For more detailed information, see the Engaged Leadership Implementation Guide.

**What**

Leaders facilitate PCMH transformation by charting the course for change and supporting and sustaining change efforts. A key role of leaders during PCMH transformation is to identify and allocate resources to best support PCMH transformation needs. Resources include time, dollars, staffing, equipment, technology, and other types of support that either help staff implement or sustain PCMH key changes. Engaged leaders are physically present throughout transformation and sustain staff energy and motivation by working with staff to identify and remove barriers to transformation. Engaged leaders create a work environment supportive of PCMH transformation and give staff protected time and tools to make changes.

**Why**

An organization adopting the PCMH Model of Care is making a commitment to system-wide transformation. Support from leadership is required for any major change initiative, especially initiatives, like PCMH transformation, that require culture change. Without engaged leaders to provide direction, motivation, and resources, practices struggle to make and sustain the key changes required for transformation.

**Implementation Overview**

**Make the case for transformation**

To engage in the work of transformation, staff need to understand the what, why, and how of PCMH. To gain support for devoting financial resources to transformation, leaders also need to be able to articulate the business case for transformation.

- Clarify roles and responsibilities. All staff have a role to play in PCMH transformation. Leadership must clarify specifics of those roles and make sure each staff member understands the importance of his/her contributions to transformation.
- Develop communication strategies. Emphasize why change must occur, the intended outcomes of change, effective implementation strategies, and the benefits of transformation for patients and staff.
  - Reinforce that PCMH is part of the regular work of the practice, not a time-limited or special project.
  - Make sure that all staff understand the goals of PCMH transformation.
**Executive Summary**

**Engaged Leadership**

**Identify and mentor champions**
Champions are practice staff members who support the PCMH Model of Care and actively voice that support through words and actions. Champions can help leadership address areas of concern and refine shared key transformation messages. Champions must understand and support PCMH transformation to help build will for change and act as internal consultants to assist colleagues in solving problems, and to educate both formally and informally.

**Use data to drive and guide improvement**
Identify and select measures to monitor change and emphasize that measurement is key to improvement. Attention from leadership and the board signals importance and will help build a quality culture.
- Invest in systems to collect, analyze, and report clinical quality and operational data. Reports must provide credible and meaningful data at the team level.
- Communicate with data. Ensure staff know what the practice is measuring to gauge its progress towards transformation. Make key measures prominent. Highlight measurement data using dashboards, visibility walls, or other visual displays of data at staff meetings and throughout the organization.
- Support QI teams. Conduct regular and frequent meetings with quality improvement teams.
- Celebrate progress and successes.

**Embed PCMH in the organization**
- Review the practice’s mission, values, and vision. Revise if necessary to align with PCMH.
- Translate PCMH values into behavioral terms to describe what is expected in everyday work.
- Reflect PCMH values in hiring and use PCMH behaviors in recruitment documents, job descriptions, interview questions, and employee performance reviews. Staff will understand expected behaviors and leaders can coach staff with concrete, actionable examples. Potential employees can judge if the practice is a good fit.
- Invest in staff training. Ensure staff are prepared to take on new roles (e.g., panel management) and responsibilities (e.g., huddle lead). Assess the current skills of staff. Are there gaps? Consider the short- and long-term developmental needs of staff and develop a budget to support high-priority training.

**Ensure adequate time and resources for the work of transformation**
Leadership and the board must provide time for staff to conduct QI, team meetings, and other work essential for transformation.
- Manage change.
- Work from the future state by focusing on the image of what a fully implemented PCMH looks and feels like.
- Have a realistic timeline for implementation.
- Address resistance frankly and honestly. Find ways to reduce anxiety and build common understanding.
- Take time to pause from “doing” the work of transformation to reflect on progress and lessons learned.
What Progress Looks Like: PCMH-A Level A

The PCMH-A is a self-assessment tool to help practices understand their current level of “medical homeness,” identify opportunities for improvement, and track their progress toward practice transformation. It is also a learning tool that can help start conversations within a practice about patient-centered care. The PCMH-A is scored on a 1–12 scale, which is divided into four levels (D, C, B, and A). A “Level A” item score indicates that most or all of the critical aspects of the key change addressed by the item are well established in the practice. An overall Level A score indicates that the practice has achieved considerable success in implementing the key design features of the PCMH.

Level A PCMH-A Items

For more information, see the Patient-Centered Medical Home Assessment (PCMH-A).

1. Executive leaders...support continuous learning throughout the organization, review and act upon quality data, and have a long-term strategy and funding commitment to explore, implement, and spread quality improvement initiatives.

2. Clinical leaders...consistently champion and engage clinical teams in improving patient experience of care and clinical outcomes.

3. The organization’s hiring and training processes...support and sustain improvements in care through training and incentives focused on rewarding patient-centered care.

4. The responsibility for conducting quality improvement activities...is shared by all staff, from leadership to team members, and is made explicit through protected time to meet and specific resources to engage in QI.
Safety Net Medical Home Initiative

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