

# AHRQ's Primary Care Practice Facilitation Forum

*This electronic newsletter continues our efforts toward building a learning network for individuals with an interest in practice facilitation. We will use this listserv to share questions and answers submitted by learning forum members, as well as resources, research articles, and events of interest to the community.*

## Key Concepts in Practice Facilitation:

### Approaches to Quality Improvement

#### Frameworks for Systematically Improving the Ways Care is Delivered to Patients

[Module 4](#) in *The Practice Facilitation Handbook* describes quality improvement (QI) as the framework used to systematically improve the ways health care is delivered to patients. QI entails continuous efforts to reduce variation within health care processes and improve the outcomes of these processes both for patients and health care professionals. Achieving sustained QI requires commitment from the entire organization, particularly from top-level management.

The current quality improvement paradigm represents a shift from a quality assurance approach, where the emphasis was on inspection and punishment for medical errors, often called the “shame and blame” approach. QI shifts the focus from individuals to underlying processes as the primary source of error and variation. The most commonly used QI approach in healthcare is the Model for Improvement (MFI). The MFI uses a rapid cycle process called Plan Do Study Act (PDSA) cycles to make small changes, test their effects, and ultimately spread the effective changes through the practice or organization. [Figure 4.1](#) depicts the MFI process. When teaching practices about the MFI, facilitators should be prepared to instruct on how to carry out repetitive and systematic processes for testing and then implementing improvements. Learning about the MFI and the basic tool of PDSA cycles can assist practices in making a shift from blaming individuals for outcomes to thinking about how processes and systems can be modified to produce better results.

Best practices research is a powerful but less well-known QI approach. This method consists of determining the best way to carry out a process by identifying and studying exemplar individuals or practices. It can be used to identify the best process for activities such as managing lab test results, managing prescription refills, delivering adult immunizations, managing walk-ins, and caring for diabetic patients. This QI approach can help to determine exemplary methods for implementing health care processes and also spread the knowledge of these practices to other providers.

For more information on approaches to quality improvement, see [Module 4](#) of *The Practice Facilitation Handbook: Training Modules for New Facilitators and Their Trainers*. You can download a [PDF copy of the entire handbook](#) free of charge at the PCPF Resources page of AHRQ's **PCMH Resource Center** ([pcmh.ahrq.gov](http://pcmh.ahrq.gov)).

## Upcoming Event

### *AHRQ Webinar on Patient Engagement in Primary Care*

**Save the Date! June 4 from 1:30 to 3:00 PM Eastern Time**

The Agency for Health Research and Quality (AHRQ) will be hosting a webinar to discuss the engagement of patients and families in the medical home (including the pediatric medical home), the development of the [Patient Voices Network](#), and the impact that activated patients can have on research, quality improvement efforts, and the delivery of primary care.

Presenters will include:

- Manasi Tirodkar, Ph.D., M.S., Research Scientist, National Committee for Quality Assurance (NCQA)
- Laurene Tumiel-Berhalter, Ph.D., Director of Community Translational Research, Department of Family Medicine, SUNY University at Buffalo
- Rebecca Malouin, Ph.D., M.P.H., Associate Chair for Research and Assistant Professor, Department of Family Medicine and Department of Pediatrics and Human Development,

Michigan State University; Co-Director, Great Lakes Research Into Practice Network (GRIN PBRN)

Moderator: Rebecca Roper, MS, MPH, Director, Practice-Based Research Network Initiative, Agency for Healthcare Research and Quality.

For more information, please check the [event page](#) on the PBRN Web site.

## Publication of Interest

McNellis R, Genevro J, and Meyers D. **Lessons Learned from the Study of Primary Care Transformation.** Annals of Family Medicine 2013;11(Sup 1):S1-S5.

Summary: The transformation of primary care is essential to achieving the triple aim of better outcomes, better value and better experience of care. The patient-centered medical home (PCMH) model has been proposed as a way of organizing and delivering primary health care so that practices deliver care that is patient-centered, comprehensive, coordinated, and accessible, with a systematic focus on quality and safety. Transformation to a PCMH requires that most practices undergo a fundamental re-imagination and redesign of practice, but early efforts to implement the PCMH and explore its feasibility have not uniformly included rigorous efforts to measure the impact of the model on patient and provider experiences, or to describe exactly how practices have successfully overcome the challenges of transforming to a PCMH.

To better understand these challenges and solutions, AHRQ awarded 14 transforming primary care grants totaling more than \$4.1 million each year for two years. The purpose of these grants was to understand the “natural experiments” that primary care practices have undergone as they transformed into PCMHs. This paper summarizes the practice and intervention characteristics studied by the 14 research groups that report their findings in this supplement. It also describes five overarching themes or lessons learned across the projects. Finally, it provides insights to researchers on methodologic challenges, and offers a new view of the realities of the transformation process for policymakers and others who are interested in improving quality, value, and experiences in primary care.

[Access the full-text PDF.](#)

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