



How a Practice Facilitator Can Overcome Barriers and Support Primary Care Clinic Efforts to Improve Chronic Pain Management

Learning Objectives

- Describe the barriers and facilitators experienced by clinics that implemented the Six Building Blocks program.
- Understand the typical process of facilitating change within a primary care clinic.
- Explain how the roles and functions of a facilitator can overcome barriers to and enhance facilitators of the implementation of the Six Building Blocks Program.

Activities

- Review Parchman et. Al.'s Opioid Rural Barriers & Facilitators [article](#), the AHRQ [Module 6: Overview of Facilitation Process](#), and the 7 key roles of practice facilitators Health Hearts Northwest [article](#).
- Reflect on the Discussion Questions and Key Learnings

Discussion Questions

- Thinking about the facilitation process described in Module 6 of the AHRQ guide, where in this process might you provide support for one the facilitating factors described in the JCTS article (e.g., supportive leadership)?
- Based on the description of the process of practice facilitation in the AHRQ guide, how might you help a clinic overcome one of the barriers to making systems-based changes in opioid management identified in the JCTS article (e.g., competing priorities)?
- As described in the AHRQ Module 6 'Overview of the Facilitation Process,' what is the purpose of a 'kick-off' visit during the facilitation process?

Key Learnings

- Providers and clinics that have participated in the Six Building Blocks program experience a common set of challenges and facilitators when working their way through the program. Challenges include competing demands with other improvement priorities, fear of loss of clinician autonomy, and lack of resources for alternative chronic pain therapies. Facilitators included a desire to help their community, supportive clinic leadership, and growing external pressure and oversight of opioid prescribing.
- Facilitation is both a role and a process. Facilitators play many roles such as encourager/cheerleader, a spread agent who shares lessons learned from other clinics, a source of resources and tools, and an accountability agent. Facilitators use many processes in their role such as creating protected time and



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space for clinic teams to meet and discuss possible changes, guiding teams through goal setting and developing action plans, and tailoring their approach to the unique context and needs of a clinic. These roles and processes have the potential to address many of the identified barriers and leverage the facilitators identified by clinics that implemented the Six Building Blocks program.



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All Six Building Blocks materials have been developed by the University of Washington Department of Family Medicine and Kaiser Permanente Research. **To learn more visit www.improvingopioidcare.org.**