



## FREE Learning Opportunity

Physicians and their office staff and Physician Organization staff have an opportunity to be a part of a new and unique Ambulatory Quality Network. It offers peer-to-peer learning groups, on line access to a repository of quality improvement strategies and other resources, and direct technical assistance from experts and peers on two topics: ***Patient Centered Medical Home*** and ***Implementing a Collaborative***.

This opportunity is available to physicians and physician organizations in communities participating in the Robert Wood Johnson Foundation's *Aligning Forces for Quality* (AF4Q) initiative. The Greater Detroit Area Health Council is southeast Michigan's AF4Q community.

All southeast Michigan physicians and their staff as well as Physician Organization staff are encouraged to take advantage of this free learning opportunity. Please see the attached pages for additional information, including how to sign up. The initial recruitment period concludes on April 5, 2010, although ongoing sign up is also offered.

For more information, you may also contact:

Lisa Mason  
Greater Detroit Area Health Council  
313-596-0811  
[lmason@gdahc.org](mailto:lmason@gdahc.org)

## Ambulatory Quality Network Overview

We are pleased to launch the Ambulatory Quality Network (AQN), as part of the Aligning Forces for Quality (AF4Q) initiative. AF4Q is the Robert Wood Johnson Foundation's signature effort to lift the overall quality of health care in targeted communities, reduce racial and ethnic disparities and provide models for national reform. AF4Q has been focused on quality improvement in ambulatory care since its inception. The goal of the Ambulatory Quality Network is to foster a collaborative peer learning environment and to assist communities with building infrastructure to sustain ongoing improvement for primary care practices. The first two topics the AQN will address are **Patient-Centered Medical Home** and **Implementing a Collaborative**.

### What is the Ambulatory Quality Network?

The AQN is intended to support existing and planned programs and activities of the community in ambulatory quality improvement. The Ambulatory Quality Network recognizes that ambulatory quality improvement (AQI) activities must be synergistic with other program components, including the public reporting of quality and the improvement of hospital care and transitions between settings. It also activates AQI leaders and creates a learning community across communities.

The Ambulatory Quality Network is comprised of:

- Peer-to-Peer Learning Groups – The peer-to-peer learning groups provide an interactive forum for clinician champions in the community, clinical network leaders and members of the Aligning Forces for Quality initiative to share strategies, tools and resource, lessons learned and innovations. The architecture is designed to foster a sharing environment between Alliances with expert input and facilitation. Each learning group will have a structured set of topics and be supported by an on-line repository to capture initiatives, tools and resources. **The first two learning group topics are Patient-Centered Medical Home and Implementing a Collaborative.** A structured curriculum has been developed around both of these topics (see last two pages.) The curriculum will be vetted with participants on the first web seminar that will take place in April 2010.
- AQN Resource Repository – The resource repository is a searchable database to inform participants about initiatives, strategies and resources to improve the delivery of ambulatory care in their geographic regions, and to share best practices that can be spread among the regions.

- Direct Technical Assistance from Experts and Peers – Through the learning groups, participants will have an opportunity to query national experts and peers on topic specific issues.

### **What are the benefits of participation?**

Support may come through a combination of tailored technical assistance from external resources and experts and direct knowledge exchange between peers.

If you participate in the AQN, you can:

- Engage national experts and leaders in QI to discuss topics;
- Access resources, tools and information on AQI initiatives in other communities;
- Learn from peer exchange in a supportive environment; and
- Tap into a flexible curriculum that is comprehensive and built around your needs.

### **Who should participate?**

The Ambulatory Quality Network targets partners in ambulatory quality improvement including clinician champions in the community, clinical network leaders and members of the Aligning Forces for Quality initiative. The curriculum is structured so that program managers of AQI activities or clinical leaders can choose to participate in the entire curriculum or just a few modules.

### **What is the time commitment?**

The time commitment is dependant on how many activities you want to access. Learning groups are likely to participate in one organized activity per month. That activity may be as formal as a web seminar or as informal as participating in an on-line forum discussion facilitated by an expert in a topic area. The curriculum is structured so that the modules can stand alone.

The duration of the learning groups has yet to be determined and will depend on the participants and topic, however, we would estimate the learning groups will operate over 12 to 16 months.

Recruitment for the learning groups will operate on an ongoing basis. However, there will be an initial recruitment period to conclude on April 5, 2010. In order to gain the most benefit, participants are encouraged to engage for the life of the learning group. New participants will be able to access previous materials through the AQN learning group Web site.

**How do I sign up?**

If you are interested in learning more or enrolling in the learning groups, please email:

1. [AQI-PCMH@forces4quality.org](mailto:AQI-PCMH@forces4quality.org) to enroll in the Patient-Centered Medical Home group; and/or
2. [AQI-Collaborative@forces4quality.org](mailto:AQI-Collaborative@forces4quality.org) to enroll in the Establishing and Implementing a Collaborative group.

You will receive a confirmation email and be asked some additional demographic information. Information about the first web seminar will be emailed to you late March.

**Who should I contact with questions or suggestions?**

If you have any questions about the AQN or suggestions about topics, please email [ambulatory@forces4quality.org](mailto:ambulatory@forces4quality.org).

## **Draft Curricula for Learning Groups**

Below are draft curricula plans and topics for the *Patient-Centered Medical Home* and *Establishing and Implementing a Collaborative* learning groups. This curricula will be reviewed on the first learning group web seminar for input from participants.

### Patient-Centered Medical Home

1. Getting Started
  - a. Provide a brief description of Patient-Centered Medical Home (PCMH)
  - b. Explain how PCMH fits into the larger AF4Q framework and brief introduction to AF4Q if needed
  - c. Briefly describe the learning group structure, format, faculty
2. Lessons learned to date from PCMH pilots and Demonstrations.
  - a. Results from the Center for Health Care Strategies Advancing Primary Care Practice Assessment
  - b. Safety Net Medical Home Initiative
  - c. Prescription for Pennsylvania
  - d. Group Health Cooperative
  - e. Geisinger Health System
  - f. Michigan, Massachusetts, Vermont, etc.
3. Strategies to Engage Practices
  - a. Outline potential strategies Alliances have used
  - b. Mobilizing consumers around PCMH as a way to engage practices
4. Practice Redesign Elements and Change Strategies
  - a. Leveraging HIT
5. NCQA PCMH Certification
  - a. Overview of the NCQA certification process and elements
6. Aligning Payment and Incentives
7. Sustainability, Spread and Ongoing Funding
  - a. Establishing lasting change
  - b. Establishing a business model and funding
8. Scan of Federal Policy and National Programs

### Implementing a Collaborative

1. Engaging Leadership
  - a. Achieving Buy-In for the Collaborative
  - b. Keeping leadership engaged

2. Strategies to Engage Practices
  - a. Potential overlap with PCMH session
  - b. Using Collaboratives and/or coaching
3. Data Collection Systems
  - a. Improving Performance in Practice (IPIP) data collection tools reviewed
  - b. Discussion about the use of registries
4. How to Structure the Collaborative
  - a. Meeting the needs of high and low performers
  - b. In-person v virtual meetings
5. Practice Redesign Elements and Change Strategies
  - a. Potential overlap with PCMH session
6. High Leverage Areas for Improvement
7. Sustainability, Spread and Ongoing Funding
  - a. Potential overlap with PCMH session