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Title

Making a Rapid Transition to Virtual Practice Facilitation: Tales of Facilitation During COVID-19

Priority 1 (Research Category)

Qualitative research

Presenters

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Abstract

Context: Practice facilitation (PF) has emerged as a key method for assisting practices in implementing organizational changes and improvements. However, in-person PF can be resource-intensive, and virtual practice facilitation (VPF) has been proposed as a more cost-effective method. Prior to the COVID-19 pandemic, VPF had not been studied or routinely implemented for practice improvement. Objective: Determine the facilitators and barriers to VPF for our Agency for Health Care Research and Quality (AHRQ) grant on unhealthy alcohol use (UAU) change package. Study Design: Qualitative study. Setting or Dataset: Primary care practices in Colorado (CO) participating in AHRQ UAU grant. Population studied: inclusion criteria: PFs and a random sample of practices participating in the AHRQ UAU grant. Exclusion criteria: any PF or practice not participating the CO AHRQ UAU grant. Intervention/Instrument: UAU change package for practices to implement to improve screening, brief intervention, referral, and treatment for UAU, delivered via PF. Due to COVID, all practice facilitation transitioned from in-person to virtual. Outcome Measures: Key facilitators and barriers of making a rapid transition to VPF and the impact on implementing the UAU change package. Results: PFs initially found it challenging to facilitate virtually, mainly due to technical issues (no cameras, difficulty hearing), but found over time that VPF was efficient, effective, and saved travel time. Practices also reported similar technical issues and reported that over time, they found VPF to work better for clinic schedules and allowed more practice staff to be involved in the project. Conclusions: VPF is feasible and PFs and practices reported satisfaction with this method of facilitation. The findings from this study may provide a more cost-effective and efficient method for practice facilitation.