

# Better care for less Money: The Outreach Facilitation Quality Improvement Model

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# Road Map

- **Introduction to facilitation**
  - What is facilitation?
  - Roles of facilitators
  - Strategies used by facilitators
- **The Evidence that facilitation works**
  - Past trials
  - Cost effectiveness
- **Economic analysis**
- **Research in progress**



# What is Facilitation?

“To make easy”

- **Catalyst**
- **Empower/ Enable**
- **Support/ Assist**
- **Address the “journey of change”**



# Roles of Outreach Facilitators

- **External practice consultants**
- **Knowledgeable and experienced in PHC**
- **“Knowledge brokers” evidence-based information processes, tools, and skills**
- **Generate positive attitude toward change**
- **Enhance staff involvement in CQI**
- **Support consensus building and collaboration**



# Facilitation in Primary Care

- **Systems approach**
- **Information exchange**
  - evidence based & practical
  - encourages dialogue, decisions, planning, action
- **Flexible**
- **Multiple tools**
- **Tailoring**



# Strategies used by Facilitators

- **Audit and Feedback**
- **Consensus Building**
- **Reminder Systems**
- **Academic detailing**
- **Opinion leaders**
- **Educational materials**
- **Patient-mediated activities**



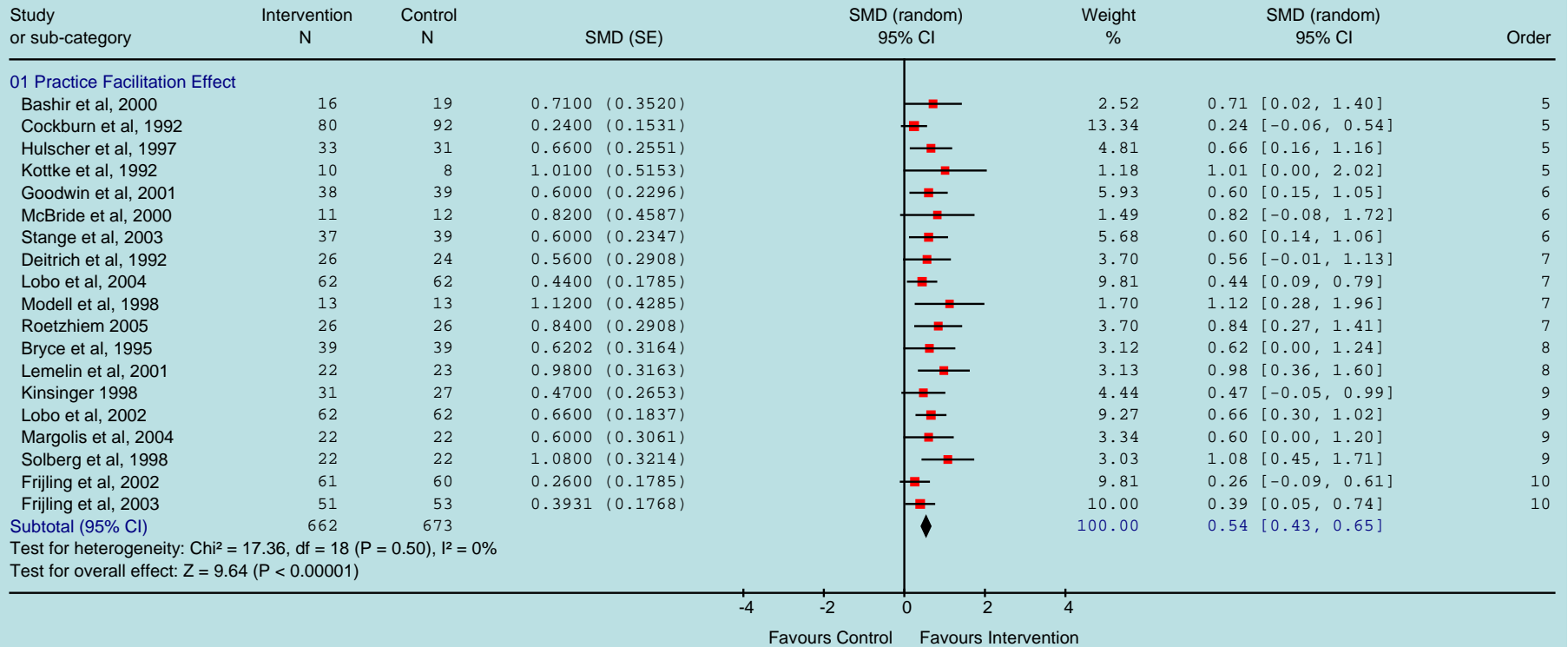
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# Facilitation in Primary Care - Intervention Effects

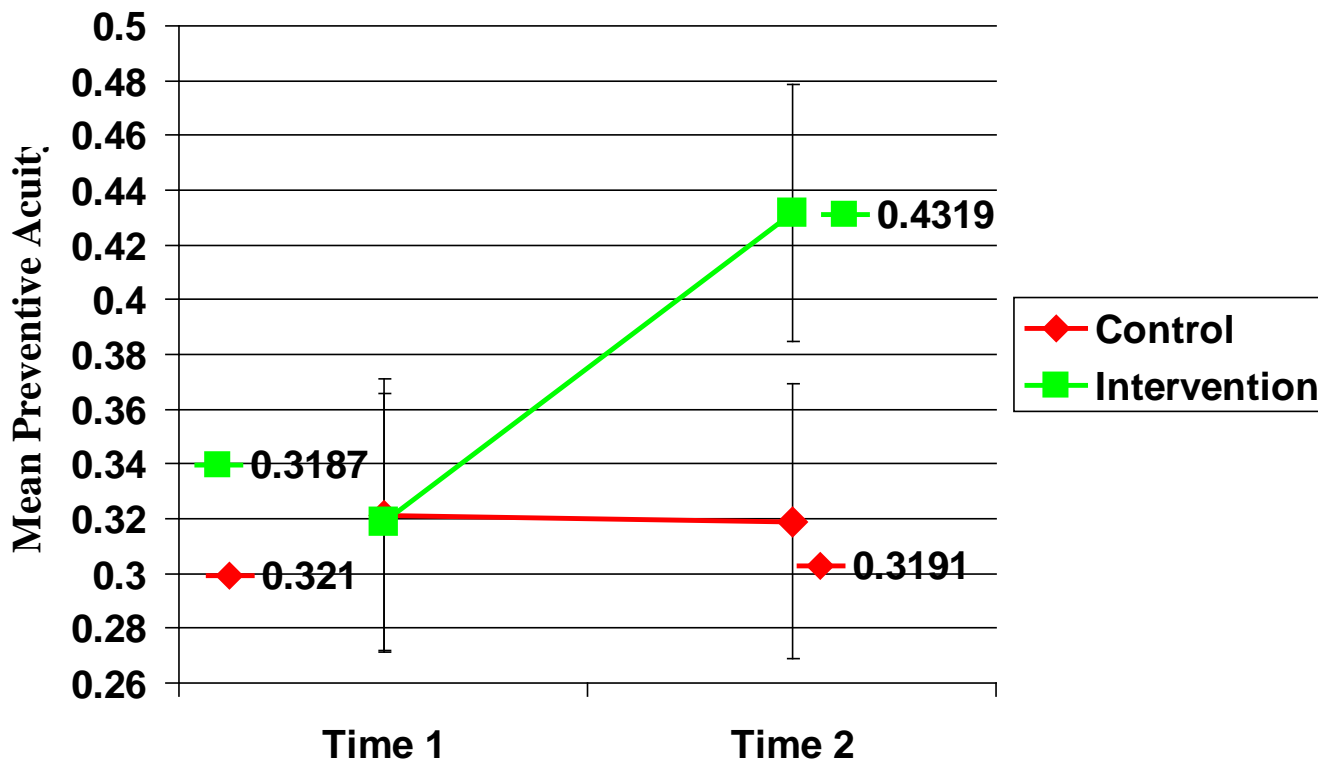
Review: Practice Facilitation  
 Comparison: 01 Practice Facilitation Effect Size  
 Outcome: 01 Practice Facilitation Effect Size





# OFM - Effective in Improving Delivery of Preventive Services

Lemelin et al 2001



12% absolute improvement over 18 month period



# Our facilitation experiences (cont)

Original research

## Improved preventive care in family practices with outreach facilitation: understanding success and failure

William Hogg, Neill Baskerville, Candace Nykiforuk<sup>1</sup>, Dan Mallen<sup>2</sup>

Department of Family Medicine, University of Ottawa, Ottawa; <sup>1</sup>Department of Health Studies & Gerontology, University of Waterloo, Waterloo; <sup>2</sup>Grand Valley Medical Clinic, Grand Valley, Ontario, Canada

*Objectives:* To understand why some family practices with a facilitator improved preventive performance more than others. Sustainability of practice improvements one year after the intervention was also explored.

*Methods:* Interviews with physicians and nurses from seven practices and data gathered during the intervention were used to form case studies of three high performing and four low performing family practices. Case studies were developed using cross-case analysis with a combination of the constant-comparative method and memoing-diagramming. Two researchers independently conducted in-depth coding of transcripts and documents, individual case construction for each study site, and then cross-case analysis of the identified themes between study sites.

*Results:* Staff involvement and a positive attitude toward implementation of changes were central to high improvement in performance. A lack of computers, low staff involvement or high staff turnover were associated with low improvement in performance. Personal characteristics of the facilitator are important. Six of the seven practices still had the prevention tools in place one year after the intervention and all noted that participation had improved their understanding of preventive medicine.

*Conclusions:* When using facilitators, one should avoid practices in turmoil, strive for continuity over time, and recognise the importance of the relationship between the facilitator and the practice.

*Journal of Health Services Research & Policy* Vol 7 No 4, 2002: 196-201

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# Facilitation in Primary Care: Evidence for Effectiveness

- International evidence indicates that service delivery improves in primary care through outreach facilitation interventions



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# Business Case for Facilitation

Research article

Open Access

## Cost savings associated with improving appropriate and reducing inappropriate preventive care: cost-consequences analysis

William Hogg\*<sup>†1</sup>, Neill Baskerville<sup>†2</sup> and Jacques Lemelin<sup>1</sup>

Address: <sup>1</sup>Department of Family Medicine, University of Ottawa, Canada and <sup>2</sup>Department of Health Studies and Gerontology, University of Waterloo, Canada

Email: William Hogg\* - [whogg@uottawa.ca](mailto:whogg@uottawa.ca); Neill Baskerville - [nbbasker@ahsmail.uwaterloo.ca](mailto:nbbasker@ahsmail.uwaterloo.ca); Jacques Lemelin - [jlemelin@uottawa.ca](mailto:jlemelin@uottawa.ca)

\* Corresponding author †Equal contributors

Published: 09 March 2005

Received: 16 July 2004

BMC Health Services Research 2005, 5:20 doi:10.1186/1472-6963-5-20

Accepted: 09 March 2005

This article is available from: <http://www.biomedcentral.com/1472-6963/5/20>

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## Better care for less money

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# Approach to Cost Analysis

Hogg et al 2005

- **Costs of program delivery**
- **Costs of providing more recommended preventive measures**
- **Savings from providing more recommended procedures**
- **Savings from providing fewer inappropriate preventive measures**



# Net Cost Savings of Outreach Facilitation for One Year

From government's perspective:

\$1.87 per patient saved

\$8,715 per practice saved

\$3,321 per physician saved

Return on Investment of 40%



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# Research in Progress “IDOCC”

**I**mproving the  
**D**elivery  
**O**f  
**C**ardiovascular  
**C**are

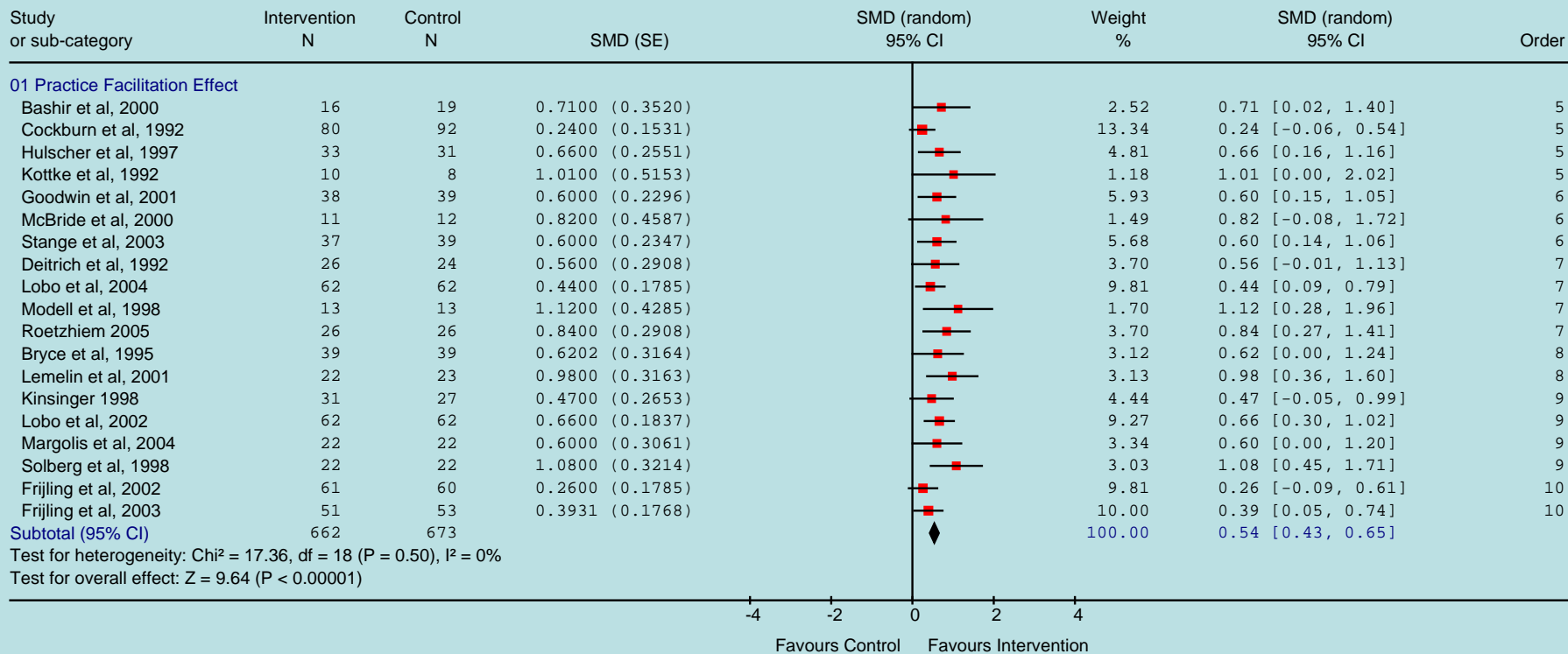


# What is IDOCC?

- A regional program to assist providers to improve care they provide to their patients with or at high risk for cardiovascular diseases



Review: Practice Facilitation  
 Comparison: 01 Practice Facilitation Effect Size  
 Outcome: 01 Practice Facilitation Effect Size



# What is new in this project?

- Scale
- Regional perspective
- Sustainability
- Complex illnesses



# Targeted diseases and Risk Factors

- **hypertension**
- **dyslipidemia**
- **smoking**
- **obesity**
- **physical Activity**
- **coronary artery disease**
- **stroke**
- **transient Ischemic Attacks**
- **peripheral Vascular Diseases**
- **renal failure**
- **diabetes**

Improved Delivery of  
Cardiovascular Care (IDOCC)

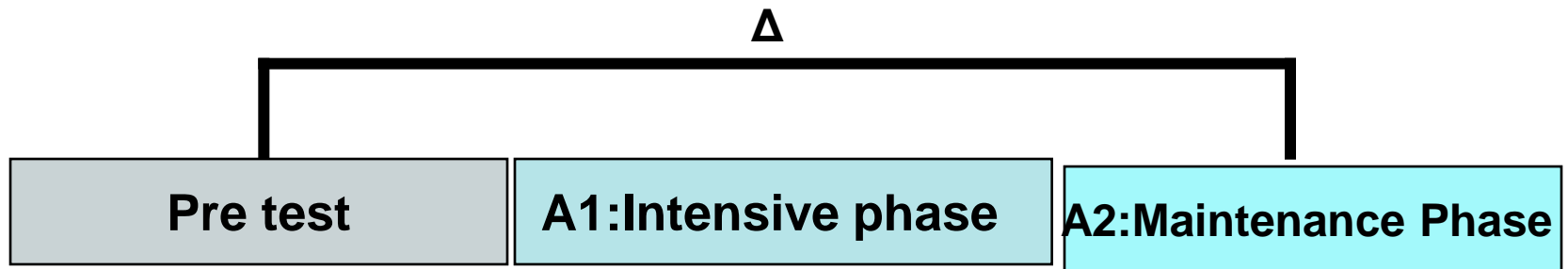
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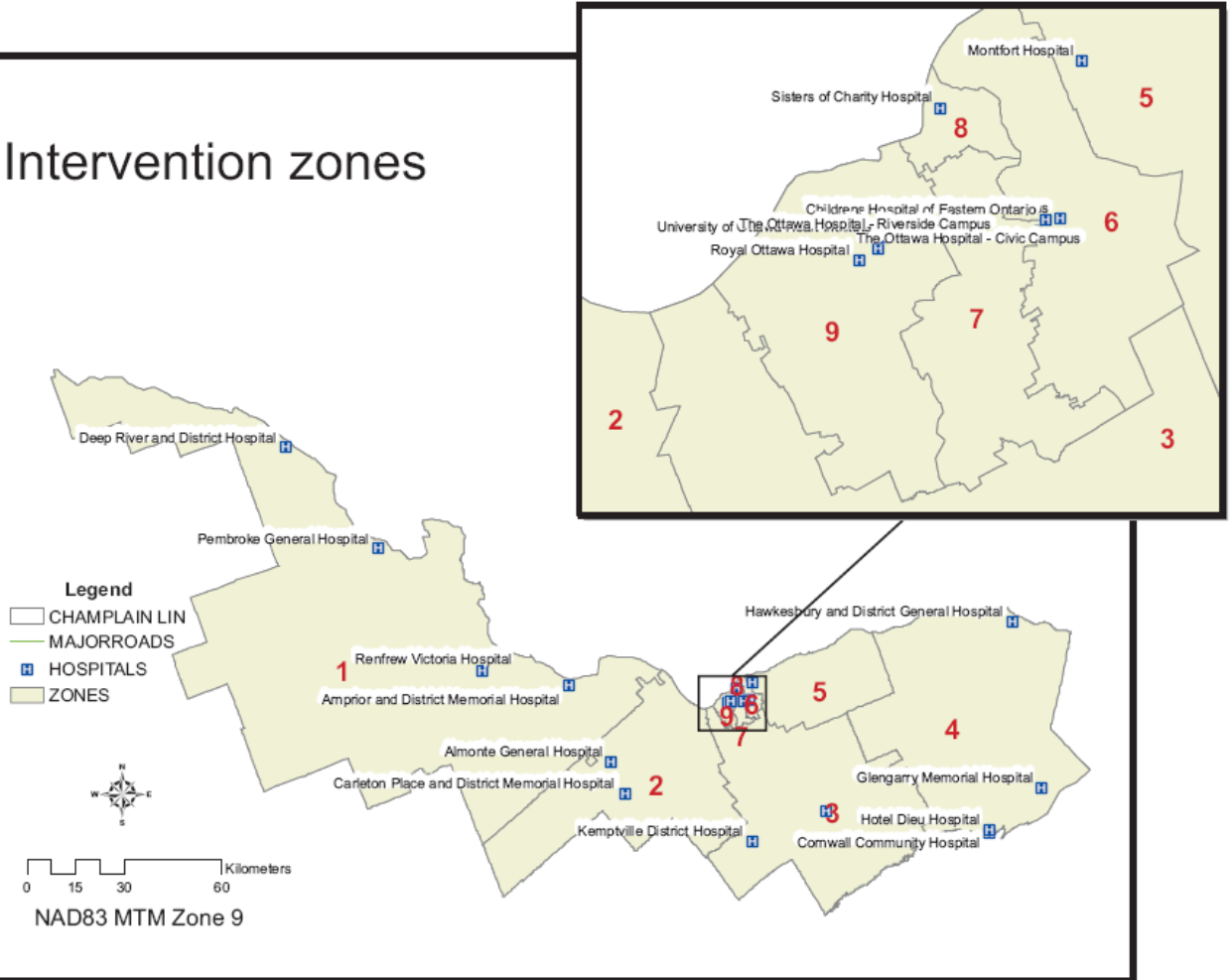
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# IDOCC Intervention



		Division		
		Ouest	Centre	Est
Phase 1		9	8	4
Phase 2		2	7	5
Phase 3		1	6	3

### Intervention zones



# Im Cardiovascular Care (IDOCC)

# Possible Comparisons

Division			Year 1	Year 2	Year 3	Year 4	Year 5
West	Central	East					
9	8	4	Baseline	Facilitation	Facilitation (Sustainability phase)	Facilitation (Sustainability phase)	On-going program implementation – sustainability phase; Data analysis and evaluation
2	7	5	Baseline	Baseline	Facilitation	Facilitation (Sustainability phase)	
1	6	3	Baseline	Baseline	Baseline	Facilitation	

Improved Delivery of  
Cardiovascular Care (IDOCC)



THE CHAMPLAIN  
CARDIOVASCULAR DISEASE  
PREVENTION NETWORK

THE CHAMPLAIN PRIMARY CARE  
CARDIOVASCULAR DISEASE  
PREVENTION & MANAGEMENT GUIDELINE

WWW.IDOCC.CA

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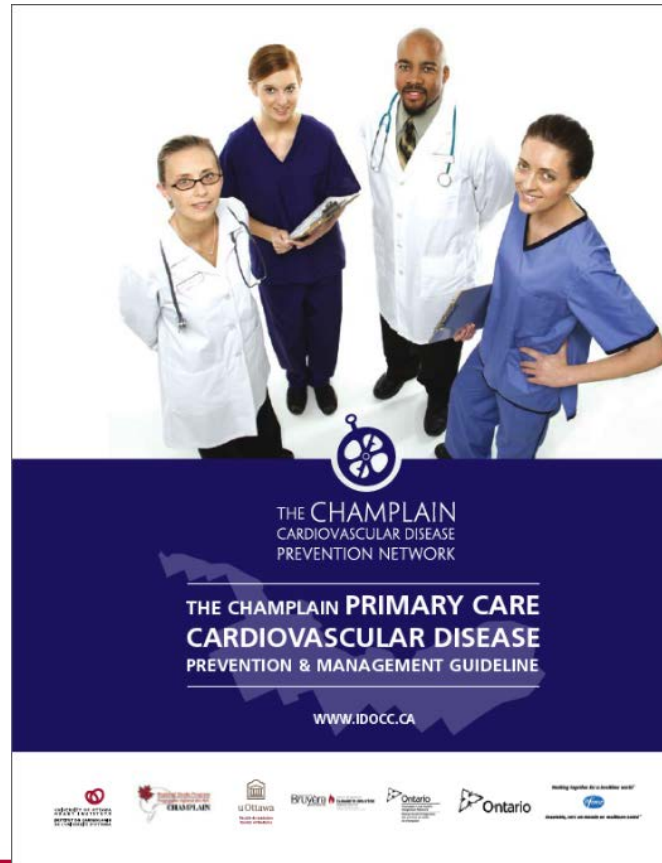
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UNIVERSITY OF OTTAWA  
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ONTARIO  
AFFILIÉ À L'UNIVERSITÉ D'OTTAWA  
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# Outcome measure

$$\text{Composite Index} = \frac{\text{Number of manoeuvres done}}{\text{Number of manoeuvres for which the patient is eligible}}$$



# Participants

- 192 Family Physicians in 84 practices



# Data Collection

- 4903 Charts reviewed
- About half the patients have diabetes and about a third have coronary artery disease
- Risk Factors:
  - 22% are smokers
  - 77% have hypertension
  - 83% have dyslipidemia



# Résultats : Processus de soins

Maladie / Facteur de risque	Processus de soins (pendant un an)	% de soins reçus
Tous les patients (n = 4,903)	1 mesure de la pression artérielle	93%
	Profile des lipides	78%
	Circonférence de la taille	10%
Fumeurs (n = 1,045)	consultation d` abandon du tabac	52%
	Référence à un programme d` abandon du tabac	8%
Diabétiques (n = 2,287)	2 mesures de l`hémoglobine A1c	55%



# Résultats : Processus de soins

Maladie / Facteur de risque	Processus de soins (pendant un an)	% de soins reçus
Hypertension (n = 3,762)	2 mesures de la pression artérielle	80%
	Médicament contre l'hypertension	94%
Dyslipidémie (n = 4,078 )	Profile des lipides	83%
	Médicament pour traiter la dyslipidémie	91%
<b>Maladies coronariennes</b>  (n = 1,496 )	2 mesures de la pression artérielle	76%
	Profile des lipides	75%
	Médicament pour traiter les maladies coronariennes	88%



# Take Home Messages

- There is a need to improve the quality of practice.
- Facilitation works and is cost effective.
- Facilitation is happening more and more.



# Our partners

