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Title

Is Virtual Practice Facilitation Good Enough? Facilitator and Practice Perspectives from the FAST Unhealthy Alcohol Use Trial

Priority 1 (Research Category)

Screening, prevention, and health promotion

Presenters

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Abstract

Context: Alcohol use is a leading cause of mortality in the United States. Primary care is suitable to implement routine screening and treatment for unhealthy alcohol use, but gaps exist in practice uptake. Practice facilitation effectively assists in implementing organizational changes. Most practice facilitation has been done in person in practices, but since COVID-19 virtual facilitation has become increasingly common.

Objective: Discuss practice and facilitator perspectives on fully-virtual facilitation to address unhealthy alcohol use in primary care. Study Design/Analysis: Qualitative and quantitative multi-method sub-study using longitudinal practice facilitator (PF) field notes, practice member and PF interviews. Setting: 43 primary care practices in Colorado USA, participating in a cluster randomized trial comparing virtual practice facilitation with e-learning to virtual practice facilitation without e-learning to improve alcohol screening and brief intervention, and medication assisted treatment for alcohol use disorder. Population Studied: PFs and practice staff and clinicians.

Intervention: Practices received 6 planned monthly facilitation sessions to help implement recommendations to improve identification and treatment of adult unhealthy alcohol use. Outcome Measures: Sub-study focused on narrative descriptive text about facilitation including adaptability, trialability, and scalability of virtual facilitation. Results: PFs submitted 556 field notes, reporting a practice average of 70 minutes of monthly facilitation activity, including virtual QI team meetings (25% of all encounter types), other virtual meetings (3%), phone conversations (7%), and email (64%). Practices remaining in the study completed all planned facilitation sessions virtually. Practice members reported that virtual facilitation worked as well as in-person facilitation and was efficient but preferred some in-person facilitation. PFs preferred in-person facilitation and felt less effective virtually. An unintended effect of virtual practice facilitation is that PF schedules are filled with virtual meetings, with

less time for travel for in-person meetings. PFs and practice members agreed that a hybrid approach would be superior to virtual-only. Conclusions: Practice facilitation can be carried out virtually, but a hybrid blended model with both virtual and in-person could be superior. Further testing of the effectiveness of different approaches to facilitation is needed.