

Change Management Supports for Primary Care Transformation in Alberta

Discussion on Ratio of Practice Facilitator to Practices



Upon review of the literature, the suggested ratio for Alberta primary care transformation efforts is approximately one practice facilitator FTE per 5-8 clinics.

The literature provides guidance on the ratio of practice facilitator (PF) full time equivalents (FTEs) suggested for primary care improvements, including practice facilitation programs supporting transformation to patient medical homes.

The literature shows a range of ratios of PF to practices, ranging from 1:2 to 1:35. There are a number of factors that impact the particular ratio including:



Clinic/Practice Size

Larger clinics may need more intensive support, especially where they may be working in distinct pods and/or on different quality improvement (QI) interventions.



Previous quality improvement experience at the clinic

Clinics who have a stronger QI culture and QI skills will often require less intensive facilitation.



Clinic access to/participation in learning communities or collaboratives

Clinics who access other change supports, such as through communities of practice or learning collaboratives, may require less intensive practice facilitation support.



Geography; modality of deployment

More travel means less time to support clinics requiring a lower PF to practice ratio. However, where a PF may be able to provide support remotely will increase the ratio.



Complexity/intensity of the intervention

More intensive interventions and schedules will require a lower practice facilitator-to-practice ratio.



Practice facilitator capacity and capability

The training and experience of a PF is an important factor. PFs should support fewer clinics until they gain sufficient skills and knowledge.



Practice facilitator relationship to the clinic

Less PF time will be required in clinics where relationships have already been built.



Intervention stage – active vs maintenance

A clinic in an active intervention will require more support than a clinic in maintenance phase.

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Category of Adopters:

Where individuals within a practice fit on Roger's Diffusion of Innovations Curve will impact how much support they will need to adopt the innovation of interest. The categories of adopters and associated PF requirement are:

Innovators – Often do not require a PF, although it is suggested that a PF have a relationship to learn from the innovations in order to spread.

Early Adopters - Often require minimal PF support; quick responses to their requests is expected.

Early Majority – PF support need is greatest here. Without help early majority will not adopt an innovation despite their desire to do so. Help must meet their need to take up change in small, safe incremental steps.

Late Majority - Until most of the early majority have adopted the innovation PFs should not focus their support efforts here. Time should be invested into maintaining a relationship and keeping individuals informed about what their early majority peers are doing because late majority are unlikely to take up the innovation until it is mainstream. At that point PF support should intensify as late majority will also need help to adopt the innovation.

Laggards – Often do not require a PF because they are unlikely to adopt the innovation. However, similar to the late majority it is worth keeping them informed about what's happening around them because they can influence late majority it may be worth understanding their perspective to engage nay-sayers.

Based on these factors and ratios provided from other jurisdictions doing similar work, ***in Alberta a ratio of one practice facilitator per 5-8 practices is the suggested ratio.*** Each PCN and/or Zone will need to examine the factors listed above and assess their own needs.

References:

https://pcmh.ahrq.gov/sites/default/files/attachments/PCMHCaseStudies_022813comp_0.pdf

(Page 2: Summary of 4 programs, including practice facilitator ratios)

https://pcmh.ahrq.gov/sites/default/files/attachments/Developing_and_Running_a_Primary_Care_Practice_Facilitation_Program.pdf

(Page 55: Factors to determine the Ratio of Facilitators to Practice)

https://primarycareresearch.ca/images/scaling_up.pdf#page=1

Diffusion of Innovations – Everett Rogers

<https://www.cfpc.ca/CFPC/media/PDF/Practice-Facilitation-within-Primary-Care-A-Primer-and-Advocacy-Guide.pdf>



For more information contact:
Networks@albertadoctors.org