

Case Studies

of LEADING PRIMARY
CARE PRACTICE
FACILITATION PROGRAMS

Program Snapshot:
Oklahoma's Practice
Enhancement Assistants



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PROGRAM SNAPSHOT: OKLAHOMA'S PRACTICE ENHANCEMENT ASSISTANTS

Practice enhancement assistants of the Oklahoma Physician Resource/Research Network (OKPRN) provide facilitation services to primary care practices throughout the State. Facilitation is one of several supports provided by this Practice-Based Research Network (PBRN). Practice enhancement assistants help practices implement evidence-based medicine, improve team functioning and communication, and increase practice capacity for QI.

Oklahoma's Practice Enhancement Assistants	
Context	To provide primary care physicians in Oklahoma with access to information, education, research, and technology in ways that enhance their practices and generate new knowledge through practice-based research
Administrative Home	Practice-Based Research Network
Objectives	Provide primary care practices with support for: improving team functioning and communication implementing best practices and evidence-based approaches providing cross-pollination of best practices across sites
Funding Source	Grants and contracts
Staffing Model	Staff model, with facilitators employed by the University of Oklahoma
Location of Services	On site at practices
Schedule and Duration	During the course of a project, one half day per week on site—usually for 6 months
Program Size	4 full-time facilitators; practices that have received facilitation services provide care for approximately 10 percent of the State's population
Ratio of Facilitators to Practices	1 facilitator to 8 practices
Eligible Practices	Any primary care practice in the network (more than 240 clinicians, representing 160 practices across the State)
Training and Support	New facilitators receive classroom training, followed by experiential training (shadowing experienced facilitators) All facilitators receive weekly supervision and training support designed to encourage a sense of community among facilitators
Other components and supports	Assessment and feedback, technical assistance, coordination of PDSA cycles, local learning collaborative

In this case study, we profile OKPRN's practice facilitation (PF) program, including: (1) how it started, (2) its administrative infrastructure, (3) funding, (4) program design, and (5) how the program assesses its own facilitation work. We conclude with lessons from OKPRN's facilitation work for those interested in implementing a similar program.

Facilitation in the Context of a Practice-Based Research Network: Oklahoma’s Practice Enhancement Assistants

One of the earliest PF programs in the United States was developed by the Oklahoma Physicians Resource/Research Network (OKPRN). OKPRN, or “the network,” is a partnership between the University of Oklahoma’s Department of Family and Preventive Medicine and primary care physicians across the State. Since 1999, the university has employed facilitators—which it calls practice enhancement assistants—to help primary care practices in the network with research and QI activities. The facilitation services provided are designed to support ongoing system-level changes by improving team functioning and communication, implementing best practices and evidence-based approaches, and providing cross-pollination of good ideas across practices.

OKPRN’s facilitation program provides a good example of how a PBRN¹ can incorporate facilitation into its ongoing work. The program centers on four full time facilitators who service more than 160 practices across the State. OKPRN proudly contrasts its facilitation approach with the “parachute in” model of one-time consultation and feedback. Their experience offers several lessons:

- ▲ Leverage existing resources. OKPRN has tapped many resources from its university setting. It has also reached out to many other organizations about its work, which helps build networks and sometimes allows access to additional resources.
- ▲ Focus on relationships. Developing a long-term and meaningful relationship between a facilitator and a practice is critical to success.
- ▲ Develop a learning community. Facilitators can learn a great deal from each other through shadowing and weekly meetings. Practices can learn from each other, too, through local learning collaborative and through the cross pollination provided by facilitators.
- ▲ Recognize that facilitation is necessary but not sufficient for practice change. Facilitation is a valuable support for practices, but other QI approaches, such as academic detailing and performance feedback, are also important to provide in conjunction with the facilitation services.

I. Motivation and Development of OKPRN’s Facilitation Program

In 1999, OKPRN began to use practice facilitators—which it calls “practice enhancement assistants,” or PEAs—as a resource to support the primary care practices in its network. Researchers at the university recognized that practices often lacked the time, skills, and adequate support to implement

¹ A Practice-Based Research Network is defined by the Agency for Healthcare Research and Quality (AHRQ) as “a group of ambulatory practices devoted principally to the primary care of patients. Typically, PBRNs draw on the experience and insight of practicing clinicians to identify and frame research questions whose answers can improve the practice of primary care. By linking these questions with rigorous research methods, the PBRN can produce research findings that are immediately relevant to the clinician and, in theory, more easily assimilated into everyday practice.” (For more information, see <http://www.ahrq.gov/research/pbrn/pbrnfact.htm>.)

QI initiatives. Facilitation was of interest to OKPRN for several reasons: (1) it is customizable, and research shows that QI efforts are most successful when tailored to practice needs and context; (2) it allows researchers at the university to work directly with practices to improve health care in Oklahoma; and (3) it has potential to close the gap between the development of evidence-based practices and their implementation at the point of care.

OKPRN found that there were natural synergies between practice facilitation and its mission as a PBRN. PEAs logically support the dual mission of OKPRN: to provide resources to community physicians and to conduct research on the challenges faced by local practices. They can assist practices with a variety of activities, including enhancing documentation and delivery of clinical interventions, implementing best practices research, giving support through information technology (IT), and assisting with quality improvements. In addition, they can act as research assistants by supporting and training practices to be partners in research, collecting data for studies, and suggesting improvements for research protocols. OKPRN saw the role of the PEA as a marriage of research assistant and QI/practice redesign coach.

How OKPRN Adapted an Existing Concept to the PBRN Context

OKPRN's use of facilitation as a means to produce change was adapted from facilitation's long history in agriculture. In the early 1900s, facilitation was used in the United States to assist farmers in adopting modern farming techniques. County extension offices, funded by the U.S. Department of Agriculture, used extension agents to give local farmers onsite training and assistance on agricultural techniques. This Agricultural Cooperative Extension created two-way communication between farmers and the research community. The concept was applied to the health care setting in the 1980s, when practice facilitators were first used in England to help physicians with the delivery of preventive services. The concept then spread to other parts of Europe and Canada, and was disseminated in health services research journals and conferences, which drew the attention of OKPRN leadership. Intrigued by the idea, OKPRN retooled these earlier uses of "change agents" to meet its own needs as a research network interested in building connections between research and practice.

II. An Administrative Foundation for Practice Enhancement Assistance

OKPRN's PEAs are housed within the Department of Family and Preventive Medicine at the University of Oklahoma. The university is the PEAs' employer. This structure provides the following benefits to the university, the practices in the network, and the PEAs:

- ▲ **The practices** in the network get support for research and QI activities at no cost.
- ▲ **The PEAs** can leverage extensive resources from the university, including staff and physical space, while enjoying the employee benefits associated with working for a large employer. PEAs also can leverage the reputation of the university, which helps to legitimize and build interest in the network and their facilitation work.
- ▲ **The university** can use the network as a laboratory to conduct research and has a unique opportunity to directly improve health care in Oklahoma.

While there are advantages to the PEAs' close connection with the university, the academic partnership presents some challenges for OKPRN's facilitation work, such as accounting issues associated with the university setting. Staff have tried to mitigate these issues by making OKPRN a separate, tax exempt nonprofit 501(c)3 organization—which gives OKPRN more independence and flexibility to govern and run itself. For example, having 501(c)3 status makes it easier for OKPRN to cover costs not allowable under the university system (for example, paying the travel costs associated with bringing in an expert to lead a learning collaborative meeting). Moreover, although OKPRN currently does not bid on grants or contracts independently from the university, its 501(c)3 status makes it possible that OKPRN could seek its own funding to support facilitation work in the future. OKPRN staff feel this status allows them to have the best of both worlds—they can benefit from the enormous resources of the university and still have the flexibility to think and work outside of the university's financial and other restrictions.

Role of OKPRN's Board of Directors

While the university supplies funding and supervision for the PEAs, the network and its Board of Directors play an important role in deciding on the activities and priorities of the network. The board includes representation from the following groups:

- ▲ Physicians
- ▲ Academics
- ▲ Oklahoma State Department of Health
- ▲ Oklahoma Health Care Authority (Medicaid)
- ▲ Oklahoma's quality improvement organization (QIO)

These members represent the diverse stakeholders of the network. For this reason, they are well equipped to help ensure that the network and its services respond to the local community's needs. The board approves projects and provides strategic planning. It often has access to other resources (including financial resources) and is able to influence State policy to some extent.

III. Funding Facilitation Work within a Practice-Based Research Network

OKPRN's facilitation work is funded mainly through grants and contracts won by the University of Oklahoma Department of Family and Preventive Medicine. Previous funders of OKPRN's work include the Agency for Healthcare Research and Quality (AHRQ), the National Institutes of Health, the Oklahoma Foundation for Medical Quality, and the Robert Wood Johnson Foundation.

The PEAs are employees of the university and are funded directly through its grants and contracts, much like research assistants. Funding for PEAs includes base salary, benefits, and reimbursement for travel.² PEAs often drive long distances for work and OKPRN has found that it is essential to reimburse for mileage.

² Currently the PEA salary is about \$40,000 per year, plus benefits and travel, which totals to \$53,000.

In addition to paying PEA salaries, most grants and contracts for the Department of Family and Preventive Medicine include a \$5,000–10,000 flat fee (depending on project size) that goes to the network to pay for its maintenance and administration. The University subcontracts with OKPRN to “provide the laboratory setting under which the research is conducted.” This is augmented by charitable contributions (about \$4,000–\$5,000 a year), which support the indirect costs of the facilitation program. OKPRN staff have considered other funding possibilities, such as levying membership dues on practices in its network, but to date this approach has been voted down by the board.

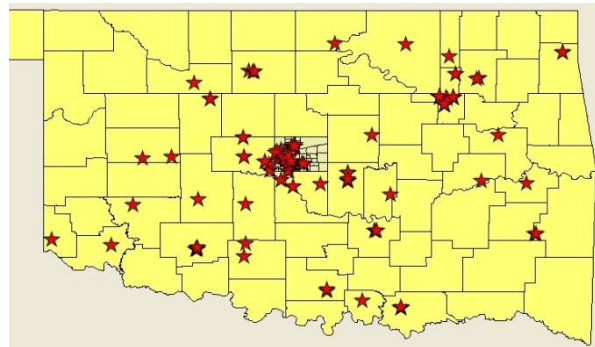
The quest for sustainable funding. OKPRN staff describe its current funding arrangement as an acceptable way of supporting its facilitation work, but find its dependence on grants and contracts somewhat limiting. Staff continue to look for sustainable funding that would move away from project-specific funding and instead provide a broader infrastructure for general primary care practice improvement. Over the past several years, OKPRN staff have considered how to organize an infrastructure that would offer facilitation services to primary care practices. Staff envision a model much like the cooperative extension model in agriculture, in which county Health Improvement Organizations would offer facilitation services as part of a larger, regionally coordinated network. Such an approach might be possible if Congress funded the Primary Care Extension Service provision of Section 5405 of the Affordable Care Act. In the meantime, this idea is being tested at the State level in Oklahoma through an IMPaCT (Infrastructure for Maintaining Primary Care Transformation) grant from AHRQ.

IV. OKPRN’S Practice Facilitation Approach

OKPRN sees one of its primary goals as helping practices to provide excellent primary care. The PEAs support a variety of specific interventions or “projects” (for example, implementation of chronic kidney disease guidelines or improvements to diabetes care) that support improved patient care and outcomes—as opposed to helping all practices implement a particular framework, such as the chronic care model or patient-centered medical home.

Intensity and Form of PEAs’ Work with Practices

OKPRN’s facilitation work is designed to build strong relationships between facilitators and practices over time. To support forming these kinds of relationships, OKPRN has divided the State into four quadrants and has assigned one PEA to work in each of them. Each quadrant contains roughly 40 practices in the network, but only a subset of them receive active facilitation at any given time. By working in one quadrant, PEAs are able to build long-term relationships with providers and practices and to cross-pollinate ideas among sites. Many of the PEAs have worked with OKPRN for multiple years, and many of the relationships between practices and PEAs date back almost as



long as the network itself. Despite the geographical division of PEAs and practices, Oklahoma is a big State, and PEAs still spend substantial time traveling to practice sites, which can be time consuming and expensive.

In general, OKPRN wants each facilitator to work with eight practices at a time, a half day per week, for 6 months. In practice, the duration and intensity is driven by each specific project’s needs and varies quite a bit (Table 1). Project protocols typically specify the amount of time a PEA spends in a practice. PEAs may work with more practices—or fewer—based on their experience and a project’s intensity. More experienced PEAs may be able to work with more practices, and more experienced practices may require less face time.

Table 1. Intensity and Form of PEAs’ Work with Practices

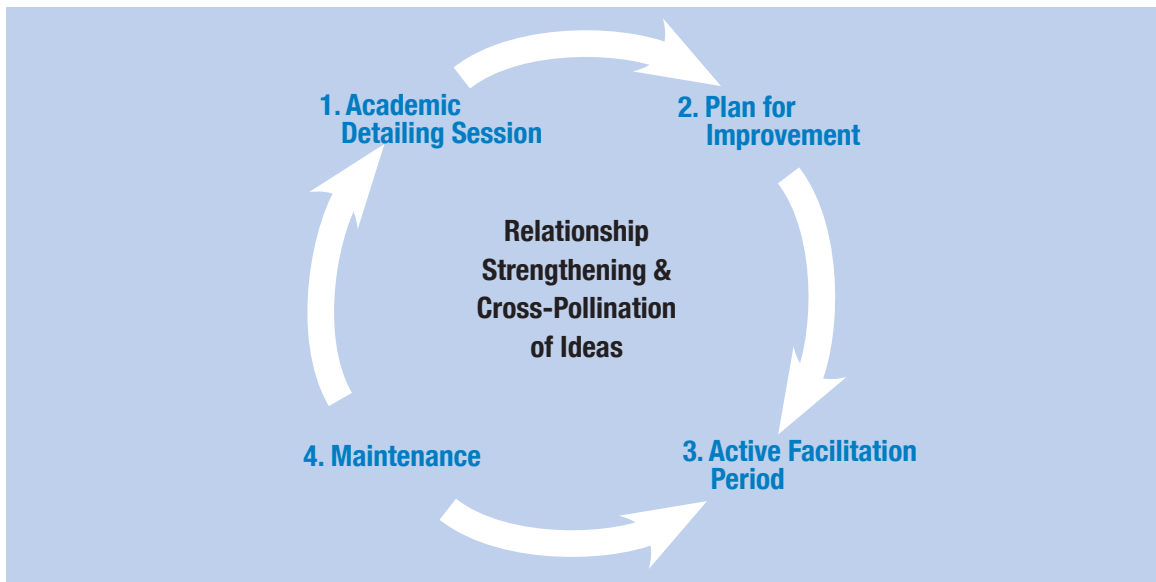
PEA's Caseload and Schedule	Practices in the Network That Are Participating in a QI Project	Practices in the Network That Are Not Part of a QI Project
A PEA typically provides active facilitation to ~8 practices, but this varies by project	PEAs spend half a day a week on site with a practice for a specific project, usually 6 months	Annual visits by PEA
Spends 4 days a week in the field with practices, and 1 day a week in the office for training, supervision, paperwork	PEAs spend half a day every month on site with a practice during maintenance period of a QI project, usually 6 months	Engagement with listserv, including PEA Question of the Week

While each PEA works individually with a practice, PEAs are also supported by content or IT experts who help them with specialized functions. For example, many PEAs call on IT or billing experts to help with improvements to their electronic health records or help create registries. It is also typical for a PEA to consult faculty members with specific clinical expertise, such as pediatricians or asthma specialists. These experts might give help over the telephone, by email, or through onsite assistance. Most experts are from the university, but some are from other settings. An expert may consult directly with a practice or may go through the PEA, who then passes the information on to the practice. Either way, OKPRN emphasizes the importance of the PEA—not the expert consultant—as the primary contact with the practice, given the importance of that relationship. While facilitators can help practices with a range of activities, they can’t do everything. PEAs connect practices to different expertise and resources as needed.

Building a Foundation for Facilitation: A Relationship-Centered Approach

OKPRN staff believe that the bedrock of successful facilitation is a strong relationship between PEAs and practice staff. PEAs focus on building relationships with a practice before starting a QI or research project. This relationship is built not only with the provider or clinician, but also with nurses, front desk staff, practice managers, and any other staff who “hold the access.” Successful facilitation, OKPRN believes, hinges on buy-in from practice staff and an understanding of a practice culture. Building relationships takes a long time—one staff member estimates that new PEAs should dedicate a solid 2 to 3 months to relationship building when first working with a practice.

Figure 1. Life Cycle of a PEA intervention



Stages of the PEA intervention

Typically, a PEA’s work with a practice moves through distinct stages (see Figure 1). An academic detailing session with each targeted primary care practice typically serves as the kickoff to a new project.³ Next comes a planning phase, followed by the period in which active facilitation occurs. The project then goes into a maintenance period. During this maintenance period, practices focus on maintaining their gains. Throughout the process, the PEA focuses on building and strengthening the relationship with the practice and sharing ideas among sites.

Academic detailing as a starting point. Each new project begins with an academic detailing session led by a peer physician—usually the OKPRN Director. The peer physician discusses how different principles and QI techniques might apply within that practice. The session provides an orientation to the practice regarding what a PEA can and cannot do, and encourages respectful sharing of information.

Planning and setting goals. The PEA plays an important role in helping a practice set goals and find the right scope for a given QI project. While PEAs’ roles are dictated mostly by the needs of a given project practice staff often have an active role in planning and carrying out QI activities. Practices are often excited to have access to a PEA and, even when focusing on a particular QI activity, often propose too many changes too quickly. As one facilitator noted, “Often practices without any QI experience suggest something that will require 10 years and \$2 million to do.” The PEA can help a practice set realistic goals and think about smaller steps needed for larger reform. These considerations go into a plan for improvement, which is developed for each practice at the start of each project. This includes things like deciding on a core QI team and setting up regular meetings to discuss project progress.

³ Academic detailing involves clinician peer-to-peer education. At the kickoff of a project, a leading clinician is often brought in to share information about facilitation generally or a project specifically, providing an opportunity for the practice clinician to hear directly from a peer.

Active facilitation. Once a PEA creates a plan for practice improvement and develops good working relationships with key practice staff, the practice begins the active facilitation phase. PEAs have many tools for helping practices. During this time PEAs are generally spending a half day a week in the practice. Typical techniques they use with practices include assessment and feedback, coaching, team building, technical and hands-on assistance, training, and coordinating plan-do-study-act (PDSA) cycles. OKPRN interventions often use a variety of QI approaches. In addition to the initial academic detailing sessions, facilitators usually arrange for an audit and feedback session, benchmarking, and other QI approaches.

Top Tips for Effective Learning Collaboratives

- Find a convenient location that minimizes travel time
- Host it during lunch and provide food
- Hold meetings every 1-2 months
- Allow plenty of time for breaks to facilitate informal discussions

PEAs support and communicate with practices in many ways, but OKPRN believes there's no substitute for face-to-face contact. PEAs know that it's important to be accessible to practices by email or phone, but they find that in-person contact gives the best results, so they check in regularly in person.

OKPRN has seen positive results from local learning collaboratives, which bring together a number of practices in a central location to discuss a particular topic or project. OKPRN staff find that bringing groups of practices together not only creates a space where practices can share best practices but also creates a “sense of competition and urgency” that motivates practices. OKPRN uses 1-hour lunch meetings every few months to review performance data from all practices in a project and share successes, failures, and effective methods. Spacing of meetings is important; meetings that occur too often will suffer from low attendance, but meetings that are too infrequent will lose their sense of urgency.

Maintaining the gains. After the active facilitation period, practices enter a maintenance phase. At this stage, a PEA works with a practice to make sure practice staff can continue to monitor their own performance and progress. Rather than spending a half day per week in a practice, they spend a half day per month, providing practices with the equivalence of “booster shots.” The goal is to teach practices how to engage in QI projects on their own and help them to develop the internal infrastructure and capacity to support effective QI. Practices benefit greatly from continued support through followup check-ins, so OKPRN increasingly has built maintenance into project design.

OKPRN reaches out to practices even when they are not actively engaged in a facilitated project. At a minimum, PEAs do annual outreach to everyone in the network by phone or email. Many PEAs periodically return to practices to see how they're doing and say hello in person. OKPRN engages the practices in its network in all phases of the facilitation lifecycle by using a listserv. Every month, the PEAs post a question to the listserv (for example, “how do you isolate sick people from well people in the waiting room?”)⁴ and ask practices to share their thoughts and perspectives.

“The point is you teach them how to fish—not to fish for them all the time.... You're teaching them how to manage themselves, how to implement and institutionalize ideas and things we're bringing from the outside.”

—Dr. James Mold, Program Director

⁴ For more examples of the PEA question of the month, see <http://www.okprn.org/peaquestion.html>

V. Hiring, Training, and Supervising Practice Facilitators

To work effectively with a primary care practice, OKPRN facilitators must possess competencies in four core areas: (1) experience in a health care setting, (2) excellent interpersonal skills, (3) good IT skills, and (4) a flexible personality. They will need other skills, such as knowledge of QI techniques and specific research methods—but they might not need these when they're hired, since they can develop them through training and ongoing supervision.

OKPRN looks for these core competencies when hiring:

Experience in a health care setting. Facilitators must have sufficient medical vocabulary and some clinical background or orientation to achieve maximum effectiveness in working with practices.

Superb interpersonal skills. Being able to communicate and relate to the entire range of individuals in a practice—from front desk staff to physicians—is critical to collaboration. Facilitators need buy-in across the board.

IT skills. Facilitators need to collect and manage data, perform chart audits, and produce reports. Being comfortable with large data sets and computers is a must.

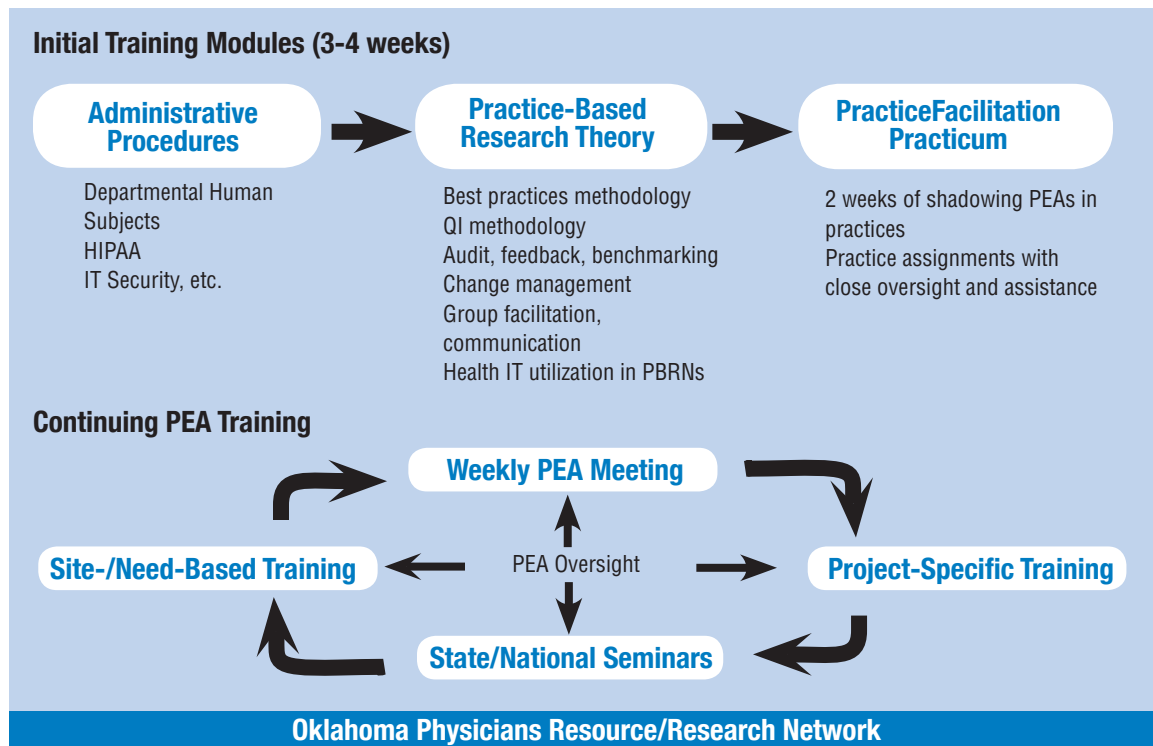
Flexibility. Facilitators are always on the move and often have to adjust their schedules or work plans based on the needs of a practice.

OKPRN looks to hire PEAs with master's degrees in a public health area (for example, a master's of public health in epidemiology or health promotion). In addition, OKPRN requires its PEAs to have a valid driver's license and their own car because they're required to travel to practices throughout their quadrant of the State.

OKPRN's training program covers the knowledge, skills, and approaches needed for working with primary care practices. Typically, each new PEA receives classroom instruction followed by experiential training, in which a new PEA shadows a more experienced PEA working in a practice setting. Initial training is tailored to the previous experience of the facilitator but covers certain core areas. OKPRN's training manual includes information on administrative procedures, QI methods, and research methods. The specific topics covered in the manual are listed in Table 2. Recently, OKPRN also has provided training to facilitators from other programs.⁵ After this initial training, PEAs enter a cycle of continuing training, supervision, and ongoing support (see Figure 2).

⁵ The University of Oklahoma will provide its training materials via email free of charge or provide hard copies at cost. Potential PEAs can attend a 2-to 4-day training session at cost. More information is available at <http://www.okprn.org/peas.html>

Figure 2. OKPRN Training Process



In addition to broad training in facilitation, OKPRN also gives PEAs project-specific training at the start of each new project. These sessions cover specific research methods or clinical areas (for example, chronic kidney disease or diabetes). The PEA supervisor also actively encourages PEAs to identify specific skills that would make them more effective in their work. Training for these skills is developed and implemented as time and resources allow internally or are obtained through sending facilitators to external organizations or relevant conferences or seminars.

Following the initial training, PEAs get ongoing support and supervision. While they spend most of their time in the field, they spend 1 day in the office every week to touch base and to meet with their supervisor (they also use this day to catch up on office work and prepare for the week ahead). During the individual meetings, the PEAs and their supervisor discuss the status of ongoing projects, what's working well, and any problems they've encountered. Together, they brainstorm next steps and ways to overcome obstacles. In addition to these one-on-one meetings, PEAs also use their day in the office to meet as a group to share best practices and brainstorm solutions to any issues or challenges. In this way, PEAs learn from and support each other.

When the PEAs are out in the field, their supervisor is available for questions as they arise via email, phone call, or text message. PEAs have found that text messages are a quick and easy way to communicate with other PEAs and their supervisor, and less intrusive if a PEA is at a practice. PEAs are also equipped with tablet computers so they can access resources on the go. OKPRN staff believe that this ongoing support for and timely feedback to its PEAs have been critical to its success.

Table 2. OKPRN PEA Training Topics

Human subjects protection training
Health Insurance Portability and Accountability Act (HIPAA)
Practice-based research skills
Medical records review (chart auditing)
Rapid-cycle quality improvement process (Plan-Do-Study-Act cycles)
Group facilitation and motivational methods (quality circles)
Practice characterization model, change management approaches
The Chronic Care Model and its implications
Practice visits and shadowing
Health information technology implementation and utilization
Best practices study methodology
Preventive services guidelines and implementation
Evaluation and management coding
Electronic Practice Record (demographics, progress notes, and plans for practices)
Handouts, patient education materials, practice resources, and project-specific training

VI. Monitoring the Quality of the Program

PEAs maintain detailed records on practice progress, allowing the network to monitor and improve their facilitation work on an ongoing basis. PEAs maintain practice logs that are specific to a particular practice and contain comprehensive and longitudinal information about practice progress and what a PEA did during a given visit. These are designed to be as descriptive as possible and give a sense of specific barriers a PEA encountered or obstacle they overcame. OKPRN staff describes this log as similar to a “chart on a patient.”

PEAs are trained in what makes a good entry and how to format their entries for easy review and synthesis. Their supervisor provides them with a checklist of things to consider—this gives PEAs a good sense of which topics to cover during a practice visit. Practice logs may even include observations about physicians’ characteristics—ranging from birthdays to communication styles. That way, a new PEA spending time in that practice has a solid basis for working effectively with them.

Every week the PEA supervisor reviews all practice notes, looking carefully at changes within and across practices for a given project. The supervisor synthesizes this information to provide feedback to facilitators about what they are doing well and how they could improve. Although OKPRN doesn’t systematically evaluate its work, this process provides a form of ongoing QI of its facilitation work and gives regular and constructive feedback to the PEAs.

VII. Lessons Learned from OKPRN’s Practice Enhancement Assistants

OKPRN’s experience with facilitation offers a number of lessons for others developing new facilitation programs or refining existing ones:

Leverage existing resources. Many people and organizations are interested in improving health care, and they may have access to additional resources. OKPRN was able to leverage extensive resources from the university for its facilitation work. This allowed it to grow considerably and expand its reach. OKPRN emphasizes that to build networks, it's important to let other organizations know what you're doing. While OKPRN started very small, with just one facilitator, it's now taking steps toward building a statewide QI infrastructure.

Focus on relationships. A facilitator's relationships with clinicians and other practice staff are crucial for effective facilitation. Developing strong relationships can take several months, but the investment of time and resources will pay off later. Practice staff will be more receptive to and trusting of the facilitator, and the facilitator can be more effective in helping the practice implement new QI activities.

Develop a learning community. At the heart of OKPRN's facilitation program is an effort to bring people together, and OKPRN has done this in a variety of ways:

- ▲ Using training and supervision activities to bring facilitators and university staff together to share best practices and learn from each other.
- ▲ Using local learning collaboratives to bring practices together and create a sense of urgency and competition. This lets practices share ideas and get support from each other, while spurring them to continue their work so they have information to report back to their peers.
- ▲ Building a board of directors with all stakeholders so groups with a shared interest and a common goal can forge relationships and move forward as a community.

Recognize that facilitation is necessary but not sufficient for practice change. OKPRN staff feels strongly that facilitation is a necessary support for practices, but insufficient on its own. In their facilitation work, the PEAs integrate other QI approaches, like performance feedback, academic detailing, local learning collaboratives, and health IT support. OKPRN believes that all of these supports are important, but a facilitator has an especially important role to play in arranging and coordinating all QI activities. A facilitator also should help a practice access additional resources as necessary—so a practice gets what it needs when it needs it.

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RESOURCES

PEA Training and Hiring Resources

- ▲ OKPRN training manual contents: www.okprn.org/Documents/PEA_Manual_Contents.pdf
- ▲ PEA job description: www.lanetpbrn.net/wp-content/uploads/Practice-Enhancement-Assistant-Job-Description-example.pdf
- ▲ PEA Question of the Week: www.okprn.org/peaquestion.html

Practice Facilitation Resources:

- ▲ What is a PEA? www.okprn.org/peas.html
- ▲ AHRQ Health Care Innovations Exchange: Practice Enhancement Assistants Improve Quality of Care in Primary care Practices: www.innovations.ahrq.gov/content.aspx?id=1768
- ▲ Practice Facilitators: A review of the literature. Fam Med. 2005; 37(8):581-8. www.stfm.org/fmhub/fm2005/September/Zsolt581.pdf
- ▲ Practice facilitators and practice-based research networks. J Am Board Fam Med. 2006;19(5):506-10. www.jabfm.org/content/19/5/506.abstract

Practice-Based Research Network Resources:

- ▲ AHRQ PBRN Resource Center: www.pbrn.ahrq.gov

Other Useful Resources:

- ▲ OKPRN Presentation Library: www.okprn.org/presentations.html
- ▲ IMPaCT (Infrastructure for Maintaining Primary Care Transformation) award recipients information: www.ahrq.gov/research/impactaw.htm
- ▲ AHRQ Practice Facilitation Manual: www.pcmh.ahrq.gov/portal/server.pt/community/pcmh_home/1483/pcmh_implementing_the_pcmh_practice_facilitation_v2



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