How Does Facilitation in Healthcare Work?
Using mechanism mapping to illuminate the black box of a meta-implementation strategy

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Implementation Strategies: Reducing the Quality Gap

An effective treatment or practice is only as good as how and whether…

1. *It is adopted?*

2. *Practitioners are trained to use it?*

3. *Trained practitioners choose to use it?*

4. *Eligible populations/patients benefit from it*?

If we assume 50% threshold for each step… even with perfect access, adherence, dosage, and maintenance….

Clinical Impact: 50% x 50% x 50% x 50% = 6% benefit

From David Chambers and Gila Neta, PhD, NCI

Implementation Strategies:
Essential tools to promote effective treatment uptake

Effective treatment or practice

Implementation strategies

Barriers
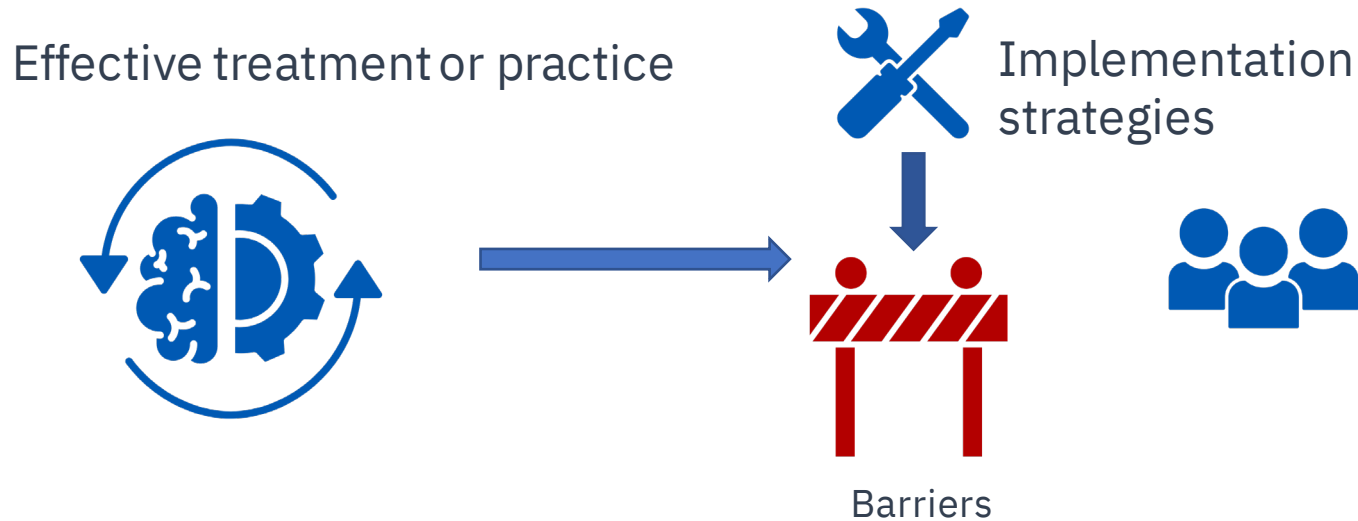
- Highly specified, theory-based methods used to help providers implement treatments
- Focus on (provider) behavior change in the context of organizational constraints
- Protocolized (i.e., the "interventionist" is the person who delivers the strategy)
- High appeal: all patients get access to effective treatment

Source: Andria Eisman

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Examples of Implementation Strategies

Patient Safety checklists	Community engagement	Rapid-cycle testing
Coalition-building	Audit & Feedback	Clinical champions
Facilitation	Provider incentives	Policy changes

Strategies that "*push*" treatments into use

Transactional-focused strategies – process driven changes → provider technical skills, system-level incentives

Strategies that "*pull*" from the local level to drive practice change

Transformational-focused strategies – relationship-driven changes → empower individuals in strategic thinking , ownership in delivering treatment

Powell et al. Imp Sci, 2015; Miake-Lye, 2020, Avolio B, *Full-range Leadership Development*

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Not All Implementation Strategies are the Same

….and many are defined by different words but essentially do the same thing…

> Facilitation

> Coaching

> Consultation

Important to define implementation strategy components, e.g.,

> Coaching: build provider competency in EBP delivery

> Facilitation: Build provider confidence in cultivating EBP champions, leadership support through interactive problem-solving
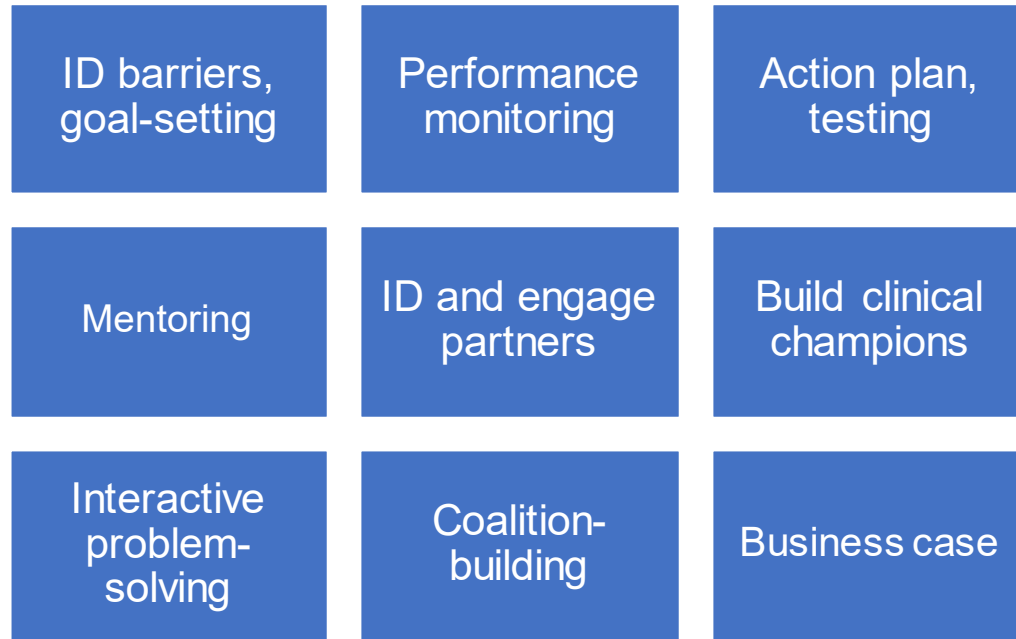
What is Healthcare Facilitation?

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

Primarily derived from the Integrated Promoting Action on Research Implementation in Health Services (i-PARiHS) framework

Multiple studies demonstrated that facilitation when compared to usual implementation practices (e.g., guideline dissemination, training) lead to better uptake of effective practices, but results vary

Healthcare Facilitation Implementation Strategy
Bundle of Discrete Implementation Interventions

ID barriers, goal-setting	Performance monitoring	Action plan, testing
Mentoring	ID and engage partners	Build clinical champions
Interactive problem-solving	Coalition-building	Business case

Powell et al. Imp Sci, 2015

Facilitation: Core Competencies

Build relationships

Create system change: Structure and processes

Transfer knowledge

Plan and lead change efforts

Assessment

People, processes and outcomes

Infrastructure for program monitoring

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Healthcare Facilitation Overview

The Actor(s)	Facilitator meets with provider responsible for implementing EBP
The Action(s), i.e., Core Functions	A. Initiation & Benchmarking B. Mentoring to align treatment or clinical processes & team functions C. Develop action plan for supporting team D. Leveraging E. Sustainability
Actions	Frontline providers, e.g., those responsible for delivering effective practice • Use data to understand and improve care • Establish a regular quality improvement process • Define roles and responsibilities to embed effective practice into routine care • Help providers effectively communicate benefits of effective practice
Temporality	Regular meetings for at least 6 months (Kilbourne et al 2014, 2015), ideally at least 12-18 months (Kirchner et al 2014; Parchman, et al 2019)
Dose	Weekly or biweekly meetings usually ~1 hour each, timing can be tapered over time
Implementation outcome	• # providers using evidence-based practice, fidelity • # patients receiving effective practice

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Mechanism Mapping

The mechanism map for Healthcare Facilitation was based on consensus by the co-authors per review of the recent literature, construction of a healthcare facilitation logic model, and development of vignettes describing how facilitation worked (or did not) across different context.

Mechanism Mapping Overview

https://implementationsciencecomms.biomedcentral.com/articles/10.1186/s43058-023-00435-1
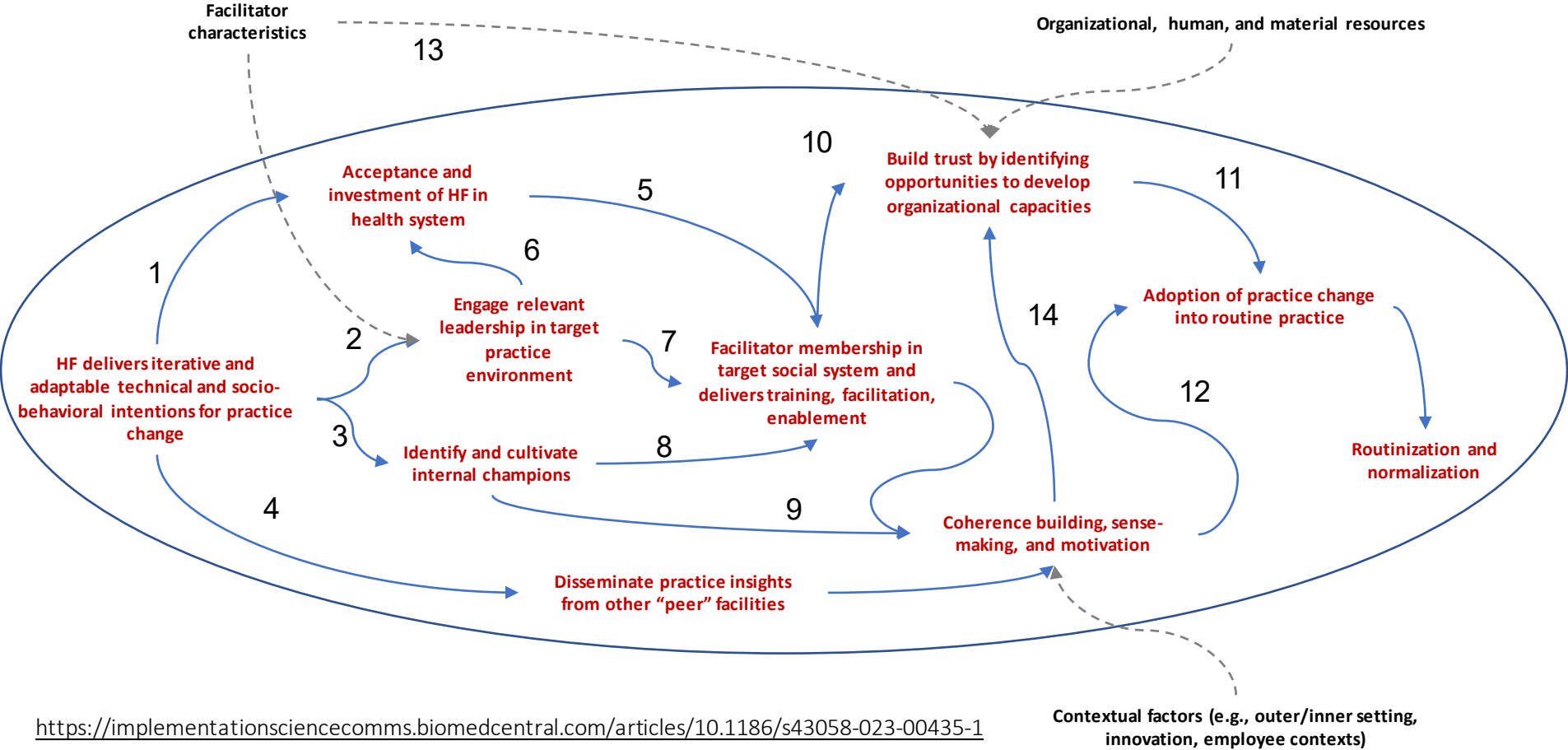
Why Mechanism Mapping?

- Healthcare delivery settings are complex adaptive systems, characterized by non-linear interactions and emergent properties

- Mechanism mapping uses directed acyclic graphs to decompose an effect of interest into component causal steps

- Delineates in a more non-linear fashion the overall mechanisms of an implementation strategy based on experience

- The directed acyclic graph assumes that any "path" started at a particular node may not return to that node at any point

- Graphs can decompose feedback loops into their discrete temporal stages and represent them as time-dependent or time-varying confounding

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Building the Mechanism Map

- Modified Consensus Process

- Implementation scientists (N=9) reviewed literature

- Logic Model

- Vignettes

- Mechanism Map

Healthcare Facilitation Logic Model

Contextual factors	Healthcare facilitation (HF) core components	Hypothesized mechanisms informing Mechanistic Map	Implementation Outcomes

Innovation characteristics
• Salience
• Compatibility/fit
• Complexity
	Pre-implementation phase:
	• Influencing
	• Rapport & trust-building
	• Priority and goal setting
	• Engaging leadership
	• Clarifying roles, responsibilities
	• Coalition-building
	• Identifying and preparing champions
		• Acceptance from:
		  o Engaged leadership
		  o Socialization w/staff
		  o More champions
		  o Reduced collective resistance to effective innovation
		• Coherence-building from:
		  o Practitioner self-efficacy in delivering effective innovation
		  o Motivation
		  o Peer experiences
		  o Sensemaking
			• Provider/staff adoption of effective innovation
			• Acceptability of HF activitities
			• Effective innovation feasiblity and fidelity
			• Effective innovation acceptance
			• Effective innovation sustainment

Employees' characteristics • Background and experience • Burnout/turnover • Resistance/acceptance			

Facilitator Characteristics:
• Background/experience
• Problem solving skills
• Leadership
• Integration within the the social system
	Implementation phase:
	• Problem solving and strategic thinking
	• Adapt clinical processes
	• Accountability to support change (e.g., audit and feedback, ongoing monitoring)
	• Addressing practice resistance
	• Managing team processes
	• Professional development (thinking critically)
		• Increased organizational capacity from:
		  o Improved efficiencies
		  o Identification of new opportunities
		• Social role and norm changes:
		  o Trust-building
		  o HF processes integrated into social system
		• Adoption and routinization of effective innovation
			Service outcomes
			Effective Innovation delivery
			Healthcare quality, experience, equity

Organization Inner Context • Culture/climate • Leadership buy- in • Health information technology • Prior QI experience • Organizational slack (resources to innovate) • Competing priorities	**Sustainment phase:** • Letting sites lead • Provide updates/feedback • Provide support where needed		**Clinical outcomes**
Organization Outer Context • Organization networks • External policies and payment models/funders			

Core components:
- Engagement of practitioners in goal setting
- Clarifying roles & responsibilities
- Coalition-building
- Continuous problem-solving, strategic thinking, and adaptation
- Integration of innovation and facilitation components in organization, letting sites lead the implementation

**Kilbourne et al. Imp Sci Communications, 2023**

Vignettes

- Modified Consensus Process
- Implementation scientists (N=9) reviewed literature
- Logic Model
- Vignettes
- Mechanism Map

Example Vignette: Adaptive Implementation of Effective Programs (ADEPT)

Sequential Multiple-assignment Randomized Trial (SMART) designs comparing two different versions of facilitation

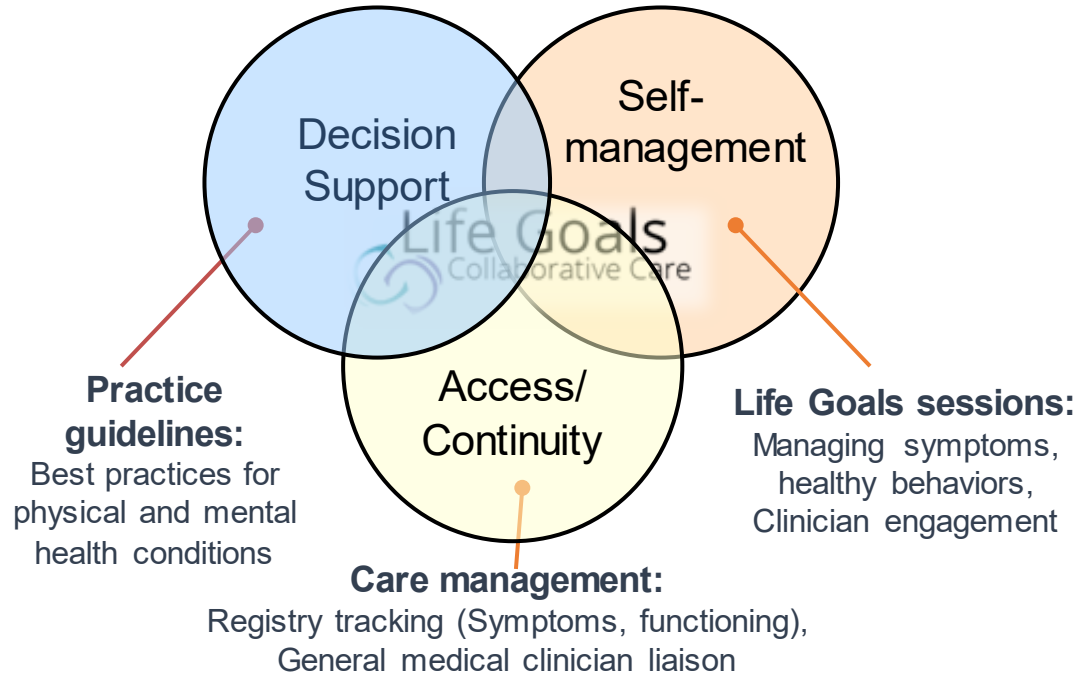Question: What is the best way to implement a collaborative care model (Life Goals) in community-based practices in Michigan and Colorado to improve consumer mental health outcomes?
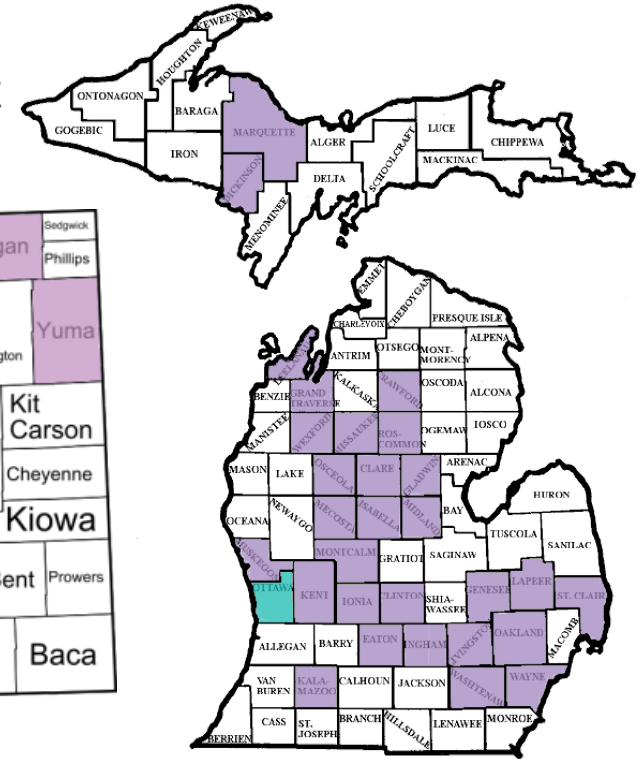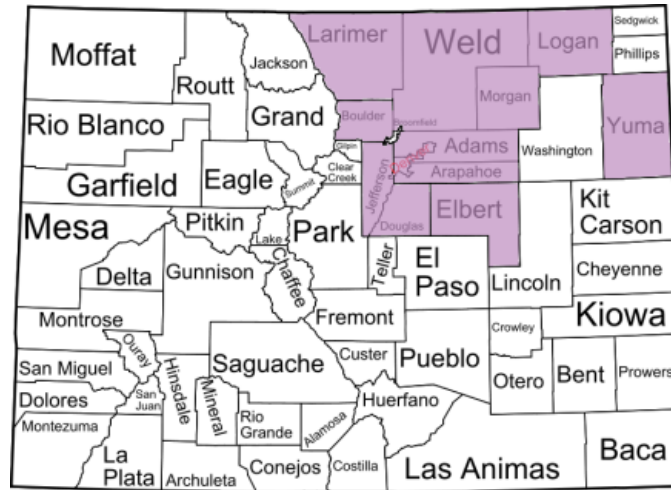
Kilbourne AM et al. (2014), Smith et al (2019, 2020)

Facilitation Core Functions, Forms

Title	Core component (Logic Model)	Example Core Function	Example Forms of Core Function
A. Initiation & Benchmarking	Engagement of practitioners in goal setting	Use site data to understand care, ID patients, key barriers	• Develop registry using EHR • Process mapping
B. Mentoring to align QI process & team functions	Clarifying roles & responsibilities	Rapport building; ID provider strengths to overcome barriers	• Identify providers' agency to foster change • Stakeholder map of potential champions, allies within site
C. Develop action plan for supporting team	Continuous problem-solving, strategic thinking, and adaptation	Reinforce staff performance delivering EBP content	• Performance monitoring and feedback • Direct observation
D. Leveraging	Coalition-building	Communicate value of EBP as practice and service priority	• Identify opportunities where EBP can support other site-specific goals • Develop e-newsletter highlighting successes
E. Sustainability	Integration, letting sites lead	Marketing to help leaders expand EBP use	• Implementation playbook for sites • Involve policymakers (e.g., reimbursement codes)

ADEPT Evidence-based Practice:
Life Goals Collaborative Care (LGCC)

Decision Support

Self-management

Access/Continuity

Life Goals
Collaborative Care

Practice guidelines: Best practices for physical and mental health conditions

Life Goals sessions: Managing symptoms, healthy behaviors, Clinician engagement

Care management: Registry tracking (Symptoms, functioning), General medical clinician liaison

Bauer, 2006, Simon, 2006; Kilbourne 2008; 2013

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Implementation Strategy Options
From less to more costly/intensive for health care settings

REP	EF	IF
REP (Replicating Effective Programs) Provides intervention manualization, didactic training and technical assistance.	**EF** (External facilitation) Help identifying & addressing barriers from an outside 'expert.'	**IF** (Internal facilitation) Inside expert who works with site leaders to address barriers & champion cause.

← **Less intensive** ————————————— **More intensive** →

Replicating Effective Programs (REP):
Intervention package
Training
As-needed technical assistance

External facilitator (EF):
Off-site implementation expert

Internal facilitator (IF):
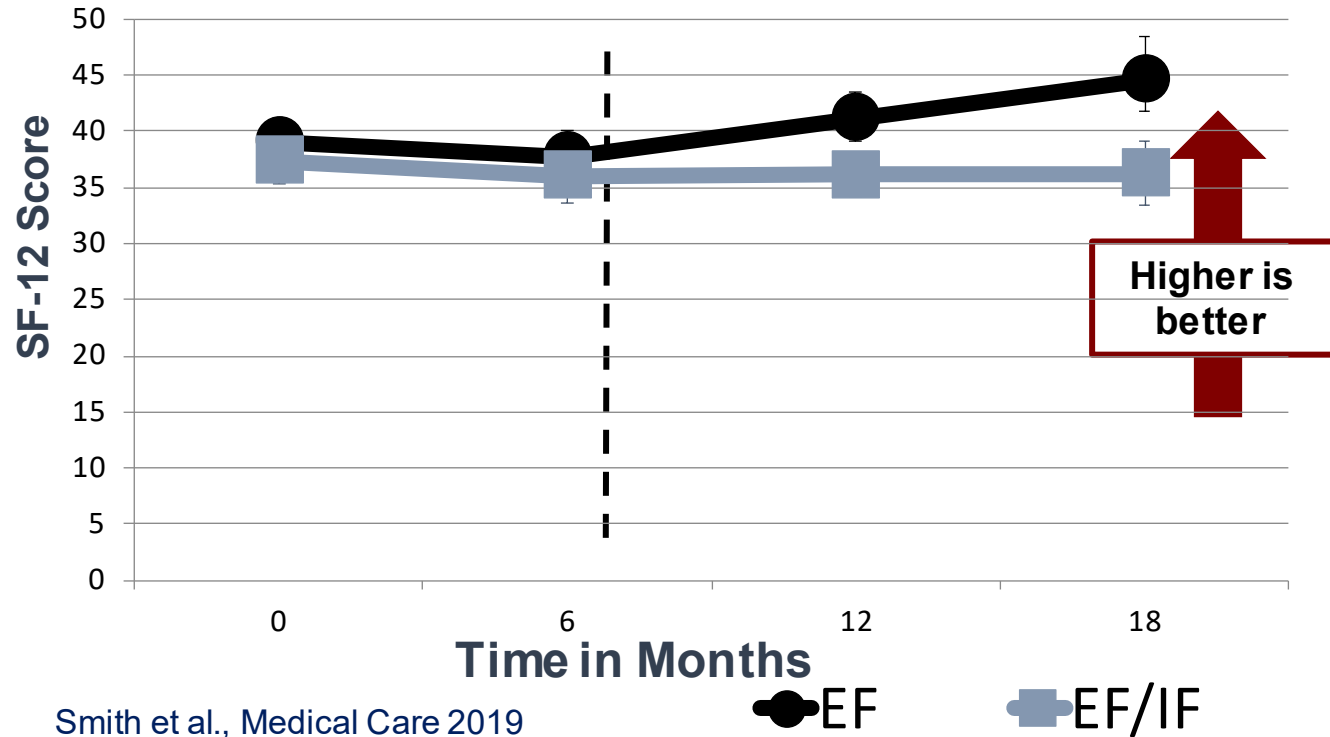On-site manager, direct report to leadership

Kilbourne 2013; 2014; Goodrich 2012

ADEPT SMART Design
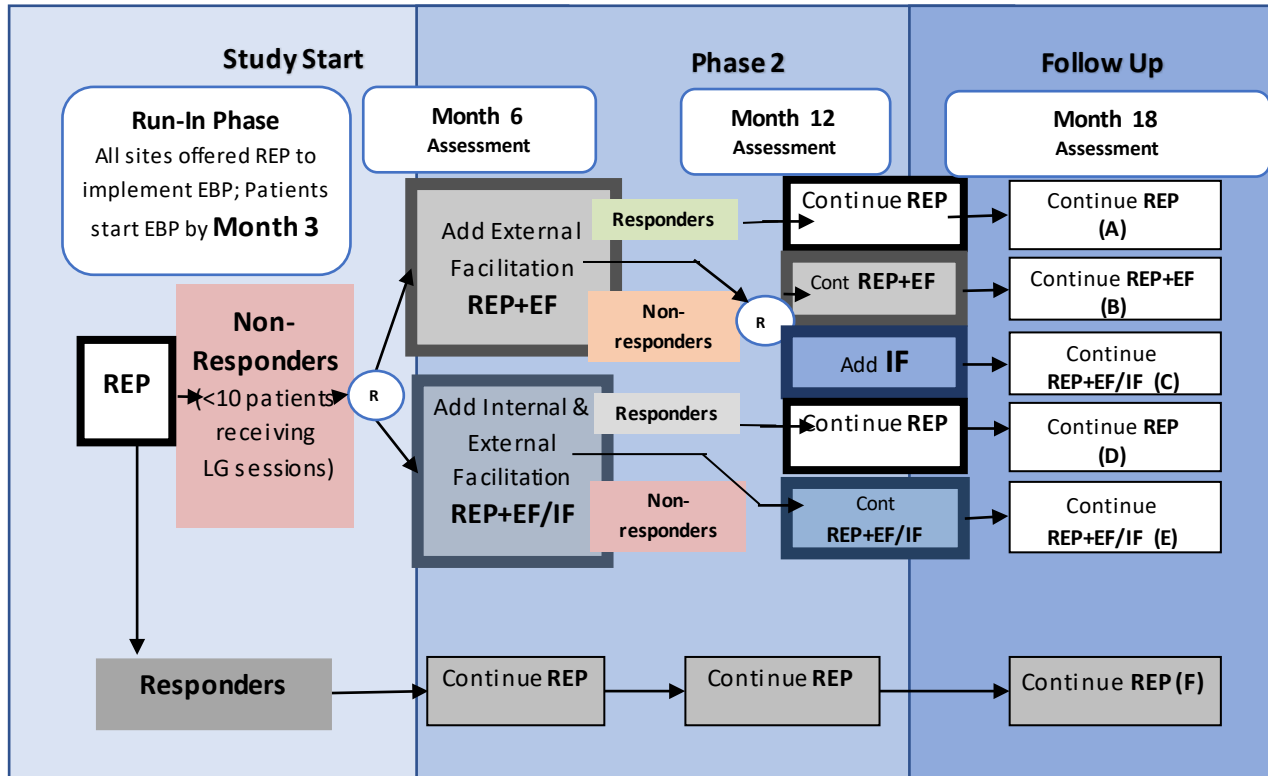
Kilbourne et al, 2014; Funding: NIMH R01 MH99899

ADEPT Results: Changes in Patient-level Mental Health Quality Of Life
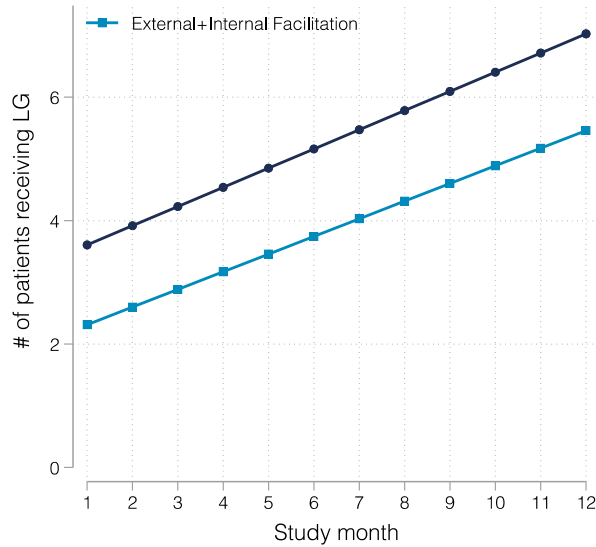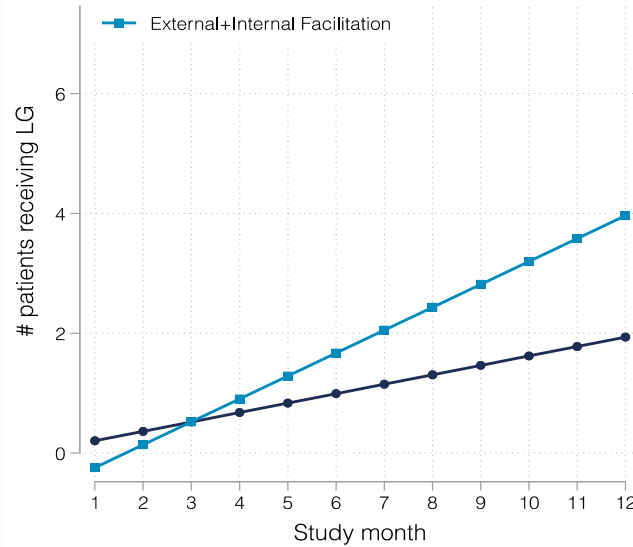

Smith et al., Medical Care 2019

Internal Facilitation Improved LGCC Uptake in the Least Responsive Sites

Sites with some implementation at baseline — External+Internal Facilitation; y-axis: # of patients receiving LG; x-axis: Study month

Sites with no implementation at baseline — External+Internal Facilitation; y-axis: # patients receiving LG; x-axis: Study month

Tracking Facilitation Core Functions in ADEPT

Date	Event type[a]	With whom did you interact?[b]	Time	Primary Activity[c]	Secondary activity
1/12/2017	1	1	43	1	4

[a] Event type: 1= prep time, 2= phone, 3= email, 4=other

[b] Interaction: 1=provider, 2=supervisor, 3=Administrator, 4=Other

[c] Activity: 1=Initiation and benchmarking, 2=Mentoring, 3= Developing an action (implementation) plan, 4= Leveraging resources and connections, 5=Sustainability, integration into practice

Eisman, et al. 2020

Tracking Facilitation Core Functions in ADEPT

	EXTERNAL FACILITATOR TASKS				INTERNAL FACILITATOR TASKS
	PHASE 2		PHASE 3		PHASE 2 & 3
	EF-only sites (N=280)	EF/IF sites (N=282)	EF-only sites (N=42)	EF/IF sites (N=242)	EF/IF (N=320)
STEP 1: Background, benchmarking & plan development					
Background *Site research*	14 (5.0)	14 (5.0)	1 (2.4)	0 (0.0)	4 (1.3)
Initiation & benchmarking *Assess context, identify needs & barriers*	126 (45.0)	105 (37.2)	6 (14.2)	18 (7.4)	65 (20.3)
Education *Requirements and expectations of personnel*	98 (35.0)	80 (28.4)	6 (14.3)	87 (35.9)	35 (10.9)
Implementation plan development *Create measurable goals, specify tasks and timeline*	10 (3.6)	21 (7.4)	2 (4.8)	7 (2.9)	82 (25.6)
STEP 2: Problem solving, support provision & leveraging					
Leveraging *Identify local leadership priorities, identify additional site champions to promote LG*	1 (0.4)	3 (1.1)	0 (0.0)	9 (3.7)	7 (2.2)
Coaching *Develop rapport, work with providers to address barriers*	0 (0.0)	6 (2.1)	0 (0.0)	0 (0.0)	52 (16.3)
Link to outside resources *Connect with similar sites and/or technical assistance*	1 (0.4)	4 (1.4)	0 (0.0)	2 (0.8)	6 (1.9)
Consultation *Discuss issues with facilitation experts*	13 (4.6)	20 (7.1)	2 (4.8)	2 (0.8)	10 (3.1)
STEP 3: Reinforcement, recognition & marketing					
Reinforcement *Positive recognition and support*	17 (6.1)	27 (9.6)	25 (59.5)	105 (43.4)	12 (3.8)
Ongoing marketing *Develop business plan, focus on sustainability*	0 (0.0)	2 (0.7)	0 (0.0)	12 (5.0)	47 (14.7)

ADEPT External Facilitation Core Functions were Mainly Strategic

Build supportive relationships	Background	Site research, often non-interactive
	Initiation & benchmarking	Assess context, identify needs & barriers
	Education	Requirements & expectations of personnel
Problem solving	Implementation plan development	Create measurable goals, specify tasks & timeline
	Leveraging	Identify local leadership priorities, identify additional site champions to promote LG
	Mentoring	Develop rapport, work with providers to address barriers, map or test process
	Link to outside resources	Connect with similar sites, REP technical assistance
	Consultation	Discuss issues with facilitation experts
Plan for sustainability	Reinforcement	Positive recognition and support
	Ongoing marketing	Develop business plan, focus on sustainability

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ADEPT External Facilitation Core Functions were Mainly Strategic

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Problem solving	Implementation plan development	Create measurable goals, specify tasks & timeline
	Leveraging	Identify local leadership priorities, identify additional site champions to promote LG
	Mentoring	Develop rapport, work with providers to address barriers, map or test process
	Link to outside resources	Connect with similar sites, REP technical assistance
	Consultation- clinical processes	Discuss issues with facilitation experts
Plan for sustainability	Reinforcement	Positive recognition and support
	Ongoing marketing	Develop business plan, focus on sustainability

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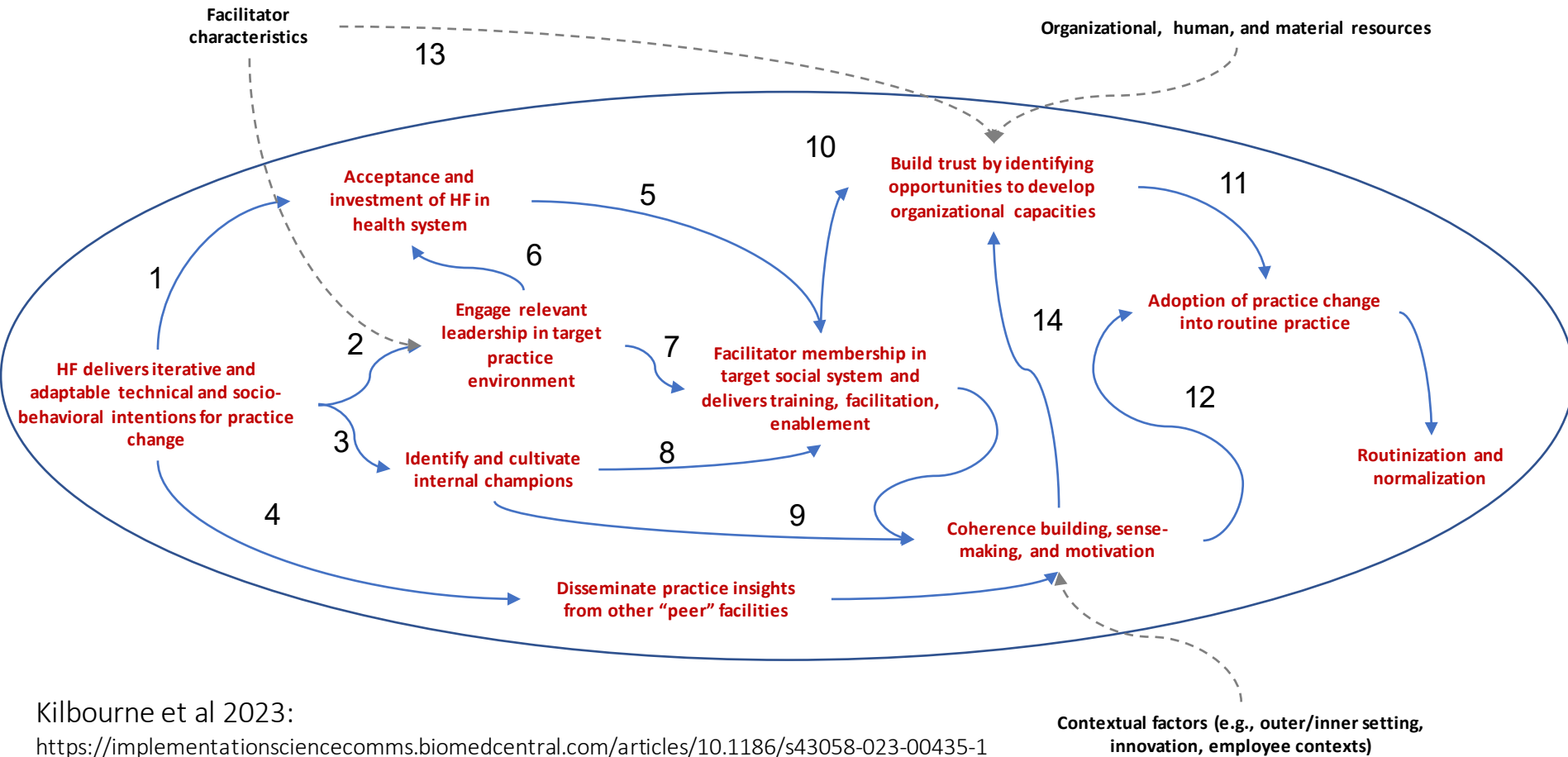
ADEPT Facilitation Summary

Category	Core Functions
A. Initiation & Benchmarking	• Use site data to understand care, ID patients, key barriers to EBP • Discuss roles of each team member • Set goals for EBP implementation using a QI process
B. Mentoring to align QI process & team functions	• Rapport building; ID provider strengths to overcome barriers • Map or test practice routines and monitor tasks/techniques • Review team feedback and observations
C. Develop action plan for supporting team	• Review plan for reaching implementation goals • Model EBP support/use • Reinforce staff performance delivering EBP content
D. Leveraging	• Communicate value of EBP as practice and service priority • Enhance practice and community linkages, reimbursement codes • Learn and share lessons from other site staff, leaders
E. Sustainability	• Modify each staff's routines to enhance efficiency in their roles • Marketing to help leaders expand EBP use • Implementation playbook to embed EBP use in routine care

Mechanism Mapping Results

- Socialization
- Sense-making
- Trust-building
- Normalization

Mechanism Mapping to Understand Facilitation Processes

Kilbourne et al 2023:
https://implementationsciencecomms.biomedcentral.com/articles/10.1186/s43058-023-00435-1

Mechanism Mapping Results

- **<u>Socialization</u>**: engagement of leaders and practitioners led to increased socialization of the facilitator's role in the organization

- **<u>Sense-making</u>**: clarifying roles and responsibilities among practitioners and identifying peer experiences led to increased coherence of the value of adopting effective innovations

- **<u>Trust-building</u>**: increased trust occurred across leadership and practitioners through expanded capacity in adoption of the effective innovation by mitigating barriers to practice change

- **<u>Normalization</u>**: Eventual ownership of the effective innovation and healthcare facilitation process

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Additional Facilitation References

Using Implementation Facilitation to Improve Healthcare

IMPLEMENTATION FACILITATION TRAINING MANUAL

VERSION 3
DECEMBER 1, 2020

Link to Implementation Science Communications Article on Healthcare Facilitation:

https://implementationsciencecomms.biomedcentral.com/articles/10.1186/s43058-023-00435-1

Link to QUERI Facilitation Manual:

https://www.queri.research.va.gov/tools/implementation/Facilitation-Manual.pdf

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THANK YOU!

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The views expressed are those of the authors and do not necessarily represent the views of the VA

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