

# Practice Facilitation



## SKILLS WORKSHOP

Managing Your Practice Facilitation Work



## Crystal Eubanks

Senior Manager,  
Practice Transformation



## Juliane Tomlin

Senior Improvement  
Advisor





## **SKILLS WORKSHOP**

*1<sup>st</sup> Thursday @ 10am*

Designed around themes

Are designed to learn something

Focus on cognitive understanding

Facilitator shares content

Can be repeated with little or no changes



## **LEARNING LAB**

*Monthly*

Designed around contextual issues

Are designed to test something

Focus on experiential learning

Group of participants drive what is being tested

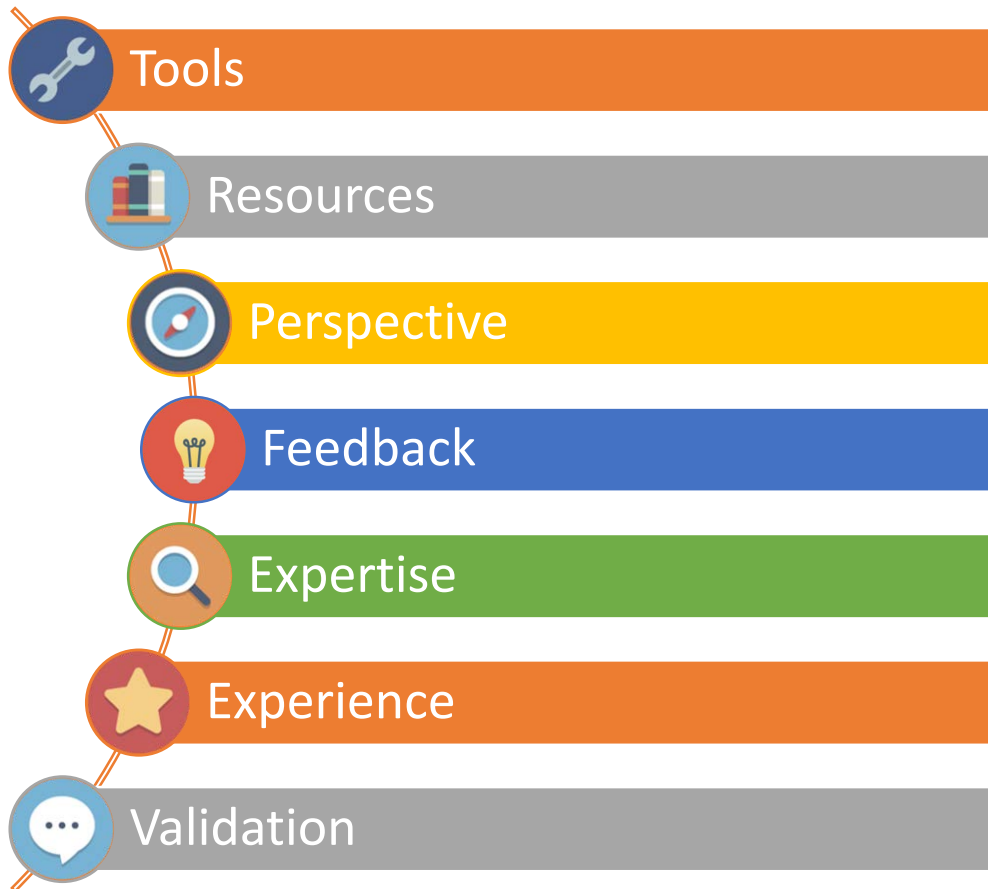
Designed to accommodate context, knowledge, and experiences of participants



# Today's Agenda

1. Managing Your Practice Facilitation Work - What does it mean?
2. How do I manage my panel of practices?
3. How do I manage all of my tasks and meetings?
4. How do I communicate with my practices, coaching peers, and supervisor?
5. Tool Deep Dive: How do I use the Practice Portfolio?

# Utilizing your coach support network



- Ask and offer another coach...
  - how to overcome a similar challenge.
  - perspective on a difficult situation.
  - a tool or resource used successfully.
  - expertise on a particular subject.
  - celebration!



## POLL: What do you struggle with most?

- Keeping track of all my assigned practices and what to focus on with them
- Balancing different types of work – meetings, e-mails, QI tasks, documentation, and travel to/from practices
- Communicating progress with my practices, coach peers, and supervisor
- Managing our team of coaches to keep everyone on track and growing professionally
- Other?

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"Coaches offer a **structure, time, and place** for practices to **solve their own problems.**"

—Humboldt Del Norte Foundation, a Robert Wood Johnson Aligning Forces for Quality participant

# Coaching Roles



Convener

Facilitator

Agenda setter  
and task  
master

Skill builder

Knowledge  
broker

Sounding  
Board

Problem  
Solver

Change Agent





# The Practice Facilitation Handbook

Training Modules for New Facilitators and Their Trainers



**AHRQ**  
Agency for Healthcare Research and Quality  
Advancing Excellence in Health Care • www.ahrq.gov



Prevention & Chronic Care Program  
IMPROVING PRIMARY CARE

<https://www.ahrq.gov/sites/default/files/publications/files/practicefacilitationhandbook.pdf>

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“I have 600 patients – they all work for the same organization and are listed in the staff directory.”



Managing my  
workload

Managing my  
practice panel

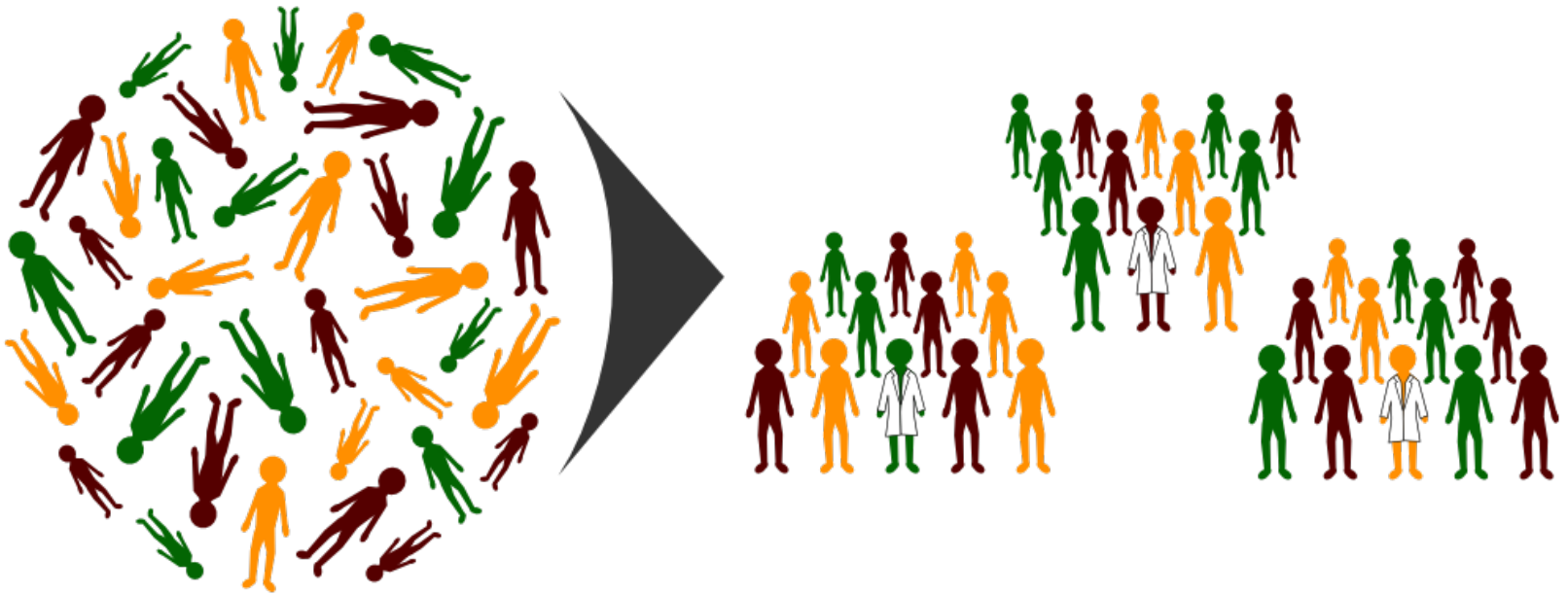
Managing my  
tasks and  
meetings

Managing my  
appointment  
schedule

Communicating  
with my practices,  
coach peers,  
manager

Coordinating with  
my care team

Empanel and risk stratify your ~~patients~~ practices.



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# Empanelment Considerations

- What's the ideal panel size? What is the number of practices a coach should be working with?
- What's the right balance of patient risk-level in the panel?
- What are the care guidelines for a patient's risk level?

What is the ideal panel size (for coaches)?



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**Coach FTE**

**Ideal Panel Size**

**Readiness/Risk  
Stratification  
Criteria**

**Practice Panel  
Management  
Task  
Definitions**

**Panel  
Assignments**





## POLL:

What criteria do you use to determine if a practice is ready to work with a coach?





# IDEA: Practice Readiness Checklist

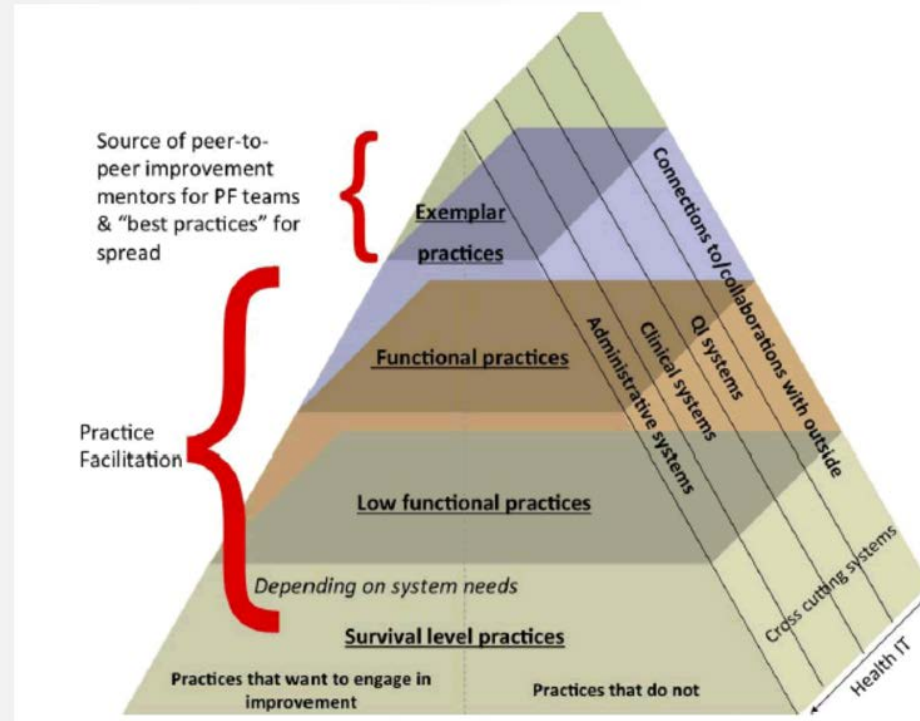
**Figure 12.2. Checklist for assessing practice readiness**

- Practice or organizational leadership is interested in specific or general improvement as evidenced by request for assistance or receptivity to receiving facilitation to support improvement.
- Practice or organizational leadership is willing to participate in ongoing communication with the practice facilitator and participate on the quality improvement team.
- Practice or organization is willing and able to identify an “improvement” champion who will be the practice facilitator’s point person.
- Leadership is willing to provide protected time for key staff to engage in improvement work.
- Team members are willing to meet regularly as a quality improvement team, and members follow through with this plan.
- Team members are willing to gather and report data on practice performance on key metrics.
- Practice has sufficient organizational and financial stability to avoid becoming too distracted or overwhelmed by competing demands or financial concerns.
- Practice is not engaged in other large-scale improvement projects and does not have other demanding competing priorities.

<https://www.ahrq.gov/professionals/prevention-chronic-care/improve/system/pfhandbook/mod12.html#fig12.2>

# Practice Risk Stratification

Figure 12.1 Model for triaging allocation of practice facilitation resources

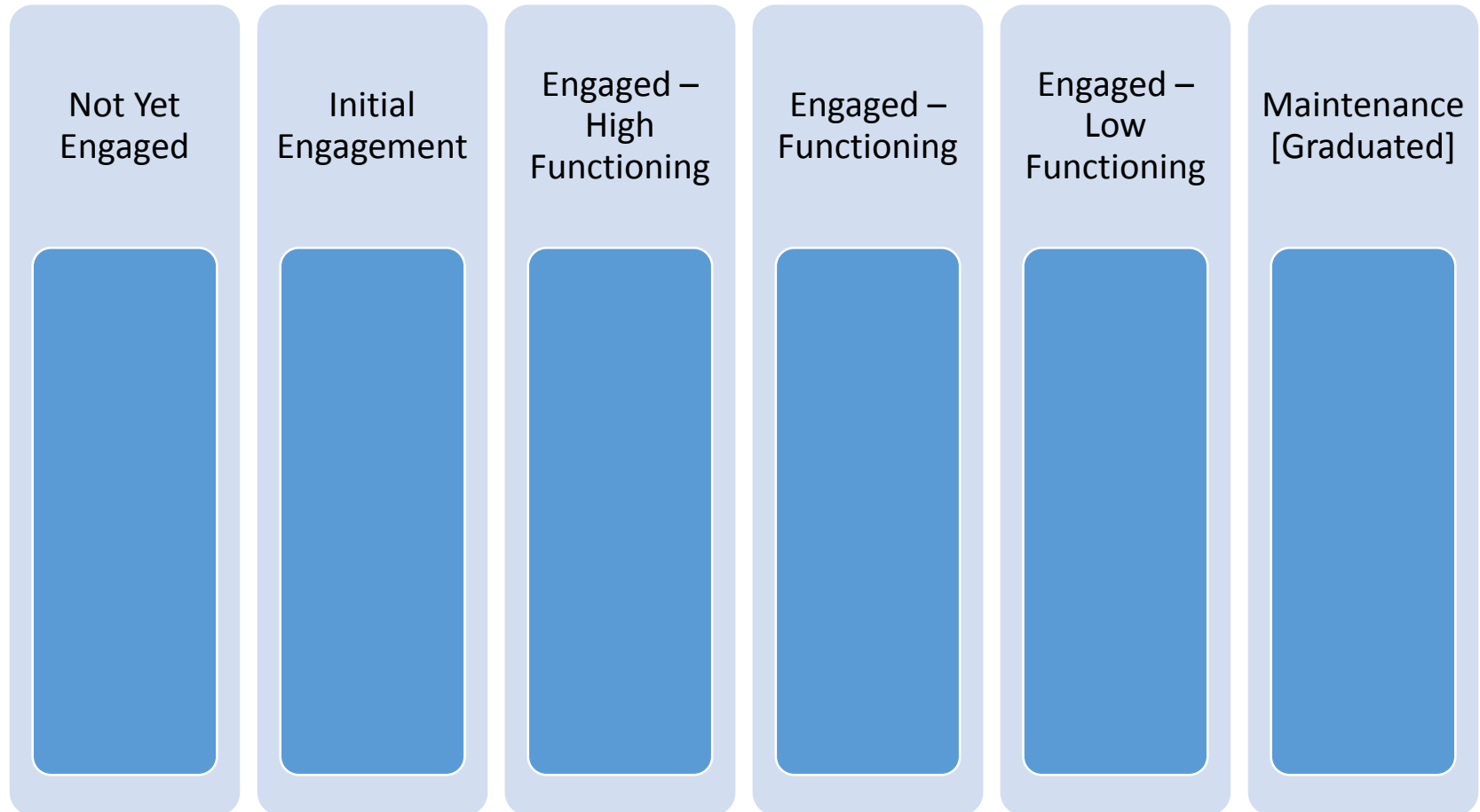


Source: Knox L, ed. Report on the AHRQ 2010 consensus meeting on practice facilitation for primary care improvement. (Prepared by LA Net through a subcontract with the University of Minnesota under Contract No. HHSA290200710010 TO 3.) Rockville, MD: Agency for Healthcare Research and Quality; 2010.

<https://www.ahrq.gov/professionals/prevention-chronic-care/improve/system/pfhandbook/mod12.html#fig12.1>



# Practice Panel Management Tasks by group (Care Guidelines)



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## BEST PRACTICE: Practice Empanelment Steps

1. Define how much time per week each coach will be a coach (vs other responsibilities).
2. Define ratio of practices per 1.0 FTE.
3. Calculate number of practices for each coach based on individual FTE.
4. Define criteria for practice readiness (risk-level).
5. Categorize all of the practices your team is working with.
6. Assign each coach practices from all risk-levels. If a coach is more experienced, you could assign more high-risk practices than other less experienced coaches.
  - Match existing relationships when possible.
7. Document the panel assignments.
8. Rebalance panels with feedback from coaches.

Tagenplan für Do, 29.04.2004

Da: Dr. Barmann, Dr. Stein, Dr. Peetersen, Dr. Wolt, Dr. Lübke, Frau 3

Do 29.04.2004

heute gibt es Milchreis zum Nachkisch  
Mahlzeit

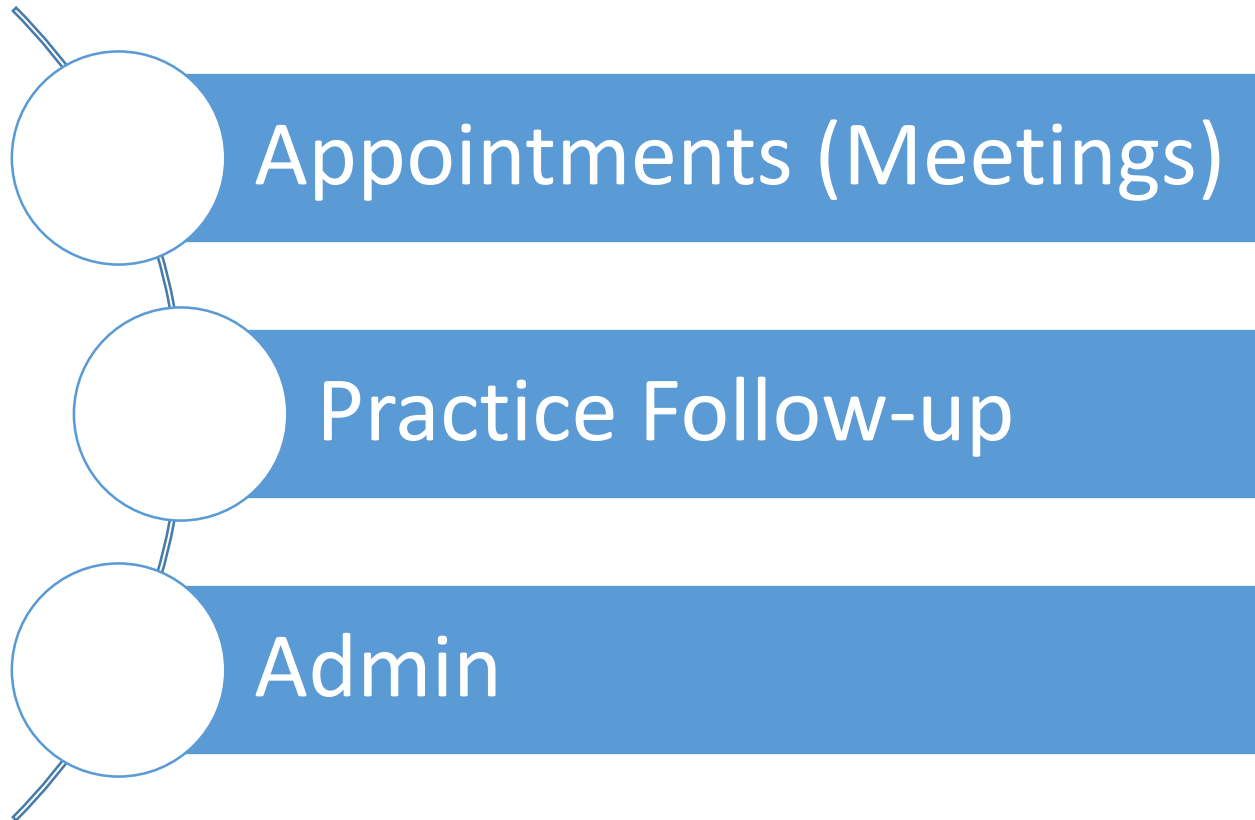
Tagenplan

Zeit	Dr. Barmann	Dr. Stein	Dr. Peetersen	Dr. Wolt	Dr. Lübke	Frau 3	Hilf	Echo
07:30	Dr. Barmann	Dr. Stein	Dr. Peetersen	Dr. Wolt	Dr. Lübke	Frau 3		
07:45	Dr. Barmann	Dr. Stein	Dr. Peetersen	Dr. Wolt	Dr. Lübke	Frau 3		
08:00	Dr. Barmann	Dr. Stein	Dr. Peetersen	Dr. Wolt	Dr. Lübke	Frau 3		
08:15	Dr. Barmann	Dr. Stein	Dr. Peetersen	Dr. Wolt	Dr. Lübke	Frau 3		
08:30	Dr. Barmann	Dr. Stein	Dr. Peetersen	Dr. Wolt	Dr. Lübke	Frau 3		
08:45	Dr. Barmann	Dr. Stein	Dr. Peetersen	Dr. Wolt	Dr. Lübke	Frau 3		
09:00	Dr. Barmann	Dr. Stein	Dr. Peetersen	Dr. Wolt	Dr. Lübke	Frau 3		
09:15	Dr. Barmann	Dr. Stein	Dr. Peetersen	Dr. Wolt	Dr. Lübke	Frau 3		
09:30	Dr. Barmann	Dr. Stein	Dr. Peetersen	Dr. Wolt	Dr. Lübke	Frau 3		
09:45	Dr. Barmann	Dr. Stein	Dr. Peetersen	Dr. Wolt	Dr. Lübke	Frau 3		
10:00	Dr. Barmann	Dr. Stein	Dr. Peetersen	Dr. Wolt	Dr. Lübke	Frau 3		
10:15	Dr. Barmann	Dr. Stein	Dr. Peetersen	Dr. Wolt	Dr. Lübke	Frau 3		
10:30	Dr. Barmann	Dr. Stein	Dr. Peetersen	Dr. Wolt	Dr. Lübke	Frau 3		
10:45	Dr. Barmann	Dr. Stein	Dr. Peetersen	Dr. Wolt	Dr. Lübke	Frau 3		
11:00	Dr. Barmann	Dr. Stein	Dr. Peetersen	Dr. Wolt	Dr. Lübke	Frau 3		
11:15	Dr. Barmann	Dr. Stein	Dr. Peetersen	Dr. Wolt	Dr. Lübke	Frau 3		
11:30	Dr. Barmann	Dr. Stein	Dr. Peetersen	Dr. Wolt	Dr. Lübke	Frau 3		
11:45	Dr. Barmann	Dr. Stein	Dr. Peetersen	Dr. Wolt	Dr. Lübke	Frau 3		
12:00	Dr. Barmann	Dr. Stein	Dr. Peetersen	Dr. Wolt	Dr. Lübke	Frau 3		
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15:45	Dr. Barmann	Dr. Stein	Dr. Peetersen	Dr. Wolt	Dr. Lübke	Frau 3		

# Managing your time and appointment schedule

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# Work Buckets



# Appointment Types

## Scheduled: In-person

- Used for formal meetings with improvement team or partners
- Best on Tuesday, Wednesday, Thursday
- Best at the start of a clinic shift or lunch
- 60 min appt slots

## Scheduled: Phone

- Used for formal meetings with small groups or individuals
- 30 min appt slots

## Walk-in

- Used for in-person informal improvement work between meetings
- 90 min appt slots
- Often book 2 back-to-back for 3 hours total

## Catch-up Slot

- Travel Time

# Practice Follow-up

Responding to  
communication  
from the practice

Initiating  
communication to  
the practice

Documentation

Sharing Resources

Appointment Prep

Completing Action  
Items



# Admin Work

Meeting with your  
team of coaches

Meeting with your  
manager

E-mails

Professional  
Development

Networking



# BEST PRACTICES: Coach Time Management

- Calendar everything, including work on your own!
- Calendar your needs.
- Scrub your schedule the week before and the day before.
- Keep travel to middle of the week.
- Save at least 1 day for being at your home base with your team.
- Mondays are good for meetings and preparing for the week.
- Friday afternoons are good for thinking, writing, and collaboration.



**Strategy**

Strategy

plan or method  
achieve a goal or s  
organizational acti

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# Care Team Coordination: Managing communication with practices, peers, managers

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# Key Characteristics of High Performing Care Teams

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## Characteristic

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1. A stable team structure
  2. Colocation
  3. Culture shift: Share the care
  4. Defined roles with training and skills checks
  5. Standing orders/protocols
  6. Defined workflows and workflow mapping
  7. Staffing ratios adequate to facilitate new roles
  8. Ground rules
  9. Communication: team meetings, huddles, and minute-to-minute interaction
-

# Colocation

- Time
- Physical Space

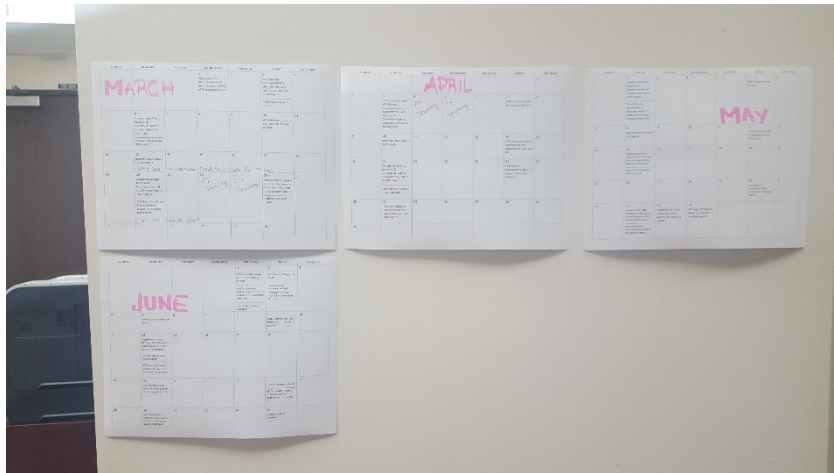
for...

- Informal collaboration
- Team-building
- Trouble-shooting
- Planning
- Bouncing ideas off each other





# BEST PRACTICE: Allied Pacific Team's Home Base



## TRANSFORMATION INITIATIVE ALLIED PACIFIC IPA 2017 ANNUAL PLAN

**AIM STATEMENT**  
Allied Pacific IPA will transform its care delivery to improve the care for over 250,000 lives in a diverse population faced with cultural challenges. We aim to achieve a 10% improvement in member care experience and health by increasing access, integrating chronic disease management, and methods for improving member satisfaction throughout our PCP network.

**ABOUT OUR ORGANIZATION**  
Allied Pacific of California IPA was founded in 1993 committed to deliver quality and positive patient healthcare to the growing population in Southern California. With our vision of innovation, the IPA's dedication to improving the standard of medical practice through quality improvement and current approval of resources to meet the health care needs of the population served with compassion and proficiency.

Physicians enrolled in PPI Program: 260 PCPs and 53 Specialists

NAME	PHONE	EMAIL	PHYSICIAN
Dr. [Name]	[Phone]	[Email]	[Physician]
Dr. [Name]	[Phone]	[Email]	[Physician]
Dr. [Name]	[Phone]	[Email]	[Physician]
Dr. [Name]	[Phone]	[Email]	[Physician]
Dr. [Name]	[Phone]	[Email]	[Physician]
Dr. [Name]	[Phone]	[Email]	[Physician]
Dr. [Name]	[Phone]	[Email]	[Physician]
Dr. [Name]	[Phone]	[Email]	[Physician]
Dr. [Name]	[Phone]	[Email]	[Physician]
Dr. [Name]	[Phone]	[Email]	[Physician]

**2017 GOALS & OBJECTIVES**

**PRACTICE FACILITATION**

**PRACTICE ENGAGEMENT**

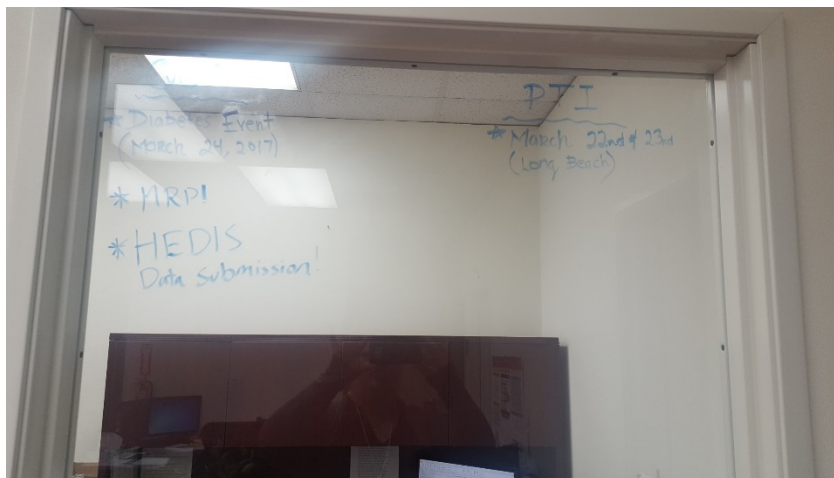
Phase	Plan to be engaged (2017)	100%	50%
Phase 1 - Plan to be engaged (2017)	100	20%	
Phase 2 - Plan to be engaged (2017)	100	30%	
Phase 3 - Plan to be engaged (2017)	100	40%	
Phase 4 - Plan to be engaged (2017)	100	50%	
Phase 5 - Plan to be engaged (2017)	100	60%	

**2017 PRIORITIES & KEY ACTIONS**

Initiatives	Timeline
1. [Initiative]	Q1 - Q2 2017
2. [Initiative]	Q2 - Q3 2017
3. [Initiative]	Q3 - Q4 2017
4. [Initiative]	Q4 2017

**Impact**

- 1. [Impact]
- 2. [Impact]
- 3. [Impact]
- 4. [Impact]



**Nancy Masfio** *Bucket All Orders*

From: Nancy Masfio  
To: [Name]  
Subject: [Subject]

**Billy Young**  
Senior Vice President, Specialist  
Network Medical Management  
1000 S. California Blvd., Suite 1000, Long Beach, CA 90801  
Phone: (562) 591-1000 | Fax: (562) 591-1001

**From: Nancy Masfio**  
Sent: Tuesday, December 30, 2016, 4:27 PM  
To: [Name]  
Subject: [Subject]

**Abstract**  
Quality of care is growing concern among health care professionals and managers. As a multidimensional concept, it cannot be reduced to simple customer satisfaction. Taking into account the views of the three major players in the health care system—patients, providers and payers—quality can be defined as the capacity to satisfy patients' needs according to professional knowledge and within available resources. Efficacy, efficiency, appropriateness, acceptability, legitimacy and equity are dimensions of health care quality. Contrary to popular belief, quality is neither maximum performance, nor satisfaction at all costs, nor punishment or elimination of "bad apples". In ambulatory medicine, quality implies first of all the ability to master the processes occurring during an office visit. However, although history taking and physical examination are the cornerstones of medical practice, they have not been well studied. Improving quality of care in the ambulatory sector will require better knowledge about medical decision-making processes, in particular identification of the most relevant information required for a decision and the optimal way of obtaining it in any specific clinical situation.

PHASE: 9190566  
[Submitted for MEDLINE]  
[PubMed Commons]  
[Comments]



# BEST PRACTICE: Supervision

## TEAM

### GROUP SUPERVISION

- Weekly Huddles
- Monthly In-depth
- Peer Exchange: Learning and Consultation
- Group feedback
- Trends across panels
- Team-building
- Mutual problem-solving
- Spreading best practices across coaches and practices

## MANAGER

### INDIVIDUAL SUPERVISION

- Weekly or monthly
- In-depth
- Coach focused
- Individual feedback
- Focused on one panel





# Developing and Running a Primary Care Practice Facilitation Program: A How-to Guide

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Determine Whether You Will Use Individual or Group Supervision .....	80
Decide Whether Supervision Will Be Provided In Person or Using Distance Technology.....	81
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Design Reporting Mechanisms to Monitor Progress of Facilitators and their Practices .....	82
Obtain Regular Feedback from Practices on Facilitator Progress .....	84
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[https://pcmh.ahrq.gov/sites/default/files/attachments/Developing  
and Running a Primary Care Practice Facilitation Program.pdf](https://pcmh.ahrq.gov/sites/default/files/attachments/Developing_and_Running_a_Primary_Care_Practice_Facilitation_Program.pdf)



## POLL: What experience do you have documenting improvement work?

- My personal notes document
- A shared document/spreadsheet with my practice
- A shared document/spreadsheet with my supervisor
- Other?

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# Documentation

## ENCOUNTER

- Audience = coach, supervisor if requested
- “substantive and meaningful” encounters – in-person, virtual, phone, and support such as research
- Notes – discussion, action items

## PROGRESS TRACKING

- AUDIENCE = coach, practice team, supervisor
- Can be detailed or high-level depending on the audience
- Communicates change over time – progress
- Use a tool
- Includes relevant data (no patient data), action items, goals
- Often in Spreadsheets
- Shared and accessed by multiple people
- Keys to an effective tool: Consistency, Transparency, Accessibility, Accountability

# Documentation – Progress Tracking

## DETAILED

- AUDIENCE = coach, practice team
- Track ALL the details over time
- Build capacity and independence of the team by have the team access and update the tool – make it a shared space

## HIGH LEVEL

- AUDIENCE = coach, supervisor, other facilitators, leadership
- Communicate progress on high-level common themes across practices: performance measures, key changes
- Roll-up of data across a coach's panel – quantitative & qualitative
- Standard template for all coaches
- Escalate requests for support, problem-solving, resources



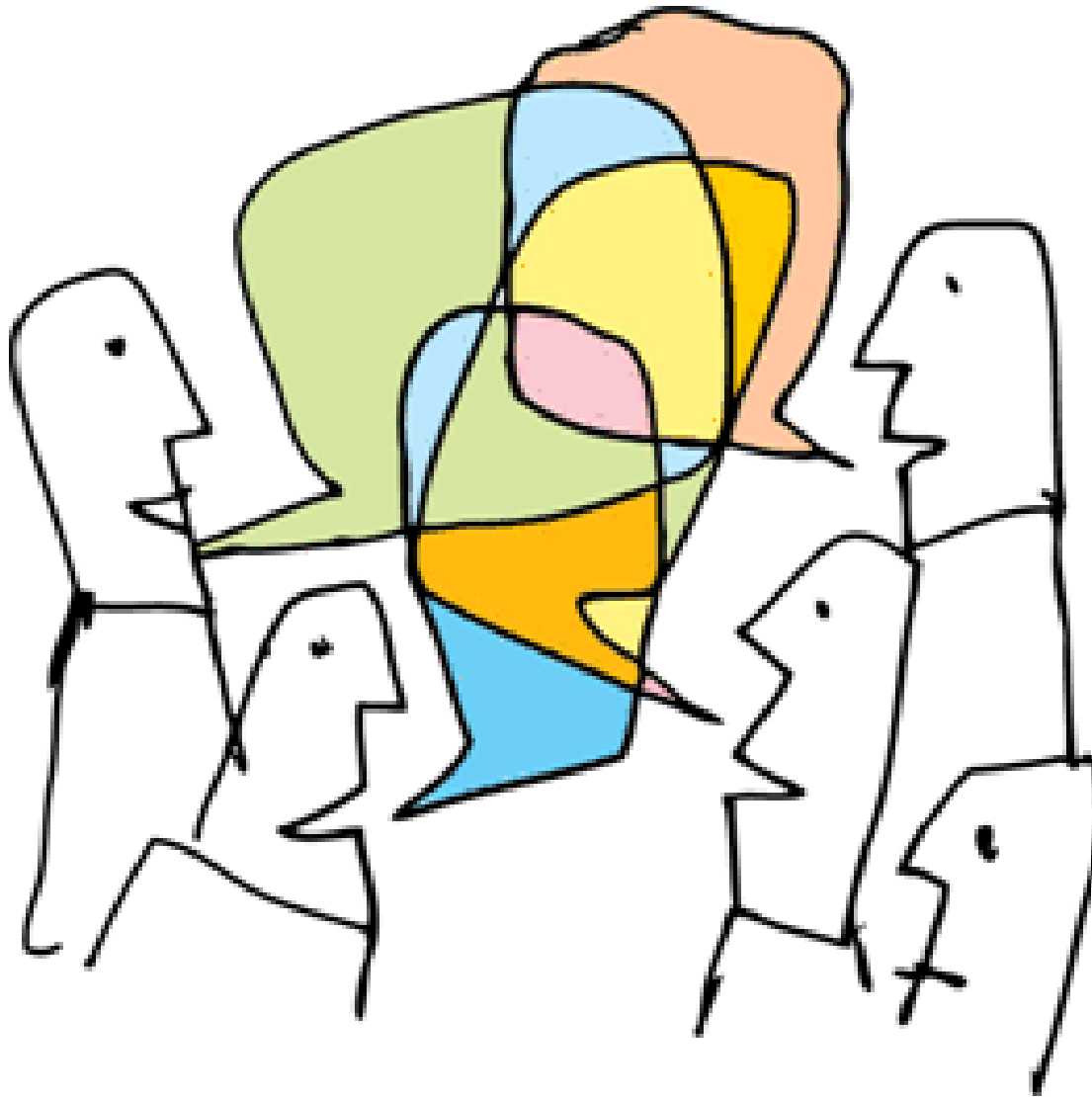
# TOOL: Practice Portfolio

- <https://pbgh.box.com/s/k0idcodq5z2j2ef9e2jw6qfhe3wiu6q>  
t

Recommended Elements to Track

Coaching Panel Management of Practices	
<i>Proposed elements to track for each practice</i>	
Practice Contacts and Details	Clinic Name
	Key Contact (Details)
	Physician Lead / Champion
	Operational Lead / Champion
	Meeting frequency and dates
	Type of EHR
	Practice status (active / inactive / maintenance)
Practice Areas of Focus & Meeting Notes	PO Aim / Practice "Micro Aim"
	Current strengths / best practices (to build upon)
	Current phase of transformation
	Dates of last and next PAT
	Building Block or Change Package element (from PAT) focusing on
	Areas of opportunity ID'd / Description of approach
	Encounter tracking (1 entry per visit: date, practice status, notes / next steps)
Action Plan	Place to outline action steps for "areas of focus" (includes status, owner, comments)
PAT Scoring	Most recent PAT results (PICK ONE OF 3 OPTIONS)
Baseline Performance Data	PTI measures - Baseline for this practice
	N, time period measured
	Possible baseline of process measures
Performance Data Run Chart	Trended over time (PTI Measures)
	N, time period measured
	Possible tracking of process measures
PDSA Tracker	Track all PDSAs here
PDSA_1 (Track PDSA cycles here)	Plan
	Do (Who? When? Where?)
	Study

What  
would  
you  
use?



What  
else  
do  
you  
need?

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# Connect with coaches on Socialcast

The screenshot shows a web browser window with the URL <https://pbgh-org.socialcast.com/groups/141089-practicefacilitationcoaches>. The page header includes logos for CQC, Integrated Healthcare Association, and CCI, along with a search bar and user profile for Crystal. The group name is "Practice Facilitation Coaches" with a "Member" badge and an "Add Members" button. A navigation sidebar on the left lists "HOME", "PUBLIC SPACES" (with "Practice Facilitation Coach..." selected), and "PRIVATE SPACES" (including "Dashboard Development", "MedPoint Management", "Hill Physicians Medical Group", "PTI Team", "Molina Medical Group", and "Weekly Call"). The main content area features a "Post" button, a text input field with the placeholder "What are you working on?", and a filter dropdown set to "All". A post by Crystal Eubanks is visible, discussing observation as a tool for gathering practice information and providing a link to [www.wearecatalysts.org/toolkit/11](http://www.wearecatalysts.org/toolkit/11). Below the post is a "Tools :: Catalyst" link to <http://www.wearecatalysts.org>. The right sidebar contains "Group Helpful Links" such as "Box - PTI Public" and "PTI Public (Box)", and a notification to "Post to the Practice Facilitation Coaches post stream by email".

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# Digital Resource Library



Secure | https://pbgh.app.box.com/files/0/f/4974749502/PTI\_Public

Search Files

All Files > ... > AIM 2 - Practice ... > PTI Public > 2

All Files > ... > Present Programs > AIM 2 - Practice Transformation In...

Upload
 New

Upload
 New

For any outward facing documents/materials that can be publicly linked

- 1\_PTI Program**  
 Updated today by Juliane Tomlin 297
- 2\_Practice Facilitation Coaching and Program**  
 Updated Jan 17, 2017 by Juliane Tomlin 45
- 3\_Change Package Interventions (includes 10 Building Blocks)**  
 Updated Jan 27, 2017 by Juliane Tomlin 67
- 4\_Additional Resources**  
 Updated Nov 17, 2016 by April Watson 11
- 5\_Onboarding Documents**  
 Updated Jan 4, 2017 by Crystal Eubanks 17

- Case Studies of Practice Facilitation Programs**  
 Updated Nov 21, 2016 by Crystal Eubanks 3
- Coaching Program Management**  
 Updated Nov 21, 2016 by Crystal Eubanks 2
- PTI Roadmap Resources**  
 Updated Jan 17, 2017 by Juliane Tomlin 33
- Resources for Coaches**  
 Created Nov 21, 2016 by Crystal Eubanks 7





# UPCOMING EVENTS

- **March 22<sup>nd</sup>-23<sup>rd</sup>** @ Long Beach:  
10 Building Blocks Training
  - Team-Based Care Follow-up
  - Patient – Care Team Partnership
  - Care Team Continuity
- **April 4<sup>th</sup>-5<sup>th</sup>** @ Burlingame: PTI  
Quarterly Meeting
- **April 6<sup>th</sup>** @ 10am: Practice  
Facilitation Skills Workshop
  - Creating QI Plans – for practices  
and coaching programs



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Jen Burstedt Correa, Project Manager –  
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# Help us improve our offerings!



Share your feedback here:

<https://www.surveymonkey.com/r/PFSW-03-17>

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