Provider Engagement: Recruitment, Engagement, Retention

Lyle James Fagnan, MD
Sarah Shih, MPH

December 7, 2010

Agenda

- Welcome
  - Barbara Lund, AHRQ NRC TA Lead, Massachusetts eHealth Collaborative
  - Vera Rosenthal, AHRQ NRC, Junior Service Fellow
- Grantee Introductions
- Format for Today's Session
  - Overview of Provider Engagement Issues
  - Presentations
  - Physician Responses
- Discussion

Technical Assistance Overview

- Goal: To support grantees in the meaningful progress and on-time completion of Health IT Portfolio-funded grant projects
- Technical Assistance (TA) delivered in two ways:
  - One-on-one individual TA
  - Multi-grantee webinars
  - Multi-grantee peer-to-peer teleconferences
- Ongoing evaluation to improve TA offerings

Key Resources

- AHRQ National Resource Center for Health IT
  - www.healthit.ahrq.gov
- AHRQ Points of Contact
  - Vera Rosenthal, vera.rosenthal@ahrq.hhs.gov
- AHRQ NRC TA Team
  - Erin Grant, Booz Allen Hamilton, grant_erin@bah.com
  - Barbara Lund and Rachel Kell, Massachusetts eHealth Collaborative, *NRC-TechAssist@AHRQ.hhs.gov*
  - Julia Fitzgerald, Booz Allen Hamilton, Fitzgerald_julia@bah.com
- AHRQ NRC Project Monitoring and Reporting Team: John Snow Inc.

Housekeeping

- All phone lines are UN-muted
- You may mute your own line at any time by pressing *6 (or via your phone's mute button); press * 7 to un-mute
- Q&A following presentations; questions may also be submitted at any time via 'Chat' feature on webinar console
- Online survey will be sent to each participant at conclusion of Webinar
- Discussion summary will be distributed to attendees
- If you are *not* logged in to webinar, please let us know that you are participating by phone

Grantee Introductions

- Name, Organization, Project PI

Today's Presentation

Provider Engagement:
Recruitment, Engagement, Retention

Provider Engagement: Setting the Stage

- Facilitator: Sandy Lesikar, PhD
  - AHRQ NRC TA Team, Booz Allen Hamilton

Today's Presenters

- Lyle James ("LJ") Fagnan, MD
  - Associate Professor of Family Medicine, Oregon Health & Science University
- Sarah Shih, MPH
  - Executive Director of Health Care Quality Information and Evaluation, Primary Care Information Project (PCIP) and New York City Regional Extension Center

Physician Respondents

- **Chris Shanahan, MD, MPH**
  - Boston Medical Center, Boston University School of Medicine; Mattapan Community Health Center
- **Albert Thompson, MD**
  - Bayshore Family Medicine, Pacific City, Oregon
- **Michael Richter, MD**
  - Internal Medicine, Pediatrics, Rego Park, NY

Recruitment, Engagement and Retention of Practice Clinicians: Lessons from a Practice-Based Research Network (PBRN)

- Clinician oriented outcomes
- Goals and objectives of research and practice change projects
- Clinician motivating factors
- Clinician stories
- Practice facilitation
- Clinician ownership of the network

ORPRN Principles Regarding Research Projects: Clinician Oriented Outcomes

- Clinicians will not get home later for dinner than they do now
- Participation will not be a financial drain
- Participation will be stimulating and fun
- Produces research that they will be proud of

Goals and Objectives of ORPRN Research and Practice Change

- Woven into the fabric of the practice and community
- Durable, withstanding the test of time and changes in health care funding
- Develop an understanding of the health care values, dynamics, and structure of the practices in rural communities
- When you have seen one rural practice, you have seen one rural practice

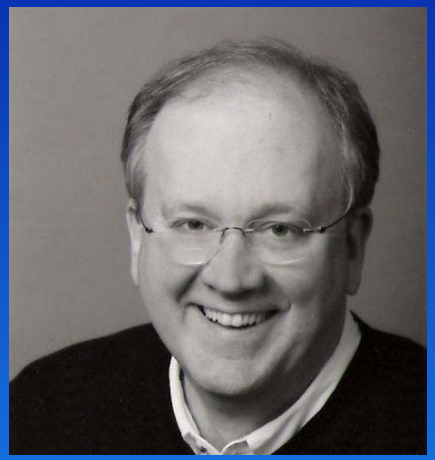
Top Five Motivating Responses

Q-Statement	Mean (CI)
I want to improve the quality of care to my patients	3.46 (3.17 to 3.75)
ORPRN makes research in a rural clinic possible	1.6 (1.15 to 2.05)
ORPRN creates new knowledge regarding rural primary care	1.38 (0.92 to 1.84)
ORPRN supports research that will bring direct benefits to my practice	1.3 (0.85 to 1.75)
I want to contribute to the pool of clinical knowledge	1.18 (0.65 to 1.71)

Top Five Demotivating Responses

Q-Statement	Mean (CI)
I have sufficient time to participate	-1.94 (-2.45 to -1.43)
My staff is motivated to participate in research	-1.5 (-1.94 to -1.04)
ORPRN research does not interfere with the efficiency of my practice	-1.36 (-1.81 to -0.91)
I don't have the staff resources to support research	-1.36 (-1.97 to -0.75)
My clinical colleagues encourage my participation in ORPRN	-1.16 (-1.67 to -0.65)

NAPCRG Clinician Stories Project



Thematic Areas for Motivation

- Enjoyment of research without the restrictions of academic work/life
- Improve the quality of care—systems of care, enhanced HIT, and patient/disease registries
- They are developing competence in the provision of population health care
- Allows for connections with other inquiring community clinician minds (networking)
- PBRNs created relationships with academicians that helped clinicians withstand the challenges of day-to-day practice.

Fagnan, Handley, Mold. Voices from Left of the Dial: Reflections of Practice-based Researchers. *JABFM*.2010

Clinician Stories

- "I was involved in a study that illustrated the value of doing research grounded in clinical practice, the power of practice-based research to rigorously challenge conventional "ivory tower" wisdom, and the ability of a network of practicing clinicians to make an important contribution to the practice of medicine." [Family Physician, Reedsport]
- "What motivates me in particular is that I am involved, not just with research, but with a group that is interested in doing research based on the patient population we see, which is rural and has special needs that aren't going to show up in an urban setting." [Family Physician, Astoria]

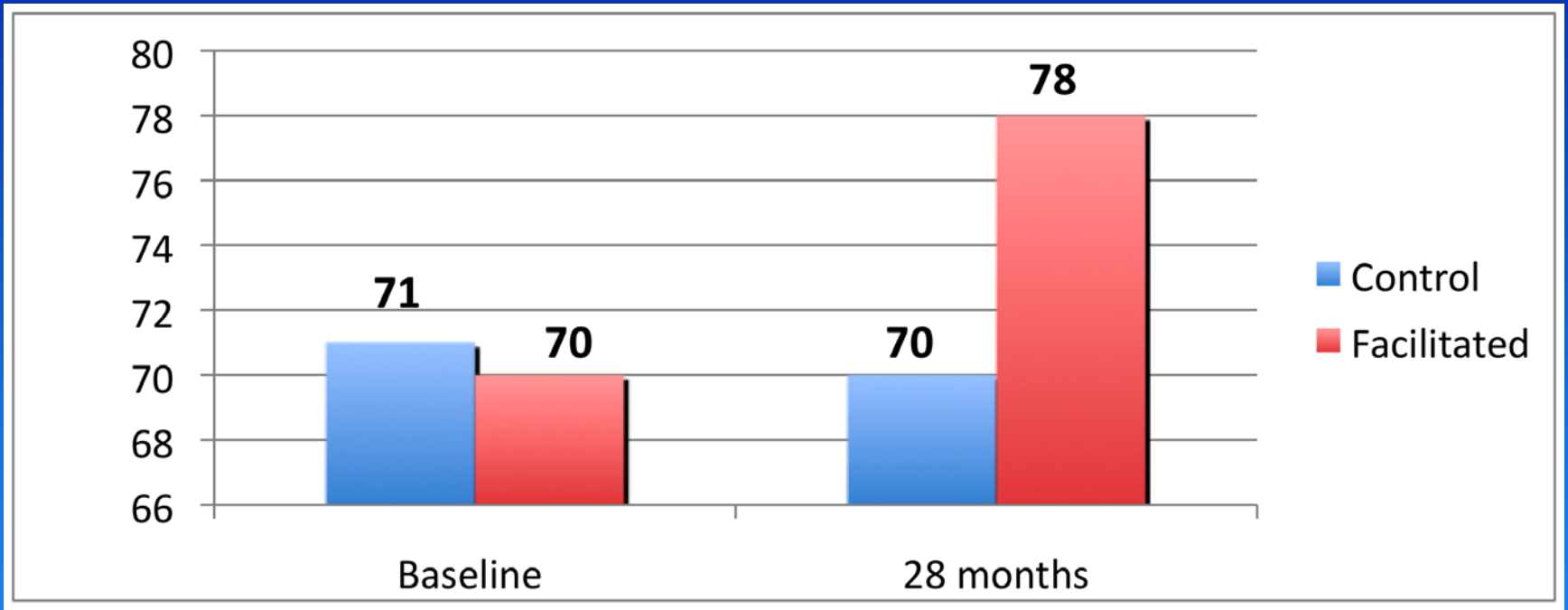
PERC Facilitator Roles

- Consultant
  - Meetings, huddles
  - Metrics, PDSA cycles
  - Workflow analysis
  - HIT assistance
  - Conflict resolution
- Coach
- Guide
  - Facilitated learning sessions with other practices

Practice Enhancement Research Coordinators (PERCs): What do they bring to practice change initiatives?

- They build relationships with the practices and go in the “Employee Only” entrance
- They have a knowledge of how decisions are made in each unique practice
- They facilitate bridge building—adapting “Best Practice” interventions to local circumstances
- They are trusted as individuals who provide benefit to the practice and their patients while minimizing harms

The Role of Practice Facilitation and Change in Adaptive Reserve*



*Adaptive reserve includes measures of leadership, sense making, diversity, mindfulness, communication, respectful interaction, learning culture, reflection and general work environment. Baseline vs. 28 months for facilitated group is statistically different. ($p<0.01$)

[From Nutting PA et al. Initial lessons from the NDP. *Ann Fam Med* 2009;7:254-260]

ORPRN Governance

ORPRN is governed by a Steering Committee made up of rural clinicians from around the state which meets monthly

ORPRN membership sets direction for the Network and votes on committee membership, bylaw changes, and other matters at the annual statewide Convocation

ORPRN Annual Convocation of Practices

2009 ORPRN Convocation:

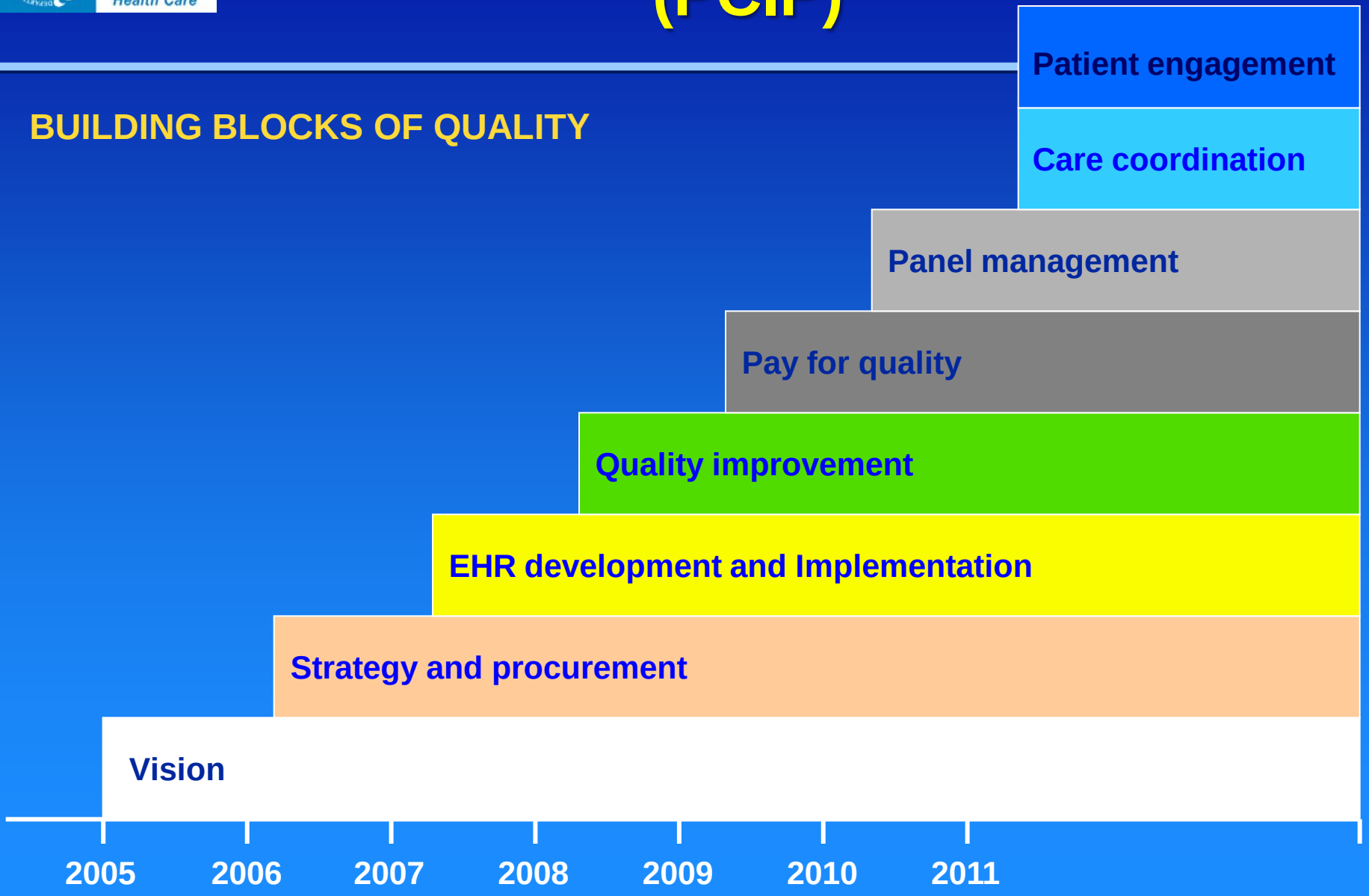
Practice-based Research: Connecting Communities and Clinicians

April 30 - May 1, 2009

on the OHSU campus, Doernbecher Children's Hospital, Vey Auditorium

Primary Care Information Project (PCIP)

BUILDING BLOCKS OF QUALITY



PCIP Anatomy: What It Takes to Bring Meaningful Use of EHRs to 1,000 Providers a Year (58 staff, $6 million per year)

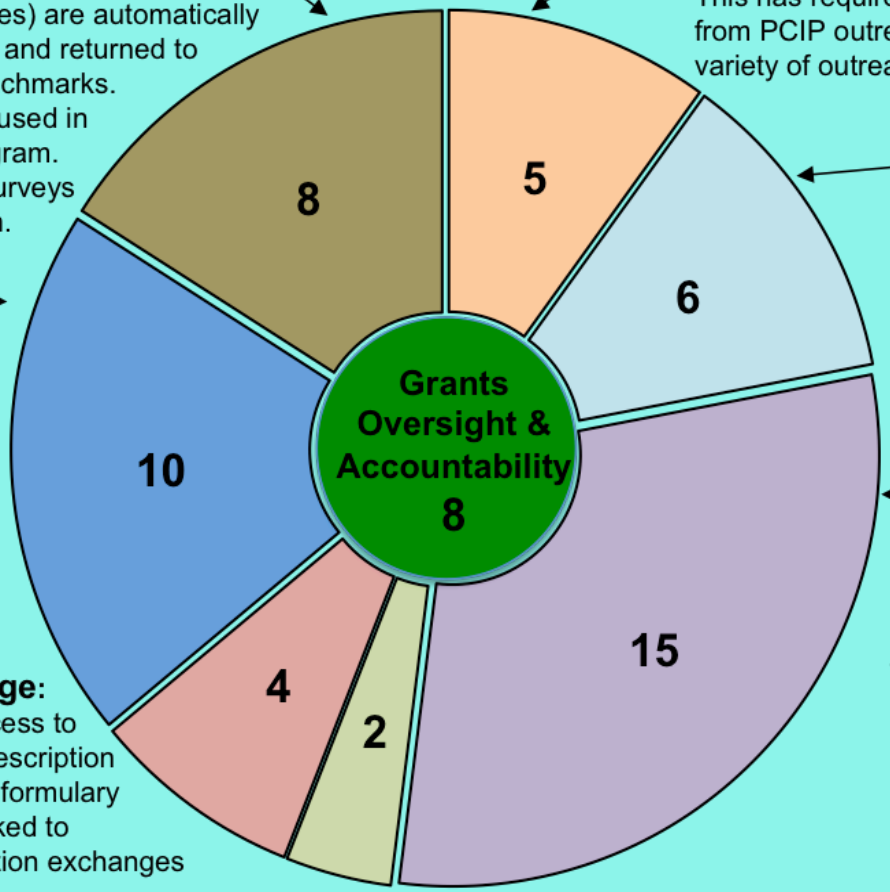
Quality Measurement and Evaluation:
Monthly reports on each practice's use of the system and their clinical quality outcomes (e.g., blood pressure control among patients with diabetes) are automatically transmitted to the PCIP, analyzed, and returned to providers in the form of quality benchmarks. Clinical quality measures are also used in an innovative "pay for quality" program. Patient and provider satisfaction surveys evaluate the impact of the program.

Outreach and Education: Over half of all small practices in New York City's most underserved neighborhoods have committed to the EHR project. This has required an average of 22 contacts or visits from PCIP outreach staff. The PCIP produces a variety of outreach materials and a newsletter.

EHR Development: New functionality (e.g., decision support tools, automated quality measurement, patient registry functions, public health surveillance, and school health reporting) and customizations to meet community needs is developed, deployed, and tested.

Practice Redesign:
Quality Improvement specialists go onsite to help practices effectively use the EHR to improve practice efficiency, quality, and patient-centeredness. The PCIP quality improvement initiative has focused on prevention of heart attacks and strokes.

Implementation: PCIP practices have had a greater than 95% implementation success rate.



Health Information Exchange:
Even small practices can have access to electronic laboratory interfaces, prescription fill history, insurance eligibility and formulary information. Practices are also linked to hospitals through regional information exchanges

PCIP staff work with the EHR vendor and the practice to provide end-to-end project management including:

*Weekly status review
*IT infrastructure assesments
*Training curriculum development
*Troubleshooting
*Workflow redesign
*Implementation best practices.

Privacy and Security: PCIP legal staff visits each practice to ensure that technical safeguards (eg. encryption), policies and practices needed to protect patient privacy are in place.

Enrollment in PCIP

	Practices	Providers
Hospitals	4	769
CHCs	37	806
Small practices	488	1051
Correctional Health Facility	1	70
TOTAL	529	2,626

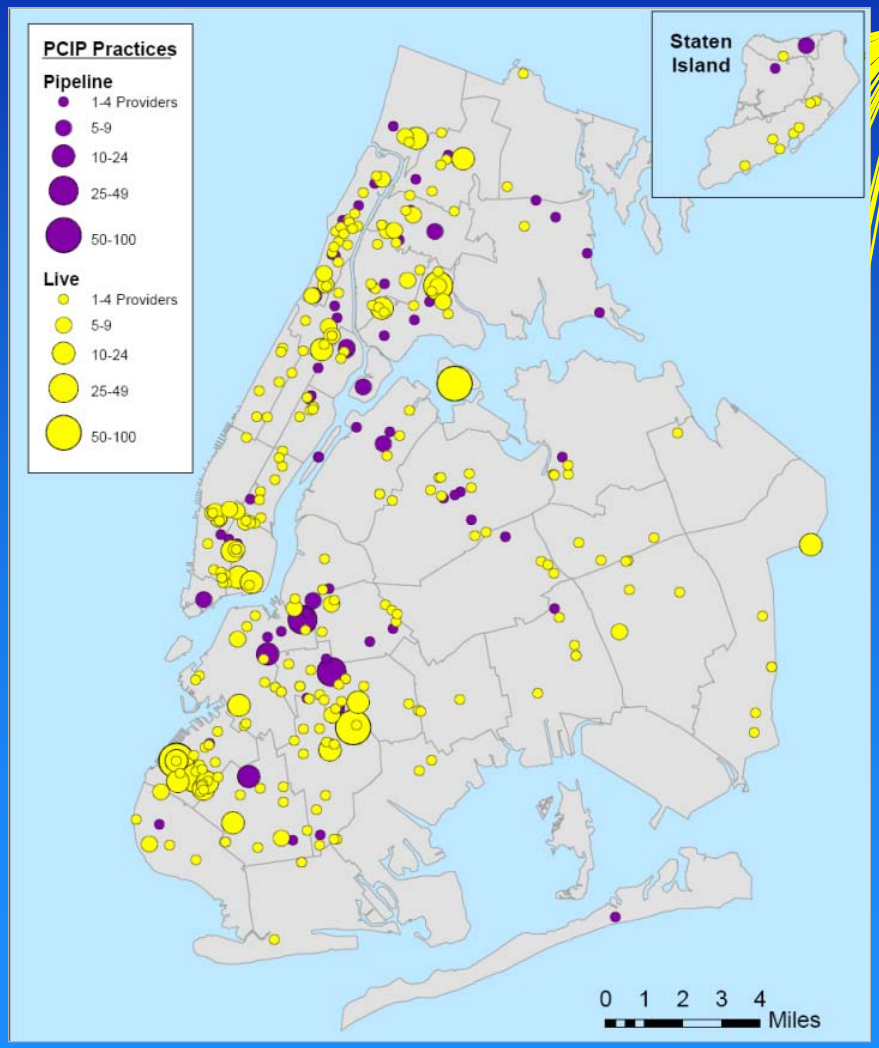
2,235 implemented EHR

NYC REACH

Regional Electronic Adoption Center for Health

Goal for 2012 :
4,543 to Meaningful Use

Aggregate Practice Data into Healthcare Quality Information Network (HQIN)



HQIN Data Warehouse

Types of Information

- **Take Care New York Indicators** (also referred to as health care quality measures)
- **Syndromic Surveillance** (reports of flu, GI outbreaks)
- **Use of EHR in care delivery** (electronic prescribing, laboratory orders, reporting to community immunization registry)

What is Reported?

- **Counts of Patients:**
  - -with specific diagnoses
  - -receiving recommended clinical preventive services
  - -Stratified by provider, practice, and insurance type*

*Insurance type currently distinguishes Managed Care, Medicare FFS, Medicaid FFS, Uninsured, and Other

Quality Reporting System

Main purpose:

- Feedback trended information or summaries to providers
- Track summarized population health indicators

Practices

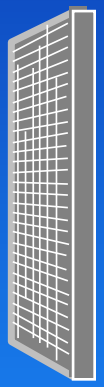
Monthly transmissions (quality data & utilization data)

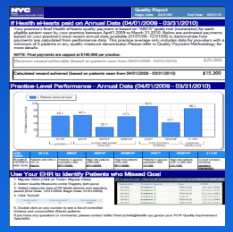
Summarized Population Health Indicators

PCIP data warehouse

HQIN

Filter is applied for P4P or other rewards or recognition





Scored or summarized data shared with practices

Plans reward or recognize providers

YES

Qualified providers are asked if they want to release data to plans

NO

Data is *not* released

Work with interested payers and practices to help administers pay-for-performance plans, reducing the administrative burden

Sample Projects

- Bringing Measurement to the Point of Care
  - Manual chart review of 55 practices, sample of 120 patient charts per practice (currently 6,000 patient charts reviewed)
- Health eHearts
  - Randomized pay-for-quality pilot (140 practices, 70 randomized to receive monetary incentives)
- Patient Centered Medical Home
  - Review of 204 practices for transformation; interviews of providers and staff with 40 practices

Recruitment

- Identifying the right time and population
  - Research ‘ideal’ vs. practical considerations
- What’s in it for the provider or practice?
  - Do they see the value of the research?
- Leverage contacts and existing relationships
  - Community leaders, neighboring practices, other personal or network affiliations

Engagement

- Persistence
  - Multiple attempts with different staff
- Make it easy to participate
  - Interventions that are already part of their workflow or routines
- Multiple modes of communication
  - Fax, email, phone, and in-person visits

Retention

- Periodic follow-up
  - Keeping “in touch” with updates of interest
- Incentives
  - Money is nice; recognition or offering other resources can be effective
- Ability impact a positive change
  - Acknowledging their contribution

Physician Respondents

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  - Boston Medical Center, Boston University School of Medicine; Mattapan Community Health Center
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- **Michael Richter, MD**
  - Internal Medicine, Pediatrics, Rego Park, NY

Comments and Questions

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Final Comments

- Discussion Summary
  - Will be distributed to all Webinar participants
- Evaluation Form
  - Online survey will be sent to each participant at conclusion of Webinar
  - We value your input
  - Thank you for joining us today!

Panelist Bios

Lyle James Fagnan, MD

Dr. Fagnan received his medical degree from the University of Oregon Medical School in Portland and following his internship in Hartford, Connecticut he joined the Indian Health Service in Bethel, Alaska where he was a general medical officer and was the Community Health Director for the Bethel IHS Service Unit. He completed his residency training at the University of Washington Family Practice Residency of Southwest Idaho in 1977. He has been board certified in Family Medicine since 1977.In 2005 was named as the “Family Doctor of the Year” by the Oregon Academy of Family Physicians.

In 2002, Dr. Fagnan became the Director of the Oregon Rural Practice-based Research Network. Dr. Fagnan is recognized as a national leader in studying practice change and the translation of clinical research into practice.

fagnanl@ohsu.edu

Sarah Shih, MPH

Ms. Shih oversees reporting and dissemination of data transmitted from electronic health care records in New York City. She leads a pilot pay-for-quality program, Health eHearts, and the development of a local multi-payer incentive program. In addition, Ms. Shih directs the evaluation in assessing program activities to improving the quality of care. Prior to joining PCIP, Ms. Shih was a Research Scientist at NCQA in the Research and Performance Measurement unit. She was involved in several research projects assessing the use of practice systems and their association with higher health care quality.

sshih@health.nyc.gov

Respondent Bios

Chris Shanahan, MD, MPH

Director, Research and Systems Innovation Unit & Physician Knowledge Management
Consultant for IT at Boston Medical Center;
Associate Medical Director for IT at Mass Screening, Brief Intervention, Referral to Treatment;
Director of Community Medicine at Boston University School of Medicine; Mattapan Community Health Center

Chris.Shanahan@bmc.org

Albert Thompson, MD

Bayshore Family Medicine, Pacific City, Oregon; Dr. Thompson has been on the Oregon Coast in private practice since 1982; board certified by ABFM and ACEP. Practice has had an EHR for about 10 years and went "paperless" about 2 years ago.

athompson@bfmed.net

Michael Richter, MD

Board certified in Internal Medicine and Pediatrics; in practice Rego Park, New York for twenty years. Went live on EHR in June 2009 as part of the NYC DOH Primary Care Information Project program. Dr Richter is on the board of the Council of Care, Queens County Medical Society.

mrichtermd@hotmail.com