

## FEDERAL PATIENT-CENTERED MEDICAL HOME (PCMH) COLLABORATIVE

Catalogue of Federal PCMH Activities *as of March 2014*

### OPERATING DIVISION/DEPARTMENT:

Agency for Healthcare Research and Quality (AHRQ)

### Respondents:

Dr. David Meyers, Director of the Center for Primary Care, Prevention, and Clinical Partnerships (CP3)

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### PRÉCIS:

- AHRQ has a well-defined set of strategic goals that highlight health care system transformation and improvement, and sees the patient-centered medical home as one of the most promising models to advance its goals. A large number of research and technical assistance activities are currently underway at AHRQ that are designed to advance the conceptualization of the medical home model, improve methods to generate evidence to guide its refinement, and help primary care practices transform to deliver more patient-centered care. AHRQ is collaborating with agencies in the Federal sector that work on medical homes and is in a unique position to convene these disparate Federal agencies to advance collaboration and consensus. AHRQ has developed a Web portal showcasing resources on the PCMH, available [here](#). The portal also includes a definition of the medical home, available [here](#).

### STRATEGIC GOALS OF THE OPERATING DIVISION/DEPARTMENT:

- *Strategic goals explicitly support advancing the PCMH.* AHRQ recognizes that revitalizing the Nation's primary care system is foundational to achieving high-quality, accessible, efficient health care for all Americans. Work on models to improve primary care, such as the patient-centered medical home, is housed in AHRQ's Center for Primary Care, Prevention, and Clinical Partnerships (CP3). AHRQ and the Center believe that the medical home is a promising model to achieve the goals of transforming the organization and delivery of primary care. Supporting innovations in primary care is a top priority within CP3 and within AHRQ's Prevention and Care Management work.

### AREAS OF PCMH ACTIVITY:

#### Pilot or demonstration programs

- *Accelerating the Dissemination and Implementation of PCOR Findings into Primary Care Practice.* In March 2014, AHRQ announced an exciting funding opportunity seeking applications to disseminate Patient-Centered Outcomes Research (PCOR) findings about heart health directly to primary care practices and to support them in implementing PCOR clinical and organizational findings. Selected applicants will use a comprehensive

approach that uses evidence-based quality improvement strategies, such as practice facilitation, with primary care practices. AHRQ will combine grantee-specific evaluations with an overarching evaluation (information [here](#)). AHRQ is investing up to \$120 million over 3 years supporting up to 8 grantees (information [here](#)).

- *Infrastructure for Maintaining Primary Care Transformation (IMPACT) – Support for Models of Multi-sector, State-level Excellence*. In late 2011, AHRQ awarded grants to four exemplar State-based coalitions to expand multi-sector efforts to transform primary care practices and to develop sustainable infrastructure for quality improvement in small- and medium-sized primary care practices. As part of this \$4 million initiative, each of the four State-based initiatives partnered with and provided mentorship to three or more additional States to spread their knowledge and experience. See <http://www.ahrq.gov/research/findings/factsheets/primary/impactaw/index.html> for more information.

#### **Technical assistance, implementation assistance**

- *Learning community for PCMH Facilitation*. AHRQ supports the interchange of information among more than 500 people interested in using practice facilitators or coaches to assist primary care practices in becoming medical homes. The community was started in fall 2010. A “How-To” guide on developing and running a primary care practice facilitation program has been published and is available [here](#). AHRQ is in the process of developing a model curriculum to train practice facilitators.
- *TeamSTEPPS*. AHRQ has commissioned an expansion and modification of the TeamSTEPPS program (<http://teamstepps.ahrq.gov/>) for primary care. TeamSTEPPS is a system designed for health care professionals to improve patient safety and teamwork within their organizations. The primary care project kicked off in fall 2010, and the first phase wrapped up in summer 2012 with the development of training modules for primary care practices. The next phase, which is currently underway, began in late 2012 and includes pilot testing the training modules, training practice facilitators to use the modules, and evaluating the effectiveness of TeamSTEPPS training for primary care practices. Beta versions of materials for TeamSTEPPS Primary Care Version are available [here](#).

#### **Research (includes evaluation)**

- *Transforming Primary Care Evaluation Grants*. In 2010, AHRQ funded 14 mixed-method evaluation grants to support systematic studies of ongoing, successful efforts to transform the delivery of primary care in the U.S. Investigators evaluated programs that have successfully transformed to a medical home and are identifying the medical home model’s effects on costs of care, and patient and provider experiences/satisfaction. The grants totaled approximately \$8 million over 2 years. A supplement to the *Annals of Family Medicine* was published in 2013 that reports the findings from the studies and is available [here](#).

- *Estimating the Costs of Supporting Primary Care Practice Transformation.* AHRQ awarded 15 grants in 2013 for research on the costs of primary care transformation efforts. The results of this initiative will provide stakeholders, including independent primary care practices, health care systems, health care payers, and other health care system decisionmakers, with information about the costs of implementing and sustaining transformative, primary care practice redesign. These projects are underway and results are expected in 2015.
- *A Research Agenda for the Patient-Centered Medical Home.* The results from this AHRQ-funded national conference were published in June 2010 in the *Journal of General Internal Medicine* (volume 25, no. 6). Click [here](#) to access the full text.
- *Foundational White Papers.* AHRQ commissioned a series of foundational white papers on topics related to the medical home. A group of papers related to [evidence and evaluation](#) on the medical home have been published: *Building the Evidence Base for the Medical Home: What Sample and Sample Size Do Studies Need?; Improving Evaluations of the Medical Home;* and *Early Evidence on Patient-Centered Medical Home.* AHRQ is currently preparing a guide describing how to evaluate small pilots.
- AHRQ has also published a series of papers on [improving coordination of care](#): *Coordinating Care for Adults with Complex Care Needs in the Patient-Centered Medical Home: Challenges and Solutions; Coordinating Care in the Medical Neighborhood: Critical Components and Available Mechanisms;* and *The Roles of Patient-Centered Medical Homes And Accountable Care Organizations in Coordinating Patient Care.* AHRQ recently commissioned a paper that will describe strategies that can be used to ensure that the patient is at the center of care as primary care practices adopt team-based approaches to deliver care.
- *Decisionmaker Briefs.* AHRQ also developed a series of short decisionmaker briefs to complement the longer foundational white papers mentioned above. A series of briefs [for policymakers](#) have been published. Additional resources and briefs regarding patient and family engagement in PCMH, integration of mental health in primary care, and health IT are available at AHRQ's main [Papers, Briefs, and Other Resources](#) page.
- *Practice Facilitation.* AHRQ commissioned the development of a how-to guide to support organizations interested in starting practice facilitation (PF) programs for primary care transformation, which can be accessed [here](#). AHRQ also disseminates bi-weekly practice facilitation eNewsletters to members in a primary care practice facilitation (PCPF) learning community. Previous PF eNewsletters can be found [here](#). In late spring of 2014, AHRQ will publish a series of case studies featuring three practice facilitation programs around the country. AHRQ has also commissioned a model curriculum for practice facilitation training programs, which will be available in December 2014.
- *Quality Improvement (QI) Infrastructure Series.* AHRQ published two papers related to quality improvement in primary care practices in the fall of 2012. The papers explore the reasons why a QI infrastructure does not yet exist, best ways practices can build and maintain a robust QI infrastructure and capacity for ongoing practice change, and the ways in which various Federal and private-sector supports can be leveraged to build and sustain it. The papers are available [here](#). In addition, AHRQ will publish white papers and briefs on achieving practice buy-in to initiate QI, and how health IT can be used to support practices' QI activities, in 2015.
- *New Methods Series.* To further develop evidence-based resources about the medical home and ways to improve future evidence, AHRQ invited nationally recognized experts to author briefs on various methods to study and evaluate the effects of the PCMH. Methods featured in

these briefs include statistical process control, fuzzy set qualitative comparative analysis, organizational studies, orthogonal design, anthropological approaches, cognitive task analysis, novel methods for considering context, implementation research, optimal use of logic models, and pragmatic randomized controlled trials. This series of briefs was published in the fall of 2012 and is available [here](#).

- *Investigator-initiated Grant Programs*. Through its investigator-initiated grant programs, AHRQ has funded other work related to the PCMH. Information about these grants is available through the searchable GOLD database: <http://gold.ahrq.gov/projectsearch/index.jsp>.

## **MATERIALS:**

### **Survey Tools**

- *Care Coordination Measures Atlas*. Based on stakeholder feedback, AHRQ has created a 5-year project to develop measures for care coordination in primary care. The first phase of the project resulted in a Care Coordination Measures Atlas that provides a conceptual framework for measurement and maps over 60 existing measurement tools into the framework. The Atlas is publicly available, provides summaries of existing measures, and includes sufficient technical detail to support researchers who want to evaluate care coordination interventions. The Atlas is available [here](#). An updated version of the Care Coordination Measures Atlas and a searchable online database will be available in early summer 2014.
- *Atlas of Integrated Behavioral Health Care Quality Measures*. The IBHC Measures Atlas was developed for practices and teams that wish to understand if they are providing high-quality integrated behavioral health care or are preparing to implement integrated care. Researchers and measurement experts can use the Atlas to identify appropriate measures for integration research and may find the IBHC Measures Atlas useful to identify where there are gaps in available measures and development efforts are needed. The IBHC Measures Atlas is available [here](#).
- *Measures of Team-Based Care and Clinical-Community Relationships*. Atlases of measures of team-based care in primary care and clinical-community relationships will be available in summer 2014.
- *CAHPS Tool for the PCMH*. AHRQ commissioned a new module for the Consumer Assessment of Healthcare Providers and Systems (CAHPS) tool for ambulatory surgery for physicians and groups. The new CAHPS tool uses domains of the patient-centered medical home to collect data from patients on their experience with care, access, communication, and whole person care. The CAHPS-PCMH was released on September 2011. More information is available here: <https://cahps.ahrq.gov/surveys-guidance/item-sets/PCMH/index.html>.

### **Toolkits**

- *Toolkit for Practice Redesign*. AHRQ commissioned the development of a toolkit to provide safety net providers with information on how to redesign their systems of care along the lines of the Chronic Care Model given their financial realities. This toolkit is available at: <http://www.ahrq.gov/populations/businessstrategies/>. A companion practice coaching manual is available at: <http://www.ahrq.gov/populations/businessstrategies/coachmanl.htm>. The practice coaching manual aims to help improve clinical quality in an ambulatory setting by

providing an overview of practice coaching and how various settings have used it to improve care, along with specific implementation guidance and tools.

### **How-To Guide**

- *A How-To Guide on Developing and Running a Primary Care Practice Facilitation Program*. AHRQ commissioned the development of this guide to support organizations interested in starting a practice facilitation (PF) program for primary care transformation. This guide is for future and existing directors of facilitation programs to use as they make important decisions about the start-up and administration of their own programs. The how-to guide is available [here](#).

### **Model Curriculum**

- Model Curriculum for the Training of Primary Care Practice Facilitators. AHRQ has commissioned the development of a model PCPF curriculum. Based on the modules in AHRQ's [Practice Facilitation Handbook](#), the open-source model curriculum will inform entry-level training to equip practice facilitators to assist primary care practices in achieving their quality improvement and transformation goals. The curriculum will be available in December 2014.

### **Web sites**

- *The Patient-Centered Medical Home Resource Center*. This web site provides policymakers 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. Access the site at <http://www.pcmh.ahrq.gov/>. Elements of the web site include:
  - *Citations Database*. AHRQ has developed a citations database that provides policymakers and researchers ready access to the latest literature on PCMH and its major components. The citations database contains more than 1,800 sources, including journal articles, reports, policy briefs, and position statements pertaining to the medical home or widely cited in the PCMH literature. The database is updated quarterly. See: <http://pcmh.ahrq.gov/page/pcmh-citations-collection>
  - *Reports and Monographs*. There are many reports and monographs available on the [Papers, Briefs, and Other Resources](#) section on the PCMH Resource Center.

### **ACTIVE PCMH COLLABORATIONS WITH FEDERAL PARTNERS:**

- AHRQ collaborates with partners across the Federal Executive Branch through the Federal PCMH Collaborative, which it organizes and facilitates. The group meets every other month to discuss PCMH topics and to share lessons learned and challenges to overcome. AHRQ also disseminates a monthly e-newsletter to the more than 250 members of this community. The Federal PCMH Collaborative and e-newsletter are workspaces for Federal executive branch employees only.