The BETTER Project - Qualitative Study

Building on **E**xisting **T**ools **t**o Improv**e** Chronic Disease P**r**evention and Screening in Family Practice

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CAHSPR – May 29, 2013

Acknowledgements & Disclaimer

Production of this presentation has been made possible through a financial contribution from Health Canada, through the Canadian Partnership Against Cancer; and from the Heart and Stroke Foundation of Canada.

The views expressed herein represent the views of the BETTER Coalition and do not necessarily represent the views of the project funders.

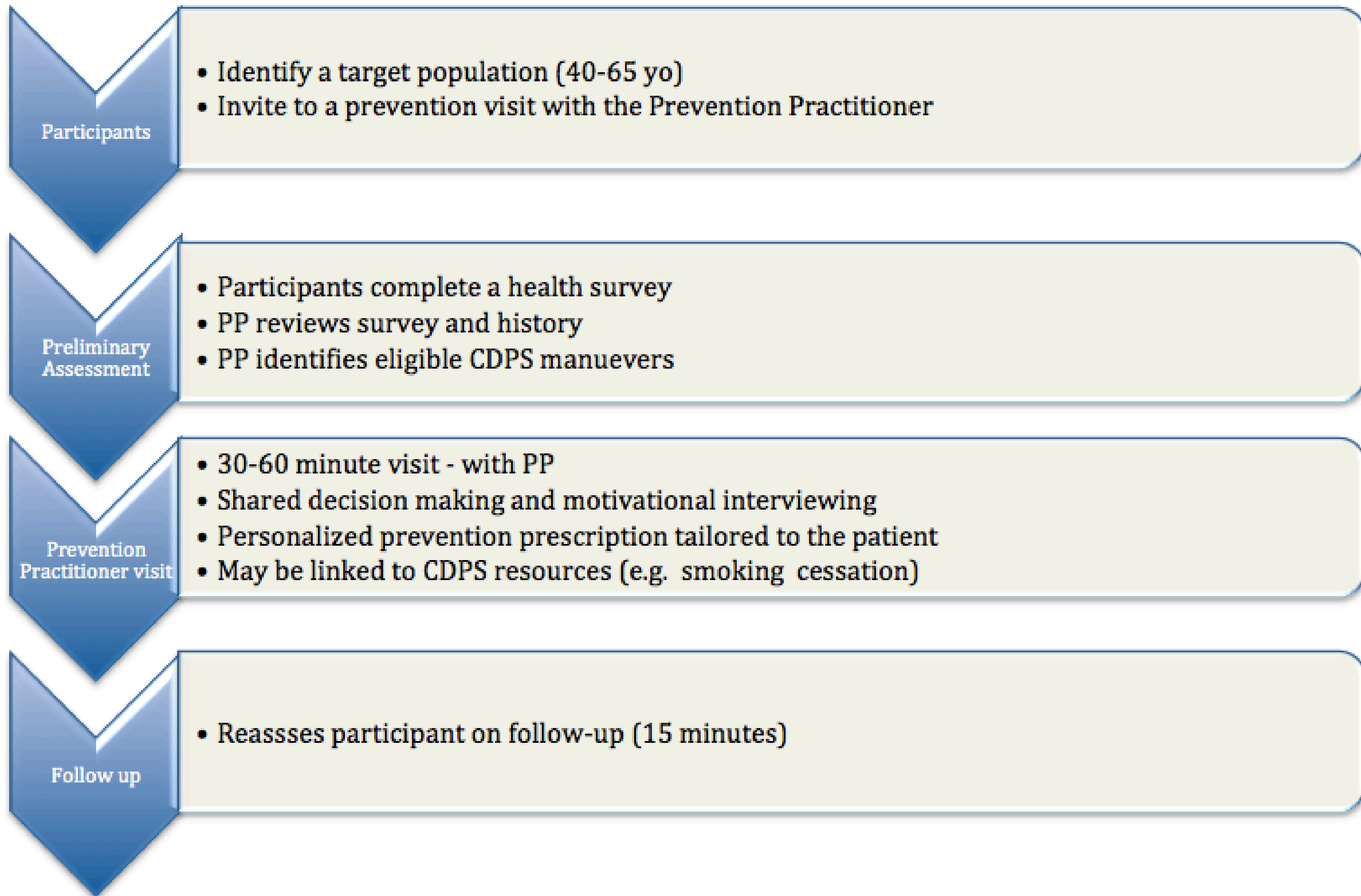
BETTER project

- **Mixed methods:** Pragmatic RCT & Qualitative study
- **Overall Objective**:
  - To improve prevention and screening in the primary care team (PCT) setting for the following chronic diseases: heart disease, diabetes, cancer and their associated behavioral risk factors
- **Specific Objectives for adults aged 40-65:**
  - In a PCT setting, to determine if a patient-centered prevention and screening intervention by a well-trained health professional, the prevention practitioner (PP), is effective
  - In a PCT setting, to determine if a practice-centered intervention is effective
- **Results of the RCT:**
  - Demonstrated the patient-centered intervention with the PP to be highly effective

The BETTER Project

- **Setting:** A cross-jurisdictional project - 8 primary care practices – 4 in Alberta and 4 in Ontario
  - 1 prevention practitioner (PP) per practice – a healthcare provider within the practice trained on the BETTER approach to CDPS
  - The PP reviewed the patient's EMR and health survey prior to the patient visit to determine their eligibility for CDPS maneuvers. (i.e. cholesterol, FBS, cancer screening, weight loss, exercise, smoking cessation)
  - Through motivational interviewing and shared decision-making the PP prepared "prevention prescriptions" tailored to each patient, patients set "goals" and the PP followed up on their progress 6 months later.

Prevention Practitioner



BETTER Qualitative Aims

1. **To understand** the patient patient level intervention including:
   - Development of the necessary skills by the PP
   - Perceived barriers, facilitators, benefits and disadvantages to the intervention
   - The intervention itself, how it worked & how it could be improved
2. **To explore** the feasibility and sustainability of the BETTER approach to CDPS

APPROACH

- **Modified Grounded Theory Methodology**
  - Constant comparative method, open coding, memoing, and theoretical coding
- **Purposeful sampling** – REB approval in both provinces & Eligible to participate if involved in the BETTER project in any capacity
  - A diverse sample based on professional role (clinicians, administrators), gender, years in practice, setting (academic or community) and type of EMR
  - 45 individuals participated in 8 individual interviews & 7 focus groups
- **Two guiding questions**:
  1. *"We are interested in your perceptions of the patient level intervention in the BETTER project. Please reflect on your experience and tell us your story of the patient level intervention from the beginning."*
  2. *"Based on your experience with the BETTER patient-level intervention, do you think it was beneficial or not?"*

Preliminary Findings

- The BETTER project was described as providing a framework for CDPS in primary care. This framework included:
  1. A newly developed role, the prevention practitioner (PP)
  2. A unique combination of internal and external practice facilitation
  3. Key components of the approach were identified

- *"The project brings a framework and an opportunity to spend time because we wouldn't otherwise engage a patient in that process, it's not remunerated you know."* (E003 Lead Physician)

1. The Prevention Practitioner Role

The BETTER PREVENTION PRACTITIONER (PP role) – was perceived as a newly defined role or skill set developed for primary prevention:

- *"I guess the interesting thing is like to call yourself a primary prevention practitioner it's not a protected term under like the regulated health professional block right and so it's a, and like primary prevention falls within the scope of multiple professionals."* (TO_04 Pharmacist)

1. Prevention Practitioner Role

Developed skills in CDPS, use of guidelines, tools, motivational interviewing and shared decision making and increased the scope of practice:

- *"Well I just think as a model it's you know um, for a complimentary, collaborative team practice um around stepping up roles, allowing people to work to scope or expanding scope um and that was an e, this was an example of expanding scope in someone who's area of work is nutrition.."* (TO6 Intervention Physician)

- *"… the BETTER project because it you know had the educational component, and it had a lot of, it really helped us define your role, and a lot of you know what you do in a patient encounter, and what you do even when I've identified oh this patient has hyperlipidemia, can you please see them to have the discussion, you kind of inadvertently have this nice framework"* (E008 Physician)

1. Prevention Practitioner

- PP-Patient Relationships - Patients loved the personal approach and they disclosed information to the PP that they may not disclose in groups or even to their physician:
  - *"The only thing with the group things though is people may not share their own personal blocks like reasons they are not doing it in a group the same way they would share things with the PP one on one and sometimes the PP might be listening to things that the patients are uncomfortable telling us about"* (TO_03 Physician)
  - *"Or us about which is true - That's true on alcohol and that was a big one for some of my patients. The PP covered a lot more alcohol use."* (TO_03 Lead Physician)
  - *"That was a big one for a lot of patients a lot of patients disclosed a lot more alcohol use then they ever disclosed in any of your charts."* (TO_03 PP)

1. Prevention Practitioner

- The PP developed relationships with other members of the team engaging the practice in CDPS at both a practice and patient level:
- *"And so that enhanced ongoing uh care and, and the patients related to her as part of the team and then she was able to do the follow-ups and she could key me in on which patients had been through BETTER or she'd leave a note on the EMR to say you know this is some of things to discuss at the next appointment so that prompted me to address certain things that maybe the patient was already aware of and enhance that uptake for the patient."* (E003 Lead Physician)

2. BETTER Practice Facilitation

PRACTICE FACILITATION as defined by AHRQ[1]

- PRACTICE FACILITATION - A supportive service provided to a primary care practice by a trained individual or team of individuals.
- PRACTICE FACILITATORS - specially trained individuals who work with primary care practices "to make meaningful changes designed to improve patients' outcomes.[1]
  - Practice facilitators can be external or internal to the practice
- The BETTER project increased CDPS through a unique combination of internal and external practice facilitation

1. Knox L, Taylor EF, Geonnotti K, Machta R, Kim J, Nysenbaum J, Parchman, M. Developing and Running a Primary Care Practice Facilitation Program: A How-to Guide (Prepared by Mathematica Policy Research under Contract No. HHSA290200900019I TO 5.) AHRQ Publication No. 12-0011. Rockville, MD: Agency for Healthcare Research and Quality. December 2011.

2. BETTER Practice Facilitation

1. **External facilitation** to the practice via the BETTER project
   - Project support to the practices, a physician lead at each practice, PP training & tools, development of linkages to resources internal and external to the practice.

- *"Dr._____ is on our board and …talked about the project with great enthusiasm and asked if we would support it … I…you know went forward from there to make sure that (the PP) had our support and then as well to look at supporting screening across ..."* (E002 Administrator)

- *"… the BETTER project because it you know had the educational component, and it had a lot of, it really helped us define your (PP) role, and a lot of you know what you do in a patient encounter, and what you do even when I've identified oh this patient has hyperlipidemia, can you please see them to have the discussion, you kind of inadvertently have this nice framework where you're, you kind of yeah you know you know what you're doing, you have that education, you have that, so that's great."* (E008 Physician)

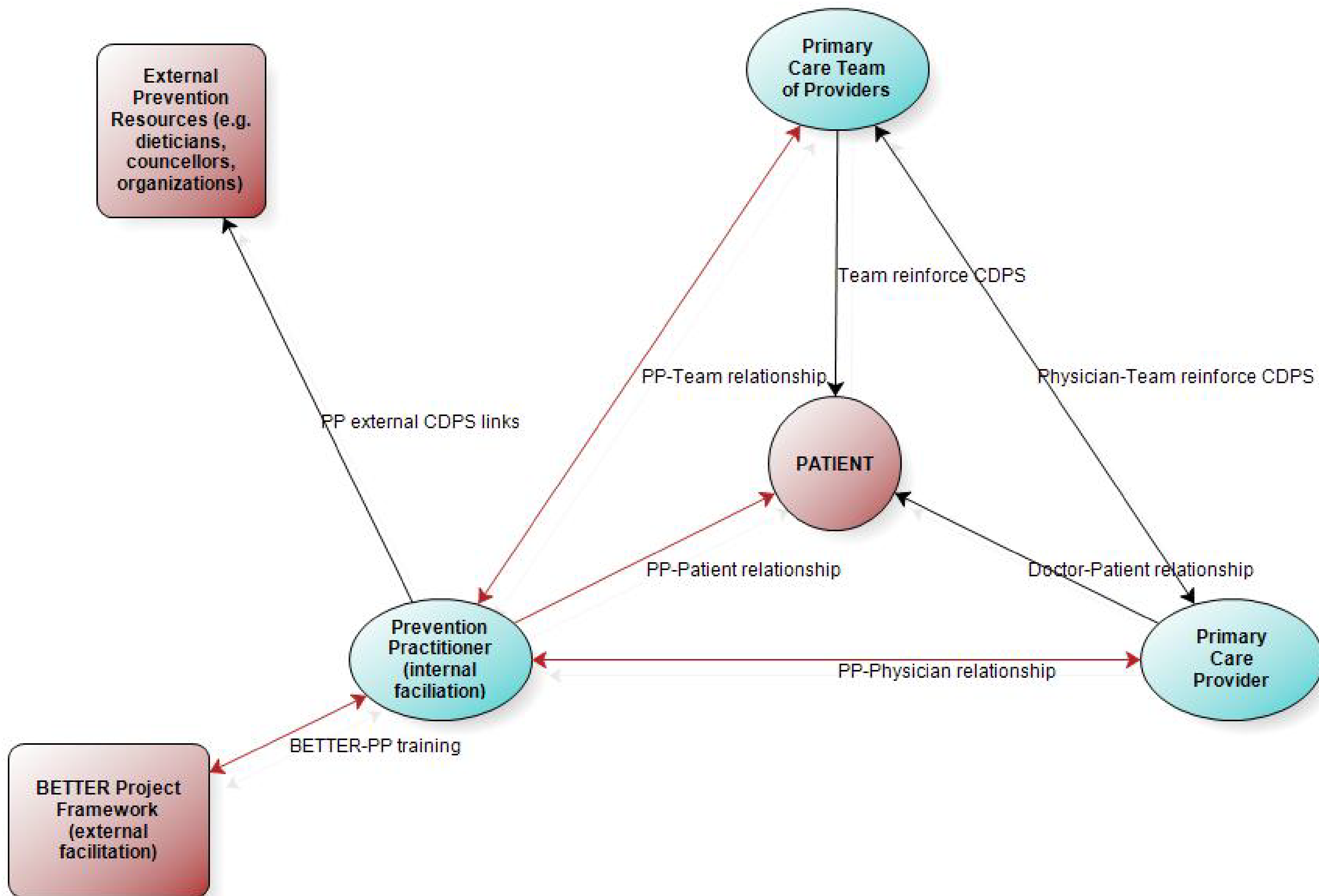
2. BETTER Practice Facilitation

2. **Internal Facilitation** via the PP, a health professional working in the practice trained with extra skills and a new and/or enhanced role
   - Developed relationships with the patient, the team (physician and other providers) and through those relationships facilitated CDPS at the practice to better support the patient in their individual CDPS.

- *"So it enhanced what we were doing. I mean helped even some of the guidelines she came up with, it was part of her tool kit."*(E003 Lead Physician)

- *"But even so it, we seen them in the office after the Better Project and there's that relationship built there and they do, we do, I do still bring it up if I recognize them from the Better Project um I do pull up those goals that are scanned into their chart, we still do go over it because it's just an ongoing support for them right."*(E003 PP)

2. BETTER Practice Facilitation



3. Key Components

1. **Comprehensive** – included eligible screens and maneuvers. Described as a pro-active approach that increased the scope of practice and considered the whole patient.

- *"Um and the other positive thing I found was that (the PP) was able to identify patients who hadn't come in for periodic health exam for a long time."* (E006 control physician)

- *"I think as, uh holistic front end screen is really important. I think it's also a real big way to support inter-professional team practice because uh you can, uh you have the opportunity to look holistically at a patient in terms of what their needs might be and in terms of the kinds of services that you might offer."* (TO_7 organization manager)

3. Key Components

2. **Individualized and personalized** at multiple levels – tailored to the practice and the patient, personal invitation sent to the patient, BETTER facilitated the development of personal relationships with PP, physician, patient and practice.

- *"I mean we all had the protocol, we all had, you know the policies we had to do, but everybody did it their own way."* (E007 PP)

- *"And it is the whole thing about chronic disease management isn't it, it's that you have to go where the patient is, you can't go where you want it to be at right."* (TO_3 Nurse Supervisor)

3. Key Components

3. **Integrated continuity** – a process of longitudinal continuity of information and personal relationships. The PP would follow-up with patients' goals and communicate plans with the practice team. The communication and relationships between the PP, physician, patients and other team members helped integrate the care provided to the patient.

- *"… as part of Better um to have one of our team members um you know get this training and expertise you need training and I guess the issues of what do we do about it now and how you know because it is a shared competency like how do we um create a system where we aren't doing piecemeal patient care but all team members feel optimized and, and as if their skills are being used as well."* (TO_7 Pharmacist)
- ***"****Passing, passing them onto, the baton back and forth yeah."* (E003 Lead Physician)
- *"Communication, yeah. Yeah so that we're, we're reinforcing what the other one has already started, wherever it started right."* (E003 PP)

3. Key Components

4. **Adaptable** a cross-jurisdictional project that was adaptable through a collaborative approach at a PP, practice and patient level.

    - *"It's extremely adaptable and I know we're gonna go back, 'cause you mentioned it before of the type of person. So I always say, you know this, I learned this and aimed at the right people doing the right work at the right time, which is fantastic."* (E007 PP)

Preliminary Conclusions

- The BETTER Project patient level intervention impacts CDPS by providing a framework that included:

1. A newly developed role, the prevention practitioner (PP)
2. A unique combination of internal and external practice facilitation

- Key components identified include:

1. Approaching CDPS in a comprehensive manner,
2. An individualized and personalized approach at multiple levels,
3. Integrated continuity of the patient and the practice in CDPS,
4. Adaptability

Questions?

BETTER Investigators

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