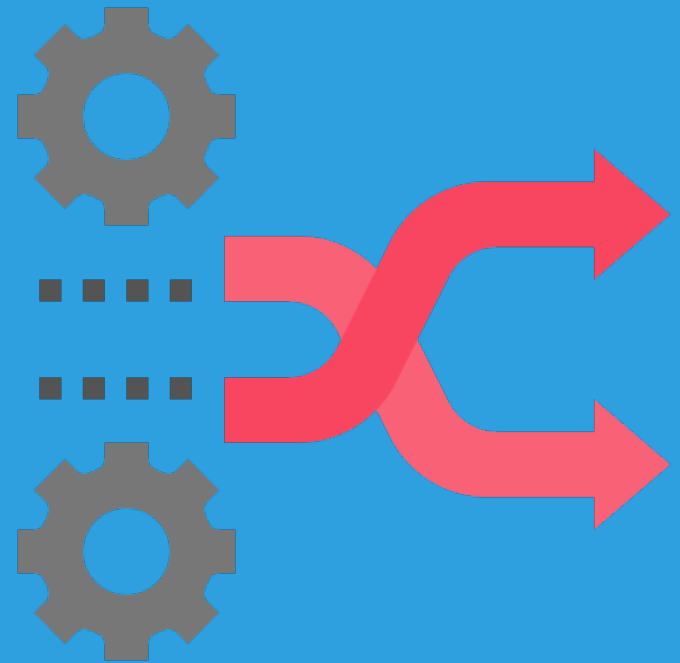# IMPROVEMENT COACHING:
What Matters Most for Practice Transformation

A Roadmap to Develop and Deploy Practice Facilitators

Based on Evidence from California's Practice Transformation Initiative 2016 – 2019

Published December 2019 by the California Quality Collaborative

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Program Description and Background

01

ABOUT THE PRACTICE TRANSFORMATION INITIATIVE

CQC led a statewide Practice Transformation Network (PTN) known as the Practice Transformation Initiative (PTI), funded by the Centers for Medicare & Medicaid Services (CMS) as part of the four-year Transforming Clinical Practice Initiative (TCPi). CQC implemented this project from October 2015 to December 2019 in collaboration with two key partner organizations, the Integrated Healthcare Association (IHA) and the Center for Care Innovations (CCI).

Practices enrolled in PTI were:

	Distributed statewide	• 13 provider organizations • 4,472 clinicians • 1, 900 practices
	Primarily very small provider practices	80% of practices were made up of 1 or 2 clinicians
	Predominantly primary care providers	90% of clinicians were primary care providers
	Participating in Alternative Payment Models	87% of clinicians participated in a capitated payment model and a value-based payment program

PERFORMANCE OUTCOMES

Improvement was tracked at the clinician, practice, and provider organization levels for measures common across state and national value-based payment programs for Medicare, Medi-Cal, and Commercial payers.

Improvement in Patient Outcomes & Processes of Care (2015 - 2019)

Domain	Measure	Performance Rate (%)
Diabetes	Blood Pressure Control	+1.61%
	HbA1c Testing	+17.83%
	HbA1c Poor Control >9%	+8.46%
	HbA1c Good Control <8%	+12.88%
	Nephropathy Screening	+10.67%
	Eye Exam	+2.43%
Hypertension	Controlling Blood Pressure	+2.44%
Asthma	Medication Ratio	-10.17%
Unnecessary Testing	Cervical Cancer Overscreening	+7.22%
	Imaging for Low Back Pain	+6.21%

Performance Rate (%): 0% 10% 20% 30% 40% 50% 60% 70% 80% 90%

PERFORMANCE OUTCOMES

Patients Impacted

Health Outcomes

- **40,000** patients improved HbA1c control
- **9,700** patients with diabetes improved blood pressure control
- **9,700** patients with hypertension improved blood pressure control

Reduced Unnecessary Hospital Use

- **47,000** avoided hospital bed days
- **17,000** avoided ED visits

Return on Investment

$186 Million
in Total Cost Savings

$10.11
returned to the health care system for each grant dollar awarded

$42,000
saved per enrolled clinician

LEVERS OF CHANGE

Practices were assessed every six months on progress along a standardized set of transformation milestones, CMS' Practice Assessment Tool (PAT).[1] The most improved lever is a direct result of practice coaches whose primary purpose was to increase QI capability within practices. Other improved process changes across the network reflect training offered by coaches directly to practices and guidance in adopting and leveraging centralized services by provider organizations.

QI Capability

Practice Aims

Care Management High-Risk Patients

Shared Decision Making

Risk Management Processes

TECHNICAL ASSISTANCE

PTI offered a variety of technical assistance to meet the needs of participating organizations. Improvement advisors and subject matter experts provided individualized support to organizational leaders and practice facilitators. Participants leveraged technical assistance for designing organizational programs, developing practice engagement strategies, and building improvement capacity.

PTI Technical Assistance Offerings:

Trainings
- Improvement Coaching Workshop
- 10 Building Blocks of High-Performing Primary Care [2]
- Motivational Interviewing
- Patient and Family Engagement Strategies
- Storytelling for Change
- Adaptive Leadership

Resources
- Virtual Resource Library
- Cloud-based Performance Dashboards with monthly data and trends at organizational, practice, and provider levels
- Tools and Templates
- Local and National Conference Attendance

Consultation
- Improvement Advisor monthly meetings and site visits
- Access to subject matter experts in transformation and improvement strategies
- Aspiring Coaches of Excellence (ACE) Collaborative: Master Coach Development and Mentoring

Peer Sharing
- Monthly webinars focused on case-based learning
- Quarterly convenings focused on best practice sharing and learning application

[2] Bodenheimer T, Ghorob A, Willard-Grace R, Grumbach K. "The 10 Building Blocks of High-Performing Primary Care." Ann Fam Med. 2014;12(2):166-171.
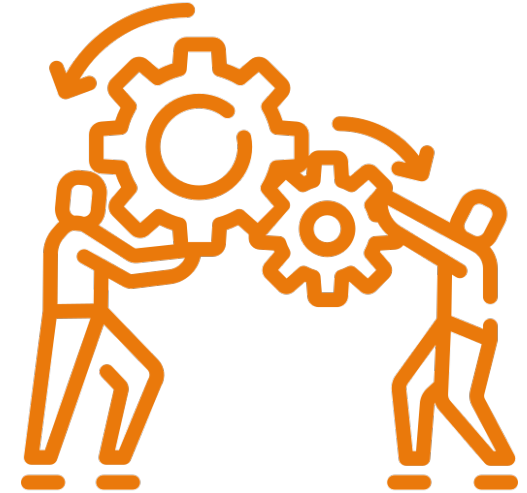
ABOUT PRACTICE FACILITATION

Practice facilitation is defined by the Agency for Healthcare Research and Quality (AHRQ) as "a supportive service provided to a primary care practice by a trained individual or team of individuals. These individuals use a range of organizational development, project management, quality improvement, and practice improvement approaches and methods to build the internal capacity of a practice to help it engage in improvement activities over time." [3]

Traditionally, practice facilitators have been employed by technical assistance organizations or academic programs and deployed as a third-party support for time limited grant-funded projects focused on a specific QI area.

Instead of hiring practices coaches at the program level, PTI designed its practice facilitation technical assistance to build QI capacity and capability within organizations by supporting organizations to hire, train, and develop staff practice facilitators. Establishing coaches within local provider organizations enables deeper collaboration and alignment with contracted practices, comprehensive support across an organization's QI strategies and areas of focus, and sustained support for organizations and practices beyond this grant.

'Practice Facilitation' is the technical name for the work of improvement coaching. However, coaches are often called by various synonyms: improvement coach, practice facilitator, practice coach, quality improvement specialist or assistant. These names are used interchangeably in this document.

[3] Agency for Healthcare Research and Quality. Practice facilitation. 2017. Available at: https://pcmh.ahrq.gov/page/practice-facilitation

PTI PRACTICE FACILITATION ACHIEVEMENTS

In 45 months across California, the Practice Transformation Initiative . . .

- Trained 300+ learners in practice facilitation competencies

- Offered 25+ in-person training events and networking opportunities for coaches to connect and learn from each other

- Designed 20+ virtual learning events in which coaches exchanged best practices, challenges, and ideas

- Arranged 10+ speaking engagements at state and national conferences by PTI practice facilitators sharing their work

- Developed 5+ Master Coaches embedded in local southern California provider organizations

- Analyzed 3+ models for providing improvement coaching to practices

Resources developed through PTI can be accessed at the online PTI Resource Library.

EVALUATION

PTI Technical Assistance and Implementation of Practice Facilitation

This evaluation document is intended to inform provider organizations, practice facilitators, technical assistance organizations, and funders about effective strategies utilized in the Practice Transformation Initiative to strengthen and expand the scale of practice facilitation programs and support, as well as to affirm the value of the improvement coach role in practice transformation.

The following three themes emerged as important elements for establishing impactful practice coaching programs within an organization:
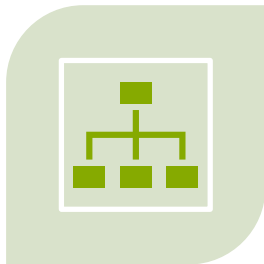
Build Improvement
Infrastructure

Engage
Practices through
Collaboration

Invest in Coach
Mastery

Build Improvement Infrastructure

+ *Construct a Firm Foundation*

+ *Define the Role of Improvement Coach*

+ *Design an Impactful Coaching Model*

+ *Make Practice Transformation a Priority*

02

CONSTRUCT A FIRM FOUNDATION

What matters most about constructing a firm foundation?

Reporting Structure to Manage and Execute Improvement Activities

Pinpoint reporting relationships that will provide effective leadership and communication. Identify the types of roles (skills and qualifications) and number of staff required to manage and execute improvement activities.

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Standards for Accomplishing the Work

Select an improvement methodology, adopt standard tools, and develop workflows to facilitate a consistent approach for engaging provider practices in improvement activities.
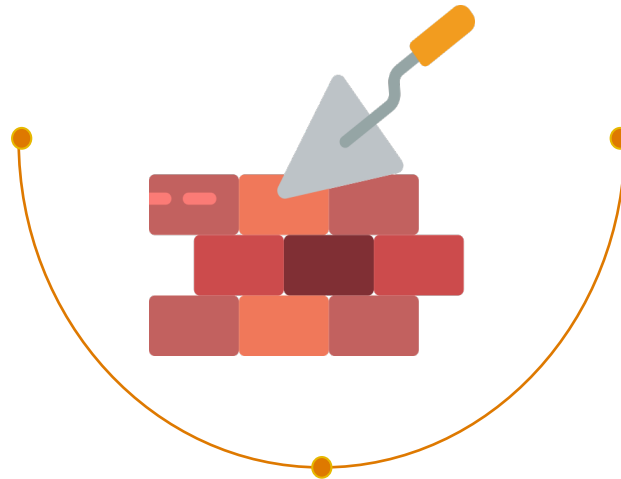
Systems to Monitor Performance

Clearly define and communicate goals and measures. Construct reliable methods for collecting, generating, analyzing, and sharing performance data. Support provider practices to use data to drive improvement through optimization of electronic health records.

DEFINE THE ROLE OF IMPROVEMENT COACH

What matters most about defining the role of the improvement coach?

Identify core competencies that will equip the coach for doing improvement work.

Coach core competencies are distinctly identifiable and measurable skills that can be developed through classroom-style learning or in real time, on the job. [4]

Improvement Methodology

Change Management Principles

Project Management

Data for Improvement

Meeting Facilitation

Communication Techniques

[4] Doyle, A. (2019, November 18). What Are Soft Skills? Retrieved from https://www.thebalancecareers.com/what-are-soft-skills-2060852.

DEFINE THE ROLE OF IMPROVEMENT COACH

What matters most about defining the role of the improvement coach?

- Adaptability
- Communication
- Creative Thinking
- Decision Making
- Positivity
- Problem Solving
- Flexibility
- Empathy
- Critical Thinking

Pinpoint attributes that will serve and advance interactions with the provider practice.

Coach attributes are acquired through external experiences and lead to specific behaviors. While attributes are often more difficult to define and measure, they can be "strong predictors of how someone will respond in a given situation." [5]

[5] Competencies, Attributes and Traits: What's the Difference? (2016, October 9). Retrieved from https://emilykoolen.com/2016/10/07/competencies-attributes-and-traits-whats-the-difference.

DEFINE THE ROLE OF IMPROVEMENT COACH

What matters most about defining the role of the improvement coach?

Availability of resources and the degree to which improvement infrastructure has been developed often determine who is identified to serve in the role of practice coach.

Organizations just getting started with little or no resources most often look to existing roles to identify which positions may already possess necessary coaching skill sets and desired attributes.

Those that experienced the most improvement in practice transformation identified quality department and HEDIS staff to serve as improvement coaches, given their expertise in working with data and measures.

While this practice allows for a more rapid transition into improvement activities, be prepared to support staff as they learn new skills and approaches for doing their work.

Organizations with a more developed infrastructure and greater access to resources most often create a dedicated improvement coach role. Seeking and selecting candidates with more experience, skills, and qualifications can greatly contribute to accelerated improvement capacity and capability.
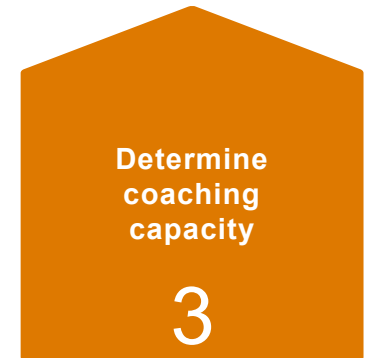
While this approach requires a greater investment of resources, it can be the catalyst for instituting internal expertise and a successful, sustainable improvement infrastructure.

DESIGN AN IMPACTFUL COACHING MODEL

What matters most about designing an impactful coaching model?

Designing an impactful coaching model will require organizations to:

Recognize That One Size Does Not Fit All!

Assess practice needs, readiness, and capability

1

Develop a menu of engagement activities

2

Determine coaching capacity

3

There is no single, perfect coaching model that will meet every organization's needs.

A successful coaching model requires a framework and methodology that is likened to that of population health management – it uses creative strategies to allocate scarce resources, which are tailored to meet individual practice needs and capabilities where most impactful.

Organizations achieving the greatest success in practice transformation recognized that coaching doesn't have to be a specific set of full-scale activities delivered with the same intensity to every practice.

A tiered engagement strategy allows for matching practice needs, readiness, and capability with the right level of engagement activities and at the same time, allows for effective distribution and management of coaching resources.

DESIGN AN IMPACTFUL COACHING MODEL

What matters most about designing an impactful coaching model?

Assess practice needs, readiness, and capability

1

Gather data to discover the extent to which each practice is ready, willing, and able to participate in transformation activities.

Create individual practice profiles. Spend time getting to know and learn about them - about their culture, systems, providers, patients, and performance.

Practice Needs, Readiness and Capabilities Considerations:

- Current performance on quality metrics
- Volume of patients assigned
- Likelihood and degree of engagement with a coach
- Identification of an improvement champion
- Presence of quality improvement infrastructure

DESIGN AN IMPACTFUL COACHING MODEL

What matters most about designing an impactful coaching model?

Define the coaching activities you will offer based on organizational goals and strategies.
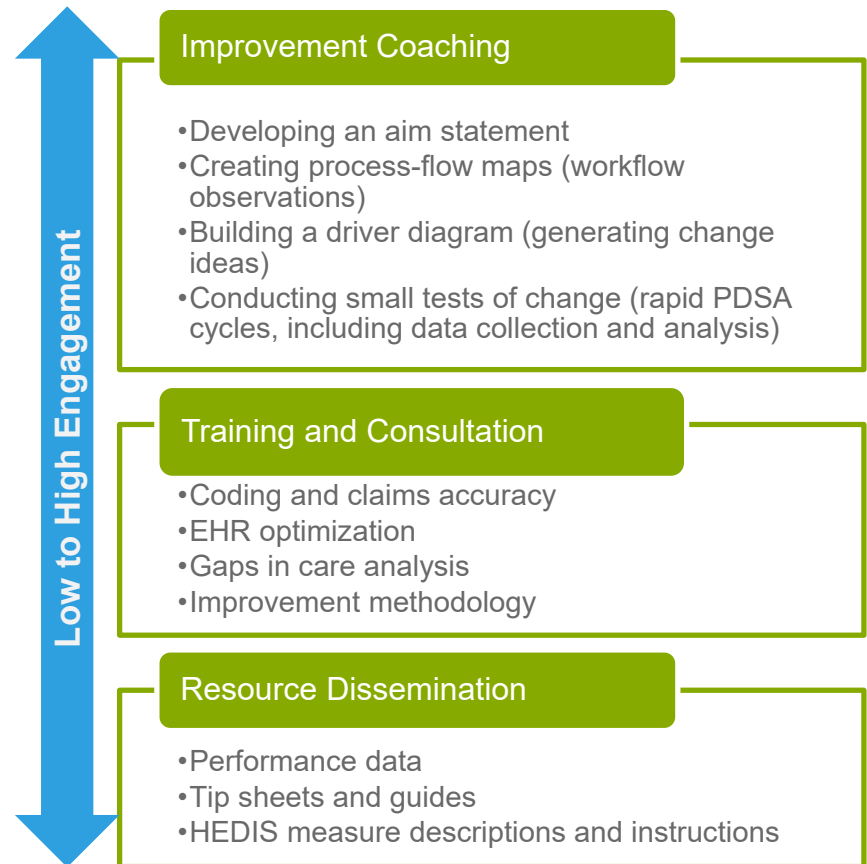
Revisit the practice needs, readiness, and capability profiles and assign the types of engagement activities that would be most impactful and beneficial to each.

For each activity be specific about the frequency (e.g., weekly, bi-weekly, monthly, quarterly) and the type (e.g., in-person visits, telephone calls, emails) of coach contact.

Some of the most common considerations for coaching activities include:

Develop a menu of engagement activities

2

Low to High Engagement

Improvement Coaching

- Developing an aim statement
- Creating process-flow maps (workflow observations)
- Building a driver diagram (generating change ideas)
- Conducting small tests of change (rapid PDSA cycles, including data collection and analysis)

Training and Consultation

- Coding and claims accuracy
- EHR optimization
- Gaps in care analysis
- Improvement methodology

Resource Dissemination

- Performance data
- Tip sheets and guides
- HEDIS measure descriptions and instructions

DESIGN AN IMPACTFUL COACHING MODEL

What matters most about designing an impactful coaching model?

Determine coaching capacity

3

Determine how much resource is planned for coaching activities.

Limited resources and numerous priorities require organizations to be flexible and focus on how to use precious coaching assets.

Coaching Capacity Considerations:

- How many full-time equivalent practice coaches are available to provide support?
  - Will existing resources be used or will new coaches need to be hired?
- What skills and capabilities do coaches currently possess?
  - Is additional training required?
- How many hours per week will each coach invest in coaching activities?

DESIGN AN IMPACTFUL COACHING MODEL

What matters most about designing an impactful coaching model?

Learn how other organizations have structured and designed their coaching models and adopt the elements that make sense for your own.

In this example, the organization identified low-performing, high-volume patient assignments as the target of their engagement strategy and therefore, assigned them to level 3 – Improvement Coaching.

Practice Engagement Strategy

Practices are tiered into four levels with defined criteria. Each level specifies the services we will offer. To balance the workload across practice facilitators, each will work with a portfolio of practices across all engagement tiers

Coach Capacity Assessment

223	Practices
4	Practice Facilitators
2.4	Total coaching FTE
0.6	Average FTE (hours per week) PF spends coaching
1.0 FTE : 93	Ratio of 1.0 FTE practice facilitator to # of practices
1 : .01 FTE	Ratio of 1 practice to PF FTE time

Practice Engagement Plan

	Engagement levels (listed from least to most intensive)	Engagement activities	Current practices (# and %)	Projected practices by 12/31/18 (# and %)
1	Relationship Building	Point of contact for HEDIS Practice Assessment Provider Profile Survey	50 (22%)	130 (58%)
2	Resource Dissemination	Quality Performance Assessment Measure specific tools & resources HEDIS office instructions guide	30 (13%)	50 (22%)
3	Improvement Coaching	Claims/Coding Analysis On-site coaching/process improvement work QI goals/Team based care	20 (9%)	40 (18%)

DESIGN AN IMPACTFUL COACHING MODEL

What matters most about designing an impactful coaching model?

*Determine what has made other organizational coaching models successful.*

A large IPA in PTI and its coaches transformed low-performing practices into high performers in their organization. What made them more successful than other organizations in PTI?

+ Focused IPA support on high-priority measures, rather than addressing all measures.

+ Created coaching roles among existing HEDIS Staff and rebranded the HEDIS department as the Quality Care Improvement Team.

+ Targeted coaching support on engaging low-performing and high-membership practices instead of using resources for practices that were already highly engaged.

+ Used a tiered practice engagement plan with specific coaching activities for each level of engagement. This ensured that limited coaching resources were deployed to practices where they could have the greatest impact.
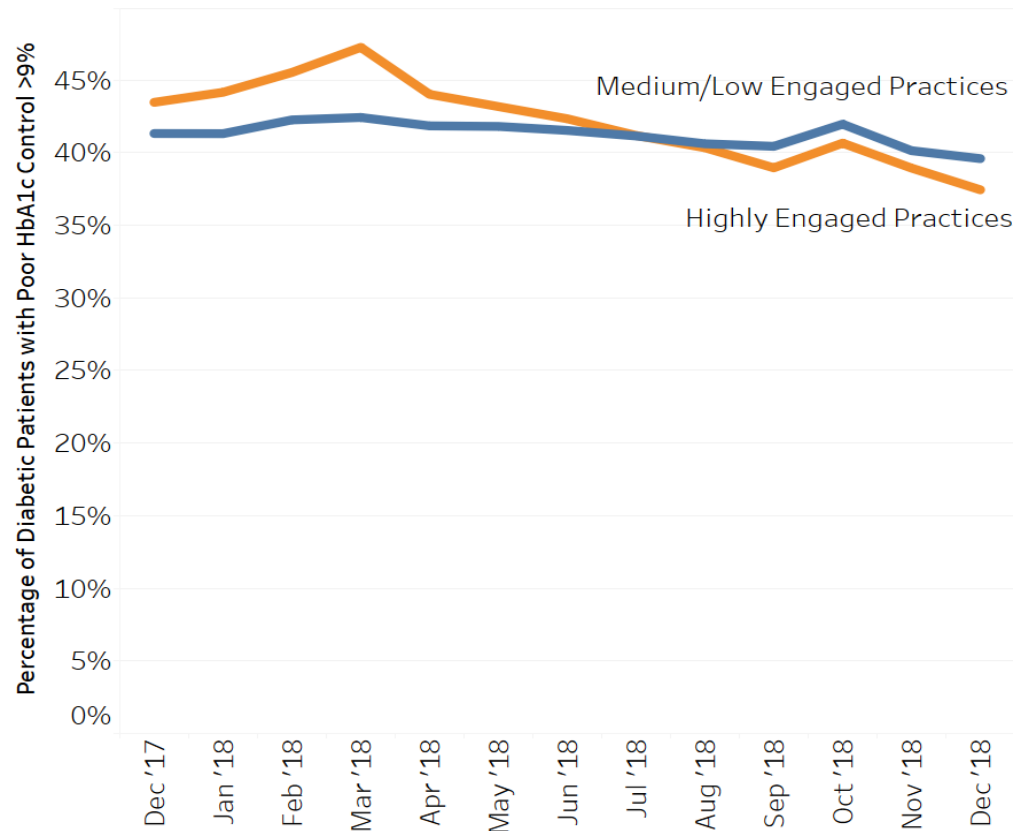
MAKE PRACTICE TRANSFORMATION A PRIORITY

What matters most about making practice transformation a priority?

As with any organizational strategy, practice transformation requires the demonstrated, *active support and engagement of* **leadership.**

Here are some comments from key contributors about what they felt was most needed from leaders to make transformation a priority:

"Assurance and evidence that the organization is *really* committed to practice transformation."

"Unwavering support from high-level leadership"

"A detailed plan to help managers and leaders better prepare for practice transformation."

"Leadership messaging that says, *'This is what practice transformation is and here's what it's going to do.'"*

"Widespread communication about *how* the organization is planning to adopt and demonstrate support for practice transformation."

MAKE PRACTICE TRANSFORMATION A PRIORITY

What matters most about making practice transformation a priority?

Leaders must promote practice transformation as a priority through *observed actions and behaviors.*

Here are some examples of PTI participant organization leaders making transformation a priority:

Reached out to key physicians of influence in one-to-one conversations to gain their support

Protected time to attend convenings, listen to other perspectives, and collaborate in activities alongside the project team

Advocated for celebration and more resources among other organizational leaders

Used their influence to remove barriers, including gaining the ear and participation of departmental managers to break down silos and collaborate

Actively participated in monthly calls with program staff to share accountability, develop strategies with key project staff, and demonstrate engagement in the work

MAKE PRACTICE TRANSFORMATION A PRIORITY

What matters most in making practice transformation a priority?

A Leadership Endorsed Plan

When people hear from leaders about "how practice transformation will be woven into normal business operations," said one coach, "it makes everyone accountable." Initial leadership messages should promote the project as a priority, communicate the roles of key players (especially the coach), and outline the expectations for internal and external stakeholders.

Early endorsements by leaders can facilitate the cooperation and collaboration needed to achieve success.

A Spokesperson and Advocate

One key contributor shared the value of reporting directly to a leader who "can roll communication up to the C-suite, down to managers and staff, and out to the provider practices."

Practice Transformation requires an advocate and spokesperson to keep people engaged and moving forward.

Coaches need a leader with authority – someone who will broadcast the project's progress and needs, celebrate wins, troubleshoot challenges, and acquire resources when needed.

Engage Practices Through Collaboration

+ *Develop the Mindset of a Servant Leader*

+ *Invest the Time Needed to Build Relationships*

+ *Walk Care Teams through the Improvement Process*

03

DEVELOP THE MINDSET OF A SERVANT LEADER

What matters most about developing the mindset of a servant leader?

A Servant leader has been described as one who is ". . . constantly trying to find out what their people need to perform well and to live according to their organization's vision."[6]

Engaging the practices through collaboration requires empathic thinking – putting yourself in the shoes of the clinic patients, providers and staff – what is important to them, what challenges do they face, and what's preventing them from improving care delivery?

Developing the mindset of a servant leader means shifting the focus of thinking and interactions from "here's what's the matter with you" to ***"what matters to you?"[7] and "how can I help?"***

[6]Retrieved from https://resources.kenblanchard.com/podcasts/ken-blanchard-on-servant-leadership-in-action

[7]Barry, M. J., & Edgman-Levitan, S. (2012). Shared Decision Making — The Pinnacle of Patient-Centered Care. *New England Journal of Medicine*, *366*(9), 780–781. doi: 10.1056/nejmp1109283

DEVELOP THE MINDSET OF A SERVANT LEADER

What matters most about developing the mind of a servant leader?

Use collaborative communication techniques to understand the issues from the practice's point of view and address what is important to them <u>first</u>.

Examples of "old" mindset approaches	Examples of "new" mindset approaches
"You signed up for PTI . . . I'm here to deliver the data that indicates the areas where you are performing poorly and need to make some improvement."	**"Let's look together at your performance data and discuss how I might support your improvement efforts."**
"I'm not the expert on coding and billing. I can have someone from our claims department get back to you about the coding issues. I'm here to drop off the most recent data for your review. I have highlighted some areas that may need improvement."	**"Before we dive into discussion about performance, let's contact the billing office right now and make it priority to get these coding issues resolved."**
"I'll leave you with this change package, a sample of what others have done to improve this measure, perhaps this might work for you."	**"I'd like to meet regularly with you to see if we can identify some ways to improve this measure."**

WALK CARE TEAMS THROUGH THE IMPROVEMENT PROCESS

What matters most about walking care teams through the improvement process?

Creating time and space for coaches to be "in the field."

Practice coaching requires the coach to spend time "in the field" to connect and build relationships with providers and staff. Visits also allow for the coach to learn more about the practice culture and observe operational processes.

After several weekly visits to the practice, one coach shared this experience, "the practice staff were initially wary of my presence, but as I demonstrated my commitment by showing up and delivering on my promised action items, they began to openly share concerns and participate in testing their ideas."

Frequent practice visits result in increased practice accountability and commitment to the improvement effort. Coaches recommend beginning with more frequent visits at 1 – 2 times per week and transitioning to a minimum of twice monthly visits as practices become more capable.

Scheduled check-ins with the practice ensure providers and staff stay on top of improvement activities (e.g., testing change ideas, collecting data, observing processes) and don't revert to the former ways of doing things.

Organizational leaders must support and communicate that **being <u>out</u> of the office and <u>in</u> the practice <u>IS</u> the work of the practice coach!**

"Practices need someone in the office at least 1 – 2 times per week, rolling up their sleeves to help them do the grunt work that gets them started on improvement."

PTI Participant

WALK CARE TEAMS THROUGH THE IMPROVEMENT PROCESS

What matters most about walking care teams through the improvement process?

Practice staff become more confident in improvement methodology when the coach demonstrates application of the tools.

Practices were at varying levels of understanding and experience regarding the science of quality improvement. Talking about the QI concepts, providing tools and handouts, and leaving folks on their own to apply them wasn't enough!

Coaches successfully used whatever time they could get with the practice to involve them in activities aimed at building both capability and capacity for improvement (even if they had to deliver shorter segments in multiple sessions with "homework" assignments between visits). The activities produced the foundational elements of their improvement project - including aim statement, driver diagram, measures set - and led to developing, testing, and documenting change ideas.

Examples of walking them through the process:

Invite clinic staff to review performance data to identify focus areas that can be both celebrate and improved.

Post a chart pad and provide sticky notes for clinic staff to share reasons why the specific target has not been achieved (responses can be used to populate a driver diagram and generate change ideas).

Provide an aim statement template with examples and invite the clinic staff to complete a draft of an aim statement for their area of focus

Invite staff to spend time observing an identified process and recording the necessary steps to complete it (observations can be used to develop a process flow map and surface change ideas for workflow redesign).

Invest in Coach Mastery

+ *Provide Access to Technical Assistance*

+ *Learn and Apply Improvement Methodology*

+ *Build Skills for Practice Improvement*

+ *Develop the Coach Through Peer Learning*

04

PROVIDE ACCESS TO TECHNICAL ASSISTANCE

What matters most about providing access to technical assistance?

Coach mastery requires access to technical assistance that offers practical tools, skill building, educational resources, and expert advice through mentoring, modeling, and peer sharing. The assistance offered to PTI participants that proved most beneficial to coaches included:

SKILLS TRAININGS
In-person learning events from 1 to 2 days for practice coaches to learn and practice applying skills for use in practice improvement efforts.

VIRTUAL RESOURCE LIBRARY
Online repository of curated resources related to practice facilitation, including training materials, virtual workshop recordings, case studies, and tools.

PEER WORKSHOPS & NETWORKING
Case-based peer learning through in-person and virtual sharing and support.

MASTER COACH DEVELOPMENT
Master Coach mentoring for selected individuals to develop QI leaders in practice improvement, learning design and facilitation, and program sustainability.

IMPROVEMENT ADVISING & CONSULTATION
Personalized support (training, strategic planning, program design, connection national experts) for participating organizations and project teams by experienced Improvement Advisors.

LEARN AND APPLY IMPROVEMENT METHODOLOGY

What matters most about understanding and applying improvement methodology?

Improvement methodology training is a prerequisite for coaching mastery, as it provides the essential skills and knowledge to lead others in improvement activities.

Model for Improvement learning is facilitated by experienced practice coaches and is grounded in the science of improvement. The content includes tools and templates to guide application and opportunities to practice learnings via group exercises.

A coach shared that the improvement methodology training was *"exactly what I needed to understand 'how' to organize and DO improvement work."*

Improvement Methodology Curriculum Enables Learners to:

Develop an aim statement

Create a measures set

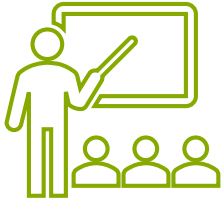Use data for improvement

Identify theories for change

Define fundamental change ideas

Conduct small tests of change (PDSA)

BUILD SKILLS FOR PRACTICE IMPROVEMENT

What matters most about building skills for practice improvement?

The Practice Transformation Initiative designed and offered learning events focused on practice transformation change interventions and skill building to promote coach mastery. Quarterly convenings and monthly webinars presented participants with new tools and approaches to engage practices.

From the coaches' perspective, the most impactful elements for learning were:

Faculty – Knowledgeable experts were employed to deliver useful, practical information, often *sharing successful practices and real-life examples* to connect and engage learners. Topics focused on individual leadership development and specific techniques that could be used to accelerate improvement in the provider practice.

Interactive Facilitation of Content – Program administrators worked with faculty to ensure that events were learner-centered and in keeping with adult learning principles. This design includes *connecting the content to the learner's experience and providing interactive tasks and activities that facilitate "doing" something with the new information.[2]*

The use of small group exercises provided time to practice and apply new learnings, and also presented access to the expertise of the other participants in the room.

A participant shared "fun was woven into the technical content through specific themes (with decorations and costumes), interactive activities, and built-in time to network." Another said, "*I leave every training feeling more prepared to do the work.*"

- Motivational Interviewing
- Patient and family Engagement
- Storytelling
- Adaptive Leadership
- Improvement Coaching
- 10 Building Blocks of Effective Primary Care

DEVELOP THE COACH THROUGH PEER LEARNING

What matters most about developing the coach through peer learning?

Another important factor regarding coach growth and development was having access to elbow-to-elbow support that enabled participants to observe and dialogue with experienced practitioners, refine hands-on skills in a training setting, and teach each other from their experiences.

Master Coach Development

The Aspiring Coaches of Excellence (ACE) Collaborative was designed as a more intensive technical assistance program for five emerging coach leaders to deepen skills in practice improvement, learning design and facilitation, and program sustainability. To develop local Master Coaches and content experts within participating provider organizations, ACEs were paired with a deeply experienced Master Coach for one-to-one bi-weekly mentoring and monthly peer support over 18 months.

Improvement Advising & Consultation

Regular meetings with the assigned improvement advisor provided tremendous support for making strategic decisions, providing accountability, and giving coaches the opportunity to *"pick the brain" of an experienced improvement professional* throughout their journey.
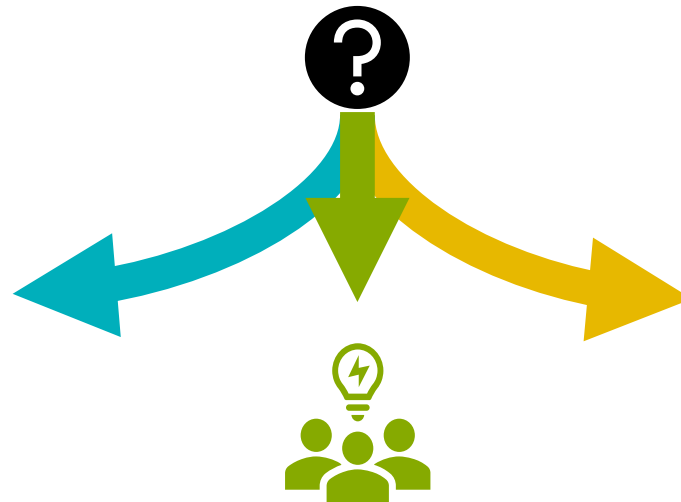
Peer Workshops & Networking

PTI participants also cite networking with other organizations and coach peers as a rich source of technical assistance, especially for *sharing and implementing specific tactics, tools, and best practices.*

DEVELOP THE COACH THROUGH PEER LEARNING

What matters most about developing the coach through peer learning?

Create Opportunities for Peer Networking within an organization's coaching team and among coaches from other organizations

Peer networks "can make us smarter, more engaged, and better connected."[8] Successful coaching models should include frequent, regular internal *and* external peer networking opportunities

Internal peer meetings within an organization are excellent venues for perfecting operational workflows, introducing tools, and collaborating on difficult cases.

Internal peers can offer important, detailed insight and advice, as they are held to the same expectations, are experiencing the same challenges, and better understand the details of system abilities and constraints.

While internal networks offer certain benefits, networks of external peers in other organizations provide new, unique viewpoints and assistance.

Participation in external peer networks, such as PTI, provides coaches with the opportunity to learn from the experience of others, cross-pollinate ideas, collaborate for new solutions, share best practices, and gain fresh perspective on challenges.

"Hearing transparent stories about how my peers in other organizations were tackling challenges, greatly increased my knowledge and confidence about how to do the work of improvement."

-PTI Participant

[8]Dasteel, J. (2017, June 7). The Power of Peer Networks: 5 Reasons to Get (and Stay) Involved. Retrieved November 10, 2019, from https://www.forbes.com/sites/oracle/2013/11/26/the-power-of-peer-networks-5-reasons-to-get-and-stay-involved/#2cb5df4d2ada

Conclusion

+ *If You Knew Then, What You Know Now . . .*

+ *Summary*

+ *Acknowledgements*

05

IF YOU KNEW THEN, WHAT YOU KNOW NOW . . .

PTI participants shared what could be done differently by their organizations and the technical assistance program to support practice coaches and facilitation efforts:

What provider organizations could do differently:

- Increase coach capacity by identifying other potential roles within the organization that may be a good "skills" fit to transition to coach (e.g., provider relations representatives).
- Scale up the number of people who are working directly with practices and tailor activities to specific providers to receive more frequent touches and allow for deeper dives into barriers to change.
- Build a culture of quality by providing improvement methodology and targeted skills trainings to a wider range of organizational and provider practice staff.
- Leverage and align staff already touching the practices to coordinate efforts before scaling coaching.
- Create and share a more structured plan clarifying expectations of internal/external stakeholders to accelerate understanding and expedite results.

What technical assistance providers could do differently:

- Support organizational buy-in by providing a worksheet to calculate return on investment and formulate talking points that bolster the initiative as a priority.
- Design a slower ramp-up for practice facilitation and more individualized technical assistance at the onset of the collaborative. Inexperienced coaches need the capacity to focus on one or two practices and work one-to-one with a master coach mentor to walk them through application of improvement methodology and tools and watch the expert navigate interactions with the practice.
- Develop practice assessment tools that solicit the necessary information in a succinct manner (the fewer items to rate and questions to answer, the better).

WHAT MATTERS MOST ABOUT COACHING FOR PRACTICE TRANSFORMATION
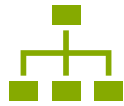
Build

Build Improvement Infrastructure

- Construct a Firm Foundation
- Define the Role of Improvement Coach
- Design an Impactful Coaching Model
- Make Practice Transformation a Priority

Engage

Engage Practices through Collaboration

- Develop the Mindset of a Servant Leader
- Invest the Time Needed to Build Relationships
- Walk Care Teams through the Improvement Process

Invest

Invest in Coach Mastery

- Provide Access to Technical Assistance
- Learn and Apply Improvement Methodology
- Build Skills for Practice Improvement
- Develop the Coach through Peer Learning

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The California Quality Collaborative (CQC) is a health care improvement organization dedicated to advancing the quality and efficiency of the health care delivery system in California. CQC creates scalable, measurable improvement in the care delivery system important to patients, purchasers, providers, and health plans.

Integrated Healthcare Association

The Integrated Healthcare Association (IHA) convenes diverse stakeholders, including physician organizations, hospitals and health systems, health plans, purchasers and consumers committed to high-value integrated care that improves quality and affordability for patients across California and the nation.

Center for Care Innovations

The Center for Care Innovations (CCI) is strengthening the health and health care of underserved communities. We cultivate innovation within organizations impacting care and services for low-income populations.