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PRACTICE FACILITATOR COMPETENCIES:

PATIENT'S MEDICAL HOME & HEALTH
NEIGHBOURHOOD TRANSFORMATION IN ALBERTA



INTRODUCTION

The development of a highly functional health transformation workforce is critical to the success of the Patient's Medical Home and health neighbourhood implementation in Alberta. The health transformation workforce in Alberta is defined as practice facilitators (PF) and physician champions who work directly with primary care practices to help them progress their practices toward a vision of the Patient's Medical Home (PMH) and health neighbourhood. Specifically, they help practices in their efforts to create and sustain improvement in primary care delivery.

The PF role in primary care has been emerging on the international stage over the past two decades. Literature and information available from other jurisdictions provides competency frameworks and approaches to defining PF competencies. However, many of these are initiative based and do not adequately reflect the knowledge, skills, and abilities required by PFs in Alberta who are intended to assist practices through their whole journey toward achieving a PMH. PFs are a resource at the practice level who are supported by a physician champion and other change agents to catalyze practice-level changes. This document was created to identify and describe the competencies required by PFs in Alberta to optimize their role in helping practices implement the PMH model. A complementary document of primary care and health neighbourhood physician champion competencies is under development.

DEFINITION OF A COMPETENCY

The literature does not provide consensus on the definition of a competency. For the purposes of this document we have used this definition from Shippmann et. Al. (2000).

A competency is a characteristic of an employee that contributes to:

- *Successful job performance*
- *Achievement of organizational results*

These include measurable or assessable knowledge, skills, and abilities plus other characteristics such as values, motivation, initiative, and self-control that distinguish superior performers from average performers.

The literature describes types or categories of competencies. There are foundational competencies which represent a set of skills, knowledge, and abilities/attitudes necessary for broad job functions. These are supporting-level competencies linked to successful performance, and are desirable regardless of an individual's area of expertise or role. Examples of foundational competencies are teamwork, professionalism, and cultural sensitivity.

Another category is functional competencies. These are specific skills and knowledge that relate directly to successful performance in the role. This document is a compilation of the functional competencies for Alberta PFs.

USES FOR THE PRACTICE FACILITATOR COMPETENCIES

Practice Facilitator competencies are intended for use for the following purposes:



TRAINING AND DEVELOPMENT

Use the competencies as a guide for PF curriculum development.



DEFINING THE ROLE

Use the competencies to classify levels (e.g., basic, intermediate, and expert/advanced performance).



RECRUITMENT ACTIVITIES

Use the competencies to create position descriptions, job postings, and to guide the selection of individuals to fill the role.



ASSESSMENT

Use to create tools to assess the level and performance of PFs to enable:

- PF self-reflection and to guide self-development
- Inform development or curation of training materials to support competency advancement



DEPLOYMENT

Use the competencies to maximize the PF role in supporting PMH change.

COMPETENCY DEVELOPMENT PROCESS

WHAT DOES A PRACTICE FACILITATOR DO?

In 2013, an initial set of practice facilitator competencies were established by the Alberta Medical Association (AMA) to advance initiative specific goals (i.e., Alberta Screening and Prevention). These PF competencies were based on Institute for Healthcare Improvement competencies. Developing PFs with these competencies resulted in initiative and practice level success. These competencies were included in the development process.

A literature search of both academic and grey literature was prepared using the following research questions for the search: what is practice facilitation; what does a practice facilitator do? Following this literature search, a synthesis of information defining the role of a practice facilitator and competencies was prepared from the literature summary. A practice facilitation subject matter expert then compiled additional articles and resources from facilitation related sources.

The synthesis was reviewed by AMA subject matter experts (six SME each with over 10,000 hours of practice facilitation experience) for relevance, applicability and generalizability in the context of implementing PMH in Alberta. Subsequently a categorization of themes resulted in four domains to describe the AMA Change Agent Competency Model (see next page). Each competency identified was translated to a task to support role definition and effective use of PFs. Each task was then mapped to required knowledge, skills, and abilities to support assessment, training and development of PFs. Lastly, the tasks and KSAs were mapped to a competency label to support ongoing review of the competencies, tasks, and KSAs. The competencies in this document only refer to the specific skills of the practice facilitator role and do not include general employee competencies such as teamwork or cultural sensitivity.

The development process was followed by an internal and external validation process. Additional feedback from AMA SME was sought with feedback incorporated. A leadership group representative of Alberta PFs was invited to provide feedback which has also been incorporated, resulting in this finalized list of PF competencies.

CHANGE AGENT COMPETENCY MODEL

The practice facilitator competencies found in this document uses the Change Agent Competency Model to support implementation of PMH in Alberta. The model includes four domains depicted as an overlapping Venn (see diagram). Competencies from only one or two domains will be insufficient for PMH implementation; a competent PF will seamlessly integrate the competencies within each domain.

The domains include:

1. Patient's Medical Home and Integration with the Health Neighbourhood

This domain considers KSAs related to the implementation elements for the Patient's Medical Home as well as those needed for system integration activities.

2. Quality Improvement

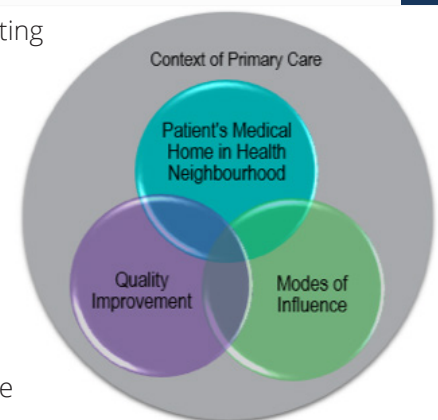
This domain includes quality improvement KSAs for application to supporting primary care practices with testing, implementing and spreading change.

3. Modes of Influence

This domain includes the interaction and transactional skills PFs require to be successful in effecting the behaviour of others.

4. Context of Primary Care

All of the competencies and skills within the three other domains are approached through the lens of primary care practice and landscape.



EVOLUTION OF THE PRACTICE FACILITATOR COMPETENCY MODEL

As the journey of primary care transformation continues in Alberta and across the world, it is anticipated that practice facilitator competencies will need to evolve along with new knowledge and approaches. This document is not intended to be static but will evolve more is understood about primary care in the health neighbourhood, and the practice facilitator role within it.

PRACTICE FACILITATOR FUNCTIONAL COMPETENCIES

CONTEXT OF PRIMARY CARE:

KEY CONTENT AREA	PRACTICE FACILITATOR TASKS	KNOWLEDGE, SKILLS, ABILITIES
Primary Care System	<ol style="list-style-type: none"> 1. Explain to others the role and value of a strong primary care system within the broader health system context. 2. Articulate to others the international and local evidence supporting the investment in primary care reform. 	<ul style="list-style-type: none"> • Knowledge of primary care's role in the care of patients and within the broader health care system • Able to describe features and benefits of leading primary care systems • Knowledge of international and local evidence supporting the investment in primary care reform
Practice/Clinic Level	<ol style="list-style-type: none"> 1. Review the environment in each practice to assess their readiness for change. 2. Facilitate practices to establish processes, roles and responsibilities, organizational structure, mission, vision, and values to set the foundation for PMH transformation. 	<ul style="list-style-type: none"> • Ability to assess the readiness of a practice to change their clinical processes • Ability to identify and assess practice-level barriers to implementing PMH • Ability to help practices establish processes, roles and responsibilities, organizational structure, mission, vision, and values to set the foundation for PMH transformation • Knowledge of how PCN and health system contexts influence change at each practice
Primary Care Network Level	<ol style="list-style-type: none"> 1. Articulate the provincial PCN objectives and the role of PCNs in health system transformation. 2. Articulate PCN processes, roles and responsibilities, organizational structure, vision, mission, and values. 	<ul style="list-style-type: none"> • Knowledge of the provincial PCN objectives • Knowledge of how primary care networks (PCNs) are governed and their organizational structure, and how these vary between PCNs • Knowledge of the history of PCNs in Alberta • Awareness of PCNs as service delivery and change management organizations • Knowledge of PF's own PCN structures, vision, mission, and values • Ability to describe PF's own PCN resources and services and their role in achieving the PCN objectives

KEY CONTENT AREA	PRACTICE FACILITATOR TASKS	KNOWLEDGE, SKILLS, ABILITIES
Provincial Level	<ol style="list-style-type: none"> 1. Describe provincial primary care and integration with the health neighbourhood priorities. 2. Describe provincial structures and processes for primary care and integration with the health neighbourhood priorities (e.g., zone committees). 3. Facilitate and build linkages with health care system partners. 	<ul style="list-style-type: none"> • Knowledge of provincial priorities for primary care and integration with the health neighbourhood reform • Knowledge of provincial PCN governance structure and how this structure impacts individual PCN priorities • Knowledge of health care system partners (at PCN and zonal levels) and the PF role in facilitating change at the practice level to improve integration • Ability to describe strategic priorities in terms relevant to practice teams • Display positive attitude towards collaboration and collective success
Change Agents	<ol style="list-style-type: none"> 1. Articulate the role of change agents in primary care transformation. 2. Work with fellow change agents sharing experiences, tools, and stories to accelerate system change. 3. Manage practice and PCN expectations of practice facilitator, and other change agent, role(s). 	<ul style="list-style-type: none"> • Knowledge of role of change agents, including practice facilitators, in accelerating primary care transformation. • Ability to recognize and work alongside other change agents at the practice, PCN, and provincial levels. • Knowledge of practice facilitator role and ability to manage the expectations of practice teams and PCN colleagues of the PF role.

PATIENT'S MEDICAL HOME (PMH) AND INTEGRATION

WITH THE HEALTH NEIGHBOURHOOD:

KEY CONTENT AREA	PRACTICE FACILITATOR TASKS	KNOWLEDGE, SKILLS, ABILITIES
PMH Process Improvement	<ol style="list-style-type: none"> 1. Support practice teams in interpreting each of the Patient's Medical Home implementation elements. 2. Support practice teams' understanding of how each of the elements builds on one another and are interdependent. 3. Operate as a PMH, change, and QI content resource for practice teams, and support the knowledge transfer to practices, PCNs, AHS (integration with the health neighbourhood), and peers. 	<ul style="list-style-type: none"> • Knowledge of PMH implementation elements, and how each of the elements builds on one another and are interdependent • Knowledge and application of system level supports (from PMH implementation elements) for advancing PMH and achieving integration with the health neighbourhood • Ability to synthesize PMH and integration with the health neighbourhood content related to process improvements in order to translate to practice teams, the PF's own PCN, and to PF peers
Change Package Adoption and Implementation	<ol style="list-style-type: none"> 1. Propose specific change packages to achieve practice (clinic) goals to advance PMH. 2. Apply the Sequence to Achieve Change to implement potentially better practices defined in the appropriate change package. 3. Support practice teams with the customization of potentially better practices in the change package to fit the clinic context. 4. Utilize appropriate tools to support practice change and sustainability. 	<ul style="list-style-type: none"> • Knowledge of how the various change packages align to the PMH Elements • Ability to articulate to teams the layering of change principles and activities between the various change packages • Ability to coach teams through applying the Sequence to Achieve Change • Knowledge of tools and approaches to allow for customization of PBPs at the practice level • Ability to display sincerity in providing feedback on change packages
PMH Evidence, System-Level Data, Policy, & Legislation Appraisal	<ol style="list-style-type: none"> 1. Identify and bring forward to practice teams the sources of evidence for PMH and the proposed process changes needed to influence and implement change at the clinic level. 2. Interpret and translate data on system performance (e.g., panel progress) related to PMH to practice teams. 3. Source evidence and guidelines for practice teams (e.g., legislation, standards of practice, and policies) relevant to the PMH changes they are making. 	<ul style="list-style-type: none"> • Ability to assess the readiness of a practice to change their clinical processes • Ability to identify and assess practice-level barriers to implementing PMH • Ability to help practices establish processes, roles and responsibilities, organizational structure, mission, vision, and values to set the foundation for PMH transformation • Knowledge of how PCN and health system contexts influence change at each practice

QUALITY IMPROVEMENT

KEY CONTENT AREA	PRACTICE FACILITATOR TASKS	KNOWLEDGE, SKILLS, ABILITIES
Data & Measurement	<ol style="list-style-type: none"> 1. Recommend sources of quality improvement data for the practice to help them identify problems, or areas for improvement; help teams acquire, interpret, and apply these data sources. 2. Help teams to generate, interpret, and analyze practice level data (qualitative and quantitative) to measure baseline and improvement. 3. Identify with practice teams the process, outcome, and balancing measures for their improvement projects. 	<ul style="list-style-type: none"> • Knowledge of data sources external to the clinic and how to access information resources • Ability to interpret HQCA (Health Quality Council of Alberta) panel reports to engage or inform practice teams. Ability to design measurement and data collection processes for use by practice teams • Ability to synthesize information from multiple sources to develop a fulsome improvement story • Ability to create or access expertise in developing common reporting metrics from EMR • Knowledge of EMR/paper patient data sources
QI Approaches & Tools	<ol style="list-style-type: none"> 1. Select among QI methods, processes, and tools for each practice team. 2. Support practices in using the Model for Improvement as their framework for making changes. 3. Leverage plan-do-study-act (PDSA) cycles with practice teams for iterative learning and scaling up improvements at the clinic level. 4. Support teams to apply the Sequence to Achieve Change to each improvement project. 	<ul style="list-style-type: none"> • Knowledge of quality improvement methodologies (System of Profound Knowledge, Lean, Six Sigma, Model for Improvement, etc.) • Ability to describe the rationale for each step of the Sequence to Achieve Change • Ability to recognize the absence or omission of step(s) in the application of the Sequence to Achieve Change with practice teams • Ability to display curiosity when practice team develops a PDSA • Ability to support practice teams to string together a series of related PDSAs to accelerate change • Ability to discern high leverage changes from lower impact changes
Data Sources & Use	<ol style="list-style-type: none"> 1. Articulate to appropriate audiences the difference of sourcing and using data for quality improvement, evaluation, research, and accountability. 	<ul style="list-style-type: none"> • Ability to explain the difference between using data for quality improvement, evaluation, research, and accountability • Ability to separate measurement methods by type
Sustain, Spread & Scale Principles	<ol style="list-style-type: none"> 1. Help teams implement processes and tools that have them check that their new processes are being sustained. 2. Design opportunities to spread successful improvements and lessons learned within and between practices. 3. Apply principles from research on making changes to scale at the provincial, clinic, and PCN levels. 4. Leverage other change agents to spread ideas across PCN, Zone, and province. 	<ul style="list-style-type: none"> • Ability to recognize and promote practice improvements between practice teams • Ability to leverage other change agents to spread ideas across PCN, Zone and province • Ability to determine measurement frequency in relation to improvement activities • Ability to identify and develop early majority physician champions to share their improvement experience

MODES OF INFLUENCE

KEY CONTENT AREA	PRACTICE FACILITATOR TASKS	KNOWLEDGE, SKILLS, ABILITIES
Engagement	<ol style="list-style-type: none"> 1. Support the development of engaged practice leaders (formal and informal) by building awareness, desire, and knowledge for PMH and the Health Neighbourhood implementation. 2. Help clinic leaders to engage other team members in the change process. 3. Address leadership and team barriers to change. 	<ul style="list-style-type: none"> • Ability to identify and engage practice leaders in leading change and removing barriers for their teams to do improvement work • Ability to address practice team barriers to change • Ability to create healthy, disruptive change and act on it – using evidence-based approaches (remove personal bias) • WIIFM – value proposition (link features and benefits) ability to listen before making a pitch • Ability to incorporate increasingly sophisticated engagement tools such as motivational interviewing techniques
Change Management	<ol style="list-style-type: none"> 1. Support teams to incorporate change management principles into QI practice. 2. Shift practice teams' mental models from the traditional approach to primary care to evidence-based PMH approaches. 3. Work with change agent peers to implement new PMH innovation, working within and beyond practices. 	<ul style="list-style-type: none"> • Knowledge of basic and transitional change theories that address the people side of change (e.g., PROSCI's ADKAR model) and organizational change • Knowledge of transformational change theory that change behaviour and culture(s) to an entirely new future state • Ability to work as a dyad with change agent peers (e.g., PF-physician, PF-panel manager, PF-EMR specialist, PF-Evaluation specialist)
Project Management	<ol style="list-style-type: none"> 1. Apply basic project management tools and resources to manage own activities. 2. Build capacity within each practice team to project manage their own work. 	<ul style="list-style-type: none"> • Knowledge of basic project management processes in order to organize the work at the practice level and across all practices assigned to the PF
Facilitation	<ol style="list-style-type: none"> 1. Identify the practice team's goal(s) and help them work toward it/them. 2. Contribute structure and processes to practice team interactions to enable them to function effectively and make high quality decisions. 3. Apply facilitator core practices and process tools when working with teams to help them achieve their goals. 4. Leverage team member diversity (skills, personalities etc.) to achieve practice goals for PMH. 5. Use interpersonal and communication skills to establish and maintain relationships with practices. 	<ul style="list-style-type: none"> • Knowledge of facilitator functions as they apply to primary care teams • Knowledge of facilitator core practices and process tools • Verbally establishing clear boundaries on PF role with the clinic team from the outset • Ability to foster open participation with respect for client culture, norms and participant diversity • Ability to engage the participation of those with varied learning or thinking styles
Training	<ol style="list-style-type: none"> 1. Apply adult learning principles to teach practice team members content (e.g., PMH theory) and new clinical processes. 2. Link practices to clinical content as it relates to their practice and improvement project(s) e.g., clinical practice guidelines. 	<ul style="list-style-type: none"> • Knowledge of, and ability to apply adult learning principles when interacting with practice teams or at the PCN level • Knowledge of resources available to teams to increase their knowledge in a clinical area that relates to their improvement goal

Coaching	<ol style="list-style-type: none"> 1. Facilitate the practice team to use their own content and process expertise to solve problems and make progress on their improvement goals. 	<ul style="list-style-type: none"> • Knowledge of basic coaching skills • Ability to apply coaching skills to teams (listen, reflect, etc.) • Ability to provide teams with constructive feedback on their performance
Team Dynamics/ Team Functioning	<ol style="list-style-type: none"> 1. Help teams to assess their level of team functioning as it relates to their ability to implement new processes for PMH. 2. Select and apply team development tools to help teams progress with their functioning. 3. Help teams to manage their conflict toward a state of healthy conflict. 	<ul style="list-style-type: none"> • Knowledge of various team building and team functioning tools, how to acquire them, and how to apply them to teams effectively • Ability to help teams or access expertise in managing their conflict

ACRONYMS

AH

Alberta Health

AHS

Alberta Health Services

AMA

Alberta Medical Association

EMR

Electronic Medical Record

HQCA

Health Quality Council of Alberta

PF

Practice Facilitator

KSA

Knowledge, Skills, Abilities

PCN

Primary Care Network

PDSA

Plan Do Study Act

PMH

Patient's Medical Home

QI

Quality Improvement

SME

Subject Matter Expert

WIIFM

What's in it for me?

GLOSSARY

Change Agent: Someone who promotes and enables change to happen in an organization or system.

Change agents are a key strategy to accelerate the healthcare transformation envisioned for Alberta and include practice facilitators and physician champions.

Change Package: Consists of high-impact outcomes, potentially better practices and measures that when implemented bring about quality improvement. Key tools and resources are often linked to support the potentially better practices.

Model for Improvement: The framework to guide improvement work. It begins by asking three simple questions: (1) what are we trying to accomplish? (2) How will we know that a change is an improvement? (3) What changes can we make that will result in improvement? It uses a rapid cycle process called Plan Do Study Act (PDSA) cycles to test the effects of small changes.

Potentially Better Practices: Clinical and organizational practices that have the potential to improve patient outcomes when implemented. They are often derived from the literature and expert recommendations. Judgement needs to be used to determine PF they would work in a particular context.

Sequence to Achieve Change: A series of steps a team should take to plan and execute a change.

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