

AHRQ's Primary Care Practice Facilitation Forum

New & Noteworthy

PCMH Resource Center

The primary care medical home, also referred to as the patient centered medical home (PCMH), advanced primary care, and the healthcare home, is a promising model for transforming the organization and delivery of primary care.

We provide implementers, decision makers, and researchers with access to evidence-based resources about the medical home and its potential to transform primary care and improve the quality, safety, efficiency, and effectiveness of U.S. health care.

Please visit us at pcmh.ahrq.gov.

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.

Perspectives from the Field

Answering Your Webinar Questions

During our Practice Facilitation webinar on January 29th, many attendees submitted questions, more than could be answered during the live event. Our guest speakers have graciously agreed to continue to answer these questions for our audience.

Q: *Are there resources for PFs to use to help educate physicians who are particularly resistant to changing their patient engagement strategies? Usually this is because they are very busy and unable to do a "new" task. Thanks!*

Cindy Brach, MPP, Senior Health Policy Researcher, AHRQ: In addition to my response during the webinar, try showing the videos in Tool 3 of the [AHRQ Health Literacy Universal Precautions Toolkit](#) and having a group discussion. Try to get them to try teach-back a couple of times. It's often an 'aha' experience when they realize the patient didn't understand. If you can't get them to do that, try having nurse or rooming staff do a teach back with patients after the doctor leaves and report back to the doctor what patients weren't able to teach back. Or do a quick collection of patient feedback on the doctors' communications and report back to them. Also, think about the team and whether there are some things that the doctors are currently doing that could be off-loaded so they could have more time to engage their patients.

Q: *Can Jessica talk more about the shared decision-making center? What kinds of services do patients receive at the center?*

Jessica Osborne-Stafsnes, MSHS, CPHQ, Project Co-Director and Patient Engagement Specialist - Aligning Forces Humboldt, California Center for Rural Policy at Humboldt State University: Once referred to the "Health Decisions Center," patients have the option of A) getting a decision aid mailed to them, which they can review on their own, B) receiving a decision aid and scheduling a session with a trained coach, or C) declining the service entirely. Patients who choose option "B" receive their decision aid one week prior to their visit and are encouraged to review it before meeting with the coach.

During the coaching interaction, the patient has the opportunity to ask questions or get additional clarity about information presented in the tool. The coach works with the patient to bring forward various factors that weigh into the patient's decision. These factors, as well as any questions, values, or preferences the patient may have, are documented in a report. Also documented is the patient's decision (or next steps, if the patient hasn't reached a decision by the end of the coaching session). The coach and the patient review the report together and the patient signs the document as acknowledgement that the information is accurate. The patient leaves the coaching session with a copy of the report and a second copy of the report is faxed to the patient's PCP (and specialist, if the patient is choosing to move on towards specialty or surgical care).

You can still listen to a recording of the entire [Patient Engagement webinar](#), with full access to all the included resources. Additionally, if you would like to listen to any of our other PF webinars in the series, regarding the [PF Case Studies](#), [Use of Health IT](#), [Supporting Patient Safety](#), or [Introducing the PF Curriculum](#), respectively, please click the appropriate link and register for the event you wish to listen to. If you have already registered for these events, simply sign in. This will bring you to all of the resources available during the live event, including audio and a slide deck.

Related Resource

Updated Resource! *AHRQ's PCMH Citations Collection*

This [searchable database](#) allows policymakers and researchers to identify the leading resources on the medical home by topic, population, bibliographic information, or keyword. It includes journal articles, reports, policy briefs, select newsletter/trade publications, and position statements. The collection now includes over 1800 items published through December 2014 and new citations are added on a quarterly basis.

Related Resource

AHRQ Launches New Resources for Primary Care Researchers and Evaluators

A significant challenge in studying and evaluating primary care improvement and transformation is finding the right instruments and measures to capture useful information about services, innovations, and outcomes. Now, researchers and evaluators have access to searchable databases to help researchers and evaluators efficiently identify and select the most appropriate instruments and measures in four key areas of primary care services: care coordination, clinical-community relationships, team-based care, and behavioral health integration. The databases, which are available at primarycaremeasures.ahrq.gov, include conceptual frameworks for measurement in each area, profiles of existing instruments that include information about validation and use, and other information designed both to assist current investigators and advance primary care research and evaluation.

Additional AHRQ resources for primary care researchers and evaluators, and for improving primary care practice, are available at pcmh.ahrq.gov and <http://www.ahrq.gov/professionals/prevention-chronic-care/improve/index.html>.

Learn more about how to improve primary care. Visit AHRQ's Prevention & Chronic Care Program at: <http://www.ahrq.gov/professionals/prevention-chronic-care/index.html>

Upcoming Event

Coaching Teamwork Behaviors: Strategies to Reinforce TeamSTEPPS Skills

Register Now! Wednesday, March 11 from 1:00 – 2:00 p.m. ET

AHRQ is hosting a webinar on the use of the agency's teamwork training program, TeamSTEPPS. In this webinar, Charlotte Hubbard, MS, SPHR, Consultant in Carilion Clinic's Human Resources and Training Department, and Kris Peters, RN, MSN, Clinical Nurse Educator in Carilion Clinic's Emergency Services Department, will present information and strategies for using coaching to reinforce TeamSTEPPS skills. This presentation will seek to:

1. Describe the role of a TeamSTEPPS coach
2. Describe strategies for effectively coaching TeamSTEPPS skills
3. Provide examples of coaching strategies and support from Carilion Clinic's TeamSTEPPS efforts

There is no cost to participate but space is limited. Register for the webinar [here](#).

Upcoming Event

AHRQ Webinar on Patient-Centered Outcomes Research (PCOR) and the Use of Decision Aids to Facilitate Shared Decision Making

Register Now! Wednesday, March 18 from 3:30 – 5:00 p.m. ET

This webinar will discuss how patient-centered outcomes research (PCOR) findings can be used to facilitate shared decision making. Shared decision making occurs when a health care provider and a patient work together to make a health care decision that is best for the patient. New health care delivery models such as patient centered medical homes (PCMH) and Accountable Care Organizations (ACOs)

are increasingly required to engage patients in shared decision making. Patient decision aids and information tools based on patient-centered outcomes research (PCOR) can facilitate the discussion of benefits, harms, and risks of each health care option. AHRQ's SHARE Approach is a stream-lined five-step process for shared decision making that includes exploring PCOR evidence through meaningful dialogue about what matters most to the patient. Confirmed speakers and topics include:

Johann Chanin, RN, M.S.N. (Patient-Centered Medical Home and Neighborhood): Current NCQA requirements for PCMHs and ACOs regarding shared decision making to foster patient-centered care.

Victor Montori, M.D. (Mayo Clinic): How patient decision aids based on PCOR can facilitate shared decision making.

Alaina Fournier, Ph.D. (Agency for Healthcare Research and Quality): How the SHARE Approach helps providers learn key shared decision making skills and using PCOR information tools from AHRQ's Effective Health Care Program.

Moderator:

Nilay Shah, Ph.D., M.S. (Mayo Clinic)

This activity will be accredited for physicians, physician assistants, nurse practitioners, nurses, pharmacists, and certified health education specialists. Determination of continuing education credit through Professional Education Services Group is pending.

[Register now](#) to secure a spot for this webinar.

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