

Leveraging Existing Infrastructure for Statewide Practice Improvement

Maine

In 2006, Medical Care Development (MCD) successfully obtained grant funding over two years to establish the Maine Practice Improvement Network (MPIN). At that time, MCD

partnered with five large regional Physician Hospital Organizations, the Maine Medical Association, the Maine Primary Care Association, and multiple physician practices throughout the state, to form the Maine Practice Improvement Network. The goal was to create a structure and a process for the members of the MPIN to share effort, cost, resources, and learning related to office practice redesign, improvement knowledge, and implementation of the Planned Care Model, leading ultimately to improved patient outcomes.

When the funding ended, MPIN did not. Satisfaction with the benefits of the network led most of the participating entities to continue the network by using their own resources to maintain the activities. The benefits of MPIN were also recognized and supported by statewide partners such as Quality Counts, Maine's leading organization in health care improvement, and the Maine CDC's Cardiovascular Health Program.

The early work of MPIN focused on education, training and embedding quality improvement (QI) coaches in health systems to improve access, efficiency, and the delivery of patient-centered planned care for patients with multiple and/or complex chronic conditions (such as heart failure, COPD, depression, and diabetes). The MPIN quality coaches also began to provide technical assistance to health care practices participating in NCQA Patient-Centered Medical Home (PCMH).

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Lessons Learned

- Scan the environment and make an assessment first to see what organizations are already doing, then identify those with solid experience and expertise you can tap into.
- Bring leaders together from various partner organizations and get them on board early in the process. This increases the geographic and population reach.
- Enlist statewide health care system and QI representation to set collective priorities and agreed upon milestones.
- Draw on evidence-based coaching methods that exist on local, state and national level. Model the methods you teach in your own work and relationships.
- Evaluate the work and hold all partners to quality standards.

In past five years, Maine has continued to make significant progress in the commitment to transform primary care to a more patient centered model of care, with the ultimate goal of helping all practices transform to a PCMH model. Maine was chosen as one of the 16 Alliances in Aligning Forces for Quality (AF4Q) and has successfully launched the Maine PCMH Pilot. Both of these statewide initiatives are led by Quality Counts in close partnership with the Maine Health Management Coalition and the Maine Quality Forum. The PCMH pilot engages quality organizations, payers, providers, employers, consumers, and other stakeholders in a statewide initiative aimed at practice transformation through collaboration.

With the increasing QI initiatives, one of the major goals of Maine's AF4Q Alliance was to support and expand the statewide network of QI coaches to provide opportunities for mentoring, education, training, and networking. This coordination supports a more efficient and cost effective system than each organization undertaking QI efforts individually. This model also ensures standard levels of competency and service for QI coaching across the state.

Representing three organizations and Maine's QI coaching professionals, Elizabeth Foley from MCD, Valerie Jackson from Maine Medical Center Physician-Hospital Organization, and Sue Butts-Dion from Quality Counts were charged with examining the existing resources and building on these for the development of standardized statewide practice coaching resources. "Together we wanted to provide a balanced and all encompassing perspective to help develop standardized training and coaching competencies in the state," said Foley. This meant developing job descriptions, practice service agreements, and other tools all covered in a training curriculum that could be agreed upon and implemented statewide.

In 2011, MPIN launched the Quality Improvement Coach Training with experienced faculty and 16 coaches-in-training. The curriculum includes quality improvement theory, instructional materials on how to build QI infrastructure, engage practice leaders, and change culture within a practice, it also covers team dynamics, facilitation and relational skills. It is designed as a very interactive training with didactic instruction, case studies/scenarios, open inquiry, role playing and group exercises.

The MPIN Quality Improvement Coach Training is a significant step in supporting the growth and sustainability of practicing coaching as tool in helping all practices transform to a PCMH model. Maine has more than 25 coaches either embedded in health systems or as external consultants. The Patient-Centered Medical Home Pilot currently has 13 coaches actively supporting 26 adult and 4 pediatric practices.

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