Practice Facilitation: A resource for Primary Care transformation and innovation

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What is Practice Facilitation?

• **Practice facilitators** are specially trained individuals who assist primary care clinicians make meaningful changes in their practice and adapt clinical evidence to specific situation of their practice.

• Different from consultants:
  – specialized training,
  – broad scope of practice
  – facilitative and capacity building role
  – **long-term** relationships with an organization
“It’s self-management support for practices instead of patients.”

Grace Floutsis, CMO at FQHC

Why practice facilitation?

Based on Solberg Model of Practice Improvement, Borrowed from Mold et al
Evidence of effectiveness

1. PCPs are almost **3Xs as likely to adopt evidence-based guidelines through PF** compared with no-intervention control group practices - Baskerville, Hogg, and Liddy, 2011, meta-analysis

2. Changes **sustained at least 12 months** - Multiple studies

3. PF **increases the practices’ capability to make and sustain complex structural changes** and increased the practices’ “adaptive reserve” - Nutting, Crabtree, Stewart et al, 2010. National Demonstration Project

A growing number of PF programs in the U.S.
What do PFs do? Emergent Design

• A dignified way of saying “making it up as we go along.”

• Involves a mindset of curiosity, flexibility and experimentation; “not knowing” is a virtue, not a deficiency.

• We introduce numerous small changes (disturbances) in the hope that some of them might ripple...

• We take 1 step at a time, planning the next step only when we have seen the results of the previous one. This gives us the opportunity to identify and make use of emergent new patterns that we never could have anticipated.

Suchman AL. Organizations as Machines, Organizations as Conversations Two Core Metaphors and Their Consequences. Medical Care 2010; 48(12):3.

What do Facilitators do?

• Form and train QI teams on data use and QI methods (PDSA, LEAN, etc)

• Build capacity for data-driven change
  — Data systems
  — QI Reporting
  — Audit and feedback & benchmarking

• Project management & meeting facilitation

• Executive coaching

• Deep Technical Assistance in High Impact areas
  — Care team formation/optimization
  — Help set up registries to manage populations
  — Planned care
  — Self-management support
  — Patient engagement

• Broker resources for the practice

• Plan for sustaining change
  • Cross-pollinate good ideas
According to PFs: What they really do...

Link to herding cats: http://www.youtube.com/watch?v=Pk7yuTMvp8

Use case: Guideline implementation (LA Net CKD project)

• 6 months, ½ day a week. PFs help practices:
  • Optimize QI infrastructure – data use, skills, functioning
  • Set up registry tracks
  • Modify guidelines for safetynet
  • Create workflows and templates
  • Select and implement self-management support
  • Train staff
  • Set-up academic detailing w/ CKD expert
  • Cross pollinate “good ideas”
  • Spread using Local Learning Collaboratives”
How much does it cost?

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>PF salary</td>
<td>$60,000 + Fringe</td>
</tr>
<tr>
<td>Expert consultants (&lt;10% of intervention)</td>
<td>$7,500</td>
</tr>
<tr>
<td>Training &amp; supervision @ $75/hr 1 hr/wk</td>
<td>$1800</td>
</tr>
<tr>
<td>Equipment (computer, smartphone, pad, projector)</td>
<td>$1200</td>
</tr>
<tr>
<td>Travel (24 trips @ 30 miles @ .55)</td>
<td>$3168</td>
</tr>
<tr>
<td>F &amp; A (23%)</td>
<td>$22,383</td>
</tr>
<tr>
<td>Total for 12 mos (16 practices + maintenance =30)</td>
<td>$122,134</td>
</tr>
<tr>
<td>Total per practice per active intervention</td>
<td>$7,633</td>
</tr>
</tbody>
</table>
Who funds PF programs right now?

- Research grants (AHRQ, CTSI?)
- Health plans (L.A. Care)
- Self-pay by practices (FQHCs)
- State Health Departments (Oklahoma, Vermont)
- AHEC funds (North Carolina)
- CMS? (PCORI, innovation funds?)

Emerging best practices

- **Multi-modal**—PF “+” other things like:
  - academic detailing
  - audit and feedback, benchmarking
  - collaboratives
  - payment reform
- **On-site** is more effective than virtual
  - Core is “relationship” and indigenous learning/observations
- PFs w/ support of **team** is more effective
  - Access to “borrowed” knowledge and peer to peer exchanges
- **Minimum dose** for:
  - guideline: 100 hours
  - practice transformation: much more
Who makes a good PF?

Facilitative Interpersonal Skills
“Sparkle”

Deep skills in use of data

QI skills

MPH
MSW
RN
PhD Social Scientist
Medical student
Family member
Etc..

What should they know?

Borrowed competencies from Expert Consultants (High degree of complexity, and specialization)

Advanced Access

Advanced use of registries

Billing systems and models

EHR implementation

Intervention specific competencies (Moderate complexity, linked to key driver model)
• Panel management
• Team-based care
• Planned care
• Self-management support
• Guideline implementation
• Group visits, etc.

Basic PF competencies (Essential to all PF interventions)
• Project & people management
• Data acquisition & analysis
• Quality improvement processes

Core Competencies
What practices should receive PF?

PCP Opinion leaders

Survival level practices

Where is PF headed?
How do you solve a problem like...
U.S. Agricultural Extension Service

• Goal was to help people use research-based knowledge to improve their farming practices ...

11/8/2011
Outcomes

• Most successful dissemination effort in U.S. history

• WWII - increased food production 38%

• Today work in multiple areas from farming to youth and community development

How do you solve a problem like...
Primary Care Extension Program – National Network of PFs

• REGIONAL partnerships between Universities and Health Care Organizations

• LOCAL PRIMARY CARE EXTENSION AGENCIES

• LOCAL HEALTH EXTENSION AGENTS

• Support improvement in LOCAL PRACTICES

The good idea
Workforce = Practice Facilitators

A case example: LA Net

Practice-based research and resource network (PBR²N)
LA Net PFs

Zoe-Anne Fitzhugh, RN, MS, CCRN, CHES

June Levine, RN
Director of Facilitation Services

Vanessa Nguyen, MPH

Aminah Ofumbi, MSN

Christine Edwards, PhD

Working in 18 Community Health Center practices
PF Activities

• MODEL
  – 1:8 active improvement
  – 1:20 maintenance

• REACH
  – 40 safety-net practices (FQHCs to private practices) w 2 FTE PF

• ACTIVITIES
  – Care model implementation in safety net
  – PCMH acknowledgement
  – CKD guideline implementation
  – Self-management optimization with Tablet Health Coach
  – Innovation dissemination (eCHO)

Innovation Translation: Project eCHO

Link to echo: http://echo.unm.edu/
Resources for Getting Started

1. *How to start and manage a Practice Facilitation Program.* AHRQ. Release date: November 2011


3. *2010 Practice Facilitation Consensus Report.* AHRQ

4. *Implementing the Care Model and Business Strategies in the Safety Net Toolkit.* AHRQ

5. Technical assistance for start-up of Practice Facilitation Programs (planned)

Exemplars (mentors)

- Oklahoma Healthcare Authority PF program – Mike Herndon
  - Medicaid practices, care management
- Oklahoma Practice Based Research and Resource Network and Oregon Practice Based Research Network
  - Small and rural practices (Jim Mold and LJ Fagnan)
- North Carolina AHEC PF program
  - State wide collaboration - Ann Lefebvre
  - Integration of AHEC, REC, QI
- New York Primary Care Development Corporation
  - Statewide network of PFs – Regina Neal
- And a number of others...
Content based on

• Expert working group on Practice Facilitation. Funded by AHRQ
  

  – How to Start and Run a Practice Facilitation Program. AHRQ

Questions?
Thank you!

What about small practices?

“PF appears to be the most effective in small and medium sized practices, that have fewer resources for practice transformation but also fewer bureaucratic structures with which to contend.”
Typical process

<table>
<thead>
<tr>
<th>Primary activities</th>
<th>Typical Stages of a PF Intervention</th>
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</thead>
<tbody>
<tr>
<td>Relationship building</td>
<td>Stage 1: Practice recruitment and readiness assessment</td>
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<tr>
<td></td>
<td>Stage 2: Kick-off meeting, academic detailing, and startup activities</td>
</tr>
<tr>
<td>Capacity building, process facilitation, hands-on support, assessment of progress</td>
<td>Stage 3: Practice assessment and goal setting</td>
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<td>Stage 4: Active improvement efforts</td>
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<td>Stage 5: Holding the gains</td>
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<td>Stage 6: Comparison and maintenance</td>
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</tbody>
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Source: Adapted from Korn, 2010 (Report on the AHRQ 2010 Consensus Meeting on Practice Facilitation for Primary Care Improvement).