

Helping doctors transform their practices into patient-centered models of health care

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Health-care delivery is changing rapidly, but many primary care doctors' offices are overworked, under-resourced, and unprepared to make the necessary transformation from the old, top-down hierarchical model to the patient-centered medical home (PCMH). This type of change is a years-long process that requires changing existing routines, integrating new technologies, and creating new processes and roles.

A new study published in the *Journal of Cognitive Engineering and Decision Making* describes a scalable solution for transforming health-care delivery in [primary care](#) into the PCMH model. Georges Potworowski, a cognitive and organizational scientist at the University of Albany's School of Public Health, and Lee A. Green, a physician at the University of Alberta's Department of Family Medicine, developed a successful training program in which a group of experienced change agents known as "practice facilitators" learned a simplified form of cognitive task analysis (CTA). CTA is a human factors approach with a long track record of gaining insight into complex cognitive work. The facilitators used CTA to analyze how doctors' office staff thought about and delivered care, and then advised them on where and how to improve their macrocognitive functions such as coordination, sense-making and learning, and managing the unknown and unexpected, to move closer to PCMH.

Over a period of 18 months, the researchers trained 14 facilitators in a two-day workshop that included readings on macrocognition, followed by field training, data collection at doctors' offices, analysis, and the

delivery of reports. The program was designed to meet three conditions: The CTA data collection process had to have as little impact as possible on daily operations; reports needed to be turned around quickly; and the reports had to be understandable and actionable - that is, concrete, feasible, clearly explained, and couched in the language of primary care. All three conditions were met in this study.

Initial experiences with a group of practices in Alberta, Canada, indicated that the reports had a significantly positive impact. The simplified CTA training enabled the facilitators to reveal underlying organizational dynamics and identify problems more quickly. Furthermore, the facilitators applied the CTA approach more broadly than they had been trained for, showing that they could transfer their knowledge to different types of applications.

The authors believe that their training sets the foundation for lasting success in getting practice facilitators to use CTA long-term in a range of applications. More important, the reports help doctors' offices transform into patient-centered medical homes and may help them to become more independent of the facilitators. Together, these make the transformation to PCMH feasible on a large scale.

More information: G. Potworowski et al, Training Change Agents in CTA to Bring Health Care Transformation to Scale: The Case of Primary Care Practice Facilitators, *Journal of Cognitive Engineering and Decision Making* (2016). [DOI: 10.1177/1555343416657237](https://doi.org/10.1177/1555343416657237)

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