

Developing a Practice Facilitator Competency Framework to Support the Next Phase of Healthcare System Transformation

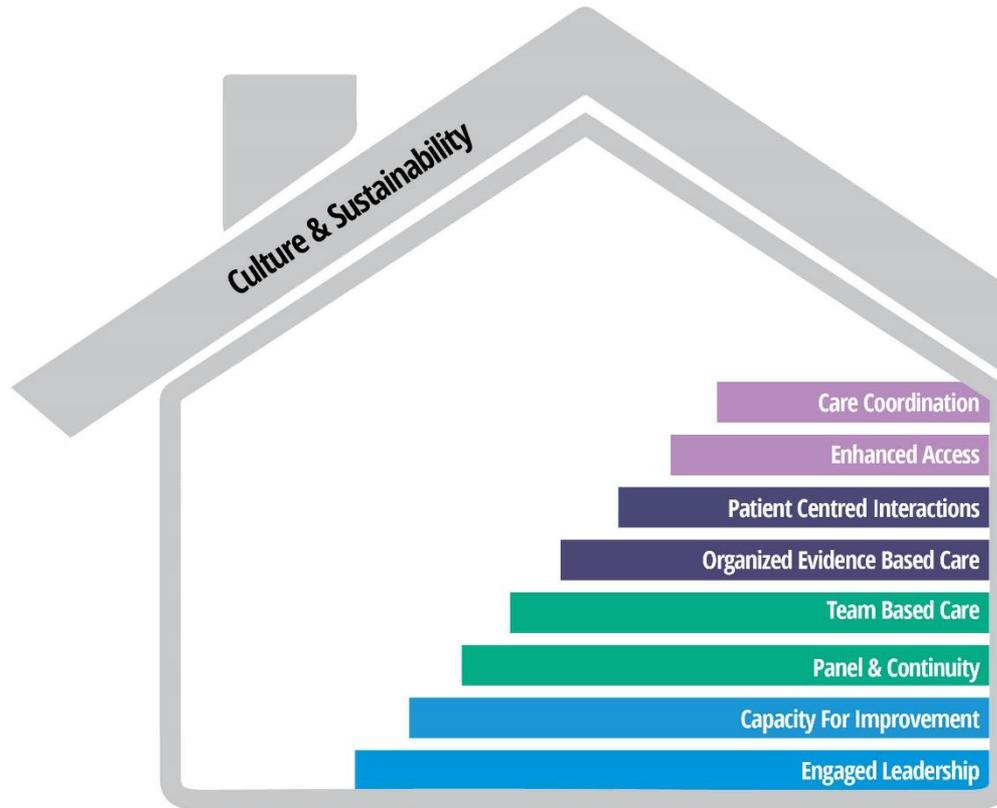
Lori Choma Senior Consultant Alberta Medical Association
Mark Watt Senior Consultant Alberta Medical Association



Alberta Context



From Project to Journey



Clinic Enablers (Customized by Clinic)

Practice Agreements | Human Resource Plan and Management | Financial Management | Electronic Medical Record
Legislated and Regulatory Compliance | Privacy and Information Sharing Practices | Office Processes

PCN Supports (Customized By PCN)

Clinical Services | EMR/IT Supports | Measurement and Evaluation | Governance and Planning
Coordination and Integration with System Partners | Practice Transformation Services

System Level Supports

Integrated Information Systems | Provincial Support Programs
Supportive Payment Structures | Education and Workforce Development



PRACTICE FACILITATOR SELF-ASSESSMENT TOOL DEVELOPMENT AND OUTCOMES

BACKGROUND

In 2012, The Toward Optimized Practice (TOP) Program, now the Alberta Medical Association (AMA), provided practice facilitation services to clinics across the province. Practice Facilitators (PF) acquired competencies to support practice change based on individual project requirements. Individual projects achieved their participation and outcome targets but 2 problems existed:

1. A small team of 5 PF would not be able to achieve scalability of quality improvement (QI)
2. No formal method to demonstrate association of PF competencies and participant outcomes

WHY DID TOP EVOLVE?

CAPACITY BUILDING

In 2012, TOP shifted focus from providing PF services to building capacity in Primary Care Networks (PCNs) for practice facilitation. The Alberta Screening and Prevention (ASAP) program sought to scale a QI initiative to improve offers of screening and prevention to 2000 physicians by offering standardized practice facilitation training to PCN staff. A set of core PF competencies for improving screening care were developed.

DID TOP BUILD THE RIGHT CAPACITY?

EVALUATION FRAMEWORK FOR TRAINING PF



Would people take the training?
YES > 4/4 people trained in 32 sessions

Would the material be engaging?
YES > Sessions rated good/very good > 90%

Would we see self-reported growth in competencies?
YES > Confidence in competencies grew 10-65%

Did the PFs lead teams to improvement?
YES > With nearly 1022 physicians

Did the competencies lead teams to improve?
YES > Absolute improvement in screening 14%

Did our health system generate a ROI?
Under development

SHIFT AWAY FROM PROJECTS

AMA PF COMPETENCY MODEL FOR ADVANCING PMH IMPLEMENTATION

The AMA adapted the competency model from a project focus to consider an expanded set of knowledge, skills and abilities that would meet the demands of PMH implementation support.

CONTEXT OF PRIMARY CARE

- Primary Care System
- Practice/Clinic Level
- Primary Care Network Level
- Provincial Level
- Change Agents

PMH IN THE HEALTH NEIGHBOURHOOD

- PMH Process Improvement
- Change Package Adoption & Implementation
- PMH Evidence, System-Level Data, Policy, & Legislation Appraisal

Modes of Influence

- Change Management
- Engagement
- Project Management
- Facilitation
- Training
- Coaching
- Team Dynamics/ Team Functioning

QUALITY IMPROVEMENT

- Data & Measurement
- QI Approaches Tools
- Data Sources Use
- Sustain, Spread & Scale Principles



WILL PF GROW THEIR COMPETENCIES?



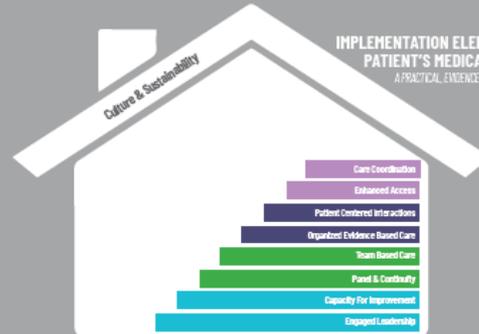
WILL SELF-ASSESSMENT BE A RELIABLE INDICATOR?

SHIFTING FROM PROJECT TO TRANSFORMATION

The results produced by the Alberta Screening and Prevention initiative demonstrated that scaling quality improvement is possible through capacity building and the association between PF competencies and achieved outcomes.

However physician and primary care teams expressed a need to connect their QI activities to a larger transformational change to avoid change fatigue from participating in many seemingly disconnected improvement opportunities. The Patient's Medical Home (PMH) model represented the transformation journey that physicians and care teams aspired to and was identified as a system priority that connected primary care improvements.

COMPETENCIES NEEDED FOR TRANSFORMATION



- Clinic Enablers (Understood by Clinic):** Practice Agreements/Team-Resource/Personal Management/Practical/Management/Electronic/Medical Record/Legal/and Regulatory/Compliance/Privacy and Information/Quality Practice/Process
- PCN Supports (Understood by PCN):** Clinical Services/PMH Support/Resource and Evidence/Screening and Planning/Coordination and Integration with System Partners/Practice Transformation Services
- System-Level Supports:** Integrated Information Systems/Practical Support Programs/Supportive Payment Structures/Education and Workforce Development

Adapted from Ontario Health Services, 2010-2012

ASSESSING PF COMPETENCIES

The AMA undertook a rigorous development process to articulate a core set of functional competencies that involved a literature review and environmental scan, subject matter expert consultation and PF consultation and validation. The functional competencies were then further detailed using a maturity model to establish a progression in knowledge and skill acquisition. This development resulted in a self-assessment tool for which PF can assess their growth across 14 content areas and 53 PF tasks.



OBJECTIVE MEASURES

To support the PF community with ongoing training and development needs, each PF is asked to share their self-assessment results to be aggregated on an annual basis. The summary of self-assessed competencies provides a perspective on the strengths and opportunities of the PF community as a whole. As an individual tool the self-assessment is insufficient to determine the state of capabilities within the PF community.

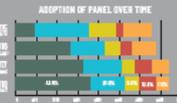
The AMA uses other objective tools to assist in understanding the current capabilities such as: Knowledge testing through online courses (AMA and Institute for Healthcare Improvement Open School) and skill testing through the demonstrated application of competencies (submission of QI artifacts).

WILL THE ENHANCED PF COMPETENCIES SHOW RESULTS?

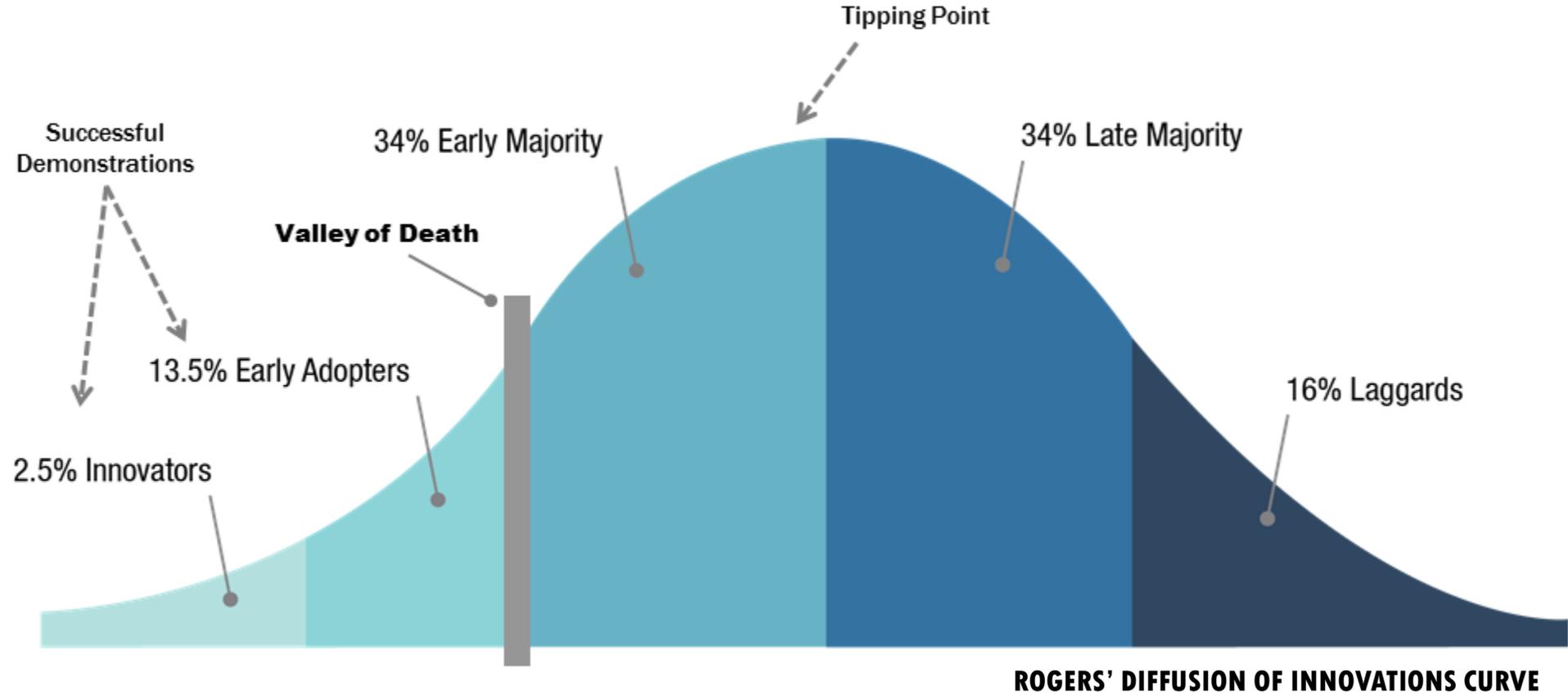
PATIENT'S MEDICAL HOME RESULTS

There is early evidence to suggest PF can assist with PMH implementation (Physicians with established panels grew from 14% to 49.5%, n=3647).

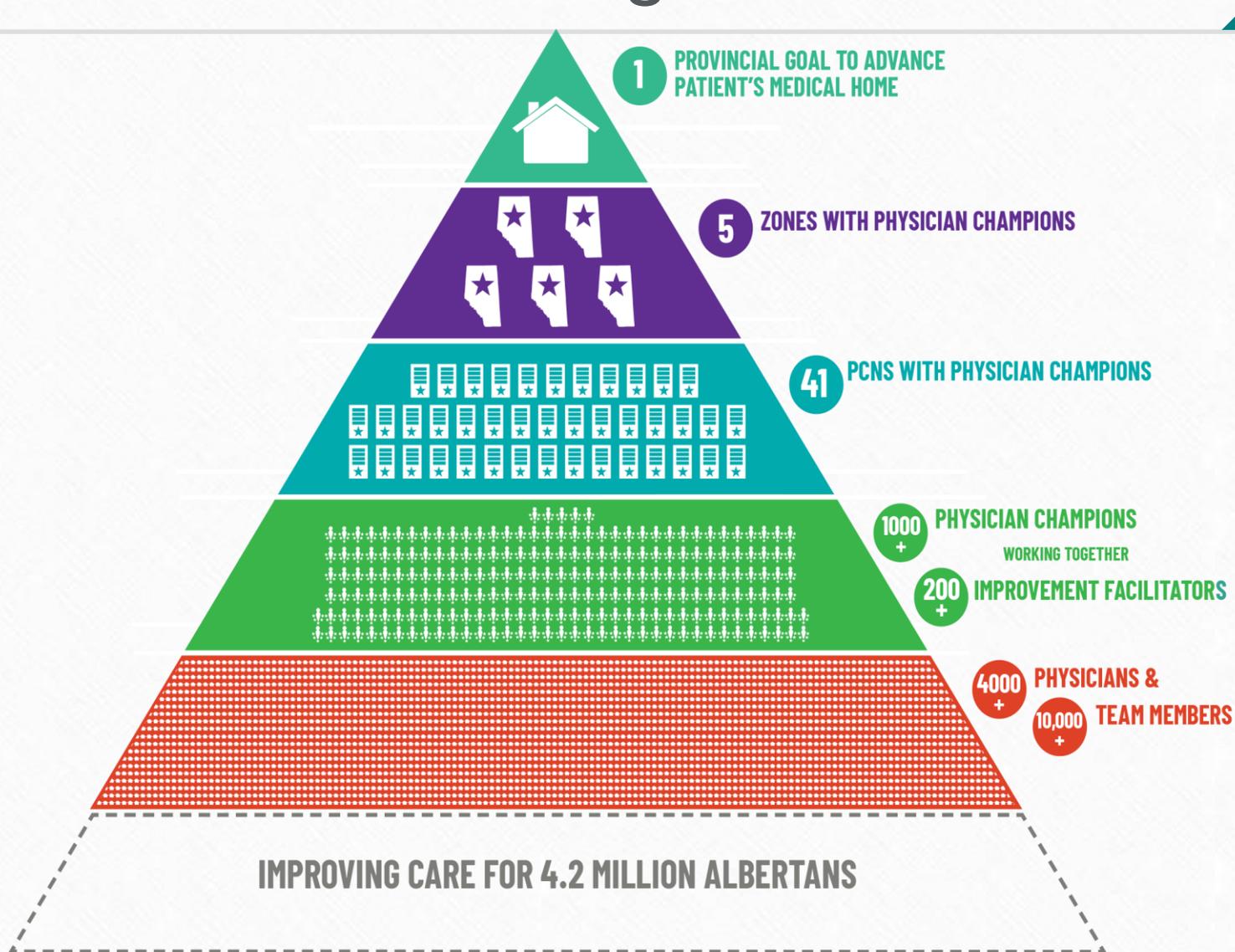
A future measurement plan to describe the adoption of Patient's Medical Home behaviours is planned.



Diffusion of Innovations



Scaling Up Patient's Medical Home in the Health Neighbourhood

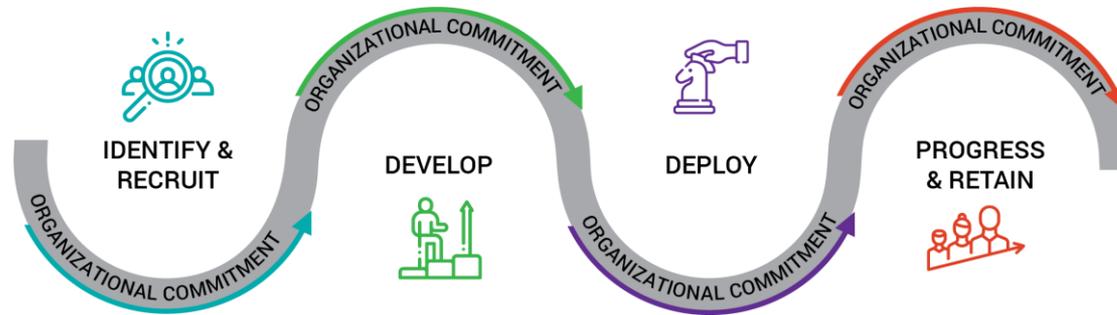


Alberta Strategy for Practice Facilitators

1. Increase the investment in practice facilitators by reaching the 1 IF to 20 Physicians or (1 IF to 5 practices) ratio
2. Optimize the investment in practice facilitators by training, supporting, managing, mentoring, and deploying them for success



Blueprint for Change Agents Advancing Primary Care Transformation in Alberta



2. Identify & Recruit

a) Content

- Sample Role Description
- Physician Champion Research
- Evidence Support

b) Methods

- Consultation Support
- Evidence Support

3. Develop

a) Competency Domains:

- Quality Improvement
- Modes of Influence
- PMH & Health Neighbourhood
- Context of Primary Care

b) Methods

- Training events
- Communities of Practice
- Networking events
- Open resources/supports

4. Deploy

a) AMA Approaches

- Change packages
- Sequence to Achieve Change

b) Methods

- Practice-based application
- Mentorship & coaching
- Paired dyads
- Train-the-trainer events

5. Progress & Retain

a) Events

- Change Agent Day
- International/national events (e.g., IHI)
- Site visits

b) Methods

- Ongoing development & deployment
- Provincial/national/international networking

1. AMA Commitment to Build PCN Capacity for Health System Transformation

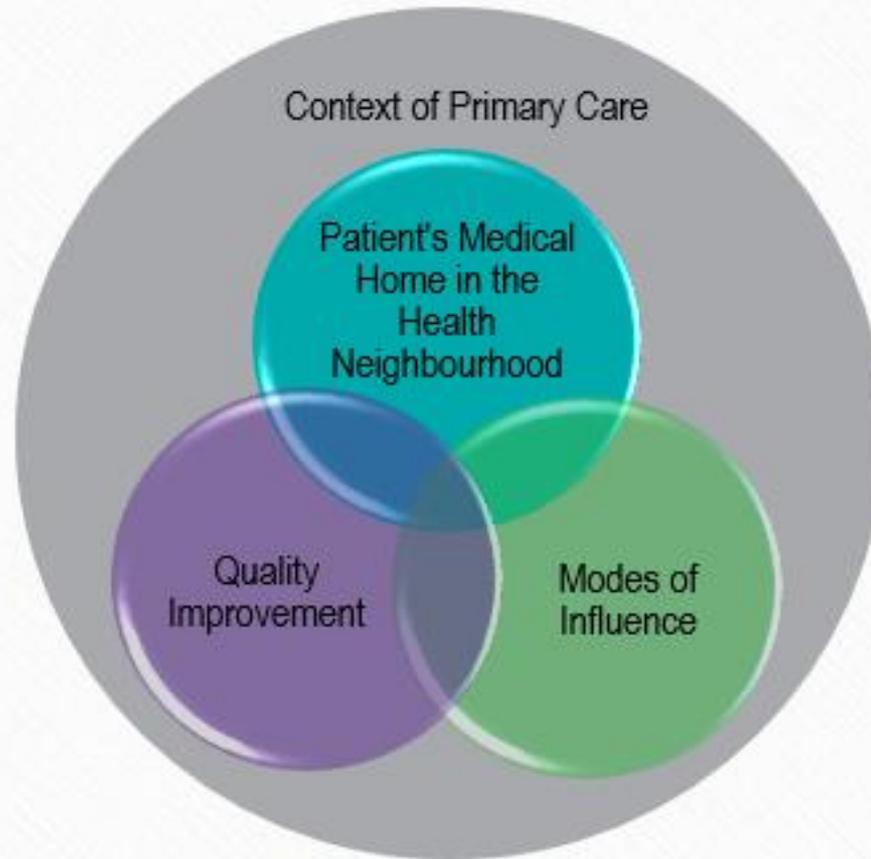
a) Strategic Priorities

- Accountable and Effective Governance
- Patient's Medical Home
- Strong Partnership and Transitions of Care
- Health Needs of the Population and Community
- PCN Zonal and Provincial Structures and Priorities
- Medical Neighborhood

b) Methods

- Build content – Appropriate to the goal
- Build capacity - In the appropriate stakeholders staff and leadership (e.g., PCN) to assist delivery on the goal
- Support Relevant Stakeholders - Support the organization or group (PCN/ Zone) in activities relating to the goal

Change Agent Competency Model



PF Competencies & Self-Assessment

JUNE 2019

PRACTICE FACILITATOR COMPETENCIES:

PATIENT'S MEDICAL HOME & HEALTH
NEIGHBOURHOOD TRANSFORMATION IN ALBERTA



JUNE 2019

PRACTICE FACILITATOR SELF-ASSESSMENT



Discussion Part 1: Evolving your PF program



What is your organization's improvement strategy/plan?

What are the gaps in your improvement strategy (strategic and/or operational)?

What are the strengths and gaps of your practice facilitator program?

What are the risks of not filling the gaps?



Discussion Part 2: Prepare PF for the future



Are practice facilitators using the same tools through multiple initiatives or expanding their tool-belt?

Are practice facilitators working with the same physicians/clinics across multiple initiatives?

Are the practice facilitator's matching/adapting tools to Rogers' Diffusion of Innovations?

Are you being strategic about the growth/evolution of your practice facilitation program?



Discussion Part 3: Looking to the Future

Do you have your key lessons/materials to move you into the future that will:

- Ensure relevancy of practice facilitators to physicians
- Sustain future funding of practice facilitation program
- Meet the needs of the health system, and ultimately patients

What are your strengths?

What are you missing?

In Summary



- A robust set of practice facilitator competencies is valuable for:
 - Practice Facilitators
 - Your organization
 - The system
 - Our key tools guiding practice facilitation in Alberta:
 - PF Competencies
 - PF Self Assessment
 - Blueprint for Change Agents
- 

Thank you



We'd love to hear from you.

Mark Watt

Mark.watt@albertadoctors.org

Lori Choma

Lori.choma@albertadoctors.org