

TITLE OF SUBMISSION: Care and feeding of quality improvement specialists: the first 5 years

PRESENTATION TOPIC AREA: Sustaining and Managing Practice Facilitation Programs

FORMAT: Workshop

SESSION DESCRIPTION:

Panel presentation describing the experience of the first 5 years of a province wide program to facilitate QI in primary care teams, in the words of those coordinating, delivering and receiving this support. The presentation focuses on the experience of facilitating primary care practices in the work of QI, not research.

BACKGROUND/RATIONAL:

The QIDS program was launched in 2013 to deploy 35 FTE to enable improvements in quality among approximately 180 primary care teams across the province of Ontario. Collectively, the 2000 family doctors and 2200 Interdisciplinary healthcare professionals of the Association of Family Health Teams of Ontario provide care for 3 million patients. Support for front line QI specialists was provided via weekly teleconference calls (average attendance of 60% of QIDSS, scaled back to monthly in 5th year); bi-annual in-person knowledge translation and exchange sessions, field visits by coordinator; secretariat support for communities of practice for users of the most common EMRs and formal oversight committees reporting to the board of the Association. Measures of the success of the program include persistently high appreciation of the contribution of QI specialists and envy among providers not supported by a specialist; increasing voluntary, ground-up standardization of access to local data from patient experience surveys and EMRs and emergence of a solid measurement culture (with over 60% of members voluntarily contributing performance data to 7 iterations (and counting) of Data to Decisions (D2D), a province-wide performance report. By enabling ongoing wide-spread measurement, QIDS also facilitated the demonstration of the relationship between high quality care (as delivered by primary care teams) and lower per capita healthcare system cost, as predicted by the body of Barbara Starfield's work.

SESSION FORMAT:

The presentation will consist of a series of short presentations followed by real-time online polls encouraging audience reflection regarding relevance of or implications of the experiences being shared for their own local setting.

- Goal of the provincial QIDS program
- Deployment: role of local practices and central coordinating team, supports for QI specialists and practices, budget
- Experiences of participants in the program (specialists, team leaders, central coordinator) regarding challenges, enablers and successes
- Next steps at the local team and provincial levels

LEARNING OBJECTIVES:

participants will be able to

- Describe the structure of the Ontario QIDS program
- Reflect on the potential fit of various elements of Ontario's program for their own setting
- Comment on the relevance of measures of success of the Ontario program for their own setting

CONCLUSION/NEXT STEPS:

Ontario continues to struggle to find effective ways to support QI for the 75% of the primary care sector that is not organized in a team-based service delivery model. The prospectus of this conference suggests the struggle extends well beyond Ontario. This presentation describes a province-wide approach of 5 years' duration (and counting) to inform those engaged in the struggle to build a broad, sustainable network of support for QI in primary care. Participants may find the session useful to get a sense of how approaches they may be thinking about might work and how they might change them (based on Ontario's experience) to be more successful.

AUTHORS:

Carol Mulder DVM MSc CUTL DBA

TITLE OF SUBMISSION: CRM as a Multiprong Tool for Successful Practice Facilitation

PRESENTATION TOPIC AREA: Leveraging Technology in Practice Facilitation

FORMAT: Workshop

SESSION DESCRIPTION:

Health Quality Innovators employs CRM as a: 1) project management tool for maintaining contact information, tracking responses to emails and documenting practice interactions; 2) practice facilitator tool for recording improvement activities, interventions and performance data; and 3) simple analytic tool for visualizing performance data and measuring the effectiveness of interventions.

BACKGROUND/RATIONAL:

CRMs are commercially available at a range of price points and levels of complexity. HQI uses Dynamics 365, which integrates with other Microsoft Office applications, such as Outlook, Excel and Power BI as well as with third-party applications like webinar platforms.

HQI uses Power BI, a Microsoft business intelligence application, to roll performance data into dashboards at the project and practice levels. This makes it easy to identify practices that are not on target to achieve their goals, which reinforces accountability for both facilitators and practices. When practices are working with HQI on more than one project, we can easily track total progress in a single, combined view.

We integrate CRM into the daily work of practice facilitators to produce efficiencies. For example, HQI has enabled the Dynamics 365 mobile app, which allows facilitators in the field to access each clinician office's CRM record on a smart phone or tablet. Our facilitators review staff member names, notes from the previous interaction, and the practice's current performance before entering the building for a meeting. This promotes relationship-building and engagement.

CRM's ability to organize, store and share practice-level information gives HQI maximum flexibility to respond to practice needs. When the usual facilitator is unavailable, or another facilitator's subject matter expertise is needed, the practice's history and status is literally at their fingertips. No time is wasted asking practice staff to repeat information they already have provided, which results in a better customer experience.

We also have modified CRM to collect valuable data about successful solutions that practices have applied to previous improvement challenges. HQI ties these solutions to specific change concepts and their corresponding barriers. Our ability to "prescribe" effective interventions and tools positions HQI as a valuable resource to practices and health systems looking for immediate, positive results.

Finally, HQI has found that using CRM helps facilitators develop empathy with practice staff who are frustrated by electronic health records. CRM is not simple. But like EHRs, consistent use builds skill, confidence and a wealth of information that eventually makes work easier.

SESSION FORMAT:

Oral presentation or facilitated discussion

LEARNING OBJECTIVES:

- 1) Describe the basic functions of a CRM system.
- 2) Identify one or more ways that using a CRM system can increase capacity for practice facilitation.
- 3) Identify one or more ways that using a CRM system can increase practice satisfaction with facilitation.

CONCLUSION/NEXT STEPS:

Effective practice facilitation requires keeping accurate records, continually tracking performance, and sharing data in real time across the facilitation team. HQI has found that using a Customer Relationship Management (CRM) system simplifies all these tasks, increasing our capacity to work with practices.

AUTHORS:

Virginia Brooks, MHA, CPHQ
Jennifer Hayes, BHA

TITLE OF SUBMISSION: Developing the Best of the Best: Practice Facilitator Orientation, Training and Ongoing Staff Development.

PRESENTATION TOPIC AREA: Practice Facilitator Training and Ongoing Development

FORMAT: Workshop

SESSION DESCRIPTION:

The Rocky Mountain Health Plans Practice Transformation (RMHP) professionals require the knowledge and skills necessary to support meaningful improvement in primary care and specialty practices. This workshop will review the staff development plan that was created by RMHP to meet this need. This plan is evidence based and founded on nationally recognized professional practice standards in the field of healthcare quality.

BACKGROUND/RATIONAL:

The plan has been developed to support the RMHP Practice Transformation staff development goals as follows: (1) Provide training, orientation, and mentorship to newly hired staff. (2) Provide ongoing educational support to current staff. (3) Develop competencies for newly hired and advanced staff. (4) Provide supportive training and education when staff performance gaps arise. (5) Develop and deploy a staff retention strategy. This workshop will provide an overview of the Practice Transformation staff development plan and the role of the Staff Training and Development Coordinator. The following practical tools will be reviewed and made available to participants; orientation and training checklist, processes for practice shadowing, a mentoring agreement, the structure of departmental education meetings, a competency cross walk, and a manger practice visit observation form.

SESSION FORMAT:

Lecture with interactive group discussion

LEARNING OBJECTIVES:

- Provide an overview of the RMHP Practice Transformation Staff Development and training program
- Review and share resources, tools and strategies for practice facilitator staff development and training
- Discuss and share best practice techniques and tools used in practice facilitation staff training and development

CONCLUSION/NEXT STEPS:

The Practice Transformation Team at Rocky Mountain Health Plans (RMHP) has partnered with practices located in the Western half of the State of Colorado for over a decade. The aim of the program is to move practices along the practice transformation trajectory with the ultimate goal of becoming an advanced primary care or specialty care practice using a state-of-the-art practice transformation approach. RMHP Practice Transformation professionals are the face-of and hands-on application of the work of the Practice Transformation Program within RMHP and staff members require the knowledge and skills necessary to support meaningful improvement in primary care and specialty practices.

AUTHORs:

Cynthia Mattingley RN, BSN
Britta Fuglevand, MHA

P115

SUBMISSION CODE: SL121

TITLE OF SUBMISSION: Development of an ELearning Module on Effective Practice Engagement

PRESENTATION TOPIC AREA: Practice Facilitator Training and Ongoing Development

FORMAT: Workshop

SESSION DESCRIPTION:

This session will highlight MetaStar's work related to adult eLearning materials focused on training new Practice Facilitators. Participants will learn about the importance of curriculum planning, options for creating the module and the value of feedback throughout this process.

BACKGROUND/RATIONAL:

Since computer based electronic learning (eLearning) is a flexible way to provide on-demand training to a large audience of adult individuals who have varied schedules and learning needs, Metastar will share one approach for creating eLearning materials used for training Practice Facilitators.

SESSION FORMAT:

Two presenters will explain the process for choosing content, developing the module design, and the importance of feedback while creating an adult eLearning module. Audience sharing will be encouraged and time will be allowed for Questions and Answers.

LEARNING OBJECTIVES:

- Understand the importance of research and curriculum planning.
- Outline a basic strategy for producing and disseminating an eLearning module training tool.
- Understand the value of incorporating feedback that lends greater utility to the Elearning module.

CONCLUSION/NEXT STEPS:

Participants will leave the session with a better understanding of one approach to creating an adult eLearning module.

AUTHORS:

Julie Schmelzer, CSW, CCM, CPHQ
Ashley Green, MA

P116

SUBMISSION CODE: SL127

TITLE OF SUBMISSION: Practice Facilitation in a Multi-System, Multi-Initiative Environment

PRESENTATION TOPIC AREA: Advancing the Science of Practice Facilitation

FORMAT: Workshop

SESSION DESCRIPTION:

Coaching in a system practice, whether it be a health system, ACO or physician organization, can look very different than an independent practice. This session will have a brief discussion about system versus independent coaching and collaborative coaching with facilitators from other transformation initiatives. The participants will then brainstorm as a group and create action plans to resolve common difficulties in this advanced form of practice facilitation.

BACKGROUND/RATIONAL:

In an ever changing practice improvement environment it is not uncommon for practices to find themselves in multiple initiatives resulting in multiple practice facilitators aiming to help guide the practice. In addition, we are seeing more independent practices join health systems. Often these circumstances change the scope and direction of practice facilitation.

SESSION FORMAT:

Full group discussion and roundtable discussion

LEARNING OBJECTIVES:

1. Identify common differences between coaching independent practices versus system practices
2. Develop action plans to overcome difficulties in different practice models
3. Strategize ways to coordinate practice facilitation teams to provide effective coaching for practice transformation

CONCLUSION/NEXT STEPS:

To provide effective facilitation to practices, coaching must evolve to incorporate many different practice models as well as take into consideration the different program initiatives occurring in practices.

AUTHORS:

Emily Glynn, MPH, CPH, CPHQ

P117

TITLE OF SUBMISSION: Practice Facilitator Role in an Operational Project to Improve Access in a Large Multi-Specialty Physician Group

PRESENTATION TOPIC AREA: Practice Facilitator Skill Building

FORMAT: Workshop

SESSION DESCRIPTION:

This session demonstrates how practice facilitation aided the transformation of multi-specialty and primary care practices from worst to first in an access improvement project spread across a large physician group.

BACKGROUND/RATIONAL:

This network lies in a very competitive market, where new patients are coveted, and where customers are demanding quick access in their primary and specialty practices. Outmigration to competitors was a common problem. A project was conceived to identify the current state of access in all primary and specialty practices within a large group of hospital owned practices, and to improve that access as measured by three different metrics: 1) new patient lead times, 2) patient satisfaction with access, and 3) schedule utilization. The A3 method for problem solving was utilized to help the "worst" practices identify the root cause(s) for their access issues, and to brainstorm which countermeasures might be most effective in their individual practices. Practice facilitators were assigned to these practices, and made weekly visits to them; establishing trust and guiding the teams through subsequent PDCA cycles. The end result was a dramatic change in these metrics, with some of the practices worst in access becoming some of the best in class.

SESSION FORMAT:

The format will include

1. An overview of the problem
2. Review of the A3 learning session
3. The process of subsequent visits with identified practices who needed accelerated support by practice facilitators
4. Review of the PDCA's and how they helped guide the improvements
5. How accountability was built into the project
6. Impact - how did the data change?

LEARNING OBJECTIVES:

1. The learner will be able to explain the role of an A3 in problem solving of how to provide better access.
2. The learner will demonstrate an understanding of the PDCA cycle and how it relates to the A3.
3. The learner will be able to identify how practice facilitation enabled the practices to make dramatic changes/improvements in access.

CONCLUSION/NEXT STEPS:

Practice facilitation is an art of meeting the practice "where they are at" and enabling them to identify countermeasures that would work best in their own environment. Practice leaders often tend to solution-jump without going through the scientific process of the A3, and so need to be led through that process to appropriately problem-solve. PDCA's let them try different things before implementing the final process, and kept them on task for accountability. Practice facilitators enabled the transformation of some very inaccessible practices into some of the champions in a very competitive market.

AUTHORS:

Jean D'Aversa, BSN, RN
Yuriko de la Cruz
Kristie Knouse

P118

TITLE OF SUBMISSION: Retaining Your Top Talent

PRESENTATION TOPIC AREA: Sustaining and Managing Practice Facilitation Programs

FORMAT: Workshop

SESSION DESCRIPTION:

This session will provide participants a look into how an organization focused their sustainability in practice facilitation programs in actively working on staff retention through development, recognition, and involvement in change processes. Participants will be broken into small groups to discuss questions on the following topics: Development Opportunities, Recognition Strategies, Engagement in Change and Retention Strategies.

BACKGROUND/RATIONAL:

Research shows tenured, engaged and enthusiastic employees are more productive, less costly, provide high quality services to their customers, building the reputation of the organization thus enhancing the likelihood for extended and new contracts.

SESSION FORMAT:

Gallery Walk: 4 stations will be set up with questions to guide the discussion, promote brainstorming and idea sharing. Each group will rotate through the topics, each group will review what the previous groups have written and add additional content. Groups at the last station in their rotation will report out their key takeaways on the topic.

LEARNING OBJECTIVES:

1. Identify at least one development opportunity to extend to your Practice Facilitators
2. Implement one recognition strategy
3. Engage staff members in improvement and change activities within your organization
4. Create a retention plan for employees

CONCLUSION/NEXT STEPS:

Satisfied team members will help create a positive and collaborative team culture, are more likely to stay within your organization - keeping their knowledge and skills within your organization rather than taking them to one of your competitors.

AUTHORs:

Kari Loken, CPHQ
Lauren Yaroch, BSN

P119

TITLE OF SUBMISSION: The Art and Science of Post-Acute Practice Facilitation: Designing site-neutral programs for success in a setting-dependent environment

PRESENTATION TOPIC AREA: Developing Best Practices and Resources for Practice Facilitation

FORMAT: Workshop

SESSION DESCRIPTION:

Approximately 15 years ago, the authors developed a clinical leader program aimed to build post-acute rehabilitation bench strength, recognize outstanding clinicians, facilitate sharing of unique skills, abilities, & vision, and improve quality of care. Using existing resources, the program has undergone multiple cycles of improvement guided by key stakeholders. This hands-on workshop will disseminate best practices in implementing an effective cross-continuum practice facilitator program.

BACKGROUND/RATIONAL:

The evolving healthcare regulation has prompted providers of high-quality post-acute care (PAC) to create innovative models for practice improvement. For instance, the advent of prospective payment systems in the late 1990's led to a significant upstream shift in high-acuity diagnostic mix to downstream varied terrain of post-acute settings such as skilled nursing facilities.

Consequently, Aegis Therapies Inc., a provider of medical rehabilitation and wellness, developed an evidence-based clinical leader (CL) program approximately 15 years ago. The goals of the CL program were to recognize our outstanding clinicians, provide mentoring and leadership training and to give them an opportunity to share their clinical skills and the company's vision with others. In addition to addressing regulatory barriers, the CL program allowed us the opportunity to involve front-line experts in the process of clinical quality improvement and service development through knowledge translation. The program has undergone continuous revision based on best available research evidence leveraging existing human and capital resources. Initially the program had one general level of education and mentor-ship. Currently, the program has four tiers to denote clinician progression. We implemented the principles of adult learning laid out in Bloom's Taxonomy. In the first tier, our program focuses on understanding and remembering. The second tier facilitates analyzing and applying. The third tier focuses on Creating and Evaluating. The fourth tier includes graduates of the program. Their primary responsibility is to develop new resources and mentor others. The structure of the program includes regularly scheduled meetings with mission-aligned action-oriented activities and assignments.

The CL program has allowed us to develop, disseminate and progress evidence-based clinical services that are important to key stakeholders including patients, researchers, payers, and other care providers. In addition, the CL program has provided a stepping stone in the graduate's clinical and operational career ladder. Graduates have gone on to become Area Vice Presidents, Clinical Practice Specialists, Advanced Practice Specialists, National Clinical Directors for this company and other companies. Information on this aspect of program will be shared. Likewise, the panel of presenters will include one such graduate who will share her personal experience and best practices with participants. Information from related resources will be presented. Participants will be given the opportunity, through interactive small and large group discussion, to apply new knowledge to develop a comparable evidence-based program adapted to meet the needs of their health system or practice.

SESSION FORMAT:

Instructor-led presentation, interactive case studies, and small group discussion with opportunity for Questions & Answers.

LEARNING OBJECTIVES:

Participant will be able to: 1) articulate the goals and key components of an effective practice facilitation/clinical leader program for post-acute care; 2) explain steps to develop a practice facilitation/clinical leader program, independent of practice site; and 3) implement an evidence-based program using existing human and capital resources.

CONCLUSION/NEXT STEPS:

This hands-on workshop will share best practices in the art and science of implementing an effective cross-continuum practice facilitator program. Participants will be given the opportunity, through interactive small and large group discussion, to apply new knowledge to develop a comparable evidence-based program adapted to meet the needs of their health system or practice.

AUTHORS:

Lynn Freeman, PT, PhD, DPT, GCS, CWS
Angela Edney, MSA, OTR/L
Shannon Liem, MS, CCC-SLP; COS-C

P120

TITLE OF SUBMISSION: Trainees in Transformation: Practice Facilitation in the Academic Teaching Context

PRESENTATION TOPIC AREA: Developing Best Practices and Resources for Practice Facilitation

FORMAT: Workshop

SESSION DESCRIPTION:

How do practice facilitators support practices undertaking improvement work even as they train new clinicians? This workshop introduces improvement toolkits and lessons learned from a four-year implementation of the "double helix" approach: resident and faculty didactic training in an adaptable Patient-Centered Medical Home (PCMH) curriculum, coupled with engagement in transformation of training sites, resulting in both a conceptual and experiential understanding of primary care transformation.

BACKGROUND/RATIONAL:

Most primary care residents receive limited exposure to high performing primary care principles and train in clinics where they do not experience functional, stable teams and enhanced care management support. An enriched, trainee-focused practice transformation curriculum is one important step in closing this training gap, but reforms must also address the "informal" curriculum, i.e. resident experiences in the primary care ambulatory practices where they care for patients and live the life of a primary care clinician. The University of California, San Francisco Center for Excellence in Primary Care (CEPC) has co-developed a multi-level approach to transforming practices while teaching residents skills in practice transformation. Resources developed and available to share include curricular materials for teaching residents, videos orienting preceptors on how to integrate practice transformation principles into their discussions, and toolkits for improving things such as continuity in a teaching setting. This "double helix" approach is critical to promote resident satisfaction with primary care practice, and ultimately retain clinicians in primary care careers post-residency and build primary care clinician leaders prepared to further advance patient-centered care amidst health system changes.

SESSION FORMAT:

LEARNING OBJECTIVES:

1. Understand the transformation challenges unique to academic teaching practices
2. Articulate the "double helix" approach and its importance in primary care transformation
3. Discover innovative resources and strategies to facilitate transformation at academic teaching practices

CONCLUSION/NEXT STEPS:

A vigorous movement is underway to reengineer primary care practices into high performing, patient-centered medical homes, with research documenting the salutary outcomes associated with many of these efforts to transform primary care. However, there is ample evidence that training programs have not consistently fostered the skills in teamwork, quality improvement, systems engineering, patient engagement, population management, and related competencies necessary for practice in the current era. To produce primary care physicians who are superbly prepared to practice in and lead transforming health care systems aimed at improving access, quality of care, and cost effectiveness for underserved populations, and to transform the practices in which they train to more successfully deliver high performing care to the communities served, requires a multifaceted approach. The "double helix" model supports both the academic teaching mission of the residency program and the clinical care and quality mission of the teaching practice, each creating synergy with the other.

AUTHORS:

Beatrice Huang
Chris Chirinos
Victoria Chen