

Hut Hut Halt! Tackling facilitation challenges and barriers before they tackle you

Presented by: Laken Barkowski, BSN, MHS, RN, MSHS; Neha Sachdev, MD, MS

NEHA SACHDEV

All right. So now we're really gonna get started and so thank you for joining us. I think I've met most but for anyone I haven't met, I'm Neha Sachdev. I'm a trained family doc and a communication specialist. And I've been at the AMA over five years as the director of clinical engagement at and I lead our practice facilitation team and I work with my awesome colleagues here and what I love most is getting to work with physicians and teams across the country. Do you wanna introduce yourself?

LAKEN BARKOWSKI

Hi, good morning everyone. So, I think I've met many of you. For

LAKEN BARKOWSKI

those that haven't, I'm Laken Barkowski. I am a registered nurse and I've been at the AMA for eight

LAKEN BARKOWSKI

years now and I serve in the role as manager for health system improvement, really helping to support health care organizations as they're implementing our hypertension program to improve blood pressure control. And what I really love about this and the program in general is that before coming to the AMA, I worked as a nurse and someone brought the program to me and it really opened up my eyes to the role I can play in improving blood pressure control. So I said I want to share this with others. So I came over to the AMA and I loved [inaudible]. OK, so, so, hey, everyone, my name is Kim Roberts.

KIM ROBERTS

I'm also a registered nurse and I've been with the AMA, I just hit four years in July and that's really exciting to be working with our team. And I just really love working with teams across the country, just getting to meet people as we're implementing our program. And you might have noticed from our title, we are huge football fans. I'm on the college end, NFL, so I'm really excited for some college football starting this weekend. So just again, really great to be here with everyone this morning, I'll turn it back over to Neha.

NEHA SACHDEV

Yeah, I can everyone hear me? Ok. I'm gonna go without the mic.

LAKEN BARKOWSKI

Yeah.

NEHA SACHDEV

Yeah. All right. Well, then I will, I will do both. Who else loves football? Teams? There?

LAKEN BARKOWSKI

Oh, you probably got a story...I know, I know, I know.

NEHA SACHDEV

Any other fans?

AUDIENCE MEMBER

We, we're college in our house.

NEHA SACHDEV

I'm a Philadelphia Eagles fan. So, hopefully that doesn't offend anybody. I mean, luckily there's no one from Texas, so we're fine. So all right, so what we will just to give a little bit of a quick overview of the type of practice facilitation work we do. We are part of the AMA and we support the mission of the AMA. So our business unit is called Improving Health Outcomes. You heard a little bit about our program and our work yesterday from our colleagues. But we're really focused on preventing cardiovascular disease through improving and one of the ways we do that is through improving blood pressure control. So when we say we're part of the mission, we really like to see ourselves in that betterment of public health part of the AMA's work. And our program AMA MAP Hypertension, or sometimes AMA MAP BP, it's an evidence-based structured QI program and we have strategies, action steps, metrics, all designed to help teams improve the way they measure blood pressure, treat patients with high blood pressure, and then engage patients in their care. And so we have metrics. We have tools and resources, but the part that we want to talk about is that we deliver our program through practice facilitation. And we've been doing this now almost 10 years and we've worked with organizations of all sizes and, and types. So everything from community health centers to FQHCs to some smaller practices, to some large academic centers, multistate systems. And what we've seen in facilitating in all these different settings is how important it is to be adaptive. And so that's what we want to talk about today. So what we're hoping is that at the end of this session, you'll all be able to talk about some of the challenges or barriers that you're facing in your facilitation work and that you'll have some brainstormed ideas of how you can address those challenges and overcome them. And so what we'll do is start with an example of something we faced. Share one of the barriers we discovered, give you all some time to identify some of your barriers, what's working, what's not come back and have a little report out and then we'll share how we changed our game plan to overcome our challenge and we'll give you all some time then to brainstorm. And as you're doing that, like the three of us will circulate and just share some of our thoughts as well. So just to help frame the way we like to think about our problems and our barriers, you know, we love football as we've said. And one of the things that makes a really successful football coach is someone who can make in-

game adjustments. Right? And I think we talk a lot about that. We talk about what do you do when things just don't go as planned and you're in a situation and you've got to flex. But the thing I think we don't talk about enough is the between game adjustments. And so as facilitators, we like to think of ourselves as coaches for the teams we're working with. And a lot of times we don't always take the time to pick our heads up out of that individual game and see the whole season and that ultimate goal of winning the championship or achieving our outcomes or objectives. So that's what we wanna focus on today is less about those in the moment flexing and more about that bigger picture, problems you're seeing that show up over and over and you can actually make a bigger adjustment for. So with that, I'm gonna hand it over to Laken to share an example.

LAKEN BARKOWSKI

Perfect. Thank you, Neha. Thank you. That would be helpful as well. So when we're working with teams on our program, there's a lot of activities that we do, but really what

LAKEN BARKOWSKI

we want to focus on today is our virtual site visits. So this is when we meet with the teams to really learn about what they're doing currently so that we can really customize our training and our support to them, their opportunities and their needs. So when we're doing this, what we're really looking to get out of it is meeting the champions. So at the site level, who are we going to be working with to make these changes? We want them to know a little bit about our program, we recognize sometimes they don't always know what they're getting into. So we want to kind of level set in the beginning and how are we gonna partner together?

LAKEN BARKOWSKI

What is this program?

LAKEN BARKOWSKI

We want to learn about how they're currently measuring and managing blood pressure and really look at their environment and their devices because that really does help the training and support that we are giving them.

LAKEN BARKOWSKI

So when we are taking a look at our site

LAKEN BARKOWSKI

visits and really reflecting on them, we took an opportunity to look at our wins and our barriers. And what I'll start by saying is that at the time of this, our site visits are virtual site visits. They were one hour, we would have a physician or provider champion and a nurse or MA champion join the call together. Depending on the site, there may have been a pharmacist or a QI lead that also joined. And so it was a really great opportunity. And what we felt our wins were is we got to meet the team. We got to start to build those relationships. We got to see their environment, their equipment hear about what they were

doing. So we could really customize for them. Of course, we had barriers as well. So with that one hour in asking teams to join together, we did have some inconsistencies with attendance. So people might have been pulled right before sometimes, even during the calls that we were having to attend clinic meetings. On top of the hour, we were asking, we were also asking for some pre work. So they do an assessment before. We get kind of a baseline, some a little bit of information so we could probe deeper during this. site visit call. What we found there is that the information we got out of that was not always reflective of what we heard in the site visit. So it may have been someone on the team that wasn't as familiar with the workflow that was filling it out and we were seeing what should happen instead of what actually was happening at the site. We also realized again, an hour was a lot for teams. So we recognize that and with nurses and physicians, MAs all joining the same call, we did at times experience that nurses or MAs they were a little quieter and we wanted to hear from them. And so it really sometimes hindered the information that we were able to get. So I shared a bit about our core elements, our wins and our barriers. So I wanna challenge you to do the same thing. We're gonna start an activity pretty quick off the bat

KIM ROBERTS
here.

LAKEN BARKOWSKI

What do you think about a facilitation activity that you do currently. What are the core elements of that? What has to happen in that activity? What's working really well? What might you have some room to improve upon? So if you're here with a group of team members and you work on the same project, you could use this as a time to brainstorm together. Otherwise we encourage you to get in small groups and share. So about 15 minutes, I will say there is a worksheet on everyone's chair. We are doing the orange activity now. So the orange elements are what you'll be filling out. Yeah. And if you want groups of three or four pulling everyone together, that would be great.

LAKEN BARKOWSKI

START CUT all happen to be, you know, that a lot. I, so I don't, yeah, can do that. So that's, I feel like, yeah, sorry. So that was a very it, it Yeah. Oh no. So it's, yeah. So what are you have more? Especially on the scene you guys watch, I guess I it all else with the, with our projects that we have been trying to get. So I like and then I said that element you're reaching out to patients. Yeah, that I know how to use it, right. We OK. Got it. And so I know that many people that we have END CUT Everyone, we are going

LAKEN BARKOWSKI

to start transitioning to our report out. So we were hoping that each group would give us a one minute brief overview of what you had the opportunity to talk about as a group. Would anyone like to go first?

AUDIENCE MEMBER

I can go first.

LAKEN BARKOWSKI

Thank you. Turn it over to you.

AUDIENCE MEMBER

Thank you. So we did...our core element was monthly PF meetings and we had check ins in connection with addiction medicine experts and kind of an administrative check-in. Our wins were access to subject matter experts, access to shared learning calls, team trainings, team based care, peers and peer-dual hybrid and dedicated time for QI.

SPEAKER

AUDIENCE MEMBER

And then our barriers were conflicting priorities, patient recruitment and the new child protection laws and then distribution lists and communication and outreach.

LAKEN BARKOWSKI

Thank you. Which group would like to go next?

AUDIENCE MEMBER

So I believe we didn't really write stuff. I was trying to catch it while we were talking. But core elements were I believe sharing a research flier to practice managers and practice leaders and within the health system, the clinics within the health system. Some wins were the wonderful research that he's [fellow audience member] done. And then the, the barriers, there was a lot of barriers. There's not any leadership buy-in. There isn't a patient portal that it can be like, yeah shared on. So some adaptations that we came up with were checkout handouts, maybe a patient council residency program to be part of the initiative. And then being a guest at a meeting to present research flier.

LAKEN BARKOWSKI

Thank you, anyone else?

AUDIENCE MEMBER

I just talked a little bit about this hypertension improvement project that I've been working on with the Alabama PCA. It's been been in conjunction with AHRQ and but so some of our wins were the relationship building and the resources that we've been able to distribute to the clinic. But barriers are certainly a lack of engagement from key clinic staff. We have not had, I don't think everybody that needs to be at the table, at the table. The time that I'm allowed with the individual clinics and then just the ownership of the staff rather than patient blaming is them kind of taking some ownership for the change that that can happen.

LAKEN BARKOWSKI

Any other group wanna share? Otherwise we can catch you on our next report out.

LAKEN BARKOWSKI

All right. All right. Thank you.

AUDIENCE MEMBER

So, we talked about like our SBIRT project with and on this that we screening like screening patients for unhealthy alcohol use and depression screening and tobacco use. And for this, we, let's see, I think it was around 2018 that we actually launched this project and we, at the very beginning of it, there was a lot done to the screening that had been around for a while, that we had contoured it to like, make it like, make it shorter, more user friendly, all those things to go out to practices. And so initially, we were able to get buy in for practices to start using it. But we started seeing that there was a lot of duplication of having to enter things into the EHR and into this tool. This tool was like mandatory to use for this project through our funder. And it did not matter. It seemed like to us as facilitators, right? How much feedback we gave that this was a burden on the clinic and duplicate type of things over and over. All we needed was more screens, more screens, more screens. And no matter all of the things that we tried to overcome, how we could and there was nothing that was getting us, you know, a push forward on those screens and many clinics ended up withdrawing and we could not get more clinics to join in on the project because of this. Now finally this year...and remember the start was in 2018...in 2023 our funder has finally like heard us. And so this is a win that we will get to actually start implementing the SBIRT screens by utilizing EHR instead of just their tool. So we're piloting how to do that in the interoperability of the EHRs with it. Another one we feel like is our, our leadership heard us and stood up to the funders, which is really scary, right? And stuff, but we felt very supported in that. There's, there's barriers I talked about and our barrier that we still face, right? Is that you know, still figuring out like all of the, how it's going to work, but we're, we're really glad that we will get to move on from that.

LAKEN BARKOWSKI

Thank you. So we've all faced barriers regardless of the projects we work on, but also great to always reflect on the wins because it's what helps keep you going when you're hitting those barriers. So, I'm gonna turn it over to Kim now to talk a little bit about how we changed our game plan to address some of the barriers we are facing.

KIM ROBERTS

So, thank you, Laken. So I just wanted to kind of start this section with a quote from Adam Grant. So "intelligence is traditionally viewed as the ability to think and learn. But in a turbulent world which we've all been living in, of course, especially over the past few years. There's another set of cognitive skills that might matter more, the ability to rethink and unlearn." So we really started with the barriers we identified to try to rethink our processes and what we were doing. So again, we have our barriers here that Laken talked about and here are some solutions that we came up with. So a little bit of a spoiler alert for my group,

we kind of jumped to solutions when we were talking through some of these things. But breaking apart our conversation: So now instead of having the one hour where we have everyone together, we have 30 minutes with physicians, other providers and pharmacy if available and then 30 minutes with nurses and MAs. So we really can kind of drill down and get the real not dirt, but the real details on what's happening with the workflows. And we felt like we've gotten a lot more, a lot more information that way and just shortening that overall time for everyone. So we're not asking an hour anymore, we're asking 30 minutes each and then really drilling down and get into those relevant questions. So what do we need to know to get started with the program? So there's things that we were kind of asking about all the components of the program. But what do we need to know now to get started and things we can ask later and then just eliminated that pre work. So now we get the information we need in real time and then can get started implementing the program. So again, we just kind of rethought, unlearned what we were doing, questioned our processes and then really, again, prioritized what we needed to do and what we needed to accomplish to be successful in implementing the program. So again, we're back at group time. And so now, and I know, I kind of heard everyone kind of jumping the solutions already, but just taking about maybe the next 15 minutes. And picking one of the barriers you talked about and coming up with a solution for that one barrier. Again, it could be like ours having too much time. We had that hour length, we've reduced it to 30 minutes for care team members. So just kind of thinking about how you would change your game plan. So you could get back into your groups and kind of now really talk about your solutions. Although I know we kind of jumped into that a little bit.

KIM ROBERTS

OK, so, are ready to share some of our solutions here? So again, just thinking about coming up with a new game plan and as a Florida Gator fan, I really hope we come up with a new game plan for this year. We'll see tomorrow night, how everything goes and then talk. So let's start who would like to go first and maybe just share one solution that you talked about to a barrier identified. Any takers for first? Oh, good.

AUDIENCE MEMBER

So we went off the railroad tracks and from our plenary this morning. Thank you. We took right up from the plenary that said some of the practice facilitator research is qualitative and we have the president of North American Primary Care Research Group here. And I encourage all the practice facilitators to get together and do some quantitative research and present it in Quebec City in 2024. That's how we're gonna address it? I started solving like NFL problems, their own teams.

KIM ROBERTS

I like it! Who would like to share next?

LAKEN BARKOWSKI

You can go. OK. Are we just taking one person?

KIM ROBERTS

Probably just do one.

AUDIENCE MEMBER

We talked about maybe shortening our meetings and being selective about who is coming. And also it kind of adds to the PF like credibility if we're kind of like, ok, you don't need to be here or you already about this or we have another resource for you. Well, I think, I mean, we talked about a lot of different potential solutions, but I do think that one thing that's probably common across all of our projects is just how distracted and burned out all the staff and providers are at the practices and how it's so hard for us to get their attention and time. And so I really think that as practice facilitators, we have to really think about like quality over quantity and how do we just rethink everything that we do in the face of number one, transitioning a lot of our previously in-person work to site to virtual, right. And then how do we like get their attention for a dedicated period of time, and figuring out how can we do what we previously did in two hours and 30 minutes. Right? And I, I think I was inspired by the some of the stuff that you did because it's like you really, you really have to look at like what we're doing and where we can cut things out and just focus on the absolute essential components. So those are just some of the thoughts of mine.

KIM ROBERTS

Anyone else like to share?

AUDIENCE MEMBER

It is important if you are doing in person and you have a budget, do it over breakfast. It might be your workaround, You can buy gift card for practices. [Inaudible]. For travel education and to do their work. And I mean, we get our funding, we get health funding, we get State Medicaid. And I mean, they are very strict. I mean, I was a pharma rep before and they adore that food, so I get that. Like a lunch type? You know what I mean? So funds for covering lunch versus paying to complete an hour survey. Like \$20-\$25. So that's a very different definition of, of a gift card. They can do it [inaudible]. I like to be a part of it. But, you know, I also think, and this is devil's advocate on this. I couldn't get in the door as a pharmaceutical rep without food, right? And it was almost like now our value, they want us in the door, they don't need food. So I don't want it to be value us. But here I think what we bring is so valuable. So just a different play on that bringing. I mean, there's, we just did surveys and some of our products, you know, so I think we have to get back to what we're doing. [Inaudible] And now it's the conversation that you have over that [inaudible] we don't always bring food though. That, yeah. [Inaudible] [Inaudible] But we do write in incentives. So, like this new one we have coming up with lower blood pressure and cholesterol, is a CDC going through the Department of Public Health in our state and then they contracted with us to do the work. It used to be like a \$500 worth of compensation for practices in instead of like at the end of it, and we said we've been doing that amount forever. Like, let's

up it a little bit. We don't need [inaudible]. And so that is a, sometimes it's a thing but then I think also when you're staying on top of the trends and things that are going on and you go in there and tell them, did you know, and they did [inaudible]. I heard it's like, this is off topic, but now my brain is, I just moved out of an organization [...inaudible] \$7500 our practice to participate in this project. And then when they, the same organization went to like a different project, there was no incentive and there are more that are doing that. So I almost feel like that's a little bit of a slippery slope. David, she made a good point. y'all know about making [inaudible]. And no, but theirs is what, 72,000? [Inaudible audience discussion]. I've heard that all along where they provide like \$1000 payout to the time and who was doing the work and it had to take \$1000. So when it was in a, the position, it was a way to pay them for their time. And it really didn't cover [inaudible]. There were a lot of things [inaudible]. We, we kind of jumped again a little bit and talked about like, what are, what we're doing next with the SBIRT screening. But kind of been thinking about addressing a barrier that a lot of these clinics that have either like withdrawn or that we tried to recruit that did not want to participate, like how to address that piece. And so coming up with making sure that we know, you know, have that elevator speech of what matters to those clinics that we want to regain that relationship with and things like that. You know, this isn't just about the screens and the amount of screens, it's all those process workflows that we can assist you with and all of, you know, all the things that we need to kind of get planned and ready for actually getting everyone back on board after them having maybe a negative experience.

LAKEN BARKOWSKI

So, all right. So we have heard a lot of great ideas here today and so we challenge you to take some of

LAKEN BARKOWSKI

this back to your work and try and implement it. So choose one implement it and, and it might be

KIM ROBERTS

helpful to have an accountability partner. So, someone you've met at the conference this week, we would love to be accountability partners. So please feel free to reach out to us. But again, thank you for the great conversations today and going back to the football team for a minute, we hope everyone's teams are successful this year unless they compete with ours. So, thank you so much, everyone.

LAKEN BARKOWSKI

Thank you.