Developing Practice Facilitation within an HIT organization

Joan Nelson, MPH, PA-C^; Ann Romer, MS^; Stacie Carney, MD^; Christy Gray, OTR/L

Rachel Gold^, Perry Foley^, April Lee^, William Pinnock^, Marla Dearing^, Mary Middendorf^, Lorie Jacob^, Mindy Saechao^, Mindy Vredevoogd†, Tess Grover†, Anne Shields†, Sarah Doty†, Virna Little†, Rita Haverkamp†, Amritha Bhat*, Ian Bennett*

BACKGROUND

Projects involving practice facilitation (PF) can include a variety of implementation strategies, and effective strategies cannot always be predicted. The subjective experience of facilitating implementation of an integrated behavioral health model into primary care is described here.

THE SETTING: What is OCHIN?

OCHIN is a nonprofit health care technology and innovation center that hosts and provides centralized support for electronic health records (EHR) for primary care safety net clinics, mainly Federally Qualified Health Centers (FQHCs) in 20+ U.S. states. Practice facilitation (PF) services were first offered in 2015, and currently PF is provided to clinics participating in externally-funded OCHIN projects (mainly large research grants).

THE INNOVATION: Collaborative Care Management (CoCM)

- CoCM is an evidence-based, data-driven, integrated behavioral health model championed by the AIMS Center (Advancing Integrated Mental Health Solutions)
- When implemented effectively, it allows primary care to screen for and treat patients with depression in a team that includes a care manager and a consulting psychiatrist
- CoCM uses treat-to-target (depression remission by PHQ-9) through use of systematic case review and case tracking

THE PROJECT: MInD-I

In 2016 OCHIN partnered with the University of Washington and the AIMS Center on the Maternal Infant Dyad Implementation (MInD-I) project. Continuing through 2019, OCHIN Practice Coaches provide support to clinics implementing CoCM within their perinatal population (pregnant or up to one-year post-partum). A total of 10 FQHCs were recruited to participate across two waves of implementation (Wave 1, Wave2).

EHR tools (Figure 1):

Patient tracking in primary care can be onerous, and is often done external to the EHR, with duplicative data entry and lagging refresh. OCHIN developed a suite of Epic© tools to assist in providing CoCM for MInD-I clinics, including a perinatal depression case registry and perinatal population depression screening report. MInD-I emphasized use of these EHR-based tools as a part of the overall support for adopting the new care paradigm of CoCM.

Figure 1: CoCM treat-to-target (PHQ-9) report within the EHR

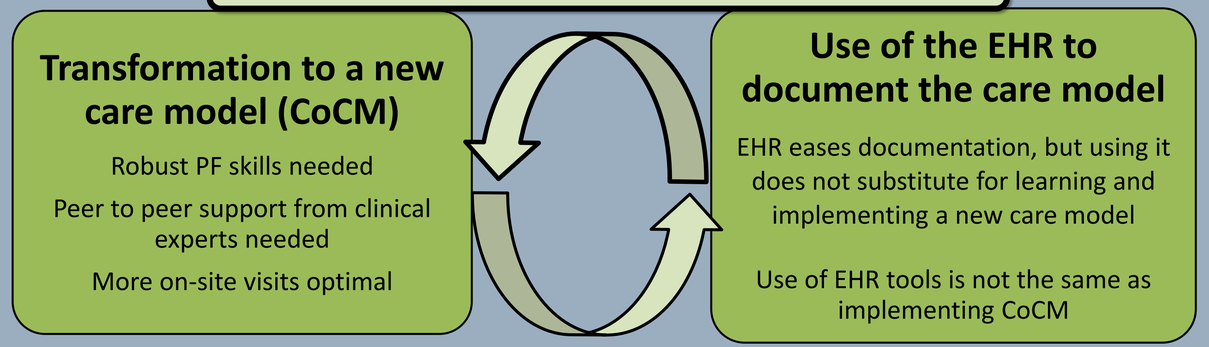
Review Date	Patient	Care Manager	EDD/Delivery Date	Enrollment Date	Enrollment PHQ9 date	Enrollment PHQ9 value	Last PHQ9 date	Last PHQ9 Value	Next Visit	# of Contacts	Status	Anti-depressant
12.24.18	Sotomayor	Nelson	6.21.19	12.10.18	11.26.18	24	12.10.18	24	12.26.18	1	New	
12.10.18	Ginsburg	Romer	12.21.18	11.10.18	11.10.18	18	11.26.18	19		2	Assessment Due	
11.5.18	Kagan	Gray	1.1.19	10.10.18	10.5.18	21	11.13.18	17	12.11.18	2	Assessment Overdue	
12.10.18	O'Connor	Gray	8.21.18	9.10.18	9.10.18	14	11.30.18	11		4	Treatment	Yes
1.10.19	Hill	Nelson	3.21.18	8.10.18	8.12.18	15	12.3.18	12		8	Relapse Prevention	Yes
12.10.18	Ford	Romer	1.1.18	7.10.18	6.15.18	19	12.8.18	9		12	Closed	

Simulation of registry report available within the EHR (EPIC© Reporting Workbench). Double-clicking a line opens full chart. Each column sortable (e.g. can prioritize highest PHQ-9 for outreach).

METHODS

- Practice Coach team met weekly during Wave 1 of MInD-I, reviewed field notes, discussed successes and barriers
- Identified and developed a new role for Wave 2: **Tool Optimization Coach**
- Tool Optimization Coach role filled by an existing Practice Coach who gained technical skills during Wave 1

Figure 2: Clinics required two main areas of support



OBSERVED OUTCOMES

- Lack of EHR expertise was a limitation in Wave 1 of MInD-I CoCM implementation
- Practice Coaches were hired for expertise in facilitation, QI, and primary care, not EHR
- Unable to provide tailored EHR support in Wave 1
- Coaches cycled between two large areas of support clinics required **(see Figure 2),** helping care teams through the challenge of leveraging the EHR tool while making significant changes to their clinical care approach
- **Tool Optimization Coach** role helped with technical aspects of tool set up and tailored EHR training during Wave 2
- Wave 2 had reduced in time to patient enrollment as well as EHR tool set up **(see Figure 3)**

Figure 3:

	Wave 1	Wave 2 (with Tool Optimization Coach)
Time to 1st patient enrolled Average [Median]	**47** Days [45]	**19** Days [13]
Time to complete EHR set up	**6** months	**3** months

DISCUSSION

- Robust PF skills are necessary but not sufficient for transforming practices to CoCM and leveraging EHR tools
- More technical EHR skills are needed for sustaining transformation, especially within an HIT organization
- Knowledge of, as well as direct access to experts in: EHR set up, training, and custom reporting are needed
- Acknowledging these barriers and testing innovative solutions led to important learnings and improvements
- A small scale pilot before larger scale implementation would likely have uncovered these barriers, allowing for more robust study of implementation

Funding National Institutes of Health - 1R01MH108548-01

^OCHIN, Portland, OR †AIMS Center, Seattle, WA *U of Washington

Questions? Please contact Joan Nelson nelsonj@ochin.org or Ann Romer romera@ochin.org