North American Primary Care Research Group

Operational Models in Sustaining Practice Facilitator Programs

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THE NEED FOR PRACTICE FACILITATORS

Practice Facilitators (PF) provide a wide range of **supportive services to practices** in order to improve the quality of care delivered, patients' experience with care, and patient outcomes.

They provide extra human "bandwidth" to help practices introduce and sustain changes that improve patient experience, processes of care, health outcomes and staff morale.

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Practice Facilitation

SKILLS & ABILITIES

Data Analysis

Team Building

Change Management

Software: Survey, Statistical, Qualitative, etc.
e.g. Qualtrics, SPSS, R, Microsoft Office

Communication

Meeting & group facilitation

Organizational Development

Meeting & Group Facilitation
Focus Group interviews

Contacting patients

EMR searches and queries

Building Capacity for process & Quality Improvement

Leadership

Project Management
Coordination with sites

Work Independently

Collaborate

Knowledge of direct patient care & Electronic Medical Records

Coach
Allow teams to learn how to learn

Recruitment

Research Ethics Board applications

LA Net

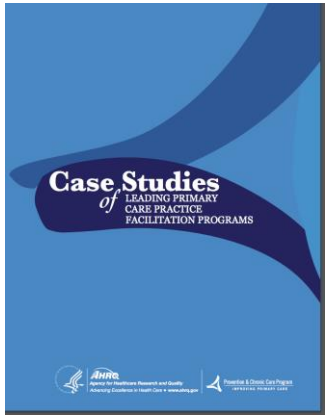
- A Practice-Based Research and Resource Network established in 2002 in Los Angeles at USC

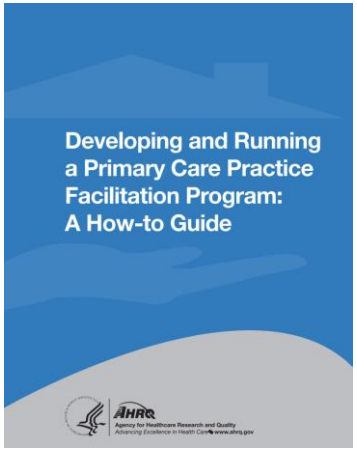
- Now a 501c3 Community Based Organization

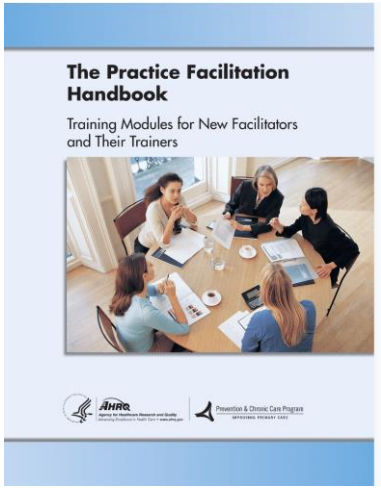
- Collaborative partners
  - 43 FQHCs and independent practices
  - Latino Health Access
  - 1 health plan – L.A. Care
  - LA County DHS
  - 15 universities (USC, UCLA, Drew, Purdue, U of OK), etc.

Initial work in Practice Facilitation

- AHRQ/Cindy Brach – Task Order 13 and Handbook
- Designed based on Jim Mold's Oklahoma PF model
- AHRQ/MPR – How to Guide
- AHRQ/101 training resource

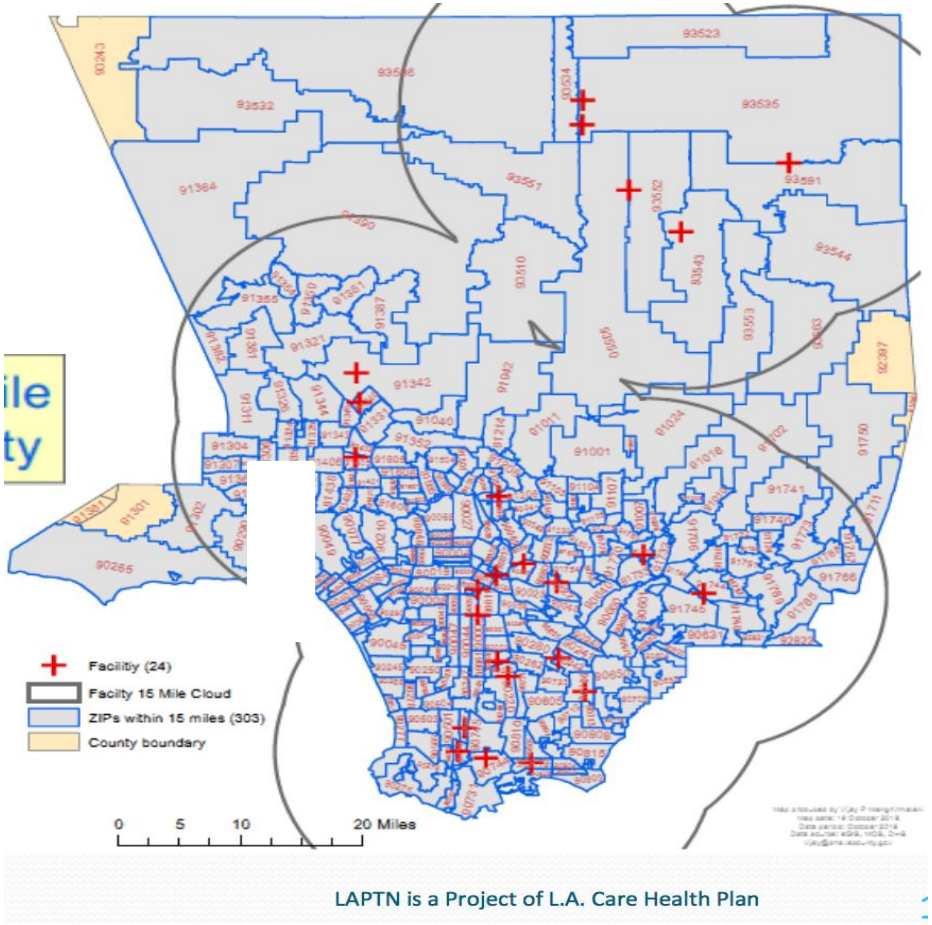






LOS ANGELES Department of Health Services

- Second largest municipal health system in the U.S.
- Serves 700,000+ insured and uninsured patients per year
- 53 Clinics/PCP sites, 4 hospitals
- 19,000+ staff



Facilitation Model

Hands-on one-to-one Academic Detailing

+

Audit & Feedback “let’s look at your last 10 patients” – and real-time Fall-out Analysis

+

Continuous performance reports, data ”repair” , Joy at Work, Feedback to leadership

NaRCAD

Introductory Guide to Academic Detailing

Real-time audit & Feedback

“let’s look at your last 10 patients & see how it went”

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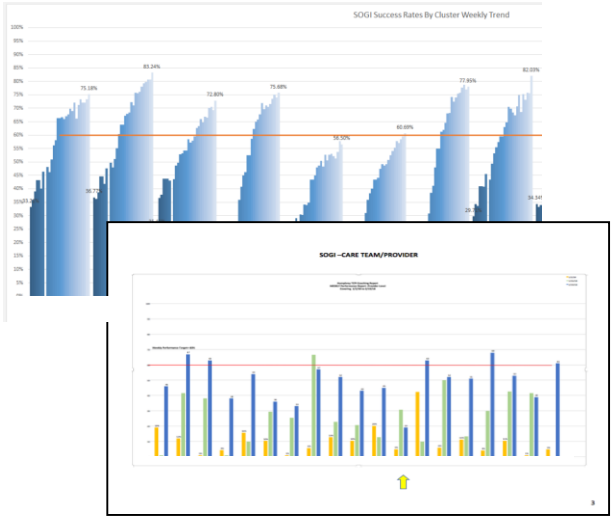
real-time
RCA on patients that “fell-out” of metric

Performance feedback & reports



Infrastructure

- Program director (Lyndee Knox)
- 13 facilitators in field – 1 data specialist, 1 HIE specialist
- **Facilitators "bridge" gap between DHS QI teams and front line practitioners and staff**
- Weekly Facilitator "Cafes" to share ideas, for micro-training, joint projects
- Access to all health data in DHS system
- Daily knowledge transfer and support via "Slack"

Impact

- Year 1- PF program credited **$8,000,000** generated in Year 1 – through PfP relevant improvements (unaudited)

- Year 2 - $TBD -DHS **met 99.3%** of its prime metric targets, and also **closed the gap more than 20% on 20 metrics** which puts them in competition for additional PFP monies – PF program credited with significant portion of this

- **Cost** of PF program annual (estimated) - **$1.3 million**

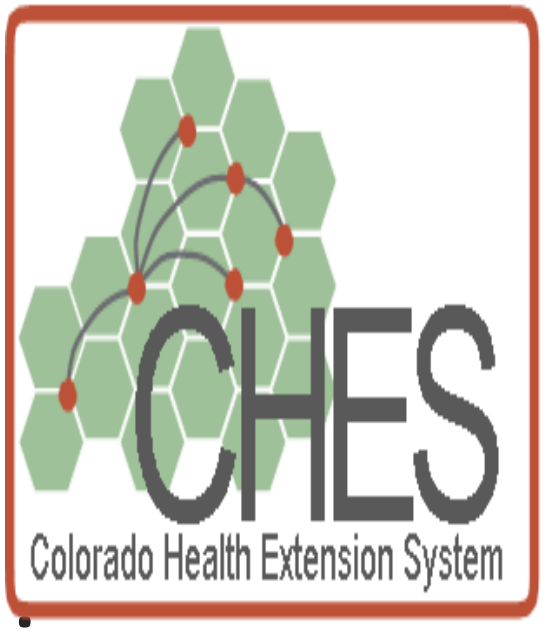
- **(Unaudited) ROI Year 1 = 600%**

Key to sustaining

- ROI – Does the PF program add to the bottom line in a way that is easily measured & observed by others – Saving money? Making money? Averting something costly?

- Relevance – Is the PF work focused on the area of “pain” or “lost opportunity” for the organization?

- Is there investment in and ”joy at work” for the PFs?



Colorado Health Extension System

A COOPERATIVE OF PRACTICE TRANSFORMATION ORGANIZATIONS

Practice Innovation Program at University of Colorado and the Colorado Health Extension System

- Support **innovation**, **quality improvement**, and **transformation** in primary care and specialty practices;
- Improve **practice readiness** for new payment models through technical assistance and infrastructure development;
- Promote **local collaboration** among primary care practices, specialty practices, other health care providers, community groups, patient advisory groups, local public health officers, and public health agencies; and
- Facilitate and **align local and statewide efforts** to improve health care and achieve the Quadruple Aim of improving patient care, patient experience, and clinician and staff experience while controlling health care costs.

CHES Cooperative Structure

Participation is based on mutual benefit – no legal status

- Convened by the Practice Innovation Program at the University of Colorado School of Medicine

Manage the program notes/ CQMs	Collect data - field
Develop change package	Provide Quality Assurance

- 20 Practice Transformation Organizations (PTOs) across the state

Benefits of Collaboration

- Able to successfully apply for statewide grants and contracts
- Existing highly trained workforce of PFs and CHITAs
- Share tools and resources/professional development
- Provide a network of peers
- PTOs have long standing relationships with practices
- Harvest experience and expertise across organizations

Care Team for Practices

Practice Facilitators

Clinical HIT Advisors

Regional Health Connectors

- Advantages
  - Existing, trained workforce
  - Relationships with practices
  - Recruiting through PTOs based on relationships and knowledge of practices

- Challenges:
  - Quality Assurance is more indirect
  - Change directions and expectations

Examples of Transformation Programs

State Innovation Model

- 300 Primary Care Practices to integrate primary care and behavioral health and primary care

EvidenceNOW Southwest

- 200 Primary Care Practices to improve Cardiovascular care implementing evidence base practices

Transformation Clinical Practice Initiative (TCPI)

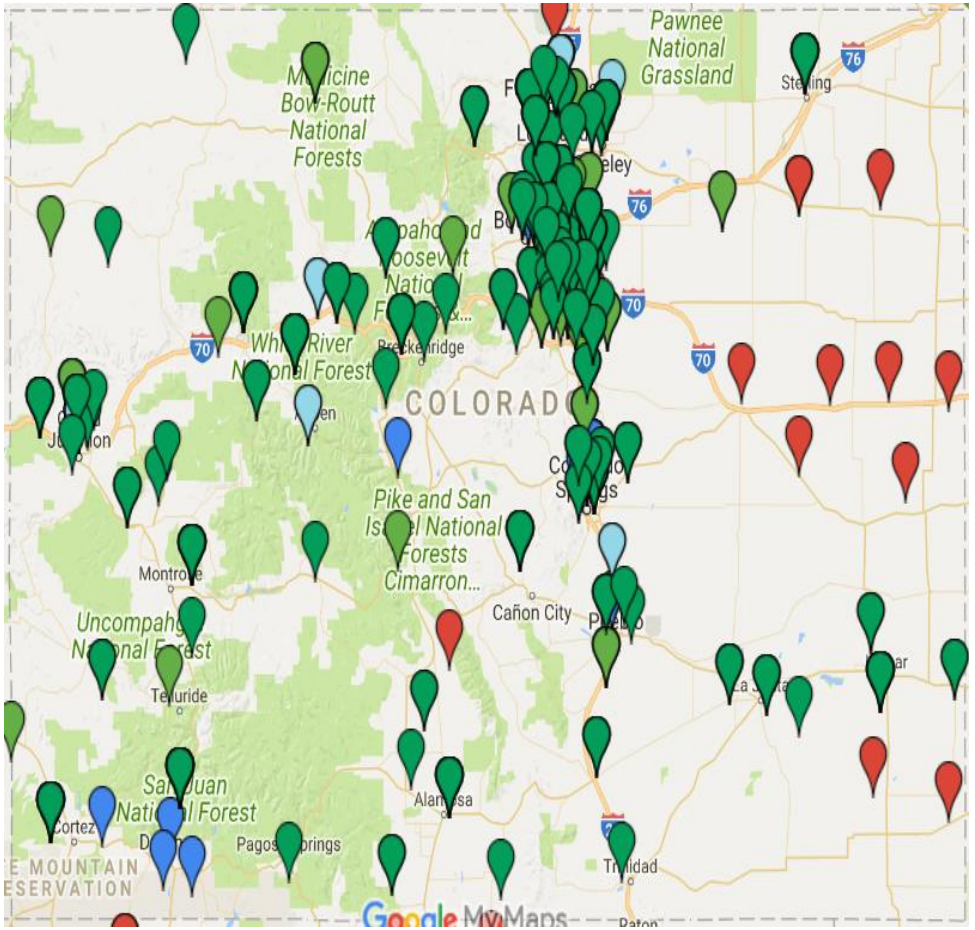
- 200 Speciality and primary care practices to prepare for value-based payment

IT MATTTRs 2

- Train more than 500 providers to get DEA Waiver to prescribe MAT
- Medication Assisted Treatment of Opioid Use Disorder
- Provide team training to more than 50 practices

CHES Reach

- ENSW
- TCPi
- SIM Cohort 2
- SIM Cohort 1
- IT MATTTRs2





http://www.practiceinnovationco.org/

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North York General
Making a World of Difference

Family & Community Medicine
University of Toronto

UTOPIAN, the University of Toronto Practice-Based Research Network

AASHKA BHATT
Practice Facilitator

UTOPIAN
University of Toronto
Practice-Based Research Network

2018 ICPF CONFERENCE
December 10-11, 2018

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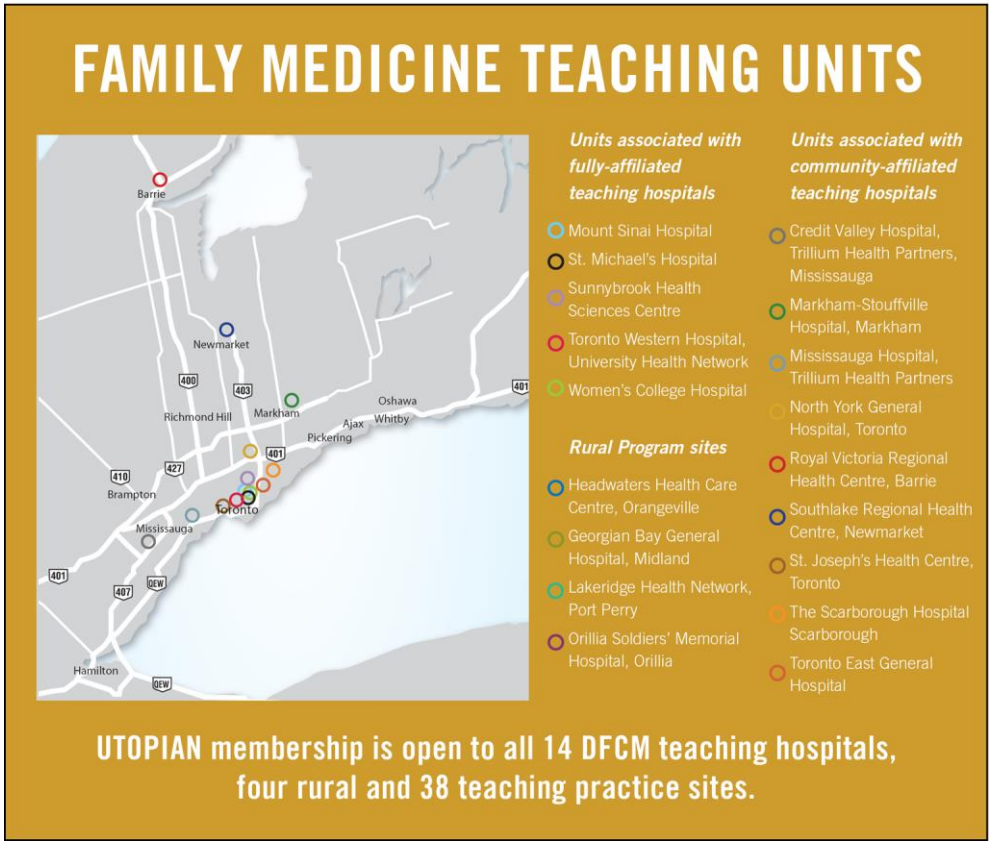
UTOPIAN key components

UTOPIAN University of Toronto Practice-Based Research Network



- 14 teaching units, ~400 practices, ~1,600 faculty, ~1M patients
- Provide **support for primary care research** (practice facilitators, data management and analysis, courses on research methods/writing)
- Holds Primary care **EMR database**: UTOPIAN Data Safe Haven (>600k+ patient records)

UTOPIAN Facilitator(s): Lab Technicians

- Work with DFCM site leads
- **Identify practices** who may be interested in projects
- **Provide information** about projects to practice teams
- Undertake pilot activities
  - Distribute questionnaires
  - Recruit patients
- **Search EMRs** on behalf of practice teams to identify potentially eligible patients
- **Contact patients** on behalf of practice teams

2 facilitators available

Financial model

- UTOPIAN financed by DFCM (yearly contribution) and by grants; fundraising
- Grants: infrastructure vs. projects

- Basic cost recovery model for funded studies & extended charge for external organization (cost recovery + XX%)

- Charges for people time: project facilitators, data management and analysis, to less extent for admin time

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Fees

UTOPIAN University of Toronto Practice-Based Research Network

RESOURCE	DFCM	OTHER
Project facilitation (site recruitment, practices recruitment, help on sites with study start-up, REBs and other research-related activities)	$50.00	$65.00
Methodological support (framing questions, research methodology, data availability and suitability for purpose)	$145.00	$180.00
Data management & extraction	$65.00	$85.00
Data analyst	$55.00	$70.00
Administrative fee per project	x	$750.00

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UTOPIAN University of Toronto Practice-Based Research Network

Knowledge of Cancer Screening Guideline in Ontario

Title: *Patient knowledge of cancer screening guidelines and its relationship to screening behaviour: A feasibility study.* Aisha Lofters MD Scientist, Morgan Slater PhD

Background: Primary care physicians play a key role in cancer screening. A small patient survey was recently conducted regarding their knowledge of cancer screening. Knowledge of the cancer screening guidelines appeared to be low across all cancer types, particularly for the ages at which screening should occur and the appropriate screening intervals.

Objectives:

- **Understand factors associated with higher levels of cancer screening knowledge**
- Determine if higher levels of screening knowledge are associated with actual screening
- Assess the feasibility of linking electronic data with clinical data in the primary care setting

Setting: Primary care, Family Health Teams – St. Michael's Academic FHT and South East Toronto FHT

Study Design: Electronic patients survey and retrospective chart review

Example of QI Project

Published in JMIR Cancer

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UTOPIAN University of Toronto Practice-Based Research Network

Knowledge of Cancer Screening Guideline in Ontario

The Role of the UTOPIAN Project Facilitator:

1. Research Ethics Board
   - Completing site-specific REB applications and managing communications
2. Coordinating Team Meetings
   - Facilitating regular team meetings for updates/challenges
3. Using Ocean Expertise to finalize online/tablet survey
   - Integrating survey into EMR with site personnel and study team
4. Liaising between Site Personnel and Study Team
   - Ensuring logistics and processes are clearly outlined and communicated effectively

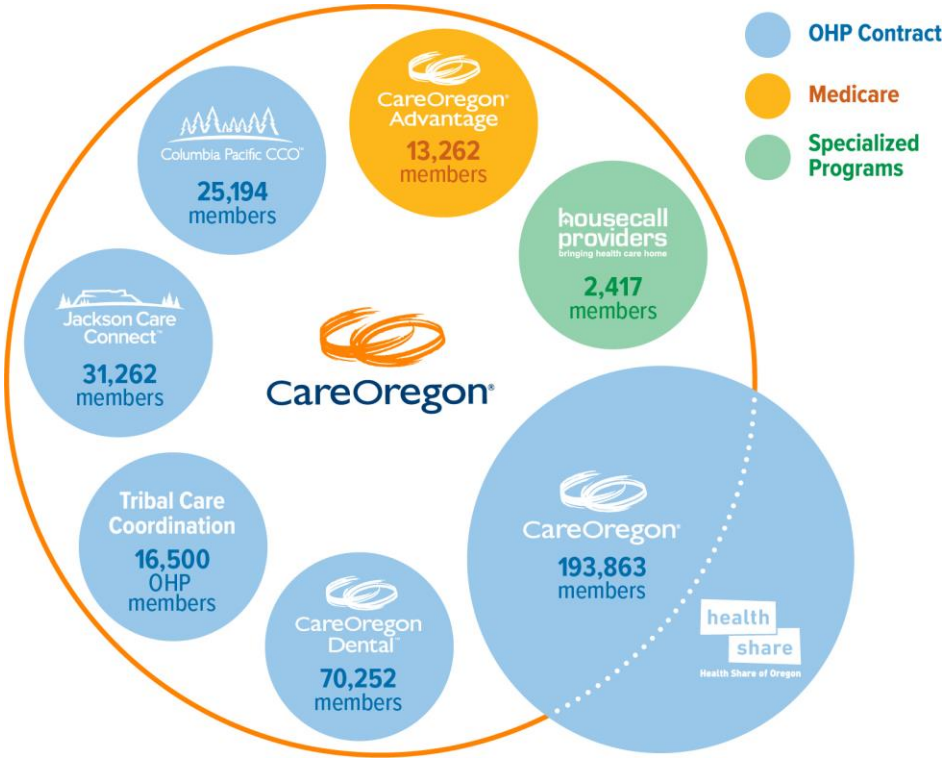
Summary of Challenges

- Ownership of projects – PF vs. Study Team
- Involvement in different stages of project
- Respect for research – HCP and Clinic staff
- HCP's interest to be involved in research
  - Engaging the Research Lead and gauging his/her interest from the beginning
- Delays in timelines
- Engaging site – determining and emphasizing benefit for them and their patients

Beth Sommers, MPH
Clinical Innovation Manager

Who is CareOregon?

- *Vision: Healthy communities for all individuals, regardless of income or social circumstances.*
- Mission: Building individual well-being and community health through partnerships, shared learning and innovation.
- # of Members We Serve: ~ 280,000
- Our Provider Network:
  - 402 Primary Care Clinics
  - 2,182 Primary Care Clinicians
  - 40 Hospitals
  - 60 Dental Clinics
  - 178 Dental Providers



Business Model: Collaborating for Better Outcomes

Impetus for Coaching Program:

- Standing up CCO model – need for innovation and delivery system reform
- CCOs held accountable for performance
- Medical Home Model ID'ed by state as best practice

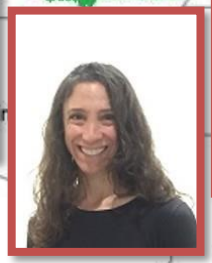
- CO: Long history of partnership with provider network
- Medical Home Model technical assistance and implementation support identified as need by CO & network partners

On-going Relational Support:

Changes to value-based payments are **partnered with practice facilitation and technical assistance** aimed at helping primary care practices with improving processes and meeting goals for:

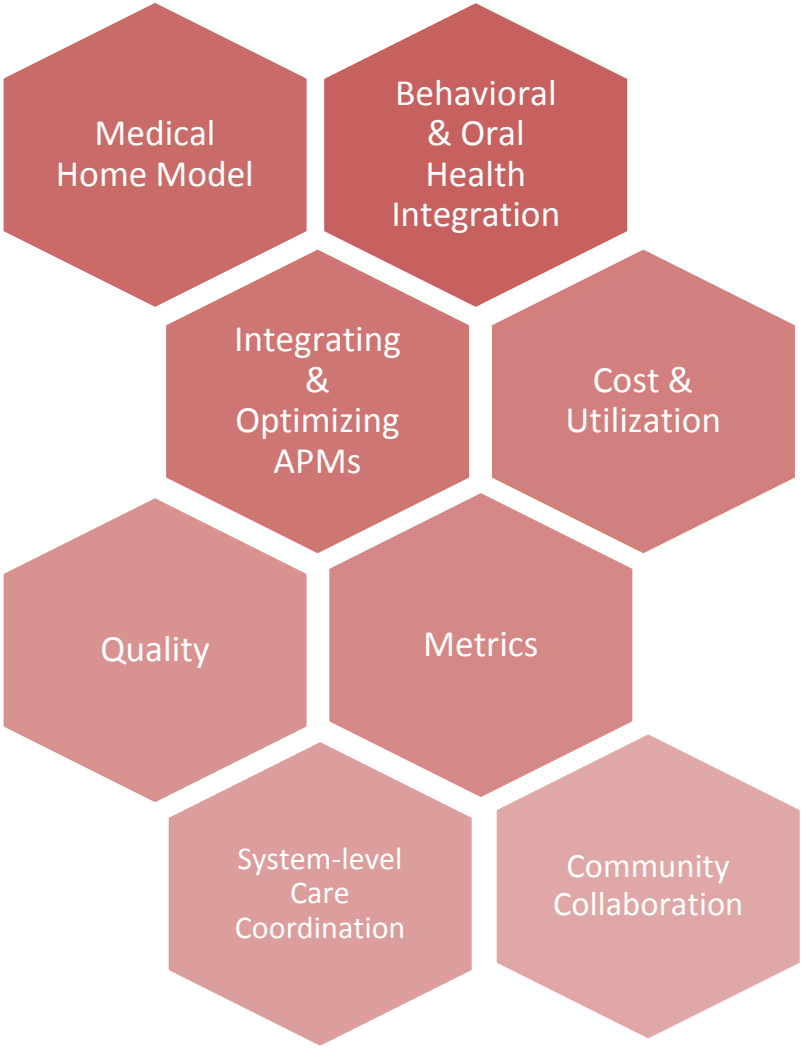
- **quality of care**
- **access to care**
- **care coordination**
- **whole health integration**

Clinical Innovation Team: The Who



- 4 Primary Care Innovation Specialists
- 3 Behavioral Health Innovation Specialists
  - All previously worked in primary care/clinical setting
  - Complimentary mix of skills, knowledge, and expertise

Clinical Innovation Team Portfolio of Work: The What & The How



- Coaching
  - Patient & Population Centered Primary Care Learning Collaboratives (PC3)
  - Behavioral Health Peer-to-Peers
  - Special Project Learning Collaboratives
  - 1:1 Technical Assistance
- Trainings
  - Practice Coaching for Primary Care Transformation (PCPCT)
  - LEAN Greenbelt
- Strategic Collaborations & Contracts
  - UCSF – Center for Excellence in Primary Care
  - Oregon Primary Care Association
  - Oregon ECHO Network
  - Health Insight – Qualis
  - Oregon Health Authority – Transformation Center
  - Oregon Rural Practice-based Research Network

Challenges

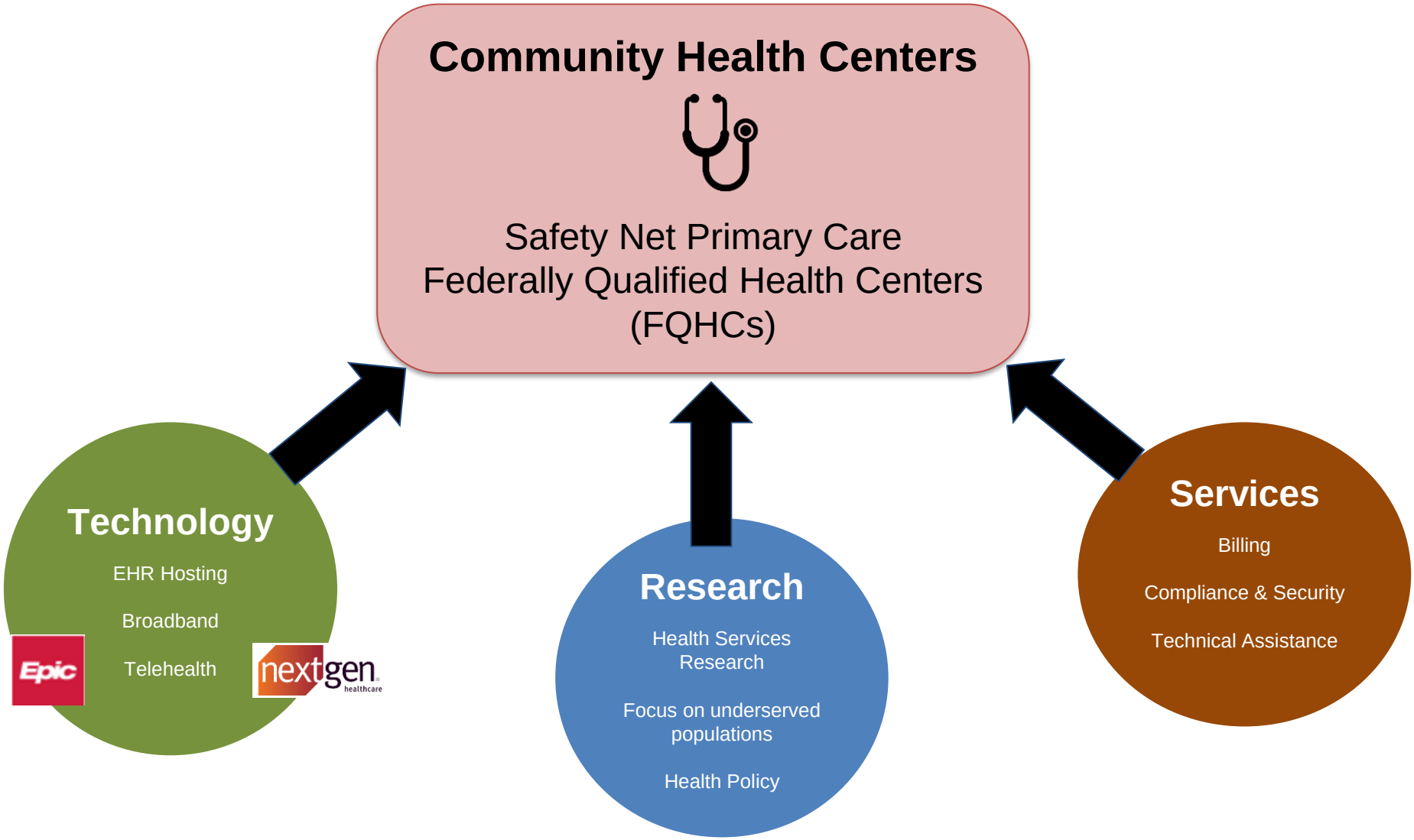
- Organizational
  - Matrixed Environment can lead to competing priorities and mixed messaging
  - Role of Clinical Innovation Team in metrics-driven work vs. transformation

- Network
  - Increasing needs for EHR-specific support and technical assistance
  - Number of metric-related asks
  - Maximizing capability and revenue under a variety of APMs
  - Pace of change

Joan Nelson, MPH, PA-C
Practice Coach, OCHIN

OCHIN

Innovation & Transformation for the Safety Net



Practice Facilitation at OCHIN

2015

- One person hired part-time for specific grant
- No previous PF experience

2016-17

- 2nd & 3rd PF hired, PF Team formed
- Role name changed to “Practice Coach”
- Recognized need for more tailored tech support

2018

- 7 active projects
- All grant funded

spreadnet

A collaborative project of OCHIN and the Kaiser Permanente Center for Health Research

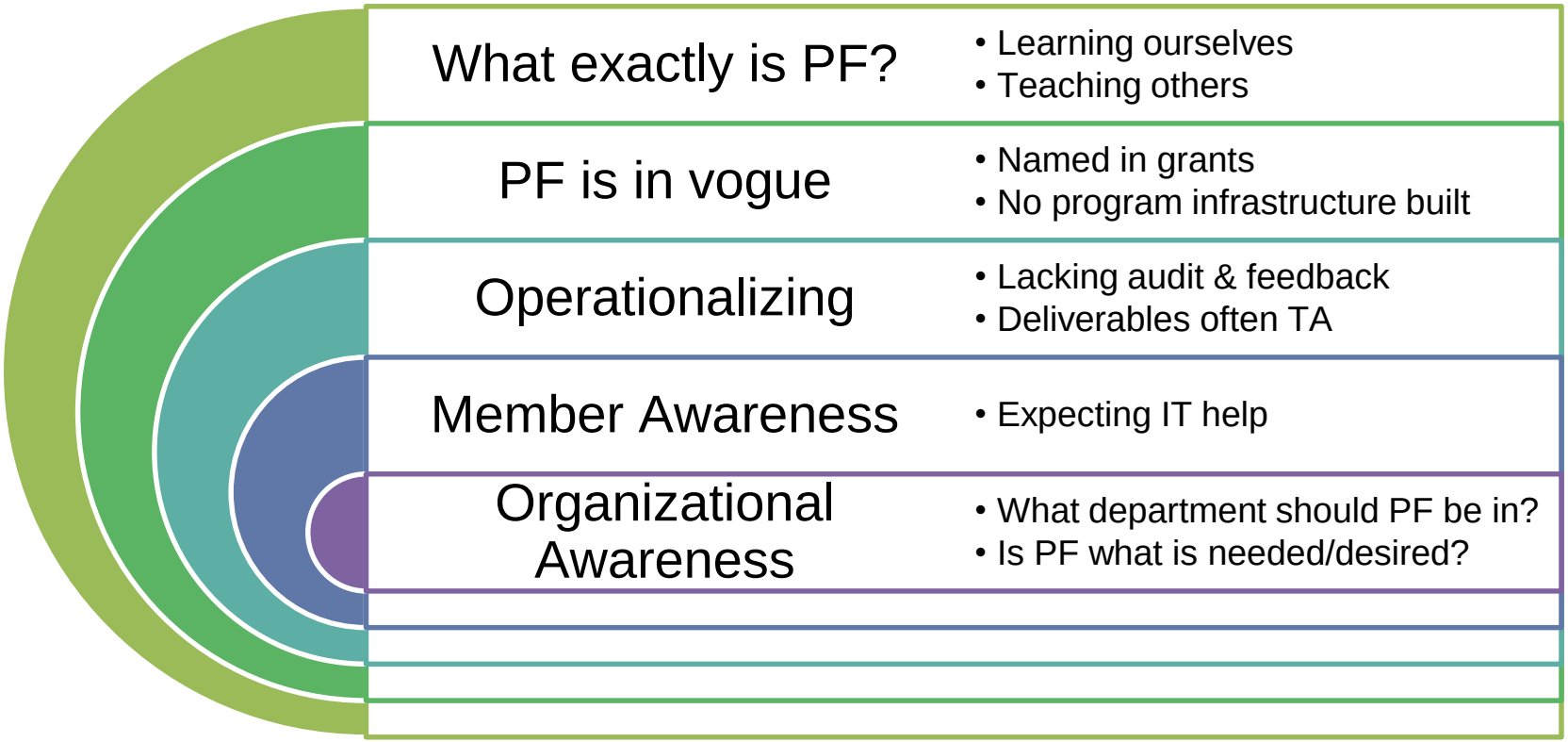
- Reduce CV risk in people with diabetes
- EHR Clinical decision support
- Statin and ACE-I Rxg
- Studying levels of implementation support

WIZARD

- Reduce cardiovascular risk
- EHR Clinical decision support
- HealthPartners in Minnesota
- Virtual group implementation support
- Effectiveness trial in the safety net

- Collaborative Care Management (CoCM)
- Suite of EHR tools
- Studying levels of implementation support

Challenges


What exactly is PF?
• Learning ourselves
• Teaching others
PF is in vogue
• Named in grants
• No program infrastructure built
Operationalizing
• Lacking audit & feedback
• Deliverables often TA
Member Awareness
• Expecting IT help
Organizational Awareness
• What department should PF be in?
• Is PF what is needed/desired?

What do you think?

- Help us envision what PF should look like within an HIT org

- Stop by our poster (P103) and/or contact us: nelsonj@ochin.org

THANK YOU 

We want to hear from you!

Think about your own PF operational models:

1. What is working well?
2. What is NOT working well?
3. What resources/skills does your organization need to sustain PF programs?

Breakout sessions in 2 groups

Group 1: Stephanie and Aashka
Group 2: Lyndee, Joan and Beth