PBRN Workforce Strategies for Quality Improvement

Presenters:
Dr. Michael Parchman, PBRN Resource Center and MacColl Center for Health Care Innovation

Dr. Lyndee Knox, LA Net PBRN

Sponsored by the AHRQ PBRN Resource Center
July 15, 2013
Agenda

Welcome
- Rebecca Roper, Director, Practice-Based Research Network Initiative

PBRN Workforce of the Future
- Michael Parchman, Presenter
- Lyndee Knox, Presenter

Questions and Answers
- Michael Parchman, Presenter
- Lyndee Knox, Presenter
How to Submit a Question

- Type your question into the “Questions” section of your GoToWebinar control panel.
- Select “Send” to submit your question to the moderator.
- Questions will be read aloud by the moderator at the end of the presentation.
PBRN Workforce Strategies for Quality Improvement

Lyndee Knox
Michael Parchman
July 2013
Agenda

1. PBRNs origins - created to fill a need

2. PBRNs expansion – nationwide infrastructure for practice-based research

3. Evolving role and vision - infrastructure for practice improvement and transformation

4. A new type of PBRN skill set and workforce needed to support these new roles

5. Conclusions & recommendations

6. Questions & Discussion
PBRNs created to fill a need (Mike)
Kerr White and the Ecology of Medical Care

Why do Practice-Based Research?

• “If we want more evidence-based practice we need more practice-based evidence.”

Lawrence Green, PhD

What is a Practice-based Research Network? (PBRN)

An organization of primary care clinicians and researchers, united by a shared commitment to expand the science base of primary care practice through systematic inquiry to better understand the health and health care events that unfold daily in their practices.
Early PBRNs in the U.S.

- Ambulatory Sentinel Practice Network (ASPN)
- Dartmouth Cooperative Information Project (COOP)
- Pediatric Research in Office Settings (PROS)
- Wisconsin Research Network (WReN)

SPECIAL COMMUNICATION

A Short History of Primary Care Practice-based Research Networks: From Concept to Essential Research Laboratories

Larry A. Green, MD and John Hickner, MD, MSc

JABFM 2006
ASPN card for CTS Study

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<th>WEEK STARTING 8 A.M. MONDAY</th>
<th>ASPN</th>
<th>TOTAL PRACTICE ENCOUNTERS THIS WEEK</th>
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<th>MEETS WHICH DIAGNOSTIC CRITERIA* (check all that apply)</th>
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<td>OCCUPATIONAL HAND MOVEMENT(S)</td>
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* DIAGNOSTIC CRITERIA (check all that apply)
(Mark appropriate box above if any symptoms, findings, or hand movements are present)

1. Symptom(s) Present (in median nerve distribution)
   - hyperesthesia
   - paresthesia
   - numbness

2. Positive Finding(s)
   - positive Phalen’s and/or Tinel’s
   - decreased pinprick in median nerve distribution

3. Occupational Hand Movement(s)
   - frequent/repetitive
   - high force
   - awkward
   - vibratory
   - pulp or wrist pressure

eg. carpenter, secretary, press operator

eg. canner, residential construction

EXCLUDE ALL PATIENTS WHOSE SYMPTOMS ARE DUE TO RADICULOPATHY, THORACIC OUTLET SYNDROME, OR PRONATOR TERES SYNDROME.
PBRNs expansion nationwide
Growth In U.S. PBRNs

- 1994: 28 active networks in North America
- 2005: More than 120 networks (AHRQ)
- 1983: PBRN articles began appearing in literature
- 1994: Theme issue of J Family Practice
- 2005: Supplement to Annals of Family Medicine
- 2006: First Annual Theme issue of J Amer Board Fam Medicine
- Currently over 157 primary care PBRNs registered with the National Resource Center
Evolving role and vision for PBRNs in U.S.
Evolving Role: Practice Improvement and Transformation

- From “Translation” to
- “Dissemination” to
- “Implementation” to
- “Transformation” to
- “Continual Improvement”
Institute of Medicine, 1996:

• PBRNs are “…the most promising infrastructure development that [the committee] could find to support better science in primary care.”

"Blue Highways" on the NIH Roadmap

No Longer Simply a Practice-based Research Network (PBRN) Health Improvement Networks

Robert L. Williams MD, MPH, and Robert L. Rhyne, MD

While primary care Practice-based Research Networks are best known for their original, research purpose, evidence accumulating over the last several years is demonstrating broader values of these collaborations. Studies have demonstrated their role in quality improvement and practice change, in continuing professional education, in clinician retention in medically underserved areas, and in facilitating transition of primary care organization. A role in informing and facilitating health policy development is also suggested. Taking into account this more robust potential, we propose a new title, the Health Improvement Network, and a new vision for Practice-based Research Networks.
Quality Improvement & Clinical Practice Change

Drivers of Change in Primary Care

• Health IT and Meaningful Use (2009)
  – HITECH RECS
• Patient-Centered Medical Homes (2007)
• Health Extension Agent Centers/Programs
  – Section 5405 of Affordable Care Act (2009)
Professional Development Activities

- Project ECHO
- Clinician Directors Network (CME)
- Learning Collaboratives
  - Diabetes
  - Asthma
  - others
A New Vision for PBRNs

• “Practice-based Learning and Improvement Networks”
Current Definition

What is a Practice-based Research Network? (PBRN)

An organization of primary care clinicians and researchers, united by a shared commitment to expand the science base of primary care practice through systematic inquiry to better understand the health and health care events that unfold daily in their practices.
Expanded Definition

What is a Practice-based Research Network? (PBRN)

A partnership of primary care clinicians, researchers and other related organizations, united by a shared commitment to continually improve the delivery of primary care practice through systematic inquiry to develop new evidence, support for continuous quality improvement, and dissemination and implementation of best practices and evidence.
PBRN workforce of the future
What skills sets do PBRNs need to function as Learning & Improvement Networks?
Skills in QI & practice change

From RAs to Practice Facilitators

Quality Improvement methods & skills
- Workflow mapping
- Audit and feedback
- Benchmarking
- Academic detailing
- PDSA cycles
- Teambuilding
- Hope-energy-action (engagement)

Practice Transformation, Redesign
- Empanelment
- Care teams
- Population management
- Patient centered care
- Self-management support
- Care coordination
- Engaged leadership
- Organized evidence-based care (guidelines)
Skills in HIT Use & Optimization

From RAs to Practice Facilitators

Quality Improvement methods & skills
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Skills in HIT Use & Optimization

Quality Improvement methods & skills
- Hope-energy-action
- Leadership development
- **Workflow mapping**
- Audit and feedback
- Benchmarking
- Academic detailing
- PDSA cycles
- Teambuilding

Practice Transformation, Redesign
- Empanelment
- Care teams
- Panel management
- Patient centered care
- Self-management support
- Care coordination
- Guidelines
Skills in HIT Use & Optimization

HIT skills
- Set-up registries
- Correct mapping errors
- Create templates
- Create flow sheets
- Access data from billing, EHRs
- Generate reports/analytics
- Able to work w/ practice IT staff and Super users
- Knowledge of vendor tech support and learning communities
- Able to work w/ vendors to make changes
- Make changes in support of PCMH, Care Model, meaningful use
- Research participation
Skills in Education & Training

Learning communities for spread
- Learning collaboratives
- Local learning collaboratives
- Dissemination/ed programs like Project ECHO

Create toolkits/educational materials
- Curriculum development
- Toolkit creation/development
- Educational materials development
- Knowledge of effective learning methods
- Capacity to support learning networks like ECHO or other
So what happens to research?

“Money for interesting research with no clear pay-off is going to be harder and harder to get.”
Skills in Research

PBRNs will need skills in conducting applied research that can directly and quickly impact: patient experience, patient outcomes, costs of care (Triple Aims)

PBRNs can serve as “experimental farms” for the Extension Program. Need skills in “field testing” new processes, interventions & tweak before Extension Program disseminates.
Best Practices Research

**Applied research**
- Applied research methods
- Best practice research methods
- Capacity to turn results around quickly
- PIs that are interested and able to do this work
- Skills in recruiting, retaining highly motivated practices
- *Ability to engage/work with key partners such as public health to address questions that can impact local level*

**Field testing/Experimental Farm/test practices**
- Methods to test and tweak guidelines, CER, best practices before dissemination through the Extension Program

also

**Working with “big data**
To be covered in another session)
PBRN skill sets

Inform & impact local policy
- Relationships w/ health plans
- Local/state health departments
- Local health authorities
- IPAs
- ACOs
- Ability to engage around areas of concern
- Ability to provide timely and relevant information effectively
Example: LA Net & Project ECHO

- ECHO is a virtual learning community for knowledge & skills development in areas that are common but complex

- ECHO members accept specialty referrals from community, Co-manage w/ the ECHO specialist
L.A. Net & ECHO

- Learned about ECHO from PBRN community (PRIME Net)

- Partnered with local health plan (L.A. Care) to implement and test with L.A. safety net
  - 21 practice sites
  - 27 providers
  - 20 sessions

- Evaluated
  - Adoption
  - Participation rates by PCPs & practices
  - Impact on care decisions
  - PCP satisfaction
  - Resources needed to implement and for participation
ECHO L.A. Next steps

• 1st FQHC will accept referrals from local community this Fall (become a “Center of Excellence” (COE) in psychiatry)

• Working with health policy expert to identify and modify barriers to establishing COE in an FQHC
  – IPA rules
  – Capitated payment structure
  – Referrals across SPA boundaries
  – State medicaid waiver
  – HRSA
Skill sets needed by L.A. Net

Skills and means to:
- Connect to other PBRNs
- Partner with local health plan
- Implement an evidence-based learning model
- Manage ECHO Knowledge Networks
- Evaluate implementation and outcomes
- Engage & inform policy makers
So what does all this mean for PBRNs and their workforce?
Key staff role is evolving from: “Research Associate” to “Practice Facilitator”

*Individual or Team w/ skills in*

- Data collection from IT and traditional sources
- Quality improvement methods
- Supporting implementation of “best evidence and practices” & elements of Care Mode/PCMH/Meaningful Use
- Optimizing HIT for QI, improved practice, research
- Teambuilding, leadership development w/ practice
- Managing a multi-role relationship w/ practice

*Swiss Army Knife of primary care*
Depending on direction of PBRN, also…

- Education specialist (toolkits, curricula)
- Policy expert (local barriers, feedback)
- PIs able to do applied and best practices research
What are the implications for PBRN Directors?

From Researcher/Academic in University running practice-based research

To someone also able to...

- Recruit and manage a Practice Facilitator workforce
- Support QI and practice improvement activities in practices
- Pursue an applied research agenda w/ obvious and rapid impact (best practices, etc)
- Engage and work w/ new partners (health plans, State and local health authorities, IPAs, etc)
- Identify and recruit additional talent in: toolkits/curricula devel., HIT optimization, policy
- Fund QI and applied research work
- Help practices understand the PBRNs multiple roles and work effectively with its Practice Facilitators and staff
Conclusions/wrap-up
PBRNs are at a crossroad

- Growing need for skills in implementation & improvement
- There is a real opportunity for PBRNs to influence Primary Care in U.S.
- Opportunity to increase the diversity of what PBRNs do – expand mission and role to practice improvement - and take ownership of this waterfront
Recommendations/Competencies

• Look for opportunities to collaborate with QI organizations and others interested in improving primary care practice and patient outcomes

• Align organizational structure/resources with needs of member practices

• Work with member practices to clarify role of network in supporting QI in addition to research: mission statement
• Look for and create opportunities for practices to learn from each other
Resources from AHRQ on Practice Facilitation

1. A How to Guide on Developing and Running a Primary Care Practice Facilitation Program

2. New Case Studies of Primary Care Practice Facilitation Programs

http://pcmh.ahrq.gov/portal/server.pt/community/pcmh__home/1483/pcmh_implementing_the_pcmh___practice_facilitation_v2

3. Practice Facilitation Handbook: Training Modules for New Facilitators and Their Trainers

Questions and Discussion
Upcoming PBRN Webinars

Visit http://pbrn.ahrq.gov/events for more information on PBRN events!

August 6: A National Web Conference on the Use of Health IT in Practice-Based Research Networks (PBRNs) To Improve Patient Care

Drs. Alexander Fiks, Zsolt Nagykaldi, Brian Yeaman, and Valory Pavlik

Sept 23: Connecting Primary Care Practices with Hard-to-Reach Adolescent Populations: A Report from SNOCAP-USA

Dr. David West

October 10: Mentoring researchers or practitioners in PBRNS

Drs. James Werner and Jonathan Tobin

December 11: Theory of planned behavior in implementation research

Dr. France Légaré

What other webinar topics would you be interested in?
Send your feedback to: PBRN@abtassoc.com