7 key roles of practice facilitators

We extend gratitude to our facilitators for supporting smaller primary care practices in the region we call home

By the Healthy Hearts Northwest research team

Throughout our project life cycle we've learned so much from our practice facilitators and the Pacific Northwest providers with whom they worked "out in the field". We're wrapping up our story series with a look back at this terrific team of change agents to summarize the roles they played in supporting their clinics.

Practice facilitators (sometimes referred to as coaches) and primary care providers everywhere share a commitment to improving patient care and making health care work well. Many of the providers we partnered with in Washington, Oregon, and Idaho were in isolated areas and coping with the challenges of limited staff and resources. We learned so much about the unique pressures faced by smaller practices in today's health care landscape. And, we came to understand that in many cases, living and working in tight-knit communities fosters innovation and the deep satisfaction of seeing the results of their dedication to high-quality patient care.

Drawing upon the experiences of the 20 Oregon Rural Practice-based Research Network and Comagine Health practice facilitators who worked on this initiative, we would like to share ways that practice facilitators can support resource-constrained health care practices and bring life-changing improvements to entire communities.



Our project had twin aims of quality improvement and research. The following is a list compiled by project staff and practice facilitators on some key quality improvement roles filled by our facilitators:

1. Encourager: "Wow, looked at all you've accomplished in the last two months!"

Our practice facilitators offered praise and encouragement when things were going well, and they pulled out all the stops to provide inspiration during tough times.

2. Accountability agent: "I'll check in with you via email later this week to see how you're progressing."

The regular visits our practice facilitators made to practices let provider teams know that they would be held accountable for the quality improvement activities they'd committed to and provided built-in time for support if things started to go awry.

3. **Knowledge broker:** "Another practice out at the coast is facing this same situation. Here's how they're approaching it."

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We sometimes referred to our facilitators as "cross-pollinators" because they spread best practices and innovative ideas back and forth between geographical areas, somewhat like sprinkling seeds over a field. It's an extraordinarily effective method of disseminating information, especially in rural settings.

4. **Resource provider:** "I've got a worksheet that another clinic created on this very topic so you can see an example."

We see this as distinct from Knowledge Broker because this entails finding, curating, and keeping track of materials and resources that other clinics have created, as well as sharing other publicly available materials with clinics.

5. **Sense-maker:** *"Let's talk about MACRA, and why this is something you need to pay attention to."*

Our practice facilitators consistently linked the larger and sometimes confusing context of policy issues to daily clinical practice. They also continually stressed a population health perspective and its importance to becoming a high-functioning team.

Our research team relied on our practices coaches to share uniquely valuable information about what was and wasn't working in the following ways:

6. Interpreter: "Several of my clinics told me they didn't complete their practice surveys because it's so long."

In order to be successful, facilitators need to be extraordinarily skilled listeners. Researchers sometimes need to change course and recalibrate midway through a project in order to get closer to making real-world impact.

7. **Trusted ally:** *"She shows an interest in our practice. It is all about the relationship."*

Our facilitators cared. Not only that practices were surviving, not just that each completed their requisite surveys and did their PDSAs. Our facilitators were committed to helping clinics reach a point where they could thrive. They worked to develop an understanding of the values, preferences, and culture in each of their practices and communicated these to the research team.

We've heard from some of our enrolled practices that the intervention our practice facilitators brought made an indelible imprint and helped set them up to continue the business of delivering health care. As clinics adapt, survive, and thrive, so do individual patients, their families, and their communities.

Our entire team is grateful to the Agency for Healthcare Research & Quality for making this project possible.

KEY INSIGHT:

Practice facilitators can support resource-constrained primary care clinics and bring life-changing improvements to entire communities.

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Summary of key insights

1. Practice coaches maximize use of health information technology. Having a first-tier EHR doesn't mean a provider team can automatically or easily be able to extract the data needed to generate high quality reports.	2. Coaches underscore the importance of population-based care. Coaches are especially adept at supporting this approach to quality improvement.	3. Facilitators carry the power of learning and collaboration. Small practices can get unstuck early in the improvement journey.
 4. Practice coaches "cross- pollinate" innovation from clinic to clinic. Providers want to know how other, similar practitioners have approached a problem. 	5. There's always more to learn! Be open to being surprised, no matter how long you work as a practice coach or how many different practices you've worked with.	6. Coaches are cheerleaders. Expressing enthusiasm and reflecting back to a practice team what's going right with their efforts helps bolster motivation for providers to keep going.
7. Practice facilitators provide a guiding structure to inform the work. On this journey, it helps to have a road map!	8. Make it fun. Involving members of a provider team in a silly activity can lessen potential tension or resistance to process change.	9. Coaches meet practices where they are. Expect the unexpected. The key is maintaining a respectful relationship and cultivating large dose of patience.
10. Engaging the entire care team can have a profound impact on a practice's ability to transform.	11. Coaches uniquely know the landscape of a region. Facilitators can be invaluable to researchers and stakeholders seeking to identify high-performing teams.	12. Facilitators can ease the stress and loneliness of frontier providers. Rural health care practices face unique challenges in addition to the increased quality data reporting currently required of all health care providers.
13. Practice facilitators create opportunities for others in the clinic to feel safe and speak up. This can create buy-in across all team members.	14. Research and qualityimprovement can co-exist.With thoughtful planning andexecution it's possible for QI andresearch to contribute to the other.	15. Encouragement can lead to change. Kindness and persistence serve as powerful and effective quality improvement strategies.

"We took away an attitude of hope that we can make a difference in the lives of our patients by being focused on a team approach we haven't had before."

- Healthy Hearts Northwest clinic