Introduction

- Practice facilitation (PF) can be a useful tool to help guide rural primary care practices develop strategies for improving hypertension (HTN) related outcomes in a way that addresses their unique populations and needs.
- Rural areas, especially in the southeastern United States, bear a disproportionate burden of hypertension (HTN) morbidity and mortality, but have limited resources to address these issues.
- Understanding the resources needed to provide practice facilitation in rural areas can help providers, healthcare administrators, and public health officials when considering PF in ongoing quality improvement efforts.
- This abstract provides an overview of the infrastructure, training, and time resources used by the Southeastern Consortium for BP Control Study (SEC-BPC) to provide PF.

Methods

- A cluster-randomized, controlled, pragmatic implementation trial that will compare 4 distinct interventions, to achieve BP control among African American patients in rural primary care practices in AL and NC (see Figure 1).

What is Practice Facilitation?

- Also known as practice coaching or quality improvement coaching
- Carried out by a trained practice facilitator also known as practice coaches, QI coaches, and practice enhancement assistants

Methods Cont’d.

Summary of Practice Facilitation Intervention

Establish and Maintain Working Relationships

- PF meets practice champion and other key staff in person at least once per month for 12 months
- PF follow the Model for Improvement to build internal practice capacity for QI
- PF help engage practices in data driven QI
- PF support practices in completing QI activities that align with change concepts of the Key Drivers of Implementation (see below)

Build Capacity

- PF: Plan Study Act Do
- PF: Establish and maintain working relationships
- PF: PF: Build capacity

Measure Progress

- Key Drivers for Improving Blood Pressure Control

- Registry or EHR used to manage patient care and support population management
- Staff teams share in identifying gaps in patient care and works in teams to optimize patient care
- Practice-wide guidelines and processes implemented for patients with high blood pressure
- Patient and care team work as partners to help patient achieve blood pressure control
- Monthly PF assess the implementation of the 4 Key Drivers using the Key Driver Implementation Scale (KDSS)
- Mean systolic blood pressure calculated
- Frequency, type and duration of PF contact recorded in electronic data collection tool

Results

- All practices located in either NC or AL and serve a predominately rural population, high proportion of indigent patients, and a high proportion of African Americans patients.
- As of July, 2018 there are data for 24 practices receiving the PF intervention.

Practice Facilitation Infrastructure, Training and Support

North Carolina AHEC
- SEC-BPC leverages existing PF infrastructure of the NC AHEC
- Provides field experience and ongoing training for entire study
- Practice Facilitators hired by regional NC AHEC or UNC

Alabama AHEC
- Practice Facilitators are hired through regional AL AHEC
- Aiming to establish own statewide Practice Facilitator program

Each Practice Facilitator
- Trained and certified by University of Buffalo practice facilitator program
- Participate in twice monthly web conferences to share best practices and to problem solve how to move practices forward

Practice Facilitation Implementation Requirement in Rural Primary Care Practices to Improve Blood Pressure Control for African Americans


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Conclusion and Next Steps

- Preliminary data suggests that providing PF to rural practices using centralized staff requires substantial investment of time and resources.
- Especially when working in rural areas, maximizing technology can provide opportunities to save time and resources.
- More information is needed to gain a better understanding of the time and resources used by providers and clinic staff to interact with practice facilitators and to complete PDCA cycles.
- At the end of the intervention, providers and clinic staff that work with practice facilitators will be given a satisfaction survey that will provide more insight into their experience with the practice facilitator.
- Collecting this detailed process information throughout implementation of the study provides important information needed to document the fidelity of the intervention and to help with future strategic planning and allocation of resources.