The goal of the Safety Net Medical Home Initiative (SNMHI) is to help practices redesign their clinical and administrative systems to improve patient health by supporting effective and continuous relationships between patients and their care teams. In addition, SNMHI seeks to sustain practice transformation by helping practices coordinate community resources and build capacity to advocate for improved reimbursement. The SNMHI is sponsored by The Commonwealth Fund and is administered by Qualis Health and the MacColl Center for Health Care Innovation at the Group Health Research Institute.

Introduction

Patient-Centered Medical Home (PCMH) transformation is an organization-level initiative, one that cannot be accomplished without the continuing and visible support of leadership. Engaged leaders provide the will to make change, and embed PCMH principles into multiple aspects of operations, from strategic planning through day-to-day management decisions. The Safety Net Medical Home Initiative’s Engaged Leadership Implementation Guide included information about the Institute for Healthcare Improvement’s Seven Leadership Leverage Points for Organizational Improvement as well as some tactical steps for leaders to take as they begin the PCMH transformation journey.

This supplement is intended to provide additional tools, resources, and training programs to assist leaders moving forward in PCMH transformation. It is not intended to be a complete compilation of all resources. The transformation process is a long one, and the need for leaders to continue to provide motivation, to help remove barriers, and to identify ideas that will lead to organization-level change is ongoing. The tools and information provided in this supplement will assist leaders in this longitudinal effort.

Note to readers: This is a supplement to Engaged Leadership: Strategies for Guiding PCMH Transformation from Within, and we recommend that readers start with this guide to gain a basic understanding of the role and duties of leaders in PCMH transformation. The purpose of this supplement is to provide further tools, resources, and training programs for leaders working to transform their practices into PCMHs. This supplement provides brief annotations and links for numerous resources.
Resources

The tools and resources in this supplement were compiled as a result of recommendations from quality improvement specialists and healthcare system leaders engaged in PCMH transformation, and do not represent a systematic search, either by review of the literature on leadership or an environmental scan of internet sites. These resources have been used by recognized leaders and organizations and, as such, represent a convenience sample from trusted sources.

The tools and resources provided in this supplement are presented in three categories: Leading Change, Developing and Leading a Continuous Improvement Culture, and Optimizing the Care Team.

Leading Change

Engaged leadership is an oft-cited critical factor in the transformation toward the PCMH model, yet leading this change requires skills that stretch the boundaries of traditional leader training and practice. PCMH transformation is a system-wide endeavor with strong emphasis on team care and engendering leadership at the executive and practice levels of the organization. It requires cultural shifts toward collaboration. The following tools and trainings can assist leaders in development of these skills.

Training Programs

Practice Leaders in Medical Homes
This course, developed by the Johns Hopkins Blomberg School of Public Health, is available online, with accreditation available through the American Academy of Family Physicians. It offers nine modules on topics as diverse as continuity of care, interdisciplinary teams, health information technology, communicating with patients, supporting patient self-management, and care management.

San Francisco Quality Culture Series Course Outline
The San Francisco Quality Culture Series (SFQCS) is a program developed for safety net clinic leadership teams with the goal of creating a “data-driven culture of quality” in the San Francisco safety net. The program is based on the original Quality Culture Series (QCS). This document outlines the curriculum available.

About Facilitative Leadership
A brief fact sheet describing its main tenets, this document compares facilitative leadership with other leadership styles. It provides a concise overview of attitudes and behaviors of facilitative leaders.

Facilitative Leadership Training
This in-person learning experience, offered by the Interaction Institute for Social Change, explores the relationship between leadership and participation. It builds on everyday leadership challenges as a basis for practice, and includes modules on collaborative planning and problem solving, creating vision, coaching, and inspiring others.

Leadership in the 21st Century
The Gestalt International Study Center is an educational nonprofit organization offering advanced professional training worldwide for leaders. Leadership in the 21st Century is a leadership development program designed for senior executives that offers a six-month program that includes two on-site weeks combined with executive coaching.

ACP Medical Home Builder
This interactive online program provides remote guidance for entire practice teams to improve their practices both clinically and operationally. The program includes three categories of focus: Medical Home, Clinical Topics, and Office Management.
PowerPoint Resources

Making Change – Easier Said than Done: It Takes Courage by Alan Glasseroff, MD, CMO
This PowerPoint presentation provides clinical and executive leaders with barriers to and solutions for making changes in a practice. Dr. Glasseroff uses the Humboldt Diabetes Project as an example to demonstrate both challenges and breakthroughs.

SNMHI Knowledge-building Webinar: Results at a System Level - Leadership Leverage Points and the Execution Framework
The slide set provides a framework for moving beyond project-based improvements to whole system transformation, driving change at all levels of the organization. Four safety net site leaders share their experiences about how great organizations lead a large portfolio of changes successfully. Presenters include Anna Roth from Contra Costa Regional Medical Center (Martinez, CA), Carolyn Shepherd from Clinica Family Health Services (Lafayette, CO), Stephen Weeg from Health West (Pocatello, ID) and Andrea Fox from Squirrel Hill Health Center (Pittsburgh, PA). Moderated by Sharon Eloranta, MD, Qualis Health.

Reading Materials: Toolkits, White Papers, Articles and More

A Leaders’ Guide to Creating the Business Case for Planned Care: A Toolkit
This white paper provides a change package that represents the high leverage opportunities to generate the business case. It provides guidance on how to get started on making your own business case and creating resources to fund the transformation. Citation: Faculty of HRSA’s Finance and Redesign Pilot Collaborative. A Leaders’ Guide to Creating the Business Case for Planned Care: A Toolkit. Rockville, MD; Health Resources and Services Administration, May 2006.

The Business Case for Clinical Practice Transformation
Senior leaders struggle to connect these activities to their own business case in order to justify the time, resources and emotional energy that must be expended to support this transformation work. On the revenue side of the business case, there are also significant and real reimbursement issues wherein the current system simply does not reward prevention nor pay for many of the proposed steps needed for transformation. This monograph is intended to provide senior leaders with insight as to how using quality as a business strategy can drive the bottom line performance of the organization and to encourage senior leaders to accelerate their efforts at transformation. Citation: Chaufournier R, St. Andre C. The Business Case for Clinical Practice Transformation. CSI Solutions, 2007.

Seven Leadership Leverage Points for Organization-Level Improvement in Health Care (Second Edition)
The second edition of this white paper incorporates new perspectives on the seven leverage points, particularly in their execution, and gives specific examples of their application in the field. A self-assessment tool helps leaders design and plan their work to lead system-level improvements.

Execution of Strategic Improvement Initiatives to Produce System-Level Results
The Institute for Healthcare Improvement (IHI) uses a simple mantra to describe the essential elements for strategic improvement: Will, Ideas, and Execution. You have to have the will to improve; you have to have ideas about alternatives to the status quo; and then you have to make it real—execution. This paper proposes a framework for execution of strategic initiatives aimed at producing system-level results.

Tools

Qualis Health Organizational Readiness for PCMH Survey
Qualis Health developed an online survey tool to capture the opinions and perspectives of CHC staff and leadership on PCMH transformation; specifically, their confidence in current implementation of the PCMH Model of Care, and their perceived barriers for further implementation. The survey includes questions on organizational priority, confidence in implementation, plans for PCMH recognition, and needed or desired technical assistance for further transformation. For a copy of this survey and instructions on use, contact info@qhmedicalhome.org.
Developing and Leading a Continuous Improvement Culture

Engaged leaders provide motivation for staff by articulating the connection between transformative change and the organization’s mission, vision, and values. They engage all staff members in quality improvement efforts and encourage learning and growth. Leaders also build and communicate a strategic plan that is reflective of their focus on quality improvement. Most importantly, leaders support improvement efforts by providing improvement teams with resources (including protected time) and tools to implement and test changes, and remove barriers that impede progress. With leadership support, the first step to transforming a practice is to implement a quality improvement (QI) strategy (which includes a measurement strategy) and to embed it in the fabric of the practice’s business and clinical operations. The following tools and resources can assist leaders in developing these skills.

Training Programs

**Quality Improvement for Chairs and Chiefs**
A two-day program from the Institute for Healthcare Improvement (IHI) where clinical chairs and chiefs of departments or services will be fully immersed in methods to improve quality throughout their department. From the basic metrics of measurement and assessing performance to leading a culture of quality to strategies for publishing improvement work, this program will provide clinical department heads with the essentials they need to lead a portfolio of department-wide improvement initiatives.

**PowerPoint Resources**
This slide set by John Fontanesi, Ph.D. at the University of California, San Diego, CA titled “A Business Case for Electronic Immunizations Registries” (CDC Award # U1W/CCU914714-01Award) shares how to develop realistic “business case” scenarios, develop cost/benefit models, and provide cost effective benchmarks.

**Reading Materials: Toolkits, White Papers, Articles, and More**

**Engaging Physicians in a Shared Quality Agenda**
This white paper presents a framework on which hospital leaders might build a written plan for physician engagement in quality and safety. The paper includes tools to help hospital leaders assess organizational factors that will inform the degree of difficulty in engaging physicians, as well as to identify and prioritize initiatives for which physician engagement is essential. While the principal focus of the paper is on American hospitals and their organized medical staffs, the framework might also be applied to many other types of healthcare systems and in settings outside the United States.
Optimizing the Care Team

PCMH changes engage the entire healthcare system, but the heart of transformation is at the practice level, where most changes are implemented. Individual practice team members take on new roles and tasks, lead change efforts at the practice level, and communicate and coordinate among themselves and with other care settings. The tools below help to address team level issues such as change fatigue, embedding change in practice and mitigating staff turnover by empowering all members of the care team to play an active role in PCMH transformation.

Reading Materials: Toolkits, White Papers, Articles, and More

How Inclusive Leadership Can Help Your Practice Adapt to Change*
This paper in Family Practice Management shares observations and strategies from 40 clinics on how inclusive leaders invite contributions from others. Practices in the study that displayed inclusive leadership were more likely to have achieved full implementation of the Chronic Care Model.

*Please note: This resource is available only to members of the American Academy of Family Physicians (AAFP).

Senior Leader “Group Visit” Preparation
This document was created to mentor senior leaders in working with practice teams who are testing and implementing system changes. The environment was a “virtual group visit” for leaders to guide them in effective support of change at the practice level. It contains preparatory concepts and questions to encourage discussion among the leaders on the conference call.

Empanelment Take-Aways for Practice Leadership
Empanelment is a leadership-driven process that supports the paradigm shift from acute responsive care to proactive, planned care for a population of patients. The Empanelment Implementation Guide, Part 2, explicitly outlines the take-aways and actionable roles that leaders have in implementation of this foundational Change Concept.

Tools

Elevator Speech Templates
There are lots of generic templates that provide instructions to the leader on how to write a 12-second, 30-second, and 2- to 3-minute speech on how leadership can message to staff and consumers. This can be an effective tool for leaders to message to staff across the organization about the reasons PCMH transformation efforts are underway and what that means for the practice site. Leaders may also need to develop a specific message for physicians or providers to address their concerns about PCMH transformation.
Additional Resources

Other leadership training programs, specific to Community Health Centers, provide general leadership training that is applicable to PCMH transformation: National Association of Community Health Centers’ Leadership Development Institutes.

References


Acknowledgement: The authors wish to thank Sharon Eloranta (Qualis Health) for her editorial contributions.

Safety Net Medical Home Initiative

This is a product of the Safety Net Medical Home Initiative, which is supported by The Commonwealth Fund, a national, private foundation based in New York City that supports independent research on health care issues and makes grants to improve health care practice policy. The views presented here are those of the author and not necessarily those of The Commonwealth Fund, its directors, officers, or staff. The Initiative also receives support from the Colorado Health Foundation, Jewish Healthcare Foundation, Northwest Health Foundation, The Boston Foundation, Blue Cross Blue Shield of Massachusetts Foundation, Partners Community Benefit Fund, Blue Cross of Idaho, and the Beth Israel Deaconess Medical Center. For more information about The Commonwealth Fund, refer to www.cmwf.org.

The objective of the Safety Net Medical Home Initiative is to develop and demonstrate a replicable and sustainable implementation model to transform primary care safety net practices into patient-centered medical homes with benchmark performance in quality, efficiency, and patient experience. The Initiative is administered by Qualis Health and conducted in partnership with the MacColl Center for Health Care Innovation at the Group Health Research Institute. Five regions were selected for participation (Colorado, Idaho, Massachusetts, Oregon and Pittsburgh), representing 65 safety net practices across the U.S. For more information about the Safety Net Medical Home Initiative, refer to: www.safetynetmedicalhome.org.