

## AHRQ's Primary Care Practice Facilitation Forum

This email newsletter is the first step in building a learning network for individuals with an interest in practice facilitation. We will use this listserve to share questions and answers submitted by learning forum members, as well as resources, research articles and events of interest.

**December 7, 2012**

### **Perspectives from the Field**

This week, we asked Joan Pernice and Tim Heinze about **securing staff buy-in and leadership support for practice facilitation**. Joan provides facilitation services as part of the Safety Net Medical Home Initiative, in addition to serving as the clinical health affairs director for the Massachusetts League of Community Health Centers. Tim is a Patient-Centered Medical Home/Meaningful Use program manager with the Idaho Primary Care Association.

***What is the best way to secure buy-in from practices for facilitation, and how do you get leadership support?***

**Joan Pernice:** Practice coaches (or practice facilitators) must be seen both as a "value-add" to the practice and an "objective observer and expert advisor" as the practice pursues their practice redesign and improvement work. Thus, they must come to the role with the authority and accountability critical in any effective change agent position. Pre-planning and clarity of expectations between the practice leadership and the practice coach is critical prior to the introduction of the practice coach to the improvement teams and practice staff. The development of a consistent message about the practice coach's role and the goals of the collaborative work being undertaken must be communicated by leadership to all staff throughout the organization. This also assumes that there has been sufficient input from staff on the collaborative improvement work that the practice coach will facilitate--they (the staff) need to feel that ownership of the improvement work the practice coach will guide.

We have used focus groups with key practice staff groups such as providers, clinical support staff, and administrative staff to identify their baseline knowledge on level of medical home practice at the site and to solicit opinions and self-assessment data from staff and key stakeholders. This focus group data is then summarized and reported back to the organization's leadership and staff groups using medical home change concepts or "roadmaps" as a reference point. This helps benchmark for the practice where they believe they are relative to external but widely accepted standards. This begins the conversation of where they want to begin their improvement work and the role of practice coaching to guide the process. It helps practice staff develop a prioritized work plan with actionable goals and identifies the role of the coach more concretely – thus building buy-in and leadership support.

**Tim Heinze:** *What is the best way to secure buy-in from practices?* First of all, understand that clinics face numerous challenges and barriers in transforming their practice. There are always competing priorities, and frequently insufficient staff and/or provider champions to dedicate to the transformation effort. Acknowledge the challenges and help practice personnel seek ways to overcome them. Sharing case studies or hearing from other practices that have overcome similar barriers and transformed their practices is motivating. The facilitator needs to develop a reputation as a key resource—someone who can share best practices, facilitate networking and peer learning, point to relevant research or sample policies, and support practice transformation efforts in many other ways.

*How do you get leadership support?* When embarking on major practice transformation efforts, it is essential that leaders be able to articulate not only the quality improvement imperative, but also the business case for the initiative. To gain support, assist leaders by modeling clear communication of the project vision, the benefits, and the reasons it is being undertaken.

Helping simplify the transformation process also builds support—implementing patient-centered medical homes, primary care transformation, and process redesign for Meaningful Use can feel overwhelming to practices. Facilitate the creation of a workplan that breaks the transformation process down into smaller, actionable pieces. Expose leaders to success stories and ‘testimonials’ from respected peers. For providers, physician-to-physician communication is essential. And lastly, be very selective about the tools and resources you share; quality is more important than quantity. Healthcare leaders are constantly bombarded with information, so make it count.

## Resources

Check out the newly updated [PCPF Webinars page](#) and [PCPF Resources page](#) at the PCMH Resource Center ([www.pcmh.ahrq.gov](http://www.pcmh.ahrq.gov)).

We’ve posted previous editions of the PCPF eNewsletter, slides and audio from the Practice Facilitation Webinar series, and information about upcoming learning opportunities. Please visit the PCMH Resource Center at [www.pcmh.ahrq.gov](http://www.pcmh.ahrq.gov) to explore white papers, briefs, a searchable citations database, and other resources related to the Patient-Centered Medical Home and primary care improvement.

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