

## **A randomized trial of practice facilitation to improve the delivery of chronic illness care in primary care: initial and sustained effects<sup>1</sup>**

Parchman, M. L., Noel, P. H., Culler, S. D., Lanham, H. J., Leykum, L. K., Romero, R. L., & Palmer, R. F. (2013). A randomized trial of practice facilitation to improve the delivery of chronic illness care in primary care: initial and sustained effects. *Implementation Science*, 8(1), 93.

### **ABSTRACT**

---

**BACKGROUND:** Practice facilitation (PF) is an implementation strategy now commonly used in primary care settings for improvement initiatives. PF occurs when a trained external facilitator engages and supports the practice in its change efforts. The purpose of this group-randomized trial is to assess PF as an intervention to improve the delivery of chronic illness care in primary care.

**METHODS:** A randomized trial of 40 small primary care practices who were randomized to an initial or a delayed intervention (control) group. Trained practice facilitators worked with each practice for one year to implement tailored changes to improve delivery of diabetes care within the Chronic Care Model framework. The Assessment of Chronic Illness Care (ACIC) survey was administered at baseline and at one-year intervals to clinicians and staff in both groups of practices. Repeated-measures analyses of variance were used to assess the main effects (mean differences between groups) and the within-group change over time.

**RESULTS:** There was significant improvement in ACIC scores ( $p < 0.05$ ) within initial intervention practices, from 5.58 (SD 1.89) to 6.33 (SD 1.50), compared to the delayed intervention (control) practices where there was a small decline, from 5.56 (SD 1.54) to 5.27 (SD 1.62). The increase in ACIC scores was sustained one year after withdrawal of the PF intervention in the initial intervention group, from 6.33 (SD 1.50) to 6.60 (SD 1.94), and improved in the delayed intervention (control) practices during their one year of PF intervention, from 5.27 (SD 1.62) to 5.99 (SD 1.75).

**CONCLUSION:** Practice facilitation resulted in a significant and sustained improvement in delivery of care consistent with the CCM as reported by those involved in direct patient care in small primary care practices. The impact of the observed change on clinical outcomes remains uncertain.

**TRIAL REGISTRATION:** This protocol followed the CONSORT guidelines and is registered per ICMJE guidelines: Clinical Trial Registration Number: NCT00482768 at [www.clinicaltrials.gov](http://www.clinicaltrials.gov).

For a full text (PDF) copy of this article please [click here](#).

---

<sup>1</sup> This is a direct copy of the article abstract.