



Section 2: Overview for Trainers

In this section, you will find an overview of the IPC – MS program, divided into the following topic areas:

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INTRODUCTION

The IPC 2.0 program aims to continuously improve the health and wellness of American Indians and Alaska Natives. It will do this by transforming the Indian Health Service (IHS) through discovering, learning and applying quality-improvement processes related to the provision of health care with the goal of attaining recognition as a Patient Centered Medical Home (PCMH).

Improving Patient Care – Made Simple (IPC – MS) will support the IPC 2.0 aim by teaching the foundational principles of Quality Improvement (QI) to participating I/T/U care teams within each of the 12 Regional Areas. Supported by strong leadership at multiple levels, teams will use the tools and methodologies taught in the IPC – MS curriculum to monitor improvement in defined measures of improvement. Upon completion, IPC – MS teams will be prepared to participate in IPCMH activities and work toward organizational transformation.

IPC – MS is specifically designed for those practices, care teams and team members who are new to quality improvement or who need a refresher in the basic improvement skills. It presents the fundamental concepts of improvement and enables participating facilities to practice and learn from one another, as well as from Area experts.

IPC – MS was developed by the IPC National Team based on the work of the Oklahoma Area IPCMS program. The resources are based on the collective learning of the IPC Collaborative, cohorts one through five. By disseminating the learning of the IPC Collaborative and supporting Areas in adapting the material to their needs, the IPC National Team aims to improve care for all patients at I/T/U facilities and build capacity for improvements across IHS.

This program will be organized and led by Area Improvement Support Teams (ISTs) with support of the IPC National Team.

AREA ISTs

The Area Improvement Support Teams (ISTs) will lead the care teams through the IPC – MS curriculum. The Area ISTs were created to support health care improvements in the field and consist of three- to six-member interdisciplinary teams. They support the staff in the Area offices, regional Tribal organizations and Tribal and IHS facilities whose role is to support the delivery of care on the front lines. IST members serve as subject matter experts in engaging and enhancing the capacity of front-line staff in QI work.

Structure of Area ISTs

- » Improvement Support Teams are organized in all of the 12 IHS Areas.
- » Each is comprised of three to six members from different disciplines.
- » IST “leads” have been identified to provide support to the sites at the local level and to serve as liaisons between the National IPC office, the Areas and participating IPC sites.

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Roles

- » Teach the foundational principles of QI through the IPC – MS program.
- » Engage and enhance the capacity of front-line staff in QI work.
- » Use their expertise in improvement processes to support ongoing innovations in health care.
- » Disseminate proven best practices and models throughout IHS.

Attributes of an IST member

- » IST members have been identified as subject matter experts highly skilled in improvement concepts, methodologies and tools, or have completed a previous IPC Collaborative.
- » IST members have developed and sustained vital working relationships with IHS Area Directors committed to providing ongoing support for improvement efforts in the field.
- » IST members have the capability to successfully implement the changes necessary to transform the health care facility.

Expectations

- » Attend and participate in all Area IST and IPC – MS Web-based or face-to-face meetings.
- » Identify organizations and individuals within each Area who would benefit from quality- improvement training and support and encourage them to participate in the IPC – MS program.
- » Deliver a standard curriculum of QI skills using the IPC – MS curriculum.
- » Assess the progress of all IPC sites in each Area on a quarterly basis.

IPC – MS Roles and Tasks for Area IST members

Area Improvement Support Teams (ISTs) will lead local nine-month training sessions on the foundational concepts of QI in Primary Care. The IPC National Team will provide support in the form of content, training, a knowledge-management platform and an outcomes reporting site.

IST members will:

- » Identify organizations and individuals within their Area that would benefit from QI training and support and encourage them to participate in the IPC – MS program.
- » Organize and schedule IPC – MS training sessions over a nine-month period. Sessions include:
 - An initial two-day training event.
 - Three one-day training events at three months, six months and nine months after the initial training session.
- » Deliver a standard curriculum of QI skills including The Model for Improvement, Leadership for Improvement, Empanelment, Access, Improvement, Team-Based Care and Data Management, including iCare training. Presentations and train-the-trainer opportunities are available for all topics.
- » Provide coaching to teams and individuals between training sessions via face-to-face meetings, webinars, or one-on-one calls, as appropriate.
- » Monitor the progress of the care teams on their QI learning process using the Outcomes Reporting site [ipcreporting.improvingindianhealth.org] on the Healthcare Communities Portal.

- » Use the IPC 14 Focused Measures to evaluate participating teams during the training period.
- » Assess participants' improvement skills before and after the nine-month training period.
- » Report on progress via the IST Call led by the IPC National Team on a quarterly basis.

Area IST Training Plan

An Area IST Training Plan template is provided for IST members to develop an outline of the trainings to be implemented in their Areas. It contains information about Dates of IPC – MS Training Events, Participating Teams, Faculty, Preparation Prior to First Session, Activity between Sessions and Assessment. Area IST members will submit their plans to the IPC National staff for guidance and assistance.

COMPONENTS OF THE IPC – MS PROGRAM

IPC – MS is intended for organizations, teams or individuals who are new to QI methodologies and require initial training and hands-on experience in core QI skills. IPC – MS is a prerequisite for participation in IPCMH and IPC Intensives for teams that have not participated in an IPC Collaborative.

The IPC – MS program consists of:

- » A two-day training event to cover the fundamental concepts of quality improvement.
- » Three one-day training sessions. The purpose of the one-day training sessions is to follow up on the progress of the teams, provide coaching to support their efforts and to provide additional improvement knowledge and skills.
- » Training sessions occur quarterly. Between sessions, teams can apply what they have learned and submit data to an Outcomes Reporting site.
- » On-site and/or online support using webinars, site visits, one-on-one coaching calls or other means suitable to the Area.
- » Evaluation by Area IST members of the progress of the participating IPC – MS teams.

IPC – MS STRUCTURE

IPC – MS Training

Each Area will initiate IPC – MS with a two-day training session. A sample two-day agenda is provided for use by IST members. This agenda should be referenced for suggested details and timing for each topic, as well as a proposed overall structure for the training session.

The two-day training is followed by improvement activity and data submission by all participating sites, supported by coaching and training provided by IST members. This training and coaching is expected to take several forms, depending on local preference and available resources, but may include regularly scheduled "Office Hours" webinars to address group questions, phone-based coaching or face-to-face coaching.

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Follow-up Training: Three, Six and Nine Months

At three months, six months and nine months after the initial training, Area IST members will host one-day follow-up training sessions. Sample one-day agendas are provided to guide session planning. These follow-up sessions also allow time for Area IST members to customize the agenda with topics of particular importance to their local teams.

PowerPoint presentations for each agenda topic have been developed to streamline the development of learning events. Please see the section on Accessing Presentations for information on accessing this material.

TRAINING SCHEDULE	PURPOSE
Initial two-day training	One two-day training in the fundamental concepts of quality improvement.
Three-, six- and nine-month training	One-day follow up sessions on the progress of the teams, provide coaching to support their efforts, and to provide additional improvement knowledge and skills. Training sessions occur quarterly. Between session teams apply what they have learned and submit data to an Outcomes Reporting site.
On-site and/or virtual support	On-site and/or virtual support using webinars, sites visits, one-on-one coaching calls or other means suitable to the Area to be arranged between training sessions.

IPC – MS CURRICULUM

The IPC – MS curriculum is designed to give participants an introduction to quality improvement and support their efforts to implement changes within their organizations. Participating teams will:

- » Learn and adopt approaches, tools and methods foundational to quality improvement, including:
 - Introduction to IPC – MS Structure and Content
 - IPC – MS History
 - Building a Quality-Improvement Team
 - The Model for Improvement
 - Practice Self-Assessment
 - Patient Empanelment
 - Data Management for Quality Improvement
 - Optimizing the Care Team
 - Access to Care
- » Employ the current IPC Change Package to frame the care teams' workflows, processes and improvement efforts.
- » Submit monthly data on the 14 Focused Measures (Chronic Care, Pediatric Care, Prevention, Cancer Care, Behavioral Health, Access and Empanelment) to enable Area IST members to track progress and provide targeted support.
- » Discuss progress at Report Outs calls scheduled on a quarterly basis by IST members.
- » Prepare a final storyboard summarizing activities, learning and results at the end of the nine-month training period.

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Table 1 Summarizes the IPC Curriculum

TABLE 1. IPC – MS CURRICULUM SUMMARY	
TOPIC	DESCRIPTION
The Structure, Content and History of IPC – MS	Three individual presentations introduce the structure of the IPC – MS program, the content that is covered, and background into the development of IPC – MS.
Building a Quality Improvement Team	Quality improvement is a team effort and strong teamwork is essential to success. This presentation will cover the role of teams in improvement and suggestions for building strong teams.
The Model for Improvement	Teams will be introduced to and have a chance to practice a proven, recognized methodology to accelerate change and achieve improved results. This topic will include setting improvement aims, choosing measures, and using the PDSA cycle to test changes on a small scale.
Practice Assessment	Participants will be given tools and instructions to complete a thorough self-assessment of their practice using tools from the Green Book, which were successfully used by IPC Collaborative teams. Areas of assessment include the patient population, capacity for data analysis, patient and staff experience, cycle time, and others.
Patient Empanelment	Teams will learn why empanelment is an important first step in improvement, including its role in improving the continuity of care, patient safety, and the patient experience. Faculty will present different approaches to empanelment including modified mass empanelment that proved effective for IPC 5 teams. Teams will also have practical training in using iCare to establish patient panels.
Data Management for Quality Improvement	Based on IPC Collaborative experience, IPC – MS training will devote a relatively larger proportion of training time to data management and effective use of the EHR. Topics will be hands-on and practical and will include: <ul style="list-style-type: none"> • Empanelment • Introduction to iCare • Data submission • Data analysis • Others as needed This support will continue after the initial two-day training via office hours and one-on-one coaching calls.
Optimizing the Care Team	Providers alone cannot be expected to do all the work needed to achieve the desired results for each patient. A team approach to care is therefore essential. However, to be maximally effective, members of the care team must have defined roles that align with the outcomes desired and must have the capacity (through training) to work to the top of their licensure. Ideas and successful examples for optimizing the care team will be shared. Review, analyze current process and workflows. Take the time to listen and consider potential new process and workflows the over day-day operations.
Access	Teams will learn how to assess the organization’s capacity (i.e. visit availability) and patient demand. They will then be introduced to well-tested approaches to increasing capacity and reducing demand so that the two are balanced, and access to clinical care can be monitored and improved.

MEASUREMENT

All IPC – MS programs will have access to the Outcomes Reporting site [www.healthcarecommunities.org]. The IPC National Team will work directly with Area IST members to set up their programs’ measurement systems and provide training for their use. Teams will submit data monthly using the Outcomes Reporting site and will track the Focused Measures — a set of 14 measurements that cover Chronic Care, Pediatric Care, Prevention, Cancer Care, Behavioral Health, Access and Empanelment.

Improvement Goals

Teams will be asked to establish improvement goals:

- » Documenting improvement on two of their measures by 10 percent in a six-month period and 15 percent by the end of a nine-month period.

Assessment

In addition to the data measurements submitted by teams, the IPC National Team will work with Area IST members to assess the following goals:

- » 75 percent of the participating care team from I/T/U will be represented at each face-to-face and online IPC – MS learning event.
- » 100 percent of the teams will establish SMART (Specific, Measurable, Attainable, Relevant, Timely) improvement aims and submit them to Area IST Leads at the end of the nine-month training period.
- » 90 percent of the teams will submit a baseline and final Report Out to IST members showcasing learning, activity and results nine months after the two-day training session.

SUGGESTED PRE-WORK

Pre-work will introduce participants to the concepts covered before the first meeting and register for websites that will be used throughout IPC – MS process. This will allow faculty to maximize training time and focus on the training experience. It is suggested that IST members request the following pre-work to be completed prior to the first training session:

PRE-WORK	LINKS	DESCRIPTION
Complete the “Primary Care Practice Profile” found on page 6 of “The Green Book V2-2005.”	www.healthcarecommunities.org (IPC – MS folder of the portal)	Important information on patients, their needs, and possible areas of focus for improvement efforts.
Register for the Healthcare Communities Portal.	www.healthcarecommunities.org (Found in the top right of the home page)	Registration is free and provides access to IPC – MS resources as well as thousands of resources from other communities hosted on the portal.
Register for the Outcomes Reporting site.	ipcreporting.improvingindianhealth.org/default.aspx?l=1	This site will be used to submit data for IPC – MS.
View appropriate RPMS and/or iCare Training recordings.	ihs.adobeconnect.com/r6yazmoz1gm (Select one or more training session that are appropriate to their level of expertise)	The Office of Information Technology has recorded over 30 training sessions that are accessible via Adobe Connect. If your Area IST provides RPMS-iCare training to sites this step may not be necessary.

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Accessing Presentations for Use in IPC – MS Learning Events

The following presentations are available for download from the IHS portal in the Documents section in the IPC – MS folder. Area IST members can access the portal at [www.healthcarecommunities.org].

1. Welcome and Structure of IPC
2. Curriculum Overview
3. The History of IPC – MS
4. Building a QI Team
5. The Model for Improvement
6. Practice Team Self-Assessments
7. Patient Empanelment
8. Data Management for Quality Improvement
9. Optimizing the Care Team
10. Access to Care

SAMPLE AGENDAS

The following agendas for the initial two-day training provide examples of the sequencing and timing of presentations. It may be necessary to modify these agendas to meet local needs.

Two-Day Training: Day 1

Improving Patient Care – Made Simple (IPC – MS)

TIME	TOPIC
9:00 – 9:10	Welcome
9:10 – 9:30	Introductions and the Structure of IPC – MS
9:30 – 9:45	IPC – MS Curriculum Overview
9:45 – 10:30	Building the Quality Improvement Team
10:30 – 10:45	Break
10:45 – 11:30	The Model for Improvement
11:30 – 12:00	The Model for Improvement: Personal PDSA and Debrief
12:00 – 1:00	Lunch
1:00 – 2:00	The Model for Improvement: Interactive Exercise
2:00 – 2:45	Practice Team Self-Assessment (the <i>Greenbook</i>)
2:45 – 3:00	Break
3:00 – 3:45	Empanelment: Part 1
3:45 – 4:00	Summary and Next Steps

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Two-Day Training: Day 2

Improving Patient Care – Made Simple (IPC – MS)

TIME	TOPIC
9:00 – 9:15	Welcome Back, Review Agenda
9:45 – 10:45	Data for Quality Improvement
10:45 – 11:00	Break
11:00 – 12:00	Optimizing the Care Team
12:00 – 1:00	Lunch
1:00 – 2:00	Access to Care
2:00 – 2:15	Break
2:15 – 3:15	Develop PDSA Cycles and Debrief
3:15 – 3:30	Summary and Next Steps

ADDITIONAL SUPPORT

Additional support offered by the IPC National Team to Area IST members:

TIME	TOPIC
9:00 – 9:15	Welcome Back, Review Agenda
9:45 – 10:45	Data for Quality Improvement
10:45 – 11:00	Break
11:00 – 12:00	Optimizing the Care Team
12:00 – 1:00	Lunch
1:00 – 2:00	Access to Care
2:00 – 2:15	Break
2:15 – 3:15	Develop PDSA Cycles and Debrief
3:15 – 3:30	Summary and Next Steps

QUALITY-IMPROVEMENT SITES

- » IPC website: [www.ihs.gov/ipc].
This IHS website links to IPC information and events.
- » Healthcare Communities portal: [www.healthcarecommunities.org].
This portal houses the Outcomes Reporting site and a library of more than 20,000 quality-improvement resources. Registration is free and IPC – MS participants are encouraged to join.
- » The Institute for Healthcare Improvement: [www.ihl.org].
This site includes a wealth of quality-improvement tools for download. Registration is required but it is free. Especially useful are the “White Board Videos” and the recorded presentation on the Model for Improvement.
- » Improving Chronic Illness Care (ICIC): [www.improvingchroniccare.org].
The site, home of the IPC Care Model that was used to drive the IPC Collaboratives, has several useful toolkits on care coordination and other topics.

