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

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<td>Promoting Learning at the Practice and Systems Level</td>
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<td>Examples from EvidenceNOW Cooperatives</td>
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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)

Healthy Hearts 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

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

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

Timeline

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

- Expert consultation
- Data feedback and benchmarking
- On-site practice facilitation and coaching
- Shared learning collaboratives
- Electronic health record support

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

- 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
Creating a Learning Health Care System

- Systematically **gathers** and **creates** evidence
- **Applies** the most promising evidence-based practices to improve care
PFs are helping practices integrate new knowledge into practice.
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PFs are helping practices ensure the care they are delivering is recorded appropriately.
PFs are helping practices integrate new knowledge into practice.

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

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

FRONT-LINE providers & staff

“GAP” in translation of learning/knowledge pipeline
“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

FRONT-LINE providers & staff

PRACTICE FACILITATORS help close this gap
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’Neill’s Responsibility Model

The Practice - The Practice’s Challenge - The Coach

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

*I skate to where the puck is going to be, not where it has been.*
- Wayne Gretzky
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
Q&A with Panelists

Use the “Q&A” window to submit questions for the Panelists.
For more information, contact:

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Lyndee Knox: lyndee.knox@gmail.com
Ann Lefebvre: ann_lefebvre@med.unc.edu
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