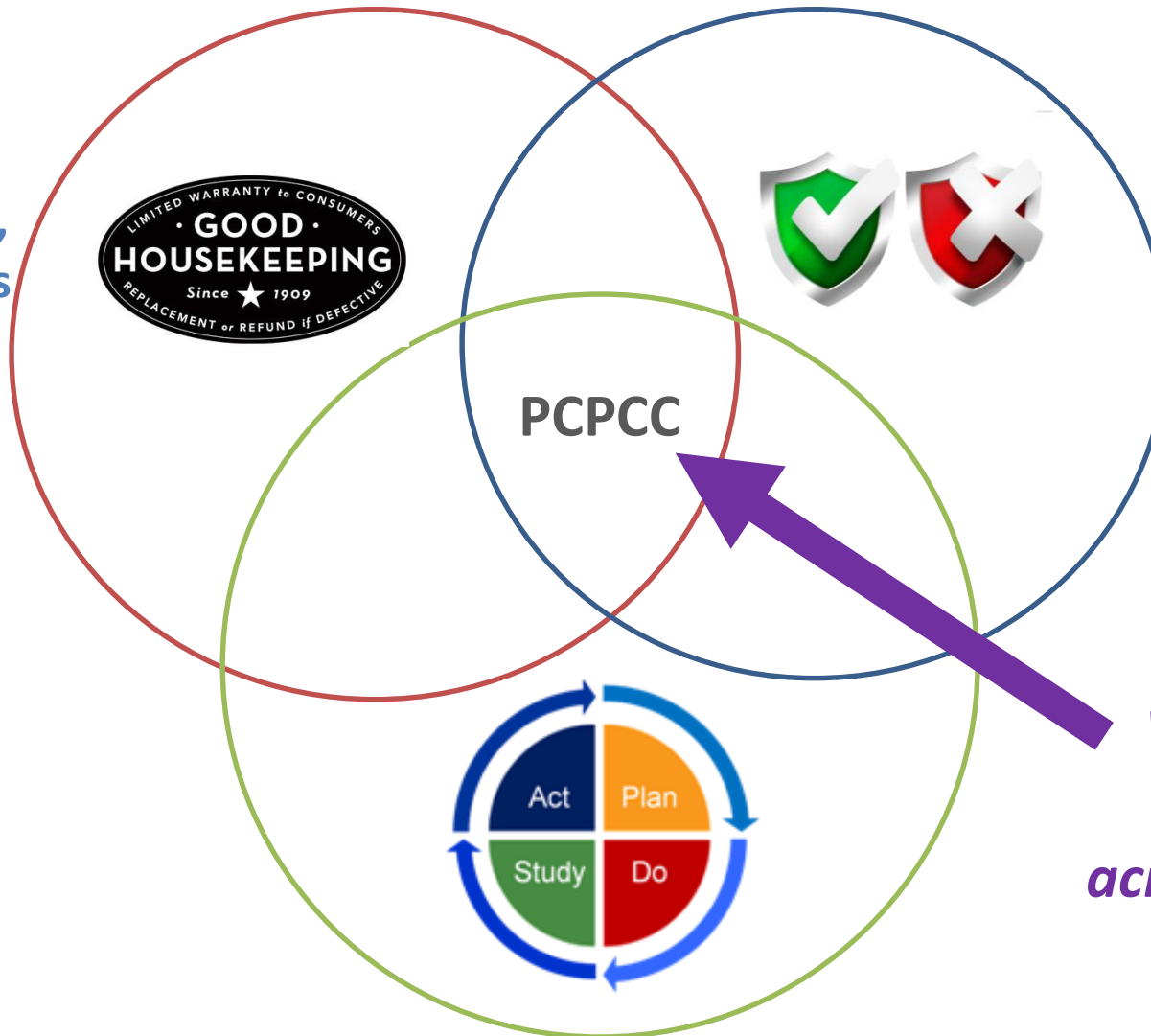
# Communicate/Disseminate

- Consensus on practice attributes and metrics for recognition programs
- Successful models of integration across health systems and communities
- Strategies that reduce costs and improve care
  - Messages to all stakeholders

# Develop Consensus on Practice Attributes – Defining the “Transformed” Practice

## Public:

Patients,  
Families,  
Caregivers,  
Consumers



## Payers:

Employees,  
Employers,  
Health plans,  
Government,  
Policymakers

*What does  
alignment  
across interests  
look like?*

Providers: Primary care teams, specialists, hospitals, community orgs

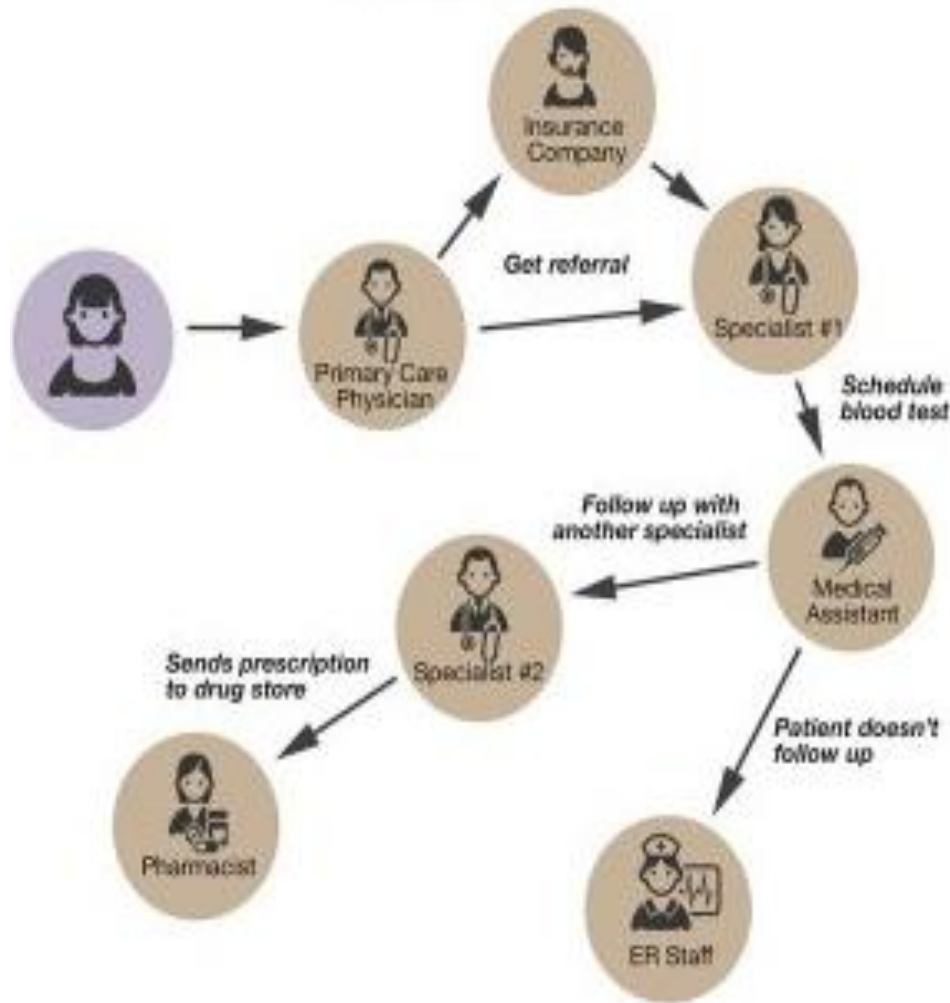
# Promote Team Care

- New staffing models
  - peer support
  - health coaches
  - community health workers
- Fostering team-based care with patients as partners
- Expanded care teams
  - In addition to primary care, adding specialists, Community based organizations (CBOs), social supports

# Rethinking Primary Care

Clear communication and effective coordination among health care providers are vital for patient health, but the current primary care structure makes collaboration incredibly difficult. See the difference:

## Current Model



## Patient-Centered Medical Home

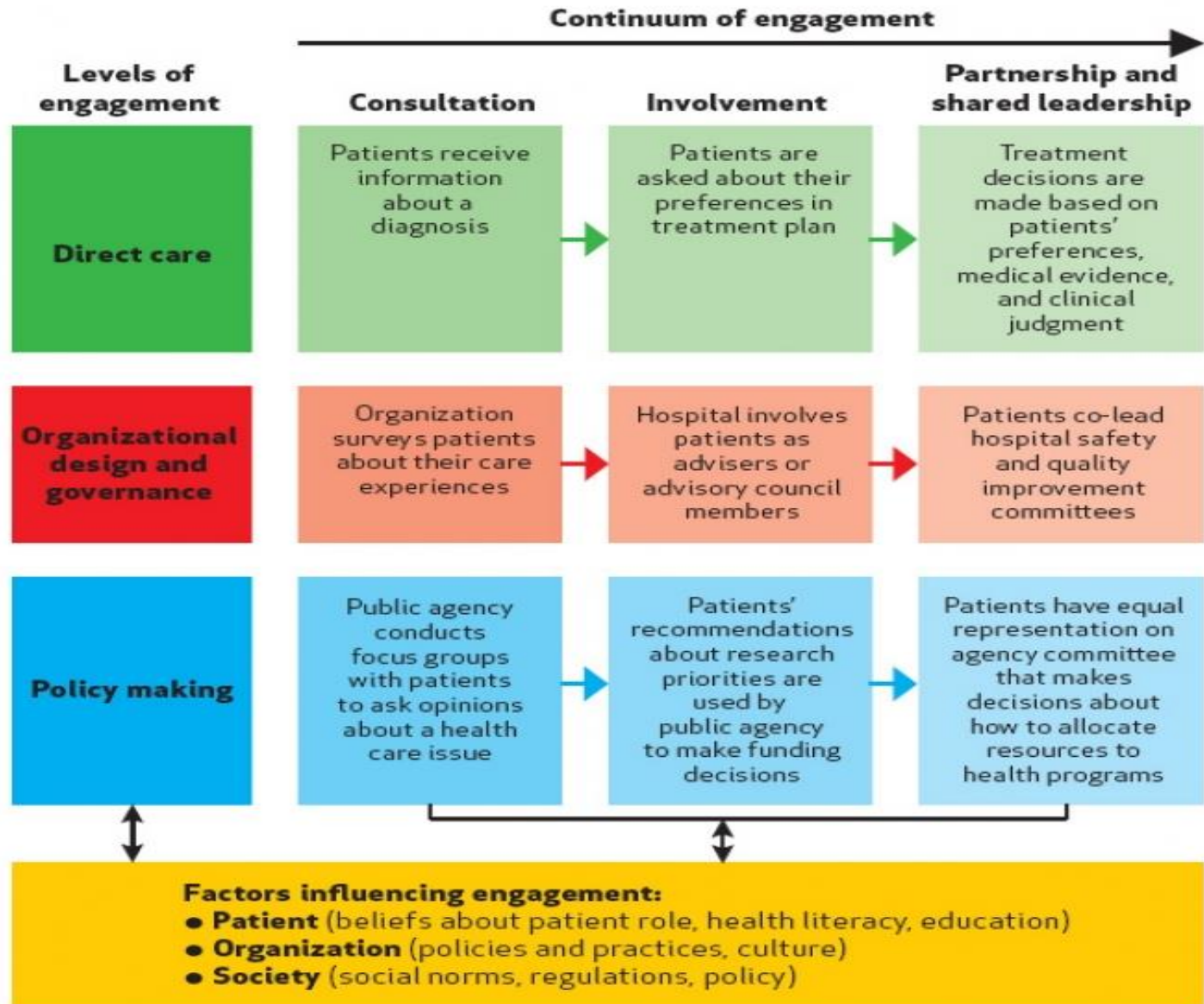


# Support Patient/Practice Partnerships

- Track and map where partnerships in practice transformation and quality improvement are happening
- Provide training and ongoing support to patient partners
- Disseminate success stories, tools, and resources to foster new and sustainable partnerships



# Patient & Family Perspective: Engagement Framework



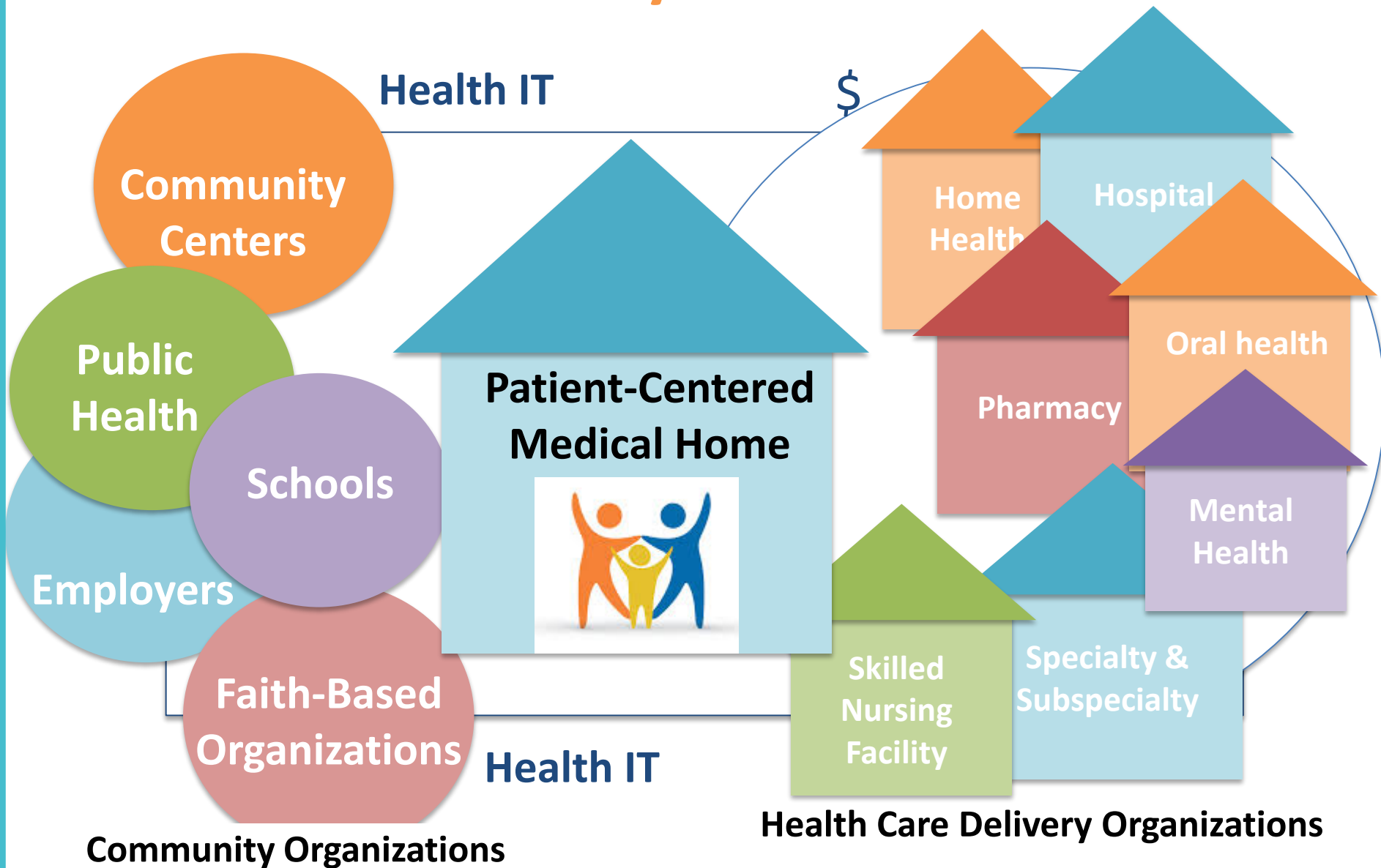
# PCMH includes patients, families & caregivers in practice transformation

- Invite patients/caregivers into quality improvement efforts from the very beginning
- Invite patients/caregivers that represent the larger patient population (i.e. ethnicity, culture)
- Invite patients/caregivers with experience managing their own condition
- Provide compensation for patients/caregiver advisors
- Invite more than one patient, family, caregiver

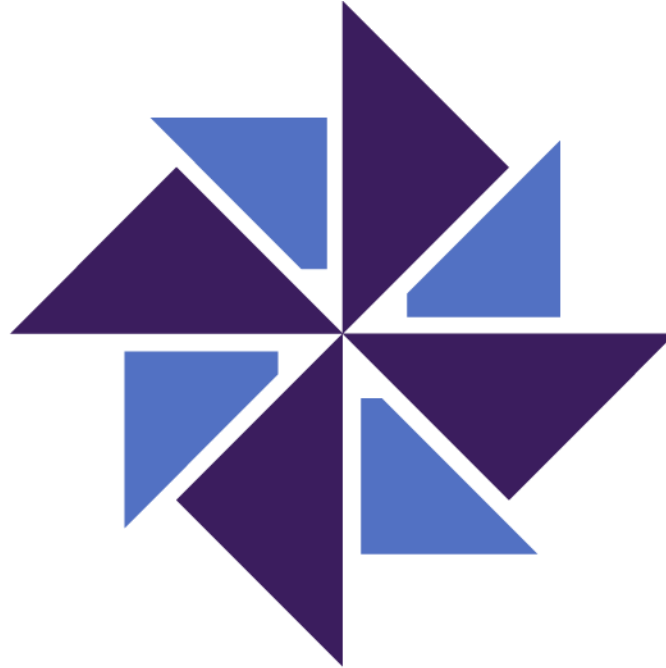
# Promote Clinic-to-Community Linkages

- Gather and disseminate successful collaborations from our community based organization (CBO) partners
- Facilitate communications about TCPI to CBO's
- Test models of formal partnership and shared accountability for patient populations between clinics and CBO's

# New Community Collaborations



# OUR PARTNERS



# INSTITUTE FOR PATIENT- AND FAMILY-CENTERED CARE

[www.ipfcc.org](http://www.ipfcc.org)

# IPFCC Mission and Resources

[www.ipfcc.org](http://www.ipfcc.org)

Free e-newsletter  
[www.ipfcc.org/join.html](http://www.ipfcc.org/join.html)

## Partnership Guidance Resources

<http://pfacnetwork.ipfcc.org/>

# Educational opportunities for developing and sustaining effective partnerships with patients and families

INSTITUTE FOR PATIENT- AND FAMILY-CENTERED CARE™

*Moving Forward with Patient- and Family-Centered Care*  
Partnerships for Quality and Safety  
An Intensive Training Seminar

**NOVEMBER 2-4, 2015**  
HILTON TAMPA DOWNTOWN • TAMPA, FL

## AUTHENTIC PARTNERSHIPS

with patients and families are essential as hospitals, health systems, primary care practices, and community organizations seek to improve the patient experience, the health of populations, and the cost of care.

**PATIENT EXPERIENCE QUALITY SAFETY**

With leadership support from:

Program partners:

Program support:

In-Depth Seminars

INSTITUTE FOR PATIENT- AND FAMILY-CENTERED CARE

The 7th International  
**CONFERENCE ON PATIENT- AND FAMILY-CENTERED CARE**  
PARTNERSHIPS IN CARE, INTERPROFESSIONAL EDUCATION, AND RESEARCH

**CALL FOR ABSTRACTS**

With leadership support from:

And program support from:

July 25-27, 2016 • New York Marriott Marquis • New York, NY

International Conferences

INSTITUTE FOR PATIENT- AND FAMILY-CENTERED CARE

**WEBINAR SCHEDULE**  
FALL 2015  
EDUCATIONAL OPPORTUNITIES OFFERED BY IPFCC

OCTOBER 2015    NOVEMBER 2015    DECEMBER 2015

**IPFCC is offering webinars on 'hot topics!'**

**OCTOBER 2015**  
A Beginner's Guide: Advancing Patient- and Family-Centered Care in Hospitals and Primary and Ambulatory Care Practices  
Tuesday, July 14th 10:00 AM - 11:00 AM (EST)

**NOVEMBER 2015**  
Measuring Patient- and Family-Centered Practice and the Partnerships with Patients and Families  
Tuesday, November 17, 2015, 1:00 - 2:00 PM (EST)

Webinars







**<http://planetree.org/>**

# PLANETREE

The Standard for Patient-Centered Excellence



## formula for Success



**17 Countries**  
Over 700 Organizations



started by  
**1 patient**  
in 1978



powered by  
**50,000**  
voices



over  
**9,000,000**  
lives impacted



## Drives Quality across the continuum

- ✓ Skilled Nursing Homes
- ✓ Home Health Providers
- ✓ Acute Care Providers
- ✓ Medical Practices
- ✓ Behavioral Health
- ✓ Hospice Providers
- ✓ Independent Living
- ✓ Assisted Living Communities

## Accelerates STAFF and PATIENT Satisfaction



Advocates for Change with  
National Quality Forum (NQF)  
Institute of Medicine (IOM)  
World Health Organization (WHO)  
Institute for Healthcare Improvement (IHI)



FOR YOUTH DEVELOPMENT™  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# CONTRIBUTING TO CARE TRANSFORMATION



# THE Y'S HEALTHY LIVING FRAMEWORK



Impacting  
**INDIVIDUALS**

Impacting  
**FAMILIES**

Impacting  
**ORGANIZATIONS**

Impacting  
**COMMUNITIES**

Impacting  
**SOCIETY**

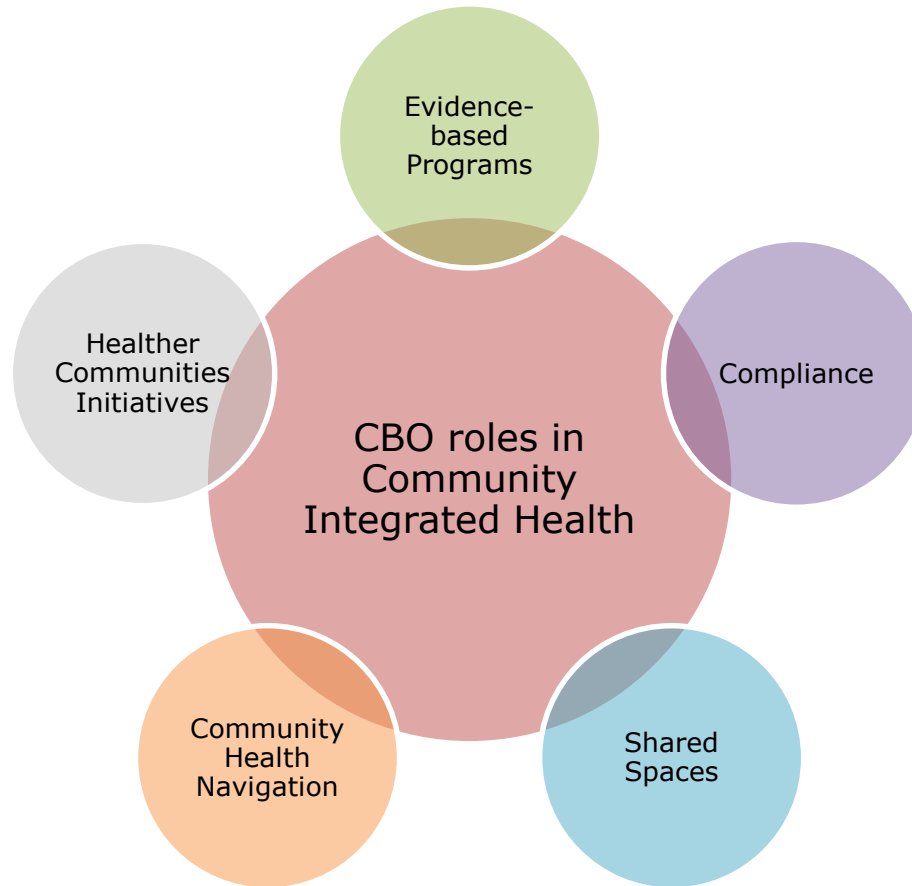
To  
**PROMOTE  
WELLNESS**  
(Primary)

To  
**REDUCE  
RISK**  
(Secondary)

To  
**RECLAIM  
HEALTH**  
(Tertiary)

	<b>Personal Training</b>		<b>Board Diversification</b>		<b>Built Environment</b>		<b>Advocacy and Policy Change for Childhood Obesity Prevention</b>
	<b>Group Exercise</b>				<b>Access to Fresh Fruits &amp; Veggies</b>		
	<b>Adventure Guides</b>	<b>Family Camp</b>	<b>Early Childhood and After-School HEPA Standards</b>		<b>Safe places for active play</b>		<b>Community Development</b>
	<b>Aquatics</b>	<b>Youth Sports</b>					
		<b>Wellness Centers</b>					
	<b>Brain Health</b>		<b>Competencies for CHWs</b>				
		<b>Diabetes Prevention</b>		<b>Worksite Wellness</b>			
	<b>Smoking Cessation</b>		<b>Health Navigation</b>		<b>Tobacco-free Environments</b>		<b>Access to Care</b>
		<b>Falls Prevention</b>					
							<b>Medicare Coverage of Diabetes Prevention</b>
	<b>Blood Pressure Self-Monitoring</b>	<b>Childhood Obesity Intervention</b>	<b>ACO and PCMH Involvement</b>	<b>Commercial Insurance Reimbursement for Prevention</b>			<b>Payment Reform</b>
	<b>Diabetes Support</b>		<b>Referral Systems</b>				<b>Cancer Disparities</b>
		<b>Cancer Survivorship</b>					
	<b>Cardiac Rehab</b>						
		<b>Parkinson's Therapy</b>					
	<b>Arthritis Management</b>						

# A CBO-CENTERED VIEW OF OPPORTUNITIES FOR COMMUNITY-INTEGRATED HEALTH



**NEXT STEPS – GET INVOLVED!!**

# Send us your practices!

- Send us **the names of practices** who want to sign-up for participation in a PTN
- Send us **the names of practices** who have modeled innovations in team-based care
- Send us **the names of practices** who have active, meaningful partnerships with patients and family/caregivers in quality improvement
- Send us your **tools and resources** that make all of this happen



# Healthcare Communities: The TCPI Portal

- Two access points:
  - TCPI participants
  - General public (no login or registration required)
- Extends reach beyond those directly involved in the work within the communities
- Bright spots and success stories
- Results to demonstrate the work and progress toward TCPI aims
- Resources to support others on the transformation journey
- Ways to connect and get involved

The screenshot shows the Healthcare Communities website interface. At the top, the logo reads "HEALTHCARE COMMUNITIES" with the tagline "SHARE • LEARN • IMPROVE". A search bar is located to the right of the logo. Below the logo is a navigation menu with "Home", "Communities", "Community News", "Resource Center", and "Help". The "Community News" tab is selected. The main content area displays "Community News > TCPI" and the date "Sunday, October 25, 2015". The featured article is "Transforming Clinical Practices Initiative" with a sub-headline "CMS Launches TCPI - Download Press Release". Below this, there are two columns of content. The left column is titled "Introduction to TCPI" and describes the initiative's goal of assisting clinicians. The right column is titled "TCPI Aims" and lists five key objectives. Below these columns are two more sections: "Technical Assistance Approach" featuring a Venn diagram of three overlapping circles (red, grey, yellow) representing different support areas, and "5 Phases of Transformation" featuring a horizontal flow diagram with five colored boxes (yellow, blue, green, green, blue) representing the stages from setting aims to thriving as a business.

HEALTHCARE COMMUNITIES  
SHARE • LEARN • IMPROVE

Search HC Portal... Register Login

Home Communities **Community News** Resource Center Help

Community News > TCPI Sunday, October 25, 2015

### Transforming Clinical Practices Initiative

CMS Launches TCPI - Download Press Release

#### Introduction to TCPI

The Transforming Clinical Practice Initiative (TCPI) model will assist clinicians in improving the way they deliver care by providing technical assistance support for integrating quality and process improvement, and by building on and spreading existing change methodologies, practice transformation tools, published literature, and technical assistance programs. Clinicians that will be supported by TCPI include primary and specialty physicians, nurse practitioners, physician assistants, clinical pharmacists, and their practices.

#### TCPI Aims

- Support more than 140,000 clinicians
- Improve health outcomes for millions of patients
- Reduce unnecessary hospitalization for 5 million patients
- Generate \$1 to \$4 billion in savings
- Sustain efficient care by reducing unnecessary tests and procedures
- Build evidence base on transformation

#### Technical Assistance Approach

Aligned Federal & State programs with support contractor resources

Practice Transformation Networks to provide on the ground support to practices

3-Pronged Approach

Support & Alignment Networks to achieve alignment with medical education, maintenance of certification & more

#### 5 Phases of Transformation

Set Aims

Use Data to Drive Care

Achieve Progress on Aims

Achieve Benchmark Status

Thrive as a Business via Pay for Value Approaches



**Investing in Primary Care:**  
Patients, Professionals & Payment

**PCPCC 2015**

November 11-13 | Washington, DC Annual Fall Conference

## Join us on our Journey

Learn more about TCPI by coming to our next Conference (Nov 11-13<sup>th</sup>), subscribing to PCPCC emails and/or having your organization join as an Executive Member.

*Sign up today!*

Visit our website for more details:

[www.pcpcc.org](http://www.pcpcc.org)

Patient-Centered  
**Primary Care**  
COLLABORATIVE

# Disclaimer

*The project described was supported by Grant Number 1L1CMS-331478-01-00 from the U.S. Department of Health & Human Services, Centers for Medicare & Medicaid Services. The contents provided are solely the responsibility of the authors and do not necessarily represent the official views of HHS or any of its agencies.*

# PCPCC SAN Contacts

Project Manager: Tara Hacker, [thacker@pcpcc.org](mailto:thacker@pcpcc.org)

Data Analyst: Lisabeth Buel, [Lisabeth@pcpcc.org](mailto:Lisabeth@pcpcc.org)

Project Director: Amy Gibson, [agibson@pcpcc.org](mailto:agibson@pcpcc.org)

**Visit our website for more details:**

[www.pcpcc.org](http://www.pcpcc.org)