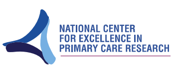
Creating a Learning Health Care System:

The Role of Practice Facilitators in Primary Care

Speakers: Bob McNellis, Lyndee Knox, Ann Lefebvre, Stephanie Kirchner

Moderator: Gabrielle Weber

August 2, 2017



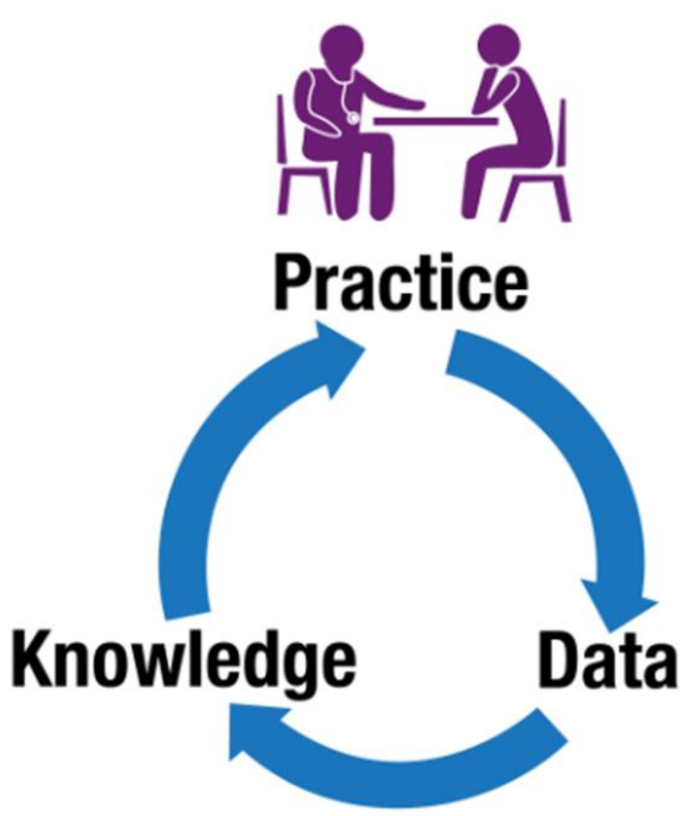
Welcome and Introduction

Bob McNellis, M.P.H., P.A.
Senior Advisor for Primary Care
Agency for Healthcare Research and Quality

Agenda

12:00 – 12:10 PM	**Welcome and Introduction**	Bob McNellis, M.P.H., P.A.
12:10 – 12:50 PM	**Promoting Learning at the Practice and Systems Level**	Lyndee Knox, Ph.D.
	Examples from EvidenceNOW Cooperatives	Ann Lefebvre, M.S.W., C.P.H.Q. Stephanie Kirchner, M.S.P.H., R.D.
12:50 – 1:00PM	**Q&A**	All panelists

EvidenceNOW, Practice Facilitation and Learning Health Care Systems



Goals of EvidenceNOW Initiative

- Help practices **implement evidence** to improve health care quality
    - Focus on heart health (ABCS)
- Help practices identify ways to **build their capacity** to receive and incorporate other PCOR findings in the future
- Study how **external QI support** helps primary care practices improve the way they work, improve the health of their patients, and build and disseminate a blueprint of what works to transform care

Scope of the Project

$112 million investment

- Seven grants to establish regional Cooperatives
- One grant for an independent, external evaluation
- Creation of a Technical Assistance Center (TAC)

Reach

- Over 1,500 small- to medium-sized primary care practices
- Over 5,000 primary care professionals
- Over 8,000,000 patients

EvidenceNOW is AHRQ's largest single investment in research since ARRA

Where are we?

Healthy Hearts in the Heartland
(Midwest Cooperative)

HealthyHearts NYC
(New York City Cooperative)

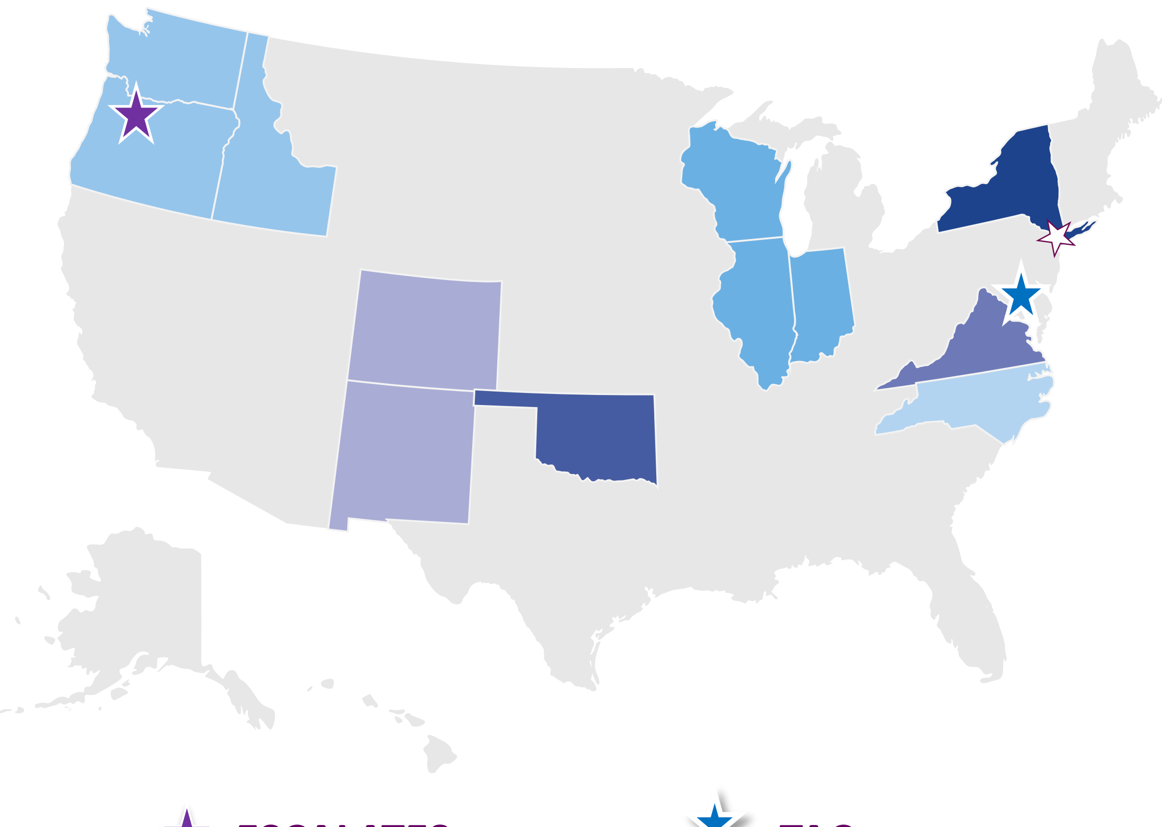
Heart Health NOW!
(North Carolina Cooperative)

Healthy Hearts Northwest
(Northwest Cooperative)

Healthy Hearts for Oklahoma
(Oklahoma Cooperative)

EvidenceNOW Southwest
(Southwest Cooperative)

Heart of Virginia Healthcare
(Virginia Cooperative)



ESCALATES
(National Evaluation Team)

TAC
(Technical Assistance Center)

EvidenceNOW
Advancing Heart Health in Primary Care

EvidenceNOW Quality Improvement Services

- On-site practice facilitation and coaching
- Health IT support
- Shared learning collaboratives
- Expert consultation
- Data feedback and benchmarking

Evaluation Metrics

- The rate of ABCS delivery for all practices
- Measures of practice capacity
- Mixed methods evaluation of implementation of intervention

Timeline

We are here!

March 2014
Funding announcement

May 2015
Launch of EvidenceNOW: Advancing Heart Health in Primary Care

May – Dec 2015
Recruitment of practices
Baseline data collection

Jan 2016 – Nov 2017
- Implementation of quality improvement interventions
- Ongoing data collection

Nov 2017 – May 2018
Post-intervention evaluation

Baseline Results Across the Initiative

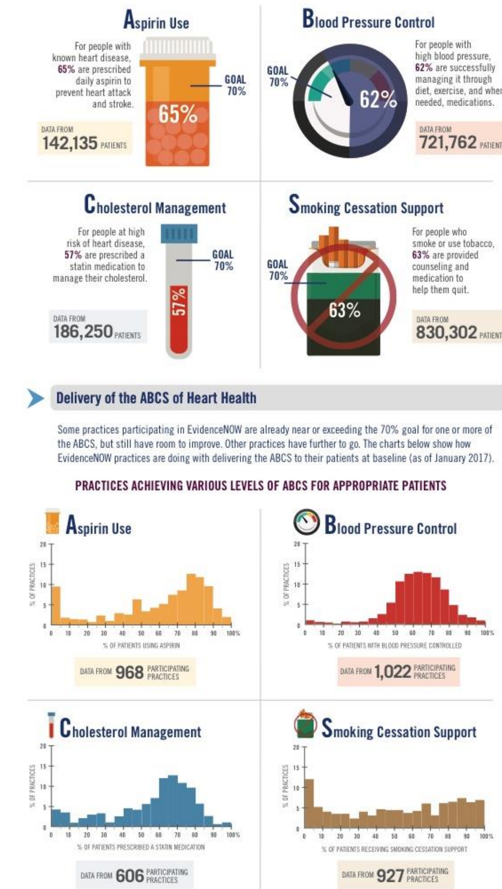
Patient Level

- ❑ Aspirin use – 65%
- ❑ Blood pressure – 62%
- ❑ Cholesterol mgmt – 57%
- ❑ Smoking cessation – 63%

Practice Level

- Performance varies greatly

www.ahrq.gov/evidencenow/evaluation/before-evidencenow.html



Practice Facilitation in EvidenceNOW

Taylor, Genevro, Peikes, Geonnotti, Wang and Meyers. *Building Quality Improvement Capacity in Primary Care: Supports and Resources*. AHRQ, 2013

What is a Practice Facilitator?

Practice facilitators are specially trained individuals who work with primary care practices "to make meaningful changes designed to improve patients' outcomes. [They] help physicians and improvement teams develop the skills they need to adapt clinical evidence to the specific circumstance of their practice environment."

(DeWalt, Powell, Mainwaring, et al., 2010)

AHRQ's Interest in PFs

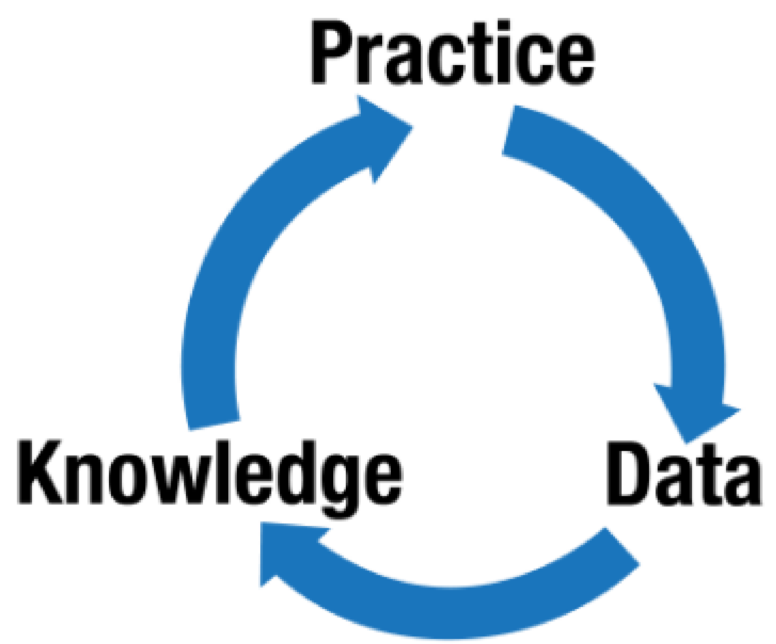
- Integrating Chronic Care and Business Strategies in the Safety Net – Toolkit and Practice Coaching Manual (2009)
- Consensus Meeting on Practice Facilitation for Primary Care Improvement (2010)
- Developing and Running a Primary Care Practice Facilitation Program: A How-to Guide (2011)
- The Practice Facilitation Handbook: Training Modules for New Practice Facilitators and Their Trainers (2013)
- Case Studies of Exemplary Primary Care Practice Facilitation Training Programs (2014)
- Primary Care Practice Facilitation Curriculum (2015)

Learning Health Care Systems

Practice **Research**

Creating a Learning Health Care System

- Systematically **gathers** and **creates** evidence
- **Applies** the most promising evidence-based practices to improve care



EvidenceNOW
Advancing Heart Health in Primary Care

Practice
Data
Knowledge

Agency for Healthcare
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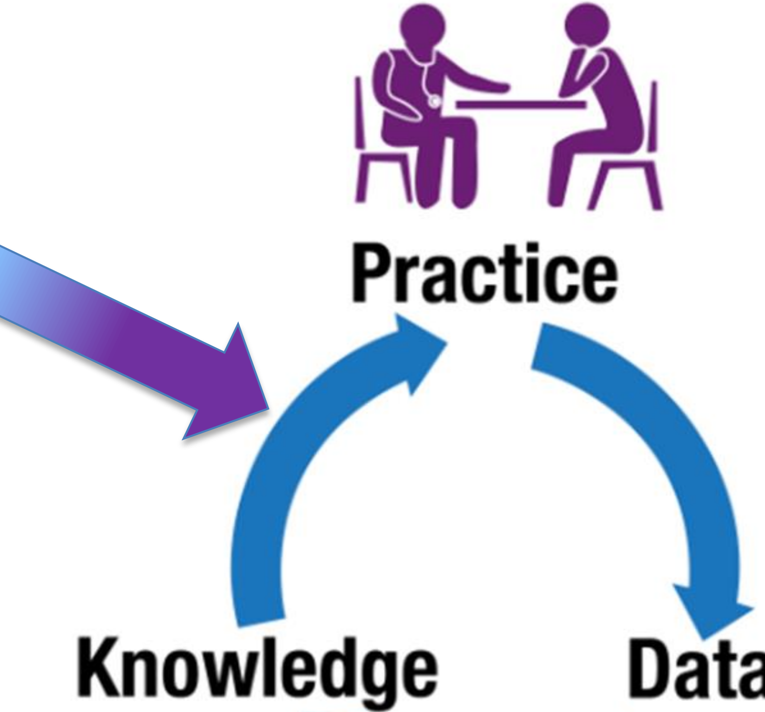
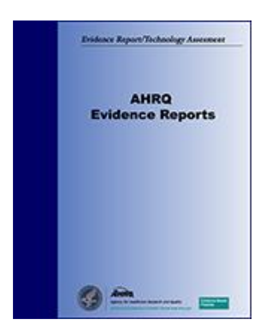
PRIMARY CARE RESEARCH

EvidenceNOW
Advancing Heart Health in Primary Care

PFs are helping practices integrate new knowledge into practice

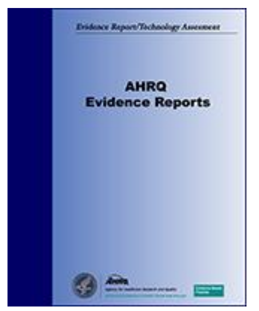




PFs are helping practices integrate new knowledge into practice

Practice

PFs are helping practices ensure the care they are delivering is recorded appropriately



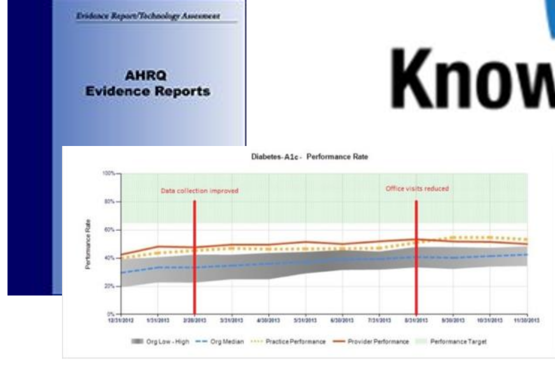
Knowledge

Data

PFs are helping practices integrate new knowledge into practice

Practice

PFs are helping practices ensure the care they are delivering is recorded appropriately



Knowledge

Data

PFs are helping practices find and understand data which can generate knowledge about practice

EvidenceNOW

Practice Facilitation

Learning Health Care Systems

Lyndee Knox, Ph.D.

Chief Executive Officer

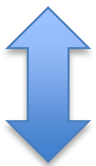
L.A. Net

"Learning" in a Large System & the PF Role

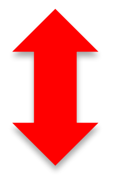
System leadership

ISSUE-SPECIFIC improvement committees across system

SITE-SPECIFIC improvement committees across system



SITE DIRECTORS

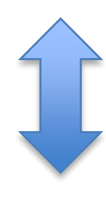


"GAP" in translation of learning/knowledge pipeline

FRONT-LINE providers & staff

"Learning" in a Large System & the PF Role

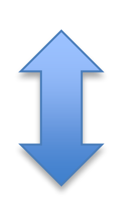
System leadership



ISSUE-SPECIFIC improvement committees across system

SITE-SPECIFIC improvement committees across system

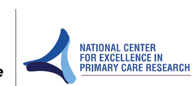
SITE DIRECTORS



Performance data (individual)
Audit & feedback
Academic detailing/training
Celebrating improvements
Feedback to leadership

PRACTICE FACILITATORS help close this gap

FRONT-LINE providers & staff



Action PFs take to Facilitate Learning in a System

GATHER information from & for system

ORGANIZE information so it is “actionable” & DISSEMINATE

Create opportunities for REFLECTING ON data & DESIGNING changes

Help clinicians/staff IMPLEMENT and TEST CHANGES & SUSTAIN them

GATHER information from & for system

ORGANIZE information so it is “actionable” & DISSEMINATE

Create opportunities for REFLECTING ON data & DESIGNING changes

Help clinicians/staff IMPLEMENT and TEST CHANGES in practice & SUSTAIN them

Data extraction/abstraction

Surveys & key informant interviews with providers/patients

Water-cooler conversations

Kaizen walks and observation

Continuous scanning for “success"

GATHER information from & for system

ORGANIZE information so it is "actionable" & DISSEMINATE

Create opportunities for REFLECTING ON data & DESIGNING changes

Help clinicians/staff IMPLEMENT and TEST CHANGES in practice & SUSTAIN them

Aggregate & individual reports of performance

E-mailed reports

Data walls

Group presentations

Self-driving pivot tables directors/teams can use

GATHER information from & for system

ORGANIZE information so it is “actionable” & DISSEMINATE

Create opportunities for REFLECTING ON data & DESIGNING changes

Help clinicians/staff IMPLEMENT and TEST CHANGES in practice & SUSTAIN them

Powerful questioning & exemplar practices

Director & QI team meeting discussions

Clinical/staff meeting discussions

One-to-one meetings

GATHER information from & for system

ORGANIZE information so it is "actionable" & DISSEMINATE

Create opportunities for REFLECTING ON data & DESIGNING changes

Help clinicians/staff IMPLEMENT and TEST CHANGES in practice & SUSTAIN them

Ongoing academic detailing/training

Real-time audit & feedback

Feedback to leaders on roadblocks

AND

GATHER information from & for system

ORGANIZE information so it is "actionable" & DISSEMINATE

Create opportunities for REFLECTING ON data & DESIGNING changes

Help clinicians/staff (and org) IMPLEMENT and TEST CHANGES in practice & SUSTAIN them

Creates a DURABLE "organizational memory" and knowledge base for future

- Employee training/on-boarding
- Employee evaluations
- Newsletters describing improvement processes and progress
- Repeatable performance report templates
- Academic detailing training "modules"
- SLACK (listserv) knowledge base and resources tagged

BMI process: from 10% to 50% to 80+%

GATHERED information from & for system	• Hand audits • Observation of workflows • Identification of exemplar workflows • Found motivation for change - "2 level" QI & PFP
ORGANIZED information so it is "actionable" & DISSEMINATED	• Created individual & site perf reports • Created workflow maps of "exemplars"
Created opportunities for REFLECTING ON data & DESIGNING changes	• Reviewed performance reports one-on-one with CMAs, MDs • Presented in clinical and staff meetings
Helped clinicians/staff & org IMPLEMENT and TEST CHANGES & SUSTAIN them	• Engaged teams in selecting workflow • Trained CMAs/RNs in new workflows • Daily audit & feedback to assess impact • Created AD "Module" that site staff uses to train new hires

Ann Lefebvre, M.S.W., C.P.H.Q.

Associate Director

North Carolina Area Health Education Centers (AHEC) Program

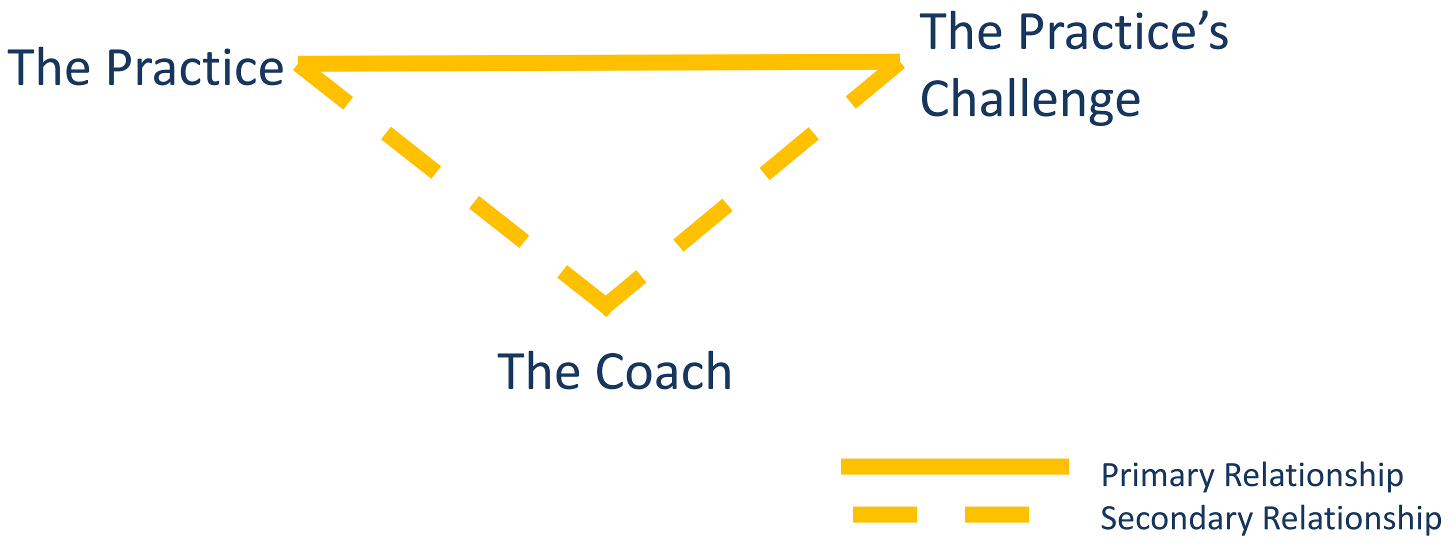
University of North Carolina at Chapel Hill

Heart Health NOW!

PFs Help to Build a Learning Environment

- Teach models and techniques like the Model for Improvement (small test of change over time)
- Help practices use the whole team to create sustainable change
- Support practices to value and use all types of data for QI efforts

O'Neil's Responsibility Model



* excerpted from O'Neill, Mary Beth, *Executive Coaching With Backbone and Heart: A Systems Approach to Engaging Leaders with Their Challenges. Jossey-Bass Publishers, San Francisco: 2007*

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When used well, a practice facilitator will build capacity for change

Doing tasks for the team

Facilitating

Consulting

Training

Coaching

Increasing team responsibility for providing content and managing the process

Practice facilitator in role of "doing for to get work done"

Practice facilitator in role of "empowering. eliciting, enabling to get work done"

Created by Neil Baker, Ann Lefebvre, and Cory Sevin for the Institute for Healthcare Improvement

© Institute for Healthcare Improvement, 2011

Poor Use of a Practice Facilitator

A very small public health department clinic in a rural area with a solo provider and 3 staff:

- Using practice coach to pull data, run reports, organize meetings, and update the improvement effort on bulletin boards, etc.
- When asked why the coach was being used in this way, constant turnover of staff was cited as the issue.
- The coach realized she had fallen into doing the work herself out of frustration. It was just easier and quicker for the coach to do the work in the time she had available for the practice.

Good Use of a Practice Facilitator

A rural FQHC with 7 sites (1 site is also the corporate office of the organization):

- Practice facilitator meets with the leadership of the organization to establish goals and timeline.
- The leadership introduces the PF to the QI Team lead at each site, and together they develop a roll-out plan.
- Data is pulled centrally, and each practice site has access to their own data and the other sites' data.
- The PF meets with each site individually every 2 weeks to review data, PDSAs, etc.
- The PF meets with the QI lead prior to the QI meeting.
- The coach may attend the meeting and consult or help facilitate some discussions, but the QI lead runs the meeting and owns the QI projects.
- The coach brings tools, resources, and techniques for the team to learn to manage change.

Stephanie Kirchner, M.S.P.H., R.D.

Practice Transformation Program Manager

University of Colorado Department of Family Medicine

EvidenceNOW Southwest

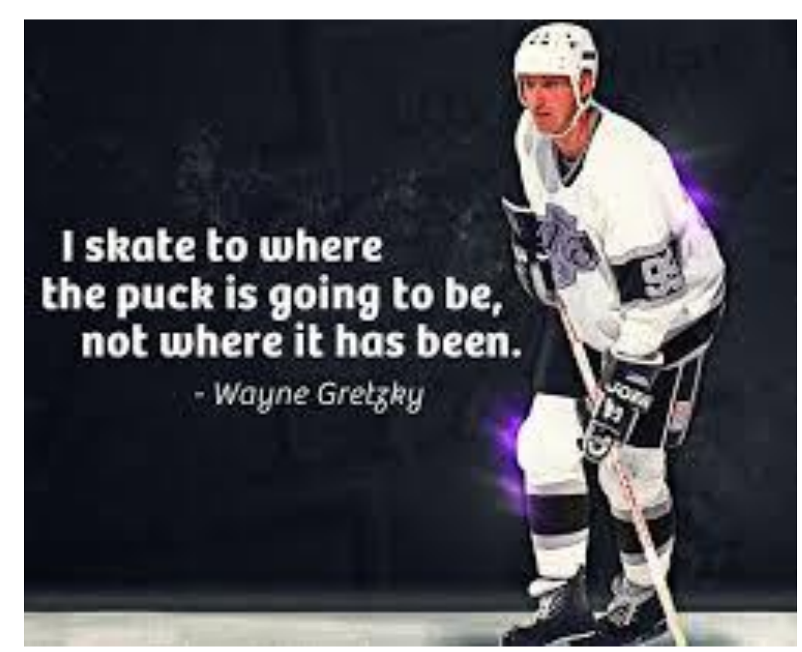
Engaged Leadership

Engaged Leadership

Innovative mindset

Anticipates change:

- Practice operations
- Payment reform
- Engagement with community



Engaged Leadership

Leadership and Culture Change

- Shared leadership
- Team approach to patient care
- Culture that tolerates failure

Team

The provision of comprehensive health services to patients by multiple health care professionals with a **collective identity** and **shared responsibility** who **work collaboratively** to deliver patient-centered care.

Team

Challenges

- New staff combinations
- New and/or added expertise
- Complex workflows

Strategies

- Workflow redesign
- Care team huddles
- Role definition
- Protocols
- Communication

EvidenceNOW

Practice Facilitation

Learning Health Care Systems

Q&A with Panelists

Use the "Q&A" window to submit questions for the Panelists.

For more information, contact:

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Stephanie Kirchner: stephanie.kirchner@ucdenver.edu

Thank you!

For more information:

AHRQ EvidenceNOW Initiative
www.ahrq.gov/EvidenceNOW

National Center for Excellence in Primary Care Research
www.ahrq.gov/professionals/systems/primary-care/index.html

Patient Centered Medical Home (PCMH) Resource Center
pcmh.ahrq.gov

Resources for Practices and Practice Facilitators
pcmh.ahrq.gov/page/practices-and-practice-facilitators