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