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EXECUTIVE SUMMARY

The Case for Practice Facilitation Within Primary Care

A primer and advocacy guide

July 2020

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About the Guide

This guide frames the College of Family Physicians of Canada (CFPC)'s position as a national advocate for practice facilitation support. It is intended to be a resource to support provincial CFPC Chapters, medical associations, organized primary care groups, national/provincial/territorial policy-makers, and health system decision-makers in advocating for and deploying practice facilitators to support primary care quality improvement (QI) initiatives.

The impetus for developing this guide was the launch of the CFPC's Practice Improvement Initiative in 2017 to promote and advance QI, practice facilitation, and research in family medicine and primary care. The in-depth needs assessment conducted between February and May 2017 across Canadian provinces, territories, and family medicine residency programs identified considerable variability in terms of needs, gaps, and resources. Furthermore, stakeholders highlighted the need for practice facilitation to assist practices in improving their quality of care.

The overarching goal of this guide is to support advocacy efforts under way provincially and nationally to advance the uptake of practice facilitation. More specifically, the guide aims to:

- Summarize the evidence for and benefits of practice facilitation in family medicine and primary care
- Demonstrate the return on investment (ROI) on practice facilitation and practice facilitators
- Highlight the importance of establishing a sophisticated set of structures and processes to support practice facilitation efforts
- Highlight why QI and practice facilitation are important strategic components of ensuring the delivery of high-quality care for patients
- Provide a guide for CFPC Chapters, departments of family medicine, health care organizations, and provincial and territorial ministries of health to advocate for and help implement practice facilitation support for family physicians and their primary care teams and colleagues

This guide was developed in collaboration with partners and stakeholders from across Canada and representatives from the United States. The CFPC also met with its provincial Chapters to discuss the opportunities and challenges they had. To support this work a special advisory and editorial group was established.

Given the emerging nature of this work, the CFPC has developed a web page to house current resources to support the development of practice facilitation and to connect key players with one another. It is available at: www.cfpc.ca/pii.

Executive Summary

This guide—*The Case for Practice Facilitation Within Primary Care*—provides an overview of how practice facilitation has been adopted and applied in primary care in Canada with the goal of supporting provincial and national advocacy efforts in this field. It is intended as a resource to emphasize why practice facilitation is important and what evidence there is to support it. It provides information on practice facilitation programs, models, and examples in Canada.

A sustainable, high-quality health care system depends on primary care as a foundation with family physicians and their teams committed to providing the best possible care for their patients and communities. They do so by engaging in continuous QI, which has made QI a cornerstone of primary care practices, as is reflected in the Patient's Medical Home (PMH) vision that is being advanced by the CFPC and its provincial Chapters across Canada. Practice facilitation enhances the ability of family physicians and their teams to undertake QI.

What is practice facilitation?

Practice facilitation is the process of engaging and coaching primary care teams to test and implement changes to optimize clinical and non-clinical processes. Practice facilitators typically come from health care, community development, or educational backgrounds and are trained to support primary care teams in these endeavours using a range of organizational and project management skills. Depending on the needs of each team, practice facilitation may include activities such as leadership training, the use of practice data to direct change, needs assessment, the identification of best practices, and technical assistance; on a provider level, these projects can encourage better teamwork, effectiveness, and communication.

Why do we need practice facilitation?

Clinician workload is a key consideration related to building capacity for continuous improvement. In 2017 a survey the CFPC conducted as part of the Practice Improvement Initiative demonstrated that in almost all provinces the workload, when coupled with increasing system demands, has created conditions conducive to burnout among family physicians.¹ Improving the work life of providers is a core component of the Quadruple Aim, and the CFPC's survey of members highlighted the need to improve the team experience to support a balanced work life.^{1,2} To achieve this, the respondents acknowledged the need to build capacity for continuous improvement.

Practice facilitation builds the system's capacity for continuous improvement, including working across sectors and supporting population health goals. It accelerates change for practices working on processes that require team behavioural modifications, and it enables the translation of learnings from early adopters to accelerate the spread to the early and late majority.

Research suggests that practice facilitation, when applied judiciously, nearly triples the uptake of evidence-based guidelines in primary care practices, and it builds systemic capacity for continuous improvement.³ It offers a 40 per cent ROI for the primary care team and organization involved as well as for the system funders.⁴ However, it is important to note that practice facilitation is least impactful among practices that are already exemplary in their performance or that do not meet basic readiness criteria.⁵

Practice facilitator profiles

A practice facilitation program can be integrated into a practice or group of practices either through project-specific funding or through funding for a generalist role. For the former, the practice facilitator is engaged to support a specific study; in the latter, the role of the practice facilitator is to support practice improvement as a long-term organizational strategy. Ultimately, practice facilitation is employed to advance research and clinical or process-oriented goals and approaches.

There are four overarching profiles or roles of practice facilitators, each with a different focus: 1. QI facilitators; 2. research practice facilitators; 3. electronic medical record (EMR) data practice facilitators; and 4. practice facilitators with mixed responsibilities. Each requires skill sets that are context-specific, but there are attributes, knowledge areas, and core competencies for practice facilitators that are not necessarily context-specific, such as interpersonal, communication, and project management skills.

Examples of practice facilitation

Some provinces, such as Alberta and Quebec, have realized the need for and the benefits of investing in practice facilitation resources. Other provinces are encouraged to adopt such an approach, leveraging their own strengths and opportunities and developing partnerships with organizations with similar goals, including the Chapters of the CFPC and the Canadian Medical Association. Examples from across Canada are highlighted in the guide to provide others with exemplars and sustainable models of practice facilitation programs.

Training for practice facilitators

There are numerous resources available, including courses, programs, and open-source materials that can be leveraged to train practice facilitators and develop practice facilitation programs, including different practice facilitation approaches.

Practice facilitator role as enabler of transformation

Primary care organizations focused on evidence-based QI, increased value, and health care sustainability have been investing in practice facilitation. Infrastructure and an increase in reliable provincial funding are needed to embed this role appropriately within primary care to build capacity for continuous change and improvement. Practice facilitation enables primary care renewal and broader health system transformation for better patient care and population health.

Implementing practice facilitator programs

Current practice facilitator initiatives in Canadian jurisdictions such as Alberta, British Columbia, and Quebec provide examples of effective funding and partnership opportunities used to deploy practice facilitators.

Conclusion

Practice facilitation requires a network of facilitators, leaders, and decision-makers to share resources and learn from each other. The CFPC has developed a web page to house current resources to support the development of practice facilitation and to connect key players with one another. It is available at www.cfpc.ca/pii.

The CFPC is an advocate of primary care innovation, and it is therefore calling on provincial ministries of health and other funding bodies to increase their investment in practice facilitation and in the resources offered to support practice facilitators.

The Canadian health system depends on the evidence of best practices to make decisions that allow for and support system renewal. Practice facilitators enable primary care physicians and other team members to make changes to reach provincial goals and practice goals and to better serve patients, families, and populations.

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