

## 10) Patient Centered Medical Home: Culture Engagement Program

### Partners HealthCare Population Health Management

*Timothy Ferris, MD, MPH, SVP, Population Health Management, Partners HealthCare, Massachusetts General Hospital, and Massachusetts General Physicians Organization;*

#### PROJECT DESCRIPTION

Throughout the country, Primary Care is faced with ongoing waves of healthcare reform (e.g. Accountable Care Organization, ICD-10, changing payment structures). Locally, within our network, physicians are also facing an influx of change from the implementation of a new Electronic Health Record (EHR), transformation to a patient centered medical home, and ongoing metrics to improve patient care while reducing cost.

The Patient Centered Medical Home (PCMH) team has developed tools to redesign the practice and create efficiencies that will outlast the ongoing waves of healthcare demands. As effective as these tools are, the local culture and collaboration of team-based care will ultimately dictate the success and sustainability of an organizations improvement efforts.

To support primary care practices, and better leverage the skills of the entire care team, we developed a culture engaged program. The start of this program began several years ago with the completion of the Agency for Healthcare Research and Quality (AHRQ) safety survey. This survey includes 10 domains and assesses the effectiveness of staff communication, training, standardization, patient tracking and the overall quality and safety of patient care. The survey results were shared with key stakeholders within the organization and practice leadership, which led to several improvement projects based on the preliminary results. In 2015, we developed a formal culture engagement program to engage all primary care practices.

The program began with a team of central PCMH consultants who met with each practice's clinical and administrative leaders to review the survey data and identify at least one area to target. The culture engagement program offered a menu of options for considerations, and in some cases, practices self-identified a project to best meet the needs of their staff. The central menu included the below areas, and all activities were facilitated by the central consultant team.

- Staff focus groups – allowing leadership to hear from staff and ultimately provide staff the autonomy to identify areas of opportunity.
- Team building sessions – presentation on “Understanding Communication Styles” among staff.
- Staff meetings – central forums for management and staff to discuss practice operations, share ideas, and review upcoming system/ metrics changes.
- Mission development– convening multi-disciplinary workgroups to draft the practice mission and commitment to high quality patient care.
- Job shadowing – opportunities for clinical and administrative staff to observe the role and workflow of other workplace areas within the practice
- Practice retreats - session with multi-discipline representation focused on an area of practice redesign (e.g. revisiting/revising standard work, patient time studies, identification and eliminated of waste).

Other projects identified by the practice and during focus groups included, establishing a patient/family advisory group and creation of a communication board for staff.

To ensure accountability and follow through on the identified culture projects, leadership completed an action plan template with defined next steps. In the fall of 2015, staff will complete the same AHRQ survey mentioned above. The results will be compared to baseline data and shared with key stakeholders and practice leaders.

The culture engagement program provided an exemption to any practice scoring above the national 75th percentile on all 10 domains within the AHRQ survey. To further understand the importance of a “healthy” organization culture, outcomes data for these sites was compared to the network.

#### OUTCOMES ACHIEVED

- 36 practices conducted staff focus groups
- 19 practice retreats completed (varying from 1 hour to ½ day)
- 33 practices implemented regular staff meetings
- 10 practices chose a culture engagement project outside the central menu of options.
- AHRQ pre/post survey results will be available in January for further comparison
- Practices that demonstrated the healthiest culture, scoring above the national upper quartile in all 10 AHRQ survey domains, consistently performed better on patient outcomes, but not screening (See Figure 2). The identified screening measures are typically done outside the practice and rely more on the collaboration and scheduling of other providers.

## LESSONS LEARNED

- Leadership follow-through after staff focus groups is critical; not all suggestions can be addressed however it is important to identify a few next steps.
- Practice staff meetings should be regular, meaningful and include input from all members of the team.
- Leadership presence and involvement in the daily operations of a practice creates a positive workplace.