Hiring and Training Practice Facilitators

April 11, 2012

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Lyndee Knox, LA Net
Erin Fries Taylor, Mathematica Policy Research
Submitting a Question to Q&A

- In the Q&A panel, please click on the dropdown menu arrow.
- A dropdown list of the panelists and an All Panelists selection will appear.

- Select “All Panelists”
- Then type in your question in the field below the dropdown menu.
- Hit “Send.”
- The question will then be sent to all panelists.

Type in question  
Hit “Send”
Introduction

David Meyers, AHRQ

For more information please visit:
www.pcmh.ahrq.gov
Acknowledgments

- This work is supported by the Agency for Healthcare Research and Quality (Contract No. HHSA290200900019I).
- Project team included:
  - AHRQ – David Meyers, Janice Genevro
  - LA Net – Lyndee Knox, Rose Vazquez
Some Background on Facilitation and the How-To Manual

Erin Taylor, Mathematica Policy Research
What do facilitators do?

- Assess practice (admin, finance, clinical, etc.)
- Train practice staff in quality improvement methods and concepts
- Support clinicians and staff in implementing new approaches to care (for example, team-based care, open access)
- Facilitate meetings
- “Curate” resources for practice
- Help practices optimize health IT tools (for example, meaningful use of electronic health records)
- Form learning communities
Developing and Running a Primary Care Practice Facilitation Program: A How-to Guide
Thanks to the PF Expert Working Group

- Manual reflects collective knowledge and experience of more than 30 experts in the field

Carolyn Allshouse  Allyson Gottsmann  Amanda Parsons
Cheryl Aspy  Joanne Gutowsky  Joan Pernice
Thomas Bodenheimer  William Hogg  Diane Powers
Bonni Brownlee  Craig Jones  Mary Ruhe
Caroline Carter  Ann Lefebvre  Constance Sixta
Katie Coleman  Clare Liddy  Jenney Samuelson
Allen Dietrich  Jeanne McAllister  Lisa Watkins
Darren DeWalt  Marly McMillen
Perry Dickinson  Gail McNutt
Elizabeth Foley  James Mold
Brenda Fraser  Regina Neal
### Chapters and Key Topics

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Selected Key Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Background and existing evidence for PF</td>
<td>• History of PF&lt;br&gt;• Evidence for PF’s effectiveness&lt;br&gt;• PF in the current policy environment</td>
</tr>
<tr>
<td>2. Creating an administrative home</td>
<td>• Selecting an organizational home&lt;br&gt;• Defining your mission and goals&lt;br&gt;• Staffing</td>
</tr>
<tr>
<td>3. Funding your PF program</td>
<td>• Creating a business plan&lt;br&gt;• Identifying potential funding sources&lt;br&gt;• Marketing your program to funders</td>
</tr>
<tr>
<td>4. Developing your PF approach</td>
<td>• Creating a key driver model&lt;br&gt;• Identifying your PF team&lt;br&gt;• Stages and key activities&lt;br&gt;• Defining facilitator roles and activities</td>
</tr>
</tbody>
</table>
### Chapters and Key Topics - continued

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Selected Key Topics</th>
</tr>
</thead>
</table>
| 5. Hiring your practice facilitators | • Core competencies needed  
  • Deciding who to hire  
  • Staffing models |
| 6. Training your practice facilitators | • Assessing and leveraging existing training resources  
  • Creating a curriculum  
  • Selecting your educational approach and strategies |
| 7. Supervising and supporting your facilitators | • Selecting a supervisor for your facilitators  
  • Deciding on individual versus group supervision  
  • Ways to create a learning community |
| 8. Evaluating the quality and outcomes of your PF program | • Creating an internal QI program  
  • Identifying metrics for your QI process  
  • Evaluating the outcomes |
Lyndee Knox, PhD
Chief Executive Officer
L.A. Net, Community Health Resource Network
Core Competencies: Requires Deeply Skilled Workforce

“Facilitative” interpersonal skills

Health IT optimization

Generate & use data to drive improvement

QI & change management methods

PLUS: Expertise in specific content of intervention (PCMH, etc.)
What experts say on who to hire:

- Skilled facilitators can come from a variety of backgrounds:
  - Clinical background can be useful but is not essential
    - MD
    - RN
    - Social Work
    - Psychology
  - Public Health (MPH)
  - Administration (MHA)
  - Business (MBA)
  - Lay persons with passion
    - Parents of pediatric patients
    - Community advocates
    - Community leaders
Experts’ thoughts on who to hire:

- Characteristics that make a good facilitator include:
  - Able to work autonomously
  - Satisfied with long-term goals, since pay off and progress is usually not immediate
  - Resilient and flexible
  - Empowerment orientation (interested in building capacity versus being “needed”)
  - Good teachers
  - Excellent data skills
  - Like working with people and dealing with conflicts - strong facilitative interpersonal skills
Key elements of training programs

- Based on program’s key-driver model/change goals
- Tailored to the learning needs of each facilitator
  - Backgrounds will vary, so design training to meet each facilitator’s unique learning needs/gaps/goals
- Be long-term & continuous – one shot training won’t get the job done
- Emphasize experiential learning
- Emphasize practice empowerment/capacity building
- Budget for professional development & conference attendance
- Provide regular opportunities for peer-to-peer support among facilitators for idea sharing and problem solving
Steps to designing program

- Leverage local training resources. Do an environmental scan of training resources in your own organization and area
  - Research training from a university
  - Quality improvement (QI) training from a local program
  - Experts on your staff or in the area
  - Practices that have been facilitated or transformed

- Curriculum content should map directly to your key-driver model and intervention methods
Some creative training methods used by experts

- Pre-assessment and tailored professional development plan for each facilitator
- Role playing using a “standardized practice”
- Case-based learning for facilitators
- Analysis of audio taped interactions with real practices
- Mini-apprenticeship (following an experienced facilitator for 2 weeks)
- Co-training facilitators and practices
Selecting a Trainer

- Should have prior experience as a facilitator
- Empowerment orientation and approach
- Co-teach with one of your experienced facilitators
Training Sources

- Internal training with program staff as trainers
- Guest speakers series
- Send away programs
- Virtual training program
- Co-training of facilitators and practices
Remember to train the entire team

Facilitation is a “team sport”

- Academic detailer/MD
- Content experts for team
- Support staff for facilitation team/program
  - Program mission
  - Role on team
  - Intervention goals
  - Role of lead facilitator
Advancing Excellence in Health Care

Perspectives From the Practice Facilitator

Melinda Davis, PhD, CCRP

Front-line practice facilitator!

Research Scientist, Oregon Rural Practice-based Research Network
Research Assistant Professor, Department of Family Medicine
Oregon Health & Science University
Perspectives from the Field

Allyson Gottsman
Executive Vice President
HealthTeamWorks

Focus: Internal training program
Perspectives from the Field

Jenney Samuelson, MS
Assistant Director, Blueprint for Health
Department of Vermont Health Access

Focus: Co-training of facilitators and practices
Orientation

- Orientation to the Blueprint
- Clinical Microsystems (change model)
- Self-management support in primary care
- Patient Centered Medical Home/NCQA
Lessons Learned

You may need to plan to train new facilitators individually. So consider:

- **Content**
  - We have identified key places that facilitators can go for group training; for example, Dartmouth Clinical Microsystems, NCQA, Stanford Self-management
  - Need to budget for training up front
- **Mentoring**
Perspectives on Mentoring

Mentoring needs to be formally defined.

- **In-practice work**
  - Shadow mentor for a month
  - Shadow other facilitators for a day
  - Mentor goes with mentee for a similar period of time (identify when to sever cord)
  - Call mentee weekly by phone for up to 6 months
  - Always available by phone thereafter

- **Integrating mentee into facilitator meetings**
  - Check-in before and after meetings
  - Sit next to mentee in meetings
Co-Training Model

- Practices, community health teams, and facilitators trained together on a concept
- Facilitators learn the content along side of the practice
- Facilitators’ role is to assist practice in using change methodology to take what they learn and integrate into their workflow (PDSA)
Collaboratives

- Identify premiere programs nationally
- Send 1 to 2 facilitators to become ‘experts’
- Bring it back to Vermont and lead a collaborative (co-training opportunity)
Factor in On-going Training

- Budget for on-going training
- Invest in learning health system activities (opportunities to learn from each other)
- Allow for informal networking
- Challenges
  - Just in time training (testing Basecamp as a solution)
Hire the Right People

- Identify the core skills
- Intensive and unique interview style
- Balance of:
  - ‘Sparkle’
  - Knowledge on managing change
  - Flexibility
  - Quality data skills
- Turn people down if not the right person
Lessons from the Safety Net Medical Home Initiative

Kathryn E. Phillips, MPH
Director, Safety Net Medical Home Initiative
Qualis Health

Focus: Virtual training
Safety Net Medical Home Initiative

- National PCMH demonstration (5 regions, 65 primary care safety net sites)

- Transformation support model:
  - Facilitator training and support (“train-the-trainer” model to enhance regional capacity)
  - Direct training for sites
  - Organize and support “learning communities” to foster peer learning and sharing (facilitators and sites)
  - Resources and tools, including access to external experts

- Early step was to develop a “change package” that defines the attributes of a PCMH and the system changes needed to get there — content curriculum for facilitators and sites
What Our Practice Facilitators Do

- Regionally-based; 13-18 facilitators for 65 sites (most part-time)
- Employed by regional organizations: PCA, etc
- Provide support for PCMH implementation at the site-level:
  - Teach PCMH content
  - Review data and develop work plans
  - Project management and reporting; meeting facilitation
  - Identify and apply resources and tools
  - Plan and conduct regional learning sessions/collaboratives
  - Provide support for change management
- Support PCMH recognition (NCQA or state-based)
- Mix of in-person and virtual methods (email, phone, webinar, site-visits)
Training Facilitators: How We Support Their Work

- Developed a curriculum/framework: 8 Change Concepts for PCMH Transformation (empanelment, enhanced access, etc.)
  - Comprehensive library of resources and tools
  - Web/print-based core curriculum (13 implementation guides) for self-directed/facilitator-enhanced learning
  - Webinars (26) and interactive tools (e.g., patient acuity calculator)
  - Assessment tools for facilitators and sites
- Facilitate forum (“Medical Home Facilitator Community of Practice”) for facilitator idea exchange and support:
  - Monthly conference call: case presentations, challenges and successes
  - Listserv and tool exchange
  - In-person meetings (2-3 a year). Some content and skills training, but mostly peer-to-peer learning
Training Sites: How We Support Their Work

- Facilitate forums for site-to-site learning and sharing:
  - Support annual in-person regional learning sessions; one national in-person learning session
  - Field trips
  - Virtual networking opportunities (Basecamp)
  - Collect and publish case studies

- Provide direct training for sites in collaboration with facilitators
  - Web/print based core curriculum
  - Monthly webinars (virtual) – sequenced with curricula
  - Office hours (virtual) – ad hoc and responsive to site-specific needs
  - Workshops (in-person group events) – ad hoc and responsive to site-specific needs
  - Site-visits from “Project Team” or experts to address challenges (in-person, site-specific events)
Virtual Learning: What Works?

Helpful
- Teaching specific, sequential content
- “How to” content
- Basic Q&A
- Proving access to tools
- Case studies

Challenging
- Teaching complex or interconnected content
- Networking and fostering collaboration
- Culture change
- Providing motivation
- Team participation
Lessons Learned/Recommendations for Others

- Facilitators entered project with varying levels of “core skills” (e.g., using data to drive change). Teaching “core” skills/developing coaching confidence is more time intensive (and difficult) than teaching content.
  - Be prepared (and give your program time!) to teach core facilitator skills and content.
- Facilitators need support in order to be successful. Facilitators value peer education and support.
  - Invest in learning and growth opportunities.
  - Support a facilitator “community of practice” to foster peer learning.
  - Recognize that facilitator alone is insufficient to fix some problems (e.g., practice leadership issues, financial issues). Find creative ways to augment facilitator.
Training Resources for Facilitators

- Facilitator’s Guide to Site Visits
- Facilitator’s Guide to Rapid Fire Sessions
- Tools and resources available at:
  - http://www.safetynetmedicalhome.org

Coming soon....
- National Medical Home Curriculum (January 2013)
- Coaching Tools from the SNMHI (July 2012)
  - PCMH-A coach validation
  - Green-Yellow-Red Assessment
  - Tiering Exercise
Questions & Answers

Please submit your questions through the Q&A panel on the right hand side of your screen.
Thank You & Next Steps

- Please respond to the survey *immediately* following this webinar

- Next Webinar: Designing Your Facilitation Intervention
  - Date: To be announced (expected in May 2012)

- Please join AHRQ’s PF listserv by emailing PCPF-request@LIST.AHRQ.GOV

- Visit www.pcmh.ahrq.gov
  - Note the Practice Facilitation webpage