Health care organizations today are under increasing pressure to provide higher quality care at lower cost. This is particularly true for small physician practices and health care organizations in rural communities that have more limited resources. In 2015, the Center for Medicare and Medicaid Services launched the Transforming Clinical Practice Initiative to enable 140,000 clinicians nationally to develop systems to improve care for their patients. The initiative will run for four years and supports the development of 29 Practice Transformation Networks around the country, which are collaborative networks to assist clinicians in developing core competencies specific to practice transformation. A parallel initiative, Support and Alignment Networks, will provide workforce development via professional associations and public-private partnerships. This article highlights the work of one Practice Transformation Network and how it plans to impact care quality in California.

The Pacific Business Group on Health (PBGH)/California Quality Collaborative (CQC) is one of five organizations in California, and one of 29 practice transformation networks (PTNs) nationally, awarded funding that includes both primary and specialty care. The CQC is partnering with the Integrated Healthcare Association and Center for Care Innovations on the initiative. The grant award for the CQC PTN is $18.4 million; 45% of the total award will be reinvested back into delivery systems of 16 public and private health care provider organizations supporting 4,800 clinicians in their efforts to measurably improve patient care for at least 3.5 million patients. The remainder of the funding goes to cover the program infrastructure including personal and technical assistance (e.g., training, coaching). The hope is that the program will lead to better care through improving quality measures by 15%, reducing spending on unnecessary services by saving $242M, as well as improving patient experience and clinician satisfaction with practice. A related objective is to increase clinician participation in value-based payment programs. Value-based care programs emphasize the triple aim of managing patient populations to achieve quality outcomes at lower costs as well as improving the experience of care.

There are three primary focus areas for the CQC program measures:

- **Clinical Quality**: Controlling blood pressure for patients with hypertension; asthma medication...
Recruitment is on-going and space is still available for interested organizations. Organizations that are interested in participating must show a strong commitment to the goals of practice transformation as well as having the ability to commit a minimum level of clinicians to the program, participate across the 4-year lifespan of the program, and submit data on a quarterly basis on the above-mentioned measures.

California organizations that participate in the program will receive the following benefits to help them achieve the quality goals:

- **Payment:** $1,700 per participating clinician paid as achievement milestones.

- **Coaching Support:** Customized coaching on quality, data use and improvement, as well as the opportunity to connect with peers and share ideas.

- **Technical Assistance:** Customized consulting support on building systems to capture data (including hospital data), generate reports, and support preparation for alternative payment models.

- **Reporting and Feedback:** Quarterly reports by organization, site, and clinician.

CQC’s program model is focused on collaborative learning, while other PTNs in California are providing direct support to different types of provider organizations (e.g., pediatrics, safety net, academic medical centers, etc.). Practice coaches are hired by participating provider organizations and work with practices to develop quality improvement programs (QIP), provide QIP training, and help organizations develop data analytics skills. Practice assessments are survey tools designed to understand which practice areas are strong and which offer opportunities to improve. Assessments are currently underway and will help practice coaches understand in which areas the quality improvement work could begin for a given practice. For example, by conducting a practice assessment, a practice coach might learn that a practice does not have the ability to collect information about gaps in patient care, such as overdue HbA1c tests for their patients with diabetes. The CQC collaborative network will also share best practices and practice transformation tools and methods. In this early stage of the Practice Transformation Initiative, sharing between the health care provider organizations has included effective strategies for engaging clinicians and getting their buy-in for the quality and performance improvement work. Tools, such as assessments, that help the organizations understand strengths and weaknesses of practices and create a plan for engaging with them in phases have also been shared between the organizations. The role of the practice coach is a new type of position and the need for practice coaches is expected to grow. People in these positions need a good understanding of health care operations, quality improvement techniques, workflow analysis, data analytics, and the ability to develop relationships with key staff across the organization. Certainly, these skills are applicable to health information management professionals. As the program is just getting started, there is still much work to do as teams work to improve quality of care across California. For more information on the CQC PTN program, see: calquality.org/programs/practice-transformation/tcpi-hti.

References


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