

## Keeping track of what we are doing: Successes and challenges in tracking practice facilitation activities and outcomes

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JESSICA MOGK

Hi, I'm Jess Mogk and I'm very happy to be presenting on behalf of my fabulous team: "Keeping Track of What We're Doing: Successes and Challenges in Tracking Practice Facilitation Activities and Outcomes." So this work is funded by a great grant from the NIH. And I have no conflict of interest. I do mention specific programs, not because I endorse them, but because we use them. So wanted to see what was useful. I also am from Washington State and have pictures here of some of my time outdoors in our beautiful state. So as background in practice facilitation, we are adopting our approach and our strategies to fit specific clinics and contexts. And as you all know, that requires a lot of flexibility. But that flexibility also makes it hard for us to really keep track of what we're doing and report out on what we're doing. It's not always a clean story of: this is the process we went through for every clinic. There's a lot of twists and turns along the way. And so, I really want to hone in on developing ways to track and measure our activities and also our practice facilitation outcomes, so that we can get really crisp on what we're doing and improve the science of practice facilitation. So the purpose of this presentation is to identify the challenges and successes that I've had doing, tracking, and reporting on our outcomes in two different very different projects that I work on. Both of these projects took place in Kaiser Permanente, Washington, which is a large integrated health system in Washington State. So this first project was a grant-funded, hypothesis-driven, investigator-initiated kind of classic research study. So that shaped the project and the practice facilitation in a lot of ways because we knew from the outset what we were supposed to be doing. So in this context, practice facilitation was employed at 11 randomly selected clinics and we primarily worked with integrated mental health social workers. So it was kind of a discrete team and we had a lot of pre specified core processes. So my other practice facilitator colleague and I really made a manual that we knew from the beginning what processes we were using, we got to build out a lot of tools ahead of time. And it was kind of a clear path that we could follow during the practice facilitation process. The second project was a learning health system program, research, or sorry, not research but quality improvement and research study where we were working with the care delivery system on a project that they prioritized and we were working with operations hand in hand the whole time, it was more of a codesign, "build a plane as we fly it" sort of project. So for this project, we use practice facilitation to implement a complex intervention, focus on opioid

prescribing and eight primary care clinics that were prioritized by the leadership. They basically told us where we could go and when and we worked with large interdisciplinary teams. So care providers, MAs, pharmacists, social workers, community resource specialists, which is a unique role in our system that helps connect patients to resources in the community to meet their social needs. And the teams look different at different clinics. So sometimes we had administrative staff on board, sometimes we had different leaders on board. There was a lot of variation clinic to clinic. And we were working with the teams to codesign the products as we went along with this project. So tracking for this more straightforward project kind of involved things like these tracking sheets. So we were really trying to check the boxes. We wanted to have 12 meetings with, with each team. So we just had a simple Excel tracking sheet, the clinic, the date, checking off certain processes that we knew ahead of time that we wanted to do. We also tracked the length of meetings because we wanted to kind of measure the practice facilitation dose and get an understanding of how much time the practice facilitator actually worked with each clinic. And then we also had detailed meeting notes for all of our practice facilitation meetings from an additional team member who was just dedicated to taking notes, which was amazing for our second project. The facilitators themselves took detailed notes to the best of our ability. And we also collected specific data on Microsoft Forms about things from the meetings that we thought we wanted to extract. So for example, we had like barriers and facilitators. So at every meeting, we would type in any barriers or facilitators that we encountered during that meeting. And then we also knew we wanted these teams to be working on chart reviews at each at most of the meetings. So we were also tracking like did they actually do that? Did they not do it, even though they meant to do it? Or did they have a different plan for the meeting? So for both studies, meeting attendance, barriers, and facilitators and plan-do-study-act cycles were specifically documented. And that has proved really useful looking back at the projects and trying to describe what we did. All of those are useful information to have. Visualizing the implementation strategies, the milestones and the process outcomes was useful for comparing the practice facilitation and implementation across clinics. The use of our practice facilitation manual for that more straightforward project was really effective for standardizing our work and helping us streamline documentation, define our scope, and keep track of what we were doing. For the second project, a lot of our outcomes had to be retrospectively abstracted from meeting notes that was really time consuming and also probably less accurate than real-time data collection. And then some of the things that we were tracking during the project didn't have value at the end of the project, it was kind of wasted tracking time. So I kind of wanted to step back and think about what we're really trying to show at the end of a practice facilitation project about what we did. And I, in my mind, I had these three big categories. So what we did including adaptations to the original plan, what we learned, what we learned about the context, what we learned about implementing the intervention in this context and also what we accomplished. So project outcomes, team achievements, things like that. And I'm going to kind of go through each of these and use a theoretical framing from Proctor and colleagues 2011 taxonomy of implementation outcomes to kind of frame these different activities into a theoretical grounding of what what we thought we were measuring. So measures of what we did. Examples here are like the numbers of

clinics engaged and the individuals engaged at those clinics, the meetings, the count of meetings, the duration of meetings, attendees agendas, action items, plan-do-study-act cycles, the number of them and also what was accomplished and what was tested, codesign tools and processes and process measures. So the theoretical framing we're using here is fidelity to the implementation strategy. So did we implement the way we thought we were going to? Do the practice facilitation meetings occur? like we thought they were going to? Practice facilitation dose: So again, like how many meetings, how much time in meetings and adaptations made along the way. So here's an example from the first project. You can see all of our clinics here at the end of the project. It was easy for me to summarize the number of meetings, the average duration of the meeting, the total meeting time. And then we also tracked hours of practice facilitator work outside of meetings. So we could kind of get a sense of how much effort we were doing wraparound. So interpreting this information, I think is an additional challenge because some of the clinics here, for example, who had a very low number of meetings. That obviously indicated some kind of problem. We weren't able to engage with the clinic as much as we had planned. But then that these other measures of dose like Clinic A, who had the longest meetings, you don't know just looking at the numbers whether that's because Clinic A was really engaged and really wanted to have long meetings or it's because they were struggling and they needed longer meetings. So definitely need some qualitative interpretation to make these numbers really matter. Here's some of that tracking for project number two. So again, for each clinic, you can see the number of meetings and here we calculated a percentage of PF meetings that were held as planned. So basically, were meetings getting canceled last minute? Were they really occurring when people said they would meet with us? And then the average attendance across PF meetings, as I mentioned, these were big teams with lots of different team members, so tracking attendance was really important. You don't want an RN to just fall off the team and not know what happened to them. So overall, we had an 84% retention of our team members and our teams, which I think is pretty impressive over the last few years, everything else going on. And that those big teams that we were working with. So this next kind of category of measures of what we learned. the barriers and facilitators. As I mentioned, those were really useful to track along the way and we definitely important in interpreting what we did and what we accomplished. The qualitative descriptions of local and system level level structures and processes and also feedback from people involved in the implementation. So the theoretical framing for these kind of outcomes are the feasibility and acceptability of both practice facilitation as an implementation strategy and the intervention itself, we're kind of getting feedback on whether people think it's feasible and appropriateness, which is similar to acceptability but really has to do with "does this fit in my job?" is how I would think of appropriateness. So here we...this is from that Microsoft Forms where I basically checked a box after every meeting to say how much handholding the clinic needed during that meeting or to get the work done. So you can see kind of blue is the least support, they're kind of flying on their own. And red is the most support like they're really needing some help. This was actually really useful to track and to compare across clinics because you can see here, Clinic 5 kind of needed some support and then it looked like they were kind of going on their own. And then all of a sudden things took a turn. And you could see that just from this one little check box. But it really helps tell the story of,

well, Clinic 5 had a leadership change and that was really disruptive to the work. And you can just kind of see at a glance the overarching story of how the implementation went at a clinic. So I found that useful. Finally, this bucket of measures of what we accomplished. the project outcomes, milestone completion, the reach of codesign products, like how many times an educational handout was delivered to a patient electronically. And we're also looking at spread and sustainability. So the theoretical framing here is implementation outcomes, penetration, and sustainability. So here's another example where we visualized by clinic. These were the milestones that we were hoping each clinic would achieve if this was helpful. I think mostly in the moment when we were actually working with the clinics to keep them moving along because all of our clinics eventually hit almost every milestone. It's not very useful now, looking back at the project for summarizing, but it was really helpful in the moment to know. OK, where are our teams? Where are they still struggling? What haven't they done? But since most teams completed the milestones, there's not a lot of nuance at the end here, they're all checked boxes that are checked off, which is good to see as well. So finally, some recommendations. Recommend teams determine ahead of time what measures they'll want to report on or use an analysis. It sounds really simple, but it's hard to think through what you might want to report on at the end, especially for those projects that are evolving along the way. But teams should also think about the measures themselves and then the theoretical concepts that they represent. I found this really helpful at the end to really think about. OK, what do I want to say about my practice facilitation work? I wanna say that it was feasible. I want to say that the team members showed up to the meetings. So kind of thinking ahead of those things would have been helpful. And then forms are faster to fill out than tracking spreadsheets. So where you can just click a box, but they do pose challenges for summations, if summation changes are made along the way. So we did along the way, make decisions about, oh, we should capture this differently or we don't need to capture that. And then I had to go through and manually sew the data back together which was not very fun. So I think the use of manuals and data to capture forms could help us standardize our work and measure our impact. And ideally project teams should pre-specify how they would like to report and use each of the outcomes being tracked to make sure that they're making good use of the effort that is required for tracking, which is a lot of effort. And I think more research is needed to overcome standardization and documentation challenges, especially for these complex, multi-component or evolving programs. I wanted to thank my lovely practice facilitation colleagues that I'm presenting on behalf of. And I forgot to mention this at the beginning, but my work within Kaiser Permanente Washington fits into the Center for Accelerating Care Transformation, which is our Learning Health System Research Group. And if you'd like to learn more about the ACT center, you can find this at our website and I have a few citations for you.

SPEAKER 6

And I think you said this, but I wanted to make sure what platform are you using? Are you guys using paper forms or?

JESSICA MOGK

Oh, Microsoft Forms.

SPEAKER 6

Microsoft. I thought that's what you said.

JESSICA MOGK

Mhm Yeah.

SPEAKER 6

How do you track the support hours?

JESSICA MOGK

When I'm sending emails to practices and all that stuff and how long it really takes me sometimes.

SPEAKER 6

So what's your rule of thumb?

JESSICA MOGK

That's a good question. It was always an estimate, but I tried to. So I would fill out that Excel sheet every single meeting. So it was a helpful habit. Like right after the meeting, I would go and I fill out the date and how long the meeting was. And then I usually knew at that point, I'd still remember how much time I spent prepping for the meeting approximately. And then I usually had an estimate of what my action items were, the kind of follow up. And I would usually try to fill it out at that moment. I always rounded to the nearest hour. So it wasn't certainly not an exact time tracking measurement. But, I could still get a sense like, ok, this meeting, I didn't put a lot of effort into this one hour but the other ones, I either prepped a lot or had a lot of follow up. Any other questions? Yeah.

SPEAKER 6

So have you been able to use some of this information? Especially about practice facilitation time to inform like next projects or PIs asking like, I don't know how much of this person to write into, into my next grant.

JESSICA MOGK

Yeah, I, I think we will use it that way. I, I agree. It's really hard to staff sometimes, practice facilitation. We've thought about doing kind of a, a grid where we look at how complicated the project is and how many clinics and how big is the team to try to understand how much practice facilitator effort is needed, but it's not an exact science. I think the tracking...I think we will look back at this next time we're staffing a new practice facilitation project to look at that. I think it'd be very helpful.

SPEAKER 6

Just to comment, your visualization of the practices that didn't and did require hand folding is super powerful. That's a really cool way to track practices and to show over the course of time and change. So that's awesome. Very nice.

JESSICA MOGK

That's useful. And that, that took no time. That was easy. I just after the meeting was like, they got it. Or like, oh my goodness, they needed so much help. And I would just qualitatively figure that out.

STEPHANIE KIRCHNER

Any other questions for Jess or anyone else, Jessica didn't take any questions?

SPEAKER 6

Not a question. But I was, I'm just sitting here thinking about the question of like, how do we track some of this information? And I, I work in a little bit of a different context because we're consultants. And so we have to actually bill for our time to get paid for it. And so we actually have software systems where we're tracking by project and you know, by practice and how much time we're spending. And so one idea, because even when I very first started my business, I had a \$3.99 app that I bought on my phone that tracked my time to all the different projects. And so I think there's probably some different ways you can track just the time element. But I feel like that's really important because regardless of who your funder is, we have to be able to demonstrate the time that we're spending and what we're doing. And I feel like I don't know this. Thank you because I feel like this has gotten me thinking of different ways that I can demonstrate that to our clients. So I personally work on another project, Healthy Hearts from Michigan, and we, we document the time keeping on the in SOHO (CRM) and, and it has like a little drop down, like if I'm doing an email, how about how many minutes, you know, because going back forth, and it's a good way to kind of keep track and we're, we're wrapping up, I mean, we got another, another year, but we're gonna be extracting our data soon just to see exactly how long Soho. And then I, yeah, and you can actually can build it out your own way.

ALEXANDER MANSOUR

Yeah. Mhm.