GROWING PRACTICE FACILITATION IN PRIMARY CARE

EVIDENCE SUMMARY 2019

QUESTIONS

1. What are the impacts and benefits of practice facilitation in primary care?

2. What are the best practices for improvement support for primary care?

3. What are the best practices in hiring & training practice facilitators?

IMPACT & BENEFITS OF PRACTICE FACILITATION

- Primary care practices are 2.76 times more likely to adopt evidence-based guidelines through facilitation.[1]
- Significant and sustained improvement in delivery & quality of care.[1–12, 36]
- Facilitation has been shown to improve delivery of chronic disease care.[4,9,36]
- Improve chronic disease patient outcomes[36]
- Improves preventive service delivery rates & processes.[2,3,6,8,10, 36]
- Because facilitators work with multiple practices, they can provide "cross-pollination" of best practices and communicate lessons learned across the practice community.[13]
- Facilitators have a unique outsider perspective.[13–15]
- Facilitators can help clinic members think in new ways, and conceptualize their work in a different way.[16]
- Improves relationships & communication within primary care teams.[3]
- Increases practices' capacity for change. Nutting found that practice adaptive reserve increased during a PMH intervention in the facilitated practices but remained essentially the same in self-directed practices, with a significant difference between groups.[7]

COMPARISON WITH OTHER INTERVENTIONS

- Other improvement interventions such as academic detailing or audit and feedback are not successful without the addition of facilitation.
- In one study, facilitation was better than education, practical tools, and performance feedback alone in implementation of asthma guidelines.[9]
- A recent systematic review found that academic detailing alone or combined with audit and feedback alone is ineffective without intensive follow up. Provision of educational materials and use of audit and feedback are often integral components of multifaceted implementation strategies. However, the authors didn't find examples where those relatively limited strategies were effective as standalone interventions.[11]

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NEGATIVE OR NO OUTCOME

- Some studies found that facilitation did not improve practice.
  - In one Canadian trial of practice facilitation, the intervention did not improve adherence to evidence-based guidelines for cardiovascular disease in primary care practices. Suboptimal intensity of the intervention, a broad focus on multiple chronic conditions, funding interruption, and measurement challenges are all factors that may have contributed to the null results.[17] A 2018 study by the same authors looks deeper into perceived barriers and facilitators to this intervention.[18]
  - Another Canadian study found that practice facilitation did not improve chronic disease prevention and screening in primary care. The authors posit that perhaps the intervention was not tailored or intense enough, and that the seven-month timeframe was too short to detect an effect for the intervention.[19]
  - A Danish study found mixed results in terms of the impact of facilitation in their intervention to optimise chronic care management in primary care. According to the study's authors, the limited effects of the present intervention may partly be ascribed to the intervention's relatively low intensity.[20]

EVIDENCE OF FACILITATION IMPACTING PRIMARY CARE TRANSFORMATION/PMH IMPLEMENTATION

- Facilitation can aid practices in their transformation to becoming a patient-centred medical home.[7,21, 28]
- Facilitation significantly increased PMH component implementation in a 2010 study of the National Demonstration Project.[7]
- A North Carolina primary care improvement initiative had success with facilitation support and found that tailored interventions were most effective. [28]
- The Oklahoma Physicians Resource/Research Network used facilitation to transform key areas of primary care practice, including team functioning & other evidence-based approaches.[28]
- The Safety Net Medical Home Initiative used facilitation to successfully transform primary care practices into PCMHs. [28] Two thirds of practices said the facilitation they received was helpful, especially in communicating the changes necessary for becoming a PCMH.[39]

BUSINESS CASE FOR FACILITATION

- The cost of practice facilitation ranges between $9,670 and $15,098 per practice per year and has the potential to be cost-neutral from a societal prospective if practice facilitation results in 2 fewer hospitalizations per practice per year. (U.S. perspective).[22]
- Facilitation is more expensive but more effective than other attempts to modify primary care practice and all of its costs can be offset through the reduction of inappropriate testing and increasing appropriate testing. Our calculations are based on conservative assumptions. The potential for savings is likely considerably higher.[23]

BEST PRACTICES/ LESSONS LEARED

BARRIERS TO FACILITATED PRACTICE CHANGE

- Practices unable to find the time for the right frequency of meetings & facilitators found it difficult to get access to the practice.[2,24]
- Practice leaders setting the pace for the intervention was a challenge for Ifs, and resulted in slower implementation than planned.[2]
- Lack of buy-in & competing priorities from leadership or practice teams.[18,24,25]

ENABLERS TO FACILITATED PRACTICE CHANGE

- Most effective when intensive & sustained.[1,2]
- External facilitators provide a valuable outside perspective, and can spread learning from another innovation/practice to the current site.[13–15,18]
- Tailor techniques and tools to specific practice needs.[1,10,26–29, 38]
- Incorporate audit and feedback to establish baseline & give motivation.[1,29]
- Employ established quality improvement tools, such as PDSA.[29]
- Facilitators require extensive training and support.
- The number of practices per facilitator impacted the effect of the intervention.[1]
- Assess the practice's readiness to engage.[26]
- Maintain practice buy-in for meaningful and sustained engagement in QI efforts.[26]

Effective facilitation hinges on strong relationships.[28]

PROVIDER & PRACTICE TEAM VIEWS ON FACILITATION

- Providers & teams see value in facilitation support.[2,15,25,30,31, 39]
- According to providers, facilitators fulfilled multiple roles that benefitted physicians, including acting as a resource centre, motivating and coordinating physicians, and bringing an outside perspective to the practice.[15]
- Not an event but rather a process where relationships and responsibilities evolve over time.[32]
- Practice teams in one study expressed a desire for more onsite and hands-on support in conducting activities of quality improvement at the practice level.[30]
- Leadership development was seen as an outcome in one study. Leaders described learning about health care improvement, meeting skills, measurement techniques and ways to 'manage up' in the organisation.[31]

HIRING & TRAINING FACILITATORS

SKILLS REQUIRED

- Core competencies include excellent interpersonal and communication skills, expertise in acquiring and using data to drive improvement, project management, change management, meeting management, and knowledge of QI methods.[13,27,33,40]
- Facilitators must possess core coaching skills and QI technical expertise before working with practices.[28]
- One study found that medical professionals such as other GPs, nurses, or specialists can act as a facilitator in general practice to the satisfaction of GPs and staff.[34]

BEST PRACTICES IN TRAINING FACILITATORS

- Facilitators develop their skills and confidence over time & benefit from education and mentoring, both prior and during the process of the intervention.[27]
- Most facilitators require extensive training, and this training often takes longer than anticipated.[28]
- An environmental scan of facilitation programs in Canada recommended that investments be made in capacity building, knowledge exchange and facilitator training.[35]
- Training resources: [26, 33, 37.]

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