Primary Care Practice Facilitation Curriculum

Module 2: Practice Facilitation as a Resource for Practice Improvement

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Primary Care Practice Facilitation Curriculum

Module 2. Practice Facilitation as a Resource for Practice Improvement

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Module 2. Practice Facilitation as a Resource for Practice Improvement

Instructor's Guide

Practice facilitator (PF) competencies addressed in this module:

- Foundational knowledge of organizational change
- Foundational knowledge in spreading successful innovations across differing practice settings

Time

- Pre-session preparation for learners: 30 minutes
- Session: 85 minutes
- Follow-up by instructor: 30-60 minutes

Objectives

After completing this module, learners will be able to:

1. Describe the function and key activities of a practice facilitator.
2. Describe the core competencies of practice facilitators.
3. Create a Practice Facilitator Professional Development and Training Plan based on information from this module.

Exercises and Activities To Complete Before, During, and After the Session

Pre-session preparation. Ask the learners to read items 1-2 (30 minutes)

1. The content of this module.
2. Baskerville NB, Liddy C, Hogg W. Systematic review and meta-analysis of practice facilitation within primary care settings. Ann Fam Med, 2012;10(1):63-74. Available at http://annfammed.org/content/10/1/63.full.pdf.

During the Session. Presentation (25 minutes)

1. Present key concepts from the module.

Discussion. Ask questions and explore answers with learners. (15 minutes)

1. What is the purpose and goal of practice facilitation?
2. What skills do facilitators need?
3. Discuss the Baskerville article and the evidence supporting practice facilitation.

Activity for learners (45 minutes)

Introduce the Practice Facilitator Professional Development and Training Plan form to the

learners.

1. Explain that the form will be used to design training, both didactic and experiential, tailored to their specific learning needs.
2. Explain that the form is based on core competencies that practice facilitators need to introduce continuous quality improvement in a practice and to support implementation of the Care Model, the patient-centered medical home, and meaningful use.
3. Ask each learner to complete the Practice Facilitator Professional Development and Training Plan using the paper form contained in the Appendix.

NOTE: It is helpful to enter the items into an online survey platform and use this to collect and monitor this information for participants.

Activities to complete after the session. (For instructor only—30 to 60 minutes, depending on number of learners)

1. Review the Practice Facilitator Professional Development and Training Plans completed by the learners during Module 2.
2. Use the Practice Facilitator Professional Development and Training Plans to identify learners who rate themselves as "very confident" in specific areas to engage as co-leaders for future training sessions.
3. Use results of plans to determine which topics to emphasize in future trainings and to identify areas where existing training materials may need to be supplemented with additional content.

Module 2.

Practice facilitation, sometimes also referred to as quality improvement coaching, is an approach to supporting improvement in primary care practices that focuses on building organizational capacity for continuous improvement (Knox, 2010). As a practice facilitator, you will establish a long-term relationship with your practices, becoming a resource for ongoing quality improvement (QI) and evidence translation.

This module provides a brief overview of practice facilitation. For an in-depth discussion, see *Developing and Running a Primary Care Practice Facilitation Program: A How-to Guide* (Knox, et al., 2011). The guide can be accessed at http://www.pcmh.ahrq.gov/portal/server.pt/community/pcmh_home/1483/pcmh_implementing_the_pcmh_practice_facilitation_v2.

Who Are Practice Facilitators?

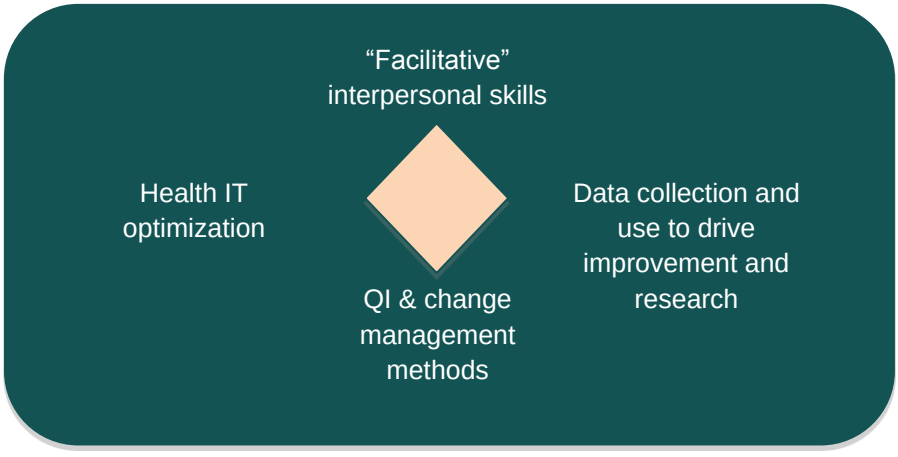
Practice facilitators (also known as a practice coaches, QI coaches, and practice enhancement assistants) are specially trained individuals who work with primary care practices "to make meaningful changes designed to improve patients' outcomes. [They] help physicians and quality improvement teams develop the skills they need to adapt clinical evidence to the specific circumstance of their practice environment" (DeWalt, et al., 2010). As a practice facilitator, you need competencies in four areas:

1. Interpersonal skills to build support for and facilitate change
2. Methods for accessing and using data to drive change
3. QI and change management strategies
4. Health information technology (IT) optimization

In addition, you will need expertise in the specific content of an intervention (e.g., patient- centered medical home [PCMH] transformation, guideline implementation).

Figure 2.1. Four core competencies of practice facilitators

Practice facilitators are generalists who support QI and other related activities in a practice or



health care organization. They may work alone or lead a practice facilitation team made up of the facilitator, a health IT expert, and a data manager, as well as additional experts. These may include individuals with expertise in specific clinical or technical content required by the intervention.

You may also engage physicians, chief executive officers, nursing staff, and others from practices that have already worked with a practice facilitator or that have already undergone improvement in the desired areas to serve as peer mentors to the practice. For example, let's say you are supporting implementation of advanced access (a method of shortening wait times for appointments). In addition to providing general facilitation support to your practice, you may engage a consultant with expertise in this area as a member of your practice facilitation team. This consultant can provide support to a practice undergoing this specialized transformation.

When a team approach is indicated, as generalist and lead facilitator, you will form and manage this team to ensure that a practice has the resources it needs to make the desired changes. Your role will be to identify individuals with the needed expertise, engage them, and then manage the team to ensure it meets the needs of the practice most cost-effectively.

Facilitation Goals

The goal of your work with practices is to build their capacity for continuous quality improvement and their ability to implement new evidence-based treatments and bring health service models into practice. The ultimate aim of all of these activities is to improve patient outcomes and experience and lower the overall costs of care.

To build these capacities, as a facilitator, you will help your practices establish QI teams, create improvement plans, assess practice systems and processes, develop performance monitoring systems, and use strategies such as benchmarking to motivate practices to change and compare their performance to other similar groups. You will provide training to your practices on QI approaches such as the Model for Improvement and assist them in using methods such as Plan Do Study Act cycles to test, spread, and sustain changes in the practice. You will also provide training to your practices on the contents of specific improvements or engage experts, such as academic detailers, to provide training. In addition, PFs help practices modify policies, procedures, and job descriptions to sustain changes.

You will also:

- map workflows and assist practices in redesigning them to support changes,
- help staff modify policies and procedures to ensure sustainability of changes,
- identify exemplar processes in your practices and spread them to others,
- identify resources to implement improvements that extend beyond the scope of your skills or the particular facilitation intervention,
- help practices integrate all of the improvement work occurring within them into a cohesive whole, and

- form and maintain a long-term relationship with your practices.

In addition to your work building capacity for change in the practice, you will work toward specific improvement goals. These improvement goals may be:

- determined by the practice,
- determined by your facilitation program, or
- as often is the case, specified by the funder for the intervention.

These goals can vary significantly in their complexity. Some are tightly focused on improving care for a specific condition, such as implementing treatment guidelines for chronic kidney disease. Others are focused on whole practice transformation, such as implementing tenets of PCMHs or the Care Model (see Module 24). The scope and complexity of the desired changes will dictate the type and intensity of your support. Finally, you will facilitate engagement of a practice in its improvement work.

It is important to remember that practice improvement is not about an outside entity telling a practice to change, but rather about helping practices establish their own motivations for improvement and the knowledge, skills, and systems to effect positive change.

Facilitation Intensity and Length

Facilitation interventions vary in length and number of support hours delivered. These are typically linked to the particular goals being pursued and the capacity of the practice at the start of the intervention. Complex improvement goals will require more hours of support and a longer delivery schedule; goals that are more narrowly focused or are smaller in scope will require fewer hours or shorter duration.

Practices with higher levels of capacity for improvement will require less support and a less intensive intervention schedule. Practices with little existing capacity for improvement will require more. Efforts to introduce a particular practice guideline might require only a few months of support. Whole practice transformation such as that required by the PCMH may require a year or more. That said, intensity of services often depends on funding realities.

As a practice facilitator, you will support practices based on the particular facilitation process and intervention model your program is using. Within this framework, you will want to tailor your approach to suit the needs of each practice based on its size, organizational structure, patient population, geographic location, and health care context.

Ideally, you will form a long-term relationship with the practices that extends beyond a single project or QI initiative. In the best sense of the word, you will become a long-term resource for the practice, not employed by them but available to support implementation of new health service models, treatments, and improvements to patient care.

Onsite and Virtual Facilitation

Experts consider some degree of onsite support, with a predictable schedule of onsite visits by the facilitator, to be almost essential to successful facilitation as it helps to establish and maintain an effective working relationship between you and your practice. Some interventions will need intensive onsite support while others may allow for a combination of onsite and virtual support. Virtual support can include check-in sessions and trainings on basic information on QI and new models of clinical care delivery. Onsite support is more appropriate for activities such as:

- Internal capacity building for ongoing QI, practice assessment, and data collection,
- Workflow mapping and redesign,
- Implementation of complex changes, and
- Conflict resolution.

What Practice Facilitators Do

Practice facilitators promote a culture of learning and QI within practices and set the stage for continuous quality improvement that extends beyond the period of active facilitation. Practice facilitators can be thought of as "catalysts for change," supporting transformation at the individual, team, organizational, and systems levels (Department of Health and Community Services, 2006). In addition to general skills in QI, change management, data collection, and optimization of health IT systems, some may acquire expertise in specialized areas such as supporting attainment of meaningful use of health IT to improve patient care. Table 2.1 lists some of the key activities practice facilitators undertake.

Table 2.1. Practice facilitator activities

Topic	Activities
Creating infrastructure for continuous improvement	• Form and manage an external facilitation team with expertise tailored to practice needs • Form or optimize a central QI team for the organization or practice • Ensure diverse membership on the QI team or specific project teams • Help teams create or update QI plans • Help teams create or enhance performance monitoring systems • Help teams use performance data to set improvement goals, make changes, and monitor progress
Building skills in leadership and QI teams that support continuous improvement	• Provide executive coaching to leadership in change management, human factors, conflict resolution, and project management • Build priority for change in practice and leadership using data, academic detailing and social learning, introduction to new ideas, and best evidence • Train staff on QI approaches and methods (e.g., Model for Improvement, small tests of change, workflow mapping and redesign, benchmarking, EHR data/chart reviews, audit and feedback, root cause analysis) • Train team on concept of data-driven improvement and data collection and management • Teach skills for running effective QI meetings • Teach skills for encouraging culture of continuous QI in organization
Managing projects	• Provide project and change management support, and build capacity for the same in practice • Set up and use collaboration software for change process management • Support accountability for action items and follow-through on improvement plans • Help practice coordinate, integrate, and realize synergies in all improvement work occurring across the organization
Assessing organizations and monitoring progress	• Assess organizational/practice readiness for capacity building and improvement work • Conduct initial assessment of practice's core systems (administrative, clinical, health IT, data, and human resources) using an assets-based approach (i.e., identify both strengths and weaknesses) • Collect data from multiple sources, including surveys, paper records, registries, and electronic health records • Implement report generators and other systems that create capacity for routine performance reporting and train staff to maintain and expand these processes

Topic	Activities
Optimizing health IT for performance monitoring and population management	• Help practice interact with health IT vendors • Help practice engage expert consultants in health IT as needed • Share best practices in use of particular electronic health record (EHR) products from other practices as appropriate • Help practice structure EHR to maximize population management capacity • Set up registry tracks and create workflows for maintaining registries • Identify and correct data errors in EHR and registry • Set up connections between labs and EHRs, standalone registries and EHRs, and other relevant IT platforms and products • Help staff set up and manage templates and point-of-care decision support • Train staff to optimize EHR functions to enhance care team communication (e.g., tasking) • Train staff to create and generate performance reports for QI
Supporting implementation of targeted changes and improvements	• Train and support practices in implementing new health service models such as the PCMH, new processes, treatments, evidence, or best practices. For example, provide training and support on: • Team-based care • Empanelment and panel management • Planned care • Action plans with patients • Self-management support • Care coordination • Risk stratification and use of this information to guide care • Other related topics • Engage external experts as needed to provide peer-to-peer and expert training to practice on new models of care, treatments, and other targeted improvements • Make changes to policies, procedures, and job descriptions to support changes
Supporting knowledge generation and research in the practice	• Manage research studies • Assist in data collection for research • Train staff to participate in research
Identifying and spreading exemplar practices	• Document exemplars and best practices and share with program, facilitation community, and practices • Develop training to support spread of exemplar processes
Identifying and communicating system-level barriers to improvement	• Document system-level barriers to improvement and communicate to program, funders, policymakers, and health care community

Topic	Activities
Performing administrative tasks and maintaining professionalism	• Comply with privacy rules • Maintain appropriate documentation of work with practices and monitor practice progress • Maintain appropriate documentation of project/funder-related work and monitor progress toward deliverables • Participate in supervision and group learning with other facilitators • Participate in continuous education • Form and manage your external facilitation team for each site • Manage time effectively • Evaluate effectiveness and quality of your work with your practices

Technical Versus Soft Skills in Facilitation. To carry out these activities, PFs need to possess technical knowledge and skills such as how to collect, analyze, and display data; how to train practices to run effective meetings; how to teach and facilitate root cause analyses by practice members; how to optimize health IT systems to support improvement; and how to create QI plans. In addition, PFs need "soft skills," such as being able to build relationships that facilitate change, communicating effectively with others, helping practice members build hope and confidence in their ability to effect change, and helping members manage conflict effectively to drive improvement. While PFs can often acquire technical knowledge and skills through training, soft skills may be more difficult to acquire through traditional training processes.

Evidence on Practice Facilitation

While some believe practice facilitation is a relatively new approach to supporting practice improvement, its origins can be traced back more than 30 years. It was used from 1982 to 1984 in the Oxford Prevention of Heart Attack and Stroke Project in England as the primary intervention to help clinicians improve screening for cardiovascular disease (Fullard, et al., 1984; Department of Health and Community Services, 2006). Evaluations of the project demonstrated the value of facilitation support for improving clinical processes and cardiovascular care.

Following this early success, England became an early adopter of practice facilitation and used it as part of a comprehensive approach to support primary care. In the 1990s, Australia, Canada, the Netherlands, and the United States began using the facilitation model to support practice improvement (Nagykaldi, et al., 2005).

Since then, organizations such as practice-based research networks, State health departments, professional associations, and health plans have used practice facilitation to support QI, as well as knowledge generation and discovery in primary care practices. Settings range from small, private practices to large multispecialty group practices, from urban to rural to frontier settings, and from safety net to non-safety net providers. The common element of all practice facilitation

programs is the use of specially trained individuals who establish long-term relationships with practices and work to help them implement the targeted improvements.

Effectiveness. The evidence base demonstrating the effectiveness of practice facilitation as a method for improving primary care practice is growing. Nagykaldi, Mold, and Aspy completed the first review of practice facilitation in 2005. Analyzing 25 studies of practice improvement conducted between 1966 and 1984, the authors found that practice facilitation contributed to increases in the delivery rates of preventive services. It also improved relationships and communication among health care professionals, assisted clinicians with chronic disease management, provided professional education, and facilitated system-level improvements. Parchman, et al., (2013) concluded that practice facilitation resulted in significant and sustained improvement in delivery of care.

Baskerville, Liddy, and Hogg (2012) published a meta-analytic review of 22 studies involving 1,429 practices in which they found evidence of the effectiveness of practice facilitation compared to nonintervention controls. Primary care practices receiving practice facilitation were almost three times as likely as control practices to adopt evidence-based guidelines. Supporting work also describes the effectiveness of using practice facilitation as an approach to quality improvement, specific to implementing clinical guidelines (Mold, et al., 2014).

The researchers also shed light on factors associated with greater practice facilitation effect. For example, the researchers found that as the number of practices supported by a facilitator increased, the effect size of facilitation decreased. In addition, practice facilitation interventions delivering a higher dose of support (e.g., total number of hours and duration of the intervention) were associated with larger effects.

Sustainability of change. Studies also examined the sustainability of changes implemented using practice facilitation support. While an early study found that the effects were not sustained past the intervention period (McCowan, et al., 1997), multiple studies conducted since then found that the effects of practice facilitation were sustained for as long as 12 months post intervention (Dietrich, et al., 1994; Hogg, et al., 2002; Stange, et al., 2003; Hogg, et al., 2008).

As early as 1995, Bryce and colleagues evaluated the impact of an audit facilitator on patterns of diagnosis and treatment of childhood asthma in 12 practices. At a 2-year follow-up, there were significant increases in asthma consultations, new diagnoses of asthma, and reaffirmation of past diagnoses in intervention versus control practices.

Cost benefit. Others looked at the cost effectiveness of practice facilitation. Hogg, Baskerville, and Lemelin (2005) examined the cost savings associated with practice facilitation in reducing inappropriate and increasing appropriate screening tests in 22 primary care practices serving approximately 100,000 patients. The team conducted a cost-consequences analysis. Within the Canadian context, the intervention resulted in an annual savings per physician of $3,687 and per facilitator of $63,911. The estimated return on intervention investment was 40 percent.

Patient-centered medical home implementation. Most recently, researchers studied the impact of practice facilitation on efforts to meet PCMH criteria. The National Demonstration Project (NDP) study compared two implementation approaches: facilitated and self-directed. Thirty-six family practices that were deemed ready and highly motivated to adopt the NDP model of the PCMH were selected for the study. The practices were randomly assigned to self-directed or facilitated change conditions. The practice facilitation intervention was mainly delivered remotely with one or two onsite visits over the course of the study. The research team found that facilitation increased the practices' capability to make and sustain change and increased their adaptive reserve, their organizational capacity to engage in ongoing QI (Nutting, et al., 2010). Differences in actual PCMH implementation were not significant by group. This likely reflects the fact that both groups were already highly motivated to change and the practice facilitation intervention was primarily virtual, so of relatively low intensity.

There are web-based tools that can assist with such facilitation efforts. For example, Coach Medical Home includes tools, resources, guidance for transformation work, and suggestions for building learning communities (available at: http://www.coachmedicalhome.org). In a companion article, Johnson et al. (2014) describes the development of Coach Medical Home curriculum to support medical home transformation through coaching. Table 2.2 provides a brief list of training programs for practice facilitators.

Table 2.2. Training programs for practice facilitators

HealthTeamWorks: a nonprofit dedicated to system redesign in health care delivery, promoting integrated communities of care and the use evidence-based care	www.healthteamworks.org/
Institute for Healthcare Improvement: this institute uses models for improvement as a framework to guide improvement work	www.ihi.org/resources/Pages/HowtoImprove/default.aspx
State University of New York Buffalo and CoCoNet2 Practice Facilitator Certificate Program: a virtual training program for PFs using materials adapted from the AHRQ Practice Facilitation Handbook (an earlier version of this curriculum)	www.millardfillmorecollege.com/practice_facilitator_ad
The Dartmouth Institute Microsystem Academy: ecoach-the-coach: a 5-month intensive virtual and in-person training on practice coaching	https://clinicalmicrosystem.org/ecoach-the-coach/

Case Studies: from the Agency for Healthcare Research and Quality, these case studies profile exemplary primary care practice facilitation training programs	www.ahrq.gov/professionals/prevention-chronic-care/improve/system/pfcasestudies/index.html
Implementing the PCMH: a how-to guide on developing and running a practice facilitation program	http://pcmh.ahrq.gov/page/practice-facilitation

Note: this module is based on Module 1 of the Practice Facilitation Handbook. Available at http://www.ahrq.gov/professionals/prevention-chronic-care/improve/system/pfhandbook/

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Fullard E, Fowler G, Gray M. Facilitating prevention in primary care. BMJ (Clin Res Ed) 1984;289(6458):1585-7. Hogg W, Baskerville N, and Lemelin, J. Cost savings associated with improving appropriate and reducing inappropriate preventive care: cost-consequences analysis. BMC Health Serv Res 2005;5:20.

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Appendix 2. Practice Facilitator Professional Development and Training Plan

***1. Your name:**

***2. Today's date:**

Date: MM / DD / YYYY

***3. How much previous experience have you had working in healthcare environments?**

	No experience	Some experience	Substantial experience
Primary care (non-safety net)	◯	◯	◯
Primary care (safety net)	◯	◯	◯
Specialty care setting	◯	◯	◯
Hospital setting	◯	◯	◯
Ancillary service environment	◯	◯	◯

Briefly describe your experience:

***4. How much previous experience have you had supporting Quality Improvement in any environment?**

◯ No experience

◯ Some experience

◯ Substantial experience

Briefly describe any experience:

***5. How much previous experience have you had in collecting and analyzing data?**

- ◯ No experience
- ◯ Some experience
- ◯ Substantial experience

Briefly describe any experience:

***6. (General theories of change) Please rate how confident you are with your knowledge of the following topics:**

	Not at all confident	Somewhat confident	Confident	Very confident
Complexity theory	◯	◯	◯	◯
Solberg Practice improvement model	◯	◯	◯	◯
Diffusion of innovation	◯	◯	◯	◯
Empowerment theory	◯	◯	◯	◯
Asset based development	◯	◯	◯	◯
Adult learning theory	◯	◯	◯	◯

Please identify your learning goals for this area:

***7. (Practice facilitation) Please rate how confident you are with your knowledge in the following areas:**

	Not at all confident	Somewhat confident	Confident	Very confident
General background on practice facilitation	◯	◯	◯	◯
Research evidence about practice facilitation	◯	◯	◯	◯
Typical stages in the facilitation process	◯	◯	◯	◯
Core competencies of practice facilitators	◯	◯	◯	◯
Common approaches to practice facilitation	◯	◯	◯	◯
On-line resources for practice facilitators	◯	◯	◯	◯

Please identify your learning goals for this area:

***8. (Practice facilitation) Please rate how confident you are with your skills in the following areas:**

	Not at all confident	Somewhat confident	Confident	Very confident
Assessing a practice's readiness for engaging in improvement work with a facilitator	◯	◯	◯	◯
Preparing a practice to work with a facilitator	◯	◯	◯	◯
Engaging patients as part of an improvement team	◯	◯	◯	◯
Conducting a kick-off or first meeting with a practice	◯	◯	◯	◯
Building a relationship with a practice	◯	◯	◯	◯
Identifying ineffective facilitator-practice partnerships	◯	◯	◯	◯
Facilitating meetings	◯	◯	◯	◯
Project management	◯	◯	◯	◯

Please identify your learning goals for this area:

***9. (Knowledge of the safety net) Please rate how confident you are with your knowledge of the following areas:**

	Not at all confident	Somewhat confident	Confident	Very confident
General knowledge of the health system and how it operates	◯	◯	◯	◯
Federally Qualified Health Centers (FQHCs) and their structure, mandates and financial drivers	◯	◯	◯	◯
Community Health Centers and their structure and financial drivers	◯	◯	◯	◯
Private practices and their structure and financial drivers	◯	◯	◯	◯
Make-up and needs of their patient populations	◯	◯	◯	◯
The local healthcare system	◯	◯	◯	◯
The local healthcare environment	◯	◯	◯	◯
Payer community and their priority concerns	◯	◯	◯	◯
IPAs and other organizations supporting the primary care safety net in your area	◯	◯	◯	◯

Please identify your learning goals for this area:

***10. (Health Service Models and Meaningful Use) Please rate how confident you are in your knowledge of the following areas:**

	Not at all confident	Somewhat confident	Confident	Very confident
Chronic Care Model or Expanded Care Model (CM)	◯	◯	◯	◯
Patient Centered Medical Home (PCMH)	◯	◯	◯	◯
Patient Centered Medical Home recognition requirements (National Committee for Quality Assurance (NCQA), other)	◯	◯	◯	◯
Patient Aligned Care Teams (PACT)	◯	◯	◯	◯
Meaningful Use requirements	◯	◯	◯	◯

Please identify your learning goals for this area:

***11. (Quality Improvement Approaches & Tools-General) Please rate your confidence in your knowledge and skills in the following areas:**

	Not at all confident	Somewhat confident	Confident	Very confident
Model for Improvement (MFI)	◯	◯	◯	◯
Using Plan Do Study Act (PDSA) Cycles with practices	◯	◯	◯	◯
Basic concepts of LEAN	◯	◯	◯	◯
Basic concepts of Six Sigma	◯	◯	◯	◯
Academic detailing	◯	◯	◯	◯
Benchmarking	◯	◯	◯	◯
Workflow mapping	◯	◯	◯	◯
Decision support tools	◯	◯	◯	◯
Site visits	◯	◯	◯	◯
Learning collaboratives and local learning collaboratives	◯	◯	◯	◯
Identifying "exemplar" processes/practices and documenting them for spread	◯	◯	◯	◯

Please identify your learning goals for this area:

***12. (Workflow Mapping) Please rate your confidence in helping a practice map the following key processes:**

	Not at all confident	Somewhat confident	Confident	Very confident
Answering phones	◯	◯	◯	◯
Making appointments and triage process	◯	◯	◯	◯
Messaging	◯	◯	◯	◯
Scheduling procedures	◯	◯	◯	◯
Reporting diagnostic test results	◯	◯	◯	◯
Prescription renewals	◯	◯	◯	◯
Making referrals	◯	◯	◯	◯
Pre-authorization for services	◯	◯	◯	◯
Billing/coding	◯	◯	◯	◯
Phone advice	◯	◯	◯	◯
Assignment of patients to practice	◯	◯	◯	◯
Orientation of patient to practice	◯	◯	◯	◯
New patient work-ups	◯	◯	◯	◯
Education for patients/families	◯	◯	◯	◯
Prevention assessment/activities	◯	◯	◯	◯
Chronic disease management	◯	◯	◯	◯

Please identify your learning goals for this area:

*13. (Data Collection-General) Please rate your confidence in:

	Not at all confident	Somewhat confident	Confident	Very confident
Measuring organizational systems (capacity for improvement, functionality of key systems, leadership)	◯	◯	◯	◯
Measuring clinician and staff experience (satisfaction, burn-out, clinician-staff interaction (team work), practice climate	◯	◯	◯	◯
Measuring patient experience (how treated by practice, clinician-patient interactions in understanding, shared-decision making, relationship building)	◯	◯	◯	◯
Measuring team-patient interaction (transferring trust in clinician to trust in team)	◯	◯	◯	◯
Measuring implementation of the Care Model	◯	◯	◯	◯
Measuring implementation of the Patient Centered Medical Home	◯	◯	◯	◯
Assessing payment mechanisms (what works, what is dysfunctional, what will incentivize improvements needed)	◯	◯	◯	◯

Please identify your learning goals for this area

***14. (Data Collection-Clinical Performance) Please rate your confidence in your knowledge and skills in the following areas:**

	Not at all confident	Somewhat confident	Confident	Very confident
Use of HEDIS quality indicators	◯	◯	◯	◯
Use of HRSA's Uniform Data System (UDS) reports	◯	◯	◯	◯
Conducting paper chart audits	◯	◯	◯	◯
Creating reports through I2I or other patient registry	◯	◯	◯	◯
Creating reports through E Clinical Works	◯	◯	◯	◯
Creating reports through Next Gen	◯	◯	◯	◯
Creating reports through Epic	◯	◯	◯	◯

Please identify your learning goals for this area

***15. (Data Collection-Management and Display) Please rate your confidence in your knowledge and/or skills in the following areas:**

	Not at all confident	Somewhat confident	Confident	Very confident
Creating a database for survey and performance data	◯	◯	◯	◯
Managing and cleaning databases	◯	◯	◯	◯
How to determine denominators	◯	◯	◯	◯
Analyzing data for frequencies and central tendencies	◯	◯	◯	◯
Generating visual displays of data such as run charts	◯	◯	◯	◯
HIPAA rules and regulations for protecting personal health information	◯	◯	◯	◯

Please identify your learning goals for this area

***16. (Creating QI Infrastructure and Capacity in a Practice) Please rate your confidence in your knowledge and skills in the following areas:**

	Not at all confident	Somewhat confident	Confident	Very confident
Creating priority for change in practice/organizational leadership	◯	◯	◯	◯
Forming a QI committee or improvement team	◯	◯	◯	◯
Creating an improvement plan or QI charter	◯	◯	◯	◯
Optimizing team functioning	◯	◯	◯	◯
Using data to drive improvement (identify needs, monitor progress)	◯	◯	◯	◯
Creating systems for routing performance monitoring	◯	◯	◯	◯

Please identify your learning goals for this area

***17. (Managing Relationships) Please rate your confidence in your knowledge and skills in the following areas:**

	Not at all confident	Somewhat confident	Confident	Very confident
Building relationships with clinicians and staff	◯	◯	◯	◯
Managing and resolving interpersonal conflict	◯	◯	◯	◯
Motivating staff and clinicians to engage in improvement activities	◯	◯	◯	◯
Working with diverse individuals (MAs, RNs, MDs/DOs, patients, administrative staff)	◯	◯	◯	◯
Maintaining healthy communication (avoiding triangulation, etc)	◯	◯	◯	◯
Maintaining healthy boundaries with staff/clinicians (building capacity vs. doing for)	◯	◯	◯	◯

Please identify your learning goals for this area

***18. (Implementing Care Teams_General) Please rate your confidence in your knowledge and skills in the following areas:**

	Not at all confident	Somewhat confident	Confident	Very confident
Knowledge of best practices and exemplars in team based care	◯	◯	◯	◯
Training practices in concepts of team based care and associated culture change	◯	◯	◯	◯
Redefining clinical roles and responsibilities to support team based approaches to care	◯	◯	◯	◯
Licensing limitations for roles/clinicians (what each can and cannot do)	◯	◯	◯	◯
Redesigning workflow to support team based care	◯	◯	◯	◯

Please identify your learning goals for this area

***19. (Implementing Care Teams_Workflow for Specific Patient Groups) Please rate your confidence in your knowledge and skills in helping practices stratify patients and redesign workflow for team based care for:**

	Not at all confident	Somewhat confident	Confident	Very confident
Healthy/preventive care	◯	◯	◯	◯
Acute problems (major/minor)	◯	◯	◯	◯
Chronic conditions (diabetes, hypertension, CHF)	◯	◯	◯	◯
Complex care needs	◯	◯	◯	◯
Mental health	◯	◯	◯	◯
Chronic pain	◯	◯	◯	◯
Women's health	◯	◯	◯	◯
Pregnancy/well child care	◯	◯	◯	◯
Palliative/end of life care	◯	◯	◯	◯

Please identify your learning goals for this area

***20. (Implementing Care Teams_Workflow for Key Visit Related Administrative Activities) Please rate your confidence in your knowledge and skills in helping practices map and redesign workflow related to care team functioning in key visit related administrative activities:**

	Not at all confident	Somewhat confident	Confident	Very confident
Registration	◯	◯	◯	◯
Making appointments	◯	◯	◯	◯
MA role (pre-visit, vitals, agenda setting, checking chronic and preventive care needs and ordering them)	◯	◯	◯	◯
Receipt of test results-Clinician (lab, x-ray, other results)	◯	◯	◯	◯
Receipt of test results - Patient (normal, slightly abnormal, very abnormal)	◯	◯	◯	◯
Internal messaging (which emails go to whom, action required)	◯	◯	◯	◯
Prescription refills (chronic meds, acute meds, secure script meds)	◯	◯	◯	◯
Billing workflow	◯	◯	◯	◯
Filling out forms (clinician role, other team member role)	◯	◯	◯	◯

Please identify your learning goals for this area

Practice Facilitator Professional Development and Training Plan

***21. (Panel management) Please rate your confidence in your knowledge and/or skills in the following areas:**

	Not at all confident	Somewhat confident	Confident	Very confident
General knowledge of principles and processes of panel management	◯	◯	◯	◯
Knowledge of best practices and exemplars in implementing panel management	◯	◯	◯	◯
Training practices in concepts of panel management and creating culture change to support it	◯	◯	◯	◯
Training panel manager and creating protected time	◯	◯	◯	◯
Helping practice define what decisions panel managers can make (ordering labs, x-rays, titrating meds via protocol, referring patients to classes, etc)	◯	◯	◯	◯
Optimizing EHRs and creating patient registries and reporting systems to support panel management	◯	◯	◯	◯

Please identify your learning goals for this area

***22. (Creating Panels) Please rate your confidence in your knowledge and skills in the following areas:**

	Not at all confident	Somewhat confident	Confident	Very confident
Knowledge of best practices in creating patient panels	◯	◯	◯	◯
Training practices in key elements of assigning patients to panels	◯	◯	◯	◯
Optimizing HIT systems to support assigning patients to panels	◯	◯	◯	◯
Assisting practices in assigning patients to panels	◯	◯	◯	◯
Evaluating the implementation of panels	◯	◯	◯	◯
Implementing policies/procedures that support continuous empanelment	◯	◯	◯	◯

Please identify your learning goals for this area

***23. (Assessing & Improving Self-Management Support for Patients) Please rate your confidence in your knowledge and skills in the following areas:**

	Not at all confident	Somewhat confident	Confident	Very confident
Knowledge of best practices in self-management support including the use of health coaches	◯	◯	◯	◯
Assessing a practice's self-management support resources and processes	◯	◯	◯	◯
Helping practices enhance their self-management support services	◯	◯	◯	◯

Please identify your learning goals for this area

***24. (Care Coordination) Please rate your confidence in your knowledge and skills in the following areas:**

	Not at all confident	Somewhat confident	Confident	Very confident
Knowledge of methods of care coordination (specialists, ED, hospitalists (admission, during stay, discharge), pharmacy, lab/imaging, home care, hospice)	◯	◯	◯	◯
Training practices in general concepts of care coordination	◯	◯	◯	◯
Assisting practices to implement care coordination	◯	◯	◯	◯
Payment and care coordination	◯	◯	◯	◯

Please identify your learning goals for this area

***25. (Meaningful Use) Please rate your confidence in assisting practices in redesigning the following workflows to achieve Meaningful Use:**

	Not at all confident	Somewhat confident	Confident	Very confident
Recording patient demographics	◯	◯	◯	◯
Recording vital signs electronically	◯	◯	◯	◯
Maintaining up to date problem list	◯	◯	◯	◯
Maintaining active medication list	◯	◯	◯	◯
Maintaining active allergy list	◯	◯	◯	◯
Recording smoking status	◯	◯	◯	◯
Providing patients with clinical summaries for each office visit	◯	◯	◯	◯
E-prescribing	◯	◯	◯	◯
Drug-drug and drug-allergy interaction checks	◯	◯	◯	◯
Exchanging electronic information with other sites of care	◯	◯	◯	◯
Implementing a decision support rule and track compliance with the rule	◯	◯	◯	◯
Systems to protect privacy and security of patient data	◯	◯	◯	◯
Report clinical quality measures to CMS or states	◯	◯	◯	◯
Generate lists of patients for QI or outreach	◯	◯	◯	◯
Electronic health education resources	◯	◯	◯	◯
Medication reconciliation between care settings	◯	◯	◯	◯
Summary of are record for referrals and transitions	◯	◯	◯	◯
Immunization data to regional registries	◯	◯	◯	◯
Surveillance data to public health agencies	◯	◯	◯	◯
Patient reminders for	◯	◯	◯	◯

prevention/chronic care

Patient access to lab results, problem and medication lists, allergies	◯	◯	◯	◯
Drug formulary check	◯	◯	◯	◯
Lab results into EHR	◯	◯	◯	◯

Please identify your learning goals for this area

***26. (Professionalism) Please rate your confidence in your knowledge and skills in the following areas:**

	Not at all confident	Somewhat confident	Confident	Very confident
Documenting your encounters with your practice in a PF "practice registry" or encounter form	◯	◯	◯	◯
Communicating your challenges/needs and successes to your supervisor	◯	◯	◯	◯
Communicating your challenges/needs and successes to other PFs	◯	◯	◯	◯
Managing your time during practice encounters and administrative time	◯	◯	◯	◯

Please identify your learning goals for this area

27. Please describe any other skills/knowledge you have that are relevant to PF that may be resources for your program and other PFs in your program:

28. Please describe any other areas in which you believe you need training/support in order to feel confident as a PF: