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# Learning Module #2

How a Practice Facilitator Can Overcome Barriers and Support Primary Care Clinic Efforts to Improve Chronic Pain Management

## Learning Objectives

- Describe the barriers and facilitators experienced by clinics that implemented the Six Building Blocks program.
- Understand the typical process of facilitating change within a primary care clinic.
- Explain how the roles and functions of a facilitator can overcome barriers to and enhance facilitators of the implementation of the Six Building Blocks Program.

## Reading Materials

- Parchman et al., Opioid Rural Barriers & Facilitators JCTS 2020
- AHRQ Module 6: Overview of Facilitation Process Sept. 2015
- H2N one-pager describing roles of a facilitator

## Activities

To be completed by the next Six Building Blocks Practice Facilitator Training Session.

- Complete the Opioid Barriers and the Practice Facilitator Role Pre-Test (page 2 of this document)
- Read Parchman et al. Opioid Rural Barriers & Facilitators article, AHRQ Module 6, and the H2N one-pager
- Complete the Opioid Barriers and the Practice Facilitator Role Post-Test (page 2 of this document)
- Reflect on the Discussion Questions and Key Learnings (page 3 of this document)
- Attend the next training session to discuss your learnings with your colleagues



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# Opioid Barriers and the Practice Facilitator Role Pre and Post Self-Test

*This is a self-test designed to facilitate your learning. This test will not be graded or submitted to the Six Building Blocks team.*

1. Facilitators to making systems-based changes in opioid management include all of the following EXCEPT:
  - a. External pressure to make changes
  - b. Work-related stress due to inconsistent approaches across providers
  - c. Enhanced financial payments for non-opioid treatments
  - d. Supportive leadership within the clinic
  
2. Common barriers noted by clinicians and staff when implementing changes to improve chronic pain management for patients on long-term opioid therapy include all of the following EXCEPT:
  - a. Challenges obtaining useful reports from their electronic medical record system
  - b. Patients refusing to engage and exhibiting anger about the changes
  - c. Lack of alternative therapies for patients with chronic pain in local community
  - d. Turnover in staff and clinicians
  
3. A practice facilitator or ‘coach’ wears many hats when working with a primary care clinic to implement the Six BBs program. Which ‘hat’ or role might be helpful for a clinic when they get stuck because their first small rapid cycle change to implement a new workflow failed?
  - a. Encourager
  - b. Knowledge broker
  - c. Sense-maker
  - d. All of the above
  
4. A clinic you are working with realizes that you are meeting with them next week. They have not yet accomplished the tasks they set out for themselves in their last action plan: convening their opioid improvement team in the last month and scheduling a meeting to review the latest audit data and check on workflow development. This illustrates which of the following roles of a practice facilitator/coach:
  - a. Cheerleader
  - b. Cross-pollinator of ideas from other clinics
  - c. Accountability agent
  - d. Creating a safe environment for others to speak up



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## Discussion Questions

- Thinking about the facilitation process described in Module 6 of the AHRQ guide, where in this process might you provide support for one of the facilitating factors described in the JCTS article (e.g., supportive leadership)?
- Based on the description of the process of practice facilitation in the AHRQ guide, how might you help a clinic overcome one of the barriers to making systems-based changes in opioid management identified in the JCTS article (e.g., competing priorities)?
- As described in the AHRQ Module 6 'Overview of the Facilitation Process,' what is the purpose of a 'kick-off' visit during the facilitation process?

## Key Learnings

- Providers and clinics that have participated in the Six Building Blocks program experience a common set of challenges and facilitators when working their way through the program. Challenges include competing demands with other improvement priorities, fear of loss of clinician autonomy, and lack of resources for alternative chronic pain therapies. Facilitators included a desire to help their community, supportive clinic leadership, and growing external pressure and oversight of opioid prescribing.
- Facilitation is both a role and a process. Facilitators play many roles such as encourager/cheerleader, a spread agent who shares lessons learned from other clinics, a source of resources and tools, and an accountability agent. Facilitators use many processes in their role such as creating protected time and space for clinic teams to meet and discuss possible changes, guiding teams through goal setting and developing action plans, and tailoring their approach to the unique context and needs of a clinic. These roles and processes have the potential to address many of the identified barriers and leverage the facilitators identified by clinics that implemented the Six Building Blocks program.



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