The Pittsburgh Safety Net Medical Home Initiative

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No less than other parts of the nation's primary care system, safety net providers – federally qualified health centers (FQHC) and look-alikes – will need external support to boost the quality and efficiency of the essential healthcare services they provide to more than 15 million Americans. Through their involvement in the Safety Net Medical Home Initiative (SNMHI), and with support from the Pittsburgh Regional Health Initiative (PRHI), ten FQHCs are using lean healthcare methodology to support Patient-Centered Medical Home (PCMH) transformation.

Launched in April 2008 by the Commonwealth Fund and eight regional co-funders, five regions were selected for participation in the SNMHI -- Colorado, Idaho, Massachusetts, Oregon, and southwestern Pennsylvania. A regional coordinating center (RCC) was designated for each site, to be responsible for recruiting community health center participants, providing on-site technical assistance and practice coaching to support medical home transformation, and convene regional and statewide stakeholders to break down policy and payment barriers to PCMH sustainability.

For southwestern Pennsylvania, PRHI was designated as the RCC. With its well-vetted lean healthcare methodology, Perfecting Patient Care^{SM} (PPC), PRHI is supporting health centers in medical home transformation using a systematic approach to quality improvement that was pioneered more than a decade ago.

About PRHI and PPC

PRHI was founded in 1997, at the instigation of the Pittsburgh-area business leadership, in order to act as a catalyst for better and more efficiently delivered health care. PRHI became the nation's first community-wide collaborative devoted to making an entire region's healthcare institutions safer, more efficient and more diligent in applying best practices through the use of quality engineering principles.

When PRHI was founded, systems improvement methodologies were virtually unknown in health care. The prevailing view on patient safety was that medical errors were unavoidable consequences of complex care processes. In other industries, however, systems improvement methods were proven means eliminating waste, preventing errors, and bolstering efficiency.

By adapting Lean/Toyota Production System principles, PRHI developed PPC--a patient-centered methodology for healthcare improvement. PPC teaches leaders and frontline workers to identify and analyze problems in real time, at the point of care, and to implement countermeasures in order to ensure that the same errors don't happen again. The PPC process assures that as error-free processes are adopted and standardized, care is perfected.

The PCMH model: The "What" of Transformation

The goals of the SNMHI include transformation of participating organizations to high-functioning patient-centered medical homes (PCMH), and identification and removal of payment and other policy barriers to implementation and sustainability of PCMH on a regional and national scale.

To support these goals, the SNMHI Project team, led by Qualis Health in collaboration with the MacColl Institute for Healthcare Innovation, identified eight "change concepts" that define high-functioning medical homes. In essence, the change concepts provide the operational definition of what a medical home should look like. The table below describes the change concepts:

Change concept	**Description**
Engaged Leadership	Provide visible and sustained leadership to support a culture of change, support a quality improvement (QI) team in guiding QI efforts, and ensure protected time for teams to engage in PCMH transformation activities.
Empanelment	A process for determining supply and demand, panel size and composition, and using panel data to proactively track and outreach to patients.
Continuous, Team-based Healing Relationships	An approach to organizing care that maximizes the skills, abilities and credentials of care team members, ensures that all patients are linked to a provider and care team, and that patients are seen by their care team whenever possible.
Patient-Centered Interactions	Respecting patient values and engaging patients in self-management in ways that are culturally appropriate and in a language and at a level that the patient understands.
Quality Improvement Strategy	A formal model for QI that incorporates metrics to evaluate improvement efforts, involves patients, families and providers in QI, and optimizes the use of health information technology.
Enhanced Access	Ensuring that established patients have 24/7 access to their care team via phone, email or in-person visits, and providing scheduling options that are patient-centered.
Care Coordination	Ensuring effective care management for high-risk patients by acting as the hub for all relevant services , including effective communications, links to community resources, integration of behavioral and specialty care, and supporting patients during care transitions.
Organized, Evidence-based Care	Utilizing point-of-care reminders and evidence-based guidelines to inform care, and engaging patient and team involvement in care decisions.

For a complete description of the "Change Concepts for Practice Transformation" visit *http://www.qhmedicalhome.org/safety-net/change-concepts.cfm*

The change concepts underscore two fundamental tenets of the PCMH model: 1. care should be delivered in ways that are patient-centered and evidence-based, and 2. providers and staff should be equipped with the tools needed to design and deliver care in ways that maximize their talents and skills. The ultimate outcomes of a well-implemented PCMH, therefore, should be satisfied patients and satisfied care teams who work together as partners.

Applying PPC to PCMH: The "How" of Transformation

There is an inherent alignment between Lean/Toyota philosophy, on which PPC is based, and PCMH goals. First, the PPC approach asserts that all systems should be designed around the patient to deliver care that is on-demand, defect-free, customized to specific patient needs, immediate, without waste, and safe for patients, providers and staff.

Second, the model is provider and staff centric. It recognizes that human capital is the most valuable resource within a practice and that the people who do the work of delivering care are the experts at solving problems and redesigning processes.

Third, it is the role of practice leadership at all organizational levels to drive and support continuous improvement, and sustain a culture of change. Leaders implementing lean are expected to "walk the walk" of organizational transformation, and ensure that barriers to continuous improvement are removed.

Once an organization adopts the philosophy of PPC, it can employ the tools and techniques to support care delivery redesign. Without the philosophy being strongly embedded, however, lean tools —rapid cycle improvements,

visual workplace management, standardized work, value stream mapping--will have limited utility in redesigning care.

Starting Transformation: It's All About the People

The success of any organizational transformation is dependent upon the people leading and doing the work. When beginning a PCMH implementation using PPC it is important to identify the internal champions—the people who understand the goals of and are passionate about the transformation—as well as the formal and informal leaders who will support the organization and maintain momentum for change. All team members should be oriented to the goals of the transformation (PCMH) and the method that will guide transformation efforts (PPC). Dedicated time to focus on QI efforts needs to be carved out for core QI team members and frontline staff engaged in work redesign.

Understanding the Current Condition

A deep understanding of the current condition must guide plans for improvement. Pittsburgh FQHCs began their transformation journeys by first broadly identifying the ideal state—what the PCMH would look like at their health centers if implemented well. Then they assessed current conditions by identifying strengths that would support them in attaining their goals, and potential barriers to success. This broad overview of the current condition highlighted improvement opportunities for the teams to delve into. The teams have used observation, process mapping and root-cause analysis to understand and act on complex problems: e.g., no-show rates, bottlenecks in patient access to care, care coordination within and between

the practice and the community, and suboptimal diabetes care. Once such problems were understood to root cause, teams could define specific target conditions, identify measures of success, and design action plans to effect change.

Implementing Change

The PPC approach involves identifying manageable problems and implementing well defined, iterative, rapid cycle experiments to test a change. One FQHC, for example, was faced with the challenge of moving from a traditional scheduling system to open access. The team experimented with adjusting a portion of one provider's schedule to open access, redesigning front office protocols to accommodate open access scheduling, and testing the effect on key metrics such as no-show rates, frequency of overbooking, patient flow, and patient satisfaction. Once tested and tweaked, the approach was then rolled out for all providers.

Measuring Success

Metrics that are relevant to the improvement being made and meaningful to the people redesigning the work are necessary to measuring success and maintaining momentum. In the open access example, the team determined that no-show rates were an important metric. No-show rates decreased from 28% to 6-8% under open access, and proved that easily scheduled access to care within 24 hours made a difference. Patient satisfaction scores have also improved, and clinicians and staff, notwithstanding significant changes in workflows, also reported higher satisfaction by providing more timely patient care.

Sustaining Change

Sustaining improvements is often the most difficult aspect of change management. Change fatigue, competing demands on time, limited resources, and the challenges of caring for underserved patients with complex needs can affect momentum for sustaining change. In response, Pittsburgh FQHCs have taken several steps, including regular assessment of metrics and posted results of experiments, and weekly reviews of the "improvements dashboard" that tracks the status of rapid cycle experiments. By keeping improvement efforts "on the radar," teams have been able to sustain QI results.

Lessons Learned to Date:

1. **PCMH transformation isn't easy, but it's certainly possible.** Change is especially challenging for safety net providers. Due in significant part to misaligned reimbursement policies, it's difficult for limited staff and resources to meet the needs of patients with complex health and socioeconomic issues. In the meantime, our FQHC teams are actively engaged, process and clinical outcomes measures are improving, and already one of the SNMHI participants has achieved the highest level of PCMH recognition.
2. **Common goals and language are critical to success.** All SNMHI participants are committed to delivering the highest quality of patient care. Having a common language among all team members that describes what the "highest quality of patient care" means (the PCMH model) and a method by which the goals will be achieved (PPC) is essential. The typical introduction to PPC and PCMH concepts -- intensive, off-site, hands-on training session followed by on-site coaching— clearly wasn't ideal for hard-pressed FQHC teams. PRHI instead offered on-site, just-in-time training. Also, PRHI is about to test its web-based quality improvement portal—*Tomorrow's Health*

Care[SM] — as a means of rapidly teaching and spreading PCMH and PPC concepts within and among FQHCs.

3. **It's all about the people.** Improvement efforts are only as powerful as the team that designs and implements them. Transformation requires committed leaders who ensure that clinicians and staff feel respected and have the resources and tools to effect change, and a high functioning team dedicated to achieving common goals.

Achieving Recognition as a Patient-Centered Medical Home: A Case Study

The National Committee for Quality Assurance (NCQA) offers a recognition program for primary care practices that demonstrate success related to a number of PCMH standards. There are three levels of recognition, with level 3 representing the most thorough implementation of the PCMH model. The level of recognition awarded by NCQA is dependent upon the number of and degree to which a practice demonstrates the consistent achievement of each of the standards and sub-elements within the standards. The application process is rigorous, requiring a practice to thoroughly evaluate every aspect of practice operations and provide documentation, in the form of written policies and procedures, data reports and performance on quality indicators. While somewhat daunting for primary care practices with limited personnel resources, the process offers the opportunity to deeply understand the current condition of practice operations as related to care system delivery design, highlighting strengths and opportunities for improvement.

In January 2010, North Side Christian Health Center (NSCHC), a FQHC participating in the SNMHI, embarked upon the NCQA recognition journey. At that time, NCQA recognition included 9 PCMH standards--built around the Joint Principles of Medical Home as defined by the American Academy of Pediatrics, the American Academy of Family Physicians, the American

College of Physicians, and the American Osteopathic Association--each with numerous sub-elements designed to further elucidate facets of care delivery consistent with the PCMH model. The standards included:

- Access and Communication
- Patient Tracking and Registry
- Care Management
- Patient Self-Management Support
- Test Tracking
- Referral Tracking
- Performance Reporting and Improvement
- Advanced Electronic Communication

The NCQA standards have since been revised, although the majority the elements remain. (For more information about NCQA PCMH recognition standards visit www.ncqa.org.)

The decision to pursue recognition was not one that NSCHC leadership made lightly, as they recognized the commitment of time and resources that would be required not only for the "nuts and bolts" of the recognition process—assembling, updating and organizing documentation and uploading to the on-line NCQA application—but also for the challenging work of redesigning workflows and revising policies and procedures to ensure that all elements of care delivery were consistent with the PCMH model. Upon careful consideration, the benefits of recognition were deemed worth the investment of time, resources, and work redesign. The motivations for pursuing recognition included measuring NSCHC against rigorous national standards, deeply understanding the current condition to guide improvement efforts, achieving targets for two initiatives in which NSCHC was involved, and positioning the organization to achieve pay-for-performance incentives and higher levels of reimbursement based upon PCMH recognition. The primary impetus, however, was consistent with NSCHC's mission to provide consistently high quality, person-centered care to all of its patients. The

application process afforded the opportunity to assess the degree to which NSCHC was achieving its mission, and offered the opportunity to have a "stamp of approval" from a nationally recognized program.

NSCHC recognized the need to align its NCQA recognition efforts with its other quality improvement initiatives, and determined that to be successful they needed to develop a structured plan that began with engaging the right leaders at all levels of the organization to support the PCMH transformation and recognition efforts. Once leadership were identified and aligned, the team applied what it had learned from PPC to the recognition process, and followed a structured approach that involved identifying a champion, evaluating the current condition, defining the target condition, implementing an action plan, evaluating metrics, and submitting the NCQA application. Let us explore each of these elements in further detail.

Engaging Leadership

When NSCHC decided to embark upon the NCQA recognition process, the organization had already begun a transformation journey. Two years prior, NSCHC was officially awarded FQHC status. While this is certainly an honor accompanied by funding and resources to further NSCHC's mission to serve the underserved, FQHC status also involves rigorous reporting and performance standards. As part of its efforts to structure quality improvement activities and ensure compliance with the quality improvement plan to which they are held responsible by the Health Services and Resource Administration (HRSA), NSCHC convened a multidisciplinary team of providers, administrators, and clinical support staff to guide QI activities. This team, comprised of both formal and informal leaders throughout the organization, served as a natural starting point for engaging key team

members in the recognition process. The team—including the Executive Director, Medical Director, Clinical Coordinator, Staff Physician, Chronic Care Nurse, Front Office Coordinator, and Patient Advocate—began by working with their practice coach from PRHI to understand the benefits and requirements of NCQA recognition. They contemplated what it would take for NSCHC to be successful, and grappled with the constraints on time and resources that the process would present. The team reached consensus that the investment was worthwhile, and communicated the vision to the board of directors and staff and providers. They committed to driving the process and supporting frontline staff in being successful in their work redesign efforts.

Making this commitment was not without its challenges. NSCHC is a relatively small organization, with approximately 30 staff and providers who work collaboratively to provide over 18,000 visits per year to its patient population representing a diverse urban neighborhood. Resources are limited, and there was no one person or group of people whose time could be freed up to focus solely on the recognition process. The work needed to be divided among a team of people who were busy with the daily demands of caring for patients with complex needs. It became the challenge of the leadership team, then, to balance these daily demands with the labor intensive work of the recognition process. Time of the leadership team—which, in the case of the clinical members meant lost productivity—needed to be carved out to focus on the recognition process, work redesign activities, and document preparation.

Balancing these demands, however, was not the only challenge facing the leadership team. NSCHC was also actively involved in other major QI efforts at the time it began the recognition process, including planning for an EHR implementation in spring 2010, progressing the work of the Governor's

Office of Health Care Reform's Chronic Care Initiative by focusing on improving chronic disease management for patients with diabetes, and maintaining the momentum for the PCMH transformation efforts in which NSCHC was engaged through the Safety Net Medical Home Initiative. With so many complementary yet distinct QI efforts underway, it became critical for the leadership team to understand the synergies between the various initiatives, align resources, and communicate a consistent message to staff and providers who, understandably, were at risk of feeling as though the recognition process was just one more thing being added to their already overflowing plates. To effectively maintain momentum for improvement, leadership consistently needed to reinforce why it is the organization was on the journey of the recognition process and the other QI efforts. They needed to routinely connect the efforts to the organization's mission, and reiterate the commitment to ensuring that resources and support would be available to ensure the team's success. They also needed to demonstrate their active involvement in the process. That is, they needed to do more than advise the staff and providers of the work that needed to be done—they actually had to take part in the work redesign efforts themselves, when appropriate. In essence, the needed to not only "talk the talk" but "walk the walk" as well.

Identifying a Champion

For QI efforts to be successful, an organization must identify champions who are enthusiastic about the change, are able to motivate others to engage in work redesign, and are seen as a trusted and knowledgeable colleague by others. For the NCQA recognition process, the leadership team determined that the champion also needed to be detail oriented, for she was going to wear a second hat of being the project manager for ensuring the team

stayed on track for achieving deliverables, and collating and submitting the volumes of documentation needed for the application.

The team did not need to look very far to identify its champion. Diana Williams, NSCHC's patient advocate, quickly emerged as the ideal choice of champion. Diana's role as patient advocate involved connecting patients with financial and community resources, coordinating care between NSCHC and external providers, and generally supporting patients in problem solving issues that impact their ability to manage their care. Serving in this role, Diana became incredibly knowledgeable about the needs of NSCHC's patient population, and had a thorough understanding of nearly all aspects of practice operations. She also understood the challenges and benefits of coordinating care beyond the walls of NSCHC, a skill that proved to be important not only to understanding the details of the recognition process, but more broadly to the PCMH model and the transformation efforts needed to realize its full implementation at NSCHC. She also had a particular knack for data, as she served as the team member who compiled and distributed monthly "report cards" related to diabetes care, and collated and reported performance metrics to a variety of quality improvement initiatives in which NSCHC was involved. Success in her diverse role at NSCHC also required that she be well organized and detail-focused, skills that were essential to the PCMH recognition process.

While Diana's skill was clearly aligned to the role of champion, it was her personality and commitment to and enthusiasm for quality improvement that ensured she was the ideal champion. In many ways, Diana embodied the spirit of NSCHC, a faith-based organization committed to serving those most in need. Day in and day out, in each and every interaction with patients and colleagues, Diana demonstrated respect for others, compassion, and a willingness to partner in problem solving. Recognized by

patients and colleagues alike, this approach to her work resulted in Diana building significant "social equity" among the leadership, providers and staff. With the daunting task of aligning the entire NSCHC team to work collaboratively on PCMH transformation efforts and the NCQA recognition process, this equity was critical. After all, she would be the person largely responsible for helping the team to remain motivated, maintain momentum for change, and meet deliverables. She'd had experience in serving this important role before, as she was also the champion for the GOHCR and SNMHI work in which NSCHC was engaged. The leadership team concurred that Diana was very well suited to serve as the champion for the recognition process, and committed to supporting her in this role. Diana embraced the challenge wholeheartedly.

Understanding the Current Condition

Any successful improvement efforts using PPC must be built upon a deep understanding of the current condition. This is especially true in a major undertaking of a recognition process that requires the demonstration—in all aspects of practice operations—of accomplishment of multiple standards. In January 2010 the NCQA recognition leadership team began the process of dissecting the current condition. The team met with their PRHI coach to complete a self assessment of where NSCHC stood in relation to each standard and element. They asked themselves: 1. Do we currently meet this standard? 2. Do we have accurate and current documentation to prove that we do?

To accurately answer these questions and define the current condition, the team reviewed existing data and documentation. At the outset of the PCMH transformation work in which NSCHC engaged, the team completed

thorough observation of patient flow and related practice operations, and they used these data and the subsequent improvements made based on them, to inform their understanding the current condition at the outset of the recognition process. Additionally, those team members most closely related to the work surrounding each standard were tasked with collecting and analyzing existing documentation and workflows to assess the degree to which NSCHC was currently meeting standards. For example, the medical director, who also served as the primary champion for the EHR implementation, had the most thorough understanding of the elements related e-prescribing, electronic communications, and the use of electronic clinical data. The clinical coordinator was best positioned to assess the current condition related to access and communication standards. The front office coordinator was most knowledgeable about elements such as managing patient data, scheduling, and referral tracking. The key to success at this stage of the process was to rely on the expertise of those who do the work to assemble and assess data relevant to the current condition of each standard and element. With 9 standards comprised of more than 150 elements, there was more than enough work to go around, and the current condition could only be fully understood with the input of each of the team members most closely connected to the work.

To construct the current condition and complete the self-assessment, the team initially met weekly to discuss their results and chip away at the self-assessment. The time dedicated to this activity was deemed worthwhile, as the team agreed that by fully understanding the current condition they would be well positioned to define an aggressive yet achievable target condition and the work redesign that would need to be accomplished to achieve the target. By the end of January 2010 the team had defined its current condition and completed the self assessment, and work began on defining the target condition.

Defining the Target Condition

The current condition assessment identified areas of strength and opportunities for improvement that informed the target condition. The current condition revealed that, in several areas, NSCHC was able to demonstrate successful, consistent achievement of many elements of the NCQA standards. Access and communication policies and results, patient demographic and clinical data management, and aspects of care management, for example, emerged as areas of strength. Areas of opportunity for work redesign also emerged, namely continuity of care, advanced electronic communication, and aspects of care management for specific disease conditions.

To inform the target condition the team evaluated the current condition as it related to all 150+ elements and identified three distinctive categories:

1. The element is in place, and we have accurate documentation to support it
2. The element is in place, but we do have limited or no documentation to support it
3. The element is not in place, and we have no documentation to support it.

To define a realistic target condition the team identified the need to closely evaluate the elements that fell into the third category. That is, they needed to decide which of the elements were deemed short term priorities that could be achieved as part of work redesign prior to application with personnel and financial resources available, and which may be longer term priorities requiring a more significant investment of time and money.

The team also weighed other important factors when defining the target condition. For example, through their involvement in the GOHCR Chronic Care Initiative, specific targets related to the time frame for submission and level of recognition were identified that impacted the decision making about

the target condition. Similarly, the SNMHI identified specific deliverables related to NCQA recognition. Aligning these targets with NSCHC's internal goals, resources and competing demands proved to be essential to defining an ambitious, yet achievable, target condition.

The team initially set a target of completing the recognition process by mid-July 2011, and they aimed to receive a recognition at level 1 plus (achievement of all level 1 requirements plus additional care management elements not required for Level One recognition). However, this target condition was modified in the spring 2011 when it became obvious that the majority of the QI team's efforts, and frankly those of nearly every staff and provider in the organization, needed to be dedicated to the implementation of a new EHR system, an undertaking that proved to be significantly draining on time and resources. There were also perceived benefits of revising the target to the application process as well. The new EHR system, for example, contained robust data reporting tools that would be very useful in generating documentation to support the application. Many clinical and operational workflows were impacted by the implementation of the new EHR system, necessitating updates to work design, policies and procedures, many of which were integral to PCMH recognition. Once the EHR system was successfully installed, the team also had a much better understanding of NSCHC's performance on a number of measures thanks to the data reporting functionality of the system. These data further informed the current condition and caused the team to realize that they may be well positioned to achieve a recognition higher than level one plus. Given their relative newness to the system and the reporting capabilities, however, they weren't entirely convinced that revising the target of level one plus was warranted. They did, however, revise the timeline for recognition from mid-July to mid-October 2011 to account for the impact of the implementation of a new EHR system on all aspects of clinical and operational workflows. Therefore, the

target condition was submitting an application to NCQA consistent with level one plus achievement by October 15, 2011.

Implementing an Action Plan

Upon defining the target condition the team set out to define and implement a highly specified, achievable action plan that clearly delineated roles, responsibilities, and expected completion of work activities. They first began by assigning responsibilities to achieve the work associated with the "low-hanging fruit,"—activities related to the elements that fell into category one defined above (activities for which there were evidence and documentation to demonstrate consistent implementation of a given element). They outlined the documentation requirements for each element (e.g. written policies/procedures, data reports generated from the EHR system or chart abstraction, screen shots of EHR clinical workflows) and assigned responsibility for assembling the documentation to the team member most closely associated with the work.

Next came dividing the tasks related to the second category of activities, or those for which the current condition assessment revealed workflows to support implementation of the element, but a lack of sufficient documentation to demonstrate consistent achievement. These tasks were perceived to involve limited work redesign, but potentially significant effort to elicit the expertise of front line staff to create or revise written policies and procedures, implement and evaluate updates to work design, and formalize the new or revised written policies and procedures. These tasks, therefore, required those assigned to them to coordinate the efforts of multiple team members to identify and implement improvements.

The third category of activities—those for which there was little or no evidence of implementation of and documentation to support achievement of elements—required thoughtful evaluation and implementation planning. For example, when reviewing elements related to the standard of advanced electronic communication (e.g. interactive website, electronic patient information, and electronic care management support) the team decided, based upon the limitations on financial and technical resources needed to achieve some of these elements, and weighing the perceived limited value such elements would add to care delivery, to defer improvements related to these elements for incorporation into long-term strategic goals rather than to the action plan for the application process.

Other activities in the third category, however, were deemed essential to NSCHC's mission to providing patient-centered care, and to achieving the level of recognition to which the team had strived. Of particular note were opportunities to enhance test tracking, referral tracking, and patient self-management support. These opportunities were anticipated to require the most significant amount of effort, as they required creating new or significantly changing existing workflows, testing the changes, and creating and formalizing written policies and procedures. Success in this arena depended upon the leadership team's ability to engage front line staff most closely connected to the activities, implement and assess the effectiveness of improvements, and coordinate efforts to develop written policies and procedures to support the newly defined workflows.

When creating and implementing the action plan the team needed to thoughtfully consider the available resources (financial and personnel) and work effort involved with each activity, and identify deliverables and a timeline consistent with the demands of each improvement. To help manage the action plan for such an enormous undertaking, the team used a

project management tool , organized by NCQA standard, that detailed the specific elements, work activities, responsible team members, necessary documentation, due date, and status of all activities. Diana Williams, in her role as primary champion for the NCQA application, solicited feedback from the team regarding work status, updated the status of each activity, collected and organized the documentation associated with each element, and kept the team apprised of progress.

The success of the implementation of the action plan was due, in large part, to the deliberate and thoughtful process by which the team developed it. The plan was highly specified as to the content, timing, sequence and expected outcomes of all activities, and was informed by a thorough understanding of the current condition and clear definition of the target condition. It required collaboration of a multidisciplinary team of expert staff and providers, and the careful coordination of a project manager and champion who ensured the team stayed focused and on track with the action plan.

Results

The implementation of the action plan resulted in submission of the NCQA PCMH recognition application in October 2011, as outlined in the target condition. The results were impressive, with NSCHC achieving level 3 recognition and exceeding their expectations of level 1 plus. Beyond the recognition, however, NSCHC realized significant benefits of applying a structured QI approach to their PCMH transformation and recognition work. Through the collaborative approach NSCHC has taken to this work, team cohesiveness and skills related to QI have been enhanced. The thorough evaluation of the current condition highlighted aspects of NSCHC's care delivery system that were working well, which helped to build team morale

and confidence that the hard work they do each and every day is evident in the care they provide. The evaluation also revealed a number of opportunities for improvement to enhance care. For example, the team identified gaps in care management and coordination services, particularly as related to referral and test tracking and follow-up. They uncovered challenges with patient-centered interactions and access to the health center, both by phone and for appointments. These opportunities are now guiding the continued transformation efforts of NSCHC.

Work on PCMH transformation has not ended with the achievement of level 3 PCMH recognition. While the recognition represents a significant accomplishment and acknowledgement of the investment NSCHC has made to continuous quality improvement, it does not signify an end to the journey. In fact, in some ways, it represents a new beginning. The engagement in transformation efforts has expanded far beyond the original quality improvement team to virtually all staff and providers. NSCHC's motivation for continuous quality improvement remains strong, and seeing the power that a structured methodology can have to move transformation efforts forward has been energizing.