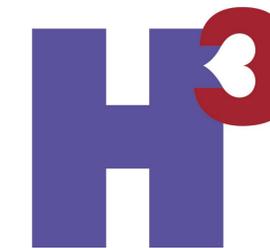


Contrasting Perspectives of Practice Leaders and Practice Facilitators in a Quality Improvement Project



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Introduction

- Practice facilitation (also called practice coaching) is a promising approach for implementing quality improvement (QI).
- Practice facilitators (PFs) are specially trained individuals who help practices engage in QI projects and develop capacity for continuous QI.
- Little is known about relationships between practice leaders and PFs, including areas of agreement or disagreement in perspectives around QI.

Objectives

- To identify and describe contrasting perspectives between practice leaders and PFs after implementation of a QI program, Healthy Hearts in the Heartland (H3)
- To demonstrate the applicability and use of dyadic analysis in QI research

Methods

Setting. H3 works with small and medium primary care practices to implement and evaluate QI strategies for cardiovascular care.

- Each practice was assigned a PF for 12 months.
- Practices were offered a menu of 35 QI strategies aimed at improving 4 measures of heart health (e.g., blood pressure control)

Data Collection. We conducted separate interviews with practice leaders and PFs.

- Interview protocols were constructed based on the Consolidated Framework for Implementation Research.
- Interviews were conducted between March-May 2017 (months 10 to 12 of the facilitation period).

Dyadic Analysis. Dyadic analysis was used to examine the data in pairs (a practice leader and the assigned PF).

- Two authors read through responses for each dyad, arranged side-by-side in Atlas.ti.
- A coding scheme was developed to identify two types of contrasting perspectives, major and minor. (Table 1)
- Two authors quantified the incidence of contrasting perspectives, and identified patterns and underlying context of their occurrence.

Methods

Table 1. Definitions and Examples of Major and Minor Contrasting Opinions

Contrasting Perspective	Definition	Example
Major	A clear, contradictory response between practice leader and PF	(In response to question about how well prepared practice was for H3) PF: "I don't think the practice was prepared." Practice Leader: "We were ready."
Minor	A clear difference in perspective, but not necessarily a contradictory one	(In response to question about if there was an implementation plan in place.) PF: "My plan was pretty loose...I don't think I did a good job or pushed the practice to aim for clear goals over a certain timeline." Practice leader: "We did have a plan. PF is so good he doesn't do anything that isn't going to work, I can tell you that."

Results

Table 2: Characteristics of Practices

	Interviewees (N=17)
Number of providers in the practice	Mean: 2.82 (SD: 2.2) Median: 3.0 (Range 1-10)
Part of larger organization, % yes	5 (29%)
State	
Indiana	6 (35%)
Illinois	8 (47%)
Wisconsin	3 (18%)
Number of in-person H3 QI encounters	Mean: 6.4 (SD: 2.9) Median: 6.0 (Range 0-13)

Results

- We interviewed practice leaders from 17 practices and all 10 PFs assigned to those practices (Table 2).
- On average, the dyads had 2.2 contrasting perspectives on issues related to the QI program (Table 3).
- Minor contrasting perspectives within dyads were most commonly about the easiest/hardest H3 interventions to implement (9 of 17 dyads) (Table 4).
- Major contrasting perspectives within dyads were most common about success of practice in implementing H3 (4 of 17 dyads) (Table 4).
- Turnover of practice staff, miscommunication, and differences in expectations about H3 appear to have driven the contrasting perspectives (Table 5).
- The number of in-person visits made by the practice facilitator to the practice was strongly negatively correlated with the number of major contrasting perspectives (-0.722).

Results

Table 3: Incidence of Contrasting Perspectives

Type of Contrasting Perspective	Incidence of Contrasting Perspectives (n=17 dyads)		
	Mean	Median	Range
Major	0.76	0	0-4
Minor	1.47	1	0-4
Total	2.24	2	0-5

Table 4. Topics with the Highest Incidence of Contrasting Perspectives

Topic	Number of Dyads (N=17) Where There Was a Contrasting Perspective
Easiest/Hardest H3 interventions to implement	11
Success of the practice in implementing H3 interventions	6
Characteristics of the practice that helped with H3 implementation	6
Whether H3 was a good fit for the practice	4
The practice's readiness to participate in H3	3
Whether there was an implementation plan at the outset of H3	3

Table 5: Factors Contributing to Contrasting Perspectives

Factor	Example
Turnover of practice staff	Practice Facilitator: "I did have a plan with the CMO, but she left right after the kick-off." Practice Facilitator: "The person who was most engaged (PA) left the practice."
Differences in Expectations about H3	Practice Leader: "H3 wasn't what we envisioned." Practice Leader: "We thought H3 was going to be run by cardiovascular researchers or educators who could come in to talk to us about guidelines."
Miscommunication	Practice Leader: "The one thing we were offered was assistance with taking blood pressure. I don't know if anything else was offered to us."

Conclusions & Implications

- Contrasting perspectives were common between practice leaders and PFs on important issues.
 - A better understanding of practice leader's perspectives may help PFs with implementation planning.
 - QI program planners should address the issues that may be causing contrasting perspectives, for example, having PFs establish relationships with multiple practice staff, so that turnover is less disruptive to the QI program.
 - More work is needed to determine whether and how contrasting perspectives affect implementation and program outcomes.
- A greater number of in-person visits by the PF may be associated with lower incidence of major contrasting perspectives.
 - Providing evidence that infrequent contact may be detrimental could help to encourage more in-person visits.
- Dyadic analysis proved to be a practical and feasible way to investigate contrasting perspectives between practice leaders and PFs.
 - Dyadic analysis may be used to further examine quality improvement implementation among team members that engage in a shared experience.

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