SL101: Practice Facilitation in the Development of Community Paramedic programs

Christopher Hanson, PA-C; Russell Kohl, MD; Kris Calderon, PhD

SESSION DESCRIPTION: Community Paramedicine (CP) is an innovative approach that fills an unmet need in healthcare delivery by utilizing experienced, advanced paramedics to provide integrated, community-based care through established protocols. This session will discuss opportunities to implement practice facilitation frameworks in community health settings external to Primary Care and traditional settings, as well as development and dissemination of CP and other innovative care delivery models.

BACKGROUND/RATIONAL: Practices across the country are identifying innovative strategies to integrate patient centered team based care, in order to improve healthcare quality, and meet the financial incentives of value based care. For many this is a challenge, requiring time and resources that are not readily available. Community paramedicine is a relatively new and evolving healthcare model that allows paramedics and emergency medical technicians (EMTs) to operate in expanded roles by assisting with public health and primary healthcare and preventive services to underserved populations in the community. The CP model has demonstrated promising potential for significant improvements in quality and cost metrics, while maintaining high patient satisfaction. When properly integrated into the workflow in a primary care setting, this service expands the practice's ability to treat and manage the care of patients in their own homes. Community Paramedic (CP) programs operate under three general models: public health, primary care, and value-based care. The public health model is a preventive model that focuses on social, mental health, and physical drivers of healthcare utilization. The primary care model is an integrated team-based approach focused on the management of complex patients. The value-based care model focuses on reduction of inappropriate utilization of high cost medical care, such as hospital readmissions. TMF Health Quality Institute recognized the potential benefits of the expansion of CP as a healthcare delivery model, and collaborated with Emergency Medical Services (EMS) industry partners to determine best practices. We then applied concepts of practice facilitation (including workflow mapping, a data-driven approach to QI, HIT optimization and facilitating stakeholder collaboration; most closely aligned with the Normalization Process Theory of facilitation) to assist existing CP programs with operational improvements, and to assist with the development and implementation of new CP programs. TMF has employed our experience and reach within multiple quality improvement and patient care settings to assist with integration of CP into local systems of healthcare delivery.

SESSION FORMAT: Interactive presentation including case presentations and a Q&A session.

LEARNING OBJECTIVES:

1) Identify opportunities to apply practice facilitation frameworks and competencies in non-Primary Care settings via a community-based healthcare model.
2) Identify opportunities to develop and disseminate innovative care models through collaboration with industry partners.
3) Describe the community and patient benefits of the Community Paramedicine (CP) model.

CONCLUSION: The TMF Health Quality Institute team employs practice facilitation techniques to assist with disseminating and improving Community Paramedicine care delivery across four US states and the territory of Puerto Rico. At the conclusion of the session, attendees should be able to describe and identify effective CP facilitation methods and identify innovative approaches to practice facilitation in non-Primary Care settings.

SL102: Organizing a Resource Network Summit

Deanne Taylor; Jennifer Morphis

SESSION DESCRIPTION: There are many resources available for providers and community residents.
Offering a resource networking summit through the local CHIO/coalition is an excellent opportunity to bring everyone together and educate the public on what is offered for assistance with their needs. Expanding the community circle where more people come together will increase awareness and spark interest in other resources.

BACKGROUND/RATIONAL: Often times, many are not made aware of how to search out the resources or where to find help.

SESSION FORMAT: To present how to develop a resource network summit along with the forms needed for participation. Examples will be presented on showcasing a slideshow of the resources. Brainstorming with participant feedback will also be encouraged.
The presentation will be 20 minutes followed by 5 minutes for brainstorming and 5 minutes for questions.

LEARNING OBJECTIVES:

1) Taking the first step in organizing a Resource Network Summit in the community. Where to begin in the community. One aspect is enlisting the County Health Improvement Organization (CHIO) or a coalition to sponsor the event and get buy-in from the members.
2) Creating forms for developing a resource list and contacts for the event.
3) Networking helps improve skill set.

CONCLUSION: The benefits to knowing what is available and where to locate the resources will enrich the lives of many. The more citizens in the vast arrays of circles in the county that hear these presentations, the better prepared people will be to meet the needs of citizens.

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SL103: Structured Quality Improvement Plans from the Oregon Accountable Health Communities Study

Steven Brantley, MPH, CCRP; Cullen Conway, MPH, CCRP;

SESSION DESCRIPTION: In the Accountable Health Communities (AHC) study, we are engaging a wide variety of sites including medical and non-medical teams. To do this effectively, our team created standard operating procedures for quality improvement (QI) and quality assurance. This session will build on information shared during the AHC plenary session, present a deep dive into the tools we use to manage QI across sites, and facilitate discussion about how facilitators can use structured QI plans to guide their work.

BACKGROUND/RATIONAL: Sponsored by the Centers for Medicare and Medicaid Services (CMS), the Oregon Accountable Health Communities (AHC) study is a statewide initiative to improve screening and resource allocation for health related social needs (HRSN). The study aims to screen 75,000 CMS beneficiaries annually, to provide a list of available community resources for every identified HRSN, and to provide navigation and care coordination services to the highest risk patients screened. Screening and navigation are being conducted by a variety of community stakeholders across geographically diverse and primarily rural parts of the state. The study aims to determine if screening, resource allocation, and navigation are effective in reducing the incidence of HRSNs and costs of care. We will also identify best practices in HRSN screening and care coordination across a variety of sites. AHC is an ongoing five year study and this presentation will present preliminary data from the first year of the intervention.

SESSION FORMAT:

1) Welcome & Introductions (2 minutes)
    a. Introduce team & AHC study
2) Development of SOPs (3 minutes)
3) What happened in reality (10 minutes)
4) Group Discussion and Wrap-Up (15 min)
    a. Does this resonate with your experience?
    b. What do you do similarly, differently?
    c. Are these tools you could see using for your work?

LEARNING OBJECTIVES:

1) Describe the tools used to manage communication and quality improvement in the Oregon AHC project
2) Explore how other facilitators have worked with a broad range of sites in projects
3) Apply the strategies discussed to your current and future work

CONCLUSION: AHC is a large-scale study involving many different types of screening and navigation sites providing services to a large population of CMS beneficiaries. The lessons learned from this project may help generate ideas for other work and may help other facilitators engage and maintain relationships with their partners.

SL104: Facilitation of a Consensus Scoring Assessment Tool: Lessons from Healthy Hearts Northwest

Tara Kline, MS, CPHQ, SSBB; Steven Brantley, MPH, CCRP; Cullen Conway, MPH, CCRP

SESSION DESCRIPTION: In the Healthy Hearts Northwest (H2N) project, we assessed the quality improvement capacity of participating sites with a consensus scoring exercise called the Quality Improvement Capacity Assessment (QICA). The QICA was used as a baseline measurement as well as post intervention to assess improvement. Practice facilitators from H2N will discuss how they used the QICA to generate conversation and ideas for improvement, and session participants will practice these skills in small groups.

BACKGROUND/RATIONAL: Healthy Hearts Northwest (H2N) engaged 209 small- to medium-sized primary care practices across Washington, Idaho, and Oregon for a pragmatic clinical trial comparing the impact of different evidence-based methods for disseminating cardiac risk reduction interventions. The practices received 15 months of dedicated practice coaching, access to clinical experts, and high-value tools for QI and measure reporting. Practice facilitation meetings happened either in-person or virtually, with the mode, structure, and duration of meetings being tailored to fit practices' preferences. The QICA was used to measure baseline QI capacity and to generate conversation around areas of strength and areas needing improvement for each practice individually. Facilitators used the QICA throughout the project to help guide practices' improvement efforts, and practices completed a second QICA 12 months into the intervention to assess change from baseline. QICA results from across the collaborative were compared with individual practices' scores to generate motivation, celebrate achievement, and normalize the difficulties of the improvement process.

SESSION FORMAT:

1) Welcome & Introductions (2 minutes)
    a. Introduce team & H2N project
2) Development of the QICA (3 min)
    a. Developed from the PCMH-A
    b. Organization under the H2N High Leverage Changes
3) Use of the QICA by Facilitators (10 min)
    a. Successful strategies from H2N
    b. Using the QICA for inspiration and motivation
4) Group Exercise - Practice Consensus Scoring (10 min)
    a. H2N facilitators work with small groups to practice consensus scoring
5) Group Discussion and Wrap-Up (5 min)

LEARNING OBJECTIVES:

1) Describe the concept of consensus scoring exercises
2) Understand the background of the QICA consensus scoring instrument
3) Apply strategies for successful consensus scoring facilitation in a group practice exercise
4) Explore how participants could use the QICA or similar tools in their work

CONCLUSION: Consensus scoring instruments can be an extremely valuable tool for practice facilitators. The QICA instrument was used by all facilitators in H2N in a variety of ways to generate buy-in, motivation, and improvement ideas. The use of the QICA or similar consensus scoring instruments could support a wide variety of projects and facilitation styles, and may be a valuable addition to many different types of initiatives.

SL105: A breath of fresh air: How to integrate breathing techniques for ourselves and those we serve.

Samantha Harden, PhD, RYT200; Abby Steketee, MPH, RYT200; Bradley Smith, PhD, RYT200

SESSION DESCRIPTION: A growing body of literature supports mind-body practices for improving psychological and physiological outcomes, but integrating these practices remains challenging (e.g., time, equipment). A diaphragmatic (belly) breathing practice may be part of the solution. This skill lab will demonstrate belly breathing (experiential learning), describe how to tailor an evidence-based tip sheet, and end with paired opportunities to practice cuing belly breathing (mastery experience).

BACKGROUND/RATIONAL: Easy-to-implement and sustainable mind-body practices are needed for a variety of target audiences. This skill lab will help facilitators learn how to integrate belly breathing in their own lives as well as build skills to integrate belly breathing in the field, wherever appropriate.

SESSION FORMAT: Facilitated belly breathing (5 minutes)
Discussion of feelings/thoughts (5 minutes)
Introduction of Smith et al Yoga kernels (5 minutes)
Practice using the tip sheet to provide opportunity for belly breathing (10 minutes)
Wrap up and take-aways (5 minutes)

LEARNING OBJECTIVES:

1) Experience belly breathing
2) Practice facilitation of belly breathing
3) Learn how to tailor a belly breathing tip sheet for integration in practice

CONCLUSION: Practice and facilitation of breathing may be the smallest kernel of a mind-body practice that is transferable, low cost, and highly impactful.

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SL106: Peer Review to Enhance Practice Facilitation Skill Set

Stephanie Kirchner, MSPH, RD; Kyle Knierim, MD; Carissa Fralin, MSW, LCSW

SESSION DESCRIPTION: Many lessons have been learned from the Colorado State Innovation Model about how practice facilitators can support practices to integrate behavioral health into primary care. This session will introduce the practice milestones used as a roadmap to guide progress towards integration, including how that progress was measured in over 300 practices across Colorado, and provide an opportunity to discuss how these milestones may be translated to support integration in various primary care settings.

BACKGROUND/RATIONAL: The Colorado State Innovation Model (SIM) is focused on helping primary care practice sites integrate behavioral and physical health in primary care settings and learn how to succeed with alternative payment models. The Practice Innovation Program at the University of Colorado led practice transformation efforts, including practice facilitation, in 328 recruited SIM practices. Practice milestones were created reflecting those of the Comprehensive Primary Care initiative and Bodenheimers 10 Building Blocks of High Performing Primary Care model with emphasis on and addition of milestones directly addressing behavioral health integration. To support practice facilitators and practices in their efforts to translate milestones to practice redesign, an Implementation Guide (IG) was created, outlining pragmatic steps to operationalize milestones and define how success would be measured. The IG served as a roadmap for both practices and practice facilitators who supported practice transformation and quality improvement through SIM, providing examples and anchors to gauge progress toward integration. Additionally, the Milestone Attestation Checklist (MAC) was designed as a parallel assessment to the milestones and the IG. Practices complete the MAC at baseline and annually and are encouraged to use the assessment on an ongoing basis to guide and measure progress aligned with the milestones. This presentation will share the milestones, IG and MAC with practice facilitators interested in understanding programmatic implementation tools for integrating behavioral health and primary care. Preliminary assessment results from the MAC will be shared to demonstrate how provision of a roadmap with concrete practice milestones can be translated to multiple settings (Family Medicine, Internal Medicine, Pediatrics, systems, FQHCs, small independent practices) to support systematic movement towards increased access to behavioral health services.

SESSION FORMAT:

- 10 minutes - present milestones, implementation guide, milestone attestation checklist and preliminary assessment data. Provide audience with overview and context for how these tools were used in the Colorado SIM project.
- 5 minutes - Q/A related to Colorado SIM and related practice transformation/facilitation efforts
- 15 minutes - In the context of behavioral health integration, stimulate discussion with the audience to elicit pros/cons of providing a roadmap for practice transformation, including a discussion of how prescriptive does a program need to be in defining milestones and processes to achieve them. Pair this with questions related to different experiences with payers in this space and prompt discussion related to experiences from other practice facilitators.

LEARNING OBJECTIVES:

By the end of this session participants will be able to:

1) Describe the milestones used by practice facilitators and practices in Colorado SIM to support behavioral health integration.
2) Describe how progress on these milestones was measured in Colorado SIM.
3) Describe how these milestones could be translated to support behavioral health integration in multiple primary care settings.

CONCLUSION: Programmatic planning is essential to successfully scaling behavioral health integration efforts statewide. Including practice facilitator support along with a roadmap for implementation gives practices tools to plan and evaluate their progress while still providing opportunity to translate milestones to align with their individual practice settings and culture. Practice facilitators can utilize their skills and expertise in this process to make practice redesign feel less overwhelming and more rewarding to the practices they support.

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SL107: A Practice Facilitation Roadmap for Behavioral Health Integration

Summer Summers, MHA, CSSBB; Suzanne Lineberry, MPH, CPHQ;

SESSION DESCRIPTION: Practice facilitation requires a broad, and sometimes overwhelming, knowledgebase. With the increase of requirements, programs, and incentives for which practices are seeking assistance, it can become difficult for practice facilitators to keep up with the fundamentals, much less build their skillset. In this session, Greensboro AHEC shares how they developed a tool to kick start a peer review and goal setting conversation.

BACKGROUND/RATIONAL: A successful practice facilitator needs to have several key qualities, such as being well informed, having strong communication skills, empathy, and tactfulness. The clinical environment has long been a fast-paced learning environment, and is becoming increasingly so with large-scale Federal and State regulation changes (e.g., MACRA). The desire for self-improvement and personal development gets lost in the shuffle of meeting our clients' needs.

Additionally, since the practice facilitator's role is often not confined to any one brick and mortar location, there is a need for the ability to measure the basic skill set of a practice facilitator upon hire and over time within the confounds of this unique work environment. Proactively measuring skills and assessing training needs and personal development goals can help practice facilitators gain confidence, ensure customer satisfaction, and prevent burnout.

SESSION FORMAT: Presentation with interactive audience participation.

LEARNING OBJECTIVES:

1) Identify attributes that ensure success as a practice facilitator.
2) Develop an understanding the value of peer observation and review in personal growth and development.
3) Learn how the use of peer review can be tailored for any experience level: novice to seasoned professional.

CONCLUSION: Understanding the necessary key attributes of a practice facilitator is critical to success in the field. Non-punitive feedback is a necessary component of developing a plan that ensures practice facilitators have all they need to flourish and grow in a rapidly changing and demanding environment. This skills lab shares a simple approach to allow practice facilitators to give and receive feedback from their peers and/or management that leads into the creation of a personalized plan for growth and development. Feedback from attendees will be used in adapting the tool for a wider range of unique practice facilitation scenarios.

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W101: Building Community Partnerships for Hypertension Outreach

Chris Chirinos; Beatrice Huang; Victoria Chen

SESSION DESCRIPTION: It is imperative to go beyond the four walls of the clinic to reach patients at greatest risk for heart disease where they are-in our communities-particularly as part of the pursuit for equity in hypertension care. This workshop explores community partnerships within the context of the Cut Hypertension Program, which brings blood pressure screenings to African-American barbershops. Participants will be exposed to best practices in creating, maintaining, and accelerating community partnerships.

BACKGROUND/RATIONAL: The Cut Hypertension Program (CHP) is a program borne out of evidence that African American barbershops can be places of health prevention, community building, outreach, and treatment for African American men -- a community affected by alarming health disparities in cardiovascular disease, cancer, HIV, and mental illness. CHP specifically seeks to eliminate cardiovascular health disparities among African American men by empowering barbers as leaders in their barbershops to:

1) Build community capacity through barber health coach training and barbershop-based education/screening events.
2) Partner in implementation science to translate evidence-based barber models into a scalable national model.
3) Build a pipeline of diverse medical providers by inspiring black male youth to become medical providers in their community.

Over the course of two 3-day trainings in September 2018 and in January 2019, the Center for Excellence in Primary Care practice coaching and training team co-facilitated a health coach training with Dr. Kenji Taylor, program lead of the CHP program and a chief resident in the UCSF Department of Family and Community Medicine, for a team of barbers representing three barbershops in the Bay Area. Together, the trainers equipped the barbers/health coaches with the CEPC's evidence-based health coaching skills to engage their patrons in conversations around hypertension.

SESSION FORMAT:

- 5 min: Workshop Introduction (didactic)
- 10 min: Tried and True Approaches for Successful Community Partnerships (small group activity)
- 15 min: Introduction to the Cut Hypertension Program (large group activity)
- 15 min: A Health Coaching Case Study (small group activity)
- 15 min: Accelerating Ideas Into Action (small group activity)

LEARNING OBJECTIVES:

1) Articulate the factors critical for building trust with community partners
2) Examine strategies for supporting community partners in skills-building (e.g. BP measurement, health coaching)
3) Create an action plan for establishing an exploratory conversation with a community partner

CONCLUSION: Community partnerships pose unique challenges to both the community and the healthcare organization. This workshop will provide best practices and lessons learned to help facilitate successful community partnerships, particularly those focused on reducing hypertension disparities within the African-American community.

W102: Introduction to the Population Health Assessment Engine (PHATE): Transforming Clinical & Population Data into Community Assessment

Winston Liaw, MD, MPH; Jennifer Rankin, PhD, MPH, MS, MHA; Robert Phillips, MD, MSPH

SESSION DESCRIPTION: In this interactive session, the presenters will introduce the Population Health Assessment Engine (PHATE), an innovative tool designed to help clinicians address population health. Attendees will be taught how to use PHATE, to explore neighborhoods served by their clinics, and devise quality improvement projects that address social determinants of health (SDH).

BACKGROUND/RATIONAL: There is increasing pressure and interest in understanding how to use SDH data to evaluate patient risk and direct interventions. Policy makers point to mounting evidence demonstrating the impact of social determinants on health and have expanded programs like accountable care organizations that shift payment from volume to value and increase resources to address social needs.

While primary care practices are ideally suited to leverage the intersection of big data and geography, tools for assessing and addressing SDHs remain inadequate. Electronic health records (EHRs) rarely capture social determinants, and geography does not routinely inform care though other countries use neighborhood data to quantify individual risk. To address this gap, the American Board of Family Medicine commissioned PHATE and the PHATE curriculum. PHATE is an online tool that maps EHR data, creates patient-level Community Vital Signs (a composite measure of community deprivation), identifies clinical hot spots and community cold spots (resource poor geographies), and facilitates referrals to community resources.

SESSION FORMAT: Presenters will first introduce what users can do with PHATE, provide an overview of the curriculum, and demonstrate how to use the tool. They will then facilitate an interactive session where participants will use PHATE to understand their own communities. Using their own devices and in small groups, they will use PHATE to view data about their communities, select census tracts that they think make up their clinic service areas, recognize problems plaguing their communities, and identify potential community partners. Finally, participants will generate ideas for quality improvement projects at their practices that use PHATE data or functionality.

LEARNING OBJECTIVES:

1) Describe how clinical and community SDH data can be used to improve health.
2) Demonstrate how to use online population health tools such as PHATE.
3) List two ways that you can integrate PHATE into clinical care.

CONCLUSION: By organizing care around hot spots and connecting practices with community organizations, PHATE facilitates practice transformation in the context of community, helping providers assess and address SDH and pursue improved population health.

W103: Practice Facilitation via Virtual Platforms: How do we build trust and successfully engage?

Ann Romer, MS;

SESSION DESCRIPTION: Do you connect with clinics virtually as much or more than face-to-face? Technology allows for significant cost savings (for travel time and expenses), but it also makes empathetic connection, a central feature of successful practice facilitation, more difficult. How does virtual engagement differ from in-person? What preparation is needed to be effective? Join this session to share and compare virtual engagement experience and help formulate best practice for facilitating via virtual platforms.

BACKGROUND/RATIONAL: Meeting in a virtual platform rather than in-person is becoming more common across a variety of industries, including healthcare transformation and practice facilitation. Meeting virtually is often promoted as cost effective, since travel budgets and travel times are eliminated. Virtual engagement comes with unique challenges, however, and thus meaningful virtual engagement requires unique preparation. While we have seen increased reliance on virtual engagement, we have not concurrently seen professional development and training around virtual communication norms and best practices for facilitators. This workshop will provide a space for peer learning around virtual practice facilitation as an increasing feature of healthcare transformation support.

SESSION FORMAT:

- Launch with a short video (humorous depiction of what a virtual meeting experience can be like)
- Brainstorm exercise to develop 4-6 themes of what is unique to/important for virtual engagement as a coach facilitating a clinic (e.g. technology, relationships)
- Small groups discussion to discuss and record topics that fall into each respective category (e.g. sound quality, non-verbal cues)
- Small group report out and group discussion of creating a culture of virtual engagement for effective clinic facilitation

LEARNING OBJECTIVES:

- Understand the benefits and challenges of engaging virtually, especially when providing practice facilitation
- Compare successes and failures from experience in the field
- Develop tips for effective virtual communication and engagement

CONCLUSION: While technology allows for significant cost savings (travel time and expenses), it may not be an efficiency gain in terms of preparation time and effort. We believe specific skills and preparation are needed for Practice Facilitators to manage effective conversations virtually compared to in-person meetings, and project teams need to take this into account when designing interventions.

W104: Team Base Care as a Foundation to Treat Opioid Use Disorder in Primary Care

Kathy Cebuhar; Andrew Bienstock; Christin Sutter

SESSION DESCRIPTION: The Implementing Technology and Medication Assisted Treatment and Team Training Resources Program (IT MATTTRs™) has expanded training opportunities available to providers/practice teams to increase the capacity to treat and manage patients on MAT for OUD. Practice Team Training is delivered using the IT MATTTRs Practice Team Training curriculum, created by High Plains Research Network. The team-based training is and use of trained PFs to deliver the training are innovative approaches.

BACKGROUND/RATIONAL: Opioid use disorder (OUD) in the US population is far reaching. As of March 2018, 2.1 million people have been diagnosed with an OUD . Treatment options have expanded into primary care through the introduction of Medication Assisted Treatment (MAT) with buprenorphine.

SESSION FORMAT:

- 10 minutes - Introduction and Icebreaker
- 15 minutes - ITMATTTRs2 Overview and the role of PFs and CHITA
- 15 minutes - Small group activity (TBD)
- 10 minutes - report out
- 10 minutes Q & A

LEARNING OBJECTIVES:

1) Clarify the role of PFs and CHITAs in supporting practices implementing MAT program
2) Identify tools for assessing and treating patients with OUD
3) Describe how to leverage the skills of all team members to implement a robust MAT program
4) Work with data to make informed decisions and drive workflows

CONCLUSION: The IT MATTTRs2 program offers monetary incentives for Colorado providers to obtain their DEA DATA-waiver through online, in-person, or "hybrid" training options. Providers who complete the training are eligible for monetary incentives. Practice teams have access to a website with resources, a virtual help desk, and monthly MAT Provider Forums to have their questions answered by experts.

The University of Colorado Practice Innovation Program team aims to inform attendees about methods to introduce a MAT program into a primary care clinic. The session will focus on training methods for providers, staff, behavioral health providers, patients and how to use data to drive workflows and clinical decisions.

W106: Developing a Tool To Facilitate Building Quality Improvement Capacity in Primary Care

Nick Baldwin; Felicia Phan, MPH; Jennifer May, MSW, MPH, PMP, CCMP

SESSION DESCRIPTION: During this session, participants will be introduced to the QI Capacity Building Tool that is currently being developed by the Practice Support Program (PSP) to describe and assess QI capacity within family practice. Through an interactive activity that asks participants to take on the perspective of different program stakeholders, participants and workshop facilitators will work collaboratively to consider the utilization and potential impact of the tool in practices and the community.

BACKGROUND/RATIONAL: The Practice Support Program (PSP) in British Columbia, Canada is an initiative of the General Practice Services Committee (a partnership between the Doctors of BC and the BC Provincial Government) and is a provincial quality improvement focused program providing a suite of evidence-based educational services and tailored in-practice supports to improve patient care and the experience of family physicians. PSP is currently undergoing a transition to focus on practice facilitation as an approach to building QI capacity within primary care practices across the province.

To ensure that this shift towards practice facilitation is happening consistently across the province, it is essential to describe what an ideal family practice with capacity for QI looks like. This also provides the program team with a common vision to work towards. A small group of experienced PSP team members, a change management consultant and provincial program staff collaboratively designed a QI Capacity Building Tool that is based on over 100 years of combined facilitation experience and various QI and change management models (e.g. Prosci Change Management Methodology, Six Sigma, Lean, etc.).The tool describes the foundations and success factors for supporting a practice to build QI capacity and the different stages a practice may progress through as they work towards the ideal state.

As PSP engages practices in QI, the tool presents an opportunity for dialogue with primary care practices about what QI capacity is, the benefits, what enables a practice to have QI capacity and how to build on these critical success factors at a practice level. Additionally, the tool can be used to assess practices' current state in the process of building QI capacity, develop clear and actionable next steps to support a practice in reaching QI capacity based on assessment results, and monitor progress. As PSP's vision for practices, the QI Capacity Building Tool is a guide for building the practice facilitator training strategy, developing provincially standardized tools and resources, and a foundation that can be used to ensure program activities are aligned to the goal of building QI capacity.

SESSION FORMAT:

- 10 min Intro
- 5 min Instruction
- 35 min Interactive Small Group Activity
- 10 min Discussion and Summary

LEARNING OBJECTIVES:

1) Describe the rationale and importance of measuring QI capacity within primary care practices (in addition to measures associated to specific QI projects).
2) Identify foundations and critical success factors of QI capacity.
3) Appraise the utility and value of the QI Capacity Building Tool to primary care practices and the community from different program stakeholder perspectives.

CONCLUSION: Measuring QI capacity is valuable for educating primary care practices about QI, understanding the current state of a practice, and planning the direction and prioritization of activities the practice must pursue. At a program/jurisdiction level, it can assist with program goal setting, identification of best practices and resource allocation. That said, developing a tool that accurately captures what an ideal practice with QI capacity looks like and discerning the different stages a practice may be in as they progress toward the ideal state is challenging. By attending this workshop, participants will collaborate in real time with workshop facilitators to appraise and refine a tool that is under development by PSP.

W107: Developing a Practice Facilitator Competency Framework to Support the Next Phase of Healthcare System Transformation

Mark Watt, RN, BN; Lori Choma; Arvelle Balon-Lyon, RN, BN

SESSION DESCRIPTION: This workshop will introduce a practice facilitator competency framework designed to equip practice facilitators through increasingly complex improvement initiatives. Attendees will: discuss how practice facilitators can be a "re-useable engine for change"; explore the development of a competency framework structured for novice, intermediate and expert levels of practice facilitators; consider the application of the competency development process to their organization and context.

BACKGROUND/RATIONAL: In Alberta, primary healthcare transformation efforts are focused toward a patient's medical home that is integrated with the broader primary health care system. Literature and local experience is being leveraged to build a set of competencies that will allow for successful recruitment, training, and ongoing development of practice facilitators to support the complex implementation of the patient's medical home. A competency framework has been developed to identify and describe the abilities that practice facilitators require to successfully meet the needs of the clinical teams they support. The competencies have been grouped under the domains of: the Alberta primary care context, quality improvement, patient's medical home/integration, and modes of influence. The framework is a key tool for organizations hiring, training, and supporting this emerging role.

SESSION FORMAT: Firstly, a brief introduction (10-15 minutes) to the Alberta journey from initiative-based use of practice facilitators, to the creation of a provincial transformation strategy and the prominent role of practice facilitators. Participants will also be introduced to the practice facilitator competency framework developed in Alberta and the rationale for the approach.

Secondly, (~45 minutes) presenters will lead participants through the development process of the four competency domains. Next, share the approach of developing competencies which are layered to provide a structure for novice, intermediate, and expert levels of practice facilitators.

LEARNING OBJECTIVES:
By the end of this session, participants will be able to:

1) Develop a rationale for practice facilitators as a "re-useable engine for change" beyond initiative specific initiatives.
2) Evaluate the approach of the Alberta Practice Facilitator competency framework.
3) Apply the competency development process to their organization/context.

CONCLUSION: Participants will leave the workshop with a framework to develop their own practice facilitator competency set that moves beyond initiative specific competencies.

W108: The Use of Personas to Support Both Practices and Facilitators; Lessons from Health Hearts Northwest

Caitlin Dickinson, MPH; Steven Brantley, MPH, CCRP; Tara Kline, MS, CPHQ, SSBB

SESSION DESCRIPTION: In the Healthy Hearts Northwest project, we discovered that Practice Facilitators repeatedly encountered practices with similar characteristics. We worked on understanding how to best help these practices by building "personas" or personalities. We then discussed the challenges they tended to pose and what strategies our Practice Facilitators used to help them succeed. During this session, we share our H2N Practice Personas, and provide a chance for participants to develop one of their own.

BACKGROUND/RATIONAL: Healthy Hearts Northwest (H2N) engaged 209 small- to medium-sized primary care practices across Washington, Idaho, and Oregon for a pragmatic clinical trial comparing the impact of different evidence-based methods for disseminating cardiac risk reduction interventions. The practices received 15 months of dedicated practice coaching, access to clinical experts, and high-value tools for QI and measure reporting. Practice facilitation meetings happened either in-person or virtually, with the mode, structure, and duration of meetings being tailored to fit practices' preferences. Practice Facilitators took copious notes during each meeting, and after each, recorded notes in a structured project database. Following the 15 month intervention, facilitators gathered and discussed practices they worked with. It was determined that there was a trend amongst facilitators in terms of their practices; facilitators were able to characterize practices. The facilitators' meeting notes were used to help elucidate these characteristics and link each characteristic with resources that were used to support the practices.

SESSION FORMAT:

1) Welcome & Introductions (10 minutes)
    a. Introduce team & H2N project
    b. Define 'persona' & why we decided to organize information using personas
2) Persona Skits (10 minutes)
    a. Watch 3 skits from 3 different personas
3) Practice Persona Group Exercise & Discussion (25 minutes)
4) Wrap up and Feedback (15 minutes)
    a. Share where participants can find more information about the personas + resources to support each characteristic

LEARNING OBJECTIVES:

1) Describe the concept of 'practice personas'
2) Categorize practices you work with into 'personas'
3) Apply strategies that correspond with practice personas to help you achieve improvement goals
4) Explore how you can use personas - and their linked resources - to support work with a variety of practices

CONCLUSION: By May 2019, the H2N team will launch a Practice Personas toolkit on the Improving Primary Care website. The site will contain information about the characteristics encountered and personas developed in H2N. In addition, this toolkit will contain materials to assist future practice facilitators with the varied issues they might encounter in their work. We will share details about the site during this workshop. We will also share details from the AHRQ EvidenceNOW toolkit, available online for anyone to use.

W109: Designing, Developing, and Deploying an Electronic Practice Record for Facilitation in Primary Care

Christi Madden, MPA; Ann F. Chou, PhD, MPH; Zsolt Nagykaldi, PhD

SESSION DESCRIPTION: Coordinating a practice facilitation team, tracking progress, and evaluating process and outcomes of quality improvement efforts, require an innovative electronic tool that can be readily deployed in the field. This session presents the experience of The Oklahoma Primary Healthcare Improvement Cooperative in designing and implementing an electronic practice record(EPR) system to inform the work of practice facilitators, and involves participants in developing an EPR specific to their projects.

BACKGROUND/RATIONAL: The Oklahoma Primary Healthcare Improvement Cooperative (OPHIC) received funding to provide practice facilitation to improve cardiovascular disease prevention in primary care practices. To coordinate a team of 20 practice facilitators (PFs), track progress, and provide continuous evaluation of process and outcomes, it became clear that our PFs urgently needed a user friendly electronic tool. We developed an electronic practice record (EPR) system, housed on a SharePoint platform, that captured data related to travel, preparation time, type of contact with practices, clinic-level work (e.g., improving work flow, resolving information technology issues, etc.), goal setting, and field notes. These records could be used by the program staff, research team, and PFs to reflect on the work completed in the field and make necessary changes to meet the intended goals. The tool is innovative in that it has fixed data elements as well as open-ended text areas to capture qualitative information.

SESSION FORMAT: The session will include a 10-minute didactic presentation, 30-minute group activity, 10-minute report out, 10 minutes of discussion and Q&A. During the didactic presentation, we will review quality improvement processes such as formulating SMART (specific, measureable, achievable, relevant, and time-bound) goals, PDSA (plan-do-study-act) cycles, and DMAIC (define, measure, analyze, improve, control) approach, using recent OPHIC projects as examples on the design, development, and deployment of the EPR. The group activity will involve teams identifying a problem, setting goals for practice facilitation, identifying data elements for an EPR, and discussing implementation of the EPR. The teams will receive feedback from the presenters and fellow attendees on their plan during report out, discussion, and Q&A.

LEARNING OBJECTIVES:

1) Apply processes, such as formulating SMART goals, PDSA cycles, and DMAIC approach, etc. to map out facilitation strategies
2) Identify specific data components, both qualitative and quantitative, of an electronic practice record that will help achieve facilitation and quality goals
3) Develop an implementation plan to deploy the electronic practice record and leverage data available to improve facilitation process and outcomes

CONCLUSION: Our SharePoint EPR was used successfully, generating over 7,000 records, that tracked the progress, process, and outcomes of practice facilitation. As our program continues to grow, we have continued to improve and customize our EPR to capture rich details of facilitation work. We anticipate creating a unique EPR for each facilitation project. Effective utilization of this technology will continue to evolve to strengthen our ability in providing a robust, standardized reporting mechanism and meeting the evaluation needs of those whom we serve and the communities. We believe sharing our experience in using the EPR will benefit other programs that employ practice facilitation and that the process of designing, developing, and deploying this tool can be generalizable to them as well.

ET101: How to grow your own practice facilitators/clinical health information technology advisors!

Kellyn Pearson, RN, MSN; Stephanie Kirchner, MSPH, RD; Andrew Bienstock MHA

BACKGROUND/RATIONAL: The Practice Innovation Program at CU was created to sustain and grow collaboration through convening the Colorado Health Extension System (CHES) – a cooperative of practice transformation organizations (PTOs), regional health connectors (RHCs), State agencies, and other partners interested in health and healthcare in Colorado. The Evidence Now SW (ENSW), the State Innovation Model (SIM), and Transforming Clinical Practice initiative (TCPi) were projects that were implemented thru CHES. The implementation of these projects included working with Practice Transformation Organizations (PTOs) who employed Practice Facilitators (PFs) and Clinical Health Information Technology Advisors (CHITAs).

SETTING/PARTICIPANTS: To meet the needs of the many different requirements of the initiatives and the different skill levels of the PFs, CHITAs and RHCs a number of educational opportunities were created. The audience and skills needed were taken into consideration when developing educational materials and opportunities.

METHODS: Project specific learning activities were held for attendance by practice staff and PTO staff. These included Collaborative Learning Session which were held twice a year. These session included a Keynote speaker and numerous breakout sessions that addressed the milestones that had been identified for each of the initiatives. Monthly project specific virtual webinars were held to allow PTO staff to receive project information and to share knowledge with each other. Learning feature webinars which dealt with current practice redesign issues that applied to all of the projects were held monthly with an expert speaker. Additional in person meetings were scheduled on an ad hoc basis to meet the needs identified by the PFs and CHITAs.

RESULTS: Collaborative Learning Sessions were held on sixteen different dates in either Denver or on the Western Slope during the 3 different initiatives. These CLSs provided the opportunity to connect with clinicians and staff from across the state who were working towards similar goals. It allowed us to bring together teams to network and share their experiences with peers. Evaluations of each of the CLSs were positive and used in the planning of the next event. Attendance at the monthly project specific webinars are tracked and reported for each project and feedback is elicited and incorporated into future webinars.

CONCLUSION: Lessons learned from these educational opportunities is that the content needs to be tailored to the needs of the audience whether this is the practice staff or PTO staff.
From working with PFs and CHITAs we are developing educational resources for people who are new to this role. PFs and CHITAs need to have access to resources that are project specific to improve their knowledge level as well as tools and skills related to quality improvement.