

Practice Facilitation: Get Your Foot in the Door

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LINDA BYRD

Glad you were able to attend or chose to attend this workshop. I'm Linda Byrd.

JENNIFER MORPHIS

And I'm Jennifer Morphis.

LINDA BYRD

And today we're gonna talk to you about getting your foot in the door of a new practice that is Jennifer and I'll be your presenters today and our coauthors are Juell Homco and is Zsolt Nagykaladi is here with us. Today we're gonna go over background, the background, our background in practice facilitation. We're gonna take a pre survey. We're gonna wow you with our acting abilities with a short skit. We're gonna go over the dos and don't of practice facilitation. We're gonna have a group activity and go over some key takeaways and then we'll have a post survey.

JENNIFER MORPHIS

Linda and I are both practice facilitators with the Oklahoma Primary Health Care Improvement Cooperative (OPHIC). OPHIC provides practice facilitation to clinics across Oklahoma. Both of us work in the southeast corner of the state with a unique mix of rural areas that include clinician owned practices, large hospital systems, Indian health systems and federally qualified health centers. So we're gonna start off with, I'm sorry we're gonna start off with. If you're new to practice facilitation or if you've been doing this for years, everyone struggles with getting into a new practice. Today. We hope to give you some tips we have learned and have time to discuss them and share some ideas.

SPEAKER

LINDA BYRD

Ok. So, we're gonna be--Jennifer is gonna be doing a little skit. Today she's prepping for her clinic visits. Let's see some of the steps she's taking to get ready for those visits now.

JENNIFER MORPHIS

Mhm. Linda. Linda is getting ready for the day. We need to make sure that she is dressed appropriately.

LINDA BYRD

Ok. So one of the things that I know I always kind of do in the day is consider what clinics I'm going to because I have some very rural clinics that are, you know, just owned by the clinician. And then I've got some, you know, that have, I might be meeting with the CEO of a large health system that day. So I am kind of prepared for both. So what I would do like this morning, I'd be dressed, you know, like in a nice suit, something like that to meet with the CEO. But then I also want to make sure that when I walk into a small clinic that I'm gonna be receptive, I don't want them thinking I'm a drug rep. there to sell them something for the day. So I sit there and put things in my car like, ok, "I can kick the heels off, I can throw some different shoes on," you know, that type of thing, "take the jacket off," you know, those kind of things and just throw my hair up, see, whatever I can do to, to make it to where I'm approachable at the clinic. For me, if I sit there and I go in and show up like that, then they're going to just sit there and turn me away. So that's one thing that I suggest is kind of looking around and seeing what you can do to to make yourself approachable at the clinic.

JENNIFER MORPHIS

All right. All right. Utilize and resources wisely.

LINDA BYRD

Do: know what other programs are similar to yours and be able to compare them with the practice.

JENNIFER MORPHIS

Do: build a relationship with the practice and/or practice team.

LINDA BYRD

Do: remember your practice champion may change. Do: work hard

JENNIFER MORPHIS

to find your champion. It may not be who you think it is.

LINDA BYRD

Do: practice your recruitment speech prior to approaching the practice.

JENNIFER MORPHIS

Do: know your audience. Do: know the community.

LINDA BYRD

Join a local coalition, visit the local library or community organizations. Do: try to

JENNIFER MORPHIS

understand the needs of the community and clinic.

LINDA BYRD

Do: be prepared to drop into a new clinic with recruitment flyers, business cards, community resources and other resources.

JENNIFER MORPHIS

Do: respect the time and responsibilities of the clinical staff.

LINDA BYRD

Don't be so rigid to meet your objectives that you aren't able to meet the clinic's needs.

JENNIFER MORPHIS

Don't be disappointed if things don't go the way you planned be flexible, share resources.

LINDA BYRD

Don't assume the staff in the clinic have the same educational skills as you be aware of that.

JENNIFER MORPHIS

Don't assume the clinic understands what your project can offer.

LINDA BYRD

So now we're gonna do our group activity. We've got some scenarios to hand out and we'll be, you know, kind of putting you into groups and, and discussing those and they may or may not be things that we've encountered on, you know, at the clinic level.

SPEAKER

JENNIFER MORPHIS

All right. Do you want to do in groups of two or, or four? Yeah. Ok. You think, you think four is more interesting? Ok. , so how many, how many groups are we gonna have that way? We're gonna have three groups? Well, there's really not, there's not four, so you'll have to make four. So it looks like groups of three. Sorry. Ok.

SPEAKER

LINDA BYRD

So you've been by a clinic a few times and left information, business card, flyers at the reception and after a few failed attempts to follow up, you visit the clinic in person and you ask to speak to the office manager. You meet the office manager and they're friendly, but they, and give you their contact information, you attempt to reach out to them via email, phone calls, but you never hear back from them. So you've got ghosted. What do you do?

GROUP REPRESENTATIVE

So I am, I, I just in our, in our group. I'm the only one that's an active practice facilitator at this moment and stuff. And so, just, you know, sharing some ideas of, like, what the first things that come to mind and some of the things that Jennifer was providing kind of like, "oh, I'm gonna them up on Facebook." So that is something that I will do. I will look at their website, I'll see their names. I will, check and see maybe if there is someone that I'm also friends with or that I network with to be able to make that connection. We also have [inaudible] like the community hall. What is the organization? And so they are throughout the state. And I do have networking through and like, "do you know anyone at this clinic?" and maybe be able to get my foot in the door in that way. So what else did I talk about on? I was gonna say I kind of like, oh I talked about being able, even though maybe I met the office manager at this clinic, I may be able to like just call back and, and talk to that specific person and ask for a 10 minute meeting, like with their physician. Someone is that decision maker for that clinic and 10 minutes during a lunch break or whatever time before, or after clinic It takes two minutes. And generally something small like 10 minutes and they were like, they would be able to [inaudible], since I've already made the first point of contact with the office. So I think those are some key points.

LINDA BYRD

I know I do the same thing. It's like, ok, and I may even say, "if you just give me five minutes, five minutes, like I, I will go as fast as I can." It, it usually they'll, you know, they'll squeeze in just this time and real quick.

GROUP REPRESENTATIVE

I'm sorry, I want your scenario. I know we talked about scenario 2, but your, your example of fitting in with the clinic if, if you don't mind. Ok. So, in my hometown and there was a clinic that I had never recruited for just based on... We're assigned different regions, right? And so we wanted like a structural change of that. And so whenever it was time to recruit for a project, for this place in my hometown, I was dressed kind of like what I am. Now, I went in and it immediately shut down, like, just immediately like "there's no time and we're not interested." We have a few projects and stuff there and there was no interest. That same week, I decided--I'm from Skagit, Oklahoma. I put my Skagit Bulldogs little jacket on and I went back in. I was very well received and, and well, I could just go straight back and like come through these like doors and have a seat. I mean, no one even escorted me like I could just go back there and have a seat in this chair and a physician sees you, and says, you know, come over. So I did this and sure enough, she comes out of the patient room, writes, types, and then addresses me. I get to share about the project until I'm just a [inaudible] and I put my little country twang on a little bit. "I, I'm a just little hop and skip away if you need anything, You know, I'm gonna drop my daughter off or get pick my daughter up from school, and stuff right here, you know, in the elementary, you know, in that town and stuff." And so, knowing that I was not an outsider and helped me immediately.

LINDA BYRD

I think that's perfect. I do, I think, a very, very similar thing, especially in my, in my hometown, you know, on Fridays, everybody wears their, you know, their school stuff because we only have one, you know, one school in the town. So we wear like our Hugo football stuff and, you know, we always wear black and gold on Fridays. And I do this also when I walk into a clinic, if I'm not from that area, I will say, you know, I, I'm just from Hugo. So I'm just, you know, about 30 minutes away if you need anything and when they see that they calm down because they don't like someone coming in from the big city telling them this is what you need to do at your practice. They're like, you don't understand, you know, the, the people that I deal with my patients, that type of thing. So I, I almost always when I first started out. Ok. Yeah, this is where I'm from, you know, I've worked for small clinics before. It's very similar, that kind of thing. And usually they kind of just open up and let that guard down.

JENNIFER MORPHIS

And the same for me, I graduated in a small town and it was in my area for recruitment. So everyone I went to, "hey, I'm from here, I graduated here." Five clinics in that town. We recruited all five.

LINDA BYRD

She's just not in that area now.

JENNIFER MORPHIS

I'm two hours away. So that was, that was just making that connection. All right. So I think you guys did scenario two. Is that correct? You had some extra time?

GROUP REPRESENTATIVE

No, no, I think it [inaudible].

JENNIFER MORPHIS

So you go into the back office to talk with staff about a project. But if they have a sleep baby in a portable crib, what do you do? And this has happened to us!

LINDA BYRD

I'll even go a little bit further. So not only was there a baby sleeping but there was a toddler coloring and at one point, the baby started crying and he looked at me and said, "you take care of it."

GROUP REPRESENTATIVE

My response to that was you go with it. As simple as that, you really do and you mold your, your behavior and your, your appearance and, and your language around the practice. I mean, you, you become part of that practice and you're not molding that, that group, that group to you, but you to that group. And it's not unusual, it's really not unusual at all to walk in this village is there and they're taking care of their children.

LINDA BYRD

I know when the baby was crying. But my response now, whether it was right or wrong, at first was I thought, well, I don't really know how she is when someone else holding her baby. So when she came back out, I said, "I'm happy to help you in any way I can." If you want me to hold your baby, I'm, I'm there, I can do it. So, and you know, that also is one of those things, making sure putting yourself out there and saying you're part of the team that absolutely gets that buy in. And so, you know, later on when you know, you're asking them if they want to participate in projects [inaudible], they're usually the ones to say yes.

JENNIFER MORPHIS

All right. So, scenario three, you have a visit planned with objectives. You walk into the clinic and the staff is frantically trying to find doc ents to add to the EHR for their attorney's advice.

ALEX MOORE

What do you do?

LINDA BYRD

And that was Jennifer. Happened to her for real.

JENNIFER MORPHIS

So group 3.

GROUP REPRESENTATIVE

So I will just discuss it with them. But depending on the relationship, it's about the opportunity to observe. Then [inaudible] [inaudible] Like if you're frantic, chances are they have it taken care of. So, trying to build a relationship that way to [inaudible] not sure if you're able to may not be able to actually help with the task, that's clearly a priority, you know. And then, yeah, [inaudible] my staff is doing something I really want them to do that and that is the priority. They don't [inaudible].

SPEAKER

JENNIFER MORPHIS

And I think it's important to ask that question like, "hey, is help you or would it, would it be better to reschedule, you know?" And that, that has happened. And then they say, [inaudible] you're able to help them in a way, then they're gonna start reaching out to you even when you're not in the clinic. And that happens like, "hey Jennifer, you find this for me?" So yeah, that's really important to be able to read you know, the environment and that's something we can't teach you. I mean, you have to learn, we can give you tips and things but just be able to, to assess the situation, tap into your resources, maybe, maybe you don't have it, but you have a team. We do, we have a team across the state that maybe they know we're backed by a university. So, you know, I may not have the answer but maybe

Zsolt's got the answer or, you know, our leadership, or one of our clinicians. I had a clinician. I'm not a clinician. I'm a practice facilitator. I didn't start out in the medical field. I'm in the community. A clinician came to me and she said, "we need psychometrics screening software." I had to go Google it. And I was like, you know, but asking those questions that motivational interviewing those, those pulling out, you know, those little bits of information. Give me a little bit more about what you, you know, what did they tell you what, what did your attorney say that, you know, that, you needed in the EHR? And, and so, and then I was able to go back and share this and they're like, "yes." The thing is they were already doing it because they've been in a project where we had implemented that and they dropped the ball. So then I was like, "this is what you are already doing." You got it in the, you got the resources in.

LINDA BYRD

So sorry, I think I was just, I was the only thing I was also thinking with that I know personally that's not the time to say, "ok, I know you're busy but let's reschedule." I always just take a step back and say, "ok, I see you're busy, you know, I'm gonna contact you later this week and then we'll see, I'll schedule." But letting you, you know, letting them know that I know that right now I'm not even a priority. So that's just another thing that I would suggest to you. Not trying to sit there and say "Ok, we'll reschedule right now."

JENNIFER MORPHIS

Does anybody else have anything they want to add to that one before we go to the next?

GROUP REPRESENTATIVE

Yes. Yeah. This is more just a common listing. So I have a background-- I have a PhD in medical anthropology and everything I'm hearing sounds like field work, which means if you're just there and you don't disrupt what they're trying to do, but rather try and understand what they're doing, part of the furniture you become, that's the relationship building, Unlocking, eventually you get [inaudible] But you don't actually, when you start telling them what, try and just be there and understand what's going on. And that's why I like this scenario. What did the attorney actually say? I don't know. But it really reminds me of like field work for an anthropologist, you're trying to understand this micro what's going on and then when they start ignoring you well enough and start misbehaving in front of you, then then yeah.

JENNIFER MORPHIS

That is so true. All right. So, we've got one more. I think that we handed out.

LINDA BYRD

Yes.

JENNIFER MORPHIS

So you walk into the clinic and find the staff you are meeting with is crying and is not focused on their job. What do you do?

GROUP REPRESENTATIVE

[Inaudible] more in terms of personally, I said, I, I know I'm not like the therapist obviously, but I really want to assist the situation. I need to ask you that, "can I help you with in that moment, cry [inaudible]. But it's, but it's, it's interfering with their actual work. Obviously, I would have...[inaudible] could be a matter where a coworker might not like another coworker, might be a personal issue at home. Anything like that. I think it will be best to. [Inaudible] I know, I said that I am a bit of a therapist, [inaudible] What's going on? Is it work related? And then, like, I also said, if it wasn't, I would probably talk about it and maybe relate to them and say something [inaudible].

LINDA BYRD

So, in my particular, and I actually, I had this experience in a very, very small clinic, one clinician and a receptionist/nurse is, is their, is what that looked like. And the receptionist at the time, she was stuck into a, she was not a nurse, but she was told she would be checking vitals and, and, you know, getting patients in. And so she was just so overwhelmed and that's what I walked into. And she said, "they told me I have to clean up this room, you know, this," because they've just moved into a new building. And so, you know, I actually started the same thing you guys did. I was like, "ok, let's prioritize like, what do we need to get done today?" And so I started making a list and I actually, you know, she said "I've got these boxes" and I just started unloading boxes for her. I'm like, "ok, where do you want your paper at?" "Where do you want this at?" And, you know, the next day I came in and she was in a better mood and we were able

ALEX MOORE

to kind of move forward a little bit.

LINDA BYRD

So my thought process when we were doing this was just knowing that, you know, some days you may have

TARYN BOGDEWIECZ

to be the counselor.

LINDA BYRD

You just don't really know what you're gonna walk into sometimes in a practice. We did have one more scenario and it was just, and I thought maybe we could just kind of go over it. But how do you find a champion in a new clinic that you're working with?

GROUP REPRESENTATIVE

I was actually telling, I have a situation where I had a champion. [inaudible] Start with like a [inaudible] [Inaudible] Yeah, my confidence was taken away on that one.

LINDA BYRD

Does anybody else have any thoughts on that?

GROUP REPRESENTATIVE

I would say that it's so unique from clinic to clinic. Oftentimes I'm designated a champion, like this is your person. And finding out, you know, more as you're in the clinic who has the strongest influence, whether it's influencing positive or negative: who has the strongest influence? I feel that's a really good indicator of another change. Doesn't have to be just one. For example, what come to mind was I, I had my designated champion as the office manager and only was allowed to meet with her. The, the clinician in the clinic made it very clear that no one's talking to me. And so I didn't even know that they had an in house like care manager. They're in that clinic that I kept visiting [and] was would be at the nurses station and was, it was always just almost like not allowed to talk to you, until I scheduled a meeting with, the clinician and the only time you would meet was 7 a.m. I brought donuts. And, you know, it, even in that, it would not like my contact at first, it was very uncomfortable. And I just kind of said, you know, "we're gonna have to play in the sandbox together for the next year." "We're in this project together." "You know, we can just be kind of honest with each other." "I'm gonna be in here every two weeks. This is what I do. This is, you know what I'm needing And this is what I'm not really getting." "So if you would like to share with me," you know, he did share with me something that he had a, negative interaction and perspective of something at the very beginning of the project. And that was out of my control. A lot of, a lot of people's control but getting to have the opportunity to listen, actually built our relationship and he was able to meet me of the things that I needed and connected me with that care manager. And that's the office manager, the care manager [inaudible] In that clinic, I ended up getting little stuffed animals, like, like kind of McDonalds toys stuffed animals. And I was like, I even got one myself. A little hedgehog. So I, I ended up being very much a part of the clinic. But if I didn't push through and identify multiple champions and look for that for change, I would not have. Yeah. Yeah. So I took a different approach to, to... I'm from Ontario and a lot of our physicians are very vocal on social media, that thing. So when we go back to the idea of being us beforehand, one of the things that I encourage our [inaudible], but whether positive or negative, who is making noise, who's asking you questions, who's pushing boundaries? We have a lot of different associations and our health care system operates a little different than the States, you know, and so there's different conversations that happen and really tuning into who is trying to advocate for the, the group of --we focus on primary integrated care, so primary care--- and then we narrow it down and figure out who are they connected to? Or organization is also led by a physician. And so that's how we try to broaden our network and then interact with them in the platform and how they're interacting as well and then figuring out what they're saying.

JENNIFER MORPHIS

So, I was just gonna share that like, Like Missy, I do, if I'm, I'm asking something of a practice, I'll take a bag of candy. But I and I have in the past, you know, I have the, the Sonic app and so I get half price. I, I reached out, you know, and I'm like, "hey, what does everybody want?" You know, it's gonna be a rough, a rough day. And so I, you know, it's, it's

less than \$10 for a small practice, you know. You know, just be part of, be part of them. So, and [inaudible] those relationships.

LINDA BYRD

Yeah. Sometimes they don't cost you anything. I know. I had a practice that my first, it was one of my very first practices when I started this position and I walked into the clinic and I mean, it was kind of, you know, a gruff old family dog that's been there for years and he doesn't want, really want to change anything. And, you know, I'm just kind of observing the clinic for a day and kind of checking things out and he goes, "what I really hate is I don't have any internet and I literally go home and enter every single thing at, at my house with my internet." His parking lot adjoins the hospital. They have internet and he doesn't, and I actually knew someone that was in IT and that works, you know, with health systems. Just gave him the phone number and got him internet with them. Now at that point he was gonna do anything I wanted. Yeah. So I was gonna say so, so I mean, it, and it didn't cost me anything but, you know, finding, definitely, finding those buy-ins are, are, is the key to getting your foot in the door. And I think that, in the beginning and we,

JENNIFER MORPHIS

we touched on it, make sure that they know who you are. You're not a drug rep, you know, they're used to that. They may not know who or what a practice facilitator is.

LINDA BYRD

Okay, so we're gonna wrap things up. Let's go over the key takeaways.

JENNIFER MORPHIS

Do your research, know your audience, be flexible, and the

LINDA BYRD

clinic, the clinic needs always come first for that.

JENNIFER MORPHIS

All right. So now we're gonna, we're gonna try this thing. Do the little surveys we, we have done, we, we really did practice this and over and over with--

LINDA BYRD

This survey component, trying to get this to work.

JENNIFER MORPHIS

Yes. So there's the QR code, you just open your camera on your phone, it'll pop up a link on your phone and you [inaudible].

SPEAKER

LINDA BYRD

Well, we hope you learned something today. Yeah. Be flexible, it just happens! So we have just a couple of minutes left. Do we, does anybody have any questions for us or anything like that before we close?

JENNIFER MORPHIS

All right. So here are the results.

LINDA BYRD

When I work with health systems, I typically try to take each individual practice. That's within it as an individual practice. To me it's easier to work one on one that's not always, you know, what is available, but that's how I attempt it first. Try to find a champion in every single practice that is willing to work.

ALEX MOORE

Do you have anything to add to that?

JENNIFER MORPHIS

Yeah. It is really identifying that person that you need to talk to because they are so large.

LINDA BYRD

And then some of them, I would say, like, for instance, you know, it might be like a small office manager on that in one of the clinics and then it might be a scribe in another clinic because I have those situations as well.

SPEAKER

JENNIFER MORPHIS

I attended a coalition meeting and the chair knew everyone in the town and was very, very connected and I asked her if she knew anyone in the clinic and she walked me over, because it was very close, she walked me over and introduced me to the office. You know, I kind of gave, which was unfortunate because she kind of gave her understanding of what I did and it wasn't right. So that's one of the, you know, they called me to make sure that it's maybe just an introduction or, you know, make sure that they understand.

AUDIENCE MEMBER

But now I was gonna say that, this is a situation where we very much get our leadership and our [inaudible] involved. Ours in Oklahoma City is not the proper, he just recently retired, but he still is a very big name in Oklahoma City and even around Oklahoma, who is one of our directors of our residency. And so having him reach out to those higher ups, finding out who that name is that you needed, having him reach out, having a quick meeting with them, has benefited our team because we're not anybody, you know. We're, we're nobody walking

into the clinic but Dr. Crawford is somebody that, you know, can walk into the clinic or pick up the phone or send an email

ALEX MOORE

and it gets results.9 times out of 10.

LINDA BYRD

I think, I think that that's true because like I'm, I'm dealing with it from that practice level and just kind of getting, you know, getting my foot in the door. So I'm gonna go to each individual probably there in it, but trying to get the health system to agree to do a project, we're gonna go at that higher level. And so that would be what we would probably pull in someone above our paygrades.

AUDIENCE MEMBER

Yeah.

LINDA BYRD

Yeah, that's all we have for today. Really appreciate it. Thanks for your cooperation with everything that is technology, right?