

Field Notes



Michigan Improving Performance in Practice

Problem:

Many health care practices within Michigan are not operating at the highest possible level of efficiency or lowest possible cost.

Program:

Improving Performance in Practice (IPIP) has connected more than 35 medical practices with experts who provide coaching on techniques for improving quality of care and reducing costs.

For more information please contact

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Overview

Improving Performance in Practice (IPIP) is a national program with sites in seven states. IPIP brings in trained quality experts to serve as coaches for health care practices to help improve efficiency. In most states, coaches come from within the health care practices and receive training to apply leading industry techniques. Michigan's program uses auto industry coaches who already have significant training in reducing costs through improving quality. Coaches receive further training in the Patient-Centered Medical Home concept from industry representatives. In 2010, Michigan's IPIP focused primarily on diabetes, with some work in asthma and future plans to include high blood pressure.

To participate, practices must have an electronic health record system and a patient registry. After a physician submits an application, the IPIP program director interviews the practice leader and, with the coach, conducts a site visit. The visit includes an exercise to develop a plan for a hypothetical problem that engages staff at all levels.

Each IPIP practice forms a Practice Improvement Team, including physicians, medical assistants, and administrative staff. This team works with the coach to identify and address challenges using quality improvement principles. Practices also participate in a learning collaborative with three events each year. These 2-day sessions bring together coaches and Practice Improvement Teams from across the state to share best practices and lessons learned.

Goals and Expected Outcomes

Goals associated with Michigan's IPIP include disease-specific outcomes set at the national level as well as quality improvement goals for Michigan's primary care practices. One goal of IPIP is to help small practices stay competitive with larger practices and specialties.



Field Notes (cont.)

Intended Audience

Physician practices are the primary intended audience for the national and Michigan IPIP programs. Family and primary care practice physicians are the key audience.

Progress Toward Implementation

The Michigan Primary Care Consortium applied for an IPIP grant from the Robert Wood Johnson Foundation and received initial funding in 2007. Various primary care coalitions came together to form a Steering Committee. The Automotive Industry Action Group leads the program and administers the funding in partnership with the Michigan Department of Community Health.

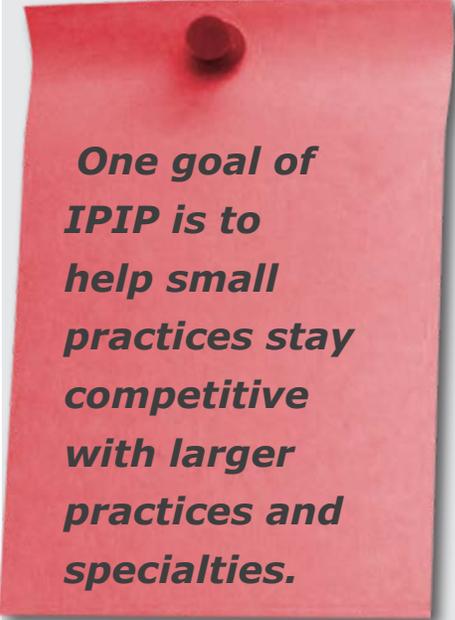
In considering ways to promote IPIP, the Michigan team recognized that helping practices achieve BlueCross BlueShield designation as a Patient-Centered Medical Home would be an effective incentive to encourage participation. The team also decided to bring in auto industry professionals as coaches and to train them in how medical practices operate, rather than tap health experts and train them in industry techniques.

In 2010, Michigan had more than 80 IPIP coaches and 35 participating medical practices. Some practices have been involved since late 2008, with most becoming involved in early 2009.

Implementation to a total of 100 practices in Michigan seems feasible with additional funding. The program has considered ways to get practices or physician-hospital organizations to support the cost of administrative work associated with IPIP. Because the coaches volunteer, their participation will remain feasible as long as the burden does not become too great.

Reach and Impact

Michigan IPIP has been successful in reaching practices. If the program pursues the model of going through physician-hospital organizations, which represent groups of physician practices, reach should continue to extend.



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