

TITLE OF SUBMISSION: MACRA-Quality Payment Program: An Innovative Approach to Virtual Practice Facilitation

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

FORMAT: Workshop

SESSION DESCRIPTION:

Within the realm of expanded quality reporting requirements, demand for practice facilitation has significantly increased. In addition, geographical practice location creates barriers to effective on-site facilitation. Given these limitations, a more innovative approach to assisting practices can be found through the implementation of virtual facilitation. In this session, the TMF Health Quality Institute team will share their approach to virtual coaching across a large geographical area.

BACKGROUND/RATIONAL:

MACRA and other quality reporting programs have increased the need for effective practice facilitation across vast geographical areas in every medical specialty. Leveraging innovative approaches to practice facilitation has become a necessity to meet this ever-increasing need for assistance.

SESSION FORMAT:

Presentation with interactive audience participation.

LEARNING OBJECTIVES:

1. Learn about innovative approaches to virtual facilitation
2. Identify effective ways to match the method of virtual facilitation to the learner (the practice).
3. Identify mechanisms to refine facilitation methods by leveraging ongoing experiences.

CONCLUSION/NEXT STEPS:

The TMF Health Quality Institute team employs various strategies of virtual practice facilitation for over 30,000 MACRA-eligible clinicians across a large geographical area which covers 8 states and the territory of Puerto Rico. At the conclusion of the session, attendees should have received a well-rounded synopsis of effective virtual facilitation methods and be able to identify innovative approaches to practice facilitation within remote settings.

AUTHORs:

Rose M. Langdon MBA, RN, CPHQ, FNAHQ
Elaine Gillaspie MS MHA CPHQ

TITLE OF SUBMISSION: Using a Multilevel Model of Organizational Change Capacity to Guide Primary Care Facilitation

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

FORMAT: Workshop

SESSION DESCRIPTION:

Transformation initiatives in primary care develop in stages, involve multiple partner organizations, a variety of change agents, and often need to be brought to scale. This workshop 1) introduces a model of primary care change capacity that integrates implementation and dissemination processes, and 2) guides participants in how to use the model as a tool to systematically and comprehensively communicate, address, and gain insights into practice facilitation challenges.

BACKGROUND/RATIONAL:

Transformation initiatives in primary care develop in stages, involve multiple partner organizations, a variety of different change agents, and often need to be brought to scale. Clinics and their organizational partners (e.g. specialist practices, hospitals, community-based organizations, payers, etc.) have varying levels of success-individually and collectively-in executing these initiatives. They also need different types and degrees of facilitation and change capacity building. This workshop presents an integrative model of primary care change capacity to help practice facilitators and those working with them to gain a more systematic and comprehensive understanding of why some primary care organizations are more successful than are others and how to better tailor their facilitation efforts in and across those organizations. In this workshop, participants will use model as a tool to help teams communicate and address their own current facilitation challenges.

SESSION FORMAT:

Development of the change capacity model will be described, including the impetus for the model and its intended uses. In small groups, participants will be asked to choose current practice facilitation challenges, and then use the model to communicate, address, and gain insights into those challenges. The workshop will culminate with a large group discussion for Q&A and feedback.

LEARNING OBJECTIVES:

1. Participants will be able to describe the value of a multilevel model of organizational change capacity in primary care.
2. Participants will be able to use the model to better communicate their own practice facilitation experiences in primary care.
3. Participants will be able to apply the model to address challenges in primary care practice facilitation.

CONCLUSION/NEXT STEPS:

Understanding organizational change capacity is critical to improving primary care transformation initiatives within and across organizations. We present a model that synthesizes a range of multidisciplinary implementation, dissemination, and change-related research and further develops the temporal, multi-organizational, and knowledge management dynamics of change capacity. The model is designed to help Practice Facilitators and other change agents to better predict, explain, and guide transformation efforts. The workshop uses the model as a basis for a group exercise in explaining and problem solving through a variety of current participant facilitation challenges.

AUTHORS:

Olivia McMullen
Norain Siddiqui, MPH
Georges Potworowski, PhD

SL103

TITLE OF SUBMISSION: Practice Excellence Project: Training for Transformation

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

FORMAT: Workshop

SESSION DESCRIPTION:

This session will highlight the development and implementation of a facilitation methodology for assessing the current state of medical practices related to key operational domains and how to prioritize action steps to achieve the greatest impact. Specific focus will be placed on the training provided to Practice Facilitators on the use of the Practice Assessment Tool and the Ease/Impact Tool and the barriers and challenges faced by the Practice Facilitators.

BACKGROUND/RATIONAL:

Emphasis on value-based reimbursement or population based financing places pressure on practices to continually improve clinical quality, exceed patient expectations, reduce costs, and meet the needs of staff and providers. Operational planning is imperative for a successful future but identifying improvements that have the most impact with the least effort is challenging. Many practices create plans based on subjective feelings or specific topical interests of leadership. This type of planning will lead the practice through a great deal of work without the full understanding of the potential positive or negative outcomes. Practices need a structured and thoughtful process for assessing the current state and for identifying improvements that will lead to excellence and success. Facilitation of this process provides the framework and structure that will produce the most robust and effective assessment and plan.

The North Carolina Area Health Education Center (AHEC) provides practice facilitation services to medical practices through nine regional centers across the state. Payer reform and the shift to population health produced the need to expand traditional facilitation focus on clinical quality measures to include operational and business processes. Medical practices needed assistance with assessment of the current state and strategic planning to thrive in the future. The facilitators needed a vehicle to support the various types of practices (independent, system-owned), different value based payment systems (government and private payers) and various degrees of EHR implementation and optimization. Mountain Area Health Education Center developed a system wide program, the Practice Excellence Project (PEP), to provide a standardized methodology and framework by which the coaches could provide practice facilitation while adapting to the individual needs of each practice.

The facilitators were very comfortable with facilitating quality improvement activities, but had varying levels of comfort with assessment, planning, and improvement of operational/business processes. Success of PEP required effective training of the facilitators. The training incorporated various methodologies including webinars, statewide group meetings, face to face road shows, individual calls, and self-education. Identification of training needs was based on a statewide skills assessment on an individual and regional level.

SESSION FORMAT:

The session will include discussion and interactive activities to engage participants through the following topics:

- 1) Facilitator skills assessment - discuss tool, gap identification and training plans
- 2) Discussion of tool development and usage - Pre-Assessment Information Request, Assessment Tool and creating an Ease/Impact tool for prioritization of goals and to develop an action plan with key intervention steps
- 3) Orientation of facilitators to use the tools based on the practice's readiness, capacity, and preference
- 4) What makes a good practice candidate for the project? How to teach the facilitators to have "the conversation" with the practice to initiate assessment and transformation

LEARNING OBJECTIVES:

1. Explain how PF can assist medical practices with operational assessment and planning
2. Describe methods for training Practice Facilitators (PF workgroups, conference calls, road shows)
3. Identify barriers/challenges practice facilitators experience

CONCLUSION/NEXT STEPS:

Practice facilitation provides valuable assistance to practices' strategic and business planning through the completion of a comprehensive operational assessment and action plan. The facilitation of evaluation and planning tools provides a robust and deep analysis with specific, timely, and actionable steps for sustained quality and operational success. Identification of knowledge gaps and developing training to fill the gaps is essential for effectiveness and success. The training provides the facilitators the skills and knowledge to customize the project and the outcome based on each practice's transformation readiness and capacity.

AUTHORS:

Terri Roberts, MS, PCMH CCE

Mark Holmstrom, MSHA, FACHE, CMPE

TITLE OF SUBMISSION: Practice Facilitators as the Hub: Enlisting the Support of a Multidisciplinary Team

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

FORMAT: Workshop

SESSION DESCRIPTION:

This presentation will share a multi-disciplinary model for supporting primary care and specialty practices in rural areas and developing new content to support changes in the environment, while acknowledging and discussing the reality of change fatigue. The presenter will describe practical approaches to incorporating expertise from subject matter experts on topics including behavioral health, business acumen, health information technology, and pharmacy.

BACKGROUND/RATIONAL:

It's not news to any attendee that the health care environment is rapidly changing with no signs of slowing down. New expectations and additional information are added with each new transformation program, payment model test, and governmental regulation. These changes are introduced with the best of intentions to provide higher quality patient care and improve the system, but constant change can quickly overwhelm both healthcare clinics and practice facilitators. As primary and specialty care continues to expand into additional services such as behavioral health, medication management, and dental care, how can practice facilitators continue to support their clinics and stay on top of the changing environment?

SESSION FORMAT:

Presentation with interactive discussions. As the attendees comprise a group of peers with valuable knowledge, discussion of best practices among the audience will be encouraged. The emphasis will be on practical takeaways.

LEARNING OBJECTIVES:

At the end of this session, attendees will be able to:

- Describe how a multidisciplinary practice-centered approach to practice facilitation, including behavioral health and clinical data specialists, can be adjusted to meet ever-changing practice needs,
- Explain how teams comprised of different skillsets and areas of expertise work together to provide consistent, high-level support to practices,
- Summarize how new content and curriculum can be developed in response to new regulations and best practices, and
- Formulate ideas to ameliorate change fatigue for practice facilitators.

CONCLUSION/NEXT STEPS:

Practice facilitators can use a framework similar to the patient centered medical home as a guide. The clinic is the hub of the wheel, surrounded by the practice facilitator who coordinates with experts to provide information and additional support when needed. The practice facilitator does not need to be an expert in everything; rather they are experts in knowing when and how to provide outside expertise while maintaining their relationship and credibility with the practice.

AUTHORS:

Britta Fuglevand, MSHA

TITLE OF SUBMISSION: A Practice Facilitator's Systematic Approach to the Complexity of Chronic Disease Quality Measures

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

FORMAT: Oral or Poster

BACKGROUND/SIGNIFICANCE:

In the physician office, resources such as time, staffing and financial investments are limited. Today's practices are faced with the difficult task of improving quality measures in addition to the day to day challenges of patient care. Scheduling non-patient time as team meetings for quality improvement projects can not only be challenging, but come with added financial burden. Breaking down the process in a systematic approach allows for a strategic plan of action that will enhance team efficiency in improvement time.

SETTING/METHODS:

This presentation uses past practice facilitation work in the North Carolina Heart Health Now! Program, a part of the Evidence Now! initiative through AHRQ, to showcase success in utilizing a systematic approach with teams to plan PDSA cycles around the clinical quality measure, NQF 0018 Controlling High Blood Pressure. This approach can be modified to fit most complex chronic disease quality measures and can be used in any order depending on the practice needs, patient population, and team motivation. This systematic approach breaks down the process in hypertension care as measurement, treatment, adherence and engagement to allow discussion and planned projects centered in whole person care.

RESULTS AVAILABLE OR PLANNED:

Overall, practices adopting the systematic approach experienced an increase ranging from 3% to 17% in their quality measure. Qualitative results showed an increase in team participation and were less likely to give up or delay the quality improvement project. In general, practices that used the approach commented that the work felt more manageable and did not seem as overwhelming. In addition, it created opportunities for the team to embrace small celebrations of achievement and gained motivation for continuing the effort.

CONCLUSION/NEXT STEPS:

It is hoped that this presentation will inform practice facilitators and those working in quality improvement about ways to break down complex improvement projects so that problems will be solved efficiently without wasted time, energy and financial burden. This presentation is estimated to be 30 minutes in length and does require the use of technology to show visual graphics for audience learning enhancement.

OPTIONAL UPLOAD:

https://s3.amazonaws.com/files.formstack.com/uploads/2995173/61994995/425614618/61994995_focus_areas_to_improved_outcomes.pdf

AUTHORS:

Lora R. Wright, BS PCMH CCE

TITLE OF SUBMISSION: Mi-PARIHS: Practical tools to make framework-informed implementation and facilitation easier

PRESENTATION TOPIC AREA: Practice Facilitator Training and Ongoing Development

FORMAT: Workshop

SESSION DESCRIPTION:

This workshop will deliver an overview of the research program - Mi-PARIHS: Mobilising Implementation of i-PARIHS. This research has begun the development of a range of practical tools that can be used by researchers, clinicians and facilitators in order to assist in utilising the i-PARIHS framework. The workshop will enable participants to experience applying the (i) planning, (ii) guiding, and (iii) evaluating tools that are a part of Mi-PARIHS by working through a hands-on case study example.

BACKGROUND/RATIONAL:

Clinicians and facilitators often bear responsibility for implementation but may be unfamiliar with the theoretical approaches designed to inform or understand the implementation process. A multitude of theories, frameworks and models have been proposed by various researchers in order to plan, guide and evaluate the implementation process. These approaches not only provide ways of thinking about implementation but provide guidance on how to apply these ways of thinking.

The integrated - Promoting Action on Research Implementation in Health Services framework - i-PARIHS (Harvey & Kitson, 2016) - is one of many that outlines the elements necessary for successful implementation. This framework focuses on facilitation as the active ingredient to achieve successful implementation. The framework also focuses on the innovation to be implemented, the context in which implementation is to take place, and the recipients (Harvey & Kitson, 2016).

The i-PARIHS framework has been successful in planning, conceptually guiding and evaluating implementation projects, however it has received criticism for the lack of operational detail on how to apply the framework in practice (Harvey & Kitson, 2016). Whilst the authors sought to address these concerns, there is need for the framework to be adapted into functional tools to assist in the planning, guiding and evaluation of successful implementation.

The proposed workshop will work through how i-PARIHS can be operationalised to assist in planning, doing and evaluating implementation and facilitation. The workshop will provide participants with preliminary practical tools (Mi-PARIHS) that have been developed and a case study example to work through how these tools can assist when implementing and facilitating an evidence-based practice change.

SESSION FORMAT:

This workshop will take the following format:

1. Introduction and outline of session - 5 minutes
2. Background on the importance of implementation frameworks and i-PARIHS - 10 minutes
3. Large group discussion on experience and use of implementation frameworks - 5 minutes
4. Case study example of how i-PARIHS can be used to assist in planning, guiding and evaluating evidence implementation - 5 minutes
5. Tools and strategies to use a framework to help in implementation - 5 minutes
6. Small group work on using a planning tool to assist with the case study example provided - 10 minutes
7. Large group discussion and feedback on utility of tool - 10 minutes
8. Small group work on using a guiding tool to assist with the case study example provided - 10 minutes
9. Large group discussion and feedback on utility of tool - 10 minutes
10. Small group work on using an evaluation tool to assist with the case study example provided - 10 minutes
11. Large group discussion and feedback on utility of tool - 10 minutes
12. Summary, feedback discussion and close - 10 minutes

LEARNING OBJECTIVES:

By the end of the workshop, participants will be able to:

1. Understand the importance of frameworks that underpin implementation and facilitation of research evidence into clinical practice
2. Apply i-PARIHS and utilise a variety of practical tools (Mi-PARIHS) to assist in the planning, guiding and evaluation of an evidence implementation project.
3. Demonstrate knowledge of how frameworks have been successfully used to plan, guide and evaluate implementation projects.

CONCLUSION/NEXT STEPS:

This workshop hopes to accomplish the two following aims:

1. Assist practice facilitators to become confident in using i-PARIHS and Mi-PARIHS tools with the result of increasing theory-informed implementation.
2. Solicit feedback from end-users (practice facilitators) on the utility and likeability of the proposed Mi-PARIHS tools to assist in refining the development of these tools.

Through addressing these two aims, this workshop will contribute to more nuanced and theory-informed approaches on how to address evidence-practice gaps through facilitated implementation and ultimately contribute to better health outcomes.

AUTHORS:

Sarah C. Hunter, BPsych(Hons), PhD

Bo Kim, SB, MEng, PhD

Alison L. Kitson, RN, Bsc(Hons), DPhil, FRCN, FAAN, FAHMS

TITLE OF SUBMISSION: Accelerating Practice Transformation: Using Motivational Interviewing to Promote Behavior Change

PRESENTATION TOPIC AREA: Practice Facilitator Skill Building

FORMAT: Workshop

SESSION DESCRIPTION:

This session will review the concepts of behavior change and motivational interviewing as well as tools and strategies to help practice facilitators guide improvement efforts at the practice level. Motivational interviewing has been widely used to work with patients that are living with complex chronic conditions and have difficulty making lifestyle changes. The same approach can be considered in working with practices that are hesitant to change.

BACKGROUND/RATIONAL:

Facilitating practice-level changes is fraught with resistance to change. Some of the reasons that practices may be resistant are: unawareness of a problem; fatigue from too many changes; low level of readiness to change; and, lack of confidence, skills, and resources to change. One strategy to use to navigate resistance is incorporating motivational interviewing, which is rooted in behavior change theories. The strategies and principles within motivational interviewing allow colleagues to be fully engaged in the change process, acknowledging that behavior change is difficult.

SESSION FORMAT:

- 1) Overview of motivational interviewing theory and principles;
- 2) Discuss the stages of change theory as applicable to the practice;
- 3) Review strategies and tools that can be used in practice facilitation; and,
- 4) Participants will practice using the tools and strategies that were reviewed.

LEARNING OBJECTIVES:

By the end of the workshop, the learner will:

- Understand motivational interviewing theory and principles
- Identify what behaviors may occur throughout the stages of change
- Describe the tools and strategies used in motivational interviewing

CONCLUSION/NEXT STEPS:

By incorporating motivational interviewing techniques within practice facilitation, attendees will gain additional tools and skills to use when they encounter staff that are resistant to change or their actions contradict their desire to change. Motivational interviewing is flexible and adaptable to meet the practice where they're at in terms of their readiness and willingness to change.

AUTHORS:

Yuriko de la Cruz, MPH, CPHQ

Kristie Knouse, BA

Jean DAversa, BSN, RN, PCMH CCE

TITLE OF SUBMISSION: Advancing the practice facilitator toolbox: coupling clinical transformation with practice facilitation for technology-enhanced care

PRESENTATION TOPIC AREA: Practice Facilitator Skill Building

FORMAT: Workshop

SESSION DESCRIPTION:

In this session, participants will acquire skills and tools to successfully leverage technology innovations in primary care through the coupling of practice facilitation and clinical transformation. As digital health and technology services become more widespread, practice facilitators need new skills to handle the complexities of planning, implementing, adopting, scaling, spreading and sustaining technology-enabled care to make the shift from "technology" to "transformation."

BACKGROUND/RATIONAL:

Numerous innovations in health care fail initially because of the complexities of change in complicated settings. Therefore, innovations and redesign are significantly more effective in practice if implemented with thoughtful and prepared clinician, practice and team leadership. In many cases, clinical support teams and clinicians are ill-prepared for the challenges of implementing technology but are charged with doing so anyway. Clinical Transformation has become increasingly essential to innovation and implementation of new programs, resources, processes and initiatives in primary care. This program, the Clinical Transformation Specialist training program for practice facilitators, was developed by experienced practice facilitators and physician with years of practice transformation experience, directly in response to these gaps.

SESSION FORMAT:

These sessions will be hands-on, focusing on a combination of practical and soft professional skills, over the course of a 2-day workshop (or one workshop). The program will provide an array of skill development, capturing themes in adult learning theory and utilizing multi-modal strategies for teaching, such as didactics, role play, case-based learning, group exercises, performance and train-the-trainer. It will also focus on skills and tools that are more challenging in clinical environments.

Note: Per our email conversation we would be open to using the 80 minute session or 2 workshop slots on different conference days.

LEARNING OBJECTIVES:

At the end of the program, practice facilitators will:

1. Understand the technology and digital health ecosystem in primary care and why Clinical Transformation is a useful framework for practice facilitators
2. Acquire skills, tools, resources, methods and strategies to lead Clinical Transformation efforts in primary care and other clinical settings for technology & digital health
3. Create the architecture for successful adoption, implementation or expansion of technology enabled initiatives and innovations in their clinical environments

CONCLUSION/NEXT STEPS:

Clinical Transformation has become increasingly essential to innovation and implementation of new programs, resources, processes and initiatives in primary care. In many cases, practice facilitators that are responsible for leading new initiatives and are not given a full suite of resources or skills-based tools to be successful. The Clinical Transformation Specialist in technology workshop will prepare practice facilitators for the shift from "technology" to "transformation," and provide skills and strategies for robust clinic-centered approaches to successfully implementing new technology in primary care practice settings.

AUTHORS:

Candy Magaña, MPA

J. Nwando Olayiwola, MD, MPH, CPE, FAAFP

TITLE OF SUBMISSION: Building Clinical Health Information Technology Adviser Competencies: How do Practice Facilitators best support the evolving HIT needs of ambulatory care practices?

PRESENTATION TOPIC AREA: Advancing the Science of Practice Facilitation

FORMAT: Workshop

SESSION DESCRIPTION:

This workshop will leverage the collective expertise of Practice Facilitators in the field to describe the range of HIT challenges that practices experience, identify current strategies being used to meet these challenges, articulate a generalizable set of competencies required to support these strategies, and determine future opportunities to optimize ambulatory practice support as HIT needs evolve.

BACKGROUND/RATIONAL:

Practice Facilitators (PFs) increasingly require a detailed understanding of health information technology (HIT) and the role it plays in quality improvement and practice transformation. Practices have valued technical expertise from PFs to assist with using HIT, including facilitating peer-to-peer connections, optimizing new technologies within team workflows, providing processes and tools for practice improvement, maintaining accountability, reporting clinical quality measures and providing local Electronic Health Record (EHR) technical assistance. Benefits of support include improved quality measures, operational improvements, increased provider and staff engagement, and deeper understanding of EHR data.

From Meaningful Use and the Merit Based Incentive Program to the Comprehensive Primary Care Initiative and Transforming Clinical Practices Initiative, practice transformation programs have pushed ambulatory care practices to adopt increasingly sophisticated HIT to meet complex outcomes. The rapid advancement of HIT capabilities has been matched only by the expanding demands on practices to capitalize on the huge amounts of data they collect to produce value for their patients and health systems and become eligible for advanced payment models.

Practice transformation support organizations use various strategies to expand the HIT assistance they provide practices. HIT support programs often have had to develop without the benefit of learning from their peers. Project funding restrictions, a lack of regional and national infrastructure to support shared learning among PFs in different organizations, and constantly changing practices expectations when it comes to HIT has made it difficult to stay abreast of the evolving HIT needs of practices or to adopt best practices in clinical HIT support.

The Clinical Health Information Technology Adviser (CHITA) role has emerged as an extension of the traditional PF role to deliver specific and additional practice support to ambulatory care practices as they participate in a number of practice transformation initiatives alongside or in conjunction with the role and functions of the PF. The CHITA role has been deployed in a number of ways: a central resource supporting a number of PFs and clinical organizations, combined with an existing PFs responsibilities or identified as a new, distinct individual supporting practices in tandem with a PF to round out strengths and optimize assistance.

Competencies for the CHITA role have been complex to define as they relate to or differ from the competencies of a PF. Indeed the PF needs a certain level of understanding of how data supports and informs quality improvement in healthcare, but as HIT becomes more sophisticated and widely adopted, when does that expertise need to be more distinctly defined in order to adequately support practices? What are the competencies that are unique to the CHITA role? Is this role most successful when a part of a centralized technical support team or deployed into all practices? What competencies does the CHITA role add to a traditional PF? Is this role best defined and deployed when one person has the competencies of both the PF and the CHITA or are certain strengths best deployed when these supports are shared across a team of technical assistance providers? These are the kinds of questions that need to be addressed by PFs in the field to adequately define both the competencies and operational delivery of CHITA services across the healthcare system.

SESSION FORMAT:

We propose two, one-hour workshops to define competencies for providing clinical health information technology (HIT) support to ambulatory care practices. Hour 1: Facilitated workshop including small group discussion/report out and whole group reactions to elicit understanding from PFs/CHITAs; 1) what are the HIT challenges that practices are currently facing that require the assistance of a PF/CHITA?, and 2) what tools, resources, competencies are PFs/CHITAs already deploying to meet these identified needs? Hour 2: Facilitated workshop including small group discussion/report out and whole group reactions to building on work from hour one to; 1) identify gaps in training or missing competencies to meet the HIT needs of practices in the 21st century. Answering the question: What training, education, tools, resources does the PF/CHITA workforce need to better support practices to optimize HIT in practice? and 2) categorize discussion points into potential categories to further inform formal competencies to drive training and workforce development.

LEARNING OBJECTIVES:

1. Identify the real world health information technology challenges practices are experiencing in their Quadruple Aim Efforts.
2. Identify what tools, resources, competencies PFs/CHITAs are currently deploying to support the identified HIT challenges that practices are experiencing.
3. Identify gaps in training or competencies that PFs/CHITAs are experiencing in their work and commitment to support practices.
4. Define CHITA competencies to support workforce development and better support practices to address HIT challenges.

CONCLUSION/NEXT STEPS:

These workshop opportunities will take advantage of the expertise drawn to the International Conference on Practice Improvement to help define competencies and training needs to advance the science and field of practice facilitation. HIT in healthcare is moving faster than the ability to effectively use it, and PFs/CHITAs have a unique role and opportunity to support advancements in technology to better support practices. By defining current needs in healthcare and matching that to workforce competencies supported by adequate training and evidence based strategy, there exists an opportunity to help practices optimize technology while improving care to patients.

AUTHORS:

Andrew Bienstock, MHA
Stephanie Kirchner, MSPH, RD
Kyle Knierim, MD

TITLE OF SUBMISSION: A Practical Development Framework for Change Agents: Investing in a re-usable resource to drive healthcare transformation toward an integrated system.

PRESENTATION TOPIC AREA: Practice Facilitator Training and Ongoing Development

FORMAT: Workshop

SESSION DESCRIPTION:

To drive healthcare transformation forward, toward an integrated system, we need an engine for change. In Alberta, focus has been on building capacity by investing in change agents at the primary care network level. Supporting the continued growth of change agents to advance the Patient's Medical Home has sustained significant province-wide results. This session will show Practice Facilitators how to use a practical development framework to build capacity and apply key strategies of support.

BACKGROUND/RATIONAL:

To advance the patients' medical home (PMH) and support primary care transformation, investment is needed in a health transformational workforce. This workforce includes change agents: Physician Champions/Leaders; Improvement Facilitators; Panel Coordinators, EMR peer leaders, and others with skills and passion to drive change amongst peers.

Since 2003, the Alberta Medical Association (AMA), has supported the transformation of primary care delivery by building the change agent workforce and the practice facilitation competencies needed to support quality improvement, innovation and the evolution towards the PMH. In a collective effort with AMA programs, Primary Care Networks (PCNs) have invested in change agents as a re-usable resource advancing the PMH and integrated care. To build capacity within the PCNs the AMA adopted a "train-the-trainer" model.

Improvement Facilitators are trained in three broad areas: Quality Improvement (Model for Improvement); Optimization of the PMH & integration (e.g. Panel and proactive screening); and Modes of Influence (leadership & facilitation skills). The AMA has trained Improvement Facilitators in 95% of PCNs and provides the skills, tools, and resources to engage clinicians in practice change activities. The training has been ongoing for the past 5 years and continues to grow. In the last 2 years, the number of Improvement Facilitators has increased by 22%; Panel coordinators by 49% and EMR Peer Leaders by 46%.

By leveraging the PCNs' network of practices and using this train-the-trainer approach the AMA has provided practices with the tools, strategies, and resources needed to create capacity within their own settings and move initiatives to scale in a more efficient and sustainable way.

SESSION FORMAT:

This workshop will be delivered through small group interactions. Participants will learn to assess potential gaps in their current supports and to develop an action plan to improve, accelerate, and sustain change at scale. We will demonstrate our successes and key lessons, how to replicate these, and take advantage of a practical framework to build capacity and supports.

LEARNING OBJECTIVES:

1. Attendees will identify the roles of different types of change agents and their requisite skills and attributes
2. Attendees will compare practical supports for, and explore the needs of, emerging changes agents
3. Attendees will review a framework for primary care change agent development; including evidence used to advance key elements of the PMH for practice level improvement.

CONCLUSION/NEXT STEPS:

Local success in Alberta shows that wider adoption of panel and proactive screening processes correlate with focused efforts on building practice facilitation capacity within PCNs. A skilled workforce dedicated to driving healthcare transformation and supporting progress toward an integrated system is essential in facilitating the adoption of change.

AUTHORS:

Arvelle Balon- Lyon RN, BN
Eileen Patterson MCE, PMP
Mark Watt RN, BN

SL402

SUBMISSION CODE: SL125

TITLE OF SUBMISSION: Operational models in sustaining Practice Facilitator programs

PRESENTATION TOPIC AREA: Sustaining and Managing Practice Facilitation Programs

FORMAT: Workshop

SESSION DESCRIPTION:

Trained PFs and PF managers in academic, government and non-profit health care organizations from US and Canada will organize a workshop to describe operational models for successful PF programs. The key persons associated in different PF programs will describe their organizations, describe challenges and lessons learned and contrast programs across the panel. The organizers and those attending the session will have the opportunity to discuss commonalities, share best practices, resources and

BACKGROUND/RATIONAL:

The role of Practice Facilitator (PF) originated from the facilitator model first developed in Oxford, England between 1982-1984. PFs, also known as Practice Enhancement Assistants, Practice Coaches and Outreach Facilitators, are individuals that provide practice support and participate in research and quality improvement (QI) initiatives in primary care and specialty practices. As healthcare transformation has evolved, so have operational and business models to effectively deploy PFs into practice settings. The aim of this workshop is to provide an overview of the infrastructure of multiple practice facilitator programs in different countries, discuss benefits and challenges within each model, and support multinational collaboration on future projects.

SESSION FORMAT:

Preliminary program

0 - 2 minutes	Introduction to PF	Aashka Bhatt
2 - 5 minutes	The need for PF	Lyndee Knox
5 - 10 minutes	LA Net Community Health Research	Lyndee Knox
and Resource Network		
10 - 15 minutes	Colorado Health Extension System	Stephanie Kirchner
15 - 20 minutes	The Canadian PF Program (UTOPIAN)	Aashka Bhatt
20 - 25 minutes	CareOregon	Marcell Thurston
30 - 35 minutes	OCHIN	Joan Nelson
-----2nd half of the session-----		
35 - 40 minutes	What's going on in your organization?	Talk to your neighbor/2 gps
40 - 60 minutes	Challenges and Resources Needed (2 gps)	Everybody (NT: Aashka)

Using no more than 6 slides the presentation of each business model, could include the following aspects:

- Brief overview of your organization
- Organization of PF programs
- Business model
- Examples of feasible QI or change management projects
- Challenges you had to overcome in your organization in sustaining PF program

LEARNING OBJECTIVES:

1. Learn about operational models of managing and sustaining practice facilitation program in different types of organizations.
2. Understand and identify common grounds in implementing practice facilitation program
3. Participate in a learning community to consider how their operational model compares with the models presented.

CONCLUSION/NEXT STEPS:

PFs are essential for transformation of health care systems and high quality research on questions that are important and relevant to primary care organizations and their patients. Infrastructure to support ongoing PF work is critical to sustaining the PF workforce as the environment of healthcare continues to shift. This workshop will highlight examples, of current models to organize and deploy workforce, inform next steps in sustaining the workforce and prepare for PF organizations for future collaboration.

AUTHORS:

Aashka Bhatt, BSc (Hons.)
Lyndee Knox, PhD
Stephanie Kirchner, MSPH, RD

SL403

TITLE OF SUBMISSION: Assessing and Updating the Necessary Knowledge and Skills of Practice Facilitators in The North Carolina Area Health Education Centers Practice Support Program

PRESENTATION TOPIC AREA: Practice Facilitator Training and Ongoing Development

FORMAT: Workshop

SESSION DESCRIPTION:

The NC AHEC Practice Support program was established in 2006. As the program grew, it became necessary to develop a systematic approach to assess and update the practice facilitators' (PF) knowledge and skills. This workshop will review the historical development of the NC AHEC Practice Support PF training program, what it is like to support PFs in a dynamic environment, and how to support the need to individually assess and update necessary knowledge and skills required for this profession.

BACKGROUND/RATIONAL:

The profession of Practice Facilitation was brought to the United States in the early 2000's from Great Britain and Canada. Since that time, practice facilitator programs have emerged as a viable profession and require a standardized approach to training and updating staff's knowledge and skills. This workshop will shared experiences and lessons learned from a practice facilitator program that has been growing since 2006.

SESSION FORMAT:

45-60 minute workshop with power point presentation and handouts.

LEARNING OBJECTIVES:

1. Describe the historical development of the NC AHEC Practice Support training program.
2. Recognize what it is like to support a Practice Facilitator assessment and training program in a dynamic environment.
3. Examine ways in which Practice Facilitators' knowledge and skills are being individually assessed, monitor, and updated within the NC AHEC Practice Support training program.

CONCLUSION/NEXT STEPS:

The need to understand the knowledge and skills that practice facilitators require is important to the success of practice facilitator programs. The NC AHEC Practice Support program has over 10 years' experience in developing its staff. By sharing the program's lessons learned, we open the dialogue to creating a national standard of best practices.

AUTHORS:

Suzanne Lineberry, MPH, MCHES, CPHQ
Monique F. Mackey, MLS
Ann Lefebvre, MSW, CPHQ

SL501

TITLE OF SUBMISSION: How Knowledge of Facilitation, Content, and Context Come Together: Building Shared Mental Model

PRESENTATION TOPIC AREA: Practice Facilitator Training and Ongoing Development

FORMAT: Workshop

SESSION DESCRIPTION:

In this workshop, participants will work in teams to develop a shared understanding of facilitation expertise. They will reflect on what facilitation knowledge, content knowledge, and context knowledge consist of, and then how the three come together in actual facilitation situations. This will set the foundation for a systematic discussion of gaps and challenges in facilitation knowledge, followed by a self-assessment exercise to help identify individual professional development priorities.

BACKGROUND/RATIONAL:

Practice facilitation is a strategy used to support diverse practice change initiatives, including adoption of clinical guidelines, implementation of evidence-based interventions, and quality improvement projects. Practice facilitation is increasingly being used across diverse primary care, specialty, health system, and public health settings. Despite its increased use, facilitation has been called a "black box" and research demonstrates that it is not a magic bullet across all settings or interventions. Adapting the Pedagogical Content Knowledge (PCK) model of teaching expertise to facilitation can provide insight into 1) what practice facilitators need to know and be able to do, 2) when, where, and why some facilitators are more effective than are others, 3) developing and assessing key competencies and skills, and 4) developing and managing groups of diverse facilitators.

SESSION FORMAT:

Practice facilitator expertise consists of four distinct areas of knowledge: 1) Facilitation, 2) Content, 3) Context, and 4) the interaction of these three components called "facilitation-content-context knowledge" (FCCK). Facilitation knowledge includes the skills of supporting change and helping individuals, teams, and organizations change. Content knowledge relates to the specific intervention, treatment, or structure that the desired, such a cancer screening or chronic disease management. Context knowledge involves understanding the strengths, needs, processes, finances, history, etc. of the individuals and organizations one is facilitating, as well as the particularities of the external setting in which a practice is located. The interaction among these three dimensions over time leads to the development of FCCK. It is experienced facilitators' FCCK that allows them to accurately assess a given practice's readiness for specific content changes, and how best to adapt and facilitate the implementation of specific content in a given practice. In this workshop, participants will work in teams to develop a shared understanding of facilitation expertise using the FCCK model. They will begin by reflecting on what facilitation knowledge, content knowledge, and context knowledge consist of. Participants will then go through a guided reflection exercise to generate examples of how the three converge in FCCK. This will involve drawing on their own facilitation experiences (current or past) and reflecting on and comparing how their facilitation knowledge was adapted to content and context. This will set the foundation for a systematic discussion of gaps and challenges in facilitation knowledge, followed by a FCCK self-assessment exercise to help identify their individual professional development priorities.

LEARNING OBJECTIVES:

1. Understand the four dimensions of practice facilitation expertise and be able to generate examples of each.
2. Identifying the blend of expertise needed to address facilitation challenges using FCCK model.
3. Conduct a self-assessment using the FCCK model to identify professional development priorities.

CONCLUSION/NEXT STEPS:

One approach to help address the "black box" of when facilitation works and how is to delineate a model of facilitation expertise. By adapting an established model of teaching expertise to facilitation, the facilitation-content-content-knowledge (FCCK) model allows one to more systematically organize the different types of knowledge and skills vital to facilitation, and thoughtfully explore how they interact differently based on the content and context of facilitation.

AUTHORS:

Georges Potworowski, PhD
Melinda Davis, PhD

TITLE OF SUBMISSION: The Roadmap and the Compass: Using the 10 Building Blocks Model and Assessment to Navigate Practice Facilitation

PRESENTATION TOPIC AREA: Practice Facilitator Training and Ongoing Development

FORMAT: Workshop

SESSION DESCRIPTION:

This session introduces the 10 Building Blocks of High Performing Primary Care model and Building Blocks of Primary Care Assessment, led by facilitators at the University of California, San Francisco Center for Excellence in Primary Care. Participants will be equipped with tools to: assess practice strengths and areas for growth, engage clinic staff and leadership in a shared vision for practice improvement, and identify transformation priorities in collaboration with clinic stakeholders.

BACKGROUND/RATIONAL:

The 10 Building Blocks of High Performing Primary care model-developed by the University of California, San Francisco Center for Excellence in Primary Care (CEPC)-serves as both a description of high performing primary care practices and a roadmap for practice improvement. CEPC practice facilitators have used the Building Blocks model to assist dozens of practices, with an emphasis on safety net settings. CEPC has also worked with CareOregon to equip hundreds of practice facilitators from other organizations to apply Building Blocks tools in their own setting using a Building Blocks-based Practice Coaching for Primary Care Transformation (PCPCT) curriculum. One initial challenge that practice facilitators often face when beginning work with a clinic is to instill a common vision and language across an organization, from leadership through frontline staff, and to assess transformation priorities while engaging the multiple perspectives of clinic and patient stakeholders. This session will model the use of tools developed by the CEPC team to introduce practice transformation principles and engage leadership, frontline staff, and patients in identifying and prioritizing among areas for improvement using the Building Blocks of Primary Care Assessment as a framework.

SESSION FORMAT:

LEARNING OBJECTIVES:

1. Identify the 10 Building Blocks of High Performing Care
2. Model a practice facilitation activity using adult learning theory to acquaint participants with the 10 Building Blocks model
3. Apply the Building Blocks of Primary Care Assessment as a practice facilitation tool

CONCLUSION/NEXT STEPS:

Practice facilitators need a coherent framework and practical activities to meaningfully engage clinical leadership and frontline providers and staff in improvement work. The 10 Building Blocks model and Building Blocks of Primary Care Assessment provide a step-wise approach to clinical transformation. The simplicity and coherence of the model is ideal for introducing transformation principles, best practices, and tools that empower practices to implement and sustain their improvement efforts.

AUTHORS:

Victoria Chen
Chris Chirinos
Beatrice Huang