Reform in Action: Improving Quality in Medical Offices

Insights from Aligning Forces for Quality

The National Committee for Quality Assurance reports that as many as 91,000 Americans die each year because they don’t receive the right evidence-based care for such chronic conditions as high blood pressure, diabetes and heart disease.¹

Quality improvement efforts can help clinicians improve care delivery and practice efficiency.² The Robert Wood Johnson Foundation’s Aligning Forces for Quality (AF4Q) initiative is helping doctors, nurses and other medical professionals systemically improve the quality of care they deliver. The push for quality improvement in clinics, doctors’ offices and other outpatient (ambulatory) settings is fueled in part by provisions in the Affordable Care Act to spur adherence to evidence-based medicine and help primary care practices improve.

AF4Q communities are developing interventions and pilot-testing techniques to improve the way ambulatory care is delivered. AF4Q alliances help providers redesign care systems so that high-quality, efficient, patient-centered care results.

Coaching for Clinical Change

Not only do successful athletes need coaches, health care providers also need them to help improve the care they deliver. Practice coaches are professionals with deep knowledge of health care and training in quality improvement techniques. More than half of the 16 AF4Q community teams use practice coaches to provide training and assistance to providers in their regions. Working with everyone in the practice—from the physician to the receptionist—coaches help develop a specific quality improvement goal and metrics for each individual practice.

Practice coaches in AF4Q communities use a variety of methods to approach quality improvement. In South Central Pennsylvania, coaches use “lean,” a production principle pioneered in the manufacturing sector that emphasizes efficiency and the customers’ wants and needs. Lean coaches help practices determine the root cause of problems that waste time and money and affect patient care. Practices were taught lean tools like Kanban, 5S and the spaghetti diagram. These tools helped practices pinpoint and rectify problems, like reducing the time spent obtaining supplies, preventing interruptions during patient consults, and assuring all the necessary patient information is captured in the electronic medical record (EMR). Regardless of the method, practice coaches provide an essential service to help practices improve workflow, adherence to evidence-based medicine, and relationships with patients.
Practice coaches in AF4Q communities also help spread the success of quality improvement interventions. In Cleveland, practice coaches helped spread a technique to improve pneumonia vaccination rates for patients with diabetes. During analysis of practice performance data, the alliance noticed pneumococcal vaccinations from a single health care system improved dramatically. The alliance was able to uncover the approach used by the system and deployed its practice coaches to spread the protocol. Coaches helped practices use their EMR to identify patients in need of vaccinations and create a standing order for administration of vaccines by nurses. In just six months, the rate of vaccinations increased 5 percent across the region.

**Keeping Patients at the Center**

The degree to which people are willing and able to take on the task of managing their health and health care plays a critical role in their health outcomes. AF4Q recognizes this and is helping ambulatory practices become more patient-centered. By embedding the patient voice and perspective across the continuum of quality improvement, health care is taking a page from more customer-focused industries like hospitality and banking.

In Oregon, for example, the AF4Q alliance developed the Patients and Families as Leaders program to elicit feedback from patients to guide practice redesign. The program helped develop patient advisory councils to alert practices of specific problems or issues and work with the practice staff to rectify them.

**Recommended Reading**

- Coaching Academic Medical Centers in the Chronic Care Model
- *Aligning Forces For Quality* Practice Coaching Program Manual
- How to Start and Run a Practice Facilitation Program
- Improving Performance in Practice: Rx for Primary Care
- Implementing Patient-Centered Medical Home Pilot Projects: Lessons from AF4Q Communities
- Engaging Consumers to Improve Ambulatory Care
- Staff Liaison to Patient and Family Advisory Councils and Other Collaborative Endeavors

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**AF4Q CASE STUDY: IT PAYS TO PRACTICE**

Letchworth Family Medicine near Buffalo, N.Y., was apprehensive about working with a practice coach. Like many rural medical practices, the office staff are short on time but have a long list of patients. They also were skeptical about whether federal incentive payments intended to spur quality improvement would really happen. Practice coaches provided by the AF4Q alliance in Western New York helped the practice transition from a paper record-keeping system to an EMR, and helped staff use the new system to produce reports on the well-being of patients with diabetes. Coaches worked with the practice to get the most out of their EMR: determing what patient data should be inputted, setting up registries to monitor patient health, and a creating a new process for workflow to adapt to the new system. This not only helped improve the quality of care, it enabled the practice to demonstrate ‘meaningful use’ of its EMR system, allowing it to begin receiving federal incentive payments. While on maternity leave, the practice coach received a message from the practice’s office manager: “I hate to bother you on maternity leave, but we started receiving our meaningful use checks, and we want to know how soon you can come back and work with us some more.”
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