

# Analysis of Quality Improvement Practice Facilitation Interventions Using a Framework Model

Jennifer Bannon, MS<sup>1</sup>, Katya Klyachko, PhD<sup>1</sup>, Nicholas Soulakis, PhD<sup>2</sup>, Jiancheng Ye, MS<sup>2</sup>, Yaw Amofa Peprah, MPH<sup>2</sup>, Tiffany Brown, MPH<sup>2</sup>, Abel Kho, MD, MS<sup>1,2</sup>, Theresa Walunas, PhD<sup>1,2</sup>

<sup>1</sup>Center for Health Information Partnerships (CHIP), Institute for Public Health and Medicine, Feinberg School of Medicine, Northwestern University, Chicago, IL, USA, <sup>2</sup>Department of Medicine, Division of General Internal Medicine and Geriatrics, Feinberg School of Medicine, Northwestern University, Chicago, IL, USA

## Background

- In 2015, AHRQ sponsored a grant initiative Evidence Now dedicated to helping small to mid-size practices improve cardiac care through practice facilitation. Healthy Hearts in the Heartland (H3) is the Midwest collaborative of Evidence Now composed of 226 small to mid-size practices in the Midwest region.
- Practice facilitation is a supportive service provided to a practice by a trained individual or individuals (Baker et al., 2017). The practice facilitator role requires strengths in task assistance as well as coaching to support practice capacity and sustainability in quality improvement (QI) initiatives.
- A framework to better understand the level of support a practice requires to initiate change as well as sustain QI after a practice facilitator exits a practice may be useful to assist practices build internal capacity for change and improve the effectiveness of practice facilitation. Additionally, it may be useful to explore if there is a correlation between activities that promote internal capacity such as coaching and facilitation success.

## Methods

- A Framework Model for practice facilitation activities based on existing literature was utilized (Baker et al., 2017). A team of four practice facilitators that provided facilitation across all three states in varied practice settings grouped 27 H3 intervention activities into framework buckets.
- Each of the 27 interventions was mapped to one of the following: (1) Doing tasks for the team, (2) facilitating, (3) consulting, (4) training and (5) coaching.
- The four facilitators mapped the interventions individually and discrepancies were resolved through the principle of commonality and joint agreement from the four practice facilitators.
- Success in facilitation was defined as the number of completed intervention tracking surveys items (up to 35).

## References

Baker, N., Lefebvre, A., & Sevin, C. (2017). A framework to guide practice facilitators in building capacity. *Journal of Family Medicine and Community Health*, 4(6), 1126.

## Acknowledgement

EvidenceNOW was supported by funding by the Agency for Healthcare Research and Quality (AHRQ) through grant No. R18HS023921.  Advancing Heart Health in Primary Care

Figure 1. Framework for Practice Facilitator Interventions

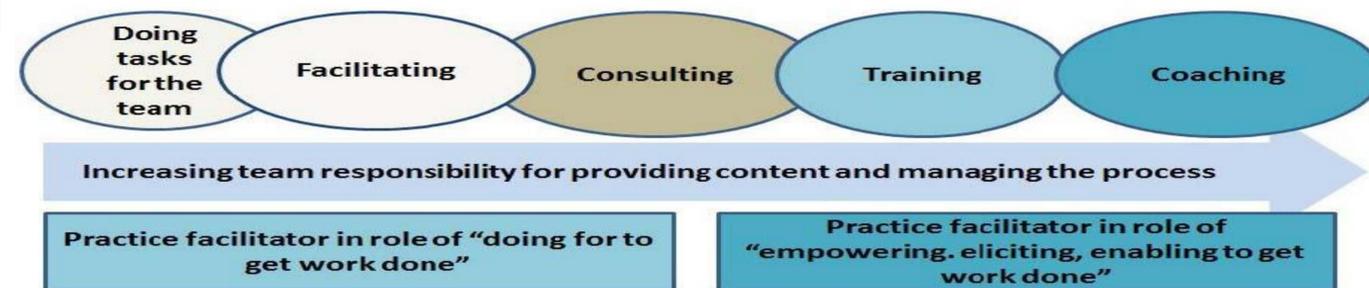


Figure 2. Interventions Mapped to Buckets 1-5

H3 Intervention	Framework Bucket Number 1-5
Facilitator Activates Clinical decision support systems	1
Facilitator Conducts data collection	1
Facilitator Engages EHR vendor re: identified issues	1
Facilitator Modifies EHR configuration	1
Facilitator conducts Workflow mapping	2
Facilitator organizes meeting	2
Facilitator Reviews data with practice for performance monitoring	2
Facilitator Engaged clinic leader for feedback	3
Practice ensures tools address health literacy/language	3
Practice modifies workflow	3
Facilitator Educates practice on QI topics	4
Train Model for Improvement (PDSA or other QI)	4
Train Project management	4
Train Team based care (huddles pre/post visit planning)	4
Train Motivational Interviewing education	4
Train Patient Self- Management/Goal setting	4
Train Community RX	4
Train popHealth, CQM dashboards, outlier lists	4
Train ABCS	4
Train EHR optimization	4
Train Million Hearts, AMA, AHA tools or resources	4
Practice implements and sustains QI methodology	5
Practice Implements Team-based care	5
Practice establishes care coordination processes	5
Practice generates eCQM reports/reviews data	5
Practice utilizes Model for Improvement such as PDSA, LEAN	5
Practice utilizes tools/patient education in practice	5

## Results

- Analysis of survey responses indicated that facilitators considered the majority of their interventions to belong to Training (11 activities) or Coaching (6 activities), with the remaining intervention activities evenly distributed between facilitation (3), consultation (3), and doing tasks for the team (4).
- The regression tree illustrates four leaves or nodes. All 226 practices are represented. Regression analysis illustrates that practices with more than 4.160 facilitating activities and at least 2.160 coaching activities averaged 19.70 intervention tracking items marked Completed at the end of the intervention timeframe. This is demonstrated in Figure 3 (Node 6).
- Examples of Coaching activities that were attributed to more success include: **Practices conducting workflow mapping, monitoring data for performance monitoring, implementing team-based care, QI methodology, care coordination and utilization of tools into practice.**

## Discussion

- We observed mostly consistent agreement among survey participants on the categorization of the intervention strategies. This framework will be useful to establish the relationship between practice facilitation interventions provided to primary care practices to undertake quality improvement and success of facilitation.
- Success= Intervention tracking items marked as Completed does not take into consideration that partial improvement may have occurred nor the number of items marked as Completed prior to interventions.
- Increasing team responsibility in the practice setting may include a range of facilitation interventions that may vary based on individual practice needs and practice capacity.

Figure 3. Intervention Tracking items complete by Node

