# “Essentials of Practice Coaching Programs” Workshop A6/B6

Tool/Resource: Practice Coaching Standardized Training Curriculum

Source: AF4Q Practice Coaching Program Manual

http://forces4quality.org/pcpwg-phase-i-manual-and-tools

| **Title of Section** | **Curriculum** |
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| **Introduction to Practice Facilitation** | * What it is * Building capacity vs. doing for and knowing the difference * Looking for opportunities to build capacity |
| **QI in Primary Care** | * Introduction to the Chronic Care Model * Introduction to Patient Centered Medical Home * The coaching/facilitation model/process that will be used in this project (brief overview based on practice facilitation process submitted to AHRQ – reviewed by this group) – brief overview * Initial meeting (w/ MD) * Identifying project leader in the practice * Readiness Assessment * Assessment * Creating/engaging the QI team * Setting aim (practice centered but consistent with overall project aim) * PDSAs * Other high value “change” tools (e.g., key driver diagrams, fishbone diagram, change concepts, etc.) * High priority change topics (from key driver document and/or ist generated by the practices that will be participating in project – prior to training) – brief review * Example: IPIP (registry, templates, protocols, self-management support) * Example: LANet (LA Net is a community-based Practice-Based Research Network (PBRN) focused on health disparities reduction in Southern California. Group visits, Advanced access, Care coordination, Patient activation, Population management) |
| **QI Skills Development** | * Model for Improvement * Setting aims with practices * Keys to productive PDSA cycles * Principles of reliability |
| **The Toolkit** | Review AHRQ toolkit – contains several tools to help coaches work with practices |
| **The Change Package** | Any project should have a clear change package of all the pieces they expect a practice to implement. The Chronic Care Model is one type of change package. |
| **Using Data to Drive Change** | * Creating a practice data dashboard * Using chart audits and feedback * Benchmarking * Using qualitative data and practice narrative * Identifying data patterns and signs of improvement * Importance of predicting the next data point |
| **Conducting an Initial Assessment** | * Assessing readiness – criteria for this project * Being practice centered/led vs. externally driven * Identifying the project leader * Conducting wait room surveys (cycle time observations) * Conducting chart audits * Accessing and using registry, billing, EHR, lab other data * Presenting the results |
| **Forming a Coaching/Facilitation Team Based on Practice Interests/Needs** | * Identifying the expertise you have and need (complete self assessment) * Communicating and accessing your experts’ knowledge and cost effectively * Identifying “exemplars” * Patient representatives on team |
| **Facilitation and Project Management Skills** | * Running a good meeting (in the primary care world) * Making a good presentation (in the primary care world) * Keeping a project moving forward * Project management techniques, skills, resources * What can bog it down * Effective communication (in primary care world) * Resolving conflict, dealing with difficult situations |
| **HIT (EHRs and Registries)** | * Current trends in HIT including Meaningful Use) * Their role in QI and practice transformation * The RECs and their role * The basics – overview of process |
| **Ethics and Professionalism** | * Confidentiality * Privacy * HIPPA * Human subjects/consent * Safe data management/storage/handling confidential materials policies |
| **Professional Development** | * Supervision * Support * Challenges of coaching/facilitation * Coaching/Facilitation learning circles * Connecting to a broader community of practice coaches |
| **Administrative Procedures** | * Documenting the visit * Work schedule * Reporting requirements |
| **Timely/Special**  **Issues** | * Competing projects * Turning competing projects into an opportunity to solve problems with practice * Developing “comprehensive change” plans with practice * Business case for QI * Healthcare reform – national and local implications |

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