



Representative Case Studies

Practice Facilitation | Quality Improvement | Technical Assistance
Magnus Practice Facilitation, LLC

The following case studies highlight representative examples of practice facilitation and quality improvement support delivered across diverse healthcare settings. Each example reflects structured, hands-on engagement tailored to organizational size, complexity, and program context, and demonstrates approaches used to strengthen clinical workflows, support priority quality measures, and build sustainable internal improvement capacity.

These case studies are provided for illustrative purposes and are not intended to represent the full scope of services or outcomes across all engagements.

Prepared for informational and procurement review purposes.



Case Study

Practice Transformation & Quality Improvement Support Transform LA Program

Practice Type: Federally Qualified Health Center (FQHC), Multi-Site

Practice: JWCH Institute, Inc (Wesley Health Center)

Role: Practice Facilitator & Quality Improvement Coach

Program Context: LA Care Health Plan – Transform LA (CMS-aligned practice transformation initiative)

Challenge

JWCH Institute, Inc. is a large, multi-site FQHC serving a high-volume, diverse, and underserved patient population. As a participant in the Transform LA program, the organization sought to strengthen quality improvement (QI) infrastructure, improve performance on priority clinical measures, and support consistent implementation across sites while managing staffing changes, patient volume growth, and competing operational demands.

Key challenges included variability in workflows across locations, balancing pediatric and adult measure performance, and ensuring sustainable QI processes that could be maintained beyond program milestones.

Approach

Delivered hands-on practice facilitation and quality improvement coaching support, working closely with clinical and operational teams to support practice-level implementation and sustainability. Support included:

- Structured quality improvement planning and milestone support
- Workflow review and refinement across multiple sites
- Coaching on data use, performance tracking, and gap identification
- Support for chronic disease management measures (e.g., diabetes and hypertension)
- Support for pediatric clinical measures (e.g., childhood immunizations, well-child visits)
- Measure-focused improvement strategies aligned with HEDIS and CMS priorities
- Staff engagement and capacity-building to strengthen internal QI ownership
- Ongoing technical assistance to support documentation practices and program alignment

Support was tailored to the organization's scale, readiness, and program requirements, with an emphasis on practical execution rather than one-time interventions.

Outcomes

- Strengthened quality improvement infrastructure across participating sites
- Improved ability to monitor performance trends and identify care gaps
- Increased staff engagement and confidence in QI processes
- Demonstrated progress and sustained focus on priority clinical measures despite staffing and volume challenges
- Enhanced readiness to sustain transformation efforts beyond Transform LA program milestones

This engagement supported JWCH Institute, Inc.'s continued participation in Transform LA while reinforcing quality improvement capacity within a large, multi-site FQHC setting.



Case Study

Practice Transformation & Quality Improvement Support Transform LA Program

Practice Type: Safety-Net Health System, Multi-Site, Multi-Service

Practice: MLK Community Healthcare

Role: Practice Facilitator & Quality Improvement Coach

Program Context: LA Care Health Plan – Transform LA (CMS-aligned practice transformation initiative)

Challenge

MLK Community Healthcare is a large, multi-site safety-net health system delivering comprehensive services to underserved populations. During participation in the Transform LA program, the organization sought continued practice facilitation and quality improvement (QI) support to sustain momentum, address performance variability across measures, and strengthen internal capacity amid ongoing operational complexity.

Challenges included balancing pediatric and adult clinical priorities, addressing chronic disease management in a high-risk population, maintaining staff engagement across sites, and aligning improvement efforts with evolving program expectations.

Approach

Delivered hands-on practice facilitation and quality improvement coaching support, working closely with clinical, operational, and leadership teams to reinforce structured improvement processes and support sustainability.

Support included:

- Structured QI coaching and milestone support during the program
- Review of performance data and identification of measure-specific improvement opportunities
- Support for chronic disease management measures (e.g., diabetes and hypertension)
- Support for pediatric clinical measures (e.g., childhood immunizations and well-child visits)
- Workflow refinement to support care gap identification and follow-up
- Coaching on documentation practices and data reliability
- Staff engagement strategies to strengthen shared accountability for quality outcomes
- Ongoing technical assistance to support readiness, alignment, and sustained implementation

Support emphasized practical execution within a complex, multi-service environment rather than short-term remediation.

Outcomes

- Strengthened internal quality improvement processes across participating sites
- Improved organizational ability to monitor, prioritize, and respond to performance trends
- Increased clarity around measure-specific strategies for pediatric and chronic disease care
- Sustained engagement in quality improvement activities during the program
- Enhanced readiness to continue transformation efforts beyond the active program period

This engagement supported MLK Community Healthcare's continued participation in Transform LA while reinforcing system-level QI capacity within a large safety-net setting.



Case Study

Practice Transformation & Quality Improvement Support

Transform LA Program

Practice Type: Independent Primary Care Practice

Practice: Total Health Care Network

Role: Practice Facilitator & Quality Improvement Coach

Program Context: LA Care Health Plan – Transform LA (CMS-aligned practice transformation initiative)

Challenge

Total Health Care Network is a small, independent primary care practice navigating multiple operational and clinical transitions while participating in the Transform LA program. The practice sought support to strengthen quality improvement (QI) infrastructure, improve performance on priority chronic disease measures, and stabilize workflows during a period of growth and system change.

Key challenges included managing a transition to a new electronic health record (EHR), addressing chronic disease management in a limited-staff environment, improving documentation and reporting accuracy, and balancing operational expansion with sustained quality improvement efforts.

Approach

Delivered hands-on practice facilitation and quality improvement coaching support, working closely with clinical and administrative staff to support practical implementation and long-term sustainability. Support included:

- Structured QI coaching and milestone support aligned with program requirements
- Support for chronic disease management measures, including diabetes and hypertension
- Workflow assessment and redesign to support care gap identification and follow-up
- Guidance during EHR transition to strengthen documentation and data reliability
- Coaching on performance monitoring and use of reports to guide improvement actions
- Support for integrating operational changes while maintaining focus on quality priorities
- Ongoing technical assistance to reinforce sustainable improvement practices

Support emphasized incremental, practice-driven change rather than short-term remediation.

Outcomes

- Strengthened quality improvement processes within a small practice setting
- Improved internal workflows supporting chronic disease management
- Increased staff capacity to use data and reports for performance monitoring
- Greater organizational stability during periods of operational and system transition
- Enhanced readiness to sustain quality improvement activities beyond active program milestones

This engagement supported Total Health Network's participation in the Transform LA program while reinforcing foundational QI capacity within an independent primary care environment.

Additional Context

The approaches reflected across these engagements align with CMS practice transformation models, including TCPI-style implementation.



Case Study

Practice Transformation & Quality Improvement Support

UCSF CHARMED Study – Self-Measured Blood Pressure

Practice Type: Safety-Net Primary Care Clinics / Public Health System

Practice: Family Health Center and Potrero Hill Health Center, San Francisco

Role: Practice Transformation Coach / Practice Facilitator

Program Context: UCSF CHARMED Study – Self-Measured Blood Pressure (SMBP) Implementation

Challenge

Family Health Center and Potrero Hill Health Center participated in the UCSF CHARMED Study to support implementation of self-measured blood pressure (SMBP) monitoring and strengthen hypertension management, with particular attention to disparities affecting Black/African American patients.

Both clinics had existing hypertension-management processes but required practice-level support to integrate SMBP into routine clinical operations. Implementation opportunities included standardizing patient identification and referral, strengthening monitor access and tracking, improving patient outreach and engagement, clarifying staff roles and follow-up responsibilities, addressing equipment and workflow barriers, and supporting consistent implementation across multidisciplinary clinical teams.

The engagement also required balancing study-specific activities with workflows and infrastructure that could be sustained within routine clinical operations beyond the active practice facilitation period.

Approach

Delivered remote, hands-on practice facilitation, technical assistance, and implementation support in collaboration with clinic leadership and frontline clinical teams. Support emphasized adapting SMBP implementation to each clinic's existing operations rather than applying a standardized workflow across sites.

Support included:

- Assessment of existing hypertension-management and SMBP workflows
- Workflow redesign and refinement to integrate SMBP into routine clinical operations
- Clarification of staff roles for patient identification, referral, monitor distribution, education, documentation, and follow-up
- Development and refinement of blood pressure monitor distribution and tracking processes
- Support for patient outreach strategies, including targeted outreach to patients with uncontrolled hypertension
- Identification and resolution of implementation barriers involving equipment, workflow consistency, communication, and staff follow-through
- Coaching and technical assistance focused on hypertension-related health disparities
- Use of iterative workflow testing and improvement to support practice-level implementation
- Facilitation of cross-site learning and discussion of implementation experiences, barriers, and sustainability



- Development of finalized SMBP workflows and sustainability priorities for continued use following active practice facilitation

Support focused on strengthening each clinic's ability to operationalize SMBP within existing clinical systems while maintaining attention to patient access, health equity, and long-term sustainability.

Outcomes

- Established defined SMBP workflows integrated into existing hypertension-management and nursing operations at both participating clinics
- Strengthened processes for patient identification, outreach, monitor access, distribution, and tracking
- Clarified staff responsibilities for SMBP education, follow-up, documentation, and clinical escalation
- Improved processes for identifying and responding to malfunctioning home blood pressure monitoring equipment
- Expanded targeted outreach approaches to support patient engagement and hypertension management
- Strengthened practice attention to hypertension disparities affecting Black/African American patients
- Increased CHARMED participation, with 195 participants enrolled at Family Health Center and 90 participants enrolled at Potrero Hill Health Center as of August 31, 2026
- Supported identification of ongoing clinic champions to reinforce SMBP implementation after active practice facilitation
- Established sustainability priorities for continued SMBP implementation, performance monitoring, patient follow-up, and workflow reinforcement

At Family Health Center, the practice also reported maintaining blood pressure control above 60% among Black/African American patients for approximately eight to nine months, which staff noted had not previously been sustained for that length of time. This was a practice-reported observation during the engagement and is not presented as a formal CHARMED study outcome or as an outcome attributable solely to practice facilitation. The engagement concluded with both clinics having defined SMBP processes positioned for continued implementation within their existing hypertension-management infrastructure.

Additional Context

This engagement demonstrates experience providing remote practice facilitation and implementation support within a research-study environment involving academic, community, and safety-net healthcare partners. The work required translating study objectives into practical clinic-level workflows while supporting implementation fidelity, frontline staff engagement, health equity priorities, and sustainability within real-world clinical operations.

Practice facilitation services were provided through LA Net Community Health Resource in support of participating clinics in the UCSF CHARMED Study.