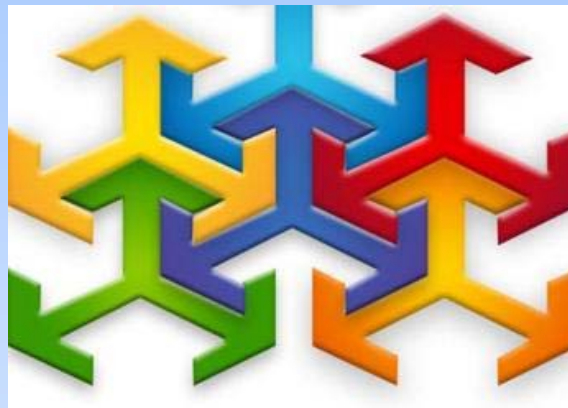


PBRN Development, Maintenance and Practice Facilitation



Zsolt Nagykaldi PhD, Associate Professor & Director

University of Oklahoma HSC Department of Family & Preventive Medicine
and the Oklahoma Physicians Resource/Research Network (OKPRN)

William Hogg, MD, FCFP, MS, Professor & Senior Research Advisor

Department of Family Medicine, University of Ottawa

Disclosure

- Academic research funding from federal agencies and national organizations (NIH, AHRQ, PCORI, NSF, RWJF, Johns Hopkins)
- Research support and service contracts from state entities and foundations (HealthChoice, SoonerSUCCESS, OHCA/Medicaid, OCAST, PHF, OSDH, OFMQ)
- Limited commercial research contracts: SpiderTek and Mill City Innovation Center

Overview of the Seminar

- 1) Definitions and description of PBRNs
- 2) Building and Maintaining a PBRN
- 3) PBRN Development Examples
- 4) Overview of Practice Facilitation
- 5) Practice Facilitation Examples
- 6) Changing Landscape of PBRN Research

Definitions

“Practice-based research is a type of research that is located in, informed by, and intended to improve primary care practice.” (functional “trench” definition)

“Practice-based research networks are new clinical laboratories for primary care research and dissemination. A PBRN is a group of ambulatory practices devoted principally to the primary care of patients. PBRNs draw on the experience and insight of practicing clinicians to identify and frame their questions whose answers can improve the practice of primary care.”

(adapted based on AHRQ definition)

Mission of PBRNs

Simple mission statement: “To conduct health/care **research that matters** in practice and the community.”

Detailed mission statement: “By using practice-based research methods in community settings **generate and disseminate practical knowledge and resources** that directly facilitate the improvement of health and healthcare in and around the community where member practices are located.”

(The mission of PBRNs requires a unique infrastructure and a multi-directional learning community.)

Mission & Vision Example (OKPRN)

Mission Statement:

The mission of OKPRN is to support primary care clinicians through a **professional network for peer learning**, sharing of resources for best practices and practice-based research.

Vision Statement:

Working with our partners and through the excellence of our members, OKPRN will help our State achieve **safe and high quality primary healthcare for all Oklahomans**.

Types of PBRNs by Org. Linkage

Academic or Professional Org-Linked PBRNs:

- Most PBRNs are in this category
- Typically run from Departments of Family Medicine

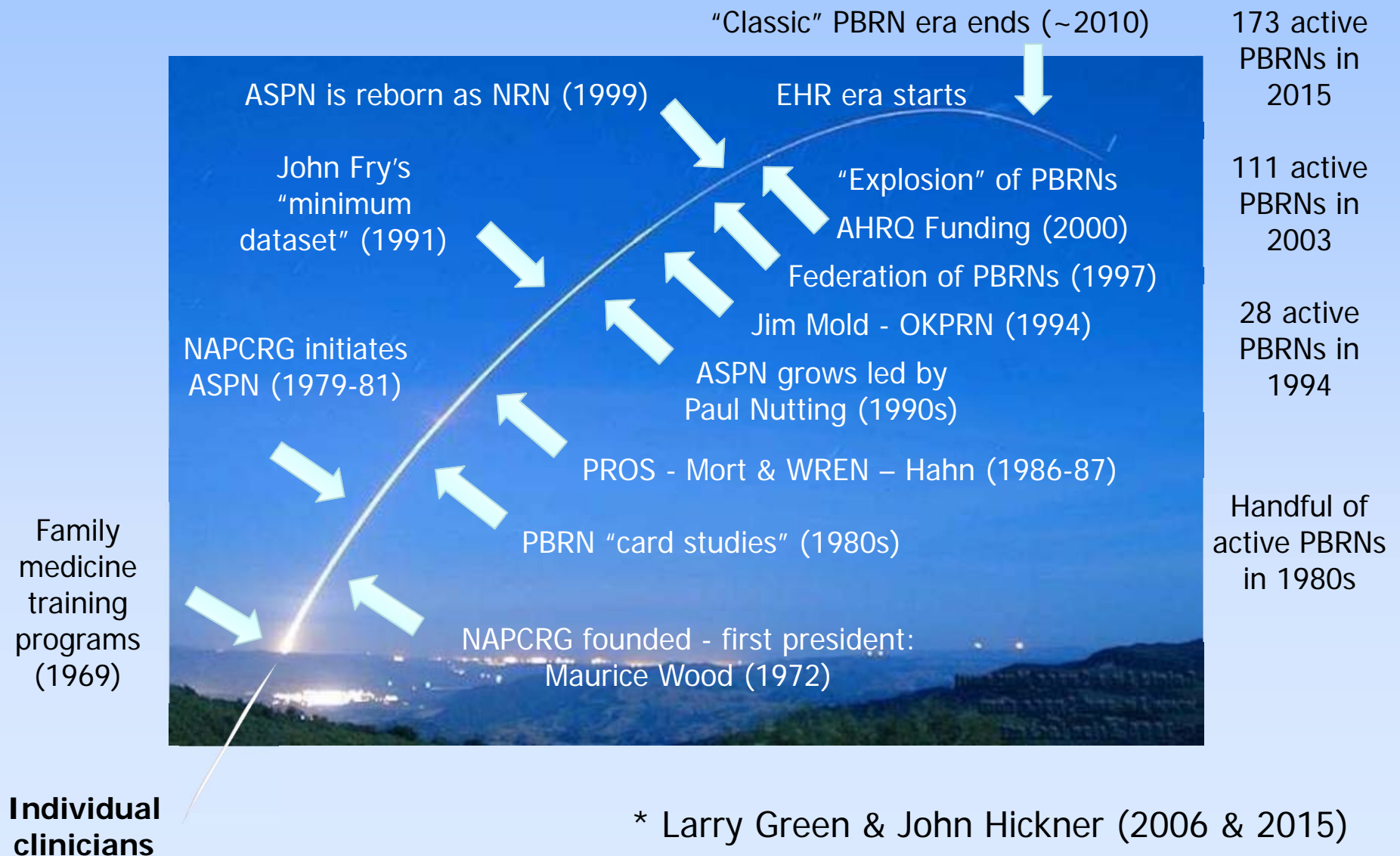
Fully Community-Based PBRNs:

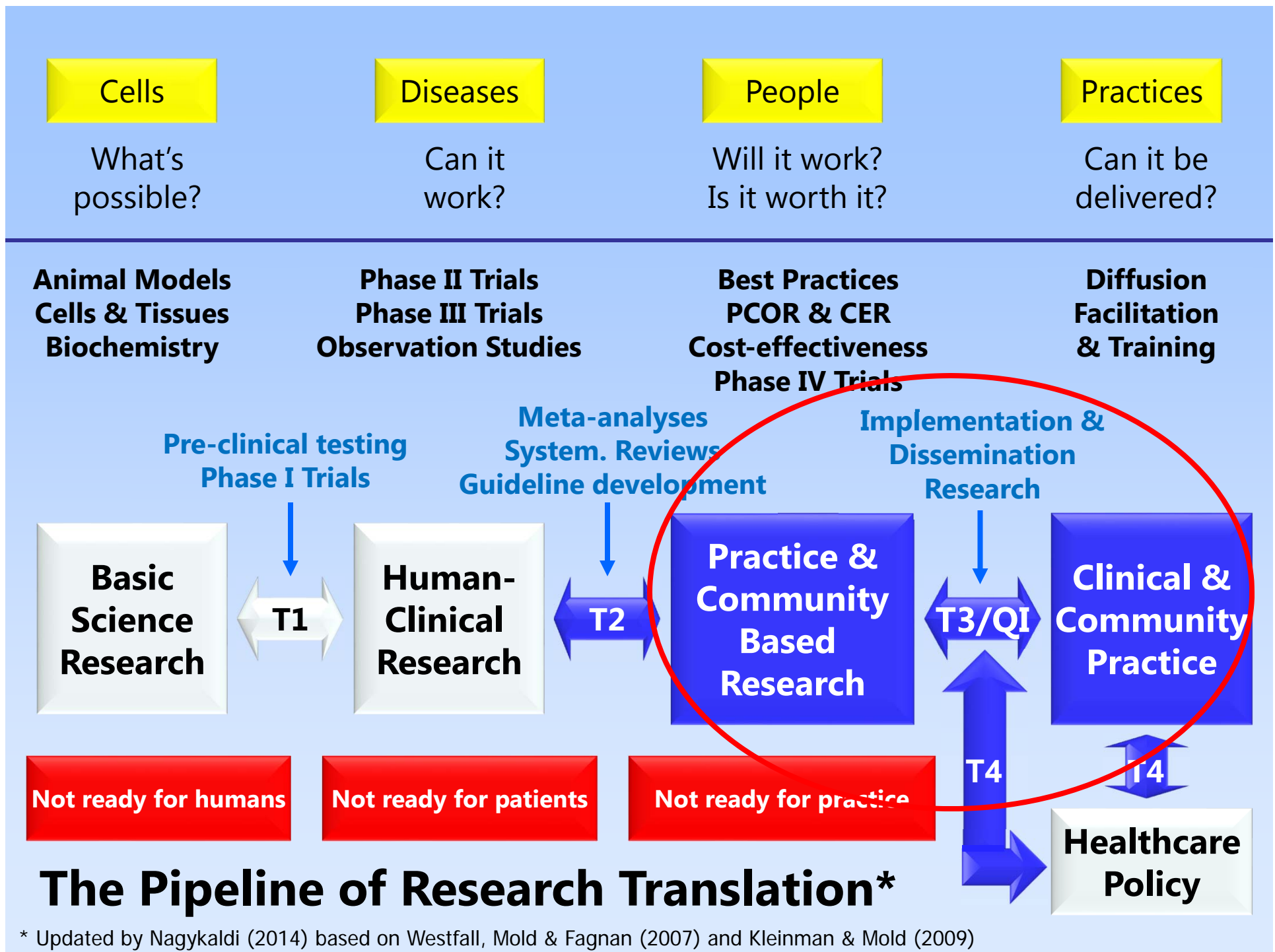
- Few networks in this category
- Strongly patient & community-oriented research
- Often struggle with the lack of infrastructural resources

Mixed / Innovative Academic-Community PBRNs:

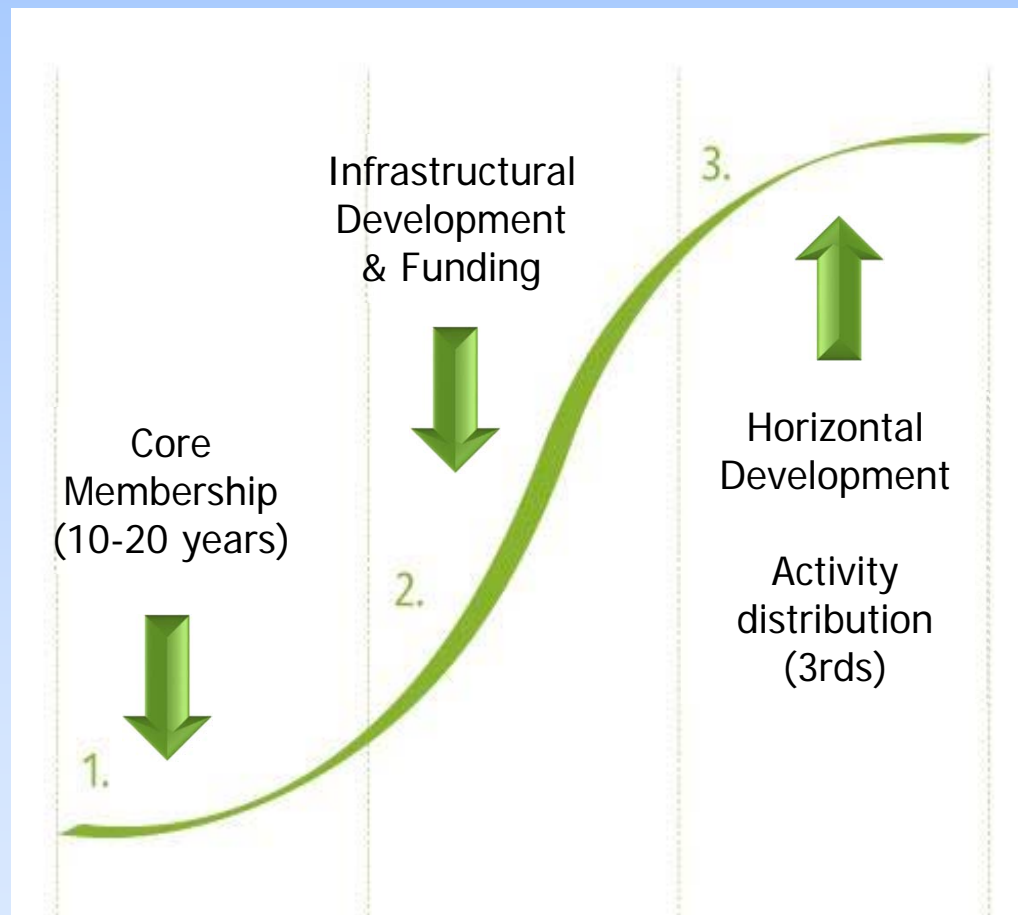
- Few, but successful PBRNs
- Academic resources combined with non-profit status

Trajectory of Primary Care Practice-Based Research (1969 – 2015)*





Classic PBRN Development Curve



1. Foundation phase: few, but dedicated members, slow growth
2. Exponential phase: rapid growth and expansion of scope
3. Maintenance phase: slow, continuous turnover, “neural network”, 1-2/3 active

Building a PBRN

Reference: Practice-Based Research Network (PBRN)
Research Good Practices

<http://www.napcrg.org/PBRNResearchGoodPractice>

Duke Primary Care Research Consortium (PCRC):
Durham, North Carolina
Rowena J. Dolor, MD, MHS & V. Beth Patterson, RN

Iowa Research Network (IRENE):
Iowa City, Iowa
Jeanette Daly, RN, PhD & Barcey Levy, PhD, MD

Metropolitan Detroit Research Network (MetroNet):
Detroit, Michigan
Kimberly Campbell-Voytal, PhD & [Anne Victoria Neale, PhD, MPH](#)

Oklahoma Physicians Resource/Research Network (OKPRN):
Oklahoma City, Oklahoma
Cheryl B. Aspy, PhD & Zsolt J. Nagykaldi, PhD

Oregon Rural Practice-based Research Network (ORPRN):
Portland, Oregon
Lyle J. Fagnan, MD & LeAnn Michaels, BA

Research Involving Outpatient Settings Network (RIOS Net):
Albuquerque, New Mexico
Miria Kano, PhD, Andrew Sussman, PhD, & Robert L. Williams, MD, MPH

Wisconsin Research & Education Network (WREN):
University of Wisconsin - Madison
Hannah A. Louks, MS & Paul Smith, MD

Step 1: Relationship Building

- Purpose: Recruit and retain PBRN members, sustain and grow the organization in a participatory manner.
- Successful Strategies:
 - Widely respected **champion** clinician/leader
 - **Personal** invitation and systematic recruitment process (multi-pronged outreach, member tracking)
 - **Participatory**, mission-oriented activities (ownership)
 - Direct **value** to members (resources, support, learning community, connectedness/linkages)
 - Effective, bi-directional **communication**

Step 2: Strategic Planning

- Purpose: Define a clear mission and vision for the organization that form the basis of all of its activities.
- Successful Strategies:
 - Organize periodic and professionally facilitated **strategic planning** sessions
 - Find critical areas where value can be generated or provided for PBRN members
 - Translate SWOT/needs assessment into **goals** and select effective strategies to achieve these goals
 - **Track** progress and adjust approaches/resources

Strategic Planning Example

OKPRN “BOD Retreat” Strategic Planning Day (2012)

- Selected a professional planning session facilitator
- Surveyed the PBRN and BOD members
- Met with facilitator to analyze feedback & create agenda
- Called the BOD for a day of strategic planning meeting
 - 1) Taking a look OKPRN today (Mission, Vision, Activities, SWOT)
 - 2) Envisioning OKPRN today and tomorrow (Renew Mission & Vision)
 - 3) Developing an action plan (identify gaps and prepare for the future)
 - 4) Summarizing decisions and conclusions
- Finalized the action plan
- Disseminated and tracked the action plan (completion)
- Reviewed and updated the action plan annually

2015 Update of the 2012 Strategic Plan

- 1) New Mission Statement in place in all of our materials and communications – **Accomplished.**
- 2) New Vision Statement in place in all of our materials and communications – **Accomplished.**
- 3) Sustainability and funding – **In progress.** New funding sources helped significantly. Membership dues may still not work at this point.
- 4) OKPRN will successfully transition to a new leadership model – **Accomplished.** However, clinician champions and membership need to be more active.
- 5) Better network marketing – **In progress.** Good and effective effort at convocations and signing up new members at the OAFP Convocation both. We also renewed the Newsletter. Completely redesigned our website. We now have social media presence and we have a dedicated network coordinator.
- 6) Board development and organizational culture (create a more participatory organization) – **In progress.** More org. cultural enhancements would be desirable to **improve member participation and a sense of ownership.** This may be the most critical area for long-term organizational health. Committees (PDAC, Programs, Nominations) could be resurrected.
- 7) Articulate and convey OKPRN "programs" to membership, solicit participation - **In progress.** Newsletter new section on programs and Convocation booth soliciting participation in specific programs. Listserv reviews on participation opportunities.
- 8) Patient and community-centered research – **In progress.** OKPRN is working on responding to PCORI calls and how patients could be incorporated more closely in the process of OKPRN research (see funded PDQNet Project and planned OPPN Project).

Building the Infrastructure

- Purpose: Develop an organizational structure that can generate ideas and turn them into successful projects.
- Successful Strategies:
 - Create **venues for soliciting** project ideas from members (e.g., listserv, convocations, social media)
 - Build a **structure for vetting** ideas based on priorities
 - Establish professional partnerships (web of expertise)
 - Develop an effective **member database** for membership tracking and ongoing organizational improvement (e.g., AHRQ PRINS-1 & 2 dataset)

Building the Infrastructure (2)

- Design **information management** infrastructure (study management, communications, process improvement)
- Implement innovative processes for **ongoing feedback** to members (research, QI, resources)
- Employ best practices for effective **dissemination** of innovations (e.g., health extension system)
- Explore alternative, locally or nationally available **infrastructural resources** (e.g., CTSIs, foundations, innovation centers, AHRQ Innov. Exchange, PCORI)
- PBRN Resource Center (RIP 2015)

Infrastructure Building Example

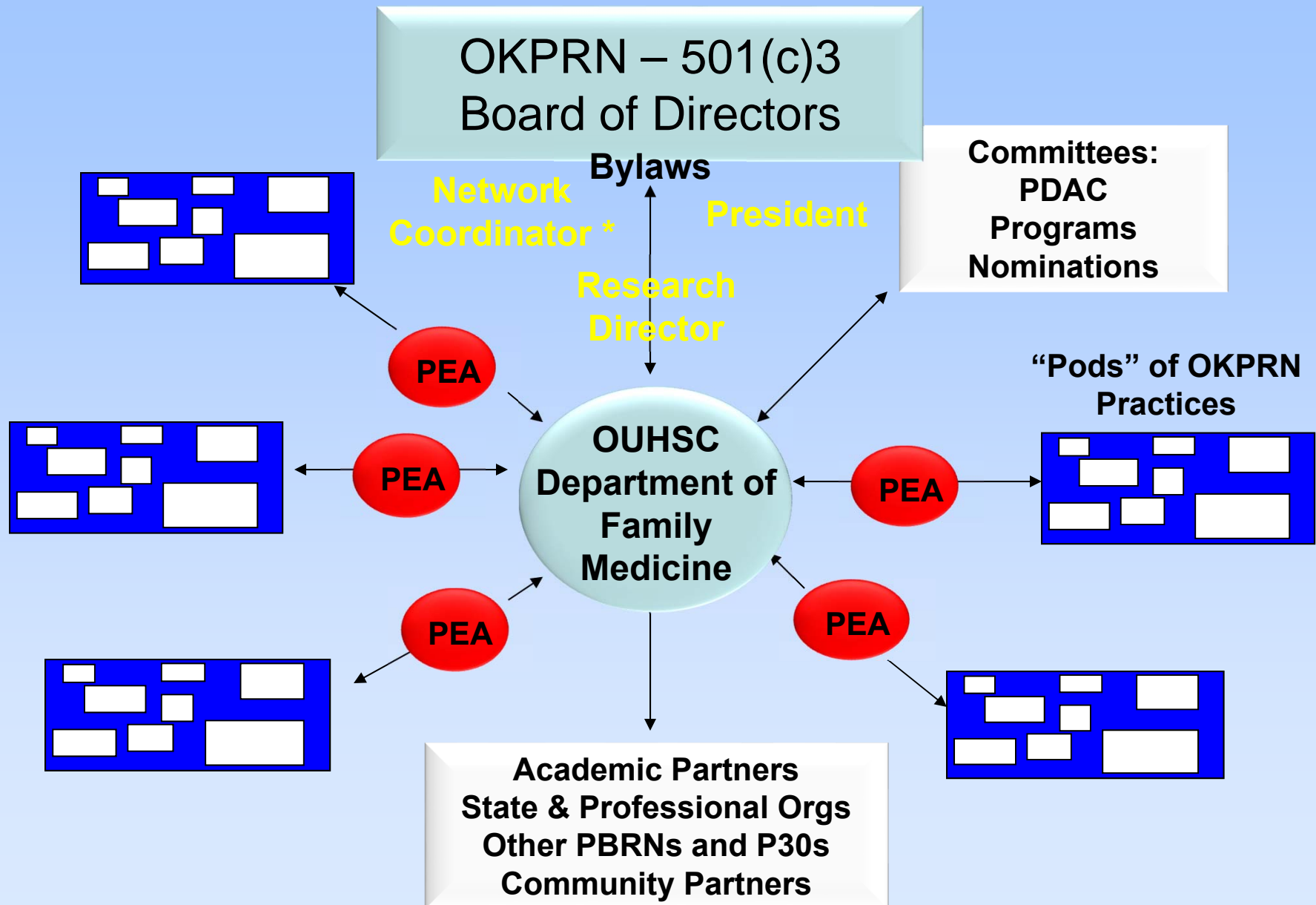
- **OKPRN Listserv (since 1999)**
 - [Discussions](#) with peer clinicians
 - [Evidence updates](#) and summaries of highly relevant studies
 - Very Brief Grand Rounds [Summaries](#) (VBGRS)
 - Learning best practices
 - Linkages to subspecialists
 - Influenza-like illness (ILI) and infectious disease [surveillance](#)



Staffing the PBRN

- Purpose: Provide the necessary expertise that can support the mission of the organization.
- Successful Strategies:
 - Based on the mission/vision, create a strategic organizational structure ([committees](#), [work groups](#))
 - Hire and retain qualified, passionate and respected leadership ([director](#), [coordinator](#), [facilitators/RAs](#))
 - Design a professional development and training approach for key personnel (see other chapters also)
 - Periodically evaluate needs and (re)train/hire

Staffing / Leadership Example



Funding the PBRN

- Purpose: ensure the long-term sustainability of the organization (infrastructure, human resources, capacity).
- Successful Strategies:
 - Use creative means to acquire **infrastructural support** (leverage projects to carve out structural funding)
 - **Diversify** the network portfolio and sources of support (grants, contracts, donations, co/matching-funding)
 - Develop **service lines** and strategically **market** PBRN services internally (CTSA), regionally and nationally building on value-added services and resources (e.g., QI, statistical/data eval, and tech/IT support)

PBRN Funding Example

Since 1994, OKPRN has completed over 80 projects funded by 20 sources.

National Research Grants:

National Institutes of Health (NIH)
National Cancer Institute (NCI)
Agency for Health Care Research and Quality (AHRQ)
American Academy of Family Physicians (AAFP)
Robert Wood Johnson Foundation (RWJF)
Merck Vaccine Division (MVD)
Nat. Alliance for Res. on Schizophrenia and Depression (NARSAD)
Health Resources and Services Administration (HRSA/BHP)
Patient-Centered Outcomes Research Institute (PCORI)

State And Local Funding:

Oklahoma State Department of Health (OSDH)
Oklahoma Health Care Authority (OHCA, Medicaid Program)
Oklahoma Foundation for Medical Quality (OFMQ, State QIO)
Oklahoma State Medical Association (OSMA)
Oklahoma Center for the Advancement of Science & Technology (OCAST)
Presbyterian Health Foundation (PHF)

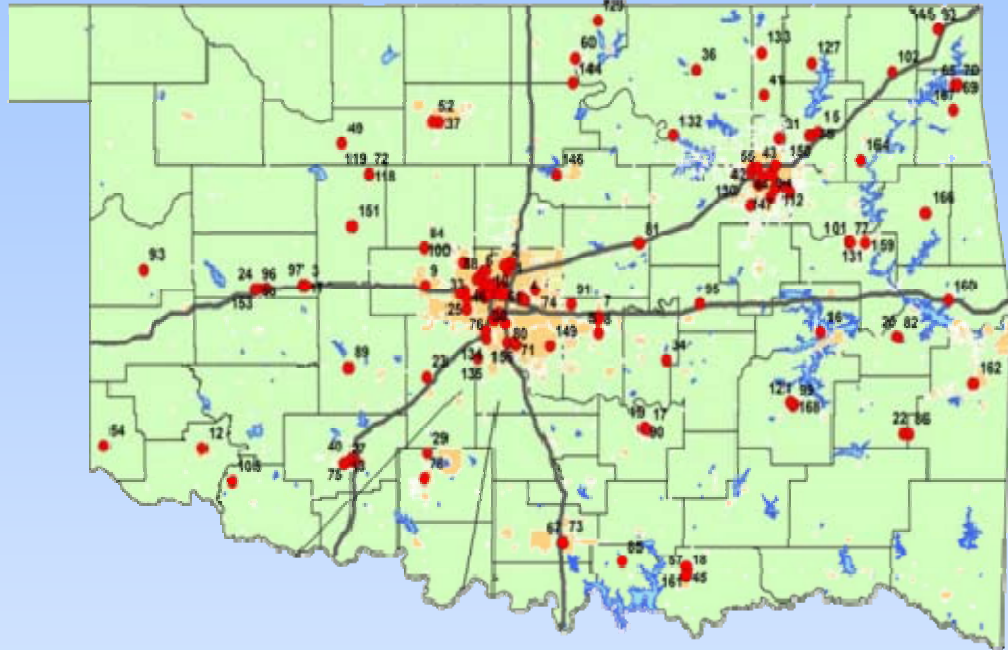
Service / QI Contracts:

State Medicaid Program
State QIO

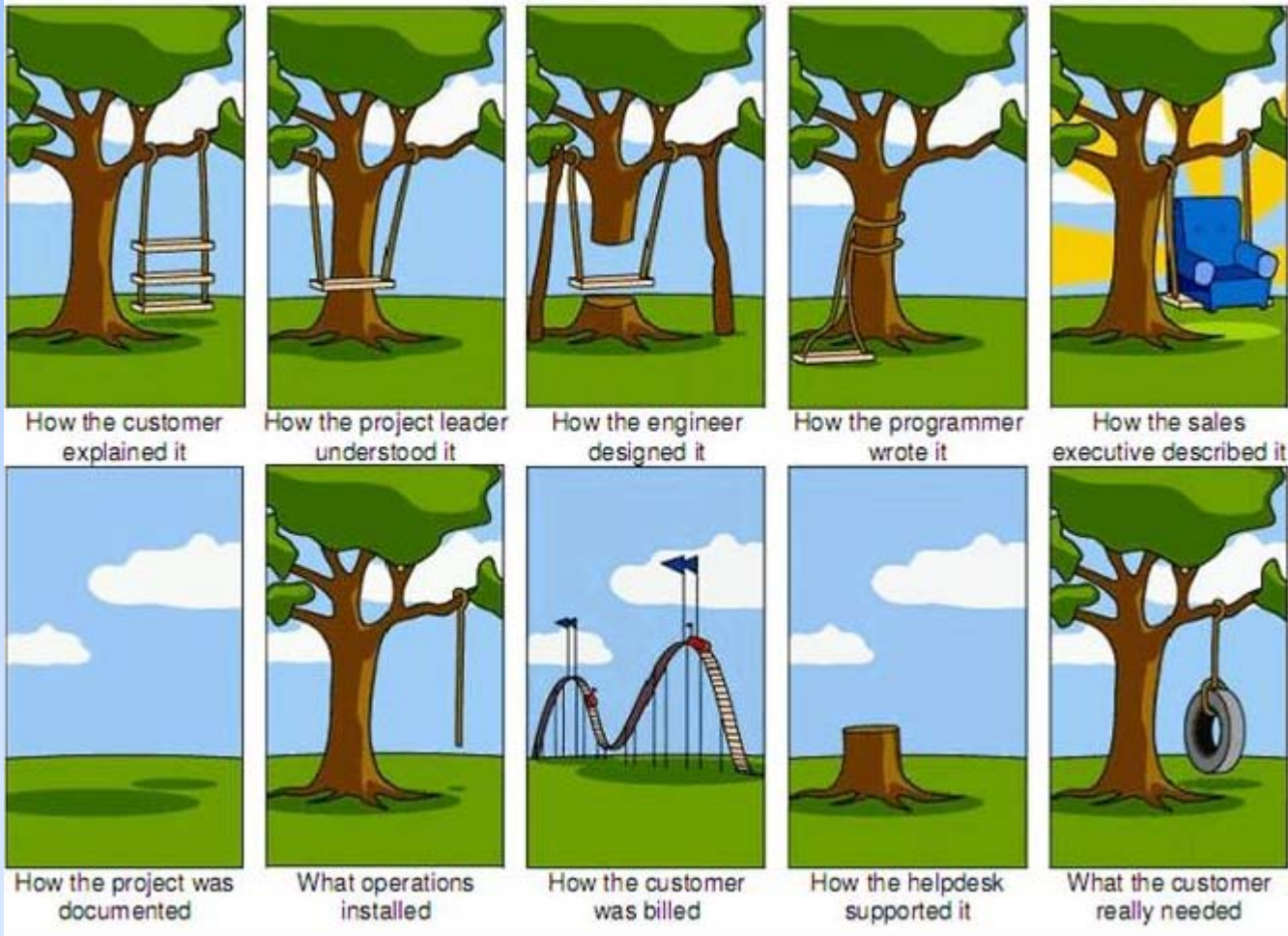
Payers (Public & Private)
Employers (Public & Private)
Wellness Companies
Health Systems
MOC-Part IV Support
Civic Organizations

Network Example (2016 June)

- Funded in 1994 from a seed grant from a local health foundation
- 286 primary care clinicians throughout Oklahoma
- 149 practices (small private to large academic, FQHCs, IHS/Tribal)
- 56 DOs, 21 PAs, 26 NPs (family, internal med & pediatrics)
- 80+ research and QI projects completed, 100+ papers published and 130+ presentations given
- \$20M in external funding leveraged from 20+ sources
- 501c(3) status since 2004 with a BOD (clinicians & comm. stakeholders)
- Over 6000 hours of member volunteer time contributed
- Gender distribution: 39% female
- Mean member age: 40-49 years
- Mean years in practice: 10.5 years
- Mean years in OKPRN: about 6.5
- Average member per practice: 2.2



Listening to “End-Users”: What a Great Idea!



OKPRN Board of Directors (2016)

BOD Members (9/15):

Mike Pontious, MD (president)
James Allen, MPH
Kristy Baker, ARNP
Mike Crutcher, MD, MPH
Jennifer Damron, MPH
Helen Franklin, MD
Russell Kohl, MD
Zsolt Nagykaladi, PhD
Sachidanandan Naidu, MD
Samuel Ratermann, MD
Heather Stanley, ARNP
Anita Tanner, PA
Susan Waldren, MA
Frances Wen, PhD
Margaret Walsh

Background / Role:

Rural health system med. dir. (former academic)
Director, Partnerships for Health Impr. (OSDH)
Rural solo practice clinician
FQHC group practice Dir. of Medical Quality
State primary care association's liaison
Rural medical group clinician
Regional QIO Med. Dir. of Practice Transform.
Research Director, academic researcher
Suburban health system practice clinician
Rural solo practice clinician
Rural health system practice clinician
Suburban small practice clinician
Regional QIO liaison
Academic health services researcher
Network Coordinator

Engaging, Recognizing, Retaining Clinicians

Engaging:

- New practices are engaged by leaders, peers, NC or PEAs
- New clinicians join through the website (also via NC or PEAs)
- Clinicians join for resources, new projects, or due to positive “peer pressure” (e.g., peer’s quality of care improves)

Recognizing:

- Plaques, certificates, listserv acknowledgements, conferences
- Importance of patient recognition (e.g., small communities)

Retaining:

- Continuous personal relationship building (clinicians & staff)
- Ongoing NC and PEA visits and following through projects
- Frequent, multi-modal communication (remote & in-person)

Membership in OKPRN

Eligibility and Types of Members:

All primary health care professionals in good standing with their Oklahoma licensing board are eligible for OKPRN membership.

Active members enter into a verbal agreement outlining the benefits and few responsibilities of membership.

Affiliate membership is also permitted with no obligations, but less access to resources.

Inactive members who chose to “listen” to communications, but don’t participate actively are kept on the roster and retain access to the network listserv.

Network Website: www.okprn.org

Oklahoma Physicians Resource/Research Network

[HOME](#)[RESOURCES](#)[RESEARCH](#)[MORE](#)

FOLLOW US:



About OKPRN

OKPRN is one of the premier primary care PBRNs in the United States. It was established in 1994, as a collaborative project of the Oklahoma Academy of Family Physicians and the University of Oklahoma HSC Department of Family and Preventive Medicine in Oklahoma City. Initial funding was provided by a grant from the U.S. Department of Health and Human Services Health Resources and Services Administration.

The mission of OKPRN is to support primary care clinicians through a professional network for peer learning, sharing of resources for best practices and practice-based research.

[MORE](#)

Recent Accomplishments

Working with two other PBRNs in Oklahoma, OKPRN hired its first dedicated Network Coordinator! Please welcome Meg Walsh to our community! She will be an excellent asset to OKPRN, bringing her skills of organizational management to our primary care practices!

OKPRN received the Champion of Community Health Award from BCBSOK in October, 2013. We are very grateful for this distinction and think that it represents the dedication and hard work of our clinician members over almost two decades to enhance primary care in the State and improve the health of all Oklahomans.

[MORE](#)

Contact Us

Questions or Comments?

(405) 271-3451

Margaret (Meg) Walsh
Network Coordinator

Network Website: www.okprn.org

Oklahoma Physicians Resource/Research Network

[HOME](#)[RESOURCES](#)[RESEARCH](#)[MORE](#)

FOLLOW US:



OKPRN News & Highlights

Since 1994, OKPRN has been on the cutting-edge of developing and disseminating innovative resources and practice-based knowledge that are relevant to primary healthcare, earning state and national recognition. Some of our accomplishments and recent initiatives are showcased below.



Primary Care Extension Program

The Oklahoma Physicians Resource / Research



My Wellness Portal - HRA

Funded by the Agency for Health Care Research and



OKPRN Newsletter

The OKPRN newsletter is a quarterly publication of

Network Website: www.okprn.org

Submit a Project Idea to OKPRN

Use the form below to submit your ideas for conducting relevant, feasible, and value-added projects that our members might find important to do. Projects can include traditional research, resource development, implementation, and dissemination initiatives. The structured information you provide will help us understand what you have in mind, decide if your idea should be turned into an OKPRN project and determine the level of priority within our project portfolio. You should hear back from us within 3-4 weeks.

Project Idea

Please complete each field before sending your idea to us!

Name *

First

Last

Organization's Name

Email *

Phone Number

 - -

###

###

####

Research Question or Project Objective *

- 1) Submit concept paper
- 2) PDAC or BOD reviews request (relevance, impact, feasibility)
- 3) Periodic prioritization of proposed projects (members)
- 4) BOD approval of projects
- 5) Submission of project for funding

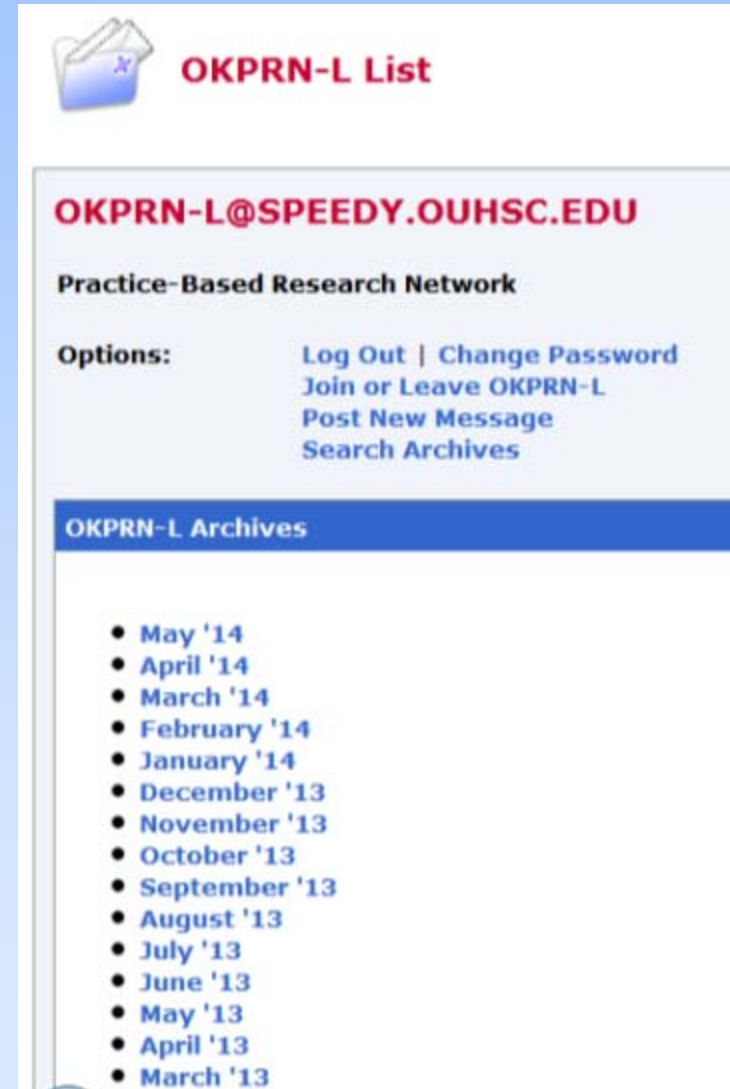
OKPRN Member Listserv (2016)

Facilitating a Learning Community

- Active since October, 1999
- 219 subscribers (77% of members)
- 368 messages in 155 threads (9/15 - 9/16)
- Wide range of topics, mostly primary care
- Lots of member-initiated questions
- Ability of quick polling and informing

Listserv Thread Example:

- 1) Clinician observations on increased incidence of zoster in younger adults
- 2) Rapid poll of members on cases seen
- 3) Summary sent to state epidemiologist
- 4) Epidemiologist contacted the CDC and obtained more information (CDC became interested in getting more front-line data)
- 5) CDC feedback provided to 200+ listserv members in 10 days from inception

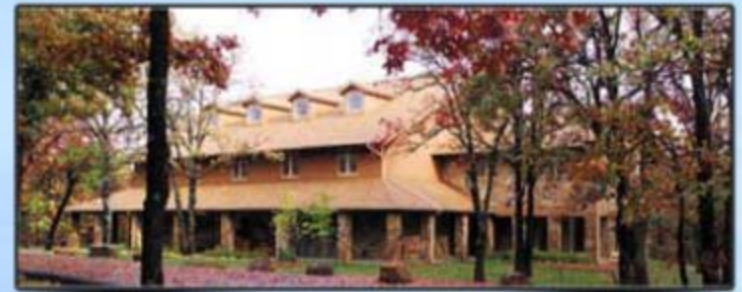


Annual OKPRN Convocations

The All-New 20th Anniversary OKPRN Convocation

August 15 - 17, Post Oak Lodge, Tulsa

As members requested, in addition to our joint convocation with OAFP, we brought our PBRN convocation back this year that is not associated with the annual OAFP Meeting. All those who enjoyed the collegial and open atmosphere of past OKPRN convocations, this meeting is back! Representatives of the Oklahoma-based pediatric network and the developing pharmacy PBRN will also be joining this completely renewed and exciting program. Families are welcome to attend non-scientific programs, as in past years. Enjoy a relaxing weekend in the secluded **Post Oak Lodge** in Tulsa! We hope that many members will be able to attend. Download the [convocation flyer](#) or [notice board poster](#).



How to Register?

OKPRN Newsletter

OKPRN News

Oklahoma Physicians Resource/Research Network (www.okprn.org)

Spring 2014

Board of Directors

Russell Kohl, MD, President
803 N. Foreman, Vista, OK 74301
russellkohl@okprn.org
Kristy Baker, ARNP
3140 W. Hayes, Clinton, OK 73601
kristybak@okprn.org
Jennifer Dameron, MPH
4300 N. Lincoln Blvd, OKC, OK 73105
jdameron@okprn.org
Margaret Enright, RN
1400 Quail Springs Parkway, # 400
OKC, OK 73134
menright@okprn.org
Neil Hann, MPH
1000 NE 10th Street, OKC, 73117
neil@health.ok.gov
Suben Naidu, MD
1919 E memorial Rd, OKC, OK 73131
sachidanandan.naidu@mercy.net
James Mold, MD, MPH
900 NE 10th Street, OKC 73104
james-mold@uhsc.edu
Cristina Poon, PhD

From The President's Desk

After a seemingly long winter, Spring is in the air and Meg is on the road! As one of her first actions with OKPRN, Meg has been traveling the state to meet our members and reach out to see what we can do as an organization to meet your needs. If you haven't had the opportunity to meet her yet, keep your eyes open for an OKPRN visitor or make plans to meet and greet at either our [20th Anniversary OKPRN Convocation](#) (page 5) or at the OAFP Scientific Assembly.



With the 501(c)3 application submitted, we are awaiting word from the IRS on what will hopefully be the end of our journey to recognition as a tax-exempt, charitable organization. It's been a long and sometimes confusing journey, but Joy Mercer has persevered in accumulating the variety of documents required by the IRS. Thank you to all who have supported this journey.

NEWSROOM

To our great surprise, AHRQ announced in February that our recent R18 grant submission has received a perfect (10) score from the review panel. We expect a funding decision soon. This is a very rare event in any research portfolio. The project aims at setting up a community-level preventive services delivery system in 3 Oklahoma counties including primary care practices, the county hospital, the county health department and County Health Improvement Organizations (CHIOs). We will also work with all Oklahoma-based HIEs to feed our Preventive Services Reminder System that will be operated by Wellness Coordinators. They will contact patients based on a protocol established by the PCPs and make sure that individuals are linked to recommended, evidence-based preventive services. Upon receiving funding, the project will run for 4 years and will be supported from a \$1.6M budget.

OKPRN Project Updates – Mold / Nagykaldi / Aspy / Welborn / McCarthy

Name of the Project Clin-IQ: Resident Scholarly Activity

Wisdom From The Listserv

Influenza Soapbox – Robert Gray, MD

Question:

True or False: Clinician judgment may be as good as rapid antigen testing

True or False: Testing will be incredibly helpful to make treatment decisions

True or False: If it's likely the patient does have Influenza A and they've been ill for > 48 hours, antivirals are still worth a shot.

Answer 1:

True: Clinician judgment may be as good as rapid antigen testing

False: Testing will be incredibly helpful to make treatment decisions

False: If it's likely the patient does have Influenza A and they've been ill for > 48 hours, antivirals are still worth a shot

In The Spotlight – Healing Hands Community Clinic, OKC

Healing Hands is a service site of Community Health Centers, Inc. We are located at 411 NW 11th, OKC, 73103. Our Center provides services to people who are homeless. We see patients who are in one of the following categories:

- Reside in a shelter
- Reside on the streets or in abandoned buildings
- Reside in a transitional housing program
- Reside with others temporarily (1-2 months – not paying rent)



Meg's Memo – Meg Walsh, OKPRN Network Coordinator

In order to get to know our practices better and to understand the expectations, challenges and goals of our members, I have begun state-wide visits of the OKPRN member practices. With 9 travel days under my belt, I've had the opportunity to meet with 29 clinicians at 27 different practices – from Clinton through Durant to Tahlequah, with many more on the horizon. These quick, 15-minute meetings cover topics such as board membership, potential new members, and two of the studies OKPRN is currently working: Poison Ivy and Spider Bite. They also give clinicians the opportunity to provide feedback on possible future studies, challenges to membership, and ways to improve the network. Those of you on the listserv have already seen the success of these meetings. When Dr. Mold emailed asking about interest in nocturnal leg cramp studies, he was following up on a great idea submitted by Dr. James Gerber in Okarche.



Academic Accomplishments – Nagykaldi

2012-14 Publications From Research Linked to OKPRN

- Nagykaldi ZJ, Yeaman B, Jones M, Mold JW, Scheid DC. HIE-1: Health Information Exchange With Intelligence. J Am Med Assoc. 2014 Jan-Mar;311(1):20-31.
- Scheid DC, Hanim RM, Ramakrishnan K, McCarthy LH, Mold JW. Oklahoma Physicians Resource/Research Network: Improving colorectal cancer screening in family medicine: an Oklahoma Physicians Resource/Research Network (OKPRN) study. J Am Board Fam Med. 2013 Sep-Oct;26(5):498-507.



Other OKPRN Resources

- ✓ Health IT resources and support
- ✓ QI support, tailoring interventions (PEAs)
- ✓ Best practices toolkits, practice facilitator training
- ✓ Financial support for project participation
- ✓ CMEs, MOC Part IV support, mini-fellowships
- ✓ Sponsored travel to national meetings
- ✓ Infectious disease reports from OSDH
- ✓ Access to specialists, academic expertise
- ✓ Clin-IQ program (FPEN-like EBM research curriculum for residents that benefits the PBRN)

Patient Engagement Via PARTNER

PARTNER advises the work of the James W. Mold Primary Healthcare Improvement Cooperative.

The Cooperative is a unit within the Oklahoma Clinical and Translational Science Institute at the University of the Oklahoma Health Sciences Center (OUHSC), which is focused on strengthening the state's primary healthcare delivery system by supporting continuous quality improvement in primary care practices using cooperative extension principles.



Why Aren't We Using What We've Learned?

Never before have clinicians been so besieged by information, yet the vast majority of it is irrelevant to the clinical decisions they make. Clinical guidelines have proliferated, but with too little appreciation for the learned wisdom of clinicians based on their unique practice context.

What Service on the PARTNER Advisory Board Means

We are seeking 16 committed individuals – 8 community clinicians and 8 patients/health consumers. Each will hold up to a 3-year term and will be financially compensated for their service. Meetings will be held quarterly at a central location with subcommittees having virtual meetings as needed.

Service on PARTNER will provide a bird's eye view of the state's primary care transformation to a system that is responsive to its population's needs.

"The academic center has a critical role to play in making sure that research is informed by the needs of clinicians and patients, the results of that research are effectively disseminated, and implementation assistance is provided when needed."

– James W. Mold, MD, 2015

PARTNER

Patient, practice, and Academic Resource Team for New Evidence from Research

Patients and clinicians working as partners with academic researchers to improve primary health care for Oklahoma's citizens



The Canadian Primary Care Sentinel Surveillance Network:

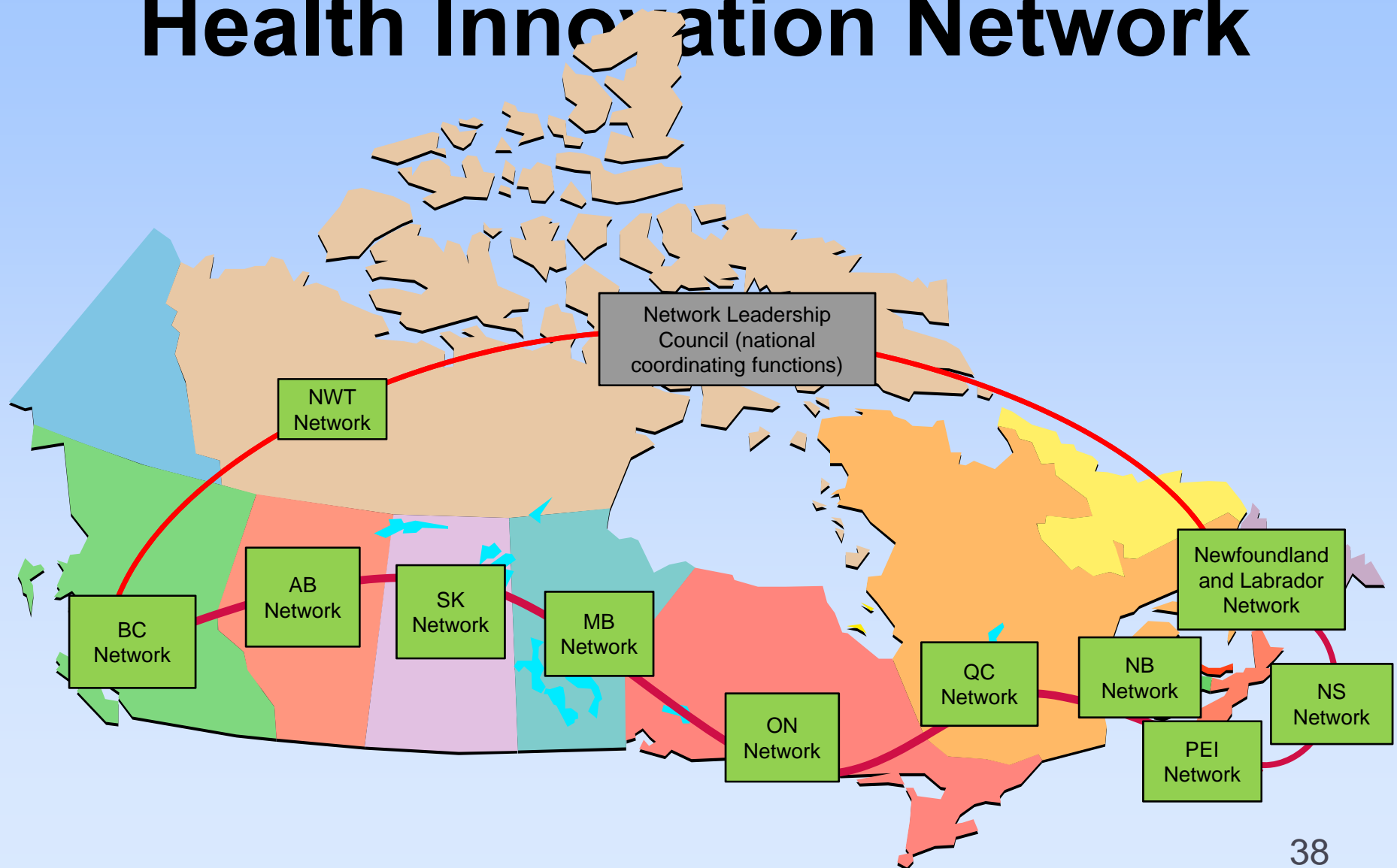
- 1,500,000 Canadian patients
- 1100 practices
- 11 PBRNs in 8 provinces, 1 territory
- 8 different EMR systems
- Started in 2008
- Some EMR data back to 2003



Chronic Diseases**Number of Patients**

• Hypertension	148,300
• Depression	108,775
• Osteoarthritis	77,235
• Diabetes	67,651
• Obstructive Lung Disease	29,146
• Dementia	18,199
• Epilepsy	8,477
• Parkinson's Disease	2,675

Primary and Integrated Care Health Innovation Network

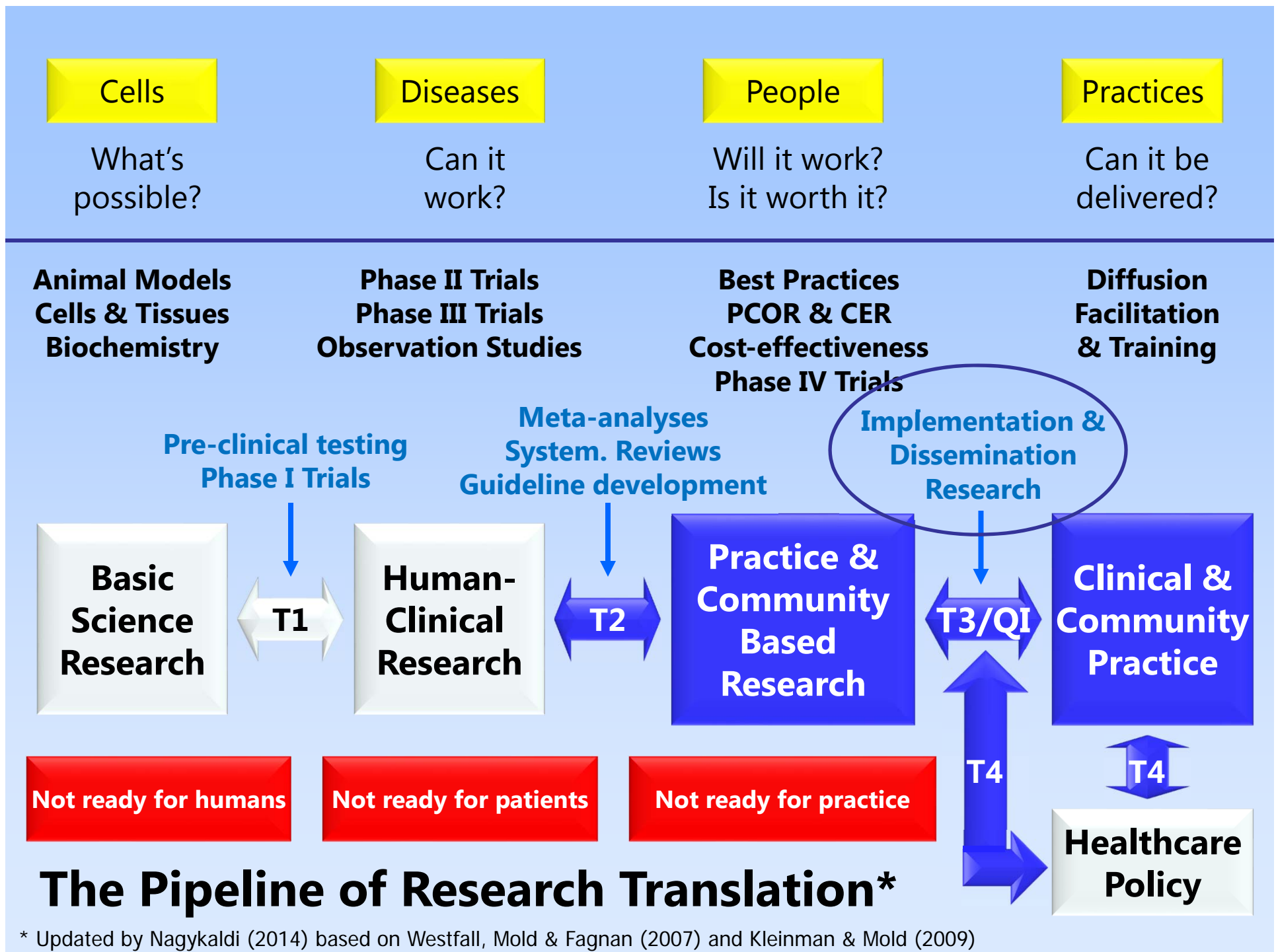


Practice Facilitation: An Overview

(Definition, History, Description, Impact & Examples)



Practice Enhancement Assistants (PEAs)



PFs: A Review of the Literature

(Nagykaldi, Mold, and Aspy, Fam Med, 2005)

- Who are Practice Facilitators (PFs)?
- When, where and why was the PF model developed?
- How is the work of PFs being funded?
- How are PFs trained and what is their background?
- What are the roles of PFs as described in the literature?
- What methods do PFs use to facilitate practice improvements?
- What is the impact of PFs on primary care practices and patient care outcomes?
- How are PFs being implemented in PBRNs and QI initiatives in the US?

PF Definitions (Original)

(From the systematic literature review)

- Dual role: PFs are individuals who work with primary care practices to help them participate in **research and quality improvement** activities
- Longitudinal relationships: The work of the facilitator goes beyond data collection and feedback or providing only information and must include interaction with practices **over a sustained period of time and across multiple projects**

PFs: Definitions (Extended)

(Mold, Aspy, Nagykalai 2000-2008)

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

Practice Facilitators: The Origin of the Concept

- Oxford Prevention of Heart Attack and Stroke Project (Oxford Project) in England (1982-84)*
- Dr. Arnold Elliott, the first peer physician facilitator (retired GP visited his colleagues)
- Earliest reports by Elaine Fullard et al (The Oxford Centre For Primary Care Prevention).
- PFs were employed “for the purpose of promoting **prevention** in primary health care” and to “bridge the gap, or establish a new channel of **communication** between the general practitioner and his coworkers.”

* Fullard E. Extending the roles... Practitioner
1987;231(1436):1283-6.

Characteristics of Practice Facilitators*

- An agent of change;
- Coordinator;
- Cross-pollinator of ideas;
- Resource-provider;
- Information-giver;
- Trainer (~practice coach);
- Researcher (RA role);
- Advisor and mentor;



* Cook R. Primary Care Facilitators: looking forward. Health
Visit 1994;67(12):434-5.

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)

Practice Facilitators: Employment and Funding

- Employment: PFs were generally hired by an **academic** medical center (Netherlands, Canada, and the US) or by the **government**, (e.g., Family Health Services Authority in England)
- Funding: Individual projects have been funded from **government** sources (England) or **academic** research grants (Netherlands, Canada, Australia, and the US). Few sustainable, longitudinal programs in the U.S. (recent changes: e.g., **CPC+**)

Practice Facilitators: Professional Background (the PEA soup)

- Health visitor (UK)
- Practice assistant (Netherlands)
- Master of community nursing (Canada)
- Various in the U.S.: MS in epidemiology, microbiology or counseling, MPH, PhD in pharmacology, diabetes educator, certified EMT

Practice Facilitators: Background and Training

Training: National Facilitator Development Project, UK

- Methods of **communication** and collaboration
- The “**audit**” **cycle** and its application in GP practice
- Standard setting (**QI**) with practice teams
- Principles of data collection and **analysis**
- Managing change and encouraging **teamwork**

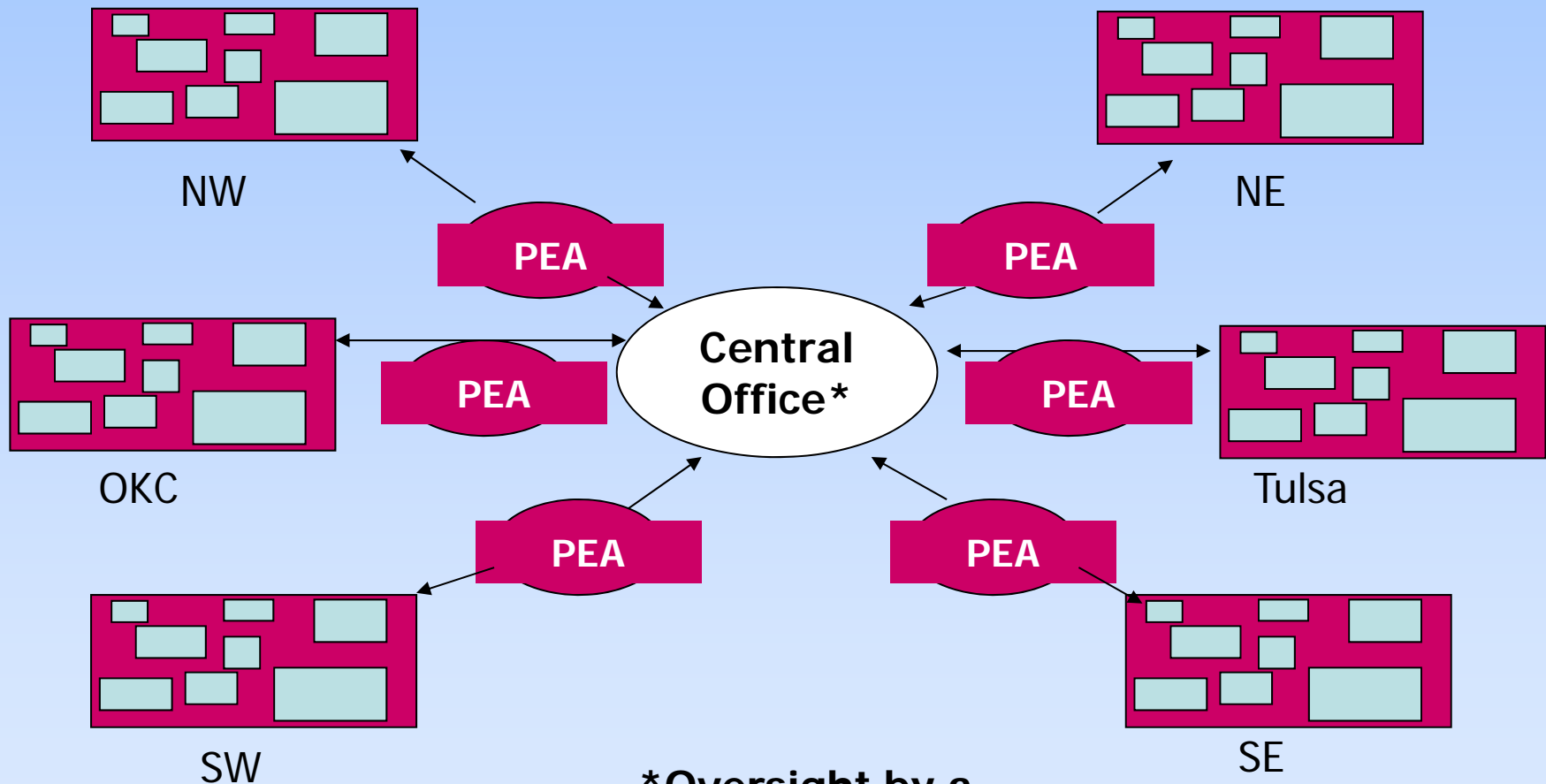
PEA Training in Oklahoma (2000-)

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

Types of Practice Facilitation

- Direct, on-site (classic)
- “Remote” facilitation (via technology)
- Mixed model (often phased)
- Emerging literature on the effectiveness of the mixed model
- Definitive evidence for the classic model

PEAs in a POD – Facilitator Management



***Oversight by a
faculty or facilitator
coordinator (H2O)**

Goals of Practice Facilitation

The same as the Triple Aim of improving primary healthcare:

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

PEAs: Teaching Practices System Thinking

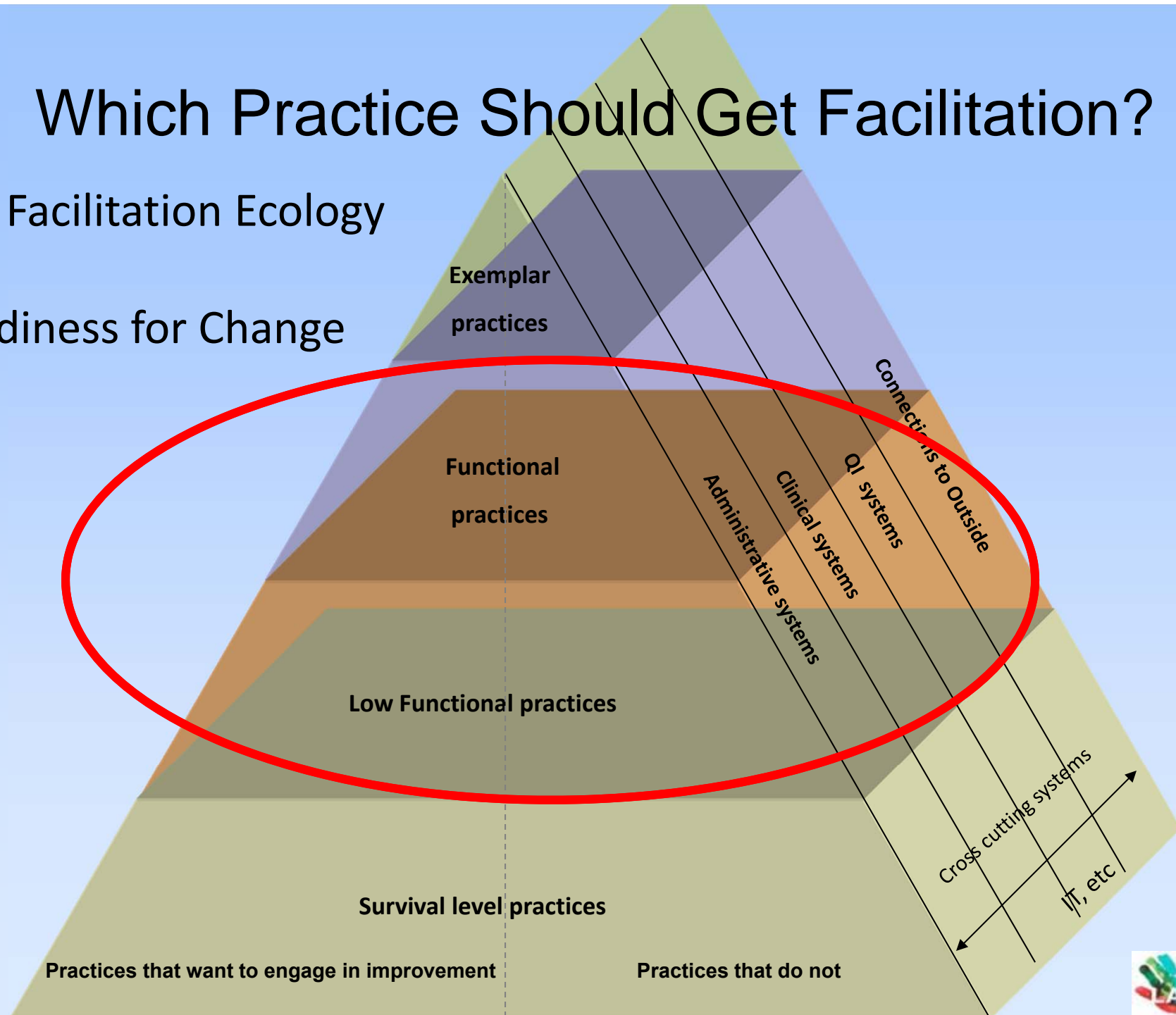


Goals of Practice Facilitation (Analogy)

- The PF/PEA is like an “enzyme”: lowers the energy barrier for change and **catalyzes transformation**
- When finished, they move on to the next “substrate” to benefit other practices
- However, they are **enablers**, not workers: they **build capacity** for sustainable change via more permanent skill transfer and organizational transformation (“teaching how to fish”)

Which Practice Should Get Facilitation?

The Facilitation Ecology
and
Readiness for Change



PEAs On Earth:

Focus of Facilitator Activities

- Preventive services delivery / [guideline implement.](#)
- Chronic disease management support
- Practice improvement projects / [QI](#) programs
- Improvement of relationships within practices
- [Linking](#) rural practices to academic centers/research
- Professional education 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

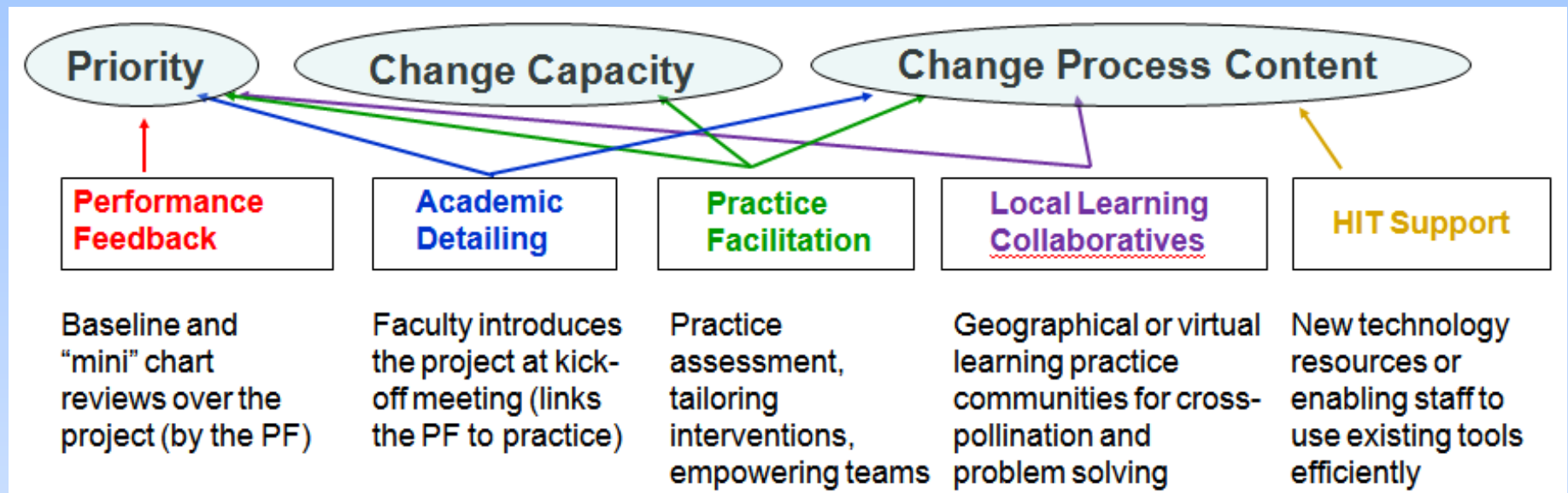
- Management of patients with hyperlipidemia
- Management of no-shows and Rx refills
- Diabetes care quality improvement (registry)
- Rate/quality of preventive services delivery
- Patient satisfaction surveys
- Assistance with conversion to an EMR
- Training of staff to use mobile devices
- Asthma and chronic kidney disease care
- Linking practices to regional nutrition services
- Cardiovascular care/health (EvidenceNOW/H2O)

PFs in Implementation Frameworks

(Solberg-Mold Model of Practice Improvement)

- Priority
 - Perception of need in relation to other needs
- Change Capacity
 - Stability of staff, finances, etc.
 - Effective communication and decision-making
 - Change management skills, history
- Change Process Content
 - Principles, techniques, scripts (best practice comp.)
 - Personnel, resources, skills
 - Processes, methods, technologies

The Solberg-Mold Model of Practice Improvement: D&I Components + Example



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

Impact of Practice Facilitation

- **More effective** for care quality improvement than review and feedback (1.2x – 3.0x for preventive services)*
- Practices are 2.76x **more likely to adopt** evidence-based guidelines with PFs/PEAs**
- Cost is ~\$7K/practice/6mo for typical projects*
- **Cost-effective** (ROI: 1.40 on preventive care)#
- PF model is scalable to larger regions or state
- Nationally accredited certificate course since 2014

* Mold, Aspy, Nagykaldi, et al. (2002-14)

** Baskerville et al. (2012)

Hogg, Baskerville & Lemelin (2005)

Improved Delivery of Cardiovascular Care (IDOCC) through Outreach Facilitation

Overview and Lessons Learned

Oct 28, 2014

SOINS CONTINUS
Bruyère
CONTINUING CARE

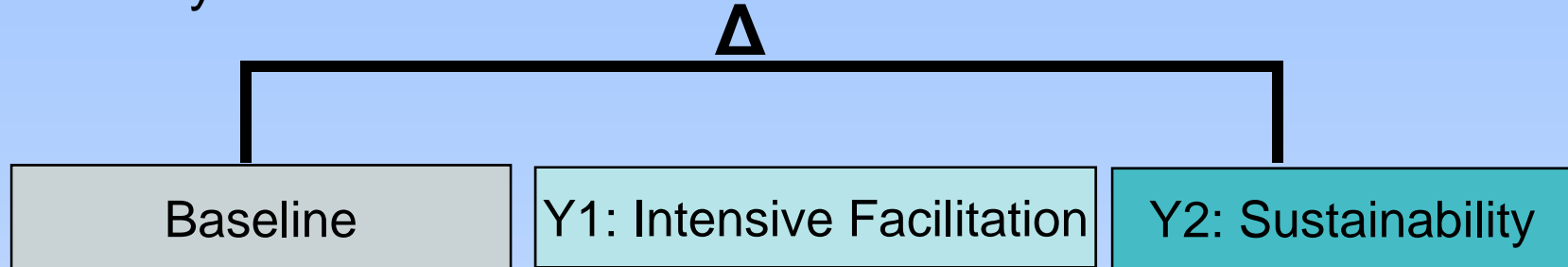


INSTITUT DE RECHERCHE
ÉLISABETH-BRUYÈRE
RESEARCH INSTITUTE

*Affilié à l'Université d'Ottawa
Affiliated with the University of Ottawa*

IDOCC intervention

- Two year outreach facilitation intervention



- Evaluation: Pre- and post-implementation chart audit on same group of randomly selected patients to examine adherence to Champlain CVD Prevention and Management Guideline
- Stepped wedge design allows for control group comparison
- Randomized at the level of the region

- We **did not** demonstrate any improvements in adherence to CVD guidelines as measured by a composite score



Representative study

- Compared to non-participants, participating physicians...

had better ($p < 0.01$)

- Continuity (72% vs 67%)
- Comprehensiveness (64% vs 57%)
- Preventive care (61% vs 54%)

were more likely to

- work in a capitated primary care model (43% vs 16%)

Conclusion:

- Those who could benefit the most from the intervention are less likely to participate

Changing Landscape of PBRN Research

(From Practices to Communities of Solutions)



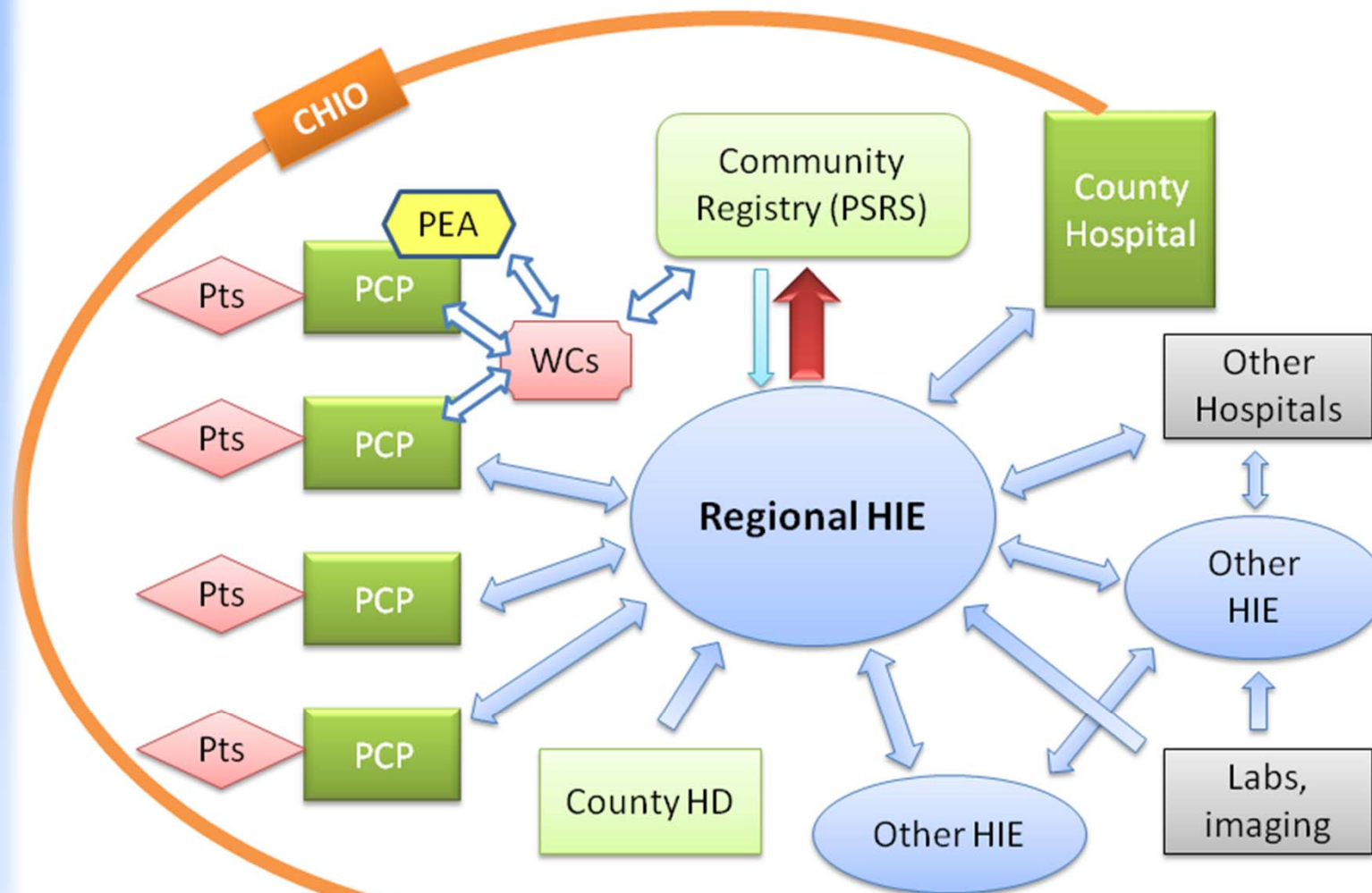
A New Era of PBRN Research*

- **1967 Folsom Report**
 - “Problem sheds” are not tied to the community’s administrative / organizational boundaries
 - Community boundary is the problem solving boundary (as far as the problem shed goes)
- **2012 Reiteration by the Folsom Group****
 - Identified 13 great challenges with health/care silos
 - Calls for demonstration projects in patient and community-centered healthcare
 - Defragmentation of care, breaking down the silos
 - Goal orientation: health of the population
 - Stakeholder engagement in questions and solutions

* COS: Communities of Solutions

** Ann Fam Med, 2012, 10:250–60

“Healthier Together” Project County Collaboration and Information Flow

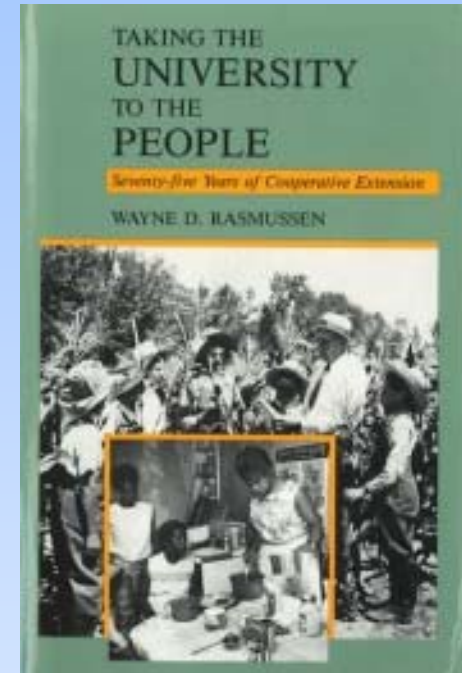


PCP: Primary Care Physician/Provider
WCs: Wellness Coordinators
HD: Health Department
HIE: Health Information Exchange

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

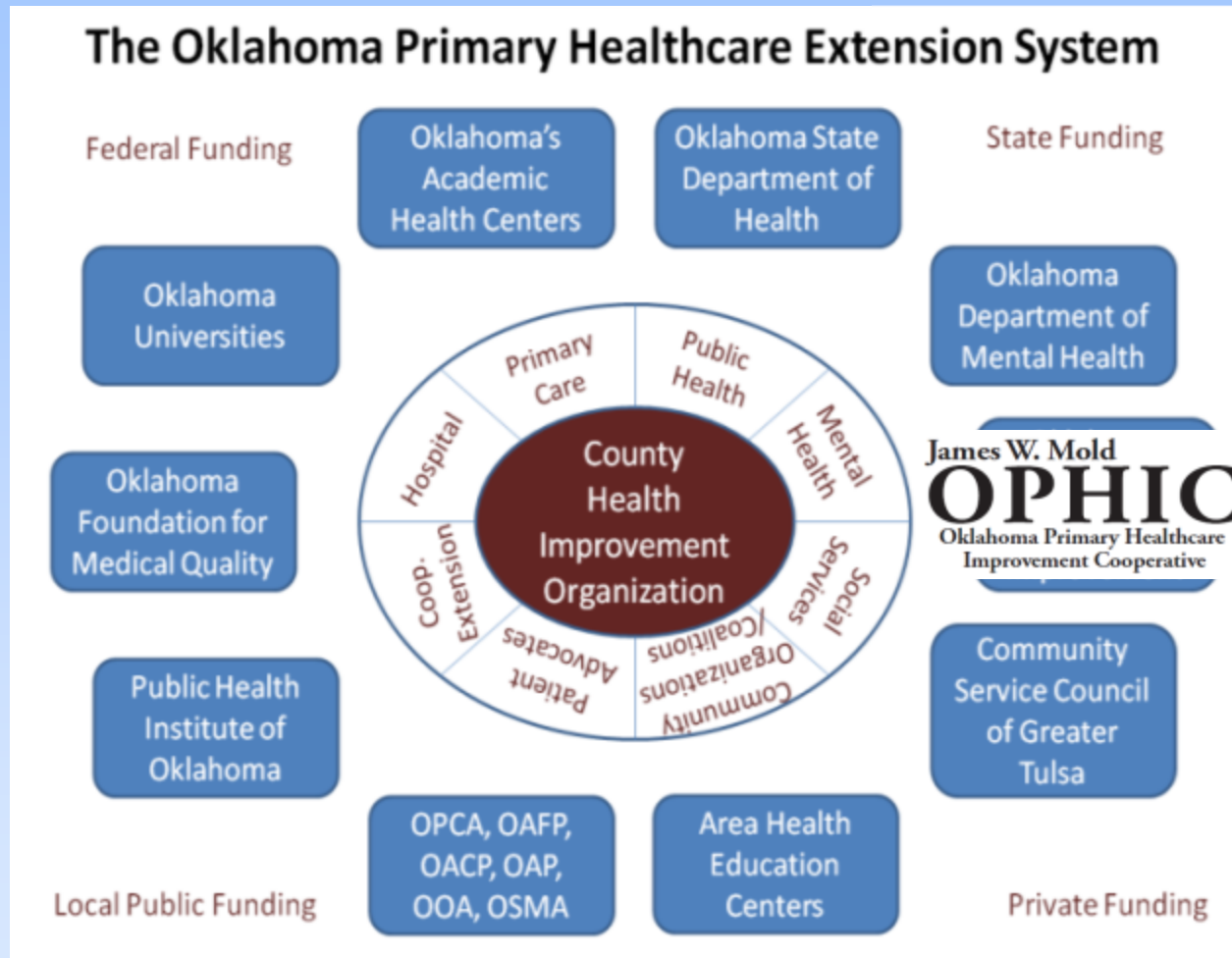
An Historic Innovation in Healthcare: Change Agents & Healthcare Extension

- ▶ 1796: George Washington (office of evidence-based farming)
- ▶ 1810: First agricultural journals
- ▶ 1862: Land-Grant College Act established the land grant college system
- ▶ 1882: Hatch Act established funding for “experimental farms”
- ▶ 1889: Dept of Agriculture began issuing *Farmers’ Bulletins* and the *Yearbook of Agriculture*
- ▶ 1880 -1911: Establishment of “farmers institutes” and “mobile institutes”
- ▶ 1906: S. A. Knapp hired the first county agricultural extension agent to develop a personal relationship with every farm family in the county and help them implement innovations



Primary Healthcare Extension

ACA Section 5405



* OPHIC is part of OCTSI, the Oklahoma Clinical and Translational Science Institute

Summary or Take-Home Points

- PBRNs are community “**experimental farms**” that grow through relationship building
- Research must be **member-engaged** and driven by clear and tangible value for practices
- PBRN development & research **good practices** are being compiled and disseminated (see NAPCRG website)
- **Practice facilitation is a proven**, effective, and cost-effective component of practice/quality improvement
- PBRN research is **at the cross-roads** of practice and patient-engagement or “communities of solutions”
- Primary healthcare extension may be a **viable alternative** to ACOs and large healthcare systems, esp. in rural states

Questions? More Info?

www.okprn.org

Zsolt Nagykaldi, PhD
University of Oklahoma HSC
Department of Family &
Preventive Medicine
znagykal@ouhsc.edu



[URL](http://www.okprn.org)



[vCard Link](mailto:znagykal@ouhsc.edu)

William Hogg, MD, FCFP, MS
University of Ottawa
Department of Family Medicine
whogg@uottawa.ca

[https://ca.linkedin.com/in/
william-hogg-87710a37](https://ca.linkedin.com/in/william-hogg-87710a37)