Tailoring Facilitation Approaches: Adjusting Practice Facilitation to Meet Individual Need

Katherine Bernero
Department of Family Medicine
Carolinas HealthCare System
Charlotte, NC
Objectives

• Highlight role of practice facilitator (PF)

• Review 2 research studies that used practice facilitation as means of disseminating an asthma intervention

• Share examples of how implementation was tailored to accommodate individual need

• Summarize best practices
Background

• **Shared decision-making (SDM)** is patient-centered care that enables patients to participate in management of their own health

**SDM: a meeting of two experts**

- **Patient** provides information on: values, preferences, lifestyle, beliefs
- **Provider** provides all relevant disease information
Asthma Comparative Effectiveness (ACE) Study

**Goal:** Implement a shared decision making asthma intervention toolkit into clinical practice and improve asthma outcomes

**Setting:** Occurred between September 2010 – September 2013

- Enrolled 6 primary care practices within Carolinas HealthCare System (CHS) across Charlotte, NC
- “Safety net” practices serving predominantly Medicare, Medicaid, and low-income population
Asthma Clinics and Disease Distribution

Asthma Clinic Patient Density, 2009-2010

Patients per Square Mile

- 0 - 10
- 11 - 25
- 26 - 50
- 51 - 100
- 100+
- N/A

Clinic Location
Center City

Carolinae Healthcare System, 6/11
Tailoring to Meet Individual Need

- Update SDM toolkit
  - Original intervention was based on 2003 asthma guidelines, updated to meet 2007 guidelines
  - Adapted to suit low health literacy patient population
  - Updated for pediatric patients
  - Translated into Spanish
FORM #2: HOW WELL CONTROLLED IS YOUR ASTHMA?

- **Well Controlled**
  - My asthma is doing great! It doesn’t bother me much at all.

- **Moderately Well Controlled**
  - My asthma is not bad, but it could be better. It only bothers me sometimes.

- **Poorly Controlled**
  - My asthma bothers me more often than not. It could definitely be better.

- **Very Poorly Controlled**
  - My asthma bothers me a lot and keeps me from doing things I want to do.
FORMULARIO #2: ¿QUÉ TAN BIEN CONTROLADO ESTÁ SU ASMA?
Tailoring to Meet Individual Need

- Practice Recruitment
- "Champion" Physician
- Advisory Team
- SDM Clinic Team
- Spanish speaking Interpreters
- Informal Assessment
12 Week Rollout of SDM Intervention

• Training: Weeks 1-7
  - Kick off & introduction to Asthma SDM
  - Planning, Cerner training, & SDM toolkit materials
  - Logistics of scheduling
  - Patient recruitment
  - Health coach practice & dress rehearsal

• Week 8: Go live! First SDM Clinic Visits

• Weeks 9-12: Debriefing, Troubleshooting, & Feedback
### Intervention Rollout Schedule

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th></th>
<th>2012</th>
<th></th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Apr</td>
<td>May</td>
<td>June</td>
<td>July</td>
<td>Aug</td>
</tr>
<tr>
<td>NP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>THC</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>BP</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th></th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>May</td>
<td>June</td>
<td>July</td>
</tr>
<tr>
<td>NP</td>
<td></td>
<td>THC</td>
<td>BP</td>
</tr>
<tr>
<td>THCD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>EFM</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>MPP</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>MPIM</td>
<td></td>
</tr>
</tbody>
</table>
Tailoring to Meet Individual Need

- Implementation of Specialty Asthma SDM Clinic
  - First site to roll out the intervention had previous experience with similar specialty clinic for diabetes care
  - Subsequent sites followed same model with minor modifications
  - Asthma SDM clinic hours varied
Tailoring to Meet Individual Need

• Design of intervention needed to be sustainable & satisfy provider productivity expectations.
  – Adapted so different components could be delivered by different types of staff members
    • Patients coming for SDM Asthma visit would see a nurse, health coach & provider
    • Health coach varied at each practice
    • PharmD assisted provider with SDM visit if comfortable negotiating medication choices with the patient
  – Creatively worked with practice to build schedule templates to maximize productivity
Scheduling Templates

6 Asthma Patients, 6 Work-In Patients

3 Asthma Patients, 6 Continuity Patients
ACE: Results

Focus Group: “I think the team has been very good about realizing that Clinic X does not function the same as Clinic Y and that’s okay. We don’t all have to fit into this neat little box; we can do things a little bit differently and still get the same outcome.”
Asthma Dissemination Around Patient-centered Treatments in North Carolina (ADAPT-NC)

- **Goal**: Build on previous findings & evaluate broader dissemination of same SDM asthma intervention on a statewide level, AND compare dissemination methods

- **Setting**: August 2013 – August 2016, enrolled 30 Primary Care Practices across 4 Practice Based Research Networks (PBRN)

  Randomized into 1 of 3 dissemination arms

  - 10 Facilitator-Led
  - 10 Traditional Lunch-and-Learn
  - 10 Usual Care (Control)
Asthma Dissemination Around Patient-centered Treatments in North Carolina (ADAPT-NC)

Practices Recruited for ADAPT-NC

Legend
- E-CARE - Vidant Medical Center (N=6)
- PCRC - Duke University (N=6)
- MAPPR - Carolinas Healthcare System (N=9)
- NCnet - UNC Chapel Hill (N=9)
- County Boundaries
- 2 = 2 practices in same geographic location
Role of Lead Practice Facilitator

• Train-the-Trainer Model: Practice Facilitator Training Day
  - Lead PF trained representatives from each of the 4 PBRN’s
  - Adaptable and flexible implementation
  - Biweekly online meetings
  - PF from the 4 PBRN’s trained practices in their network
12 Week Rollout Intervention at Facilitator-Led Practices

• **Training: Weeks 1 - 7**
  - Kick off & introduction to Asthma SDM
  - Population Management
  - Logistics of scheduling & patient recruitment
  - Asthma SDM toolkit training
  - Final preparation and dress rehearsal

• **Week 8: Go live! First Shared Decision Making Clinic Visits**

• **Weeks 9 - 12: Debriefing, Troubleshooting, & Feedback**
Tailoring to Meet Individual Need

• **Length of 12-week roll out**
  – Combined weekly topics & condensed training period to 6 - 8 weeks

• **One PBRN network simultaneous roll-out across all 5 clinics**
  – Live conferencing system with screen sharing capabilities
  – Illustrates broad approach to practice facilitation, i.e. remote facilitation
Tailoring to Meet Individual Need

- 5 Essential SDM Components

1. Perception of Control
2. Medication Adherence
3. Asthma Education
4. Treatment goals & medication preferences
5. Negotiation of several treatment options
Tailoring to Meet Individual Need

• Update Asthma Toolkit with new medication choices
  – Structured to fit new prescribing patterns in the 10 facilitator-led practices

• Intake Form
  – Shortened to fit clinic flow

• SDM asthma education
  – Provided additional education to practices not comfortable negotiating treatment options with a patient
ADAPT- NC: Results

FACILITATOR LED DISSEMINATION
N = 10

Able to implement & sustain 80%
Not able to fully implement 20%
Final Survey Results: During Your Asthma Visit Today Who Made the Decision about Your Treatment Plan?

- **Facilitator-led N = 705**
- **Traditional N = 523**

<table>
<thead>
<tr>
<th>Decision Made</th>
<th>Facilitator-led</th>
<th>Traditional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider alone</td>
<td>5%</td>
<td>4%</td>
</tr>
<tr>
<td>Provider mostly</td>
<td>8%</td>
<td>5%</td>
</tr>
<tr>
<td>Provider and I participated equally</td>
<td>12%</td>
<td>4%</td>
</tr>
<tr>
<td>Provider played a small role and I participated equally</td>
<td>15%</td>
<td>6%</td>
</tr>
<tr>
<td>I mostly made the decision</td>
<td>75%</td>
<td><strong>66%</strong></td>
</tr>
<tr>
<td>I and provider played a small role in the decision-making</td>
<td>4%</td>
<td>5%</td>
</tr>
</tbody>
</table>

*** p<0.001
Changes in Proportion of Patients with Asthma with ED Visits Over Time

-13.8% (Facilitated) vs -11.6% (Traditional) vs 8.9% (Control)

*p<0.10
In Summary

- Successful implementation of evidence-based interventions into busy, real-world practice settings requires a tailored approach.

- Best Practices
  - Patient
  - Persistent
  - Pliable
  - Perseverance
Acknowledgements

• We gratefully acknowledge the assistance of all patients, providers, and practice staff involved in this work across all the sites

• We would like to thank PCORI for funding the ADAPT-NC project
  
  Research reported in this publication was funded through a Patient-Centered Outcomes Research Institute (PCORI) Award (CD-12-11-4276). The opinions in this publication are solely the responsibility of the authors and do not necessarily represent the views of PCORI, its Board of Governors, or Methodology Committee.

Special Thanks to CHS Family Medicine Research Team

Hazel Tapp, PhD
Lindsay Shade, MHS, PA-C
Brisa Hernandez, PhD
Thomas Ludden, PhD
Sveta Mohanan, MD
Madelyn Welch
Questions