Case Studies of LEADING PRIMARY CARE PRACTICE FACILITATION PROGRAMS

Program Snapshot: North Carolina's Practice Support Efforts

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PROGRAM SNAPSHOT: NORTH CAROLINA'S PRACTICE SUPPORT EFFORTS

North Carolina's Area Health Education Center (AHEC) Practice Support Program provides facilitation support to primary care practices throughout the State. It employs 49 facilitators or practice support staff to work in teams based in each of the State's nine regional AHEC centers. Each regional center houses a team of three to nine individuals with varying skills, including quality improvement (QI) coaches, electronic health record (EHR) implementation experts, and experts in optimizing EHRs for use in QI and clinical care. Each team member works with 25 to 30 practices at a time, supporting QI and EHR implementation and optimization. The program currently serves approximately 1,100 practices statewide.

The North Carolina AHEC Practice Support Program	
Context	Statewide health care improvement effort
Administrative Home	Statewide AHEC housed at the University of North Carolina-Chapel Hill, with facilitators at each of the nine regional AHEC centers
Objectives	• Improve health outcomes for State residents • Improve quality of primary health care • Lower costs of care
Funding Source	Recurrent State funding, Federal funds for the Health Information Technology for Economic and Clinical Health (HITECH) Regional Extension Center (REC), funding from the State's Division of Public Health, grant funding, private contracts from payers and integrated health systems
Staffing Model	Staff model, with the majority of staff hired through the regional AHECs and supported with resources from the State AHEC office
Location of Services	On site at practices
Model and Approach	Key drivers focus on four elements of the Chronic Care Model; approach involves team facilitation, supporting improvement, capacity building, and EHR implementation
Schedule and Duration	Driven by practice needs, weekly to biweekly, with durations ranging from 12 to 18 months (or longer as needed)
Program Size	49 full-time equivalent practice support staff
Ratio of Facilitators to Practices	Approximately one practice support staff for 25–30 practices
Eligible Practices	Any primary care practice in the State that applies to participate; approximately 1,100 currently participating
Training and Support	Internal training emphasizes QI methods, the patient-centered medical home (PCMH), and EHR implementation; QI coaches are also sent to external trainings and conferences

In this case study, we profile the NC AHEC Practice Support Program, describing its background and context; administrative structure; how it hires, trains, and supervises members of its practice support (or facilitation) teams; and how it evaluates and assesses program quality. We conclude with lessons learned from North Carolina's practice support and facilitation work for use by those interested in implementing a similar program.

Facilitation in the Context of an Area Health Education Center: The North Carolina AHEC Practice Support Program

North Carolina's Area Health Education Centers (NC AHEC) Practice Support Program is one of the largest practice improvement or facilitation programs in the United States, with a variety of well-developed funding sources and a history of providing support to primary care practices. It employs 49 practice improvement facilitators—which the program calls practice support staff[1]—who work together in teams based in each of the State's nine regional AHEC centers. These individuals include QI coaches and individuals with special expertise in health IT implementation and optimization. The practice support teams support QI as well as EHR implementation and optimization, and currently serve approximately 1,100 practices in the State. Program funding comes from recurrent State funds, grants, contracts with the North Carolina Division of Public Health, and Federal funding from the Office of the National Coordinator (ONC) as the State's HITECH REC.

The NC AHEC Practice Support Program's extensive experience in facilitation offers several important lessons:

- A team facilitation approach is an effective way to make sure that practices have access to expertise in QI, EHR implementation, and the use of clinical data for improving clinical care.
- Practice support teams must reinforce the value of various types of expertise and not inadvertently emphasize particular areas because of pressure from practices. To function effectively, the team itself must recognize the value of each member's contribution as part of the comprehensive process of practice improvement.
- EHR implementation activities are most effective when included under the umbrella of QI. The impact of both the HITECH REC and facilitation work is optimized through cross training staff. HITECH REC staff are trained in and/or knowledgeable about QI principles, and QI coaches are trained in and/or knowledgeable about EHR implementation and optimization.
- Maintenance of Certification and Continuing Medical Education (CME) requirements and payer incentive programs can create interest in and readiness for facilitation work in practices. They also can galvanize support for facilitation work among local and State health care leaders.
- Practice-based improvement interventions are most effective when tailored to the interests and needs of each practice.

[1] The NC AHEC Practice Support Program uses a team to provide support to the practices. In this case study, the term "practice facilitator" refers to all individuals on the practice support team, regardless of their areas of expertise. In the other case studies in this series, practice facilitator most commonly refers to the individual who is providing support on QI processes and change management.

I. Motivation and Development of the NC AHEC Practice Support Program

The NC AHEC Practice Support Program began in 2007 as one of two State pilots for a QI coaching program of the Improving Performance in Practice Program, a national program funded by the Robert Wood Johnson Foundation (RWJF) with some contributing funds in North Carolina from the State Division of Public Health. While the QI coaches and day-to-day functions of the program were always located within the NC AHEC Program, the North Carolina Healthcare Quality Alliance (the Alliance), a coalition of State leaders in health care focused on improving health outcomes for the State, oversaw the startup of the project. The Alliance is a nonprofit organization funded by the Blue Cross Blue Shield of North Carolina Foundation, the NC Health and Wellness Trust Fund, and small grants from several other sources. Its board of directors includes representatives from Community Care of North Carolina, the State Department of Health and Human Services, Blue Cross and Blue Shield of North Carolina, the NC Hospital Association, the NC Academy of Family Physicians, State medical societies, academia/researchers, industry, the NC AHEC, and the governor's office.

Since its beginning, the NC AHEC Practice Support Program has focused on improving primary care practice and building practices' capacity for ongoing QI. When the NC AHEC was selected to serve as the HITECH REC for the State, the scope of the program expanded to include implementation of EHRs. The program's QI coaches had been struggling with obtaining data from individual EHR systems for years and recognized the need to develop EHR expertise to advance the use of practice data for the purpose of improvement. The NC AHEC Practice Support Program's involvement and acquired expertise in this area is part of what prepared it to house the State's HITECH REC.

Since its initial pilot, the NC AHEC Practice Support Program has grown to a program employing a staff of 49 practice support team members and supporting approximately 1,100 primary care practices statewide with a continuum of services.

II. Administrative Structure

The NC AHEC Practice Support Program is administered by the State's AHEC, one of the largest and oldest in the country. The NC AHEC is a 40-year-old program started with Federal funding; it is now primarily supported by State-appropriated funds to meet the State's health and health workforce needs. The AHEC works with academic institutions, health care agencies, and other organizations to improve health care for the State.

The NC AHEC is run from a central program office at the University of North Carolina-Chapel Hill and is organized into nine regions across the State. The AHEC provides workforce training, CME, and telemedicine support for practices throughout the State; operates 11 residency programs; and provides the infrastructure for community-based training for students in all the major health disciplines.. The NC AHEC also houses the State's HITECH REC, which supports implementation of EHRs in primary care practices across the State.

With the advent of change in the Maintenance of Certification requirements from the American Board of Medical Specialties, practice-based QI is now a primary focus of maintaining board certification for physicians across the country. As such, the activities of the NC AHEC Practice Support Program are directly aligned with the AHEC's mission and scope of work; the AHEC supports this through

trainings delivered at its regional centers as well as practice-based programs that are accredited for both Maintenance of Certification Part IV and CME.

The NC AHEC Practice Support Program maintains a 5-year strategic plan focused on its long-term sustainability. The plan is updated periodically by the Practice Support Program director, the statewide AHEC director, and the regional AHEC directors. The NC AHEC Practice Support Program does not have a designated governing or advisory board, but uses the North Carolina Healthcare Quality Alliance as a sounding board when needed. The directors of the regional centers also serve as an informal advisory board.

1. Staff

Centralized staff. The NC AHEC Practice Support Program is headed by a full-time **executive director** who also functions as one of seven associate directors for the NC AHEC program. A **QI manager** oversees training and internal QI for the program, and analyzes data collected within the NC AHEC Practice Support Program to guide the regional teams in internal efforts to improve the quality of services provided to practices by the team. This occurs through quarterly milestone calls with team leaders to review data. A **grants manager** supports the director, coordinates funding sources, and tracks attainment of their deliverables across the program's different funding sources. This position works closely with the State Division of Public Health and the Federal ONC, two of the program's main funders.

Program staff also include a **business service coordinator** who manages the program's database systems and provides administrative support to the program director. This position also tracks EHR implementation data needed for reimbursement from the ONC as part of the HITECH REC program. In addition, the program has a 0.25 full-time equivalent (FTE) **medical director**. This physician is the team lead for two of the program's regional teams, and the medical director for the program's EHR- and QI-related activities. The medical director champions the efforts with provider communities and serves as a liaison between the program and physician leaders engaged with each regional center. A 0.75 FTE **intern,** typically a recent master's of public health graduate, provides data cleaning and management support.

Regional staff. The NC AHEC Practice Support Program provides funding through a subcontract to each regional AHEC center for its regional practice support team. Each regional center maintains its own practice support team, which includes experts in QI coaching, EHR implementation, and EHR optimization. Currently, a total of 49 FTE practice support staff are employed across the nine AHEC regions.

In addition, each regional practice support team has a designated lead who participates in regular meetings with the NC AHEC Practice Support Program's executive director and program office staff. Team leads also help to hire and manage the practice support team members in each region and are responsible for helping the regional AHEC to meet deliverables, set in cooperation with the State program office, that tie back to the requirements of the contract deliverables for the various funders.

Each regional practice support team also has a 1.0 FTE **administrative support** person to assist with the extensive amount of documentation that the teams are required to maintain for contract deliverables. The administrative support staff helps each team with gathering and entering the documentation into the State system, and scheduling practice visits and regional meetings.

2. Centralized Resources

The State office for the NC AHEC Practice Support Program provides **IT systems** as well as **training for practice support team members**. These systems help each regional team keep track of the number of practices it serves, the content of service encounters, and progress toward key deliverables. The State office also supplies **IT resources** to help team members track the progress of individual practices toward goals specified in the program's key-driver model and those specified as deliverables in the regional center's subcontract with the State.

The NC AHEC Practice Support Program office also supplies a **shared document storage system on a collaborative Web site**. The site, which is an internal resource for practice support team members only, contains all of the program's training materials and manuals for every vendor product with which practice support team members work in the field. The site also includes comments from team members about working with various EHR products that may be useful to other teams.

III. Funding

Funding sources. The NC AHEC Practice Support Program currently offers facilitation support free of charge to qualified primary care practices in the State. The program began in 2007 with a small grant from RWJF's Improving Performance in Practice initiative. Since then, its funding sources have expanded significantly. The program receives recurrent funding through the State appropriation for the NC AHEC Program. For 3 years, the program also received support from the North Carolina Medicaid Office, but this funding was cut during the recent economic downturn. The program also currently receives funding from the ONC to serve as the State's HITECH REC.

In addition, the NC AHEC Practice Support Program receives funds from the State's Division of Public Health to deliver clinical strategies related to the community transformation program funded by the Centers for Disease Control and Prevention, and support from foundations such as The Duke Endowment for work in areas such as improving care for chronic disease and smoking cessation. Finally, the program is beginning to pursue funding from payer organizations to provide services to smaller, independent practices in the State, and recently has received its first private contract from a large integrated health care system in the State to work in the system's community-based clinics.

Program costs. The program budget includes funding for program staff salaries and benefits, staff training and ongoing professional development, travel to and from practice sites, and program monitoring and evaluation.

IV. Practice Facilitation Approach

1. General Approach

Enrolling in the program. Practices interested in receiving support from a regional AHEC practice support team can complete an online application that is part of the electronic data system managed by the State office. The application is automatically routed to the appropriate regional office, where the team lead determines program eligibility based on the application and assigns eligible practices to team members for followup.

Practice support team approach. The NC AHEC Practice Support Program uses a team approach to facilitation. Each team consists of three to nine individuals made up of **QI coaches** who are specialists in QI in primary care settings and improvement science; **EHR implementation experts** who are EHR implementation specialists and have extensive knowledge about EHR vendors, EHR implementation, and related workflow design; and **technical assistance specialists** who are experts in accessing data from the EHR systems and help the practices to fine-tune their use of the EHR systems to support clinical and QI processes. Practice support team members work together to optimize reporting functions and pull data to drive both improvement efforts and clinical care activities.

The ratio of practice support staff to practices is approximately 1 to 25; however, team assignments vary based on the need of the practice, the funding source and its requirements, and the distances that the team members must travel to provide support to the practices. Almost all support is provided on site, with virtual support on an as-needed basis. Each regional team is a permanent resource for the practices in its region.

Collaborative learning. In addition to the onsite services of the regional practice support teams, the NC AHEC Practice Support Program uses collaborative learning sessions to support improvement work in practices. The program delivers these as quarterly 2-hour dinner sessions. The program developed this hybrid approach to collaborative learning in response to the costs to small practices of participating in traditional 1.5-day learning collaboratives.

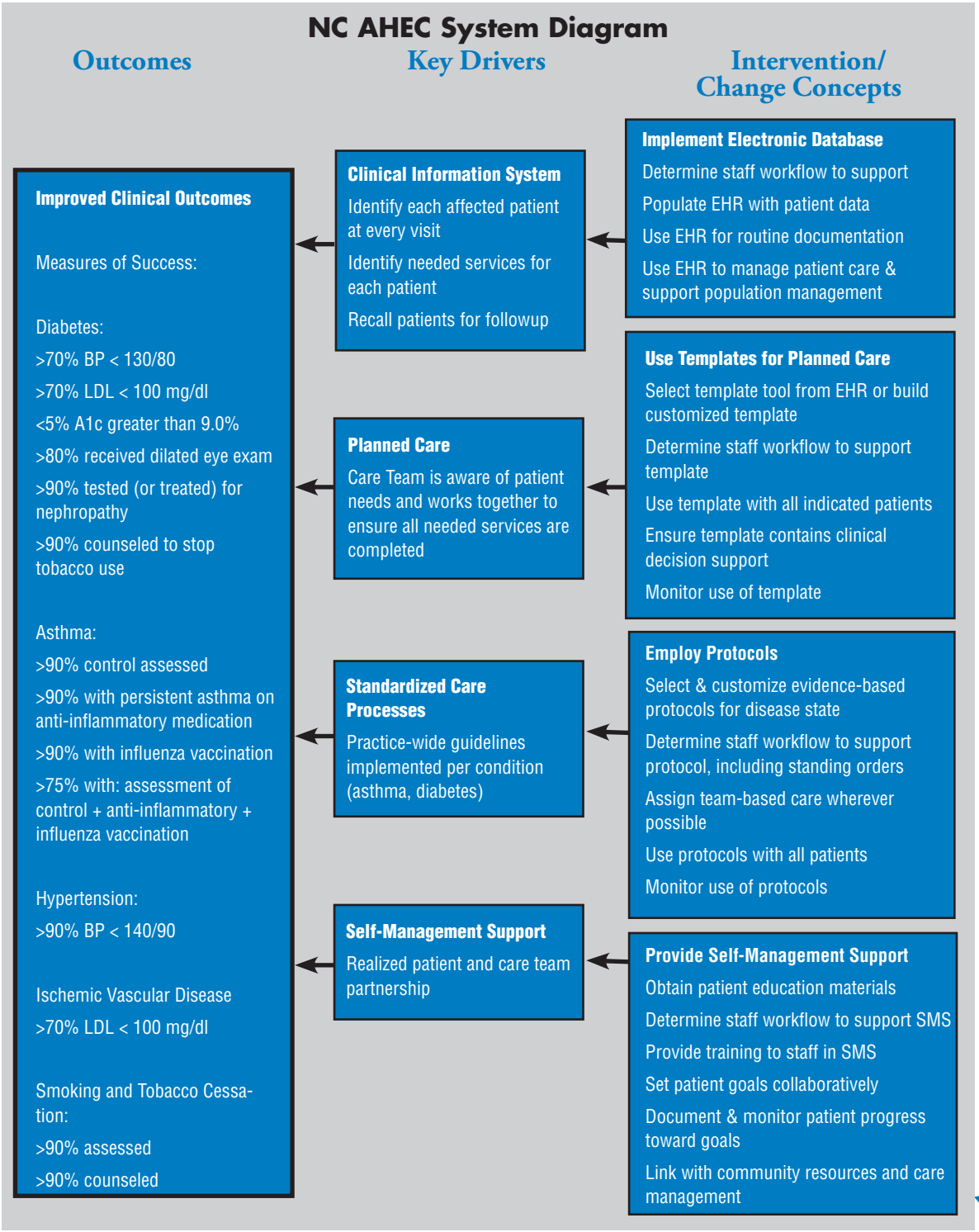
Each regional center hosts an evening collaborative meeting three to four times a year. Any practice that is participating in the program can send as many of their staff as they want from the practice to these collaborative meetings. The sessions focus on reviewing practice data, using data to improve quality, and stories from practices about the improvement work of which they are most proud, including but not limited to achievements in Federal programs such as meaningful use, PCMH, and the Physician Quality Reporting System. The attendance varies across regions; in some regions, these meetings have had as many as 150 attendees.

Practice eligibility and goals. All primary care practices in the State are eligible to receive support from the NC AHEC Practice Support Program and apply to the AHEC to do so. Practices can enter the program in two ways—through an interest in either QI or EHR implementation. However, all work done through the NC AHEC Practice Support Program, regardless of focus, is grounded in QI. All team members are knowledgeable in QI as well as EHR implementation skills, and are able to support practices in both areas, with additional support and expertise provided by others from their practice support team.

If a practice's initial request to the program is for QI help, a QI coach from the regional practice support team is assigned to the practice to support capacity building and work in this area. As part of this work, the coach encourages the practice to set up electronic data systems. This often includes adopting an EHR if the practice is not already using one and optimizing its use to support the QI work being done at the practice. Similarly, if a practice applies to the NC AHEC Practice Support Program for help in selecting or implementing an EHR, the EHR implementation expert from the practice support team in that region will work with the practice on these issues; at the same time, the team member will also encourage the practice to build elements into its EHR that support improvements in clinical care and QI, and offer support from the team's QI coach.

Intervention focus. The NC AHEC Practice Support Program developed a key-driver model to guide each team's work with practices. The model is based on the four components of the Chronic Care Model: clinical information systems, planned care, care protocols, and patient self-management support (see Figure 1). To engage practice staff, the initial focus for the intervention is determined by the practice's interests and priorities.

Figure 1. The NC AHEC Practice Support Program's Key-Driver Model



2. Focus and Schedule for Support Team Members' Work with Practices

The regional practice support teams' duration and schedule of work is determined by the needs of each individual practice. This practice-centered approach is an essential element of the NC AHEC Practice Support Program. Some practices want to move aggressively forward with QI or EHR implementation work and therefore may meet weekly with their practice support team member(s). In these instances, the practice support team members assigned to them will do their best to be available on site for these meetings. More typically, the team member will meet with the practice every other week or so. Practice needs also drive the duration of support. Some need fewer months of support, while others may require a longer duration due to the complexity of the changes being made and the progress shown. Each regional practice support team is left to manage its time and caseload in a way that enables staff to deliver support aligned with established program goals and contract deliverables, and tailored to the needs of each practice.

The program focuses on building effective relationships between the team and the practice. This is accomplished initially by having the team member determine where the practice is in the service continuum and work on the goals of the program that the practice considers a priority.

One of the overarching goals of the program is to encourage each practice to build its own internal QI program that can initiate and sustain improvements on an ongoing basis. Each regional practice support team works to provide information, education, tools, and support in the area of QI to help a practice build sufficient capacity in this area, so it is able to self-direct these activities going forward.

3. Typical NC AHEC Practice Support Process

At the regional level, a member of the practice support team arranges an initial meeting between the practice and the support team member. At this time, the practice signs an agreement with the program that outlines expectations and scope of work for the intervention. The team member determines how advanced the practice is in its QI work, if it has a certified EHR, and what areas the practice wants to focus on as part of its work with the team.

The regional practice support team then uses this information to identify the appropriate member of the team to lead the intervention with the practice. For QI-focused goals, the QI coach from the team is assigned as lead. For EHR-focused work, the EHR expert on the team is assigned as the lead. Each lead then brings in the other to complement and expand the work taking place at the practice.

Assessment. For a practice interested in QI work, a QI coach is assigned to work with it to identify its improvement goals and conduct informal assessments of the practice related to these goals. The QI coach and practice use the results of these discussions and early assessment to identify strengths and weaknesses of the practice, develop its initial improvement plan, identify early change activities that can be "easy wins" used to build confidence and capacity in the practice, and identify metrics so the practice can monitor progress toward its goals. From this point on, the QI coach works with the practice to conduct monthly assessments and rate progress toward its changes, and also prioritize improvements included in the support program's key-driver model. These defined metrics allow the QI coach and the practice's QI team to continually monitor progress even when this progress is not yet evident in the clinical quality data pulled from the practice's EHR.

Active improvement. The practice support teams work with a practice with the goal of building capacity as well as accomplishing the specific improvement goals set out by the practice. If the practice is focused mainly on QI, the team member assigned to the practice will focus on building internal capacity for QI and implementing improvements in areas prioritized by the practice as well as the program's key-driver model. If the practice does not have an internal QI team, the QI coach will work with the practice to form a team and develop a QI plan for it. The QI coach will also train the team in QI methods and prioritized changes based on the program's key-driver model that also support PCMH work. In doing so, the coach often focuses on one clinical category, uses this as an opportunity to build general improvement capacity, and then encourages the practice to spread improvement work to other areas on its own.

If the practice is focused mainly on EHR implementation, the EHR expert from the team is assigned to assist the practice in identifying the most appropriate EHR vendor products, mapping workflows, and implementing the system. During this process, the staff help the practice to understand some of the technology and other practice-level changes needed to support meaningful use, ongoing improvements to clinical outcomes, and the successful transformation to a PCMH. If a practice seeks assistance after its EHR implementation, a QI coach is assigned to help that practice through the improvement of clinical outcomes and the PCMH transformation. Regardless of whether a practice is initially focused on QI or EHR implementation work, the support team assists it in the attainment of meaningful use.

V. Hiring Practice Support Staff

The regional AHEC offices all maintain their own human resource divisions and are responsible for interviewing and hiring staff for their regional practice support teams. Job descriptions for each position are adapted from those developed by the State-level office. The NC AHEC Practice Support Program seeks individuals who—at least in combination—possess knowledge, skills, and experience in QI, ambulatory care settings, EHR selection and implementation, and software security and use. Each region, however, determines the skills needed to round out its team to ensure that a full complement of skills and knowledge are present. Regional directors thus make hiring decisions based both on the qualifications of the individual and the skill needs of the team that person will be joining.

Preferred backgrounds of QI coaches include experience working in primary care settings and leading QI activities in these environments. These individuals often have backgrounds in practice management, nursing, and health administration, as well as experience in working on EHR implementation teams. Many of the QI coaches hired to date are mid-career professionals who bring ancillary knowledge to the job about clinical operations and financial management in practice settings, which has provided valuable additional expertise to the regional teams.

Preferred backgrounds of EHR implementation experts include prior work in the area of EHR selection, implementation, and workflow redesign. To date, several individuals hired in this capacity have had previous work experience with EHR vendors or have managed practices that have gone through the conversion to EHRs. Technical assistance specialists come from similar backgrounds, with a deeper understanding of the technical specifications of EHRs.

VI. Training and Supervising Practice Support Teams

Training. All members of a regional practice support team—from QI coaches to EHR implementation specialists to experts in EHR optimization and data access and use—must be knowledgeable about QI methods and PCMH criteria. For example, QI coaches receive training in EHR implementation and meaningful use to enable them to support these activities within their practices. EHR and technical assistant personnel are trained in QI methods and processes so they are able to take these factors into consideration when implementing and optimizing EHR systems.

The State office of the NC AHEC Practice Support Program has developed an internal training program for its practice support workforce that can be individualized to fit the education, experience, and personality of each team member. The program also sends staff to external trainings and conferences. All regional practice support teams also participate in biweekly trainings and review sessions led by the State director or other invited faculty.

Supervision. Supervision of support teams takes place at two levels: monitoring progress of regional team members with their individual practices, and monitoring progress of regional teams and their associated centers toward key contract deliverables for their practice support programs.

At the regional level, members of each support team meet together on a regular basis to review progress toward deliverables at the practice level. During these meetings, the team discusses the progress of the practices and any barriers identified. Team members can share information and discuss any possible reassignments necessary to match the most appropriate skill sets to the needs of the practice.

The nine regional directors communicate quarterly as a group with the State-level program director and her team to discuss activities in their areas and progress toward program deliverables contained in their contracts. The teams use this call to discuss progress of their practices with the State-level team and make projections and set goals for the next quarter. These sessions also focus on grants management issues related to the program and attainment of deliverables, as well as any best practices or barriers found in the practices. They also provide an opportunity for regional teams to discuss emergent needs in their areas, and for the State-level team to share information about new resources, best practices, and the addition of new deliverables for the program. For example, if the statewide program was awarded a grant on smoking cessation, the State director would share information with the regional directors about this new program and discuss any related deliverables that might be required. Additionally, a scope of work would be written to outline the new deliverables and how they are expected to fit with the overall deliverables of the program. Each region receives a separate scope of work for each funding opportunity, and then all scopes of work are included in an overall work statement for the year, which combines all goals and deliverables for each region.

VII. Monitoring Program Quality and Outcomes

Internal quality monitoring. The NC AHEC regional practice support teams' progress toward improving practice-level and regional process and quality outcomes is tracked using a central database maintained by the State AHEC office. Contract deliverables, as well as practice-level improvement data and all practice assessments, are housed in a database maintained at the program office. The practice support personnel use the database to track progress toward program goals, update visit notes, and complete QI reports for each practice. Additionally, those practices engaged in reporting their

monthly clinical data to the AHEC program have access to the database in which, after signing data use agreements, they can view their monthly data in the form of run charts as well as the run charts of other practices participating at the same level in the program. Not all practices are engaged with reporting monthly data; therefore, the privilege of viewing practice-level data is given only to those practices reporting data to the database.

The State director also holds quarterly "milestone" meetings with each regional AHEC team to track progress toward program deliverables and work in individual practices. The content of these meetings is used to tweak the program model to make it more effective by securing necessary resources and/or addressing significant barriers.

Locally, goals are set with each practice according to what its staff are currently working on with their practice support program. Some practices may be working to achieve meaningful use, while others may be working toward PCMH recognition. Still others may be working toward improvement in clinical outcomes of specific disease states. All practices are encouraged to continue their work with their AHEC consulting teams beyond meaningful use. To provide each practice with a concrete clinical improvement goal, they initially are encouraged to reduce the gap between their baseline measurement and the program goal by at least 30 percent.

Outcomes evaluation. The NC AHEC Practice Support Program relies on external evaluation through various grant funds. The program is currently participating in an evaluation of its practice support services through a 2011 IMPACT (Infrastructure for Maintaining Primary Care Transformation) grant from the Agency for Healthcare Research and Quality (AHRQ). This evaluation is comparing changes on HEDIS measures between practices throughout the State that receive AHEC support and those that do not. Through another grant also funded by AHRQ, the program is participating in a second evaluation that is assessing the impact of practice support on a practice's degree of readiness for medical home transformation.

VIII. Lessons Learned

A number of lessons have emerged from the NC AHEC Practice Support Program's experiences:

A team approach to facilitation is an effective way to ensure that practices have access to expertise in a variety of areas. Generally, programs will not find a ready workforce of well-trained facilitators or coaches with expertise in the wide-ranging topics of QI, EHR implementation, and use of clinical data to drive improvement. The NC AHEC Practice Support Program's team approach helps to address gaps in the skills that a single facilitator/coach might have by letting that person tap into the expertise of other team members. This approach also provides an opportunity to find an optimal fit for an individual facilitator's personality and approach to a practice, and to change facilitators when the fit is not optimal.

Regional teams need to reinforce the value of various types of expertise and not inadvertently emphasize particular areas because of pressure from their practices. The management approach must ensure that the practice support team gives equal value to all forms of expertise on the team, and recognizes and utilizes the expertise of all members. A challenge of working in teams is making sure that everyone on the team is viewed as an equal participant and equally valuable. This is difficult, because practices often value the expertise of different team members differently. For example,

the contribution of a team member who works with a practice to obtain financial incentives for meaningful use is often valued more highly by a practice than the expertise of a team member who helps to implement enhanced self-management support or provides training on QI. While a practice may assign more value to financial outcomes than internal QI capacity development, the team must not. To function effectively, the practice support team itself must recognize the value of each contribution as part of the comprehensive process of practice improvement.

EHR implementation is most effective when integrated with quality improvement. QI forms the basis for all work conducted through the NC AHEC Practice Support Program, including EHR implementation. This lets the program integrate a number of funding sources and deliverables into a coherent and sustainable practice facilitation program. It also allows the program to leverage work, such as EHR implementation, that typically occurs in relative isolation to support comprehensive and sustained QI across practices in the State.

Maintenance of Certification, CME requirements, and payer incentive programs can create interest in and readiness for facilitation programs in practices. They can also galvanize support for facilitation programs among local and State health care leaders.

Practice support interventions are most effective when tailored to the interests and needs of each practice. The improvement goals and the schedule for facilitation activities should be practice driven, but also need to map to the support and facilitation intervention's key-driver model. Facilitators need to arrange their schedules to accommodate the different intensity of intervention work at different practices, as well as various practice needs. Also, facilitators should be able to conduct work that is related to practice interests and priorities at the startup of the project as a method for building practice buy-in for later, more difficult practice improvement work.

This case study was prepared by Lyndee Knox, LA Net, and Erin Fries Taylor, Mathematica Policy Research.

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RESOURCES

General Background on NC AHEC is available at www.ncahec.net/.

A history of NC AHEC is available at www.med.unc.edu/ahec/about/history.htm and aheconnect.mediasite.com/mediasite/SilverlightPlayer/Default.aspx?peid=20a3a1fb8ad14e84b275e0a94e03f5111d.

Information on the NC REC: North Carolina Area Health Education Centers, "North Carolina Regional Extension Center Project Narrative" is available at www.ncdhhs.gov/healthit/regionalextension.

2012 Progress Report of the NC AHEC is available at www.ncahec.net/pubs/2012Progress_Report.pdf.

Related Literature

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