

Practice Facilitation: Relationship Building, Facilitation Strategies, and Adapting to Change

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HEATHER GAMBLE

My name is Heather Gamble.

HEATHER GAMBLE

We have a group called OPHIC, which is the Oklahoma Primary Health Care Improvement Cooperative. You'll see several of us around the room, you know, raise your hands, baby. We've got also Zsolt, who you guys have seen numerous times. We worked with him as well in our group. Today I'm gonna talk a little bit about that relationship building. That is very crucial to what we do. And also the facilitation strategies that we use. And also the changes that we've gone through as we are coming out of the COVID era at this time, I've heard that we've had some spikes again. So to see what this went through, what we possibly look like, and hopefully, we will not be shutting down where we're actually able to. There are a couple of flyers that I passed out, which is a flyer that we use with our practices. I had link for it in the deck but because I did not bring enough. But so you guys will have access to that too as well. So today, what we're gonna do, I'm gonna get a give a brief little presentation this morning and we're gonna do two small activities, one with the relationship with relationship building and then one with the PDSA cycle. So that one will be a little bit more interactive and last a little bit longer. So part of what we do as facilitators is that we're trying to build those relationships with those practices. I think that's how we get our foot in the door and begin to trust us. We build teams really well, gaining access to that EHR and using that data from the EHR to drive those changes. We also use several of these strategies that we're gonna actually take part in, in our workshop today and then also making sure that those practices are optimizing their EHR and using it to the full capacity that we're able to, you're the experts. We're the ones with the knowledge, we're the ones that come in and teach them sometimes what they may be missing. So these are some of the strategies that I feel are the biggest portion of what we do in our jobs today. That relationship building obviously is a big component. Introducing a practice to facilitation. That's what that flyer is that I just handed out to you. We actually give that flyer to a practice that may be new to us or does not know what practice facilitation means to them. It gives them a little bit of an insight to what our job routine does and what we can actually help them with during a project. One of the next things that we do as well with our practices, we do like an assessment. So we go in and do some observations, we figure out what that workflow is in that clinic. And then we also assess their readiness for change. Are they willing to take the dive? Everybody fears change. They think it's not gonna work or you guys, some of those new individuals that they

just don't want to change, they've been doing the practice and doing that work flow that they're so used to and contributed for years. And so that's the last thing they want to do is change. So, obviously, addressing that barrier up front helps. Also during our observations, we like to identify those gaps. So maybe what they could or could not be doing. Yes.

AUDIENCE MEMBER

Sorry. How do you measure the change readiness?

HEATHER GAMBLE

So, we actually have...we do surveys with our practice members during our enrollment process. And so we look at the environment. There's questions about the environment, are people burned out? It also asks about the actual project itself and how important that is to them. So several different, it's about 25 to 30 questions roughly. And we do that at the beginning of the project. And then again at the end.

AUDIENCE MEMBER

[Question inaudible].

HEATHER GAMBLE

So it, it varies from component based off of our project because we have a key component that's project specific, that changes every time with each project. So I can send like a generalized of what we're doing right now. One of the projects that I am actually leading is Rise OK. And so during that project, we have been working with practices, about 30 practices, roughly, I think we lost one this last quarter. But we have been working with them with the, with the senior level for inappropriate use of opioids and chronic pain management. And so we've been recruiting patients during this project and we have actual interviews that we do with the patients at the end as well. They do a survey and I don't know if you guys are familiar with the [inaudible] score? Any takers on that? So that score is...it's like a pain scale. It's three questions and it actually talks about their pain and their enjoyment of life and their general activity. And so it's all, all, all the scores are like averaged out and then they can actually put that into the EHR. So the way the laws are written in Oklahoma, they have to use one tool to assess, but it doesn't specify what tool as long as you're assessing their pain at a visit, that's part of the requirement. So, but yes, I can definitely send you guys out a copy of those. Also with those surveys, what we do is at the very end of the study, we bring it together in like a final dashboard, we show them what the results were from the beginning and then we show them what it was like and compare it to baseline in the study. Part of what we do a lot and I think sometimes we don't do it on paper. I think we don't do it in this format. PDSA cycling is something that you go in, you're walking through steps. If you see something is going wrong, we try to fix it. So today we're actually gonna use a paper format. We're gonna do a little bit different activity with it. And then sustaining that change. We need to make sure that while you guys are in those practices that you're talking to the key people that can keep and sustain that change once you are no longer there. So these are not all of the categories obviously, but these are some of my top choices when I look at what's important to me and what, how do I build a

relationship? So I talk about first impressions, functionality, making sure you're on time, respecting time because the clinic has a very busy schedule and when you say you're going to be there, you need to be there. Preparation plans, making sure that you're, you go in with a plan of action for the day. So that way you're prepared and ready to sit down and get to work and then also promises are very important, making sure that if you tell them you'll help them with this or XYZ, that you follow through. So now what I want you guys to do for our first little activity is if you guys can...those two groups of about five, we get together in a group of about five.

HEATHER GAMBLE

So now what we're gonna do is, I want you guys to come together as a group to discuss what you, what it means to you and it is important for relationship building, but it can only be 1 to 2 words. So I have some examples. I'll show you here in just a minute after you guys come up with a few more, but come up with as many as you can. I'm gonna give you two minutes starting now. START CUT Yeah. key words. Ok. Wow. I think you have. Right. Good morning. Bye. Are you pregnant? Oh that, that so a good one. Ok. END CUT Give us a list as you go, if you've heard one already you can skip it, so just so we can stay on time. OK? Who wants to go first?

AUDIENCE MEMBER

Yeah. So can you repeat the question? So we have the answers, right?

HEATHER GAMBLE

Yes. What are 1 to 2 word phrases that mean that it's important for relationship building to you?

AUDIENCE MEMBER

OK. We put down honesty. Open communication, empathy, ask questions, style, curiosity. I did effective.

HEATHER GAMBLE

OK. Good job. All right. Who wants to go next?

AUDIENCE MEMBER

So we have, I tried to cross off the mentioned words, trust, connection, follow through, passion, situational awareness, respect.

AUDIENCE MEMBER

Bring treats, freebies, relatability, show up, commitment, and is authentic.

HEATHER GAMBLE

Yeah. Who's next?

AUDIENCE MEMBER

OK. I'll go ahead.

HEATHER GAMBLE

We talk about professionalism, trust, partnership, [inaudible]. Those are all good. So I'll share a couple of extra ones that I made this list that were important to me as well. Using resources: whenever I go to a clinic, I always have everything I need. I don't ever ask the clinic to print something for me. Because that's using their money and their paper and ink. And also I, I look at my attire for the day making sure I'm clean, I'm all put together, and I'm fixing myself up a little bit. Also, boundaries. I know that this happens a lot. We get close with the clinic members and we end up building a strong relationship with several of those members and sometimes doing things outside of work with those people. But sometimes we find ourselves where we kind of become counselors. Who's kind of felt like that? At times we're listening to a lot of problems. So I kind of try to be aware of the boundaries in those situations. Remaining objective, obviously, confidentiality because we're dealing with PHI. Sharing permissions, especially with access to EHR. And then communication is key as well. So, there's so many words that it's hard to cut it down to five. So this is just a copy of that handout that I gave you guys already. That's a lot of...it builds a lot of trust trust when people don't understand because today I heard our IT guy earlier come in here and said "what does, does practice facilitation mean?" And so several of us stopped and had to explain it. But this is nice to have kind of have handy. Nice little flyer as well as [inaudible]. So this is kind of where...I came across this and I thought this was very odd. So it was actually five practice [inaudible].

SPEAKER

HEATHER GAMBLE

I felt like there was, we always have that chaos first when you walk in. It's crazy, you can't get a word in edgewise. They're seeing 30 patients in a day. Then we've got those practices that are very isolated. They're very rural. The resources are sparing. They're far away. Patients have to drive a long way sometimes. And then we've got that naysayer clinic that has always been negative. This is never gonna work or it's that...and usually, it's one of your key components or key participants that have [inaudible]. And also the old fashioned practices. I know if you guys have, any of those. Everybody has switched to that electronic process but they're still using paper. The over confident practice: They're the ones that think we have nothing to change because we're doing it all right. And then you walk in, you do your observation and like there's some things here. And then this is the one that I added, I do have a practice that fits into this category that they don't belong to any of these other clients. They are my ideal practice. They show up when I show up, and they're ready to work and they do what I ask them to. So can you guys think of any other personas that maybe are not here on this board?

AUDIENCE MEMBER

[Inaudible]. [Inaudible].

HEATHER GAMBLE

OK.

HEATHER GAMBLE

So this is just, of what I talked about earlier about assessing the practices and their readiness for change, creating that buy-in and making sure that they're ready to make the change and not going through this cycle over here that I've got, I guess I wanna make the change. I don't, but yes, I do, I ready to do it. And so, this is just a cycle sometimes that we find ourselves in because of that fear of change. When you identify those key participants that can help sustain and maintain the workflow, that group, that's always very good. OK. So this is one of the last slides before the activity that's going to take a little bit. These are what I call the pillars of sustained change. And this is cultivating that motivation, wanting a clinic to actively seek that change, guiding them through the process. So we...sometimes I find in our studies, we go in with a book of this is what we need to work on. The practice doesn't wanna work on some of those things. So I think it's that give and take of tailoring that QI program to them as well. And then also addressing any resistance that you may come across in talking about it. Why do you feel this way? Why do you feel it will not work? Having that conversation and addressing it, right? When you see it and then also providing accountability and that means for yourself. But also for the practice, if you go in and you're asking them to hey, I need this report by a certain time, right? Stick to it, make them...give them deadlines and stick to it. All right. So our last activity is gonna take a little bit. You will go ahead and get back into those five groups, I see you have [inaudible]. So I want one person to be a discussion lead and then one person will be a note taker. You can use a cell phone for one of you to track time. And so what we're gonna do is I've got a bag of coins up here. And what we're gonna do is we're gonna test these coins with using a PDSA cycle. And so I, we're gonna let you do it for about 15 to 20 minutes and you'll report on all of your findings on this one. Let me pass this out real quick. And then if one of you wanna come up here from your group and I've got a bag of coins, I want you to get one coin and so get one coin at a time.

SPEAKER

HEATHER GAMBLE

So you guys, I've got links for several different PDSA forms. There's tons of them out there. This is my favorite. And so what we're gonna do is with the coins, you guys are going to be spinning those coins for as long as you can. You can pick any surface you want.

AUDIENCE MEMBER

We're gonna, I can't hear you.

HEATHER GAMBLE

I'm sorry. So we're gonna spin the coins. Ok? So you're gonna make a theory of what coin you think is gonna spin the best and as many times times as it can. Ok. So it, when it comes to rest though. So you're counting the spends and you're counting how long it's spinning, ok? You're timing it and you're counting the spins, you know, that's gonna be hard. But you guys can choose any surface you want. So you can access this room. I make a theory as to which of the coins is going to spend the most time. And then I, with that form we'll be able to, you can come back in here and look at this if you need to, you'll write your idea of change and what questions you're trying to answer with the test. So you're gonna make that prediction and then what you're gonna come back and do is did, did your prediction turn out to be true? And if it did or it did not, then you're gonna explain why, And then in that new section during the test, you're gonna capture all the observations, you see whether this surface worked or that surface worked or it's spun faster here. So then what you're gonna do on that study is, did the results match your prediction, yes or no? And what did you learn? And then the act portion is if you ever drink, I don't know if you guys are or not. If you ever go to a casino and they have some time to [inaudible], you're gonna already know the answer, right? So right now, if you guys want to, you are free to [Inaudible].

AUDIENCE MEMBER

Ok. So the point like when it's spinning, is it when it comes to a complete stop or like whenever like is it still considered spinning if it like kind of like, you know...?

HEATHER GAMBLE

So, it has to come to a complete stop.

AUDIENCE MEMBER

Thank you.

HEATHER GAMBLE

On the surface that it's on. This is just a fun way of different PDSA and then sometimes we get into our work and it's not as fun. Right? Right. Yes. You're free to go to a table or in that larger conference room. START CUT. Yeah. Which point? Yeah, I, I mean, I mean, you know, there, I don't know. No, let's go. So who wants to you? So what, how you say that a dispersion? How many, how many times was that? I don't know. Mother. Right. And then it's one thing, I mean, I don't know how many, but the dive was a lot longer. We're gonna say 10 seconds, we're gonna do the test and we're gonna do. You gonna, you're gonna, yeah, we have that. We decide. Yeah. To, I wanna go 111 All right. Ok. Right. Yeah, the floor got about six minutes left before. How much time do we have? , let me see. Do you want me to do it? I think I, everybody to the, I'm gonna call and they're all around but he, like, I love it. Yeah. Well, yeah, I love that water. That's what I mean in Seattle that I've never been. It's mountain and water all together. That's so 0.8 oh no. On Twitter. Wait, was that 28 something? I was writing down in the second drive or no? No. Ok. So the second drive four point it's fine. How many are you? Ok, more talk about it. Bye. That was , of time we can do

that in. Yeah. Ok. 4.9. Perfect, I think for Big Dec. Yeah, that was four oh 1 31. That was n ber one my hand for. Ok, thank you. Yeah, I can wait, wait, wait, wait, wait, so I right about the day. Oh, move everything up. Yeah. Oh, ok. So what was this one? We just did my right. Oh, so you're just. Ok. Yeah. Ok. That's right. , you, yeah, name 0116, 12 21. Is that an order? Yeah, you go. Ok. All right guys. What did he observe? That was not part of, , , doesn't matter where you started on the. Ok, thank you. She said she needed to play, I think I have to play the game balance credit, right? Sure. STOP CUT. Is everybody done with their testing? Ok. So one person will report out. And what we're gonna be asking is I wanna know first and foremost what your theory and prediction was initially and why you thought that that one would spin the longest of the process. And then also I wanna know was your theory different after you started spinning coins because you made a prediction early. Who wants to go first?

AUDIENCE MEMBER

All right. So first of all, our team name was "Super Spinners," that's really important. So our theory was that the surface matters the most. So a hard smooth surface was most important and it was somewhat of a mixed opinion. But we went in with the theory that a lighter coin would be faster, that the dime would be the fastest and that it would get better with practice. So having the same person spin would get better over time.

HEATHER GAMBLE

And then it did it change your answer? Did it change at any time?

AUDIENCE MEMBER

Our prediction did change it. It changed to that we actually were spinning it all wrong in the first place. So let's learned in this. That we needed an expert to guide us in how to spin appointed in the first place before we can even look at the assumption of what to change.

HEATHER GAMBLE

Yeah. OK. Next?

AUDIENCE MEMBER

We are team name "Stop on a Dime." So we were thinking our prediction thinking that maybe the nickel has been faster because of the surface. And we tried out here on the table, then we went out to the auditorium, used that table. and then we end up trying to quarter in the penny. And then we realized that it was about the technique, the spin, [Inaudible].

HEATHER GAMBLE

[Inaudible]

AUDIENCE MEMBER

The "hold and flick," which there's a lot that goes into it, right? Because with the quarter you can flick harder, whereas with the dime you have to be careful with the flick. And then there, there's, I don't know the two handed

SPEAKER

method.

HEATHER GAMBLE

OK. I like the method. So tell me a little bit about the surface difference.

AUDIENCE MEMBER

This was too small and it kept going off of our surface. So we need something longer for it to stay on it.

HEATHER GAMBLE

OK?

AUDIENCE MEMBER

Obviously hard because we were like, OK, the chair, it's gonna fall.

HEATHER GAMBLE

It's not [inaudible]. So did your prediction change at any point from what you initially thought?

AUDIENCE MEMBER

Yeah, we thought it would be quarter and ended up getting the penny. Yes. Yes.

HEATHER GAMBLE

All right. Next?

AUDIENCE MEMBER

Yeah. Before so we are...our assumption at the beginning of [Inaudible]. [Inaudible]. [Inaudible]. [Inaudible]. [Inaudible]. [Inaudible]. As we move along, we changed our observation and [Inaudible]. [Inaudible]. We kept the same spin method.

HEATHER GAMBLE

Was the same person spinning the whole time?

AUDIENCE MEMBER

Yeah.

HEATHER GAMBLE

Alright, thank you. All right. Last but not least.

AUDIENCE MEMBER

So [Inaudible]. All of a sudden, spin doctor [Inaudible]. [Inaudible]. Started to test different services in our area to see what we would, [Inaudible]. Our prediction was that the heavier the coin, the longer it would spin. Sure, why not? What we found was it was very, very difficult to spin the coin on the paper on the floor because they it kept spinning off onto the floor. But we got measurements. But then we decided to change surfaces. That's the new plan, change the surface [Inaudible]. Yes, it certainly did. [Inaudible]. We decided to not do it by coin. Maybe, maybe we decided that? We have two different, basically, [Inaudible]. [Inaudible]. To an average per surface rather than per coin, which is not what you asked. And that's, that's when you have a researcher. I'm sorry, he does not want to take credit, but he absolutely should.

HEATHER GAMBLE

So, what was your time?

AUDIENCE MEMBER

So, paper on the floor was an average of 3.71

HEATHER GAMBLE

seconds.

AUDIENCE MEMBER

Points in the hall 11.95 seconds. [Inaudible].

HEATHER GAMBLE

And I didn't ask anyone else for the longest group?

AUDIENCE MEMBER

The time because that's the longest time was 15.

SPEAKER

[Group determines which group spun the coin for the longest time]

HEATHER GAMBLE

So. Ok, so I think that was the fastest time. So the purpose of this was, there's lots of different ways you can use PDSA forms. This was supposed to be fun. Obviously, this is not something you would probably go in and show, unless you want to do a team building exercise. You guys all went out, some of you, and it was...you guys were talking amongst each other laughing, building that relationship. Once again, this is an example of how you can do that in a fun way. But the purpose of this though is just to teach you how prediction and theory work and how people are so creative. That's what practice facilitators do. They think way outside the box when you're in a practice, so. This was just a testament to your skills. Thank you guys for coming. I know it's the end of the day. We've only got a 15 minute time window to hear our last closing thoughts, but hope you enjoyed it.