Aligning Forces for Quality | Improving Health & Health Care in Communities Across America

Robert Wood Johnson Foundation

TOOL/UTILITY

Practice Improvement Capacity Rating Scale

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The Practice Improvement Capacity Rating Scale is a resource for practice coaches to identify readiness of ambulatory practices to conduct quality improvement (QI) activities and how best to structure consultative support. The rating scale addresses a fundamental question facing practice coaches and those implementing practice coaching programs: "How do we strategically allocate scarce practice coaching resources in ways that maximize QI impact?"

When is a good time to implement a rating scale? We suggest that your program consider using this tool when you are introducing a new QI initiative, when you are entering a new phase of a program and are considering asking new practices to join, and when you are considering which practices from a current cohort to continue in a QI initiative. The tool can be helpful when you cannot offer the QI initiative to all the practices in your community or when you are prototyping a new content area and you want to select highly motivated practices.

The Practice Improvement Capacity Rating Scale was created based on a literature review of factors driving successful execution of QI initiatives and extensive input from Humboldt County Alliance Practice Coaching Program. The scale was prototyped with Humboldt's practice physician champions and administrators, culminating in a scoring system that designates a practice as "red" (not ready to engage in QI work), "yellow" (limited capacity for QI work at this time) or "green" (ready and capable for immediate QI work).

Instructions for Using the Practice Improvement Capacity Rating Scale

Step One: *Determine who you will interview at each practice*. It could be a physician leader or a practice administrator. Develop a short script for the interviewer. Determine how you will reach out to your targeted interviewee.

A script might include the following key messages: "I would like to meet with you face to face to discuss your practice's status so we can provide an effective coaching intervention based on your practice's status and anticipated needs. I'd like to establish a common language around key organizational and practice-level issues to determine the current state of your practice from the perspective of initiating (continuing) quality improvement activities. We have used this tool with practices in other AF4Q communities; leaders have stated they found the interview insightful, helping them to develop a better understanding as to what key elements are needed

About Aligning Forces for Quality

Aligning Forces for Quality (AF4Q) is the Robert Wood Johnson Foundation's signature effort to lift the overall quality of health care in targeted communities, as well as reduce racial and ethnic disparities and provide real models for national reform. The Foundation's commitment to improve health care in 16 AF4Q communities is the largest effort of its kind ever undertaken by a U.S. philanthropy. AF4Q asks the people who get care, give care and pay for care to work together to improve the quality and value of care delivered locally. The Center for Health Care Quality in the Department of Health Policy at George Washington University School of Public Health and Health Services serves as the national program office. Learn more about AF4Q at www.forces4quality.org. Learn more about RWJF's efforts to improve quality and equality of care at www.rwjf.org/qualityequality/af4q/.

About the Author

Improving Performance in Practice (IPIP) provides technical assistance for the Robert Wood Johnson Foundation's *Aligning Forces for Quality* initiative. IPIP is working with Aligning Forces communities to provide customized support and capacity building for quality improvement (QI) projects, including guidance on sustainability efforts related to QI.

to run an effective QI initiative. The responses will be used to identify the level of support you need. Your data will not be posted or shared with other practices. I'd like to propose meeting with you in a quiet (out of clinic) environment for 20-30 minutes." Suggest locations that you could meet, such as a library or after hours in the clinic waiting area.

Step Two: *Prepare for the interview*. Before the interview, it may be helpful for the interviewer to populate the tool to increase your awareness of preconceptions of this practice. Score the answers. Make a note of why you scored the way you did based on the current information. Consider probing questions during the interview to make sure you have all the information.

Step Three: *The practice interview*. Introduce the tool. Reiterate what you told them in step one. Assure the interviewee this is not a grading system. Reassure them that you are using the tool to assess the level and type of support they will need.

It is important to begin with the first question, but the only order of subsequent questions is unimportant. If the respondent provides an answer that would put the practice in the "red zone' proceed with the interview, with the focus to collect the other pieces of information so your medical director or liaison has all the information to approach the practice. Proceed with the other questions.

In the prototyping phase, we learned that asking a question may lead to a long discussion with more details. As the interviewer, it may be necessary to jump around questions based on the interviewee's responses. If the responder volunteers beyond the question, let him or her proceed, and adjust questions accordingly as you review questions further down the survey. Don't feel limited by the questions. We also recommend that *you not score each question during the interview*. Instead, make notes on the intake sheet, either in the comments section, in the margins, or on the back of the sheet, to capture everything the interviewee said for each question asked.

Step Four: *After the interview*. Ask the interviewer, "Later, if I have questions, would you mind if I called you?" Also, note that question 7 asks about resources in the community—if they were unaware of resources or mentioned a new resource, make sure to come back to this before the end of the interview (either to educate them on unknown resources or find out more about resources you are unaware of). Ask the interviewee if he or she would like a copy of the blank tool. Some practices find it useful to review the questions with other staff. Describe what you will do with the results: "We will look at all of the results from our practices, determine what tailored interventions are needed, and identify what we need to include in future educational sessions or learning network activities based on what patterns we find across the practice responses."

Step Five: *Post interview*. Score each question. Multiply each score by the weighting for each factor. Send a thank-you note to your interviewee.

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For more information or assistance using this tool, contact Linda Cade at linda@cadehealth.com.

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Guide to Scoring for the Practice Improvement Capacity Rating Scale

1. Score each practice based in each of the criteria
    - Red = 0 points
    - Yellow= 5 points
    - Green = 10 points
2. Each criterion is weighted

    1: lowest importance

    2: moderate importance

    3: most important**

***Criteria with a weighting of 3 is a must-pass area. Practices need to be at the green level on all of these criteria to have a final score in the green.*

3. **Scoring**—Multiply the number of points earned for each criterion (0 v. 5 v. 10 points) by the corresponding weight assigned to that criterion, then sum up the individual scores for each criterion into a total score—for example, let's say the model included only the first two criteria listed in the table below:
    - 1st criterion: practice is "yellow"—score for this criteria = 5 points x weight of 3 = 15 points
    - 2nd criterion: practice is "green"—score for this criteria = 10 points x weight of 3 = 30 points
    - Total score (assuming there were only two criteria in model) = 45 points—the total possible score = 60 points if the practice had scored "green" on both: (10 points x weight of 3) + (10 points x weight of 3)
4. Final Scoring
    - Red—Practice is not ready for quality improvement (QI) work.
    - Yellow—Practice has limited capacity for QI work at this time but night be ready in the future if improvements are made in the must-pass criteria.
    - Green—Practice is ready and capable for immediate QI work.

Date: _____ Practice: _____ Interviewee: _____ Position: _____

Question	Weight	Criteria	Scripted Questions	Red (0 points)	Yellow (5 points)	Green (10 points)	Score	Comment
1	3	**Commitment: Senior Leadership: QI Champion/ sponsor** *Senior leadership: person or group that has responsibility for designation of time, finances, and resources* *(Physician, RN, office manager)*	Can you tell me about the commitment that senior leadership (the administration/ the practice) has made to the project? • Do you have a designated leader? • Is there a team that meets regularly? • In terms of time, finances, resources?	No designated leader for quality improvement *or* if designated, not actively engaged.	Leader designated for quality improvement work—however quality improvement team non-existent, *or* if exists, not meeting regularly to review project status/data.	Leader designated for quality improvement work and quality improvement team meets regularly to review project status/data and discuss improvement opportunities.		
2	3	**Commitment: Financial Resources**	IF NOT ANSWERED ABOVE: How do the leader and the QI team fit in QI work with their other responsibilities in the practice? • Are they paid for working on a QI project or is it volunteer work?	No time budgeted for QI activities. No specific funding to support QI activities.	Insufficient amount of FTE allocated for QI activities and/or limited/small amount of funding for QI activities.	Sufficient amount of dedicated FTE and funding allocated to QI activities.		
3	3	**Level of Physician Leader Support**	Do you have a physician leader who supports this effort? (Physician leader is one whom the other clinicians and staff look up to and identify as a leader.) • What is the relationship between this person and the QI team?	Physician leader has not been engaged in discussions regarding QI initiatives or has not yet confirmed their formal support.	Physician leader has confirmed their formal support of QI initiatives, but there are no regular meetings or interactions to discuss/review progress.	Physician leader demonstrates behaviors consistent with actively supporting QI efforts—this includes convening regular meetings with QI team leaders to review progress and help address issues/challenges.		
4	3	**Level of Practice Administrator Support**	Does your practice administrator or office manager support this effort? • How do they demonstrate this to the staff? (How does the staff know they support it?) • Do they meet with the QI team? • How do/will they help the QI team with this effort?	Practice administrator has not been engaged in discussions regarding QI initiatives or has not yet confirmed formal support.	Practice administrator has confirmed formal support of QI initiatives, but there are no regular meetings or interactions to discuss/review progress.	Practice administrator demonstrates behaviors consistent with actively supporting QI efforts—this includes convening regular meetings with QI team leaders to review progress and help address issues/challenges.		

5	3	**Competing Priorities**	Are there any changes that have occurred/are going to occur that may have an effect on this project? Are there any other projects the practice will be working on while this QI project is going on? • How do you see them affecting this QI project? • Do they overlap in terms of goals or data collection?	Currently converting to an EMR OR Significant staff turnover/changes OR # of QI projects competing for time of staff and resources OR Change in leadership expected or imminent OR Merger or acquisition anticipated in near future.	Modest competing priorities, such as end phase of EMR conversion OR Other QI projects, but winding down soon OR Relatively stable staff and leadership structure.	No significant competing priorities OR Significant issues/challenges impacting execution of QI activities AND Stable staff and leadership structure.		
6	2	**Communication**	• Does the rest of the staff know about this effort? • How have you kept the staff up to date with the progress of other projects in the past? • How are you communicating the work being done by the QI team to the rest of the practice?	Project not discussed at regular staff meetings, limited knowledge among practice physicians/staff, no data/information posted or distributed	Some effort devoted to sharing project information and updates with practice physicians/staff	Project information and updates discussed with practice physicians and staff at regular practice meetings, data/information shared, input/feedback recruited. Data posted in visible place.		
7	2	**Access/Use of QI Infrastructure/** **Resources Available in the Community**	Does your practice participate in any community improvement efforts? Any EMR sponsored or trade industry sponsored improvement efforts?	No practice awareness of QI infrastructure or resources available in the community.	Some awareness of QI infrastructure and resources available, but not yet accessing/using.	Practice is accessing/using QI infrastructure/resources available in the community.		

8	2	**Prior Experience Executing QI Projects**	Tell me about the improvement work your practice has done in the past • What kind of experience do the members of the QI team bring to the effort? • Do you keep a record of what you have tried and how it went? • How do you decide if what you try/ change is working? (You are looking for answers that indicate they use data to drive improvement.)	No identifiable improvement interventions pursued to date.	Improvement interventions pursued; but no formal QI method used (Model For Improvement, Lean, Six Sigma, etc.)	Previous improvement interventions pursued using formal QI method.		
9	2	**QI team designated with appropriate representation**	Who is/will be on your QI team? Why?	No QI team in place OR Several team members identified for QI activities, but there is a lack of balance representing the testing to be done (e.g., no RN included on team for PCMH)	Team members identified for QI activities. Balanced representation of staff based on QI activity. No patient partner on QI team.	Team members identified for QI activities. Balanced representation of staff based on QI activity. Patient/parent part of the team.		
10	2	**Reliability of data**	How reliable do you think your reports are? • Does the information seem accurate to you? • Do you compare your data to other practices or national benchmarks? • Is there someone who looks over the reports for accuracy? • Does the QI team review the reports?	No designated point person reviewing data for accuracy.	Point person designated, but no defined process for monitoring accuracy/timeliness of data.	Accuracy/timeliness of data monitored and addressed. Quality leadership person/team discusses data accuracy at regular intervals and identifies/pursues improvement opportunities.		

11	2	**Reliability of data collection**	How reliable do you think your data are? • Do you think the data you need are reliably entered into the EMR with each encounter? • Is there a way to tell if they are? • Does everyone follow the same process for getting info/data into the EMR?	Data collection solely dependent on clinicians at time of encounter.	Redundancy built into data collection process. Point person designated, but no defined process for monitoring accuracy/timeliness of data entry.	Defined process for monitoring accuracy/timeliness of data entry. Quality leadership person/team discusses data collection process at regular intervals and identifies/pursues improvement opportunities.		
12	2	**External Payment Incentives from Commercial/** **Governmental Payors Linked to the QI Project**	Is the practice being paid to participate in an improvement effort other than MU? Are you being paid to report on or meet quality measures?	Not currently.	Currently being discussed by commercial/ governmental payors, but not yet in place.	Currently in place.		
13	1	**Meaningful Use**	Where is your practice in terms of applying for meaningful use?	Not attested to meaningful use.	Meaningful use in design phase.	Meaningful use implemented and criteria met.		
14	1	**Source of IT support**	What do you do when you need to add fields to collect data or run reports? • Do you do this in office? • Do you need to contact someone outside the office? • Does this arrangement meet your needs/the needs for the QI project and QI team?	No internal or external IT support available to the practice.	Internal or external IT support available to the practice, but not meeting needs of QI initiatives.	Internal or external IT support to the practice is meeting the needs of QI initiatives.		

15	1	**Use of EMR/Registry/ Analytic Reporting Tool for Measurement/Data Reporting**	What data will you be collecting for this project? How do you plan to collect the data you will need for this project? • Is the information currently collected in your EMR? • Can you get reports based on the data from your EMR easily?	No EMR.	EMR in place, but data fields linked to key measures not embedded, or related data reporting capabilities (EMR, registry, or other analytic tool) not yet in place.	EMR with data fields linked to key measures embedded, and data reporting capabilities in place.		
						Total Score		
						Must-Pass Criteria Met	**Yes / No**	

Final Score—Circle level	**Red: 0-99**	**Yellow: 100-249**	**Green: 250 or greater and *all must-pass criteria met***