Case Studies of LEADING PRIMARY CARE PRACTICE FACILITATION PROGRAMS

Overview

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Prevention & Chronic Care Program
IMPROVING PRIMARY CARE

CASE STUDIES OF LEADING PRACTICE FACILITATION PROGRAMS

Practice facilitation (PF) or coaching is one way to support medical practices in their ongoing efforts to redesign and transform primary care. PF services are provided by trained individuals or teams, using a range of quality improvement (QI) and practice improvement approaches. These services are designed to build the internal capacity of a practice so it can achieve both practice transformation and ongoing QI goals.

Here, we present four case studies to complement the AHRQ manual, *Developing and Running a Primary Care Practice Facilitation Program: A How-To Guide*, which details how to develop a PF program.[1] These four case studies profile exemplary PF programs, highlighting each program's motivation for development, administrative structure, funding, PF approach and activities, hiring and training of staff, and monitoring of program quality. The purpose of the case studies is to provide detailed descriptions of the formation and operation of real-world PF programs. Together, the *Guide* and these case studies present a vision, framework, and practical direction for others interested in developing similar programs.

The programs profiled were chosen to reflect varying geographies, administrative homes, practice settings, and QI topics. The directors, project managers, and other key staff of these well-established programs shared their knowledge of and experiences with developing and running a PF program. Each case study highlights the specific program areas essential for effective program development, focusing on the particular context, strengths, and innovations of that program.

The following four programs were profiled:

- **North Carolina's Area Health Education Centers (AHEC) Practice Support program**, which provides PF services focused on primary care QI and adoption and meaningful use of electronic health records, offered through statewide regional centers.
- **The Oklahoma Physicians Resource/Research Network (OKPRN)**, which incorporated PF services into an existing Practice-Based Research Network.
- **The Safety Net Medical Home Initiative**, which illustrates a partnership between Qualis Health (a nonprofit QI consulting firm) and the MacColl Center for Health Care Innovation (a research organization) to provide PF services, training, and technical assistance through a national hub and five Regional Coordinating Centers.
- **Vermont Blueprint's Expansion and Quality Improvement Program (EQuIP)**, which provides PF services as part of State health care delivery reform efforts.

The following table provides an overview of these four PF programs and a preview of what can be found in each of the case studies.

[1] To download the manual, please visit the AHRQ Web site www.pcmh.ahrq.gov/portal/server.pt/community/pcmh__home/1483/pcmh_home_v2.

Facilitation Programs Selected for Case Studies

	North Carolina AHEC's Practice Support Program	Oklahoma Physicians Resource/Research Network	Safety Net Medical Home Initiative	Vermont Blueprint's EquIP
Context	Statewide health care improvement effort	Statewide QI services through existing Practice-Based Research Network (PBRN) infrastructure	5-year demonstration project, sponsored by The Commonwealth Fund. National hub provides centralized support and training; 5 Regional Coordinating Centers support practices at State and local levels	Statewide health care reform initiative
Administrative Home	Statewide Area Health Education Centers (AHEC) housed at the University of North Carolina-Chapel Hill	Academic health center-affiliated PBRN	Qualis Health, a nonprofit QI consulting firm	State Medicaid agency
Objectives	• Improving health outcomes • Improving quality of primary health care • Lowering costs of care	• Improving primary care practices' team functioning and communication • Implementing best practices and evidence-based approaches	• Transforming safety net primary care practices into patient-centered medical homes (PCMHs) • Building regional QI capacity	• Transforming primary care practices into PCMHs • Supporting use of • electronic medical records • Building QI capacity
Staffing Model	Staff hired through the regional AHECs	Staff employed by the University of Oklahoma	Facilitators are hired or contracted by each Regional Coordinating Center	Staff and consultant professionals
Location of Services	On site at practices	On site at practices	Technical assistance support from national hub is provided virtually by webinar, phone, and email; on site PF services provided to practices in each of 5 regions	On site at practices
Schedule and Duration	Driven by practice needs; typically weekly to biweekly, with durations ranging from 3 to 18 months	During the course of a project, half-day per week on site—usually for 6 months	Facilitation services offered for 4 years; intensity and form of services vary by region and practice	Twice monthly visits to practices; facilitators are permanently assigned to practices
Program Size	49 full-time equivalent (FTE) facilitators and support personnel	4 FTE facilitators	7.4 FTE facilitators (~1-2 FTE facilitator for each of 5 regions)	13 FTE facilitators
Ratio of Facilitators to Practices	~1:25 to 1:35 (varies depending on role)	1:8	~1:2 to 1:13 (varies by region)	1:8 to 1:10
Eligible Practices	Any primary care practice in the State that applies: 1,000 current participating out of ~2,000 practices in State	Any primary care practice in the network (which includes more than 240 clinicians, representing 160 practices)	Primary care safety net practices that applied to 5 regional coordinating centers	Any primary care practice in the state that applies; eligible practices estimated at 200

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