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# **ETHNOGRAPHY AS A CATALYST FOR INNOVATION IN IMPLEMENTATION SCIENCE:**

**DYNAMIC METHODS FOR COMPLEX INTERVENTIONS**

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# OVERVIEW

1. Ethnography in Implementation Science
2. Ethnographic Case Studies
  - ❖ Rapid Ethnographic Assessment for External Facilitation
  - ❖ Implementation Science, Context and Ethnography: Insights from Complex Interventions in Clinical Pharmacy Practice
  - ❖ “Periodic Reflections” to Evaluate a Facilitation Strategy to Implement Video Telehealth to Home for Rural Veterans
3. Discussion

# POLL QUESTION I

- In general, how familiar are you with ethnography and/or ethnographic methods?
  - Very familiar
  - Somewhat familiar
  - Not at all familiar

## POLL QUESTION 2

- How familiar are you with the use/application of ethnography in health services research and/or implementation science?
  - Very familiar
  - Somewhat familiar
  - Not at all familiar

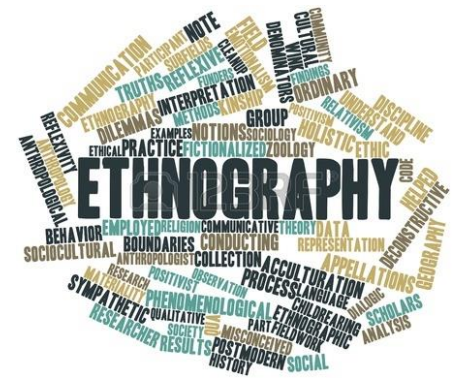
# ETHNOGRAPHY

- **Ethnography as *epistemology*** (*the study of the nature of knowledge, justification, and rationality of belief*):
  - In other words, how people know what they know, believe what they believe, and justify it to themselves and the world<sup>1</sup>
  - Ethnography has deep anthropological roots grounded in three concepts we can't leave behind
    - 1) Etic/Emic; 2) Holism; and 3) Cultural relativism
- **Ethnography as a *methodology***:
  - Aims to understand another way of life from the insider's or "emic" point of view through close engagement with a social group over time
  - Getting contextual data at the micro, meso, and macro levels & providing a way to study and discuss interactions within and across levels

<sup>1</sup>Heavily influenced by a six+ year apprenticeship with Mike Agar, author of *Professional Stranger* and *The Lively Science*, among others.

# ETHNOGRAPHY IN IMPLEMENTATION

- **Implementation can be idiosyncratic, highly contextual and difficult to replicate on a large scale**
  - New attention to the ways we conduct, observe and evaluate implementation
  - Ethnography in implementation science can serve as a strong methodological tool produce findings with high validity
- **Ethnographic *methods* in Implementation Science:**
  - Multiple methods to ensure triangulation of data sources (e.g., participant observation, in-depth interviews, document review)
  - Grounded in “people’s actions and experiences of the world, and the ways in which their motivated actions arise from and reflect back on those experiences” (Brewer 2004)



# **RAPID** ETHNOGRAPHIC ASSESSMENT FOR EXTERNAL FACILITATION

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# ACCESS TO EVIDENCE-BASED PSYCHOTHERAPY FOR PTSD

- Rural Veterans with PTSD treated at community based outreach clinics (CBOCs) experience little to no improvement in their symptoms over time<sup>1</sup>
- Trauma-focused evidence-based psychotherapy (EBP) is key to improving PTSD outcomes
- EBP is not being provided in CBOC settings<sup>2</sup>

<sup>1</sup> Fortney, et al. JAMA Psychiatry. 2015;72(1):58-67.

<sup>2</sup> Grubbs, et al. Telemed J E Health. 2015 Jul;21(7):564-6.

# TELEMEDICINE OUTREACH FOR PTSD

- TOP Randomized Control Trial (Fortney, PI)
  - 11 CBOCs, 4 states
  - Care Manager at the medical center
    - Calls to Veterans diagnosed PTSD and are not being treated in a specialty mental health clinic (Casefinder)
    - Motivational interviewing to encourage Veterans to do EBP
    - Ongoing calls to support Veterans engaged in EBP
  - Telepsychologist delivering EBP to Veterans via interactive televideo at their CBOC
  - Telepsychiatrist providing medication management

# TOP IMPLEMENTATION

- Step-wedge design
  - All sites implemented TOP based on standard implementation strategy (distribution of manual and monthly calls among site leads)
  - If sites failed the benchmark (<20% Veterans on casefinder enrolled in EBP for PTSD), randomly assigned to receive enhanced implementation strategy or continue as usual
- Enhanced implementation strategy
  - External facilitation informed by rapid ethnographic assessment (REA)

# RAPID ETHNOGRAPHIC ASSESSMENT

- Definition
  - “[REA] is defined as intensive, team-based qualitative inquiry using triangulation, iterative analysis and additional data collection to quickly develop a preliminary understanding of a situation from the insider’s perspective.” (Beebe, 2001:xv)
- Origin story
  - Anthropologists were hired in the 1960s and 1970s to work for international development agencies to answer this question:

**Why was this [agricultural/nutrition/healthcare] program successful in X country, but when we imported it into Y country we did not see the same results?**

## DIFFERENCE?

**Why was this [agricultural/nutrition/healthcare] program successful in X country, but when we imported it into Y country we did not see the same results?**

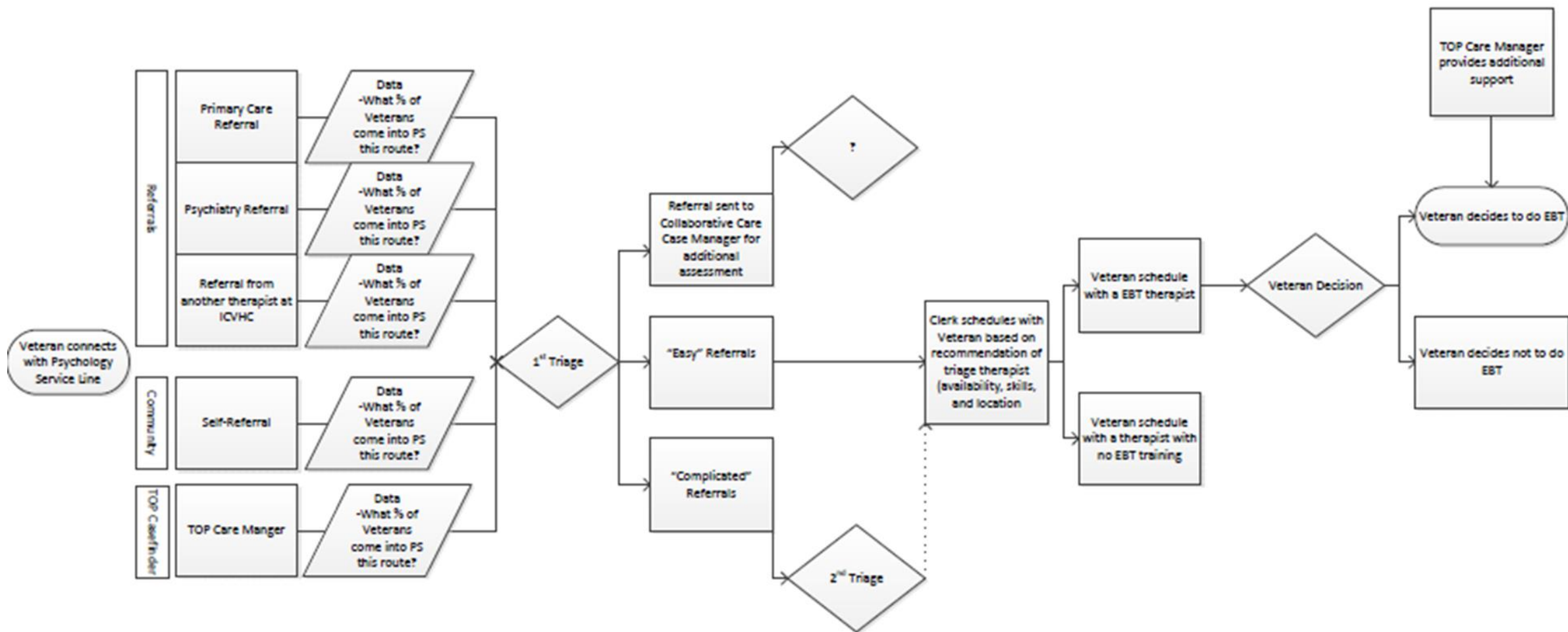
**Why did this intervention work in X healthcare system, but not in Y?**

# COMPONENTS OF REA

- Focused question, focused analysis
  - Semi-structured interview guides and surveys
  - Templated analysis
- Team-based (multi-disciplinary, preferably individuals working in the area)
- Go to the location/setting
- Methods traditionally associated with ethnography (direct observation, open-ended interviews and focus groups, surveys, organizational and archival documents, mapping sites)
- ...and the epistemology remains the same: insider perspective, withhold judgement, and striving for comprehensive, complex understanding

# TOP AND REA

- Three site visits
  - Interviews with TOP stakeholders
  - Visits to medical center and CBOCs
  - Conducted by two ethnographers
- Create a clinical workflow map based on visits
- Shared workflow map and reported back to full external facilitation team (Project Lead, Veteran, and the two ethnographers)
- Designed an external facilitation plan
  - Shared workflow map with site stakeholders and suggested changes to workflow



Notes:  
-What % among within referrals and what % among all Veterans who go to triage?

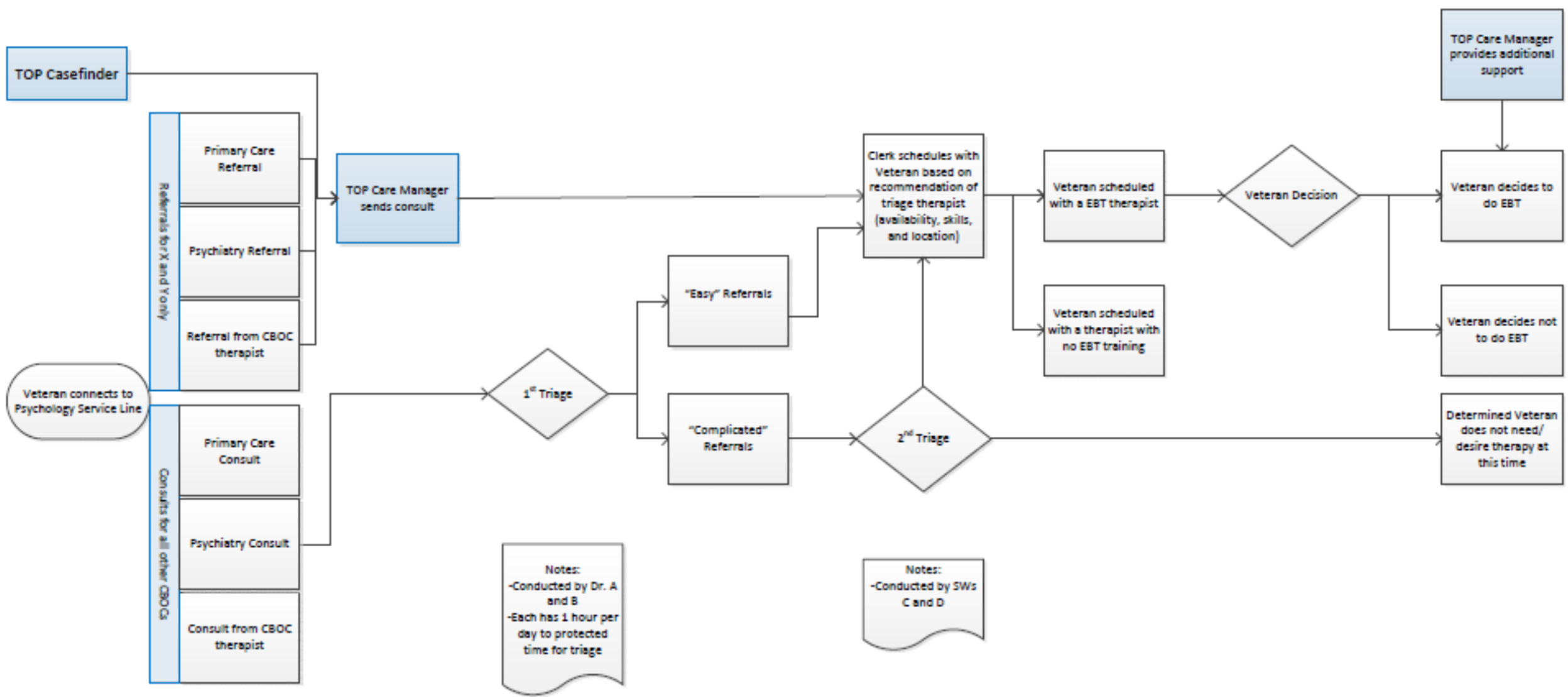
Notes:  
-Conducted by Drs. A and B  
-Each has 1 hour per day to protected time for triage

Notes:  
-Conducted by SWs C and D

#### Arrow Legend







## ONE LESSON LEARNED (FOR THE SAKE OF TIME 😊)

- Clinical workflow mapping is a great ethnographic tool.
  - Did you capture the insider perspective?
  - Was it comprehensive and demonstrate the right level of complexity?

Lesson: REA provides rich, insider perspective data that can be translated into a clinical workflow map and helps establish trust with local sites.

# IMPLEMENTATION SCIENCE, **CONTEXT** AND ETHNOGRAPHY: INSIGHTS FROM COMPLEX INTERVENTIONS IN CLINICAL PHARMACY PRACTICE

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4. BOSTON UNIVERSITY MEDICAL SCHOOL

# DISSATISFACTION WITH MECHANISTIC MODELS OF HEALTHCARE ORGANIZATIONS

- Mechanical models do not explain behavior
- Environment is not static-always dynamic
- Context matters (and is always dynamic, multi-leveled and interactive)
- Recursive--The system affects its environment which affects the system which affects its environment...Same for individual agents and their local relationships
- Change is non-linear

# EXAMPLE OF A DYNAMIC, MULTI-LEVEL MODEL

**Getting at the micro, meso, and macro levels. Providing a way to study and discuss interactions within and across levels**



Figure 1. The Social Ecological Model.

# WHAT MAKES AN INTERVIEW ETHNOGRAPHIC?

- Being mindful of and revisiting the level of observation
  - Begin at micro level to understand the behaviors and rituals of people interacting with each other
  - Questions move across micro, meso and macro levels
- Interview people in their natural setting or interview them to elicit data about their natural setting
- Ask questions about tasks people perform
- Probe about unwritten social rules and informal structures along with formal structures and processes
- Interview people in different roles about the same thing—layer accounts in “thick description”

# DIRECT OBSERVATION?

Helps to understand:

- Processes, events, norms, values, and social context
- Human behavior that is largely unknown (hidden) or complex
  - Tacit and explicit culture
  - Nonverbal behavior
- Conceptions and attitudes of study group and their points of view
- To complement other findings

## IMPLEMENTATION PROJECT EXAMPLE

- Study I: Anticoagulation project
  - In person interviews
  - Direct Observation



# ANTICOAGULATION CLINIC IMPROVEMENT PROJECT

- To improve anticoagulation care, ACC pharmacists have been asked to:
  - Use Evidence Based Practice algorithm, whose consistent use has been linked to improved time in therapeutic range (TTR) and reduced rates of patient complications
  - Adopt new processes of care
  - Use a dashboard which measures site-level TTR
  - Utilize improvement approaches to address staff-identified problem areas related to anticoagulation practice changes



## STUDY I: NUMBER OF INTERVIEWS

Year	# Main Study Interviews*
Year 1	67
Year 2	63
Year 3	67
Year 4	57
Total	254

\*This includes all interviews in the study by year.

# STUDY I ANTICOAGULATION PROJECT: IMPLEMENTATION UPTAKE AND SPREAD YEAR 2

High	"I just like having my patients be safe and healthy and for most of them, that's having an INR within range. But I feel like now in the back of my head getting our TTR <i>up</i> is sort of always there."
Medium	"Stop <u>lookin'</u> at numbers. Just look...at patient satisfaction...come sit for a day and see how busy we are. They [managers] see the numbers...But...they don't see everything we do."
Low	"...I don't feel like there's a real acknowledgment that while it's <i>improving</i> ... it's nowhere near where it needs to be. I feel like we're <i>somewhat</i> in denial about that."

# STUDY I DIRECT OBSERVATIONS

## YEAR 2

- Middle manager and leadership behavior
- Some sites working on process changes while others continued with their site's status quo in terms of ACC treatment
- Differences between what staff and leadership say and what they do
  - What people say in interviews—we support change, we are promoting the project, we think the evidence for practice change has some merit
  - What people do when observed—information about the project was not diffused at some sites, project not included at staff meetings, staff not trying the evidence-based practice or finding exceptions to it

# STUDY I IMPLEMENTATION UPTAKE AND SPREAD YEAR 4

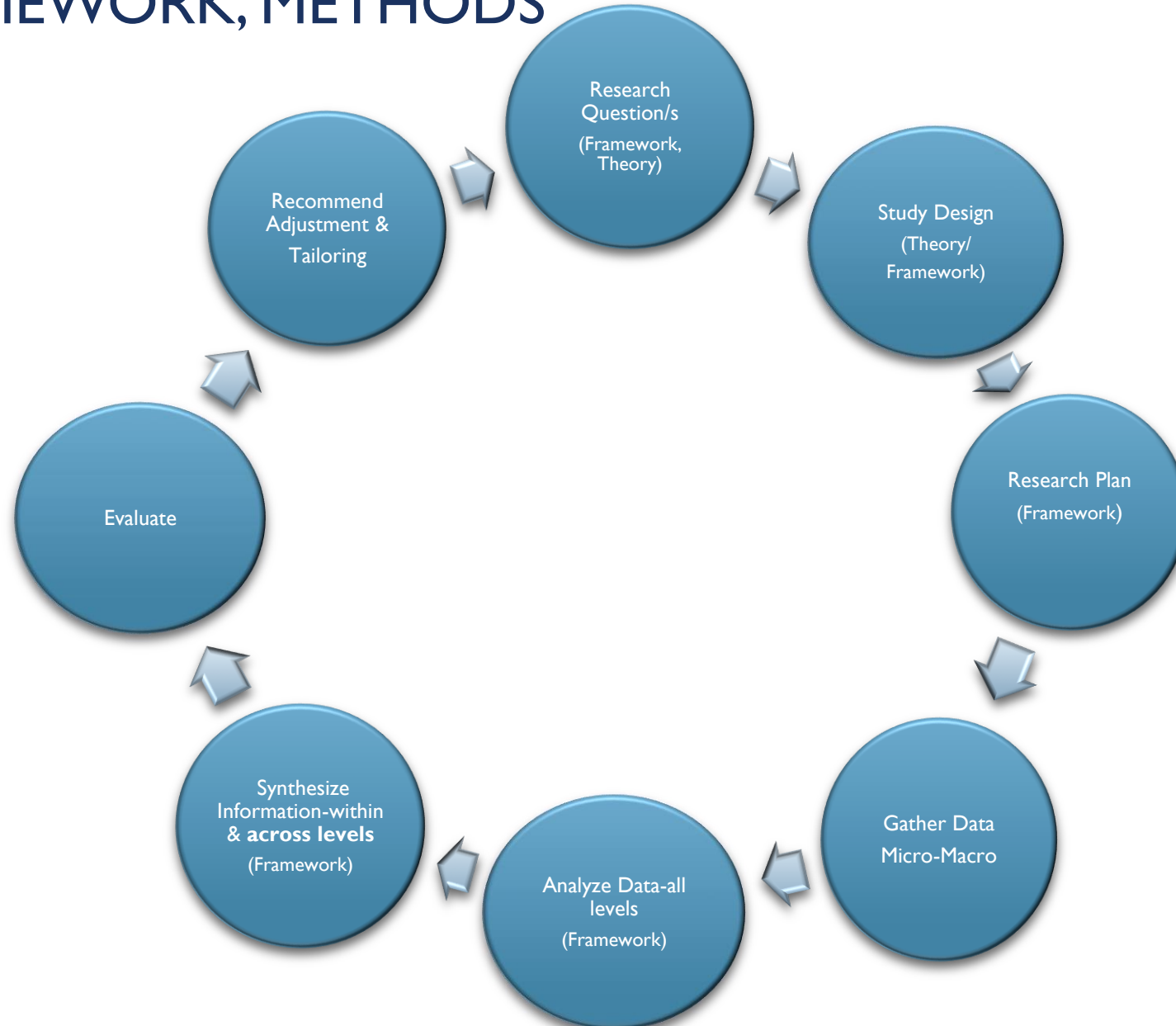
High	"I think it [TTR performance tracking] helps for inspiration. It helps drive people to do better."
Medium	"...It's good to have a tool to see how you're doing, if we're improving, not improving."
Low	"I think that any good organization has to measure outcomes to a certain point. It's not good to judge individuals or clinics based solely on numbers... We're dealing with ...human clinicians...If it was robots dealing with humans ...then it would be easier to just use objective measures."

# STUDY I DIRECT OBSERVATIONS

## YEAR 4

- Middle manager and leadership increased engagement
- Increased number of sites working on process changes
- Staff have more and deeper knowledge of the project
- Staff discussing how to make changes
- Evidence-based practice being used regularly—especially at mid and high performing sites

# THEORY, FRAMEWORK, METHODS



# USING “PERIODIC REFLECTIONS” TO EVALUATE A FACILITATION STRATEGY TO IMPLEMENT VIDEO TELEHEALTH TO HOME FOR RURAL VETERANS

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# THE INNOVATION: VIDEO TELEHEALTH TO HOME (VTH)

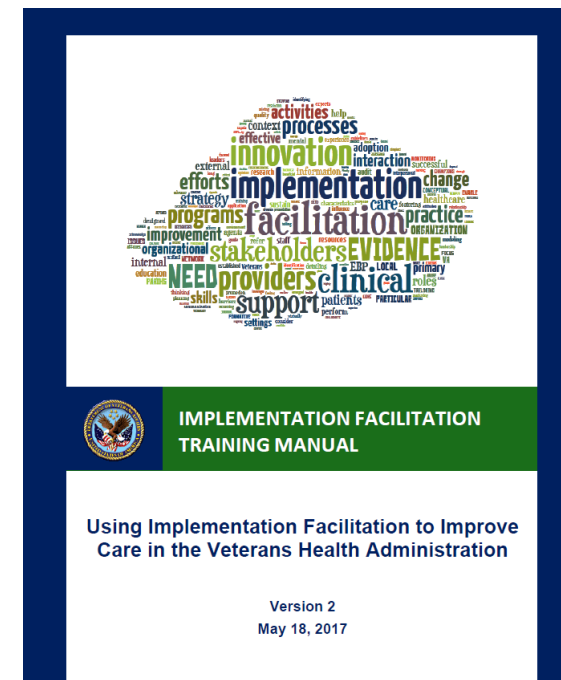
## VTH for Mental Health (MH) Care

**Synchronous Delivery**



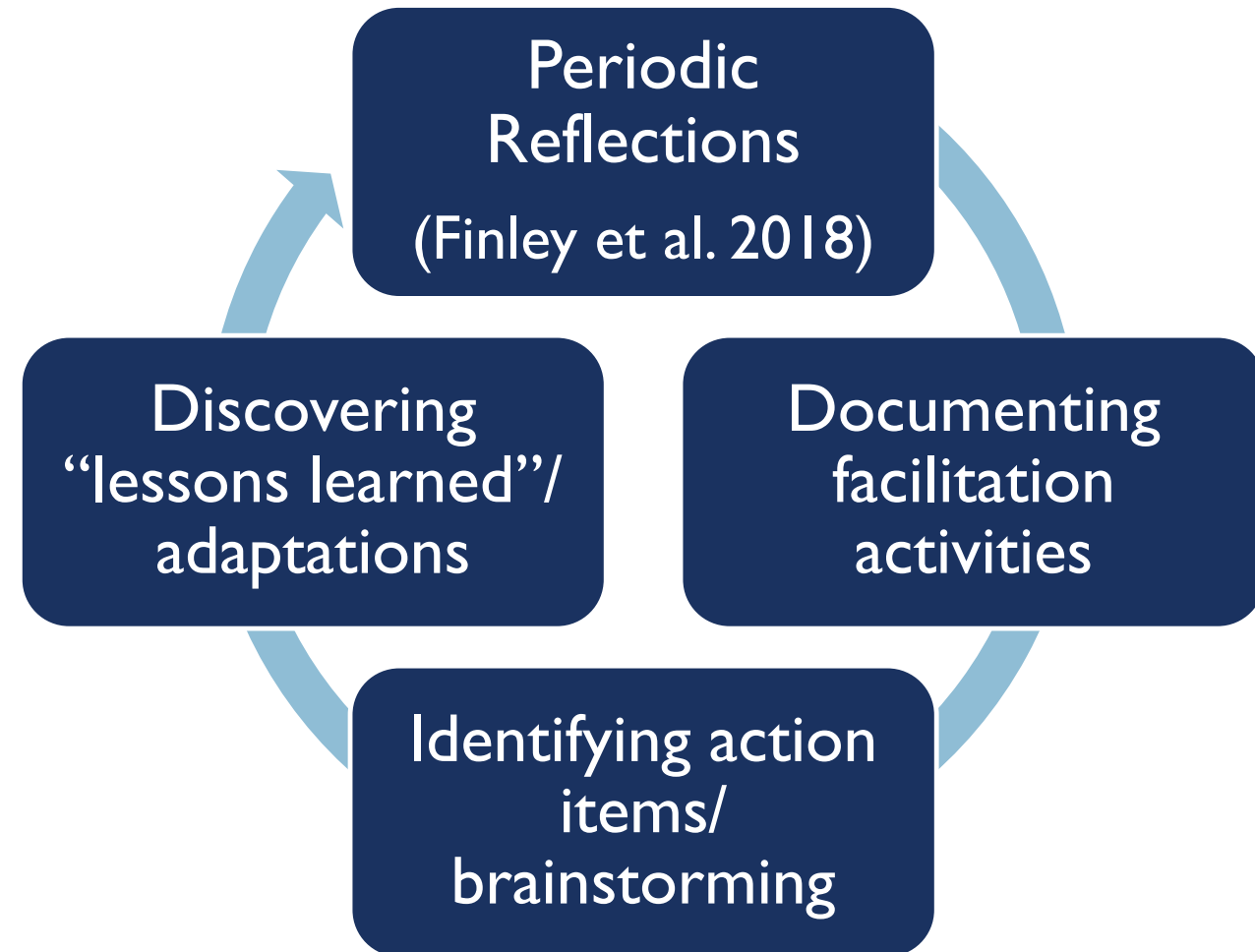
# SERVING VETERANS WHERE THEY LIVE: MULTISITE PROJECT

- Ongoing quality improvement project to implement and sustain VTH
- Focus on rural/highly rural Veterans & sites lacking prior VTH visits
- Evidence-Based **Implementation Facilitation Strategy** supports VTH adoption through:
  - Stakeholder engagement, identifying barriers/facilitators & problem solving
  - Identifying clinical champions/internal facilitators
  - Providing technical support & education/training
  - Innovation marketing
- Formative evaluation

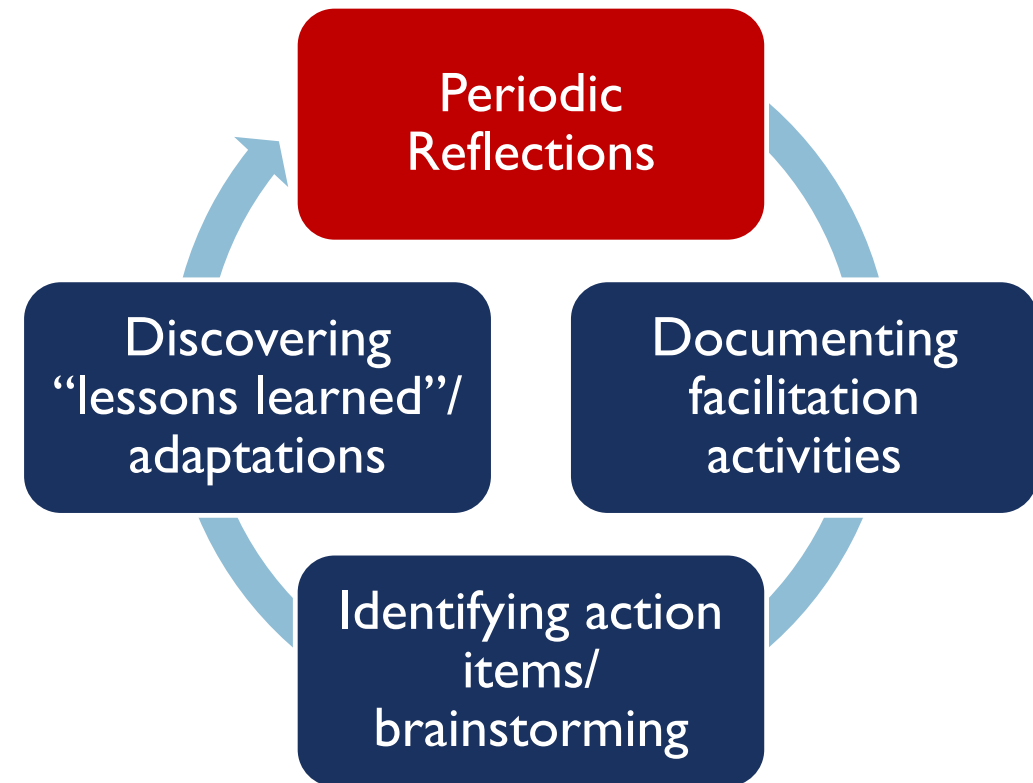


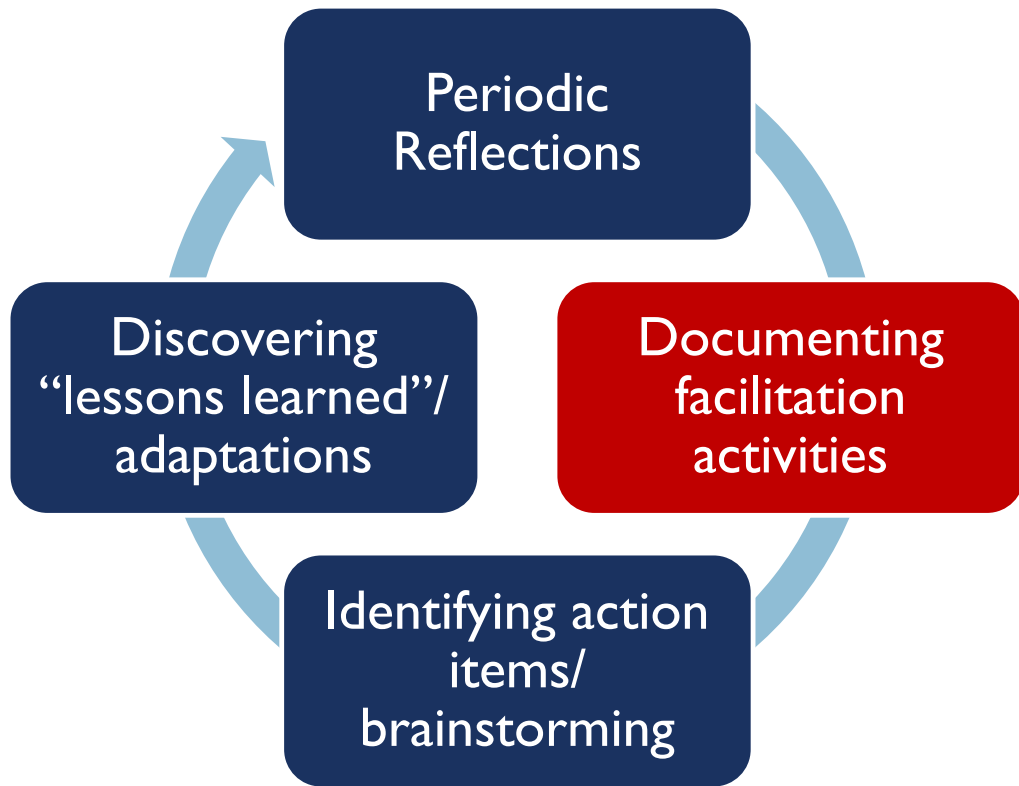
# EVALUATING OUR IMPLEMENTATION FACILITATION (IF) STRATEGY

- Facilitation Tracking Logs Quantify:
  - The # and types of facilitation activities
  - The time spent on facilitation activities
  - The # and types of stakeholders External Facilitators (EFs) interact with
  - Types of communication (email, phone, face-to-face)



- Approx. 30 minute unstructured **dyadic** periodic reflections with project EFs
- Recount facilitation activities regardless of temporal order
- Driven by EFs – probes/follow-up questions for clarification
- Detailed notes iteratively analyzed for:
  - Internal process improvement efforts
  - Identify IF adaptations and core themes across sites





**Stakeholder Engagement**



**Marketing/ Education**



**Context:  
Human/Other  
Resources**



**Identifying  
Providers/Site  
Champions**

## ON **IDENTIFYING** PROVIDERS/SITE CHAMPIONS...

[Surprisingly] **the best people are the most reluctant to adopt;** if you can sell it [i.e.VTH] to them given their reluctance, then they're in the position to be able to sell it to others...

*(Reflection notes 4-5-18)*

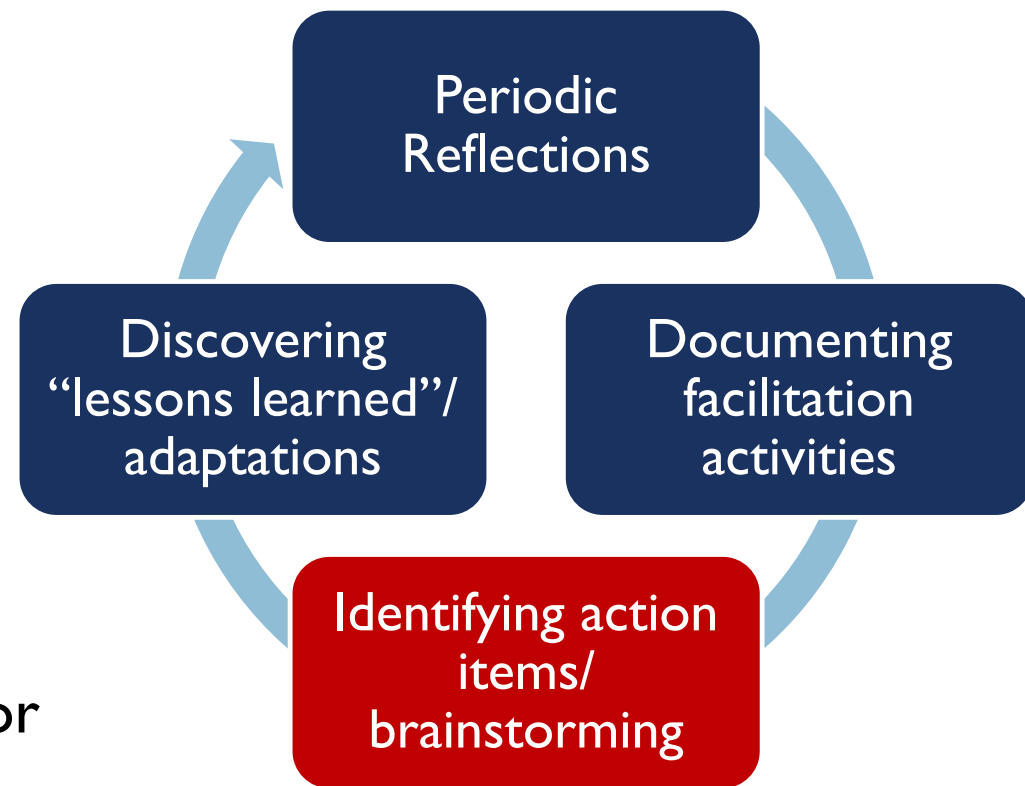
## Action Items

- “Pinging” sites to re-engage
- Email “bank” with templates
- Resource support



## Brainstorming

- Technology solutions
- Implementation Facilitation Training for technology-enabled innovations
- “Pinging” strategies



## DOCUMENTING THE BRAINSTORMING **PROCESS...**

*[External Facilitator 1 to External Facilitator 2]*

A lot of it [i.e. facilitation] is peppering people randomly.  
...like **pinging people randomly to keep them on the radar**. ...How should we do that [in a more systematic way]?

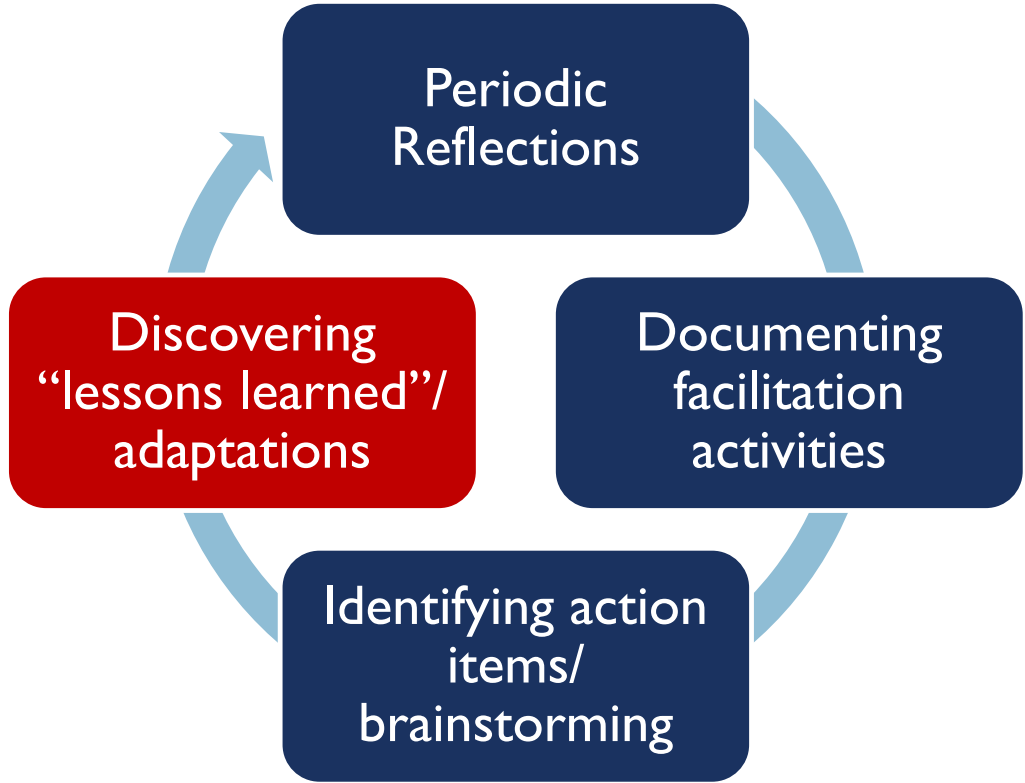


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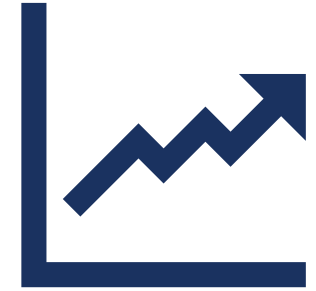
*[External Facilitator 2 to External Facilitator 1]*

I'm trying to think how is that...going to work for you?  
...Whether you set up [a] reoccurring appointment in your  
schedule. This week is one site and this week is another site.  
So it becomes more like a routine. **Writing it on a Post-It  
is not going to work.**

*(Reflection notes 10-26-18)*



**Facilitation  
"Dose"**



**VTH  
Maintenance**



**Telehealth  
Spread**

**VTH Hybrid  
Facilitation  
Strategy**



**Leadership  
Level**

**Provider  
Level**



# DISCUSSION

**ALISON B. HAMILTON**

*WITH ERIN P. FINLEY*

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“Ethnography is especially good at probing into areas where measurement is not easy, where the issues are sensitive and multifaceted, and where it is important to get at the tacit, not the already evident.” (Dixon-Woods 2003)

“We see nothing necessarily problematic with using ethnographic methods in more focused or narrow forms, such as ‘deep dive’ observations across multiple organizational sites, but it remains important that the underlying ethnographic methodology and the concern with the social and cultural organization of ‘everyday’ life remain guiding principles of enquiry.” (Waring & Jones 2016)

Dixon-Woods, M. (2003). What can ethnography do for quality and safety in health care? *BMJ Quality & Safety*, 12(5), 326-327.

Palinkas, L.A., & Zatzick, D. (2018). Rapid Assessment Procedure Informed Clinical Ethnography (RAPICE) in Pragmatic Clinical Trials of Mental Health Services Implementation: Methods and Applied Case Study. *Administration and Policy in Mental Health and Mental Health Services Research*, 1-16.

Waring, J., & Jones, L. (2016). Maintaining the link between methodology and method in ethnographic health research. *BMJ Qual Saf*, bmjqs-2016.

## POLL QUESTION 3

- I'd like a future session on:
  - How to design and conduct an ethnographic study
  - How to analyze data from an ethnographic study
  - How to integrate qualitative and quantitative methods

# REFERENCES/RESOURCES

- Agar, M. H. 1996. *The Professional Stranger: An Informal Introduction to Ethnography*, 2nd edition. San Diego, CA: Academic Press.
- Agar, M.H. 1999. How to ask for a study in qualitativisch. *Qualitative Health Research*. 9(5):684-697.
- Beebe, James (2001) *Rapid Assessment Process: An Introduction*. California: AltaMira Press.
- Beebe, James (2014) *Rapid qualitative inquiry: A field guide to team-based assessment process*, 2nd ed. Rowman and Littlefield.
- Briggs, C. L. (1986). *Learning how to ask: A sociolinguistic appraisal of the role of the interview in social science research*(Vol. 1). Cambridge University Press.
- Emerson, R. M., Fretz, R. I., & Shaw, L. L. (2011). *Writing ethnographic fieldnotes*. University of Chicago Press.
- Finley, E. P., Huynh, A. K., Farmer, M. M., Bean-Mayberry, B., Moin, T., Oishi, S. M., ... & Hamilton, A. B. (2018). Periodic reflections: a method of guided discussions for documenting implementation phenomena. *BMC medical research methodology*, 18(1), 153.
- Fletcher, T. L., Hogan, J. B., Keegan, F., Davis, M. L., Wassef, M., Day, S., & Lindsay, J. A. (2018). Recent advances in delivering mental health treatment via video to home. *Current psychiatry reports*, 20(8), 56.
- Hamilton, A.B. (2013) *Qualitative Methods in Rapid Turn-Around Health services Research*.  
[https://www.hsrp.research.va.gov/for\\_researchers/cyber\\_seminars/archives/video\\_archive.cfm?SessionID=780](https://www.hsrp.research.va.gov/for_researchers/cyber_seminars/archives/video_archive.cfm?SessionID=780)
- McCullough, M. B., Chou, A. F., Solomon, J. L., Petrakis, B. A., Kim, B., Park, A. M., ... & Rose, A. J. (2015). The interplay of contextual elements in implementation: an ethnographic case study. *BMC health services research*, 15(1), 62.
- McCullough, M. B., Gillespie, C., Petrakis, B. A., Jones, E. A., Park, A. M., Lukas, C. V., & Rose, A. J. (2017). Forming and activating an internal facilitation group for successful implementation: a qualitative study. *Research in Social and Administrative Pharmacy*, 13(5), 1014-1027.
- Palinkas, L. A., & Zatzick, D. (2018). Rapid Assessment Procedure Informed Clinical Ethnography (RAPICE) in Pragmatic Clinical Trials of Mental Health Services Implementation: Methods and Applied Case Study. *Administration and Policy in Mental Health and Mental Health Services Research*, 1-16.
- QUALRIS (2018). *Qualitative Methods in Implementation Science*. Available at: <https://cancercontrol.cancer.gov/IS/docs/NCI-DCCPS-ImplementationScience-WhitePaper.pdf>
- Ritchie MJ, Dollar KM, Miller CJ, Oliver KA, Smith JL, Lindsay JA, Kirchner JE. Using Implementation Facilitation to Improve Care in the Veterans Health Administration (Version 2). Veterans Health Administration, Quality Enhancement Research Initiative (QUERI) for Team-Based Behavioral Health, 2017. Available at: <https://www.queri.research.va.gov/tools/implementation/Facilitation-Manual.pdf>
- Saldaña, J. (2015). *The coding manual for qualitative researchers*. Sage.
- Savage, Jan (2006) The Value of Applied Ethnography in Healthcare. *Journal of Research in Nursing*, Vol 11(5), pp. 383-393.
- Scrimshaw, Susan and Elena Hurtado (1987) *Rapid assessment procedures for nutrition and primary health care: Anthropological approaches to improving programme effectiveness*. Tokyo: United Nations University Volume 11.
- Van Maanen, J. (2011). *Tales of the field: On writing ethnography*. University of Chicago Press.

# QUESTIONS/COMMENTS





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