



## Retrospective Evaluation

December 2017

Submitted by:



## Introduction

The key questions addressed through this evaluation include:

1. How did HealthTeamWorks' coaching/facilitation **delivery and approaches** support learning, behavior change, and results in the clinics/practices?
2. How did HealthTeamWorks' coaching/facilitation **content** support learning, behavior change, and results in the clinics/practices?
3. How were HealthTeamWorks' coaches/facilitators **supporting learning, behavior change, and results** in the clinics/practices?

HealthTeamWorks (HTW) contracted with Parametrix Group, LLC to determine the effectiveness of their program delivery and outcomes. HTW staff prioritized three evaluation questions (displayed in the sidebar).

To answer the evaluation questions, these specific tasks were undertaken.

1. A review of current and past projects, their goals, and relevant outcomes, when included.
2. A cursory review of field notes from Evidence Now Southwest and Residency medical home projects.
3. Four key informant interviews. (Time and response rate did not allow for more)
4. A survey was developed to ascertain clinic/practice satisfaction, learning, behavior change, and results achieved related to their participation and interactions with HTW.
5. Lastly, results from all the above methods were analyzed and pulled together into a report.

There is an abundance of literature on the topic of QI coaching or Practice Facilitation in primary care. The Commonwealth Fund states that “good-quality evidence demonstrates that practice coaching is effective... primary care delivery in the United States would benefit from a more systematic approach to the training and deployment of primary care practice coaches.”<sup>1</sup> To measure the effectiveness of practice facilitation, monitoring of both the Practice Facilitators (PFs) and the practices they work with is required.

What follows are the results for all the data collected and reviewed with an emphasis on the survey and key informant interviews. The results are organized by each of the evaluation questions. The survey was sent to 280 respondents; only 24 completed the survey resulting in a 9% response rate. The low response rate did not allow for cross-tabulations to explore differences in results based on factors such as the type of program(s), timeframe for receiving services, participation in multiple programs, etc.

Due to time constraints, information from key informants was gathered from four partners who were interviewed via telephone. Two others were sent requests for interviews or the option to complete a short survey. One person declined both options, and one agreed to an interview but could not do it within the timeframe requested, and did not complete the survey. The survey and key informant interview/survey guide can be found in the appendix.

# Effectiveness of The HealthTeamWorks Programs

## Background Characteristics of Respondents

### Survey

Although the response rate was low, at least one respondent had participated in each project that was listed (except for Heartland), and 25% had participated in more than one project. Approximately 52% of respondents indicated they are still receiving services and 57% have received other training from HTW. Fifty-eight percent of respondents participated in QI-related training, coaching, and/or practice facilitation from other organizations and, out of those, 85% felt that HTW’s training was better.

### Key Informant Interviews

The key informants are partners of HTW. Their names were provided to the evaluation team by HTW staff and one other person was interviewed who works at an organization that uses HTW services.

## Evaluation Question One: Effectiveness of Coaching Delivery and Approaches

### Survey

Respondents were asked to think about the coaching and facilitation they received and specify the degree to which coaching approaches contributed to their organizational learning and progress. The results are captured in the figure below and are overwhelmingly positive.

The Coaching Approaches Contributed to Learning  
% who "strongly agree" or "agree"



The majority of respondents agreed that the way in which the coaching was delivered contributed to their learning process and progress forward. Only one respondent disagreed that the structure of the coaching and the amount of coaching contributed to the team’s learning and progress forward.

Overall, **95%** of respondents indicated they were “satisfied” or “very satisfied” with the services received from HTW; and **100%** either “agreed” or “strongly agreed” that the coaching was a worthwhile use of staff time. These findings are consistent with previous satisfaction survey results from HTW.

About 58% (n=14) of respondents had experience working with other QI coaching organizations. Of those, nearly **80%** thought HTW was better than the other organization(s) and 20% thought they were comparable. None thought HTW was worse.

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Respondents were asked to indicate how likely they would be to recommend HTW's services to a colleague, using a scale from 0 (not at all likely) to 10 (extremely likely). Using the Net Promoter Score<sup>ii</sup> approach, respondents are grouped into either: Promoters (score 9-10), Passive (score 7-8), or Detractors (score 0-6). Seventy-four percent of respondents were 'promoters' and the net promoter score (calculated by subtracting the percentage of detractors from the percentage of promoters) was 61%, a very positive finding.

### Key Informant Interviews

All Key Informants stated that HTW has a very good staff, including administrators with real expertise. High quality practice facilitation is offered, with good tools and processes. All agreed that HTW is better than other QI organizations they have worked with. A common theme was that HTW was "more professional and had a good reputation". However, some did state that contract workers seemed to be less mission driven than regular staff and could use more oversight and supervision.



#### Strengths

As is evident from the previously discussed findings, the feedback was very positive indicating that HTW's coaches are highly regarded and impactful in their delivery of services and support. Comments regarding the strengths of HTW's coaching delivery included:



The personalities of coaches were very engaging and they were very knowledgeable. They were very positive, at the same time understanding at what can be accomplished with our small practice and limited staff support. They understood what was practical for expectations and new changes that could be made.



Good at hiring engaging, effective facilitators... they have a high quality staff. When someone leaves they replace them with another really good person



#### Opportunities for Improvement

For future satisfaction surveys, it is recommended that HTW revise them to align more closely with their evaluation questions and include inquiry into specific coaching styles and approaches. Additionally, it is important to avoid creating double-barreled questions where the question touches upon more than one issue (e.g. professional and knowledgeable), yet allows for only one answer. Comments included:



More role-play at collaboratives.



Easy access to tools online.



Knowing that people are projecting a certain image, you have to see that. Contractors don't have the same commitment or connection to the organization.

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## Evaluation Question Two: Effectiveness of Coaching/Facilitation Content

### Survey

There were two questions on the survey that gathered feedback on the value and application of the content provided through the coaching and facilitation provided by HTW.



The vast majority of respondents found all of HTW services valuable.

Through a review of limited field notes from Evidence Now Southwest, the topics of services provided most often were: team-based care, practice improvement plans, PDSA cycles, quality measure performance reports and self-management support.

Respondents were asked questions about how they were applying Bodenheimer's Building Blocks<sup>iii</sup> that they learned through their coaching from HTW. Once again, the responses were positive as indicated in the chart/table below.



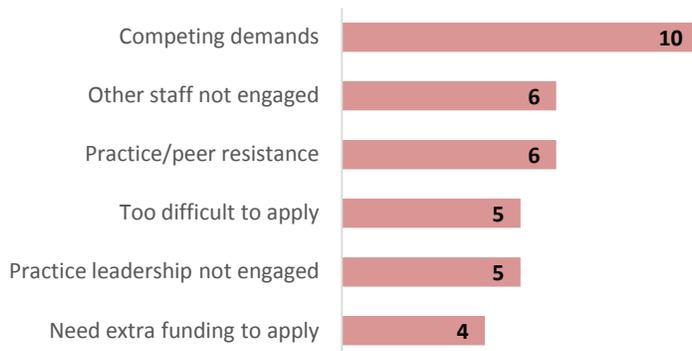
Eighty-three percent of respondents felt they were strongly or very strongly applying the concept of team-based care, while 48% felt that they were strongly or very strongly implementing shared decision making.

### Reasons for strong application of competency areas (# of respondents)



When asked what the main reasons were for responding “very strong” or “strong” degree of application, the most common reason was the **coaching and facilitation** from HealthTeamWorks.

### Reasons for mild, little to no application of competency areas (# of respondents)



When asked what the main reasons were for responding “moderate,” “mild,” or “little to no” degree of application, the most common response was **“competing demands and too many other things to do.”**

### Key Informant Interviews

All Key Informants stated that HTW staff have expertise in the content and processes for practice transformation in primary care with a primary focus on adults. Trainings provided by HTW are high quality and there seems to be high overall satisfaction and knowledge gained from the trainings. Key informants discussed how HTW has put together a documented body of research and have pulled together and developed tools for practices to use. HTW has a good reputation and there is a universal understanding that they do have this expertise. However, in the area of data use, there could be improvements, both in the internal use of data and helping practices with data use (as shown in the above survey results as well).



## Strengths

Respondents clearly believed that their coaches excelled as content experts, providing best practices tools and resources and valuable quality improvement methods. Comments included:



They have done this type of work over a long period of time... they have been at the table...They have greater impact on what happens in practices and programs in general... .experts for individual initiatives.



They provide a good conduit to other sites, learning opportunities, and contact with CMS. They help facilitate and enhance the work we are doing in our practice.



We benefit from not only our coach, but from other members of your team. If our coach doesn't have the info we need, she can find the info from someone on your team or they will know where to find the info. The coaching isn't boring and feels like a school lecture. It is usually fun and able to follow along easily.



## Opportunities for Improvement

More assistance is desired in the engagement of physician leaders in the quality improvement activities. In turn, it is hoped that these physicians can engage other physicians in the practice and they will be more open to a peer sharing the new program requirements and quality improvement processes.

Comments from respondents included:



Ad hoc support services are not adequate to meet the needs of practice facilitation; we need to continually improve processes.



We need leadership engagement and support.



More provider engagement. Facilitator can help us engage our providers.

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## Evaluation Question Three: Applied Learning and Changes in Practice

### Survey

Ultimately, the goal is for the newly trained teams to implement and sustain best practices based on the coaching and facilitation received from HTW. What follows are results for a set of questions that sought to understand the degree to which teams were applying what they learned and if they were sustaining changes in their practice.

#### Applied Learning

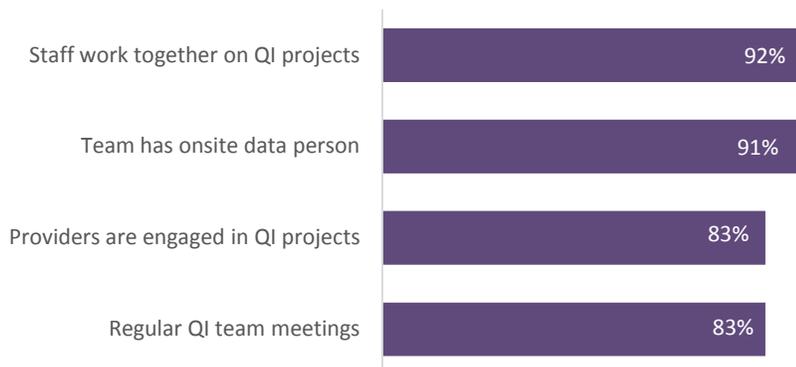
% who "strongly agree" or "agree"



All respondents agree that what they learned through their interactions with HealthTeamWorks is helping them to continually improve and that the coaching was a worthwhile use of staff time.

#### Changes in Practice

% who said yes



Most respondents continue to implement QI projects and hold QI team meetings, even if they are not currently involved in a project with HTW. Additionally, almost all the respondents said they have an onsite data person or someone who can easily provide them with data.

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## Key Informant Interviews

Key informants discussed how HTW has been a positive force for healthcare in Colorado for years and is now expanding their reach Nationally. They also discussed the benefits of HTW coaching and the ability for practices to implement changes. One Key Informant noted that teams are able to make changes when a coach can help them prioritize problems and solutions. Many of these changes are not sustainable over the long term though, especially when the team is focusing on a new topic, the old topic may slip. Another Key Informant discussed how changes that have a shorter time to show an outcome change are easier to see success, such as a change in an A1C. More complex systems changes take longer and are often harder to measure. Some felt that coaching/facilitation has more impact on the bottom of the Bodenheimer building blocks pyramid (engaged leadership, data-driven improvement, empanelment, and team based care).



### Strengths

HTW's coaching and facilitation leads to changes and improvements in practice that can be sustained over time. Teaching the practices how to do certain processes and the importance of them can lead to longer term change, such as holding regular QI team meetings, reviewing data and monitoring progress.

Comments included:



Value of coaching is having an external entity to reprioritize for them. This is why practices like coaching. Some practices sign up for multiple projects because they see the value of facilitation. Extra, high value resource they get for free.



Practice transformation would have been very difficult without their coaching.



Over the past 5 years they have been helpful in our participation in CPC Classic and now CPC+. Our site is fairly independent and does not require much coaching, but having a contact person to help stay on track with goals or communicate with is very helpful.



### Opportunities for Improvement

Tracking clinical outcomes and changes over time is key to measure practice behavior change and ultimately effectiveness of the HTW Practice Facilitation approach. More effort should be dedicated to consistently tracking improvement in outcomes for each practice and for each project (e.g., x% improved on x# of outcomes).

Comments included:



We need to push ourselves to take more time for process development and follow through.



HTW keeps very good field notes, though they can improve on summary outcome data.

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## Conclusions

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### Strengths

Overall, HTW is seen as an expert in the field and the Practice Facilitation approach is very successful. Survey participants and all Key Informants reported enjoying their working relationship with HTW.

- HTW is seen as a leader in healthcare in Colorado and is gaining National recognition of their expertise.
- Nearly universal praise for HTW as an organization. All key informants and the majority of survey respondents think very highly of the coaching and training that HTW provides and that HTW is better than other QI organizations they have worked with.
- Practices are satisfied with coaching delivery, approach, and content.
- Many practices are able to make meaningful practice transformation.
- Many practices participate in multiple HTW projects (they like working with HTW and feel the work is important).

### Opportunities for Improvement

Even though the survey results were very positive, some opportunities for improvement were reported. Key Informants, as partners of HTW, have a different type of relationship with HTW and therefore identified broader areas for improvement. Areas of improvement identified through both the survey and key informant interviews included:

- Capture changes in practice outcomes, do a better job of summarizing improvements for individual practices, across practices and across projects (e.g., X% of practices improved A1Cs by 2%).
- Adopt a culture of improvement by continually reviewing data and making changes within the organization.
- Help practices engage leadership more, when possible.
- Collaboration and coordination with partners should be strengthened so relationships are mutually beneficial and there is a clear and common understanding of roles and respect for others' strengths and expertise.
- Balance the business model/opportunities with the mission.

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## Looking Ahead

As HTW moves forward some specific steps should be taken to continually evaluate the organization and individual projects and trainings.

- Develop an evaluation plan and framework that is comprehensive, providing detailed information including: indicators, metrics, data tools/sources, methods, persons responsible, timeline (e.g. phases of implementation, follow-up surveys, etc.), and an analysis and reporting plan.
- The satisfaction survey should be redesigned so each question measures one aspect. Currently there are questions that are double barreled (more than one topic/aspect in the question) and respondents may be happy with one aspect, but not the other and therefore cannot give an appropriate response.
- Increase internal capacity to capture practice outcomes and to enhance the capability to monitor and report on them individually and in aggregate.
- Devote more resources to evaluation. Either hire qualified consultants to guide the evaluation process, or hire an internal evaluation specialist that can ensure consistency across all HTW programs and departments.
- Develop tools to better measure/monitor learning in practices. These could be in the form of a short two question survey at the end of a practice facilitation session.
- Continue with the field notes template (used in ENSW). Add outcomes or link to practice data.

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<sup>i</sup> Grumbach K, Bainbridge E, Bodenheimer T. (June 2012) Primary Care: The Promise of Practice Coaching Commonwealth Fund Issue brief [http://www.commonwealthfund.org/~media/files/publications/issue-brief/2012/jun/1605\\_grumbach\\_facilitating\\_improvement\\_primary\\_care\\_practice\\_coaching.pdf](http://www.commonwealthfund.org/~media/files/publications/issue-brief/2012/jun/1605_grumbach_facilitating_improvement_primary_care_practice_coaching.pdf)

<sup>ii</sup> Promoters (score 9-10) are loyal enthusiasts who will keep coming and refer others. Passives (score 7-8) are satisfied but unenthusiastic customers who are vulnerable to competitive offerings. Detractors (score 0-6) are unhappy customers.

<sup>iii</sup> Bodenheimer T, Ghorob A, Willard-Grace R, Grumbach, K. The 10 Building Blocks of High Performing Primary Care. Ann Fam Med March/April 2014 vol. 12 no. 2 166-171

Appendix:  
Practice Survey



Please indicate the project(s) in which you participated (check all that apply):

- BC3
- Family Medicine Residency
- PCMH Foundations/Innovations
- PCMH Pilot
- CPC Classic
- Heartland
- Other training and education program (for example, PF101, Care Manager training, Advanced Healthcare Professional training)

What was the time frame you were provided services from HealthTeamWorks?

- Still receiving services
- < 6 months ago
- 6 months - 1 year ago
- 1 - 2 years ago
- More than two years ago

What other types of training have you been provided by HealthTeamWorks?

Check all that apply

- Performance Improvement Facilitator 101
- Performance Improvement Facilitator 201
- Advanced Healthcare Professional Training or Medical Assistant Professional Skills
- Care Manager Training
- Other (please describe)
- None

Have you received QI coaching, practice facilitation or training from another organization?

- Yes
- No
- Don't know

Thinking about the coaching and facilitation you received from HealthTeamWorks this past year, please indicate to what degree you agree with each statement.

	Stongly disagree	Disagree	Neither agree or disagree	Agree	Strongly Agree
The structure of the coaching contributed to our team's learning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The amount of coaching contributed to the momentum of our progress moving forward.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The frequency of coaching contributed to the momentum of my progress forward.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The coach's expertise assisted in my learning process.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The coach was engaging.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The coach was knowledgeable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The coach provided helpful feedback and information.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The coach was flexible through tailoring the coaching and meeting us where we were at.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate the degree to which the following HealthTeamWorks' services were valuable to your team.

	Not at all valuable	2	3	4	Very valuable	N/A, we didn't use this service
Assessments (i.e., practice assessment)	<input type="radio"/>					
Content Expertise (i.e., advanced primary care topics, practice transformation)	<input type="radio"/>					
Leadership and culture development	<input type="radio"/>					
Quality improvement methods	<input type="radio"/>					
Data support	<input type="radio"/>					
In-practice facilitation/coach visits	<input type="radio"/>					
Remote facilitation/coach support (i.e., 1 on 1 monthly calls)	<input type="radio"/>					
Connection to external organizations/resources	<input type="radio"/>					
Learning community/collaboration events	<input type="radio"/>					
Best practices, tools, and resources	<input type="radio"/>					
Other (please specify)	<input type="radio"/>					
<input type="text"/>						

What rating best describes your agency's current level of application for each of the listed competency areas/building blocks.

	1: Little or no application	2: mild degree of application	3: moderate degree of application	4: strong degree of application	5: very strong degree of application and desire to help others do the same	N/A: the project we were involved in didn't cover this area
Creation of a practice-wide vision with concrete, measurable goals and objectives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	1: Little or no application	2: mild degree of application	3: moderate degree of application	4: strong degree of application	5: very strong degree of application and desire to help others do the same	N/A: the project we were involved in didn't cover this area
Development of data systems or processes that regularly track clinical, operational, and patients' experience methods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Linking each patient to a care team and primary care clinician.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Team-based care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Share decision making through patient team partnerships.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient population is managed through panel management, health coaching, and complex care management.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Continuity of care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prompt access to care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comprehensive care coordination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Integration and compensation reform	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Overall, how satisfied are you with the services you received from HealthTeamWorks®?

- Very Dissatisfied
- Dissatisfied
- Neutral
- Satisfied
- Very Satisfied

Please tell us why you were satisfied or dissatisfied

Please indicate to what degree you agree with each statement.

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly Agree	N/A
The coaching was a worthwhile use of staff time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
What we learned through our interactions with HealthTeamWorks staff is helping us to continually improve.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We were able to reach our stated goal(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our practice is committed to continue to apply what we learned.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We are working on a plan or steps to institutionalize the improvements we have made.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We can continue with practice improvements using internal resources without the need for outside coaching assistance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate if the following practices are currently implemented by your team.

	Yes	No
Regular QI team meetings	<input type="radio"/>	<input type="radio"/>
Clinical and non-clinical staff work together on QI projects	<input type="radio"/>	<input type="radio"/>

Yes

No

Providers are engaged in team QI projects (e.g., champion, attend meetings, participate in projects, review data, etc.)



Team has an on-site data person or a person who can regularly provide data on request



What suggestions do you have that would make you better able to apply what you learned?

Do you have anything else you would like to add about your experience with HealthTeamWorks?

On a scale from 0-10, how likely are you to recommend HealthTeamWorks® services to a colleague?

Not at all likely

Extremely likely

0	1	2	3	4	5	6	7	8	9	10
<input type="radio"/>										

Thank you for your feedback!

Next

