



Carolinus HealthCare System

One

# Tailoring Facilitation Approaches: Adjusting Practice Facilitation to Meet Individual Need

**Katherine Bernero**  
Department of Family Medicine  
Carolinus HealthCare System  
Charlotte, NC

# Objectives

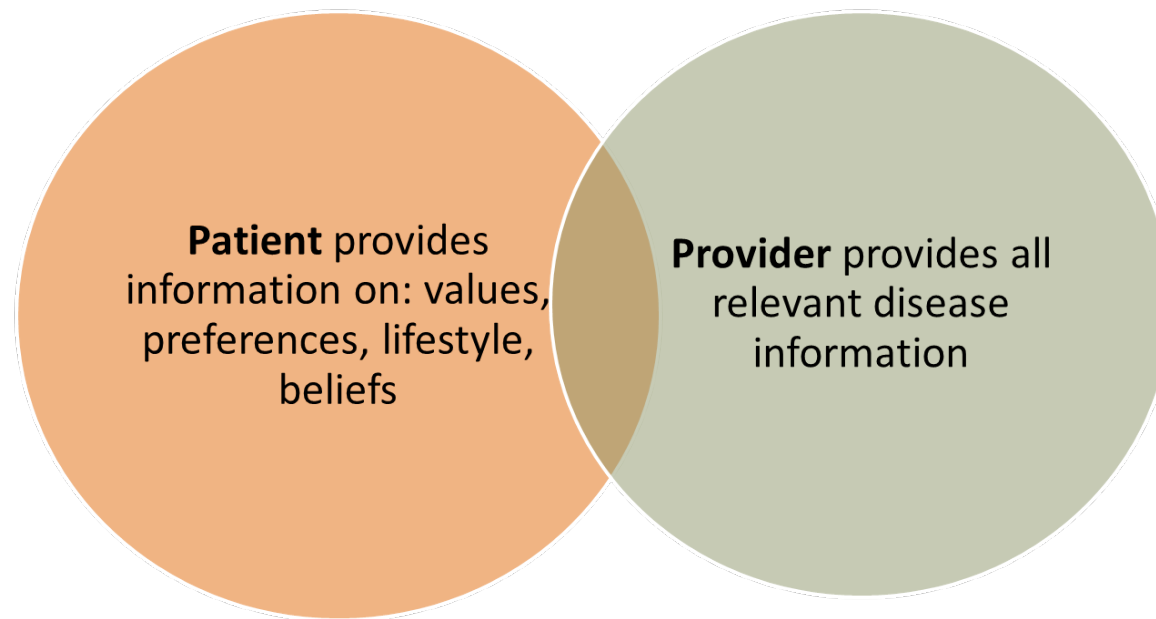
- **Highlight role of practice facilitator (PF)**
- **Review 2 research studies that used practice facilitation as means of disseminating an asthma intervention**
- **Share examples of how implementation was tailored to accommodate individual need**
- **Summarize best practices**



# Background

- **Shared decision-making (SDM)** is patient-centered care that enables patients to participate in management of their own health

## **SDM: a meeting of two experts**

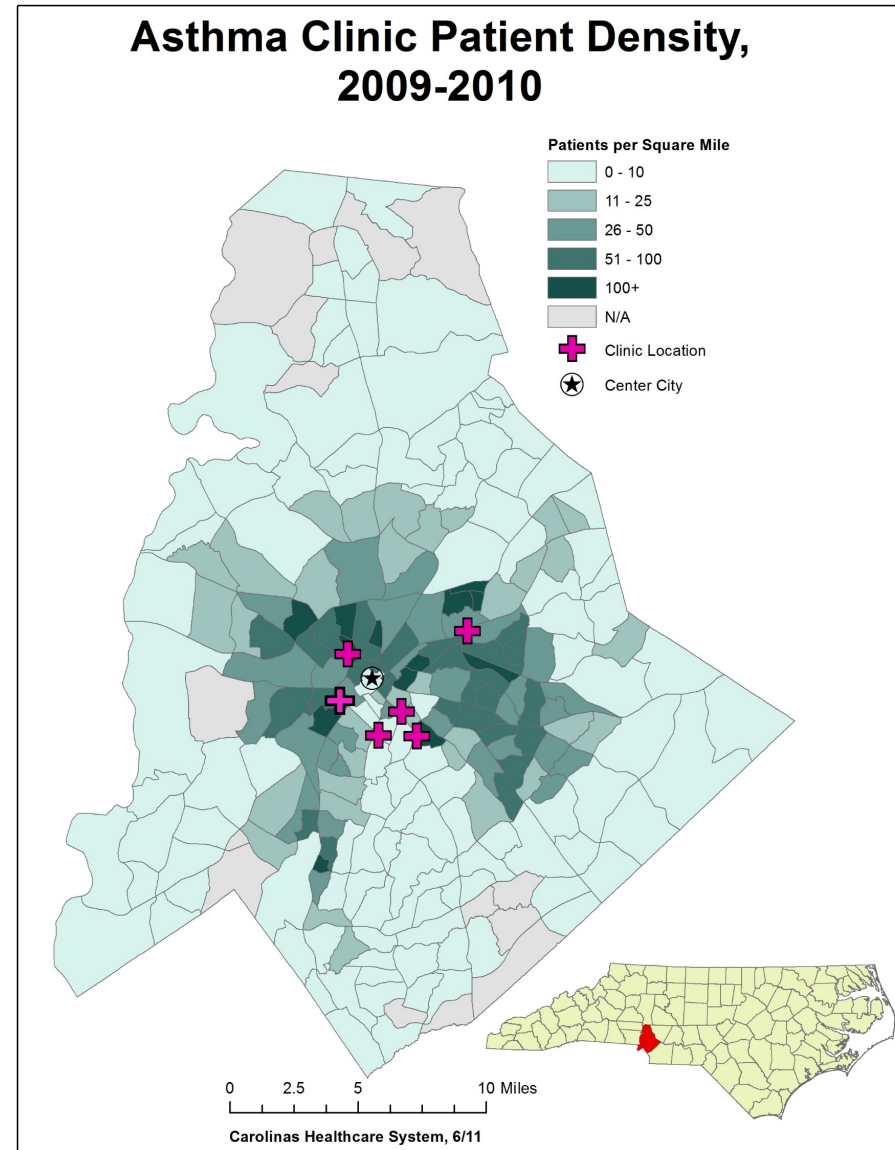


# Asthma Comparative Effectiveness (ACE) Study

- ❖ **Goal:** Implement a shared decision making asthma intervention toolkit into clinical practice and improve asthma outcomes
- ❖ **Setting:** Occurred between September 2010 – September 2013
  - Enrolled **6 primary care practices** within Carolinas HealthCare System (CHS) across Charlotte, NC
  - “**Safety net**” practices serving predominantly Medicare, Medicaid, and low-income population



# Asthma Clinics and Disease Distribution



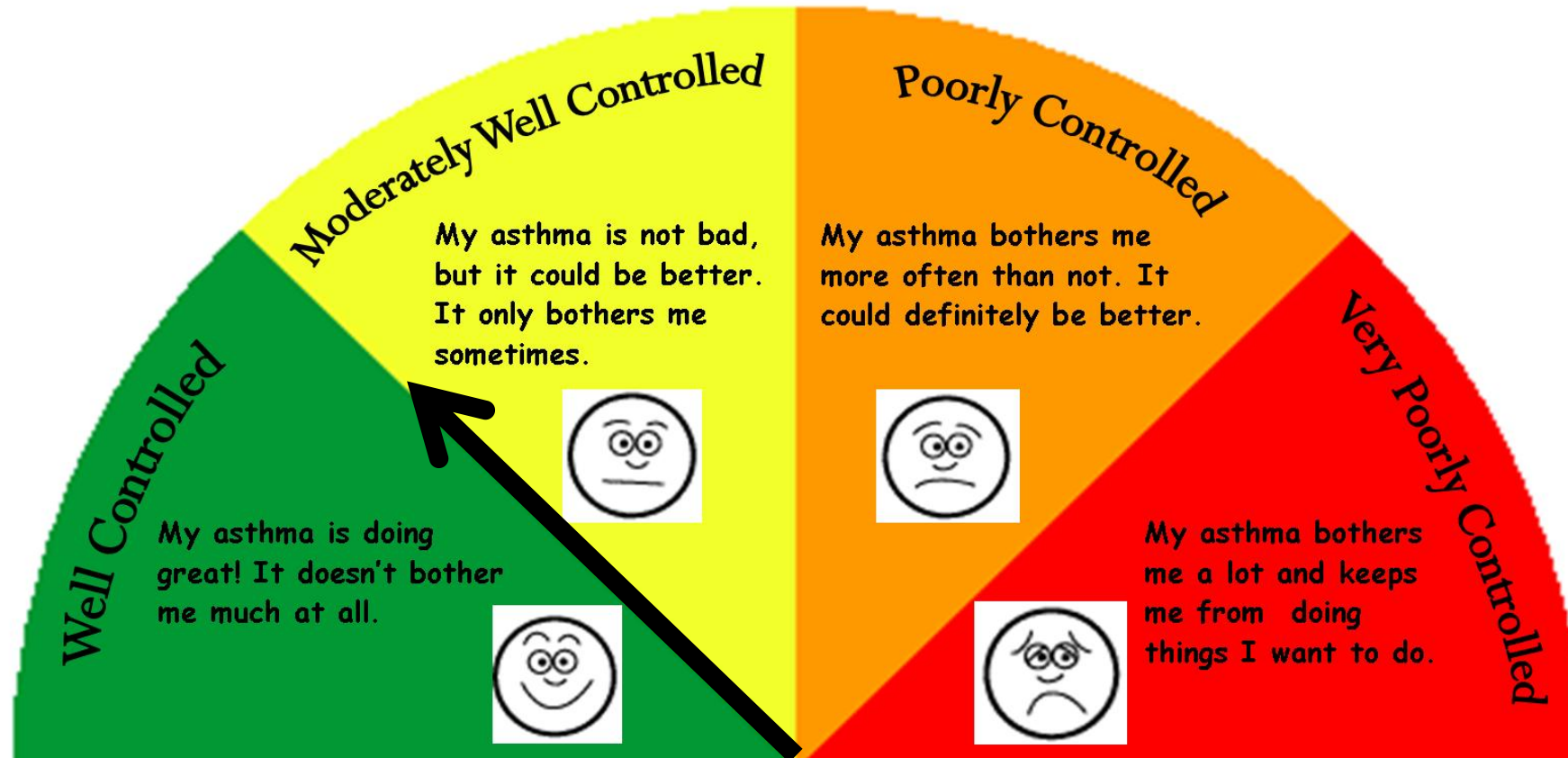
# Tailoring to Meet Individual Need

- **Update SDM toolkit**

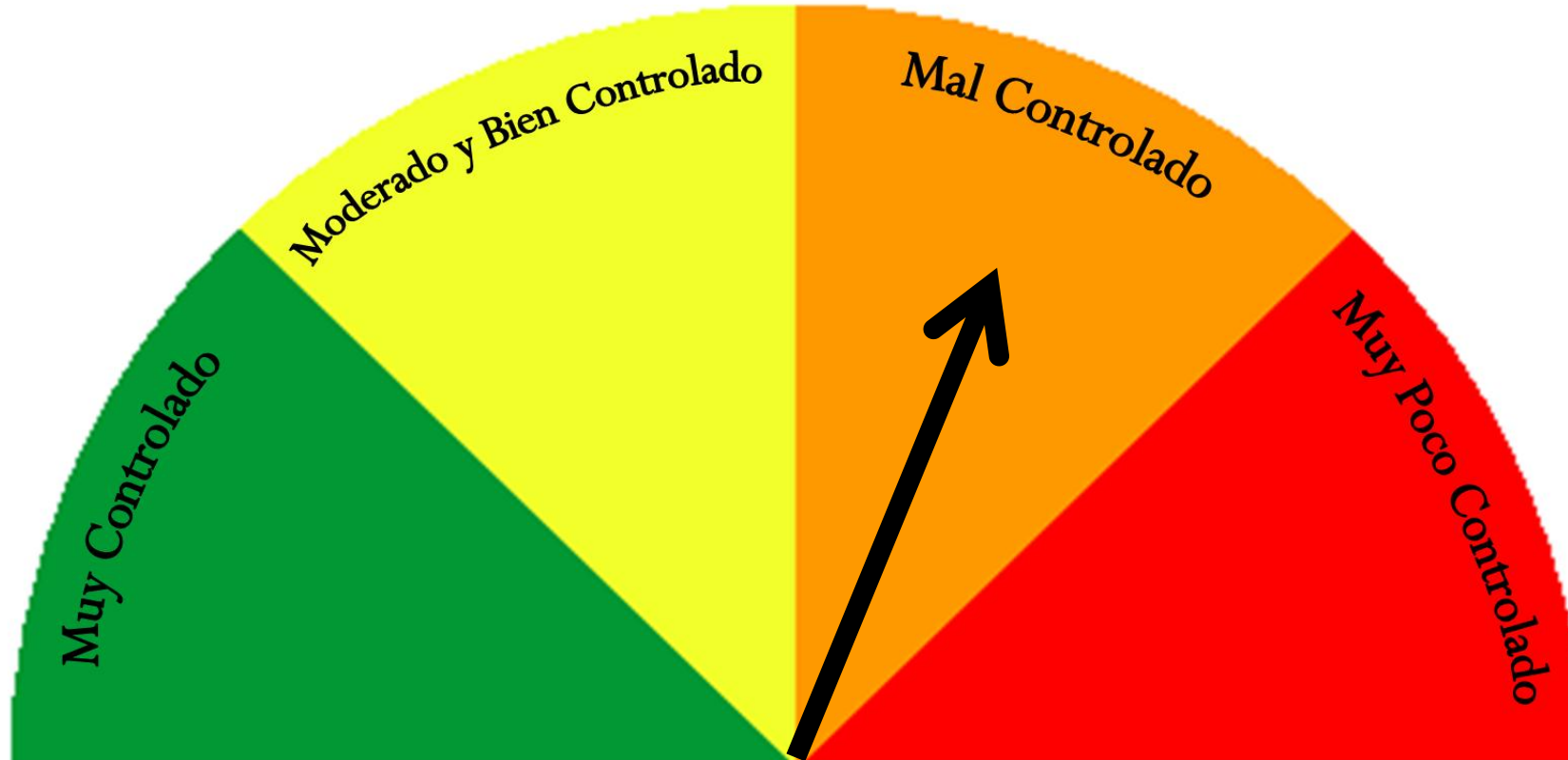
- Original intervention was based on 2003 asthma guidelines, updated to meet 2007 guidelines
- Adapted to suit low health literacy patient population
- Updated for pediatric patients
- Translated into Spanish



## FORM #2: HOW WELL CONTROLLED IS YOUR ASTHMA?

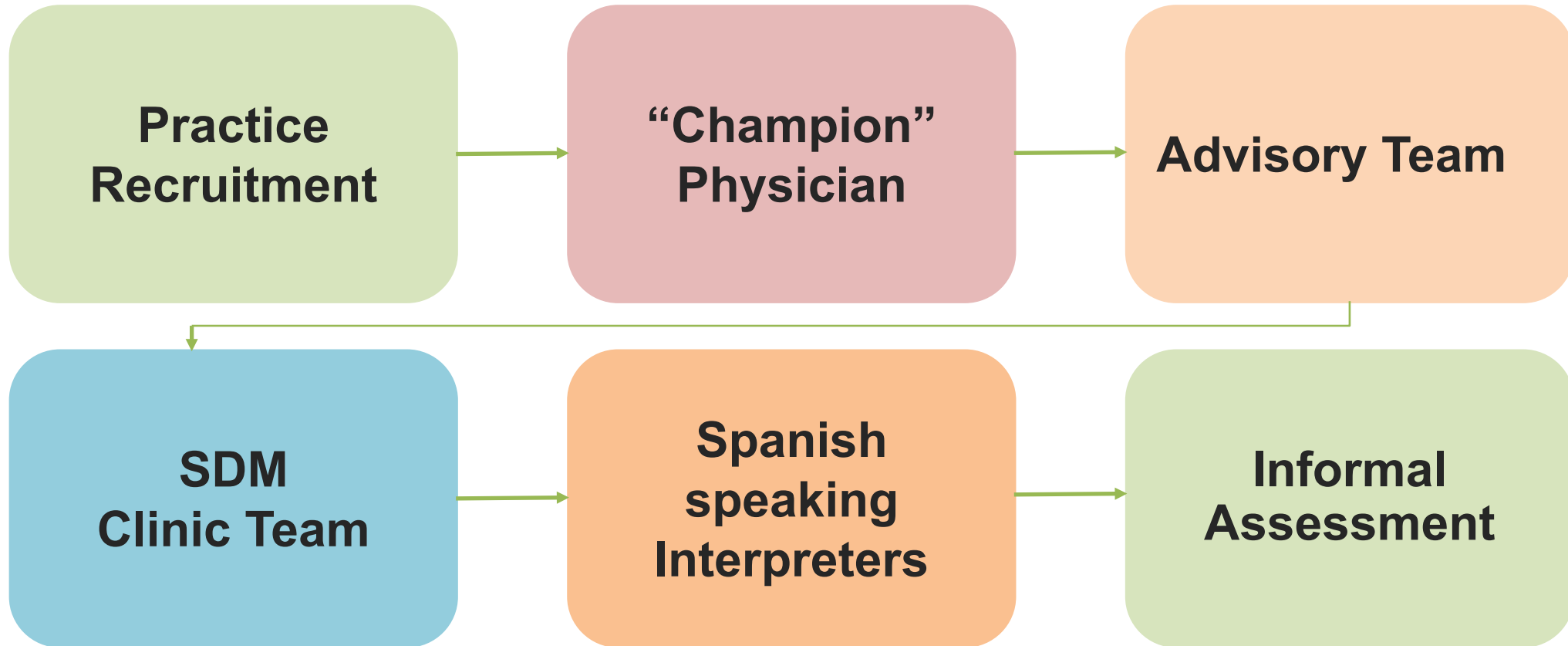


## FORMULARIO #2: ¿QUÉ TAN BIEN CONTROLADO ESTÁ SU ASMA?





# Tailoring to Meet Individual Need



# 12 Week Rollout of SDM Intervention

- **Training: Weeks 1-7**
  - Kick off & introduction to Asthma SDM
  - Planning, Cerner training, & SDM toolkit materials
  - Logistics of scheduling
  - Patient recruitment
  - Health coach practice & dress rehearsal
- **Week 8: Go live! First SDM Clinic Visits**
- **Weeks 9-12: Debriefing, Troubleshooting, & Feedback**



# Intervention Rollout Schedule

2011									2012					
Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
NP														
		THC												
			BP											
				EFM										
							MPP							
										MPIM				
2012									2013					
May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July
NP														
			THC											
				BP										
								EFM						
											MPP			
													MPIM	



# Tailoring to Meet Individual Need

- **Implementation of Specialty Asthma SDM Clinic**
  - First site to roll out the intervention had previous experience with similar specialty clinic for diabetes care
  - Subsequent sites followed same model with minor modifications
  - Asthma SDM clinic hours varied



# Tailoring to Meet Individual Need

- **Design of intervention needed to be sustainable & satisfy provider productivity expectations.**
  - Adapted so different components could be delivered by different types of staff members
    - Patients coming for SDM Asthma visit would see a nurse, health coach & provider
    - Health coach varied at each practice
    - PharmD assisted provider with SDM visit if comfortable negotiating medication choices with the patient
  - Creatively worked with practice to build schedule templates to maximize productivity



# Scheduling Templates

## 6 Asthma Patients, 6 Work-In Patients

	Nurse	Health Coach	Provider	Survey
8:00	1			
8:15	A	1		
8:30	2		A	
8:45	B	2	1	
9:00	3	3	B	1
9:15	C		2	
9:30	4	4	C	2
9:45	D	5	3	
10:00	5		D	3
10:15	E	6	4	
10:30	6		E	4
10:45	F	7	5	
11:00			F	5
11:15			6	
11:30				6
11:45				
12:00				

## 3 Asthma Patients, 6 Continuity Patients

	Nurse	Health Coach	Provider	Survey
8:00	A			
8:15	B		A	
8:30	C		B	
8:45	D		C	
9:00	E		D	
9:15	F		E	
9:30	1		F	
9:45		1		
10:00	2			
10:15		2	1	
10:30	3			1
10:45		3	2	
11:00				2
11:15			3	
11:30				3
11:45				
12:00				

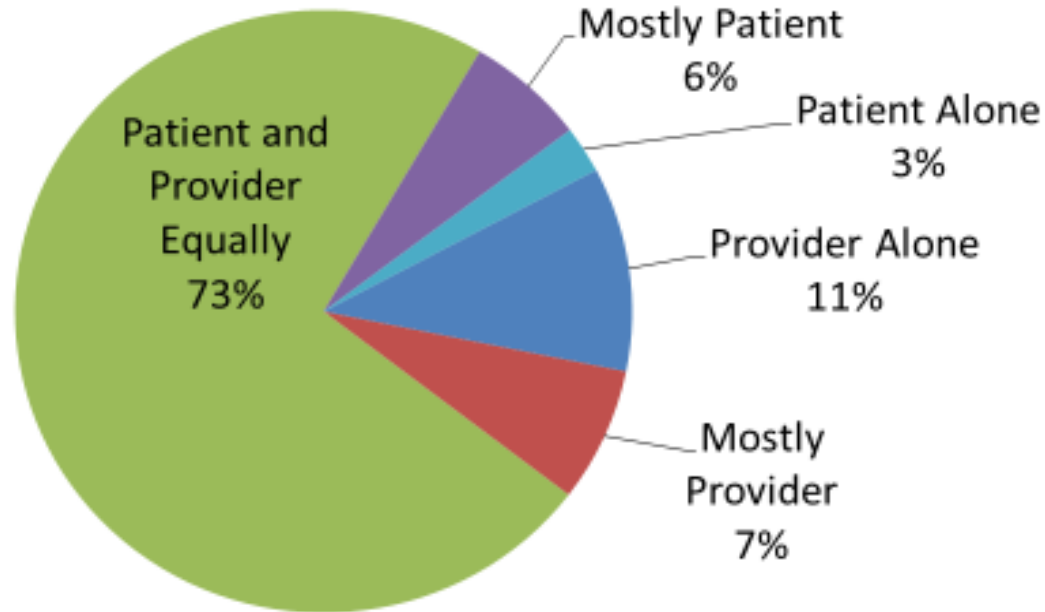


# ACE: Results

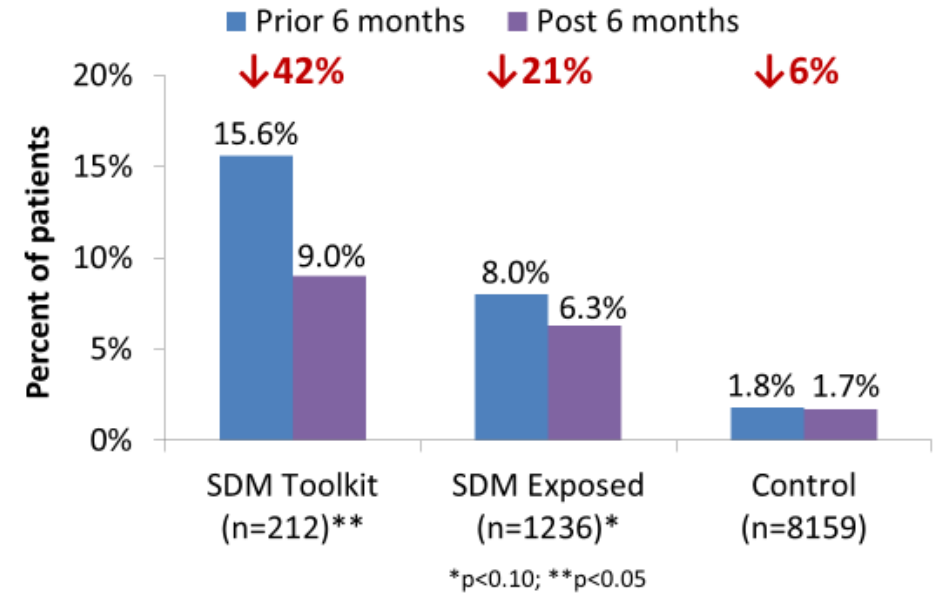
SDM Survey Responses:

## Who Made the Treatment Decision?

n = 319



## Change in Asthma ER Visits



**Focus Group:** *“I think the team has been very good about realizing that Clinic X does not function the same as Clinic Y and that’s okay. We don’t all have to fit into this neat little box; we can do things a little bit differently and still get the same outcome”*



# Asthma Dissemination Around Patient-centered Treatments in North Carolina (ADAPT-NC)



- ❖ **Goal:** Build on previous findings & evaluate broader dissemination of same SDM asthma intervention on a statewide level, AND compare dissemination methods
- ❖ **Setting:** August 2013 – August 2016, enrolled 30 Primary Care Practices across 4 Practice Based Research Networks (PBRN)

**Randomized into 1 of 3 dissemination arms**

- **10 Facilitator-Led**
- **10 Traditional Lunch-and-Learn**
- **10 Usual Care (Control)**

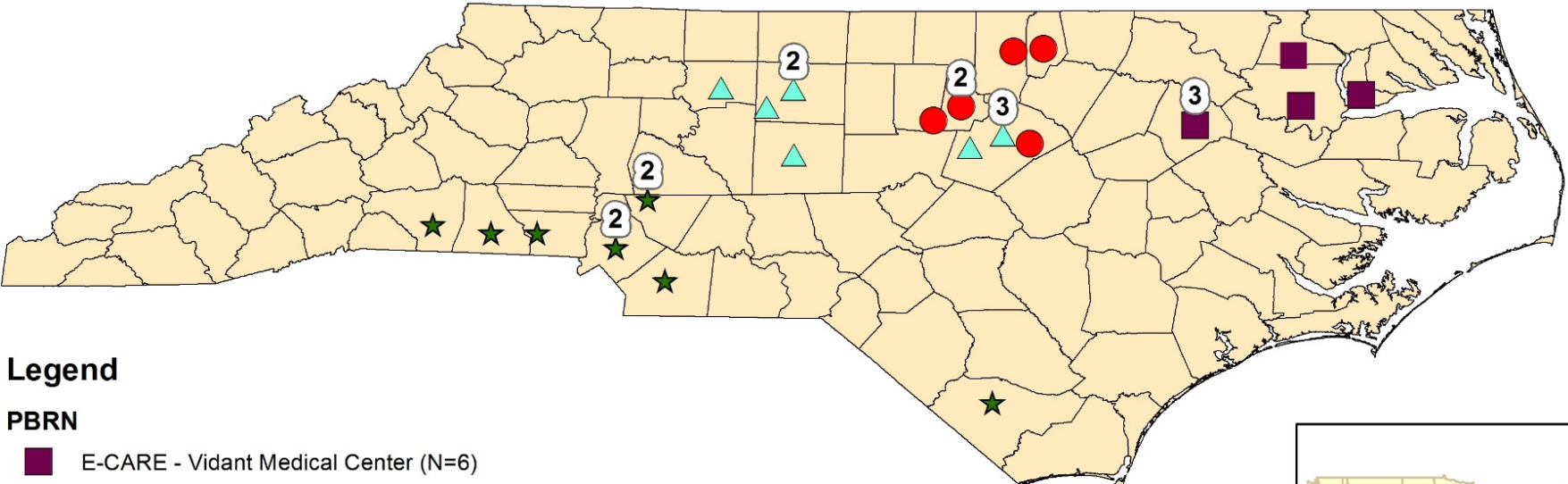




# Asthma Dissemination Around Patient-centered Treatments in North Carolina (ADAPT-NC)



## Practices Recruited for ADAPT-NC

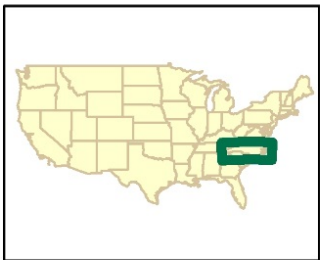


### Legend

#### PBRN

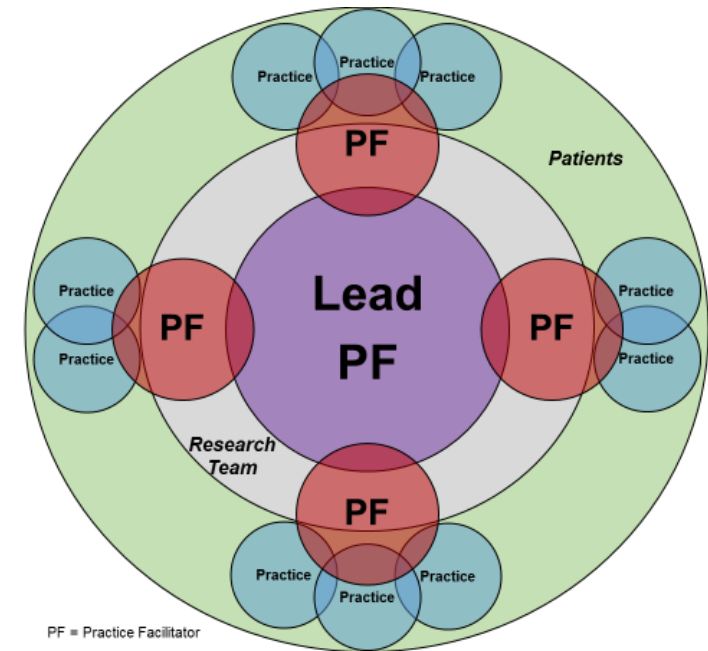
- E-CARE - Vidant Medical Center (N=6)
- PCRC - Duke University (N=6)
- ★ MAPPR - Carolinas Healthcare System (N=9)
- ▲ NCnet - UNC Chapel Hill (N=9)
- County Boundaries

② = 2 practices in same geographic location



# Role of Lead Practice Facilitator

- **Train-the-Trainer Model: Practice Facilitator Training Day**
  - Lead PF trained representatives from each of the 4 PBRN's
  - Adaptable and flexible implementation
  - Biweekly online meetings
  - PF from the 4 PBRN's trained practices in their network



# 12 Week Rollout Intervention at Facilitator-Led Practices

- **Training: Weeks 1 - 7**
  - Kick off & introduction to Asthma SDM
  - Population Management
  - Logistics of scheduling & patient recruitment
  - Asthma SDM toolkit training
  - Final preparation and dress rehearsal
- **Week 8: Go live! First Shared Decision Making Clinic Visits**
- **Weeks 9 - 12: Debriefing, Troubleshooting, & Feedback**



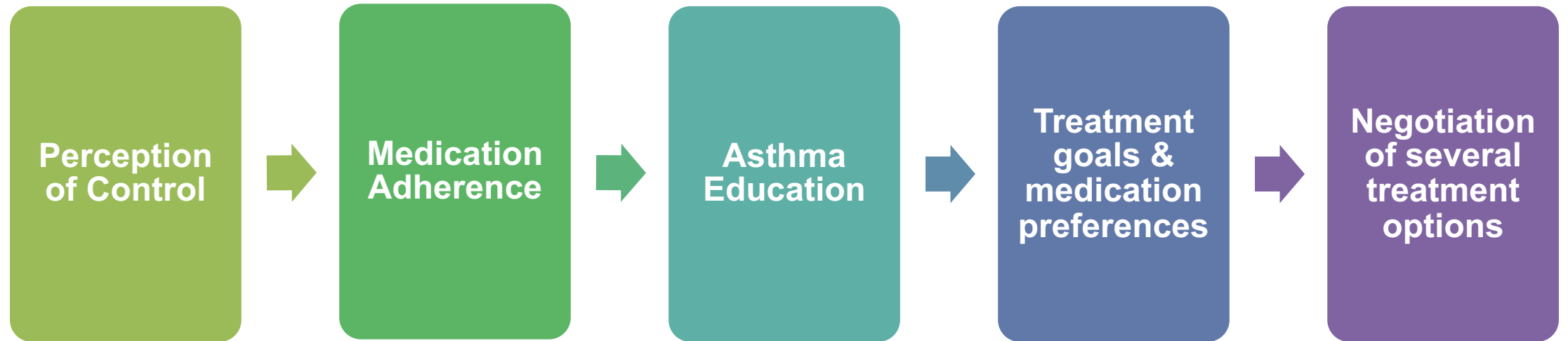
# Tailoring to Meet Individual Need

- **Length of 12-week roll out**
  - Combined weekly topics & condensed training period to 6 - 8 weeks
- **One PBRN network simultaneous roll-out across all 5 clinics**
  - Live conferencing system with screen sharing capabilities
  - Illustrates broad approach to practice facilitation, i.e. remote facilitation



# Tailoring to Meet Individual Need

- 5 Essential SDM Components



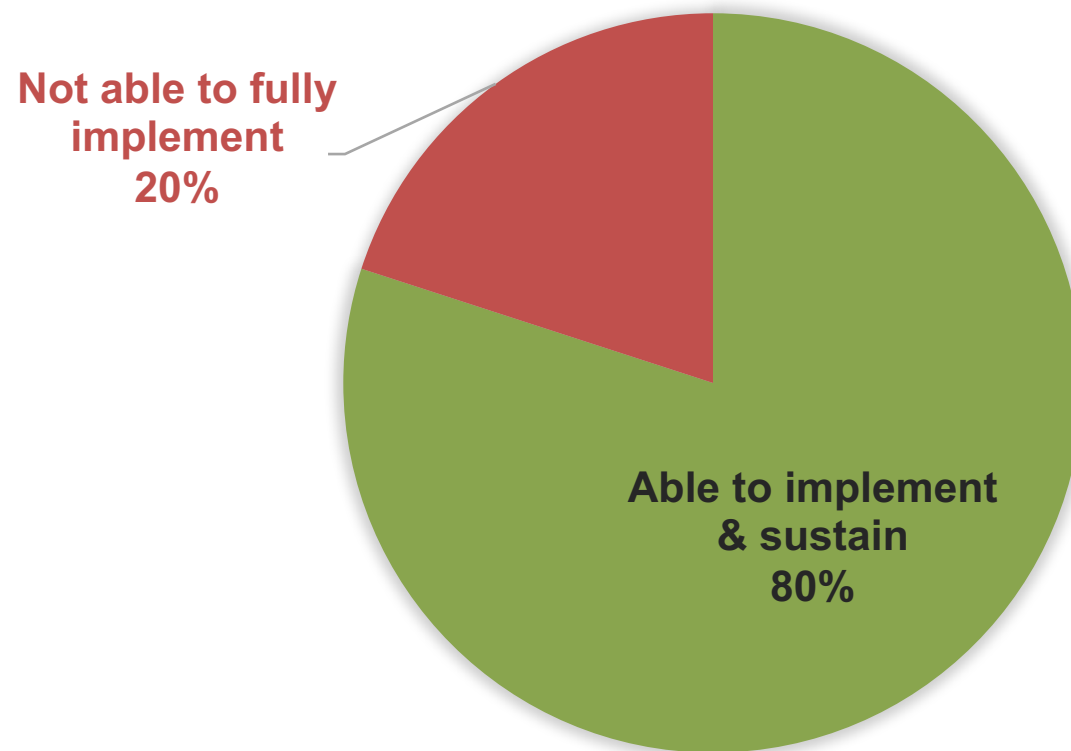
# Tailoring to Meet Individual Need

- **Update Asthma Toolkit with new medication choices**
  - Structured to fit new prescribing patterns in the 10 facilitator-led practices
- **Intake Form**
  - Shortened to fit clinic flow
- **SDM asthma education**
  - Provided additional education to practices not comfortable negotiating treatment options with a patient

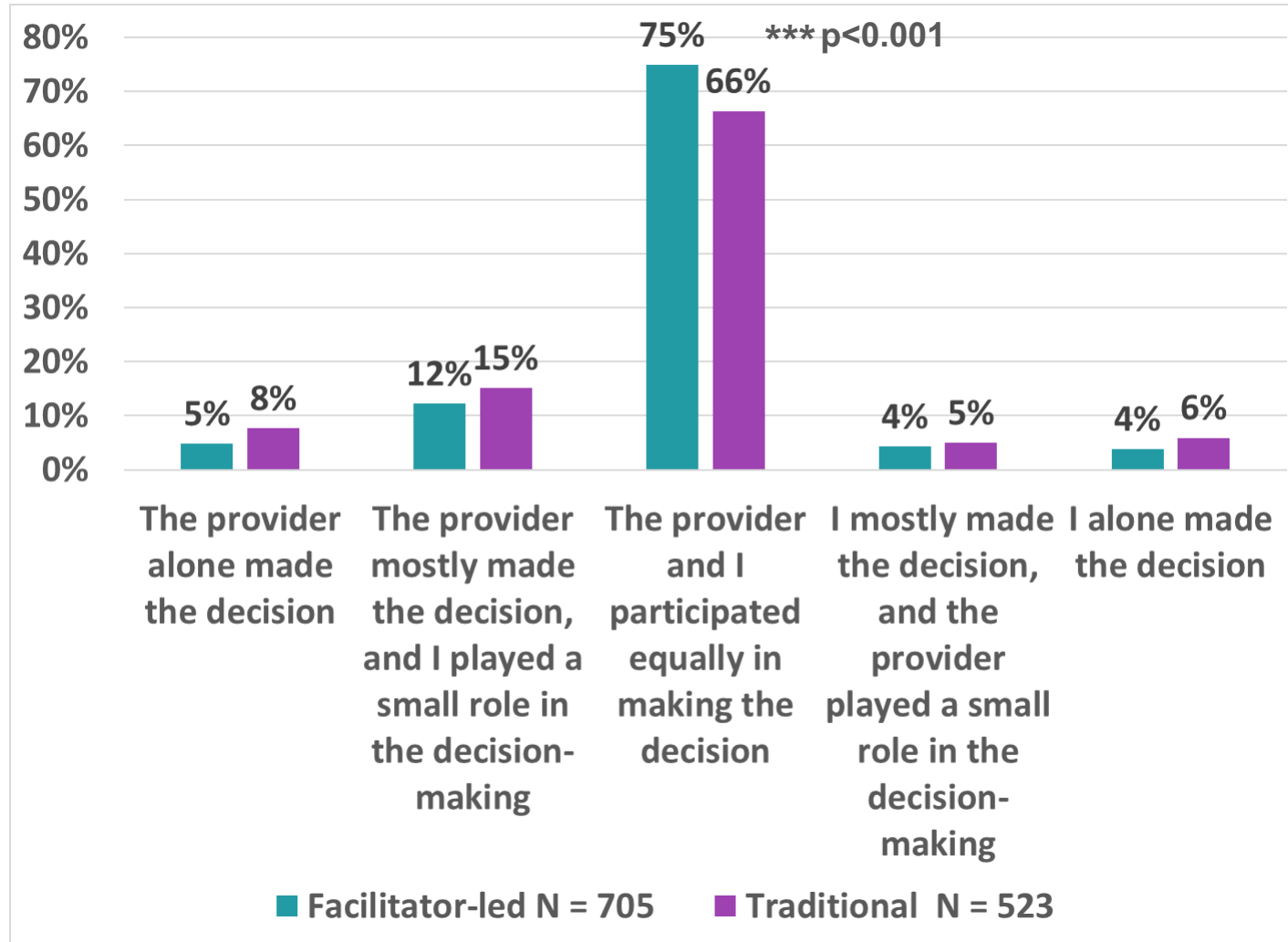


# ADAPT- NC: Results

FACILITATOR LED DISSEMINATION  
N = 10

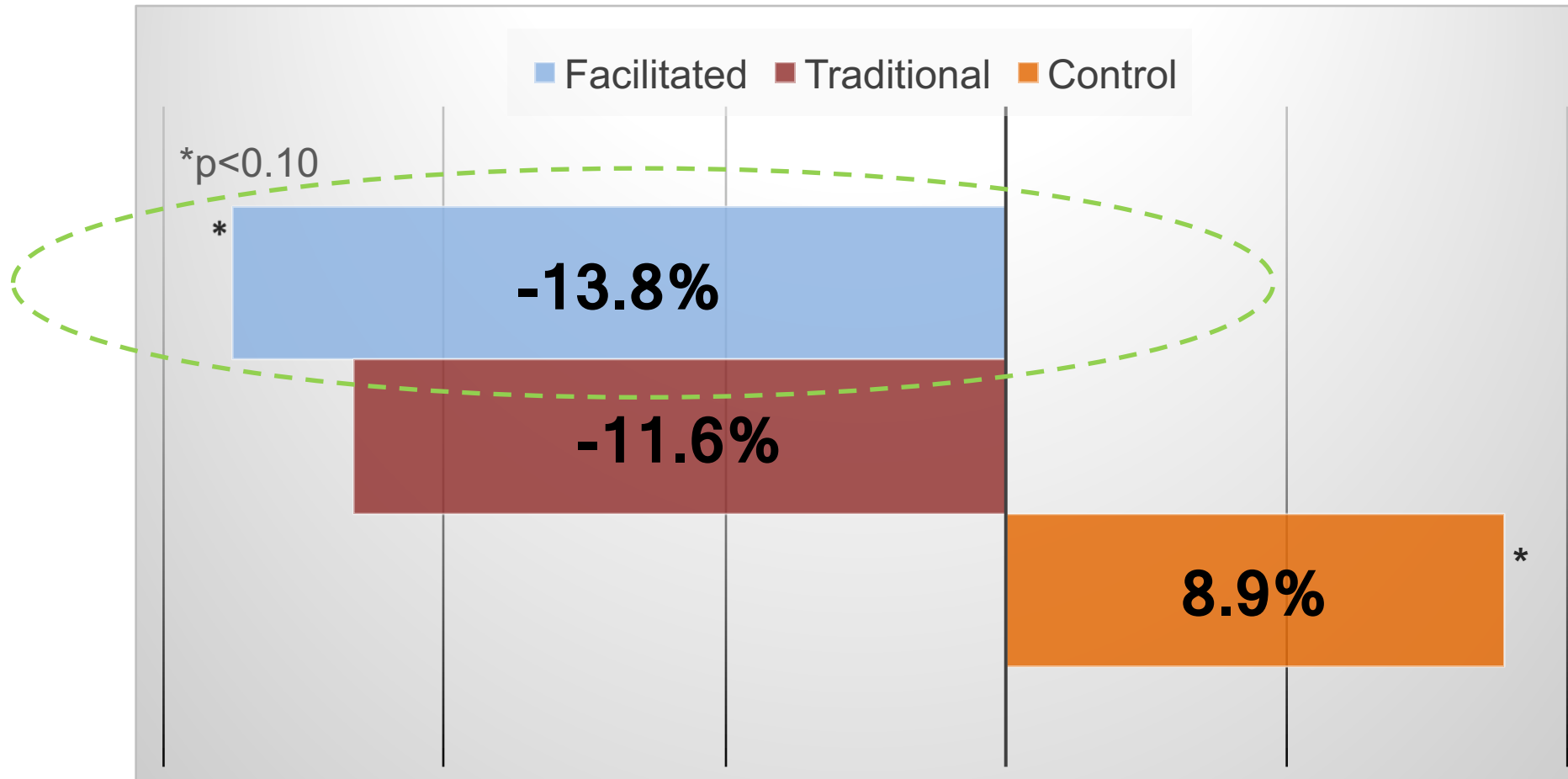


# Final Survey Results: During Your Asthma Visit Today Who Made the Decision about Your Treatment Plan?





# Changes in Proportion of Patients with Asthma with ED Visits Over Time



# In Summary

- Successful implementation of best practices into busy, real-world practice settings
- **Best Practices**



**Patient**

**Persistent**

**Pliable**

**Perseverance**



# Acknowledgements

- We gratefully acknowledge the assistance of all patients, providers, and practice staff involved in this work across all the sites
- We would like to thank PCORI for funding the ADAPT-NC project
  - *Research reported in this publication was funded through a Patient-Centered Outcomes Research Institute (PCORI) Award (CD-12-11-4276). The opinions in this publication are solely the responsibility of the authors and do not necessarily represent the views of PCORI, its Board of Governors, or Methodology Committee.*

## Special Thanks to CHS Family Medicine Research Team

Hazel Tapp, PhD<sup>1</sup>

Lindsay Shade, MHS, PA-C<sup>1</sup>

Brisa Hernandez, PhD<sup>1</sup>

Thomas Ludden, PhD<sup>1</sup>

Sveta Mohanan, MD<sup>1</sup>

Madelyn Welch<sup>1</sup>



# Questions

