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## 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, decisionmakers, 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 <http://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.*

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### Key Concepts in Practice Facilitation:

#### Working with Safety Net Practices

Safety net practices, either by mandate or mission, offer care to patients regardless of their ability to pay for those services. Safety net practices have different needs from traditional practices because their patient population is primarily poor or uninsured. [Module 2 in \*The Practice Facilitation Handbook: Training Modules for New Facilitators and Their Trainers\*](#) examines the financial and administrative challenges that practice facilitators may face when working with these practices.

One potential key issue present in safety net practices is lack of adequate staff resources to meet the demand for services. These practices do not turn patients away but also do not have the financial means to hire additional staff, which can result in long wait times for patients and high stress work environments for clinicians. Consequently, safety net practices may find it difficult to devote time to anything that is not direct patient care, which could make them hesitant to engage in quality improvement activities. Additionally, reimbursement structures that provide payment for care given to publicly insured or uninsured patients often compensate practices for less than the cost of the services provided. Therefore, practice facilitators need to be familiar with the financial constraints that may create difficulties when trying to implement new approaches to patient care.

In addition to these financial challenges, practice facilitators may encounter administrative issues when working with safety net practices. These practices may be part of larger safety net organizations that contain complex administrative structures. It is important for practice facilitators to understand the priorities of both the central organization and the individual practice sites. Facilitators can also work to improve communication between these entities. Other administrative difficulties can be caused by insufficient staff and human resources. These staffing shortages can create heavy workloads and high turnover, which can pose challenges for practice facilitators when working on empanelment or implementing care teams.

Another crucial task for practice facilitators working with safety net practices is to develop an understanding of the patients that come to the practice. It's important for facilitators to assess the degree to which practices are addressing the cultural and health literacy needs of patients and engaging patients as partners in their care.

For more information on issues specific to working with safety net practices, see [Module 2 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** (<http://pcmh.ahrq.gov>).

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## Upcoming Expert Response

In the next edition of this newsletter, **Cindy Brach, Senior Health Policy Researcher at the Agency for Healthcare Research and Quality's (AHRQ) Center for Delivery, Organization, and Markets**, will discuss issues related to health literacy in safety net practices and examine toolkits that practices can use to improve communication with patients.

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## Event of Interest

***Webinar: Private 'Physician Feedback' Reports in Massachusetts and Minnesota Illustrate Key Decisions Related to Design and Use***

**Save the Date! March 25, 2014; 3:00 PM to 4:30 PM ET**

*In contrast to public reports for consumers, private reports for physicians are typically distributed more frequently and contain more detailed performance measures, often with patient-level data, that physicians and health system managers can use to monitor performance and manage patient care. Health plans and medical groups – among the first to develop private 'physician feedback' reports – will be featured in this Webinar. **Dana Gelb Safran, Sc.D., at Blue Cross & Blue Shield of Massachusetts, and Nancy Salazar, R.N., at HealthPartners Medical Group in Minnesota, will review design features to encourage physician engagement and share findings of impact. Physician leaders **Barbara Spivak, M.D., of Mount Auburn Cambridge Independent Practice Association, and Andrew Dorwart, M.D., President of Stillwater Medical Group, will share their perspectives as representatives of the intended audience for the reports.*****

To register, read a summary of the Webinar, and review select resources, [please click here](#). (Note: registration is required to join the call.)

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## News from AHRQ

### ***Funding for Implementing PCOR in Primary Care Practices***

The Agency for Health Care Research and Quality has issued two funding opportunity announcements (FOAs) aimed at increasing the use of patient-centered outcomes research (PCOR) in primary care practices. The first FOA will fund up to 8 regional cooperatives to assist primary care practices build capacity for the implementation of PCOR findings in clinical care. Initial efforts will support the use of PCOR findings to improve heart health. The second companion FOA solicits a robust, external evaluation of the same initiative designed to discover if and how practice support can best be used to disseminate and implement PCOR findings in primary care practice. AHRQ expects that the grants will be funded in early 2015.

Applicants must specifically work with primary care practices using a comprehensive approach that uses evidence-based quality improvement strategies, such as practice facilitation, designed to improve the capacity of primary care practices to implement new PCOR evidence into the delivery of care.

Grantees must also propose to rigorously evaluate their initiatives and agree to contribute to an overarching evaluation. AHRQ will invest up to \$120 million over three years supporting up to 8 grantees, a landmark investment for the agency. A technical assistance and information conference call will be held on April 24, 2014. Letters of intent are due May 23, 2014 and applications are due July 3, 2014. This initiative was planned and developed in close coordination with agencies across the Department of Health and Human Services and is funded through the PCOR Trust Fund.

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## Managing Your Account

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