

Breakout 1.3: Implementing EBPs in Healthcare Settings

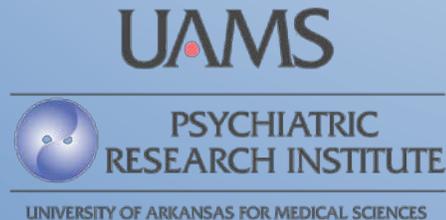
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Structure of the Session

- **I talk for a bit, using an *example***
 - Share my group's process for adapting interventions and developing impl strats in partnership with healthcare system people
 - Discuss concept of formative evaluation
 - Discuss measurement issues in healthcare settings
- **Then we:**
 - Do a group exercise?
 - Flow with examples/problems people have in the room?
 - Freestyle Q&A?

Example: HiTIDES study in VA

- Pyne et al., 2009; Curran et al., 2011
- Patient randomized trial of collaborative care for depression in 3 HIV clinics
- Pilot test of implementation strategies
 - EBQI
 - External facilitation/coaching, audit and feedback, problem solving, etc
- **FORMATIVE** evaluation before, during, and after implementation

What is EBQI?

- Rubenstien et al., 2006; 2014
- Partnership process to adapt intervention and specify implementation strategy (*pre-implementation*)
 - Local clinicians suggest intervention adaptations for their context and guide/approve implementation strategy selection
 - Clinical experts say go/no go on adaptations
 - Implementation experts recommend implementation strategies
 - Leaders/administrators lead and support
- Builds trust, understanding
- Maintain “evidence-based factors” while locally adapting
- See other discussions as well (see Powell et al., 2015; Stirman et al., 2013)

What is Formative Evaluation (FE)?

- Build the plane while we fly it! (Stetler et al., 2006)
- The first iteration of the adapted intervention and (especially) implementation strategy likely not optimal
- Adapt intervention and implementation strategy based on routine data collection on outcomes, feasibility, satisfaction, recommendations
 - Implementation strategy usually gets adapted more; good time for it as this is a pilot study of the strategy...
- BEGIN with “diagnostic” needs assessment, barriers/facilitators, preferences, etc. before attempting implementation (This bit can also be the last aim of a Type 1...!)

Implementation Strategies in Healthcare Settings

- Among the vast array of potential strategies (Powell et al., 2015; Waltz et al., 2015), several are common
 - Automated clinical reminders
 - Audit and feedback
 - Academic detailing (medication use especially)
 - Clinic champions, “change teams”
 - Opinion leaders
 - External facilitation (with local champion, internal facilitator...)
 - Leadership involvement
- Expect only modest outcomes associated with each
- “Multifaceted” strategy with multiple of these sounds attractive, but is not always better
- Target to known barriers and facilitators

Measuring *Implementation* Outcomes

- See Ross's upcoming plenary on Measurement and Evaluation
- Use a framework to help you decide what to measure
 - REAIM
 - PRECEDE-PROCEED
- Look for measures (dependent variables especially) that are generated from EMR
 - Medication prescribed, lab order, referral, clinic visit
- Mixed method outcomes?
 - Feasibility, satisfaction, need for change

More Measurement Thoughts/Topics for Healthcare Settings

- **Unit of analysis?**
 - Provider? Clinic? System?
- **Power**
 - What if you don't have (much or any) power?
 - Pilot implementation studies need mixed method, comparative case study methodologies (*tell the story...*)
 - Can do mixed method, “positive deviance” approach on a subset of cases even when you have lots of clinics and power
- **What about mediators?**
 - Look at implementation frameworks for guidance
 - Readiness, leadership engagement, culture-climate, provider factors, etc...

Let's Open This Up...

- **Group exercise**
- **Focus on an audience example or two**
 - Maybe we can help unstick some people who are working on a project/proposal and are stuck on some of these thorny issues...
- **Freestyle Q&A**