

About the Transforming Clinical Practice Initiative

With support from the Centers for Medicare and Medicaid Services (CMS), the **Transforming Clinical Practice Initiative** (TCPI) is designed to assist more than 140,000 clinician practices over the next four years (2015-2019) in sharing, adapting and further developing comprehensive quality improvement strategies. This is the largest investment by the federal government in clinical transformation support with \$685 million in funding allocated to 39 national and regional collaborative healthcare transformation networks and supporting organizations.

29 Practice Transformation Networks (PTNs) will provide technical assistance and peer- level support to assist clinicians in delivering care in a patient-centric and efficient manner. Examples include providing dedicated coaches to help practices better manage chronic diseases, supporting improved patient access to practitioners through e-mails and other information technology applications, and helping to advance improved access to remote and virtual care.

10 Support and Alignment Networks (SANs) will support the PTNs by providing a system for workforce development and additional assistance with practice transformation. Examples include helping to facilitate patient/family partnerships in quality improvement and practice transformation; a family medicine network to provide coaching, certification and education opportunities; and creating collaborations between primary care and behavioral health clinicians to better address mental health, substance abuse, health behaviors and other environmental stressors.

To learn more about TCPI and to access resources, events, communications, forum discussions and colleagues, please visit the **TCPI Healthcare Communities Portal** at <http://www.healthcarecommunities.org>.

About PCPCC's Support & Alignment Network

As a TCPI awardee, the Patient-Centered Primary Care Collaborative (PCPCC) will support practice teams through our diverse network (representing clinicians, health plans, patients/families, researchers, and policy makers) to expand their quality improvement capacity, learn from one another, and achieve common goals of improved care, better health, and reduced cost. Called the **Support & Alignment Network for Patient, Caregiver & Community Engagement**, the PCPCC will provide technical assistance to participating practices and networks across the U.S. to promote deeper patient relationships and community engagement among care teams and help participating clinicians meet TCPI's phases of transformation and associated milestones. Working in partnership with our diverse stakeholder organizations and Executive Members the PCPCC will use this grant to further advance an effective and efficient health system built on a strong foundation of primary care and the patient-centered medical home. To learn more about our SAN, contact the Project Manager, Tara Hacker at thacker@pcpcc.org.

PCPCC's SAN Grant Partners

The Institute for Patient- and Family-Centered Care (IPFCC): A non-profit founded in 1992, IPFCC will expand its existing online forum for patient/family advisors, assist in identifying best practices and providing stories about partnering with patient and family advisors in primary care improvement and transformation, and develop orientation and training for successful partnerships.

Planetree: A non-profit founded in 1978, Planetree will provide expertise in educational development and coaching; creating patient/family-centered tools and trainings, peer-to-peer sharing, and engaging community stakeholders in transforming health care from the patients' perspective.

YMCA of the USA: A national resource office with over 2,700 local YMCAs, the Y will leverage their experience working with peer support and community health workers (CHWs) to help create sustainable change and community-to-clinic linkages.

Goals of PCPCC's Network for Patient, Caregiver & Community Engagement

Disseminate successful strategies for practice transformation. The PCPCC will work with its member organizations to recruit practices to the TCPI, communicate key TCPI learnings, and develop coordinated strategies to address transformation challenges faced by clinicians. Based on the evidence derived through the TCPI, the PCPCC will:

- Develop consensus on practice attributes and metrics that demonstrate effective team-based care and patient-/family-centered care to inform practice recognition and certification programs.
- Share successful models of primary care integration among specialty care, physician and hospital networks (including ACO's), and within communities.
- Communicate specific strategies that reduce costs and improve care quality among patient populations to a wide-range of stakeholders including policy makers, purchasers and consumers.

Define and promote team-based care. Building on both evidence-based practices and innovative collaborations, the PCPCC will promote strategies that result in comprehensive, team-based care that includes patients and families as true partners on the team. The PCPCC will:

- Disseminate tools and resources to assist in developing new staffing models to include non-traditional roles (e.g. health coaches, peer support, community health workers).
- Share strategies for fostering team-based care environments and communications that foster patient and family caregiver inclusion and participation.
- Develop models for incorporating staff from community-based organizations onto the care team.

Define and support patient-practice partnerships. The PCPCC will connect participating practices with ample supports to ensure successful partnership with patients and family caregivers in clinical transformation efforts. The PCPCC will:

- Track and map where clinicians have successfully engaged patients and/or family caregivers in care delivery redesign and ongoing quality improvement efforts.
- Provide training and ongoing support to patients and family caregivers participating in practice-based quality improvement activities.
- Disseminate successful stories and resources to assist clinicians in developing effective partnerships with patients and family caregivers in practice transformation.

Define and promote clinic-to-community linkages. The PCPCC aims to help establish partnerships with community-based organizations (CBOs) offering evidence-based health management programs in their communities. The PCPCC will:

- Gather and disseminate successful models of community-clinic collaborations from organizations such as YMCA, Meals on Wheels, National Council on Aging, etc.
- Facilitate communications about TCPI activities among CBOs in participating communities.
- Develop template agreements of shared accountability for defined patient populations between clinics and local CBOs.

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