

The Power of a PEA



Western New York

When Universal Primary Care (UPC) needed to transition to a new electronic medical record (EMR) system at the same time they were starting to work on NCQA Patient Center Medical Home (PCMH) certification and “meaningful use” attestation, they contracted with the Upstate New York Practice Based Research Network and P2 Collaborative of Western New York to bring in a Practice Enhancement Associate (PEA).

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The PEA, essentially a practice coach trained in quality improvement resources, was sent in to help UPC—a rural clinic that predominately serves low-income Medicaid patients—navigate the complicated transition from a paper-based system to an electronic one. The short-staffed and cash-strapped clinic was at first skeptical and reluctant to welcome the PEA into its practice.

“As a safety net practice, with very little extra capacity to take on new projects, I was a bit hesitant about the PEA process,” said practice CEO Gail Speedy. “It seemed to me that I was going to have to reallocate resources already deployed on other projects within our organization to help out the PEA, train the PEA on our EMR, etc.”

The PEA initially helped UPC with the transition to the new EMR system, while also laying the groundwork within the practice for the changes that needed to be made for PCMH certification. She established good relationships within the practice with all of the functional areas, including practice administration, IT, and clinical personnel. Then, step by step, the PEA helped the practice develop a PCMH plan and a methodical, detailed process for collecting data and tracking progress.

The hard work paid off as UPC received level III PCMH certification, which Speedy accredits to the “phenomenal” partnership between the practice and the PEA. “Had we not had a PEA, I very much doubt we would be a PCMH right now,” she said.

Kate Ebersole, director of regional QI for P2, said the greatest challenge was the practice’s fear that the PEA would create unnecessary work and skepticism that the process could actually help it achieve PCMH and transition to EMR at the same time. Today, UPC is reimbursed at a higher rate, including a \$3 PPM higher reimbursement from the largest health plan in Western New York. Through the PEA program, P2 has provided this kind of QI support, resulting in financial advantages through meaningful use incentives to 150 practices (approximately 695 providers) and with five hospital systems (consisting of another 130 providers) throughout Western New York.

Having a good fit between the PEA and the practice, and a well-trained and effective person in the PEA role, indeed benefited the practice.

“As a one-time doubter, I’ve become a champion of the PEA program... the PEA that I work with has been an ideal for our organization and has not, as I feared, created work for us,” said Speedy. “Instead, she has done the opposite and saved us an incredible amount of time and energy. I would highly recommend the PEA program to anyone. We are certainly grateful for the opportunity.”

Lessons Learned

- A good practice coaching and facilitation program needs to be built on a combination of factors, including good relationship-building with the practice before initiating the process, well-trained coaches, and a feedback loop from the practice to ensure the coach is a good fit and doing the work expected at the practice level.
- Successful programs like this one require local resources and funding. The PEA program is working on a sustainability and expansion model by diversifying grant opportunities.