

# Mini Plenary 1: Practice Facilitation in Academic PBRN Settings



**2017 International Conference on Practice Facilitation**

**Zsolt Nagykaldi PhD, Associate Professor & Director of Research**  
University of Oklahoma HSC Department of Family & Preventive Medicine  
and the Oklahoma Physicians Resource/Research Network (OKPRN)

# Disclosure

- No conflicts of interest to disclose for this presentation

# Overview of the Mini-Plenary

- **Introduction to the Development of Practice Facilitation in the US**
  - Emerging needs that brought facilitation to the U.S.
  - The first programs in academic settings
- **The Oklahoma PF Experience**
  - The structure of the early PF program in the Oklahoma PBRN (OKPRN)
  - The evolution of the PF program (infrastructure and scope)
  - Project examples that implemented practice facilitation
- **Barriers to Growing and Sustaining an Academic PF Program**
  - Opportunities and limitations of linking practice facilitation to research
  - The problem of sustainability
- **Models of Managing PF Programs in Academic Settings**
  - Individual organization-based or shared (centralized) PF programs?
  - CTSA's and the practice facilitation infrastructure
  - Where do PBRNs fit in?
- **Future Trends in Practice Facilitation**
  - Organic linkage to PBRNs – where is PBRN research going (and with it facilitation)?
  - Potential evolution of the PF role in the “new era” of practice-based research and quality improvement programs

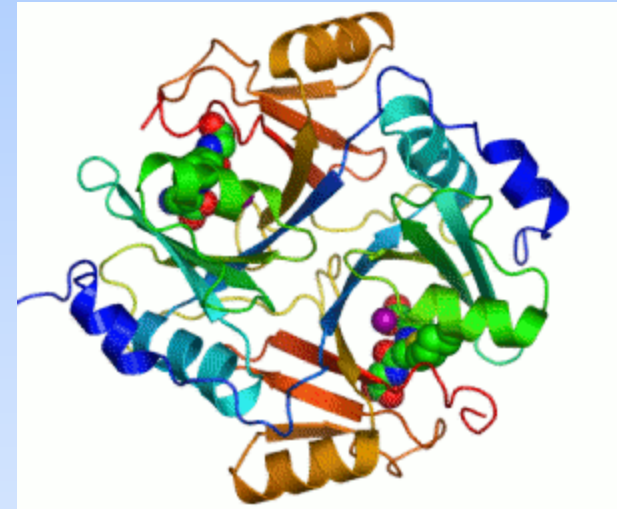
# Goals of Practice Facilitation

The same as the Quadruple Aim for improving primary healthcare:

- Improve the **quality** of primary care
- Improve the **health impact** of primary care
- Improve the **financial viability** of primary care
- Improve the **experience** of primary care (pt & practice)
  
- PFs help **build capacity** in practices to achieve the above goals (over time)
  
- The ultimate goal is to improve the health of the population within practices and in the community where they are

# Goals of Practice Facilitation (Analogy)

- The PF is like an “enzyme”, she lowers the energy barrier for change and **catalyzes transformation**
- However, they are **enablers**, not substitute workers: they **build capacity** for sustainable change via more permanent skill transfer and organizational transformation (“teaching how to fish”)



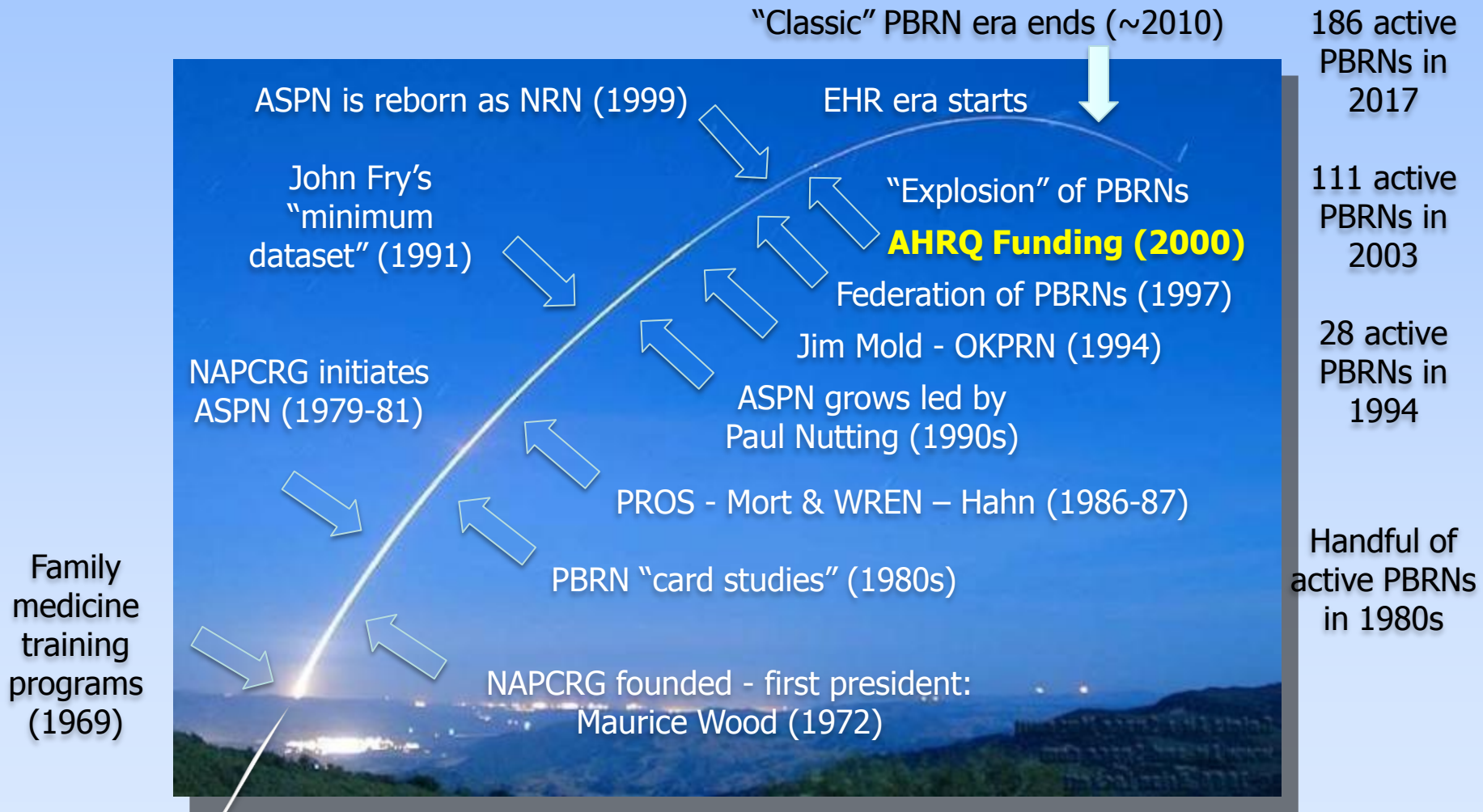
# Critical Practice Facilitator Skills (Top 10)

- Excellent **interpersonal skills** (likes people)
- Effective **communication skills**
- Highly organized and systematic (follow-through)
- Attention to detail (e.g., protocols, evidence)
- An **insider-outsider** (“honorary” team member)
- Team worker and **team builder**
- Quick learner (constant learning)
- Effective user of information technology
- Understanding and **love of primary healthcare**
- Flexibility and mobility (adaptive, inventive)



# The Need for PFs in the U.S.

## PBRN Research Trajectory (1969 – 2017)\*



7 **Individual clinicians**

\* Larry Green & John Hickner (2006 & 2015)

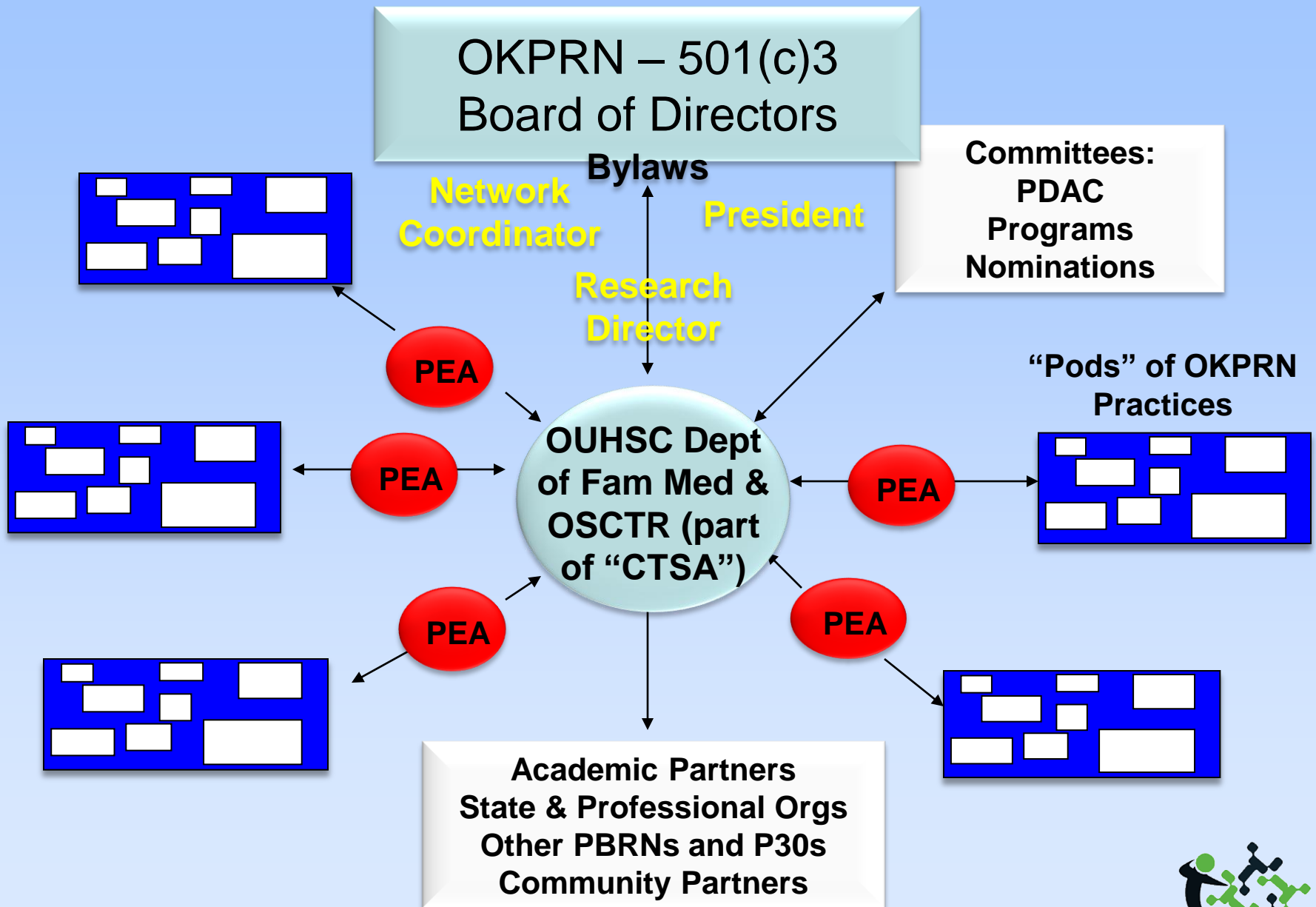
# Practice Facilitation in OKPRN: Practice Enhancement Assistants (PEAs)

---

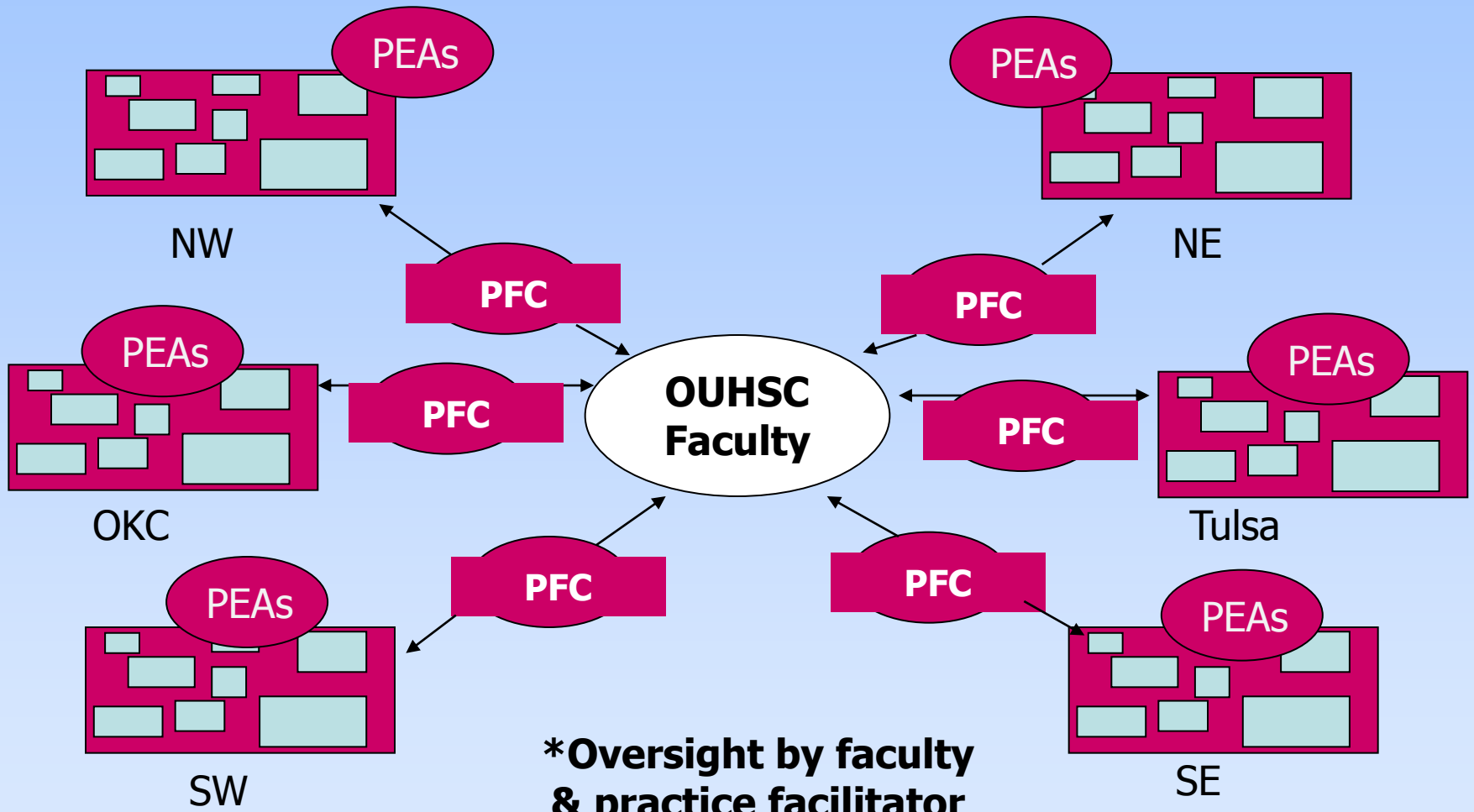




# OKPRN Network Governance



# PEAs in a POD – Facilitator Management



**\*Oversight by faculty  
& practice facilitator  
coordinators  
(H2O/EvidenceNOW)**

# OKPRN's Definition of Practice Facilitation (Mold, Aspy, Nagykaldi 2000-2008)

- PFs/PEAs are trained healthcare professionals, who:
  - Develop personal relationships with a group of practices over an **extended period** of time and **across projects**
  - Help practices participate in **research** projects
  - Help practices improve the quality of care using evidence-based **QI** methods
  - Help create and sustain a participatory **learning community** through effective dissemination of ideas and best practices

# PEA Training in Oklahoma (2000-)

Administrative and Department Procedures	Clin-IQ Process (answering community-based clinical questions)
Human Subjects Protection Training	Past and Ongoing OKPRN Studies
HIPAA Training	<b>Best Practices Research Methods</b>
Research Skills (recruitment, data collection, aggregation and reporting)	<b>Guideline Implementation: Prevention and the (Chronic) Care Model</b>
<b>Chart Reviews (paper and electronic)</b>	E&M Coding and <b>Value-based Care</b>
<b>Rapid Cycle QI Process (PDSA cycles, benchmarking and feedback)</b>	Electronic Practice Record of OKPRN clinics ( <b>documentation of the facilitator's work</b> )
<b>Group Facilitation (QI and care teams)</b>	Handouts, Education Materials (resource)
<b>Practice Visits (shadowing PEAs)</b>	<b>Project Specific Training</b> (e.g., Asthma care)
Health Information Technology	PEA Resources (databases, listserv, web)
<b>Complex Adaptive Systems (CAS) Theory Applications</b>	<b>Facilitating Patient &amp; Community-Engaged Research</b>

Program-specific or background training  
**"Historic" facilitator training topics**  
**New/innovative facilitator training topics**



# PEAs: Teaching Practices System Thinking



**Cells**

What's possible?

**Diseases**

Can it work?

**People**

Will it work?  
Is it worth it?

**Practices**

Can it be delivered?

**Animal Models  
Cells & Tissues  
Biochemistry**

**Phase II Trials  
Phase III Trials  
Observation Studies**

**Best Practices  
PCOR & CER  
Cost-effectiveness  
Phase IV Trials**

**Diffusion  
Facilitation  
& Training**

**Pre-clinical testing  
Phase I Trials**

**Meta-analyses  
System. Reviews  
Guideline development**

**Implementation & Dissemination  
Research**

**Basic  
Science  
Research**

**T1**

**Human-  
Clinical  
Research**

**T2**

**Practice &  
Community  
Based  
Research**

**T3/QI**

**Clinical &  
Community  
Practice**

**Not ready for humans**

**Not ready for patients**

**Not ready for practice**

**T4**

**T4**

**Healthcare  
Policy**

# The Pipeline of Research Translation\*



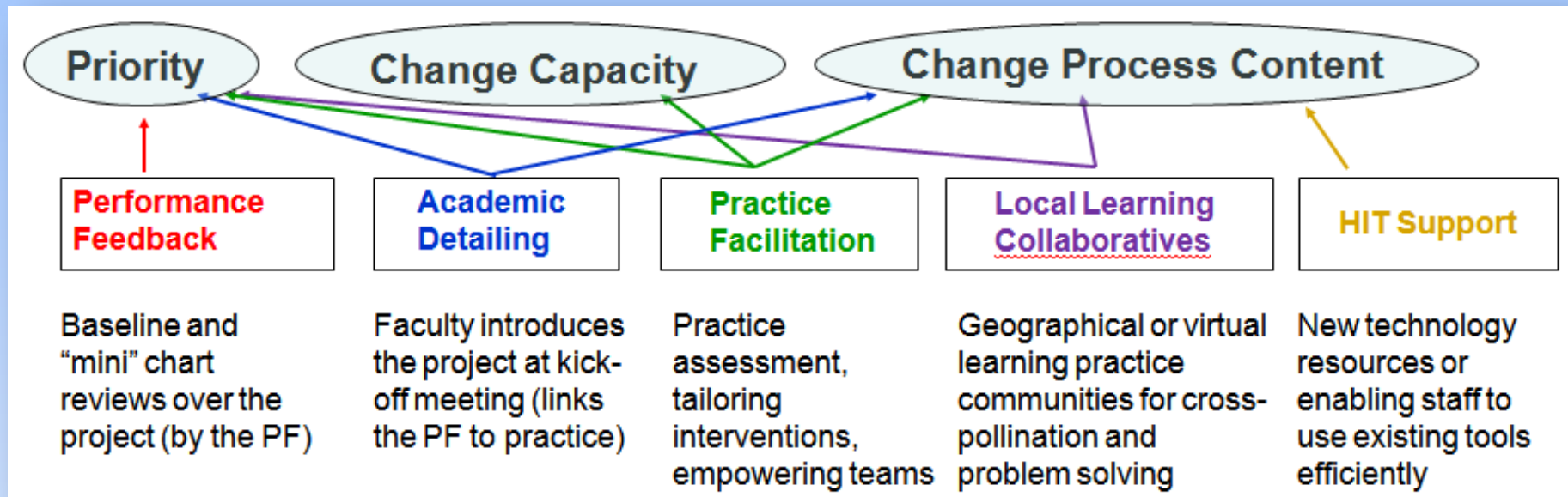
# PEAs On Earth: Focus of Facilitator Activities

- Improvement of relationships in / between practices
- **Linking rural practices** to academic resources
- **Preventive services & guideline implementation**
- Chronic disease management support
- Practice improvement (QI) projects
- Professional education (CME) and maintenance of certification (MOC) Part IV
- Health IT implementation and optimal utilization
- Facilitating **translational research**
- Synergy with **population health** improvement

# PEAs On Earth: Project Examples

- Management of patients with hyperlipidemia
- Management of no-shows and Rx refills
- Diabetes care quality improvement (registry)
- Rate/quality of preventive services delivery
- Patient and practice satisfaction surveys
- Assistance with first EHR or switching EHRs
- Training staff to use mHealth technology
- Asthma and chronic kidney disease care
- Linking practices to regional nutrition services
- Cardiovascular health (EvidenceNOW/H2O)

# Practice Facilitation: an Integral Component of Practice Improvement Frameworks

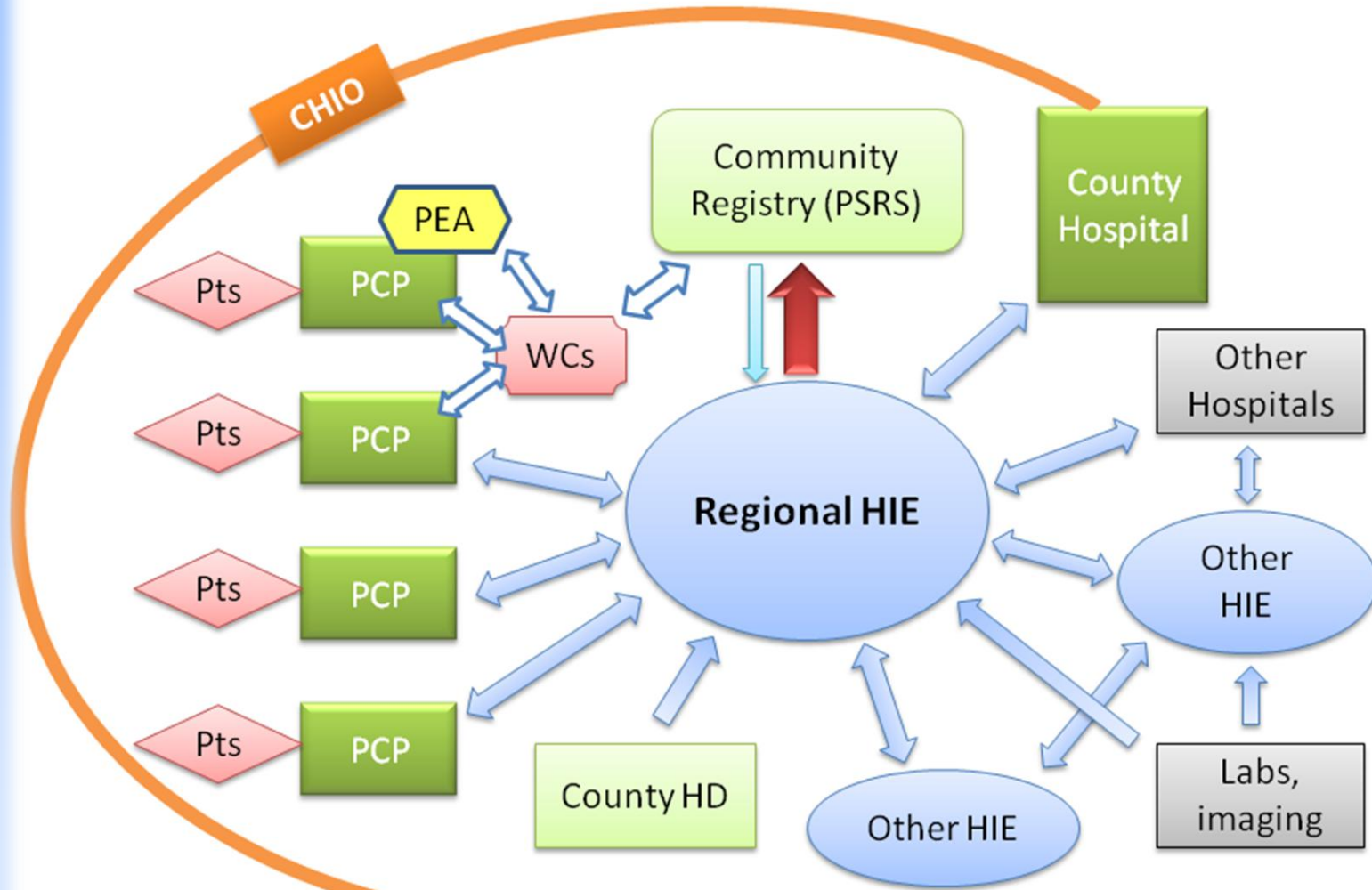


## Example: Implementing CKD Care Guidelines in Community Practices (2010-2013)

- Multi-PBRN R18 to disseminate and implement CKD clinical guidelines in primary care practices (multi-component intervention)
- Academic detailing on CKD management best practices
- Regular performance feedback on reaching practice goals
- Facilitation of CKD guideline implementation (workflow redesign, tailoring, sharing solutions, empowering staff)
- Technical support for new features in EHR (e.g., eGFR)
- First wave (32) of practices accelerates diffusion to other practices (64) using LLCs



# “Healthier Together” Project County Collaboration and Information Flow



PCP: Primary Care Physician/Provider  
WCs: Wellness Coordinators  
HD: Health Department  
HIE: Health Information Exchange

CHIO: County Health Improvement Organization  
PEA: Practice Enhancement Assistant  
PSRS: Preventive Services Reminder System  
Pts: Patients

# Barriers to Growing Academic PF Programs

- **Reliance on (academic) research funding**
  - Limited / diminishing funding for practice-based research, and facilitation infrastructure building
  - Separation of research and QI/D&I funding streams
- **Competing academic priorities**
  - Faculty time and availability (balancing other priorities)
  - Intramural support shifting to maintain Department fxs
- **Administrative and logistical barriers**
  - Burgeoning bureaucracy and community-unfriendly organizational processes
  - Slow development in adopting financial and programmatic innovations (e.g., shared/core service-based support)

# Models of Managing PFs in Academic Settings

- Individual Organization (Classic) Programs
  - 1-5 PFs working for a few PIs on a changing mix of research and QI projects
  - Limited reach and bandwidth
  - Highly dependent on academic research funding
  - Logistically straightforward to maintain
- Shared or Centralized PF Programs
  - PF FTEs are shared between departments and programs
  - More diversified work portfolio
  - Wider reach (e.g., state-wide) and higher impact
  - Logistically challenging to maintain (full FTE employment while effort boundaries are difficult to keep)



# Models of Managing PFs in Academic Settings

- **Facilitation Infrastructure: is CTSA the answer?**
  - Are we at the table or are we on the menu? - Wide variations in the roles and weight of primary healthcare in NIH-sponsored research programs (e.g., CTSA/IDeA)
  - “Community-centeredness” – is it a token or there is true commitment, which may position PFs as valued assets
- **Alternative Sources for Facilitation Infrastructure**
  - Large healthcare organizations (esp. health systems), payers, and some QI organizations have resources, but are they using them effectively?
  - Could they collaborate with academic centers strategically to fund a facilitation infrastructure (synergy between academic expertise and resources)

# Emerging & Future Trends in Practice Facilitation

- Remote Facilitation, In-Person or Both?
  - Is it at least as effective as the traditional approach?
  - Is it more cost-effective (travel/capacity)?
  - Can interpersonal relationships be maintained?
  - What are the best (combination of) technologies?
- Can We Better Understand Complex Adaptive Systems?
  - Can we improve practice improvement predictions?
  - How can we leverage large datasets (e.g. those from EvidenceNOW) to improve the science of practice facilitation?

# Emerging & Future Trends in Practice Facilitation

- Where is PBRN Research Going?
  - Where is primary care going? And healthcare?
  - Who are the main constituents of PBRNs: practices or patients/communities (what is the PBRN “community”)?
  - How much QI (e.g., contracts) vs. PBRN research?
- The Role of PFs in a Health Extension System
  - Are PFs also healthcare extension agents?
  - Are PFs collaborators of health extension agents?
  - If collaborators, how would they work together?
  - What is the role of PBRNs in an extension framework?

# Acknowledgements & Contacts

**AHRQ**

 *The UNIVERSITY of OKLAHOMA*  
**Health Sciences Center**



Zsolt Nagykaldi, PhD  
University of Oklahoma HSC  
Department of Family &  
Preventive Medicine  
[znagykal@ouhsc.edu](mailto:znagykal@ouhsc.edu)  
[www.okprn.org](http://www.okprn.org)



OUFMC Website



OKPRN Website

# QUESTIONS?

