Evaluating the Effectiveness of Practice Facilitation Support

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Objectives

- **Review 3 approaches for evaluating the effectiveness of practice facilitation support**

- **Break into small groups for evaluation scenario**

- **Identify potential high, medium, low adopters**
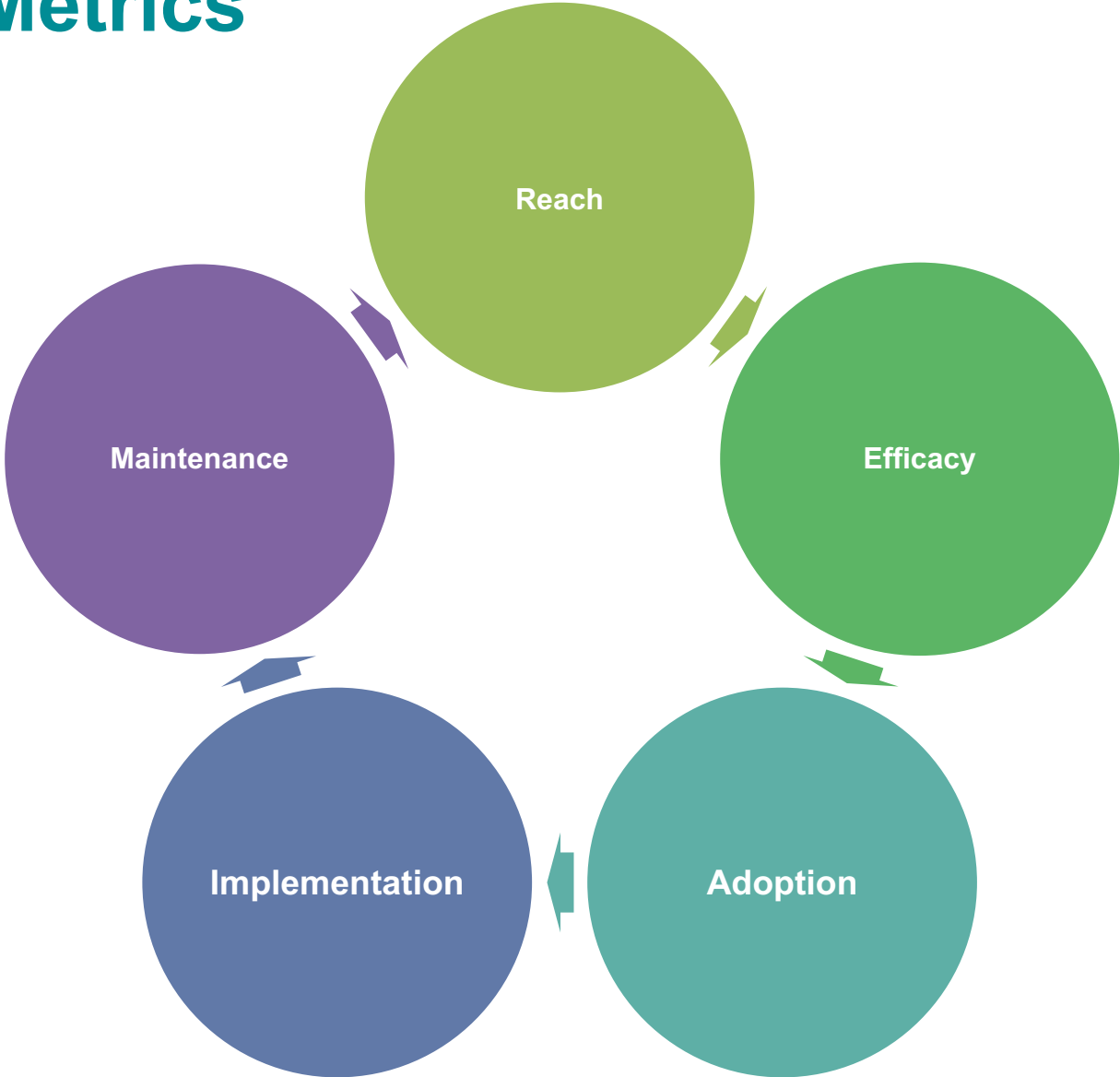
- **Discuss exercise as a group**

Practice Facilitation Metrics

Qualitative

Quantitative

Carolinas HealthCare System

Community Metrics

Implementation Metrics

Consolidated Framework for Implementation Research (CFIR)

Intervention Characteristics	Outer Setting	Inner Setting	Characteristics of Individuals	Process
Intervention Source	Patients Needs and Resources	Structural characteristics	Knowledge & Beliefs About the Intervention	Planning
Evidence Strength and Quality	Cosmopolitanism	Networks & Communication	Self-efficacy	Engaging
Relative Advantage	Peer Pressure	Culture	Individual Stage of Change	Opinion Leaders
Adaptability	External Policies & Incentives	Implementation Climate	Individual Identification with Organization	Internal Implementation Leaders
Triability		Tension for Change	Other Personal Attributes	Champions
Complexity		Compatibility		External Change Agents
Design Quality & Packaging		Relative Priority		Executing
		Incentives & Rewards		Reflecting & Evaluating
		Goals & Feedback		
		Learning Climate		
		Readiness		
		Leadership Engagement		
		Available Resources		
		Access to knowledge		

http://www.cfirguide.org/index.html

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Evaluation Scenario using CFIR

CFIR Domain: Inner Setting	-2	-1	0 Neutral	+1	+2	Midtown Medical	Center City Family Med
* **Tension for Change** Comfortable with status quo (low tension) versus strong desire for change (high tension)		Midtown Medical not concerned about metrics, but some discussion of change			Center City practice manager reached out for help to improve screening rates	-1	+2
Compatibility Will project or intervention fit in existing workflow	Video is 17 mins AND Midtown has many Spanish-speaking patients	Video is 17 mins long but Center City has long waiting periods during visit				-2	-1
* **Leadership Engagement** Leaders and managers are committed and involved			Midtown leaders engaged but focused on different initiative		Center City leaders very engaged and visible	0	+2
Available Resources Does practice have dedicated resources i.e. time and space	Midtown is very busy and understaffed, no available exam rooms				Center City has dedicated exam rooms, and ample staff to start video	-2	+2
					Total	-4	+5

* Strongly distinguishes high and low adopters

Discussion

- Construct scores & Why?

Low	Medium	High
-8 to -3	-2 to +2	+3 to +8

Questions

Scenario - Description for the Evaluation

Situation: You are implementing a new shared decision making tool for asthma care. The tool is a virtual program that works on an iPad app and takes 10 minutes to complete. The application prints out a summary of the asthma care discussion to be shared with the provider during a clinic visit. Ideally, the video plays after rooming the patient and before the medical provider portion of the visit. Clinical staff must log in to the iPad, start the video, and retrieve printed materials to give to the patient during the visit.

South End Family Medicine is a safety net clinic with 5 full time and 2 part time physicians. They see mostly underinsured and low income English-speaking adult and pediatric patients and the clinic mission is to provide the best care possible given their limited resources. There is one central printer in the clinic and the 15-minute patient visit slots are often double booked. There is high turnover among nursing staff and leadership. However, the practice manager, nurse manager, and two of the physicians have worked at South End Family Medicine since it opened 11 years ago and are dedicated to improving care but experiencing some burnout. Discussions of improvements are occasionally mentioned at monthly staff meetings, which are poorly attended. This practice relies heavily on temporary staff and has difficulty forming trusting relationships between long-time established patients and the influx of new nurses. The patient population has low medication adherence and often relies on the nearby ED for non-acute care.

Gotham Medical Associates is a safety net clinic with 2 full time and 8 part time physicians and ACPs that also have privileges at the adjacent hospital. The patients are largely underinsured, low income, and English-speaking adults. They have experience with quality improvement initiatives and have previously welcomed research projects, as long as they improve care for their patient population. Leadership expresses concern about metrics, but typically only those that align with the hospital's current focus. Embedded in the hospital building, the practice has access to additional resources such as desktop printers, charging stations, and dedicated research exam rooms. Providers have protected time for admin responsibilities and quality improvement projects and initiatives are introduced at weekly meetings. The employee turnover rate is low and there is high cohesion and trust between nurses and leadership.

Notes:

2017 International Conference on Practice Facilitation
Workshop 2B: Evaluating the Effectiveness of Practice Facilitation Support
Consolidated Framework for Implementation Research (CFIR): Evaluation Scenario

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CFIR Domain: Inner Setting	-2	-1	0 Neutral	+1	+2	Practice A South End Family Medicine	Practice B Gotham Medical Associates
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Compatibility Will project or intervention fit in existing workflow							
Leadership Engagement Leaders and managers are committed and involved							
Available Resources Does practice have dedicated resources i.e. time and space							
					Total		

Notes:

CFIR Codebook: http://www.cfirguide.org/tools.html

Paper: Evaluation of a large-scale weight management program using the consolidated framework for implementation research (CFIR) by Damschroder & Lowery