

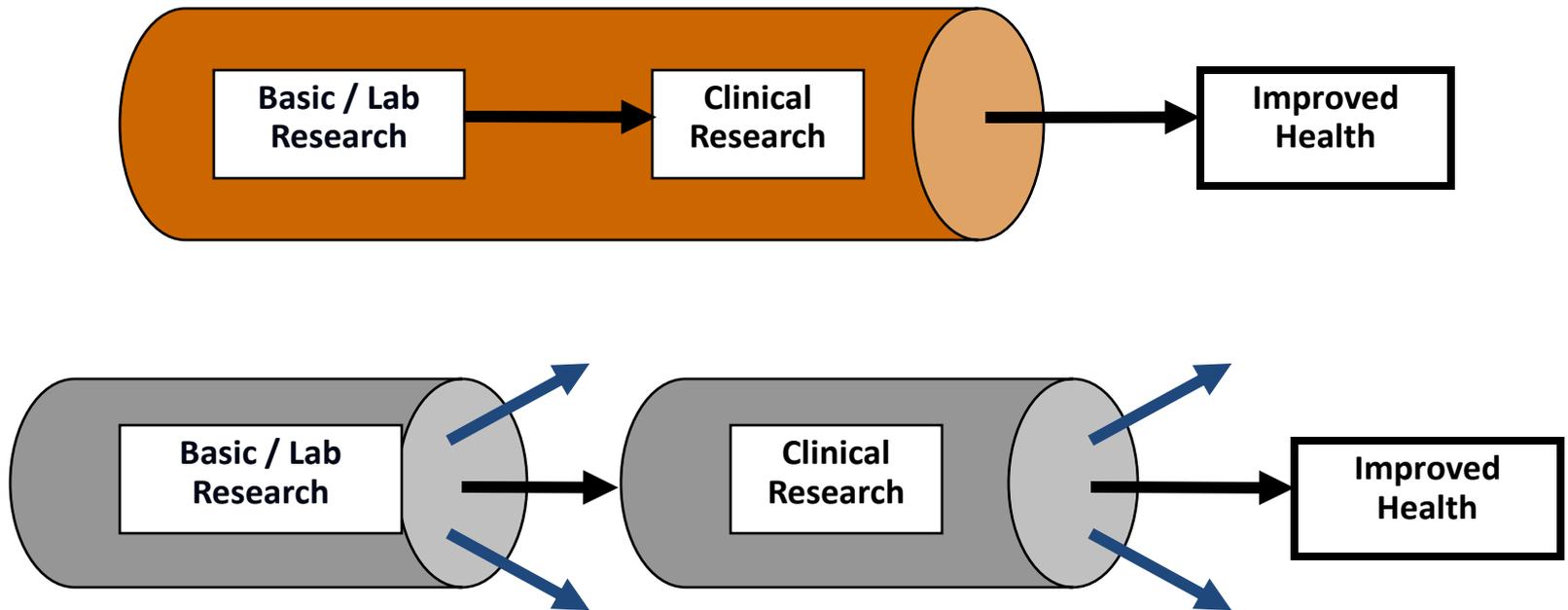
The Pre-Implementation Phase

Shannon Wiltsey Stirman, PhD

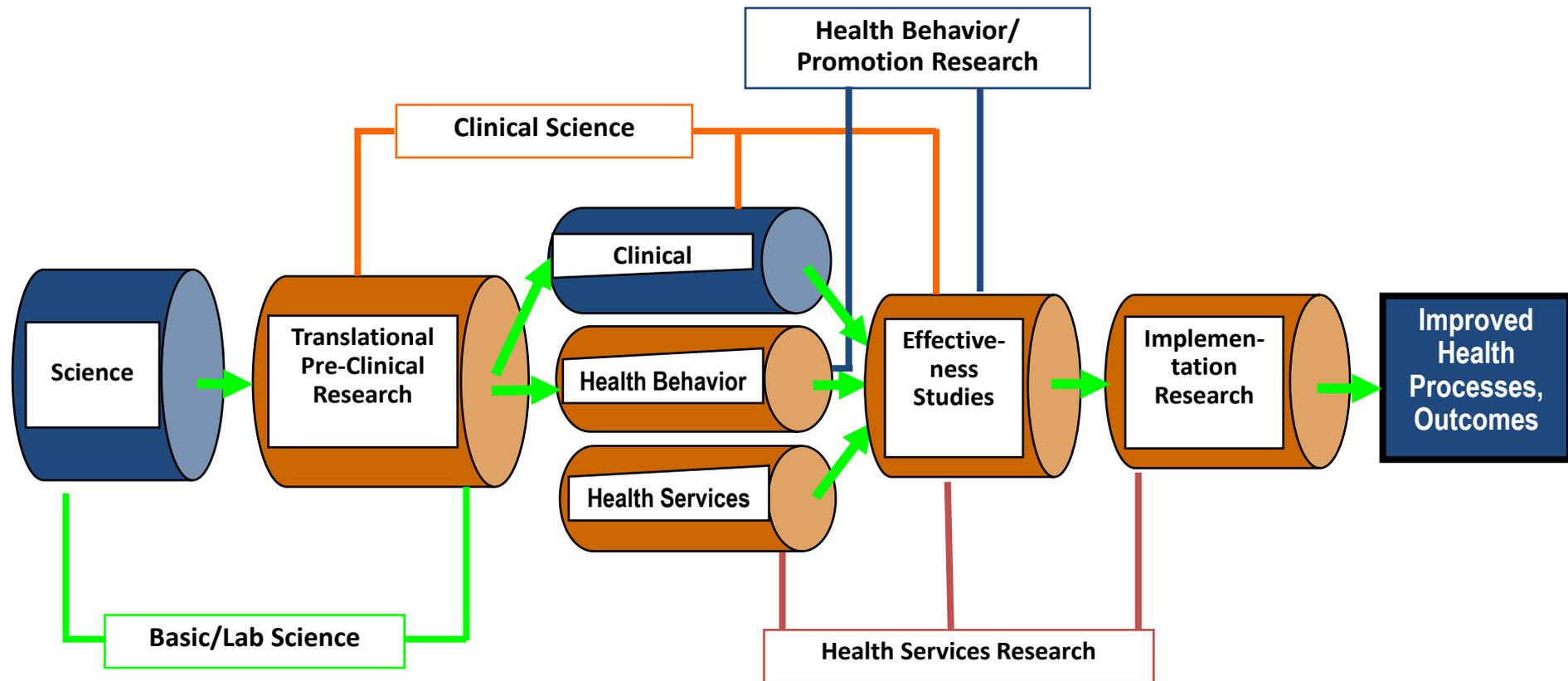
Women's Health Sciences Division, VA National Center for PTSD

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Science and the translational roadblocks



Refined research-implementation pipeline: *Implementation research and clinical research*



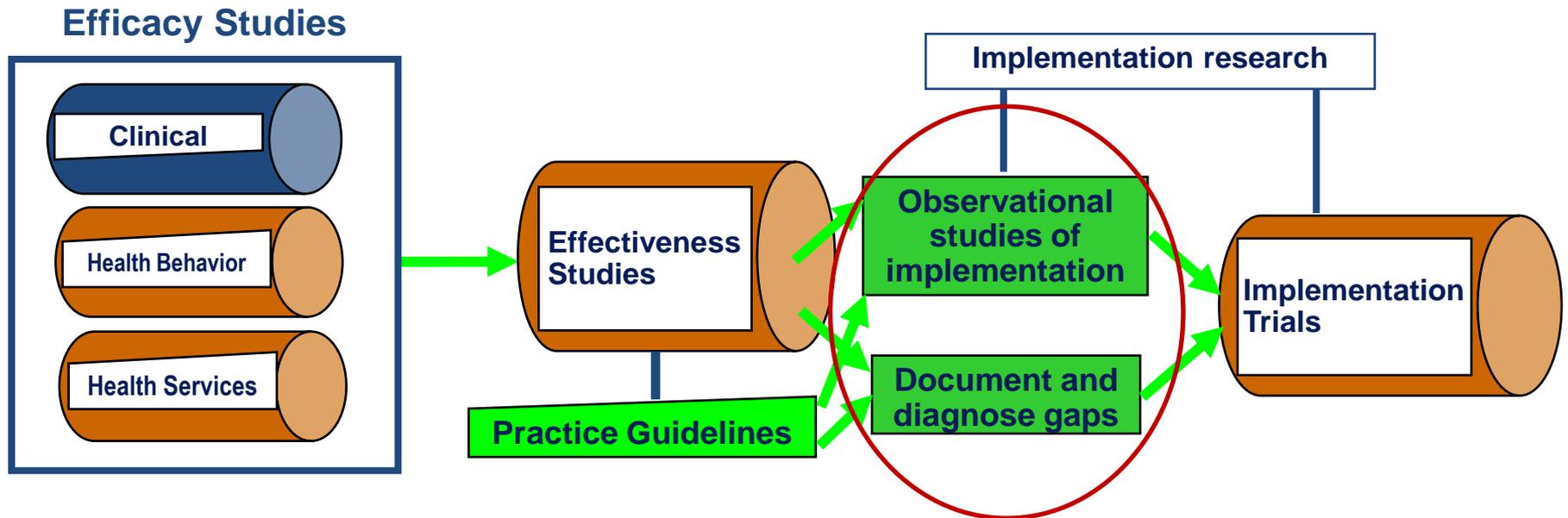
Implementation Research

- Implementation research is the scientific study of methods to promote the systematic uptake of research findings and other evidence-based practices into routine practice, and hence, to improve the quality and effectiveness of health services.
- It includes the study of influences on healthcare professional and organizational behavior.

VA QUERI approach to Implementation

The VA Quality Enhancement Research Initiative's approach calls upon researchers to work toward rapid, significant improvements through the systematic application of best clinical practices.

VA QUERI research-implementation pipeline: Pre-implementation and implementation studies



The Six-Step QUERI Process

1. Identify high risk/high burden conditions
2. Identify best practices
3. Define existing practice patterns and variations from best practices
4. Identify (or develop) and implement programs to promote best practices
5. Document outcome and system improvements
6. Document improvements in health related quality of life



- ☑ Measure existing practice patterns and outcomes
- ☑ Identify variations from evidence-based practices and benchmark outcomes (*quality, outcome and performance gaps*)
- ☑ Identify determinants of current practices
- ☑ Diagnose quality gaps
- ☑ Identify barriers and facilitators to improvement

Why a pre-implementation phase?

- Implementation strategies and interventions need to be tailored to meet specific needs
- It is critical to understand the target setting or system
 - Priorities
 - Capacity
 - Barriers to change
 - Facilitators
- It can be used to engage stakeholders, facilitate buy-in
- It can facilitate realistic estimates of time, costs, and resources required for successful implementation.

Pre-Implementation Goals

- To identify actionable factors contributing to performance gaps
- To identify actionable reasons for failures in implementing innovations.
- To choose a specific focus (e.g. patients, clinicians, information systems) for initiating change.

What to Assess

- Current or usual care state
- Capacity
- Readiness for Change
- Baseline outcomes
- Meaningful program outcomes
 - What outcomes need to be measured?
 - What matters to the stakeholders?
- Barriers/facilitators to change
- Feasibility of proposed strategy
- Perceived utility of the project
- Competing demands

Determinants of Provider Behavior Change

- Knowledge
- Skills
- Social/professional role and identity
- Beliefs about capabilities
- Beliefs about consequences
- Motivation and goals
- Memory, attention and decision processes
- Environmental context and resources
- Social influences
- Emotion regulation
- Behavioral regulation
- Nature of the behavior.

How to Assess

- Field notes and observation
- Documents, patient charts
- Inventories of Readiness for Change, Organizational Context
- Stakeholder interviews or focus groups
- Minutes from advisory committee meetings

Example: the VA TIDES Study

QUERI step 3: Define existing practice patterns and variations from best practices

- Of VA patients screening positive for depression, only about half (54%) receive the recommended follow-up evaluation to confirm the diagnosis
- Among VA patients with severe depression symptoms, 36% remained undiagnosed and untreated with antidepressants over one year
- Veterans receiving depression treatment solely in VA primary care are less likely to receive antidepressants than veterans receiving care in mental health specialty settings
- Only 54% of VA patients started on antidepressants take the medication for the guideline-recommended duration of six months

Example: VA TIDES Study

- Barriers to Collaborative Care model
 - Requires numerous system resources
 - Change required at a local level
- Facilitators
 - VA capacity to provide practice guidelines
 - Infrastructure for staff training, performance measurement
 - QUERI Center available to provide support

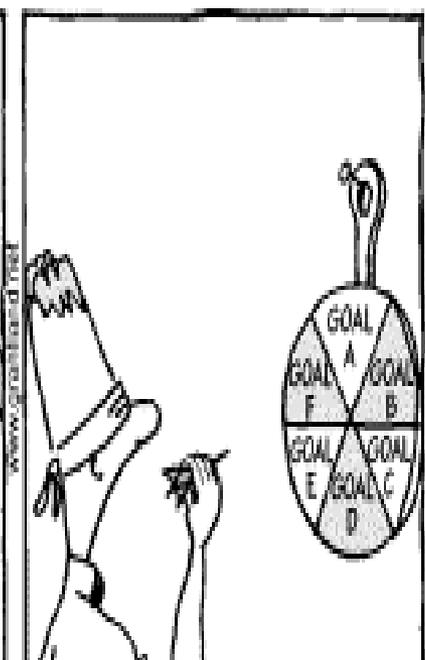
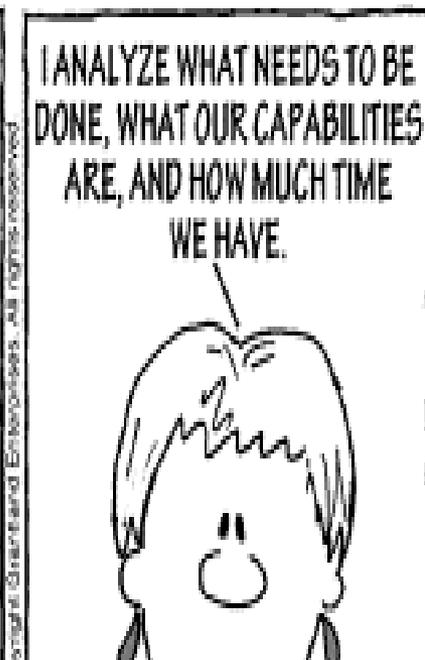
Evidence-based Quality Improvement (EBQI) Process

- Facilitates collaboration among researchers, network leaders, and clinicians
- Allows customized implementation of collaborative care for depression in diverse VA treatment settings.
- Established a method of tailoring collaborative care implementation to local priorities and resources, while maintaining fidelity to the evidence base for the model design
- Committee (key stakeholders, leadership, experts in depression, implementation, organizational change) was formed to develop an implementation plan

Examples of Local Barriers to Guideline Implementation

- Logistics, coordination between lab and MDs
- No standardized biopsychosocial assessment of pain
- Good practice may increase rather than decrease the amount of time required for pain management by the PCP
 - Brings up other problems that PCPs are also not comfortable treating (e.g. substance use disorders, mental health problems)
- Opioid prescribing decisions may require communication between patient primary care providers, mental health professionals, rehabilitation specialists, other specialists, nurses, and family members
 - How do you insure or facilitate this communication?

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