The Use of Facilitation as an Implementation Strategy

JoAnn E. Kirchner, MD

Director, Behavioral Health QUERI

Professor, Department of Psychiatry, UAMS

VA HSR&D QUERI QUE15-289 (PIs: J Kirchner and M Bauer)
VA HSR&D QUERI SDP 08-316 (PI: JoAnn Kirchner)

Outline

- Embedding your work within a conceptual model or framework
  - Example: The integrated Promoting Action on Research Implementation in Health Services (i-PARIHS) Framework
- Facilitation
  - The implementation strategy
  - Evaluation of implementation facilitation
- Knowledge transfer, scale up and spread: "Implementation Science is a Team Sport"
- Where Facilitation fits within other implementation strategies
- Facilitation as a meta strategy
- Coming attractions……….

Poll Question #1

- What is your primary role in VA?
  - student, trainee, or fellow
  - clinician
  - researcher
  - Administrator, manager or policy-maker
  - Other

Poll Question #2

- Which best describes your research experience?
  - have not done research
  - have collaborated on research
  - have conducted research myself
  - have applied for research funding
  - have led a funded research grant

Poll Question #3

- Which best describes your experience with implementation facilitation? Check all that apply.
  - have not used implementation facilitation
  - have collaborated on research that applied implementation facilitation
  - have led research that applied implementation facilitation
  - have served as an implementation facilitator

i-PARIHS Framework

i-PARIHS Framework

Successful
Implementation

i-PARIHS Framework

Successful
Implementation

Context

i-PARIHS Framework

Successful Implementation

Context

- Inner context: local and organizational
  - leadership support
  - culture
  - organizational priorities
  - evaluation and feedback processes
  - learning networks
- Outer context
  - policy drivers and priorities
  - incentives and mandates
  - inter-organizational networks

i-PARIHS Framework

Successful
Implementation

Innovation

i-PARIHS Framework

Successful Implementation

Innovation

- Relative advantage
- Usability
- Evidence
  - research-based evidence
  - clinical experience
  - patient preferences and experiences

i-PARIHS Framework

Successful
Implementation

Recipient

i-PARIHS Framework

Successful
Implementation

- Motivation
- Values and beliefs
- Goals
- Skills and knowledge
- Time
- Resources and support
- Local opinion leaders
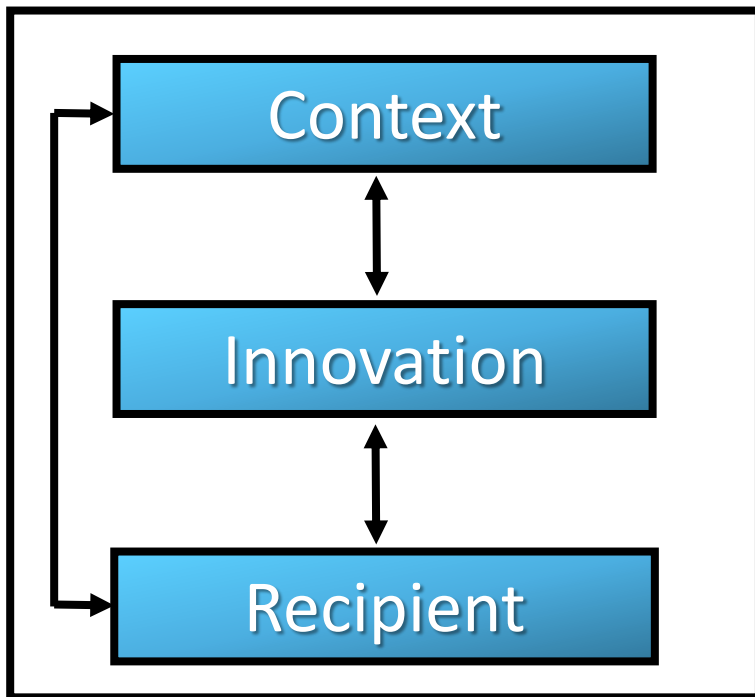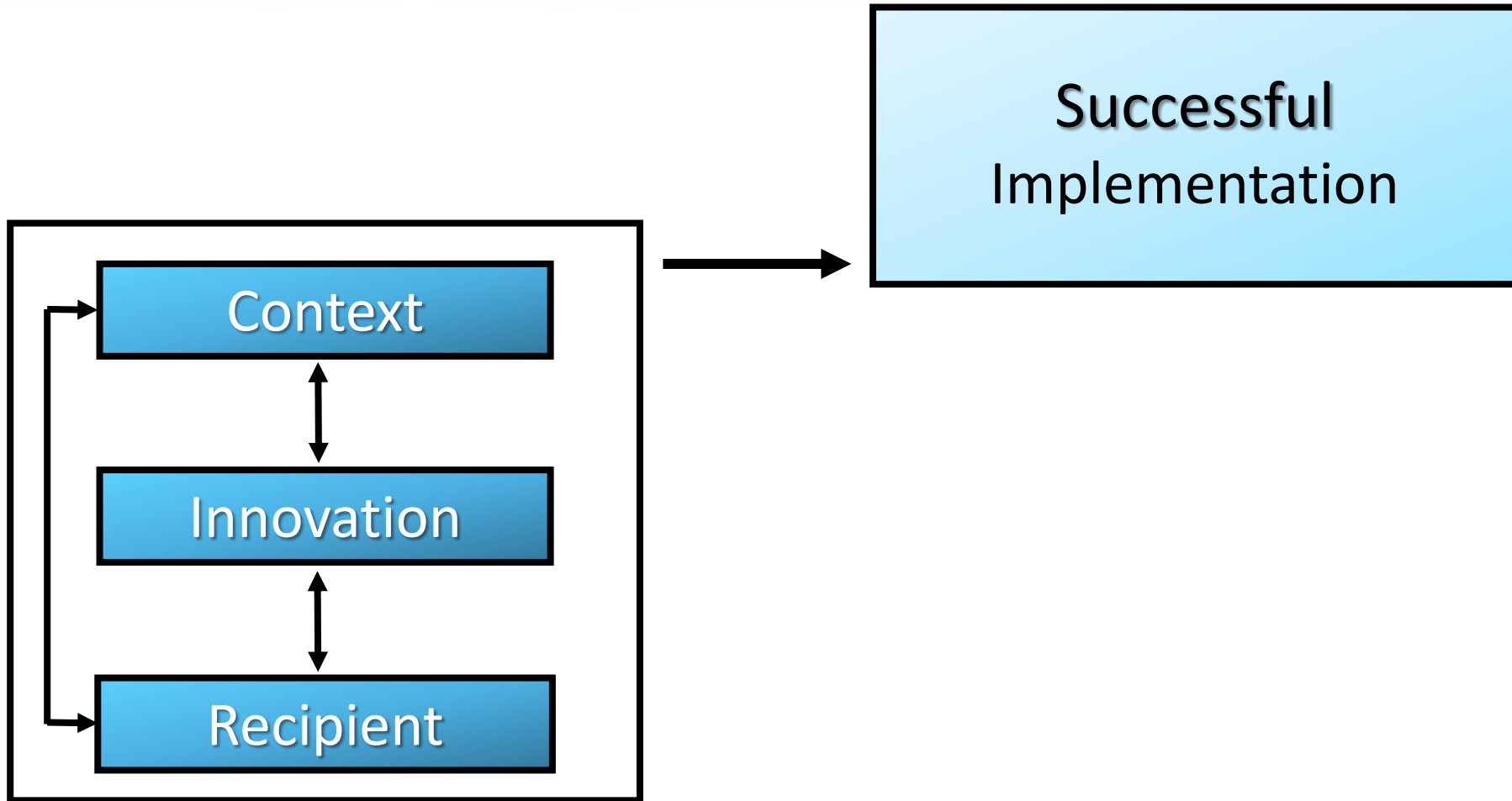- Power and authority

Recipient

i-PARIHS Framework

Successful
Implementation

Context

Innovation

Recipient

i-PARIHS Framework

Successful
Implementation

Context

Innovation

Recipient

i-PARIHS Framework

Successful
Implementation

Context

Innovation

Recipient

Facilitation

- Process of interactive problem solving and support that occurs in a context of a recognized need for improvement and a supportive interpersonal relationship

i-PARIHS Framework

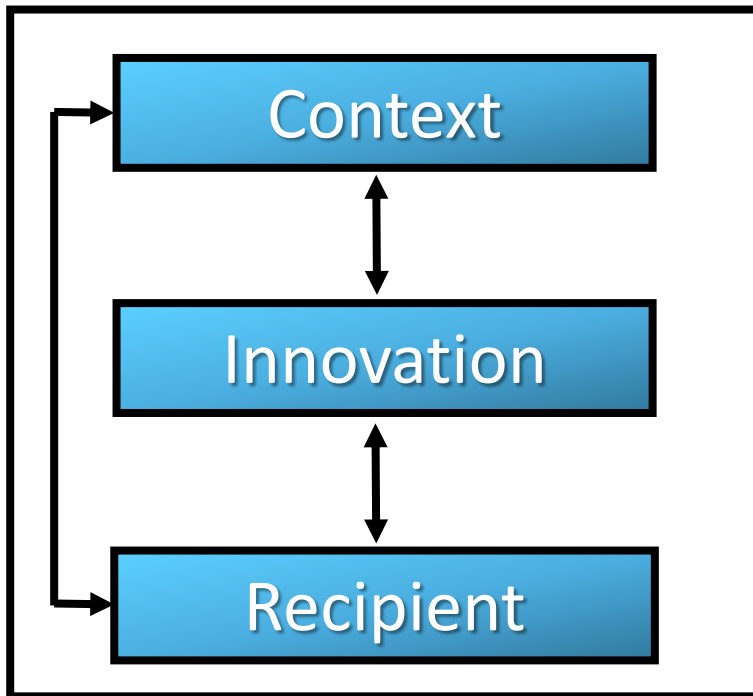Facilitation

Successful
Implementation

Context

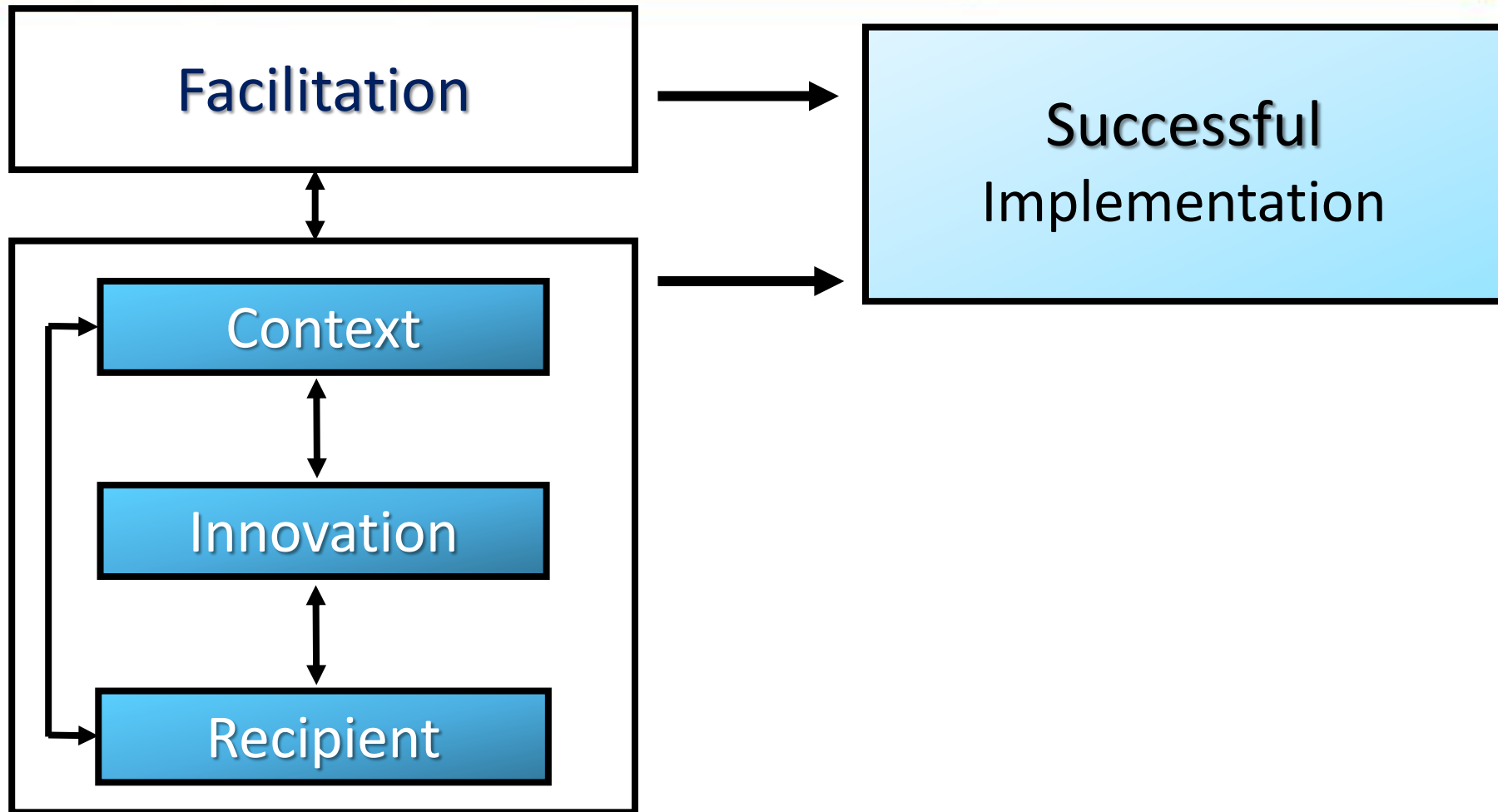Innovation

Recipient

i-PARIHS Framework

Facilitation

Successful
Implementation

Context

Innovation

Recipient

- External and/or internal facilitators
- Applies multiple discrete implementation strategies
- Flexibility
- Interpersonal skills

i-PARIHS Framework

Facilitation

Context

Innovation

Recipient

Successful
Implementation

i-PARIHS Framework

Facilitation → Successful Implementation

Context ↕ Innovation ↕ Recipient

Other Frameworks

Facilitation → Successful Implementation

Facilitation ↕

- REP-F
- CFIR
- PRISM

→ Successful Implementation
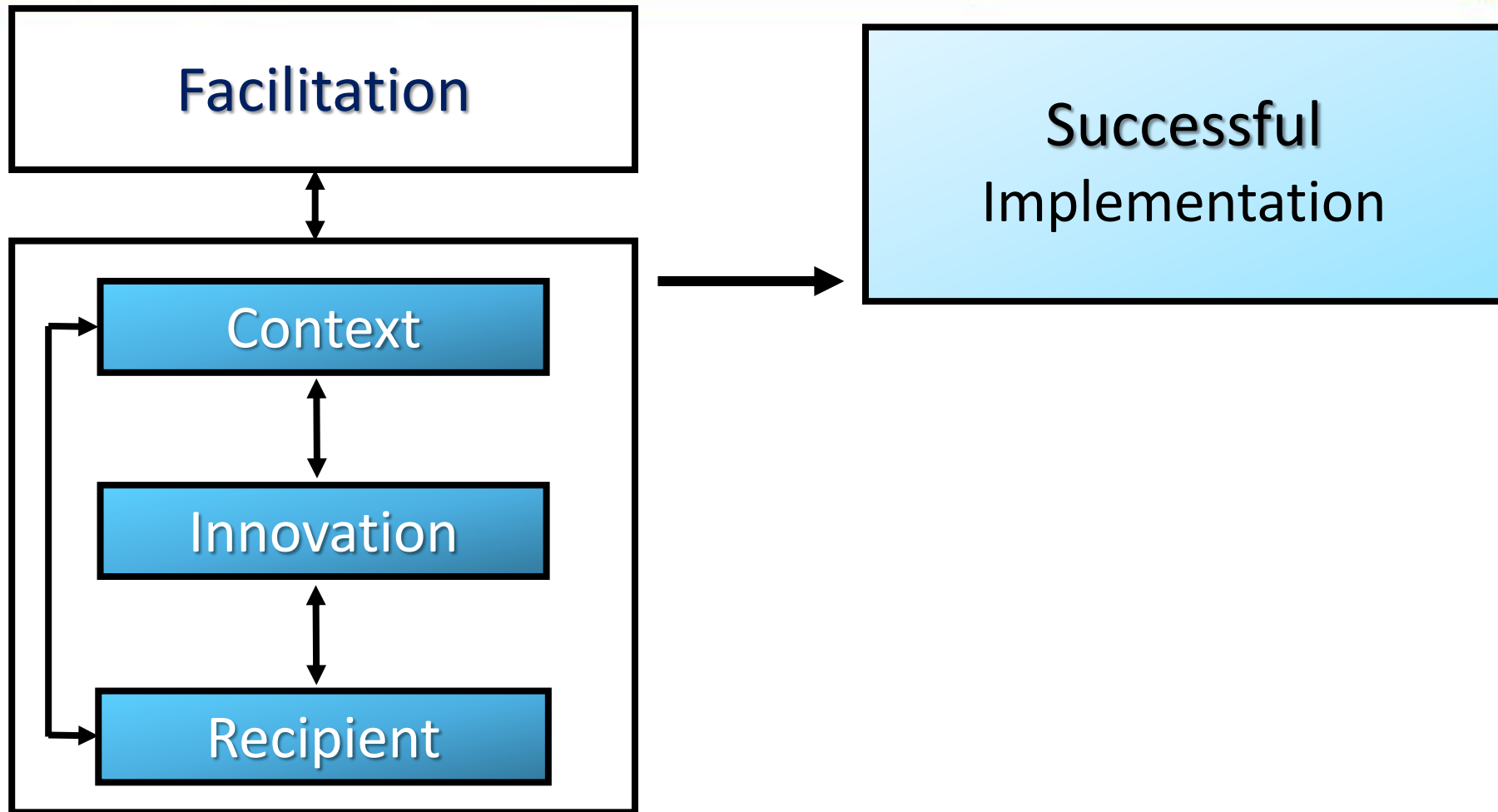
Using an External/Internal Facilitation Model to Implement PC-MHI

Implementation Facilitators

National External Facilitator
JoAnn E. Kirchner, MD

Internal Regional Facilitators
Katherine M. Dollar, PhD
Patricia Gundlach, MSSW

Our Clinical Partners

VA VISN 2
Mary Schohn, PhD
Bruce Nelson, PhD

VA VISN 12
Dean Krahn, MD
Karen Oliver, PhD

Evaluation Team
Geoff Curran, PhD, Co-PI

Co-investigators
Mona Ritchie, MSW, PhD(c)
Louise Parker, PhD
John Fortney, PhD
Chuan-Fen Liu, PhD

Project staff
James Townsend, DHSc, MBA, MIS
Jeffery Pitcock, MS

The Implementation Strategy

External Facilitator (EF)

- National expert in IF techniques and PC-MHI
- Linked to other experts and implementation resources
- Trained/mentored internal regional facilitator

Internal Regional Facilitator (IRF)

- Embedded within clinical organization at regional level
- Familiar with local and regional organizational structures, procedures, culture and clinical processes
- Worked directly with site level personnel
- Allowed the institutional knowledge gained from the implementation process to remain within clinical network

The Implementation Strategy

Pre-implementation activities focused on:

- Engaging leadership support
- Identifying key stakeholders
- Conducting formative evaluation activities
- Providing academic detailing

Design Phase

- Initiated when sites hired PC-MHI staff
- Design phase initiation and length varied
- Concluded with a comprehensive implementation plan

The Implementation Strategy

Early Implementation

- Facilitators continued to engage and partner with stakeholders at all levels

- Helped refine and implement plan, assess and address barriers, monitor progress, audit and feedback

- Facilitators also established regional learning collaboratives for PC-MHI providers

The Implementation Strategy

Late Phase

- Facilitators and stakeholders continued to partner to sustain PC-MHI
- Continued audit and feedback, problem identification and resolution
- Integrating PC-MHI into organizational systems and processes

Maintenance Phase

- Partner with stakeholders to Identify key elements of the implementation plan necessary to sustain change and help them establish mechanisms to convert those elements into **'the way we do things here'**

Evaluation of the IF Strategy:

Independent evaluation

Study Aim

Test the effectiveness of the IF strategy versus standard national support alone to implement PCMH-I, on extent of clinic-level outcomes, provider behavior change, and changes in Veterans' service utilization *at sites unable to implement the program without assistance.*

Evaluation of the IF Strategy:

- Quasi-experimental, Hybrid Type III Design and mixed methods

- 16 PC Clinics implementing PC-MHI
    - Regional MH Directors identified clinics unable to implement PC-MHI without help
    - 8 IF and 8 matched comparison VA PC clinics

- Consensus matching approach

Evaluation of the IF Strategy: Principal Findings

In Late and Maintenance phases, facilitation clinics had:

- **Greater Reach**
  - Percentage of *patients with* PC-MHI encounters
- **Greater Adoption**
  - Percentage of *providers referring*
  - Percentage of *patients referred*
- **Implementation Fidelity**
  - Higher program fidelity in *qualitative* data
  - No difference in *quantitative* proxy measure
- **No difference in Effectiveness**

Preparing for knowledge transfer, scale up and spread:

"Implementation Science is a Team Sport"

- Engaged national VA clinical and operation leadership throughout the study

- Addressed an initiative consistent with VA policy and priorities

- Isolated the implementation activities from the evaluation
  - Created a "shelf ready" product

- Supported the knowledge transfer to VA clinical operations

Implementation Facilitation and other strategies

Implementation Facilitation and other strategies

There is no simple answer

Implementation Facilitation and other strategies

There is no simple answer

Power of a hallway conversation

Expert Recommendations for Implementing Change (ERIC) Investigative Team

Matthew J. Chinman, PhD
VISN 4 MIRECC, RAND Corporation

Laura J. Damschroder, MS, MPH
HSR&D Center for Clinical Management Research, Diabetes QUERI VA Ann Arbor Healthcare System

JoAnn E. Kirchner, MD
Mental Health QUERI, Central Arkansas Veterans Healthcare System, University of Arkansas for Medical Sciences

Monica M. Matthieu, PhD
Mental Health QUERI, Central Arkansas Veterans Healthcare System, Saint Louis University

Byron J. Powell, PhD
Dept. of Health Policy and Management, Gillings School of Global Public Health, University of North Carolina

Enola K. Proctor, PhD
Washington University in St. Louis

Jeffrey L. Smith, MS
Mental Health QUERI,
Central Arkansas Veterans Healthcare System

Thomas J. Waltz, PhD, PhD
Eastern Michigan University, HSR&D Center for Clinical Management Research, VA Ann Arbor Healthcare System

Expert Recommendations for Implementing Change (ERIC) Investigative Team

Matthew J. Chinman, PhD
VISN 4 MIRECC, RAND Corporation

Laura J. Damschroder, MS, MPH
HSR&D Center for Clinical Management Research,
Diabetes QUERI VA Ann Arbor Healthcare System

JoAnn E. Kirchner, MD
Mental Health QUERI, Central Arkansas Veterans Healthcare
System, University of Arkansas for Medical Sciences

Monica M. Matthieu, PhD
Mental Health QUERI, Central Arkansas Veterans Healthcare
System, Saint Louis University

Byron J. Powell, PhD
Dept. of Health Policy and Management, Gillings School
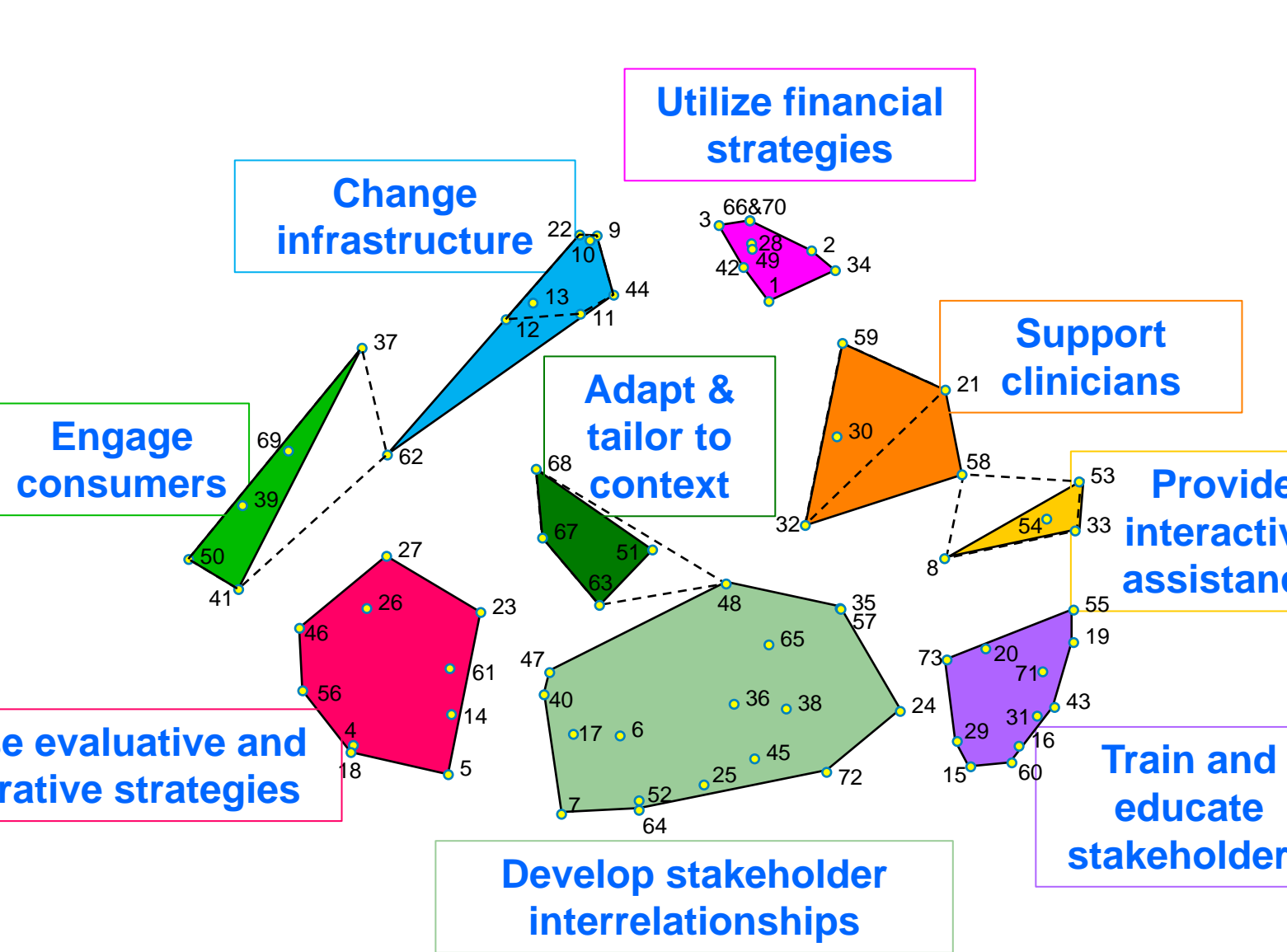of Global Public Health, University of North Carolina

Enola K. Proctor, PhD
Washington University in St. Louis

Jeffrey L. Smith, MS
Mental Health QUERI,
Central Arkansas Veterans Healthcare System

Thomas J. Waltz, PhD, PhD
Eastern Michigan University, HSR&D Center for Clinical
Management Research, VA Ann Arbor Healthcare System

ERIC Cluster Solution
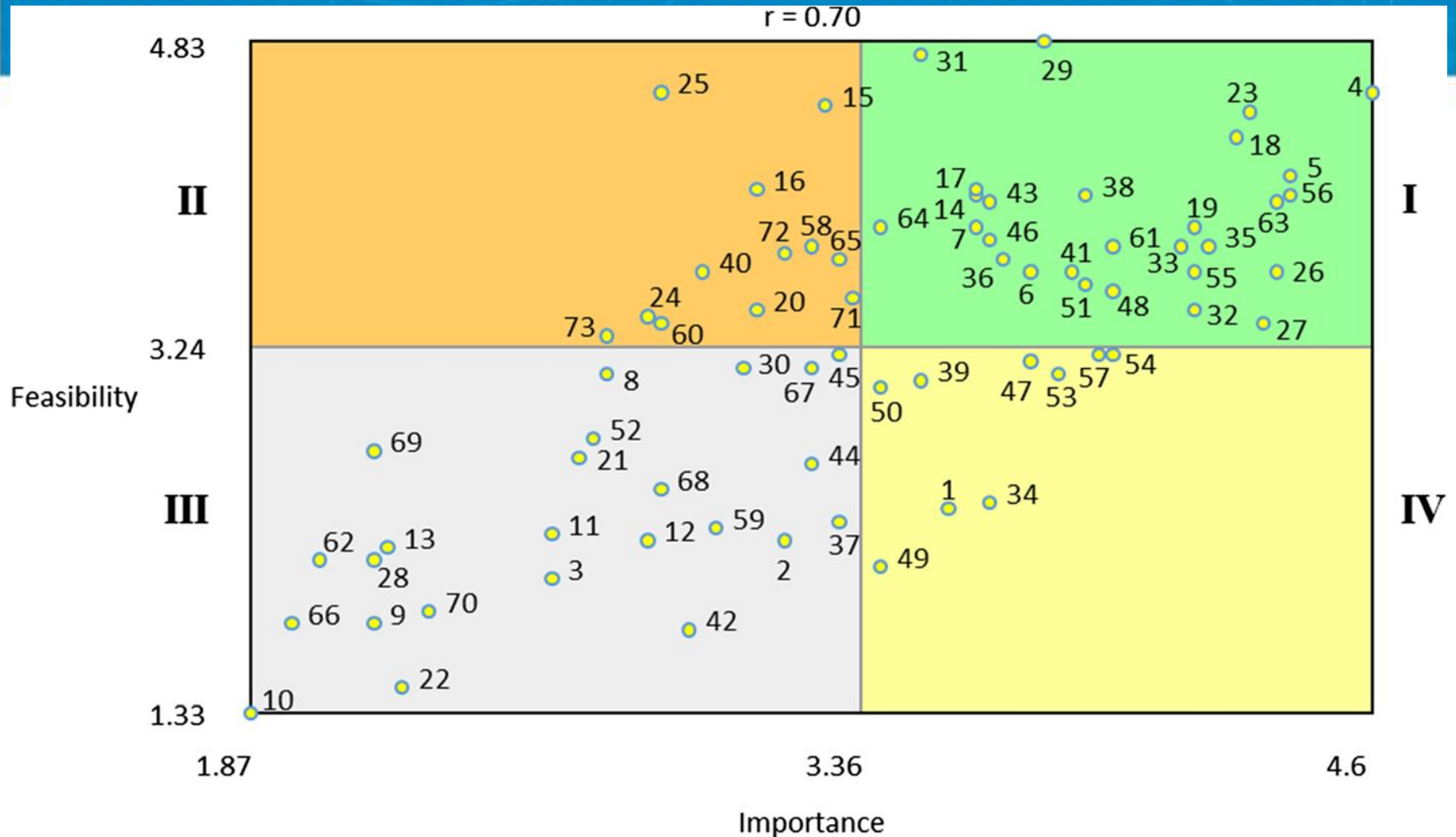
Provide Interactive Assistance

8	Centralize technical assistance
33	Facilitation
53	Provide clinical supervision
54	Provide local technical assistance
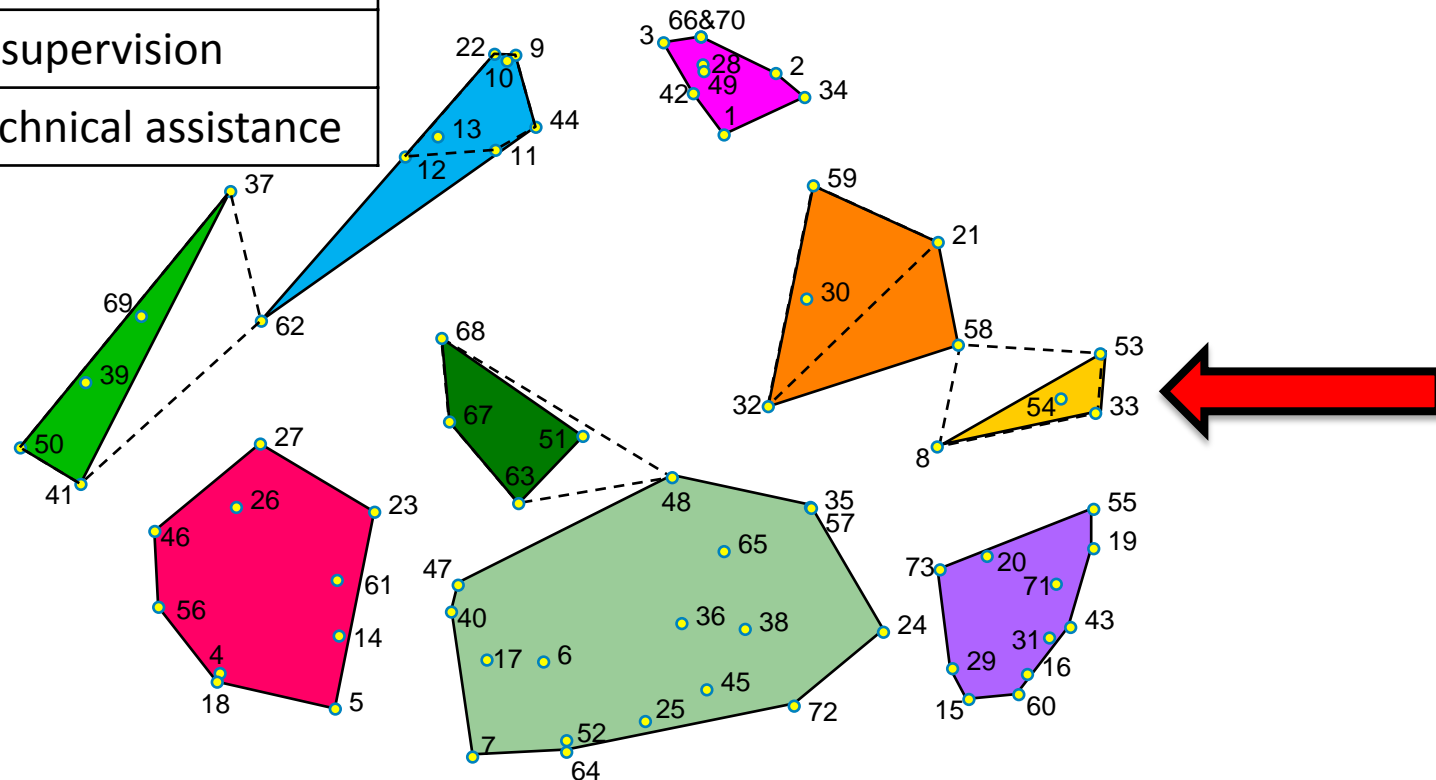
"Go Zones"

"Go Zones"
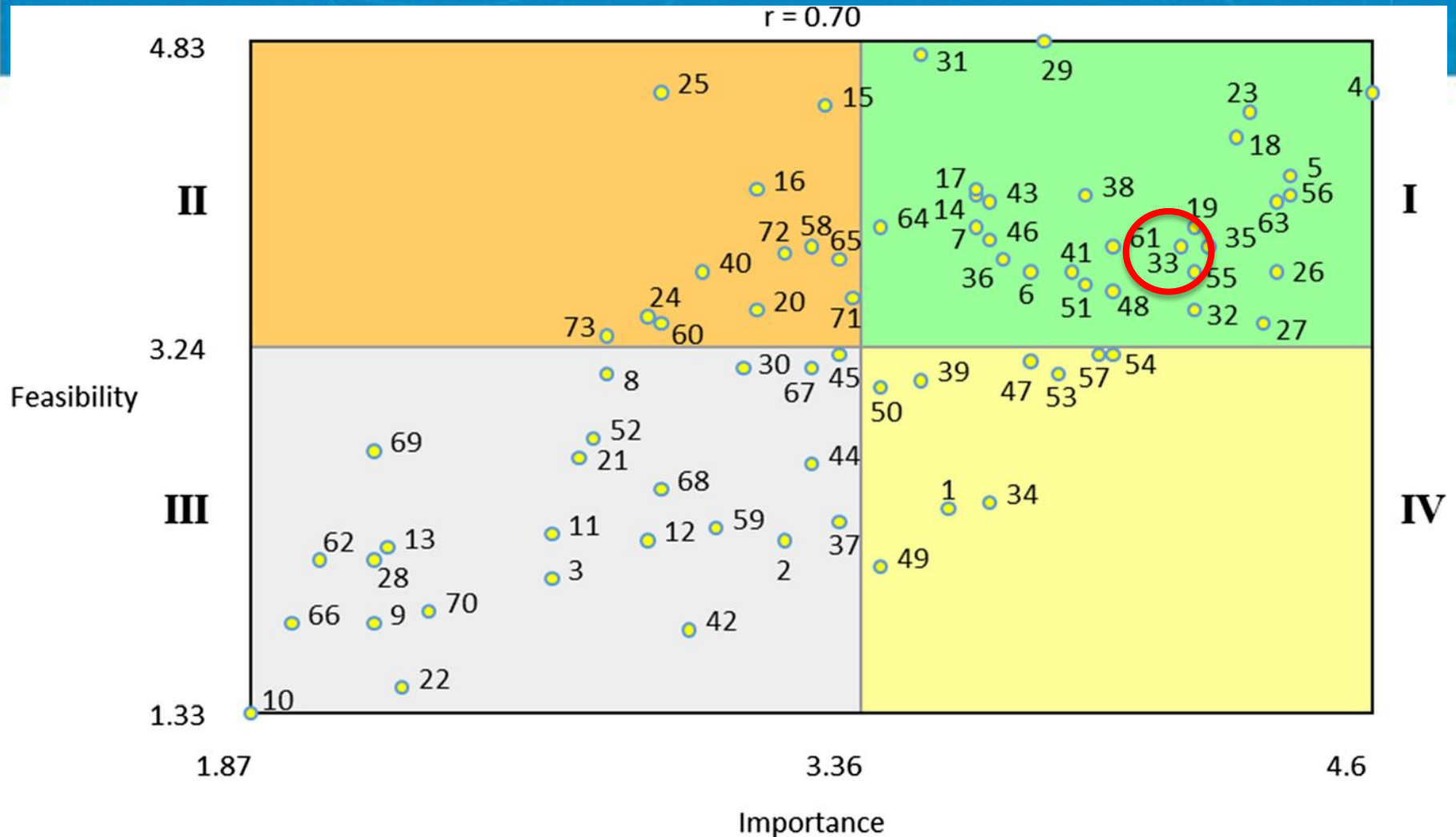
Implementation Facilitation as a Meta-Strategy: Methods

Back to Implementing PC-MHI

Implementation Facilitation as a Meta-Strategy: Methods

- External and Internal Regional Facilitators were followed over a two and a half year period through:
  - Initial site visit and monthly debriefings
  - Semi-structured interviews midway through, and at the end of, the intervention

- Documented their activities and the organizational contexts of clinics receiving implementation facilitation in detailed summary notes of debriefings and verbatim transcripts of interviews

- Content analysis of this data

Implementation Facilitation as a Meta-Strategy

ERIC Implementation Strategies

- Assess for readiness and identify barriers and facilitators
- Audit and provide feedback
- Purposefully reexamine implementation
- Develop and implement tools for quality monitoring
- Develop a formal blueprint
- Conduct a local needs assessment
- Facilitation
- Technical assistance
- Tailor strategies
- Promote adaptability
- Use data experts
- Tailor strategies
- Organize clinician implementation team meetings
- Conduct local consensus discussions
- Use advisory boards and workgroups
- Involve executive boards
- Conduct ongoing training
- Conduct educational meetings
- Create a learning collaborative

Implementation Facilitation as a Meta-Strategy

ERIC Implementation Strategies

- Assess for readiness and identify barriers and facilitators
- Audit and provide feedback
- Purposefully reexamine implementation
- Develop and implement tools for quality monitoring
- Develop a formal blueprint
- Conduct a local needs assessment
- Facilitation
- Technical assistance
- Tailor strategies
- Promote adaptability
- Use data experts
- Tailor strategies
- Organize clinician implementation team meetings
- Conduct local consensus discussions
- Use advisory boards and workgroups
- Involve executive boards
- Conduct ongoing training
- Conduct educational meetings
- Create a learning collaborative

FACILITATION TOOLBOX

Adapting a program design strategy

- Timing of formal implementation blueprint development varied...

  ....from time of first site visit to 1 year later

- Amount of time to create the "blueprint"...

  ....from hours to months

- Stakeholders involved in program design varied...

  ....key stakeholders to committee

- What was included in the blueprint varied

  ....target patients, providers, clinical activities, treatment guidelines, implementation tools

Adapting stakeholder engagement strategy

- Recruiting and training leaders for the implementation effort

  ....from piece of cake to pulling teeth

- Building relationships and coalitions

  ....soup, hallway conversations and dancing backwards in high heels!

- Getting top level leadership on board

  ....from meeting their needs to calling in bigger dogs and stepping out of the way

- Involving executive boards

  ....(or not)

Adapting training and education strategies

- Conducting educational meetings

    ....PowerPoints to drawing pictures

- Conducting ongoing training

    ....periodic shadowing and feedback to frequent contact

- Creating a network learning collaborative

Results - Overview

- Study sites experienced a wide variety of implementation challenges, e.g., limited leadership buy-in and support, limited understanding of PC-MHI, its value, and the need to implement it, lack of implementation resources, competing demands, and staff turnover.

- Throughout the process of working with sites, facilitators assessed individuals and context, as well as implementation processes, progress and outcomes.

Results - Overview

- Facilitators applied approximately **70%** of the 73 discrete strategies identified by the ERIC project

- Facilitators tailored their efforts (and adapted implementation strategies) to site context and needs:

  – Who they involved

  – Timing of strategy application

  – How they operationalized strategies

Discussion

- Discrete implementation strategies are not always implemented discretely!

  - For example, facilitators might provide education, engage stakeholders, promote adaptability and build coalitions at the same meeting

  - and at the same time be ready to apply other strategies as needed!

- Implementation facilitators of complex programs in challenged healthcare settings need to know how and when to apply many discrete implementation strategies and apply them in combination as needed

Discussion

However....

- Selecting the strategies is only the beginning...to facilitate implementation, they also need to be adapted to the characteristics of particular healthcare settings

To be continued……

- Updated Implementation Facilitation (IF) Training Manual
  - Development of Virtual Facilitation best practices
- Updated Implementation Facilitation Training
- Facilitation fidelity tool based on core components of facilitation identified through a scoping review of the implementation facilitation literature
- Implementation Facilitation Strategy Dimensions
  - Useful for planning, assessing, reporting IF activities
- Methods to document IF activities and time

Questions/Comments?

JoAnn Kirchner

JoAnn.Kirchner@va.gov

Waltz, T., B. Powell, M. Chinman, J. Smith, M. Matthieu, E. Proctor, L. Damschroder, and J. Kirchner, Expert recommendations for implementing change (ERIC): protocol for a mixed methods study. Implementation Science, 2014. 9(1): p. 39. Waltz, T.J., B.J. Powell, M.M. Matthieu, L.J. Damschroder, M.J. Chinman, J.L. Smith, E.K. Proctor, and J.E. Kirchner, Use of concept mapping to characterize relationships among implementation strategies and assess their feasibility and importance: results from the Expert Recommendations for Implementing Change (ERIC) study. Implement Sci, 2015. 10: p. 109. 1. Powell, B., T. Waltz, M. Chinman, L. Damschroder, J. Smith, M. Matthieu, E. Proctor, and J. Kirchner, A refined compilation of implementation strategies: results from the Expert Recommendations for Implementing Change (ERIC) project. Implementation Science, 2015. 10(1): p. 21.