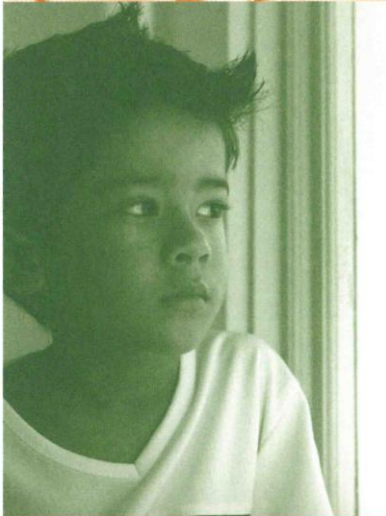


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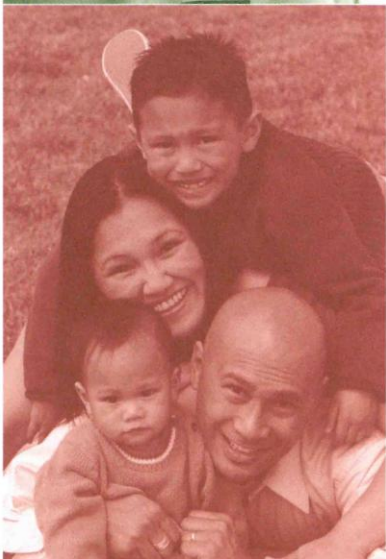


Carver-Scott Statewide Health Improvement Program

Findings from the healthcare sector



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MINNESOTA'S
VISION | SHIP
A Better State of Health | Statewide Health Improvement Program

Carver-Scott Statewide Health Improvement Program

Findings from the healthcare sector

June 2011

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Contents

Background	1
Healthy living referral efforts in Carver and Scott Counties	6
Lessons learned.....	15

Acknowledgments

Wilder Research would like to thank Carver and Scott Counties SHIP staff for their support throughout this evaluation. We would also like to thank the health care clinic partners who participated in evaluation interviews for their time and effort.

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Background

The goal of the Minnesota Statewide Health Improvement Program (SHIP) is to help Minnesotans live longer, healthier, better lives by preventing risk factors (tobacco use and exposure, poor nutrition, and physical inactivity) that lead to chronic disease. SHIP aims to create sustainable, systemic changes that make it easier for Minnesotans to choose healthy behaviors.

Together, Carver and Scott Counties were awarded a SHIP grant in 2009 to assess the degree to which existing policies, resources, and environmental assets are in place to support healthy living and employ evidence-based strategies to make policy, systems, and environmental change in four sectors: schools, communities, worksites, and health care systems. This report highlights efforts made through SHIP to enhance referrals by clinicians to existing community resources at four pilot clinics in Carver and Scott Counties. More specifically, the main body of the report summarizes the work of each clinic, identifies common factors that support successful implementation and sustainability, and offers a set of issues for County staff to consider when partnering with communities to support active living efforts in the future.

Healthy living referrals in Carver and Scott Counties

As part of the SHIP initiative, the Minnesota Department of Health (MDH) provided all grantees with a menu of intervention options that were identified as effective ways to reduce obesity, tobacco use, and other risk factors contributing to chronic disease. Carver-Scott SHIP contracted with Wilder Research to conduct a needs and feasibility assessment to help guide the selection of interventions in each sector. A limited amount of information could be gathered from health care clinics during the assessment phase of the project. However, some information suggested a need to help patients connect to community healthy living resources, particularly low-cost services:

- A review of policies and practices demonstrated few facilities had formalized strategies to refer patients to community resources.
- Key informant interviews suggested providers typically hold primary responsibility for being aware of existing community resources and referring patients to appropriate services, but felt other clinic staff could play a larger role in facilitating referrals to community resources.

- None of the 29 clinics in Carver and Scott Counties offered sliding-fee or free services, which may limit access to classes and other resources available to patients who have limited incomes.

Though not conducted early enough to be included in the needs assessment, results from the first administration of the Metro Adult Health Survey in 2010 provided specific County-level data describing the health status of residents and their recent conversations with their health care provider about preventive health issues.

- **A number of adults in Carver and Scott Counties have been diagnosed with conditions that can lead to chronic disease.** Approximately one-quarter of Carver and Scott County residents reported they had been told by a health care provider that they had high cholesterol (24-25%), while fewer had been diagnosed with hypertension (16-17%), or diabetes (4-5%). Six percent of residents in both Counties had been diagnosed with some form of cancer.
- **While many residents participated in adequate levels of physical activity, fewer ate the recommended number of servings of fruits and vegetables.** Approximately three-quarters of Carver (76%) and Scott (73%) residents reported they met the minimum recommended physical activity requirements (150 minutes or more of moderate/vigorous physical activity per week). Fewer residents (37-38%) reported eating five or more servings of vegetables on the day before taking the survey.
- **Despite reporting positive eating and exercise behavior, many residents are considered overweight or obese, based on BMI, and actively trying to lose weight.** Overall, 60 percent of Scott County residents and 57 percent of Carver County residents are considered overweight or obese, with approximately one in five adults considered obese. Just over half of residents (53-54%) were currently trying to lose weight.
- **Weight may be a sensitive issue to discuss during health care appointments.** Nearly three-quarters of residents had seen a health care provider in the past year. Providers were less likely to talk to residents about their weight, as they were to discuss physical activity, nutrition, or smoking. Those who had attended an appointment with a health care provider reported their providing initiated conversations with them about physical activity (69-72%) more often than diet or nutrition (53-58%), smoking or tobacco use (51-57%), or their weight (41-48%).

Healthy living referrals intervention

Guided by the data gathered during the community assessment, Carver-Scott SHIP chose to partner with health care centers to support the implementation of policies and practices that encourage providers to refer patients to community resources that increase access to high quality nutritious foods, opportunities for physical activity, and tobacco use cessation. Through this intervention, patients may be referred to structured interventions (e.g., a clinic's diabetes management program), formal programs (e.g., nutrition classes through a community education program), or informal resources (e.g., farmer's markets, neighborhood walking groups).

Intervention implementation approach

In the health care sector, Carver-Scott SHIP staff worked with a consultant from the Institute for Clinical Systems Improvement (ICSI) to recruit clinics for this intervention and assist up to four clinics in developing protocols and processes to refer patients to community resources that support healthy living. The ICSI consultant also offered expertise and technical assistance to all clinics throughout the assessment and implementation period. Letters describing the intervention were sent to providers and medical directors of each clinic, and interested providers/clinic administrators were encouraged to contact Carver-Scott SHIP staff to learn more about the initiative. A total of four clinics (two in Carver County and two in Scott County) volunteered to participate in this healthy living referral initiative.

Carver-Scott SHIP staff incentivized partners to participate in an initial assessment, develop and implement an action plan, and evaluate their work by allowing them to submit an invoice for a portion of their grant funding after completing key tasks at each step in the process (e.g., participating in an online assessment, developing an action plan, and completing an evaluation interview). All clinic partners completed these three key steps, described in greater detail below.

Assessment

The assessment process was a two-fold interview process. Anticipating more than four clinics may be interested in participating in the initiative, Wilder Research worked with Carver-Scott SHIP staff and the ICSI consultant to develop a brief telephone interview that would be used to gather information about the clinic's overall interest in the initiative and readiness to make changes to enhance their referrals to community-based resources. A group discussion with the clinic team from each site was then conducted to describe the clinic's patient population, current assessment and referral practices, and strengths and challenges that could impact implementation of this quality improvement initiative.

Action plan development and implementation

Each clinic developed an action plan, including a timeline to implement key activities that would result in an enhanced referral process. Following the development and approval of the site's action plan, the clinic partners moved into implementation of identified activities. With the support of Carver-Scott SHIP staff and the ICSI consultant, each clinic developed and implemented an action plan using similar strategies to provide patients with information about local community resources.

Evaluation

The final benchmark for community partners was evaluation. Evaluation efforts were led by Wilder Research, with the support of Carver-Scott SHIP staff. Representatives from each clinic were asked to participate in an interview to describe their work implementing the initiative, including their project accomplishments and challenges, and plans to sustain or expand their work on this initiative over time. To estimate the total number of patients reached through the intervention, each clinic also tracked the number of resource lists and referral pads used by providers at the clinic.

Evaluation approach

Wilder Research developed evaluation plans to gather information required by MDH, help Carver and Scott Counties identify strategies for future work, and provide SHIP partner sites with information describing the impact of their work. The evaluation was designed to describe the key accomplishments and common challenges faced by partners working to create policy, systems, and environmental changes. More specifically, the evaluation for the health care active living referral intervention was designed to answer the following key questions:

- Have the clinic partners been successful in implementing activities to enhance their healthy living referral strategies?
- What type of capacity is needed to assess, plan, and implement healthy living referral activities in a clinic setting?
- What is the reach and impact of this work?
- Overall, were the sites satisfied with their involvement in this initiative?
- What lessons learned are important for health care clinics and county staff to consider when implementing similar initiatives in the future?

Data collection methods

Main components of the evaluation plan included:

- **A semi-structured interview** conducted with one or more representatives from each site to gather information about the site's activities and their perceptions of barriers, accomplishments, assets, and lessons learned.
- **An interview with Carver-Scott SHIP staff and ICSI consultant** to determine the types of support and resources provided to each site.
- **Tracking of resources** distributed at each clinic site, including resource lists and prescription pads.

Healthy living referral efforts in Carver and Scott Counties

In the health care sector, Carver-Scott SHIP partnered with four clinics, two in each County, to implement policies and practices that enhance referrals made to community resources that focus on nutrition, weight management, physical activity, and tobacco cessation. The four partner clinics were Lakeview Clinic – Watertown, Ridgeview Clinic – Chanhassen, and Queen of Peace Clinics in Belle Plaine and New Prague. Implementation efforts in both Queen of Peace Clinics were led by the same team of clinic staff and are discussed as one site throughout this report.

Technical assistance provided by SHIP staff

Carver-Scott SHIP staff used a common approach to provide technical assistance, resources, and ongoing support to each of the four clinics during the project's planning and implementation phases. These activities were done in coordination with a consultant from ICSI hired by Carver-Scott SHIP who had expertise in helping clinics implement a variety of quality improvement initiatives, and with the guidance of a healthcare work group, including representatives from each clinic. The technical assistance and resource opportunities made available to all clinics are described below.

Technical assistance

Each clinic received technical assistance and support from Carver-Scott SHIP staff and the ICSI consultant to prepare their action plan and implement the initiative. At the onset of the initiative, clinics received information about this initiative and other quality improvement guidelines developed by ICSI. All clinics also received information about the Call it Quits clinic fax line, which allows providers at participating clinics to make direct referrals to a program that provides one-on-one support to patients interested in tobacco cessation. Each clinic also received information about motivational interviewing, a technique that can be used by providers to assess patients' readiness to change their behavior and to help them develop a feasible plan. Carver-Scott SHIP staff and the ICSI consultant worked with two clinics to offer training on motivational interviewing for providers and clinic staff. Representatives of all clinics reported they found the assistance provided by Carver-Scott SHIP and ICSI to be helpful and felt they would be interested in partnering with Carver and Scott Counties again on similar initiatives.

Referral resources

The clinics also received significant support in developing community-specific referral resources. Carver-Scott SHIP staff and the ICSI consultant worked with each clinic to develop a comprehensive list of community physical activity, weight management, nutrition, and tobacco cessation resources. Clinic staff were able to review and provide feedback to the list of final resources to ensure it met the needs of the patient population served by the clinic. All clinics posted a downloadable version of the resource list to their clinic website. Providers from each clinic received prescription pads to encourage patients to access local resources for nutrition, exercise, and/or smoking cessation. The prescription pads were also tailored to include specific information requested by the clinic, such as a book that was regularly recommended to patients at one clinic. Carver-Scott SHIP staff worked directly with the printing company to design and print all resource materials and delivered the final products to the clinics.

A number of other materials from the *5210 – Let's Go!* campaign were also used for the initiative. *5210-Let's Go!* is a national campaign encouraging individuals to eat 5 or more servings of fruits and vegetables, limit screen time to no more than 2 hours, participate in at least 1 hour of physical activity, and consume 0 sweetened beverages each day. 5210 posters, brochures, table tents were made available to all four participating clinics. Three of the clinics reported they had displayed the posters in their clinic waiting area and/or examination rooms. However, the clinics were not asked to report how many materials were displayed or provided to patients through the initiative.

Training

All clinics were also given the opportunity to partner with Carver-Scott SHIP and ICSI to offer training on motivational interviewing to providers and other clinic staff. Motivational interviewing is a technique that can be used by providers and clinic staff to assess a patient's readiness for behavior change, strengthen personal motivation for change, and work with the patient to develop individualized goals. Trainings were held for providers and staff at Ridgeview Clinic-Chanhassen and Lakeview Clinic-Watertown. Two medical student interns working with the Lakeview Clinic have developed forms that providers can use with patients to assess interest in, and readiness for, behavioral change. These forms were reviewed by the healthcare sub-committee, but had not been implemented in the clinic before the evaluation interviews were completed.

Key implementation activities

Interviews with staff from each clinic demonstrated that the health status of patients is regularly assessed by recording weight/body mass index (BMI) and smoking status at each visit, as well as through monitoring the results of standard lab tests. However, the degree to which providers discuss this information with their patients and the approaches used to counsel patients about healthy behavior varies. Similarly, none of the clinics had systematic processes for referring patients interested in improving their health to appropriate community resources. Providers typically referred patients to community resources they were most familiar with, and many printed educational materials from online sources or materials compiled by the clinic. Although one clinic had developed topic-specific referral lists, this list included primarily medical specialists or programs available to patients through their health care system.

Through this intervention, all clinics were interested in developing a time-efficient approach to help patients better connect to existing community resources. However, the strategies used to implement the initiative at each clinic varied, based on the needs of their patients and preferences of clinic providers and staff.

Implementation at Lakeview Clinic – Watertown

To date, the healthy living referral intervention has been implemented by all but one provider at the Lakeview Clinic-Watertown. To better address the needs of patients who leave in and near Watertown, the community resource list for the clinic was modified to include information about community resources outside of Carver and Scott Counties. In contrast to how this intervention has been implemented by other clinics, providers at the Lakeview Clinic-Watertown were interested in enhancing their referrals to both adult and pediatric patients. The clinic also began using a pediatric survey to assess healthy eating and exercise behaviors, and plan to continue using it after the initiative ends in June 2011. The resource list and prescription pads are used primarily during well-visit exams with both adult and pediatric patients, but also are a resource used during acute care visits, if the patient's health concern is related to weight management, diet, exercise, or tobacco use. Providers at the clinic have been using the Call it Quits fax referral line, but did not have counts of how many referrals had been made.

Initially, the resource lists were included with all charts to prompt providers to discuss healthy behaviors and refer patients to specific resources, as appropriate. Over time, the providers learned that some patients had received the list at prior appointments, so they began to simply stock the resources in the examination rooms. Currently, the providers are responsible for sharing the resource lists with patients.

The clinic has taken advantage of all the resources made available by Carver-Scott SHIP, including the community resource list, prescription pad, 5210 posters and brochures, and pediatric healthy living survey. These resources have also been made available to providers and staff at other Lakeview Clinic locations in Chaska, Waconia, and Norwood Young America. Twenty clinic staff, including 5 family practice physicians, 5 nurses, 4 pediatricians, 1 obstetrician, and other clinic staff, also received training through the initiative on motivational interviewing concepts. All training attendees reported the training met their expectations and was pertinent to their practice. A few attendees felt they would change how they interacted with patients as a result of the training by asking more open-ended questions. Clinic representatives interviewed for the evaluation felt the training was well-received, but felt additional training was needed before providers and staff felt comfortable with the techniques. There were some concerns that providers do not have enough time during most appointments to ask more open-ended questions and engage patients in conversations about their readiness for behavior change.

According to clinic staff, the initiative has been well-received by patients and providers. There is interest among Watertown clinic providers to continue using the resource list and other educational materials, as well as to expand the use of these materials to other clinics within their system. For example, materials from the motivational interviewing training have been shared with the Medical Director of the clinic to distribute to clinic providers and staff. Clinic providers interviewed for the evaluation noted that time is the most significant barrier to fully implementing this initiative. Providers do not have the time to share the resource list with every patient and still stay on schedule, so they often need to pick and choose when to take extra time with patients to discuss healthy living behaviors.

Implementation at Ridgeview Clinic- Chanhassen

All seven providers at the Ridgeview Clinic-Chanhassen have received information about the healthy living referral initiative and have access to the referral resources developed for this initiative (e.g., resource list, prescription pads). However, according to clinic staff, the degree to which individual providers use the resources varies. Table tents with the 5210 logo were requested by the clinic to display in all exam rooms. The table tents are intended to inform patients, but also serve as a visual reminder to provider to ask the patients about healthy living behavior and share the community referral resources, as appropriate. Clinic providers use the resource list and prescription pads primarily during well-visit exams with adult patients, but could also be a resource used during acute care visits, if the patient's health concern is related to weight management, diet, exercise, or tobacco use. The clinic is interested in integrating the Call It Quits tobacco cessation program referral form into their electronic medical record when future updates are made.

A training about motivational interviewing was given to 15 clinic providers and staff members, including physicians, nurses, and staff holding other clinic roles. All training attendees reported the training met their expectations and pertinent to their practice. A few attendees felt they would change how they interacted with patients as a result of the training by asking more open-ended questions and helping patients track their goals. When representatives of the clinic were interviewed, there were some concerns that providers would not have adequate time to use motivational interviewing techniques during appointments. They suggested scripts or other materials may be helpful for providers and other clinic staff interested in using the techniques in their interactions with patients.

According to clinic representatives, clinic providers and staff are aware of the initiative. Support staff ensure that the resource and referral materials are stocked in all examination rooms, and providers are responsible for distributing them to patients during the appointment. Providers reported anecdotal positive feedback from patients who were given the resource list and/or referred to specific community resources. Overall, a number of clinic providers and staff are supportive of this initiative and efforts to put more emphasis on the prevention of chronic health conditions. However, ongoing reminders are needed to encourage providers to consistently offer this resource to patients.

Implementation at Queen of Peace clinics

The healthy living referral intervention was initially implemented by eight providers, including three providers at the Belle Plaine clinic and five providers at the New Prague clinic. The initiative expanded to also include two providers who practice at the Queen of Peace Women's Health Center at the Queen of Peace New Prague Hospital. The providers received information about the initiative during a clinic meeting and were asked to consider using the community referral list and 5210 prescription pads when counseling patients interested in improving their diet or exercise routine or making other healthy behavior changes. The clinic focused on sharing these resources with adult patients at well-visit appointments, as well as acute care appointments, if their primary health concern was related to weight management, diet, exercise, or tobacco use.

The resource lists and prescription pads are stocked in all exam rooms, so that they are readily available to providers during appointments with patients. The nurses at each clinic have also received information about the initiative and have been encouraged to share the resource list with patients who are interested in improving their diet, getting more exercise, or quitting smoking, even if the provider did not make a specific referral or request the nurse provide these materials. The clinic providers have received information about the Call It Quits referral line, but at the time of the evaluation interview, the clinic had not yet registered with the program.

According to the clinic representatives, there was immediate provider support for the initiative, as they saw it addressing an important service gap in a way that required minimal time and resources. One clinic representative noted that it was a “no-risk” initiative, meaning that there were no negative consequences for not meeting anticipated implementation or outcome goals.

Factors that influence implementation and sustainability

All clinic partners began to work on this initiative in late fall 2010 and implemented their action plans in early 2011. Despite having only a short period of time to plan for and implement changes in their referral processes, all four clinics did develop strategies to share the community resource list with patients and were interested in continuing or expanding their efforts. The strategies used by individual providers to assess patients’ health behaviors and make appropriate community referrals varied across individual providers, as well as by each partner clinic. However, common factors that influence implementation and sustainability of the initiative were shared across the four clinic partners. These factors are briefly described below.

Time

Time was the most significant implementation barrier faced by all clinic partners.

In the medical field, efforts to improve the quality of patient care must be done in a way that also maintains or improves efficiency. While there was support for the initiative across all four clinics, clinic provider and staff time were significant challenges to implementing enhanced referral processes. Representatives from each clinic noted the resources developed by Carver-Scott SHIP staff were easy to use, but still required some explanation by the provider or clinic staff member who shared the information with the patient. Seemingly small increases of 2-3 minutes of time spent with patients to share the community resource list can result in increased wait times for appointments of 30 minutes or more by the end of the day. Concerns about increasing the amount of time spent with patients was also a barrier to providers incorporating motivational interviewing techniques into the practice approach. All clinics were interested in considering ways to use the resources available through the initiative in efficient ways.

Staff support

Buy-in and support for the initiative at multiple levels is needed. Although providers in clinic settings have a great deal of autonomy in their interactions with patients, the decisions of the medical director and other clinic administrators influence how care is provided, as do the protocols used by clinic support staff to schedule appointments, room patients, and gather health histories. In all clinics, the initiative was supported by clinic

staff at all levels, including clinic administrators, provider champions, nursing supervisors, and support staff leads. The support of staff at different levels within the clinic should help sustain these efforts over time.

Staff coordination

Clinics felt it was important to involve multidisciplinary teams to plan and implement the initiative. At each clinic, a team of medical, administrative, and support staff worked on implementing the quality improvement initiative. The teams from each clinic included a provider champion, clinic administrator, and representative of the nursing or provider support staff, with some clinics involving other representatives, such as an information technology (IT) staff member. However, the individuals who led or co- led the initiative at each clinic held different roles.

Competing initiatives

During this initiative, each clinic was also facing significant changes that limited staff time. Changes impacting the partner clinics included the final construction and opening of a new clinic, moving from paper files to an electronic medical record, and merging the current clinic system with a larger health care network. Although none of these planned changes incorporated activities that conflicted directly with the goals of the healthy referral initiative, staff involved with multiple planning and implementation efforts had limited time available to fully implement their SHIP action plan.

Impact

All clinics implemented an approach to improve their referral practices and are interested in sustaining and/or expanding their efforts. Clinics that partnered with Carver-Scott SHIP on this initiative had a limited amount of time to plan for and implement strategies to better refer patients to community nutrition, weight management, physical activity, and tobacco cessation resources. Despite this limitation, all clinics made progress in developing approaches to refer patients to healthy living resources. All clinic partners had posted the resource list on their clinic website and were interested in continuing to share the resource list and encourage providers to refer patients to specific community resources. Queen of Peace Clinics were interested in expanding the use of the resource list to other clinics in their system, as were clinic representatives from the Lakeview Clinic-Watertown.

Anecdotal information from all clinics suggests patients were pleased with the community resources lists. At each clinic, the number of resource lists and prescriptions written out to patients were tracked by clinic staff in order to estimate the

total number of patients reached through the initiatives. Overall, approximately 3,000 patients received prescription notes, referring them to one or more community resources. This included 775 patients from Queen of Peace Clinic – Belle Plaine, 925 patients from Queen of Peace Clinic – New Prague, 300 patients from Ridgeview Clinic-Chanhassen, and approximately 1000 patients from Lakeview Clinic-Watertown. Slightly fewer patients (approximately 2,700) received hard copies of the community resources across the four clinics (759 patients from Queen of Peace- Belle Plaine, 845 patients from Queen of Peace – New Prague, 109 patients from Ridgeview Clinic-Chanhassen, and approximately 1000 patients from Lakeview Clinic-Watertown).

Representatives from each clinic noted they had received positive feedback from patients who received the resource list and saw the list was being downloaded from the clinic website. Because of the short implementation timeline, the evaluation did not incorporate activities to assess patient satisfaction with the resources they received, nor were activities included to track and report how often providers discussed healthy living and/or community referral options but did not offer the patient a written resource (e.g., resource list, prescription note).

Clinic representatives felt that, through the initiative, providers and clinic staff became more aware of existing community resources. Prior to the SHIP initiative, clinic representatives felt that most providers made referrals primarily to health care resources (e.g., diabetes management classes) or specialists, rather than to existing community resources. At each clinic, representatives felt the resource list helped providers increase their knowledge of available community resources to support patients interested in making healthy changes. However, the degree to which the initiative led to changes in the conversations providers have with patients about their health is largely unknown. Although one clinic did begin to use a survey to assess health behaviors among children and teens, none of the clinics developed formal guidelines describing when providers should make referrals to community healthy living resources.

Additional information is needed to assess whether patients follow-through with referrals made to community resources. Ultimately, the goal of this intervention is to have individual patients make healthy choices to improve their diet, lose weight, become more physically active, or discontinue tobacco use. However, none of the clinics have a system in place to monitor which patients received referrals to specific community resources and how many of these patients follow through with the referrals made by their providers. Clinics with electronic medical records in place are best equipped to monitor these outcomes. However, there are high documentation burdens in clinics, and it is unlikely these outcomes will be tracked by clinics unless increasing access to prevention resources and monitoring other aspects of preventive care becomes a higher priority.

Representatives of all clinics felt their involvement in SHIP helped them “a great deal” in obtaining resources and engaging clinical staff and administrators in considering ways to increase referrals made to community resources. The clinic representatives felt the resources they received were useful and addressed an unmet need in their clinics. A number of clinic representatives pointed out they do have providers and other clinic staff who are public health champions and engage their patients in conversations about healthy eating and physical activity. The initiative offered the clinics an opportunity to be more deliberate in working with all providers and clinic staff to provide them with information and resources that can enhance their work with patients.

Lessons learned

SHIP provided a unique opportunity for Carver and Scott Counties to partner with health care clinics to implement environmental, policy, and systems changes that enhanced referrals made to community resources. This section of the report highlights key lessons learned through the SHIP initiative and provides action items for County staff to consider when partnering with health care clinics on future initiatives, as well as suggestions for clinics interested in continuing their work to enhance their healthy living referral practices.

Clinic teams are needed to successfully implement quality improvement initiatives to enhance referral practices. The involvement of multiple clinic representatives, including clinic administrators, providers, nurses, and other clinic support staff, is important to the successful implementation and sustainability of clinic quality improvement efforts. Each clinic had at least one provider champion who was invested in the initiative and served a critical role in planning and implementing the initiative. However, buy-in across all levels of clinic staff is important to support changes in individual and clinic practice. In addition, the involvement of multiple staff can help clinic teams consider unique approaches to address implementation challenges and meet planned timelines, if other competing priorities limit the availability of some clinic representatives.

Action items for clinics:

- Consider the level of interest among staff when identifying clinic teams to work on implementing future initiatives. The strongest clinic team may involve passionate staff who do not serve in other leadership roles (e.g., department heads).

Action items for Counties:

- Encourage clinics to identify a team of staff to plan and implement future quality improvement initiatives supported by the County.

A variety of staff can provide patient education and share referral resources, but staff roles must be clarified. Providers have a very limited amount of time available to spend with each patient and clinic efficiency is an important consideration when implementing any quality improvement initiative. Although providers are responsible for referring patients to appropriate services, other clinic staff could play larger roles in assessing patients' current health behaviors and sharing resources. In one clinic, nurses have taken a larger role in asking patients about their health and providing the resource list to patients interested in making healthy lifestyle changes, and similar efforts are being considered by another clinic. Although these changes reduce the burden of time for providers, conversation is needed to clarify the role of nurses and clinic support staff in

the initiative. One clinic representative suggested that consistency in the partnering of providers and clinic support staff can help ensure staff roles are clear.

Action items for clinics:

- Consider piloting different approaches to divide responsibilities among staff to engage patients in conversations about their current behaviors and interest in changing their diet, exercise, or tobacco use behaviors, as well as to provide patients with information about relevant community resources.
- Consider strategies to follow up with patients who were referred to community resources for diet, exercise, or weigh loss concerns.

Action items for Counties:

- Develop brief scripts providers and clinic staff can use to assess patient health behaviors and refer patients to community resources that utilize motivational interviewing techniques.

Ongoing training and reminders are needed to implement changes in practice.

Representatives from each clinic noted it was important to regularly remind providers and other clinic staff of the new initiative and resources available to patients. Updates can be shared formally during standing staff meetings, or informally, such as when a clinic support staff member includes a community resource list when preparing the patient's chart. Although providers and staff are often interested in additional training on a variety of topics, it can be difficult to schedule trainings outside of standing meetings. One clinic representative suggested clinics schedule a kick-off event so that all staff are aware of the date when new initiatives begin.

Action items for clinics:

- Develop strategies to remind providers and clinic staff of new initiatives, and incorporate standing updates on implementation activities during regularly scheduled meetings.
- Consider the feasibility of incorporating reminders into the clinic's electronic medical records system to prompt providers to follow-up on referrals made during prior appointments with the patient.

Action items for Counties:

- Encourage clinic partners to incorporate strategies to communicate information about the initiative to all staff into future action plans.

- Continue to offer training to providers and clinic staff in brief sessions, up to one hour in length, that provide CME credits to participants. When possible, work with clinic staff to provide training during planned staff meetings.
- Consider recording trainings or using webinars so that providers and clinic staff, unable to attend a planned event, can later watch a recorded version.

Clinics are interested in receiving clear, concise resources they can easily share with patients. Although a number of providers from each clinic identified and shared educational materials with patients, it would have been challenging for clinic staff to prepare and finalize a comprehensive community resource list without County Public Health support. One clinic also noted that printing the resources in color also made them more appealing to patients.

Action items for clinics:

- Assign responsibility to a clinic staff member to update the community resource list annually, or consider posting student intern or volunteer positions to assist clinic staff in completing that task.
- Continue to contact County public health staff for questions about local healthy living resources and requests for information that would be helpful to provide to patients.

Action items for Counties:

- Offer clinics resources and educational materials they can share with patients when partnering to implement future initiatives.
- Continue to offer support to health care clinics and medical providers by offering resources and information that may be helpful to patients, and consider additional ways to build upon relationships established through this initiative.