Supplemental Appendix 2. Practice Coach Assessment Ratings

IPIP Practice Assessment	
Overall Team Assessment	
0.5 - Intent to participate	Practice has completed application and participated in informational call, but the practice aim has not been customized nor has the QI team been formed.
1.0 - Forming team	An aim statement has been completed and reviewed. Individuals have been assigned to QI team, but no work has been accomplished yet.
1.5 - Planning for the project has begun	Team is engaged in planning improvement activities, but no testing has begun.
2.0 - Activity, but no changes	Initial testing cycles for team learning and planning have begun; for example, testing has started on measurement, data collection, study of processes, surveys, etc.
2.5 - Changes tested, but no improvement	Initial cycles for testing changes have begun and some PDSA results have been studied.
3.0 - Modest improvement in 2 areas	Successful tests of changes have been completed for up to 2 high-leverage changes. Some improvements have been noted in run charts, monthly data, and monitoring data in at least 2 change areas.
3.5 - Improvement in 3 areas	Improvement toward project goals is demonstrated in at least 3 change areas.
4.0 - Substantial improvement	Practicewide implementation has begun for all components of the change package. Testing and implementation is occurring in all 4 high-leverage change areas. Progress in monthly measures of at least 50% can be seen in monthly reports.
4.5 - Sustainable improvement	Data on IPIP measures begins to indicate sustainability of changes and improvements across the practice.
5.0 - Outstanding sustainable results	Implementation cycles have been completed, and all project goals and expected results have been accomplished. Organizational changes have occurred to support permanent improvements.
Team Engagement	
0 - No activity	No improvement activity exists.
1 - Occasional meetings	Occasional meetings or discussion regarding improvement take place, but no organization-wide understanding of improvement work or aim exists.
2 - Regular meetings	Improvement team communicates regularly (through meetings, huddles, e-mail, memos, etc) to plan tests and discuss results. Improvement team can describe project aim and measures.
3 - Active engagement	Improvement team is planning and discussing multiple tests simultaneously and communicates findings to each other. Improvement progress is communicated to entire office staff. Most staff can describe improvement aim and measures. Improvement team participates in collaborative activities such as conference calls and listserv.

Leadership	
0 - No support	No management or leadership support for improvement work exists.
1 - Single champion	A manager or physician champion is involved, but no organized improvement structure exists. "Try and see approach" is the norm for improvement activities.
2 - "Special projects"	A leader who supports improvement activities is identified, temporary tasks and roles to support improvement are assigned to staff, and some coordination of aim among projects exists (when practice is undertaking multiple projects).
3 - Organizational integration	QI work is integrated into daily routines, roles to support improvement are assigned, and performance evaluations are tied to improvement activities. Leadership for improvement exists to select and launch new improvement efforts (eg, identifying aim, assigning team).

CHANGES

Registry	
0 - No activity	There is no activity on registry adoption or use.
1 - Selected	Practice has chosen a registry but not yet begun using it.
2 - Installed	Practice has registry installed on a computer, set up a template, and entered demographic data on patients of interest (eg, those with diabetes) or has a process outlined to systematically enter the data.
3 - Testing workflow	Practice is testing process for entering clinical data into registry but not yet using the registry to help with daily care of patients.
4 - Patient management	All clinical data are entered into the registry, and practice is using the registry daily to plan care for patients and is able to produce consistent reports on population performance.
5 - Full integration	Registry is kept up to date with consistent, reliable processes. Practice has checks and monitors registry processes. Practice uses registry to manage entire patient panel (population).

Planned Care Template	
0 - No activity	There is no activity on planned care template.
1 - Template designed	Practice has a template for planned care but has not yet begun using the template.
2 - Roles assigned	Clear delineation of staff roles and process flow to support use of template has occurred. Team is starting to test using the template.
3 - Testing workflow	Team is testing template and ensuring that the process flow is working. May be occurring in only a part of the practice, although could be done across the clinic.
4 - Partial implementation	Process is implemented across the entire clinic, but practice is still working on consistency throughout clinic. To get a 4, the practice should have a consistent process that works at least in part of the clinic.
5 - Full implementation	Template is used with every patient with target condition, consistently completed, and entered into the registry. Ongoing monitoring of system to ensure the template is used consistently is occurring.

Protocols	
0 - No activity	There is no activity on protocols.
1 - Protocols identified	Practice has identified protocols as examples and begun the process of customizing the protocols for their own practice.
2 - Planning testing	Practice has version of template and is planning tests of implementation. Activity is often taking place in only 1 part of the practice, but could be across the entire clinic.
3 - Testing workflow	Successful testing of the process for using the protocol is occurring. Ongoing implementation and optimization of the process is under way.
4 - Implementation 70%	Spread of the process across the entire practice is occurring. The reliability of using the protocol is greater than 70%.
5 - Implementation 90%	Reliability of protocol use is greater than 90% throughout the entire practice. Ongoing monitoring of the system to ensure that protocols are used consistently is also occurring.

Self-Management Support	
0 - No activity	There is no activity on self-management support.
1 - Materials on hand	Practice has obtained patient education materials and handouts to support self-management.
2 - Roles assigned	Practice has completed a plan for providing self-management support that includes all of the elements indicated in the change package. Staff roles and responsibilities are clearly delineated.
3 - Testing workflow	Practice is actively testing their process for self-management support. All staff involved in self-management support have undergone appropriate training. Patient goal setting and systematic follow-up are being implemented in at least part of the practice.
4 - Implementation 70%	Self-management support is consistently offered. Practice documents self-management goals for patient in the chart or registry; activity is performed across the entire practice. Monitoring reliability is occurring.
5 - Implementation 90%	Patients consistently have self-management goals documented, follow-up system is reliable, and staff are comfortable providing self-management support. Ongoing monitoring ensures the process is carried out consistently for all patients.

IPIP = Improving Performance in Practice; PDSA = Plan, Do, Study, Act; QI = quality improvement.