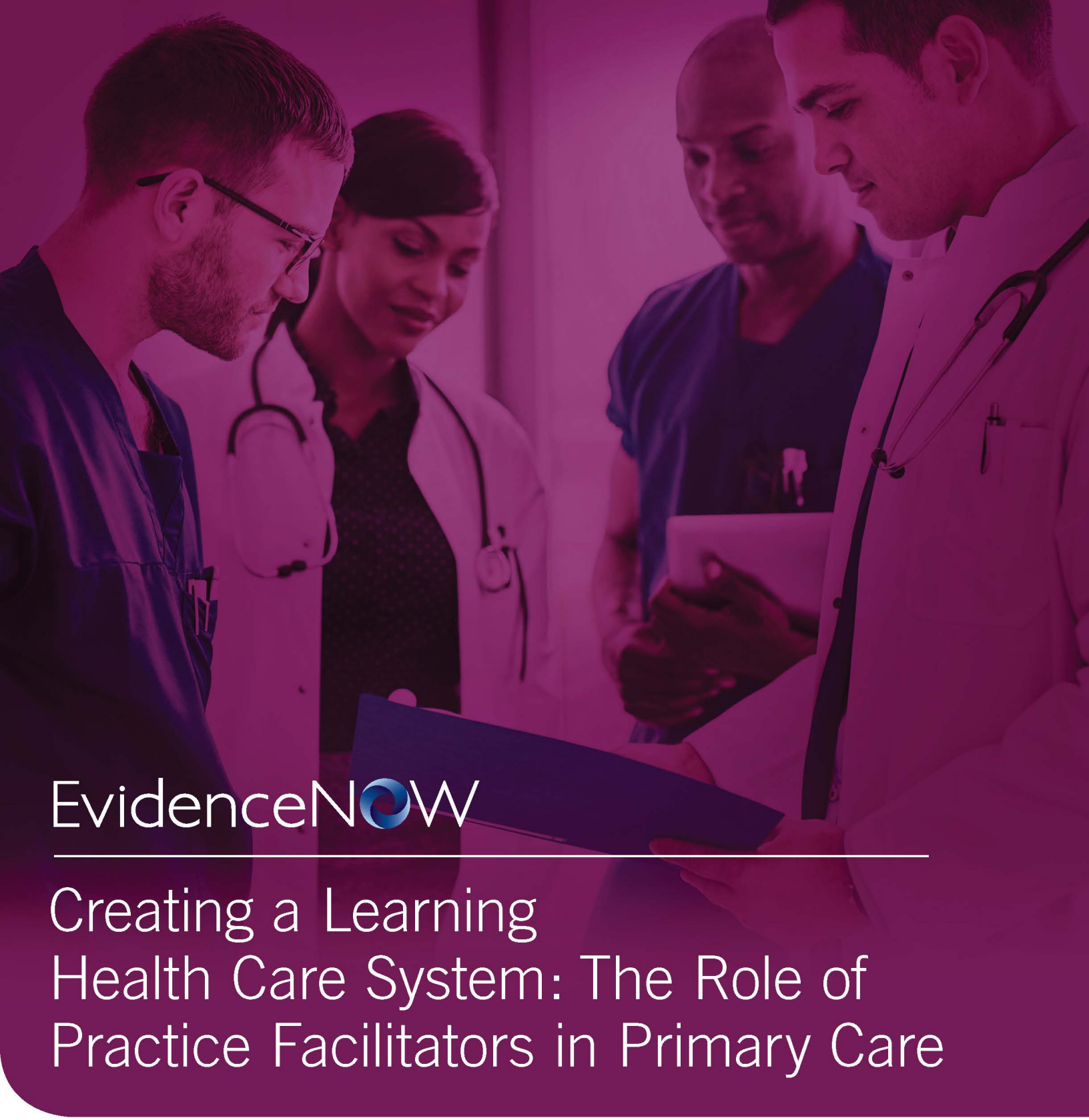


EvidenceNOW

Creating a Learning Health Care System: The Role of Practice Facilitators in Primary Care

Webinar Summary

August 2, 2017

Agency for Healthcare Research and Quality

NATIONAL CENTER FOR EXCELLENCE IN PRIMARY CARE RESEARCH

AHRQ EvidenceNOW Public Webinar

"Creating a Learning Health Care System: The Role of Practice Facilitators in Primary Care"

August 2, 2017

12:00 – 1:00 PM ET

Webinar Summary

Overview

The Webinar began with an introduction of the four presenters: Bob McNellis, M.P.H., P.A., Senior Advisor for Primary Care at the Agency for Healthcare Research and Quality, Lyndee Knox, Ph.D., Chief Executive Officer at L.A. Net, Ann Lefebvre, M.S.W., C.P.H.Q, Associate Director of the North Carolina Area Health Education Centers (AHEC) Program, and Stephanie Kirchner, M.S.P.H., R.D., Practice Transformation Program Manager at the University of Colorado Department of Family Medicine.

The agenda was set as follows:

- Welcome and Introduction
- Promoting Learning at the Practice and Systems Level
- Examples from EvidenceNOW Cooperatives
- Q&A with Panelists

Introduction: EvidenceNOW, Practice Facilitation, and Learning Health Care Systems

How is EvidenceNOW learning about practice facilitation and external support in primary care?

AHRQ's EvidenceNOW initiative is a $112 million AHRQ-funded grant program dedicated to helping primary care practices implement evidence to improve health care quality, and build capacity to extract and incorporate their own evidence into practice. EvidenceNOW studies how external quality improvement support helps primary care practices improve the way they work and improve the health of their patients. EvidenceNOW is working to build and disseminate a blueprint of these findings of what works to transform care.

EvidenceNOW has engaged more than 1,500 small-to medium-sized primary care practices with over 5,000 primary care professionals, reaching over 8 million patients. Seven cooperatives comprised of multidisciplinary research and health care quality improvement organizations provide support to practices located in 12 states.

EvidenceNOW cooperatives provide five quality improvement services to primary care practices:

- On-site practice facilitation
- Health information technology (IT) support
- Data feedback and benchmarking
- Shared learning collaboratives
- Expert consultation

The EvidenceNOW National Evaluation team, also known as ESCALATES, evaluates the delivery of **ABCS** services (**A**spirin use, **B**lood pressure control, **C**holesterol management, and **S**moking cessation) among practices participating in EvidenceNOW, practices' capacity for change and adaptation, and qualitative and quantitative data tied to the improvement services that EvidenceNOW cooperatives provide to the practices.

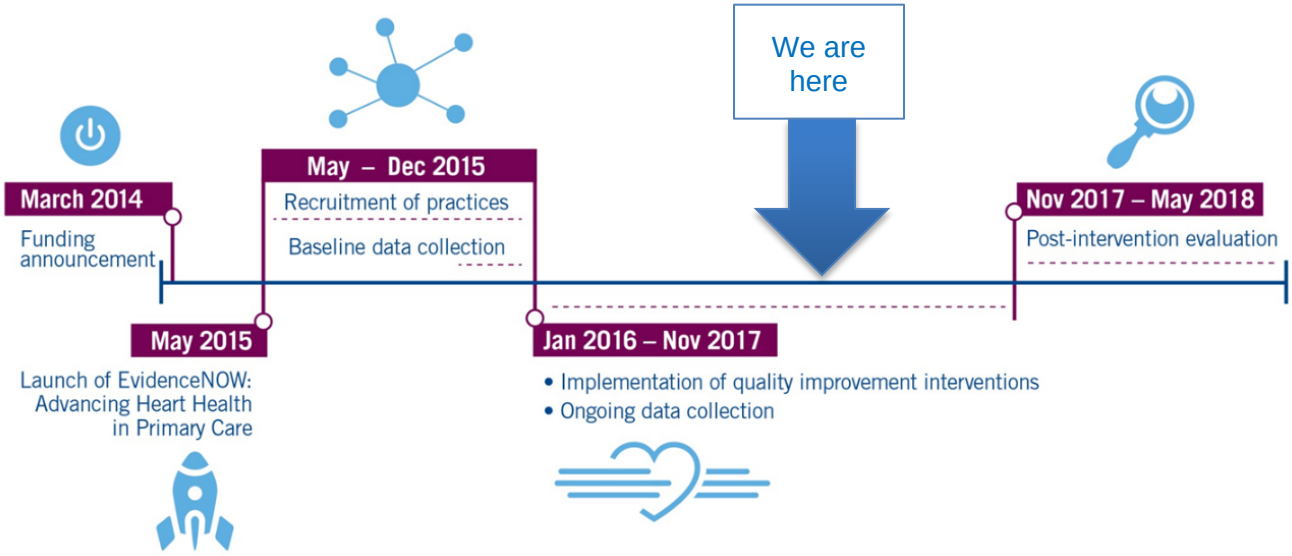


Figure 1. EvidenceNOW Timeline

Cooperatives collected baseline data on practices' delivery of the ABCS services before receiving support from EvidenceNOW. Overall, performance varied greatly across participating practices. To view the data, go to: www.ahrq.gov/evidencenow/evaluation/before-evidencenow.html

What is a Practice Facilitator?

Practice facilitators (PFs) 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).

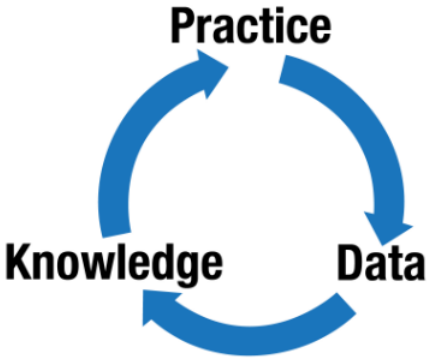
AHRQ's Interest in Practice Facilitation

AHRQ is interested in PFs' role in primary care transformation, publishing resources including "Case Studies of Exemplary Primary Care Practice Facilitation Training Programs" in 2014, and the "Primary Care Practice Facilitation Curriculum" in 2015.

Practice Facilitators and Learning Health Care Systems

At its core, a learning health care system is a feedback loop between practice and research. When health IT lives up to its potential, practices should be able to generate data about what works in real time, and use that data to analyze trends. That critical information can then be brought back to clinicians at the point of care. When systems are in place and policy and incentives align, health IT can help create a continuous feedback loop, improving the care clinicians provide to patients.

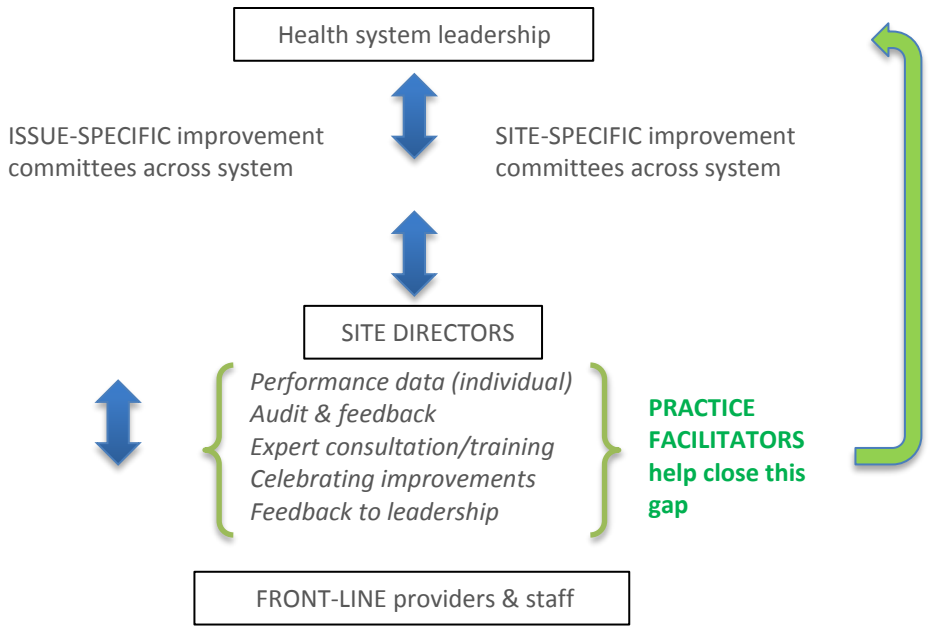
AHRQ believes that organizations that can systematically gather and create evidence, and then apply the most promising evidence-based practices to improve care delivery, can be called learning health care systems.



The goal of EvidenceNOW is to help clinics integrate best practices into primary care delivery through practice facilitation. PFs are the "boots on the ground" that bring new knowledge to clinics and help them integrate it into practice. Additionally, PFs help ensure that practices are recording their care appropriately, and therefore help practices use internally-generated data to inform care in the future. The practice facilitation model used in EvidenceNOW is an example of one approach to help practices move towards becoming learning health care systems.

Lyndee Knox, Ph.D.: "Learning" in a Large System and the Practice Facilitator Role

Lyndee Knox, Chief Executive Officer of L.A. Net, leads a team of PFs in supporting 11 clusters of practices across Los Angeles. Through her work, Dr. Knox has seen that leadership staff in large health care systems communicate well with committees that exist within the system to support issue-specific and site-specific improvement. Those committees then educate primary care practice directors. However, there is often a gap that hinders knowledge flow from the site directors to the front-line clinicians and staff. Frequently, that gap is a result of over-burdened site directors who don't have the time to translate learnings. PFs fit nicely into this structure and help translate learning at collaborative leadership meetings to the front-line staff.



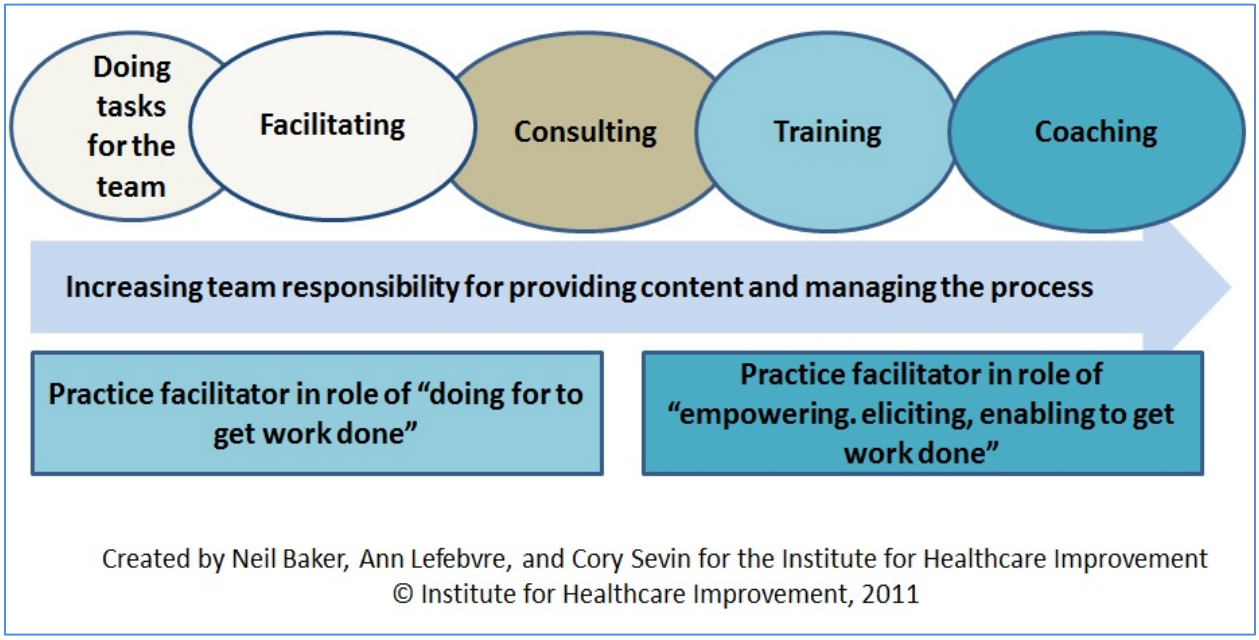
Dr. Knox shared four main actions PFs can take to help facilitate learning in health systems:

1. **Gathering information from and for systems**
    - Data extraction/abstraction and simplification
    - Survey and key informant interviews with providers and patients
    - "Water-cooler conversations," learning from quiet observation
2. **Organizing information so it is "actionable" and disseminating this within the organization**
    - Aggregate and individual performance reports
    - E-mailed reports
    - Create data visualizations for clinic walls
    - Group presentations
    - Self-driving pivot tables so directors/teams can generate their own performance metrics
3. **Creating opportunities for reflecting on data and designing changes**
    - Powerful questioning and pointing out exemplar practices
    - Set time for Director & Quality Improvement (QI) team meeting discussion
    - Clinical/staff meeting discussions
    - One-on-one meetings with clinic staff
4. **Helping clinicians/staff implement and test changes, and then sustain those changes**
    - Ongoing expert consultation/training
    - Real-time audits and feedback
    - Feedback to leaders on roadblocks
    - Creating a durable "organizational memory" and knowledge base for the future, so that current staff can train future staff after the PF is gone

Ann Lefebvre, M.S.W., C.P.H.Q: PFs Help to Build a Learning Environment

Through her work as the Associate Director of the North Carolina AHEC program, Ann Lefebvre has found that at its core, practice facilitation helps create learning within practices. PFs can teach models and techniques that encourage learning, like the Model for Improvement. PFs can also help practices use the whole team to create sustainable change. For example, practices can better engage their front desk staff to help identify potential changes needed within the practice. Lastly, PFs can assist practices with not only pulling data, but also valuing useful data for QI efforts. PFs help everyone in the practice see that the data needed to measure change doesn't always come from their EHR.

Ms. Lefebvre highlighted O'Neil's Responsibility Model, which shows that the practice, not the PF, owns the main responsibility for tackling and overcoming the challenges they face. When the practice is successful, the practice owns that success.



The graphic above describes the spectrum of support that a PF can provide to a practice. PFs can pull from any of these different modes and strategies, depending on the needs of the practice. However, empowering a practice to take on more of the QI responsibility helps it build capacity and sustainability, important traits of a learning health care system.

Ms. Lefebvre also shared two scenarios to illustrate both poor and good utilization of a PF, summarized below.

Poor Use of a Practice Facilitator	Good Use of a Practice Facilitator
• A small rural clinic used their practice coach to pull data, run reports, organize meetings, and update their QI effort on bulletin boards. • 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 easier and quicker for the coach to do the work, given her limited time available with the practice.	• The PF met with practice leadership to establish QI goals and a timeline. • Leadership introduced the PF to the QI team lead, and together they developed a QI roll-out plan. • Data was pulled centrally so that the practice could see their data, along with data from other practices in their health system. • PF met with the site every 2 weeks to review data. • PF met with the QI lead prior to the QI meeting. PF worked towards having the QI lead run the meetings and own QI projects. • PF brought tools, resources, and techniques for the team to learn how to manage change.

Overall, practice facilitation is best when it's a "teach to fish model," meaning the facilitator is a new resource, bringing in tools to help the practices create and sustain their own change.

Stephanie Kirchner, M.S.P.H., R.D.: Engaged Leadership and Practice Teams

Engaged Leadership

Stephanie Kirchner, discussed her experience in practice transformation in Colorado, and the importance of motivating leadership in all team members. Although practices can be caught up in constant change, payment reform, and swirling policy, PFs are positioned to help practices pause and look one step ahead. Although the environment may be overwhelming, PFs can be a check-in for practices to assess where they are going.

PFs act as a liaison with practice leadership and can translate goals and system-level models for improvement to the practice. The PF can also help give the individual practice team members a voice. Often, care coordinators or clinic support staff are thinking about how the work they're already completing aligns with changes on the horizon in the health care environment. Harnessing those team members' passion for the work they're already doing by showing how models of improvement fit seamlessly into their work helps spread system-wide improvement.

Leadership and Culture Change

Since PFs wear many hats in their work, they are in a wonderful position to model a shared approach to leadership for practices. Leadership and clinical staff have to share work and be versatile to improve workflows within the practice. This way of thinking lends itself to a team-based approach to patient care.

Additionally, leadership that tolerates failure as an important stepping stone to success is important. Practices are very seldom going to get QI right the first time, and PFs can help subtly lead practices to self-discovery about the things they need to change to improve care delivery.

Practice Teams

PFs help practices look at their staff who may be taking on a disproportionate amount of work, and make them ask "what can only I do?" Practices succeed in delivering patient-centered care when they function with a collective identity and shared responsibility, but also by splitting up tasks and delegating to their team members.

Questions/Answers:

How can PFs engage and influence leadership in health systems and clinics? And what specific actions can PFs take?

Ms. Kirchner responded that one of the most helpful exercises she has done about engaging leadership is getting the whole practice team at the table for a process mapping exercise. During this exercise, leadership can articulate clearly what they see as an issue and what they would like to see happen differently. As a PF, you can help facilitate a conversation where everyone at the table can contribute. This process helps show team members that they have a voice and connects leadership with the whole practice team.

As much as PFs may want to engage leadership, sometimes it may be most efficient to work around a leader who is stuck. Sometimes the change-maker in a practice isn't the practice leadership. But once the leads start seeing positive results, they can begin to contribute and work with other change agents in the practice.

Dr. Knox shared that the first question she asks leadership is, "what are your biggest concerns or worries right now, and how can we help?" It's also crucial to understand how financial drivers for the practice align with various quality initiatives PFs may be funded to do.

What kinds of professional backgrounds do PFs have? Do PFs have specific training?

Ms. Lefebvre shared that in North Carolina, many PFs are in their second careers. She finds that PFs' previous careers are extremely important to the success of the team because they add to the diversity of experience that PFs draw upon in their work with practices. North Carolina's AHEC program has PFs with backgrounds in health care administration, nursing, public health, social work, and health IT. Ms. Lefebvre shared that in her experience, the more background that PFs have on her team, the more effective that team is.

Additional Resources

The conclusion of the Webinar featured links to resources for more information about practice facilitation and primary care transformation.

- AHRQ EvidenceNOW Web site: www.ahrq.gov/evidencenow
- Infographic on baseline delivery of heart health services in EvidenceNOW participating primary care practices: www.ahrq.gov/evidencenow/evaluation/before-evidencenow.html
- Patient Centered Medical Home (PCMH) Resource Center: www.pcmh.ahrq.gov
- Resources for Practices and Practice Facilitators: www.pcmh.ahrq.gov/page/practices-and-practice-facilitators
- National Center for Excellence in Primary Care Research: www.ahrq.gov/professionals/systems/primary-care/index.html