

# Standardization of Implementation Methods for a Large-Scale Implementation Trial of Medication for Veterans Living with Opioid Use Disorder

June 7, 2022

Amanda Midboe, PhD

Consortium to Disseminate & Understand Implementation of Opioid Use Disorder Treatment (CONDUIT; PII 19-321)



VA Quality Enhancement Research Initiative  
EVIDENCE INTO PRACTICE



# Who am I?

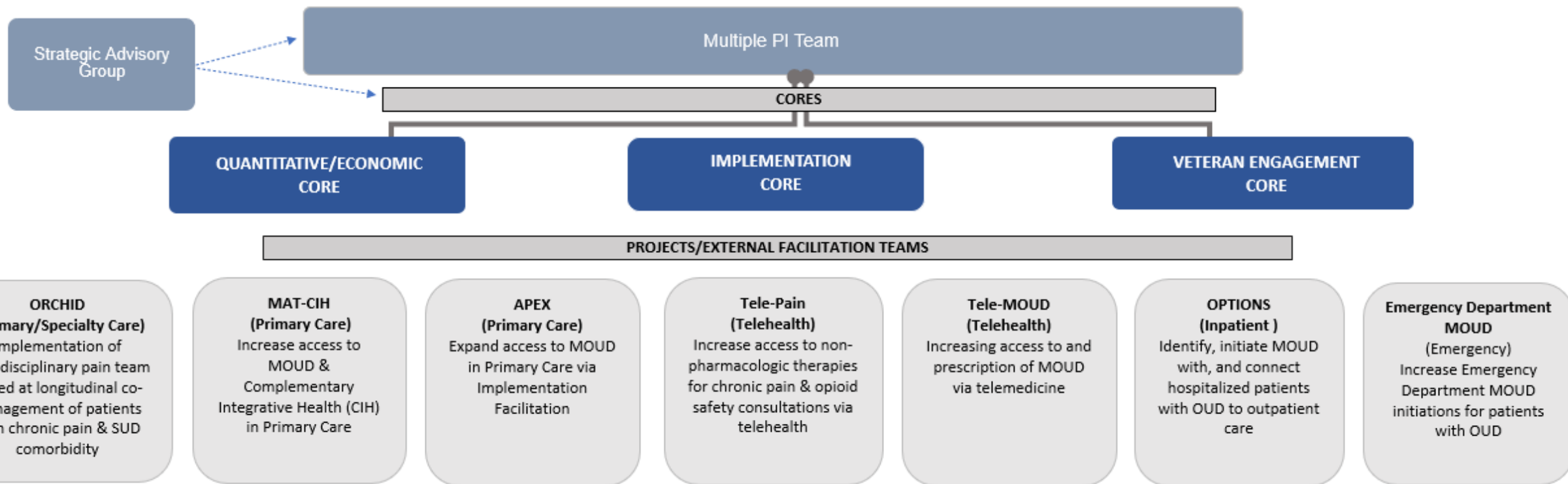
- Clinical/health research psychologist
- Funded implementation science investigator in Veterans Health Administration since 2011
- Content areas: improving safe and effective treatment of chronic pain and opioid use disorder, and prevention of opioid overdose
- VA Palo Alto Health Care System, Stanford University School of Medicine

# Background & Purpose

## CONDUIT (Consortium to Disseminate and Understand Implementation of Opioid Use Disorder Treatment)



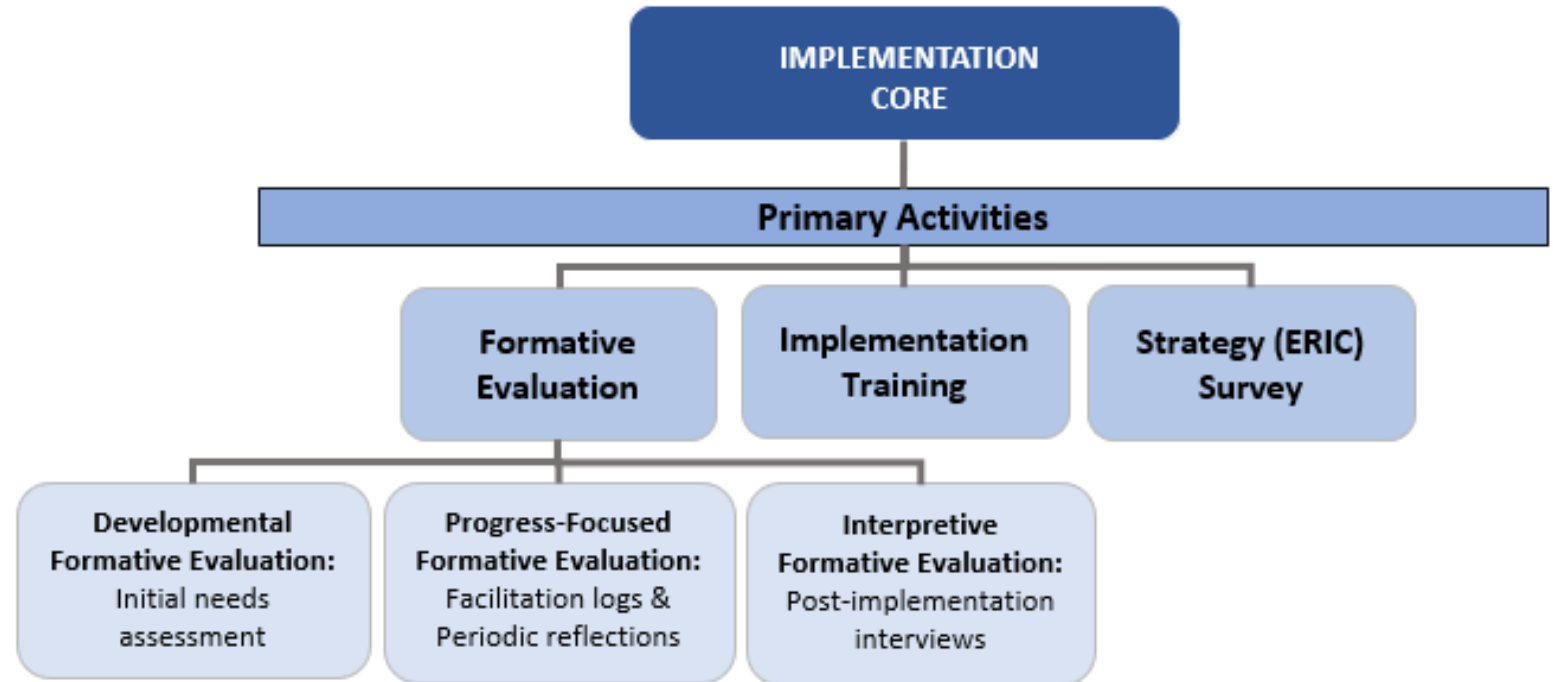
- Increase access to evidence-based treatment for Veterans living with OUD or chronic pain at nearly 50 low-performing sites across a variety of clinical care settings
  - Primary Care
  - Specialty Care
  - Telehealth
  - Inpatient / Emergency



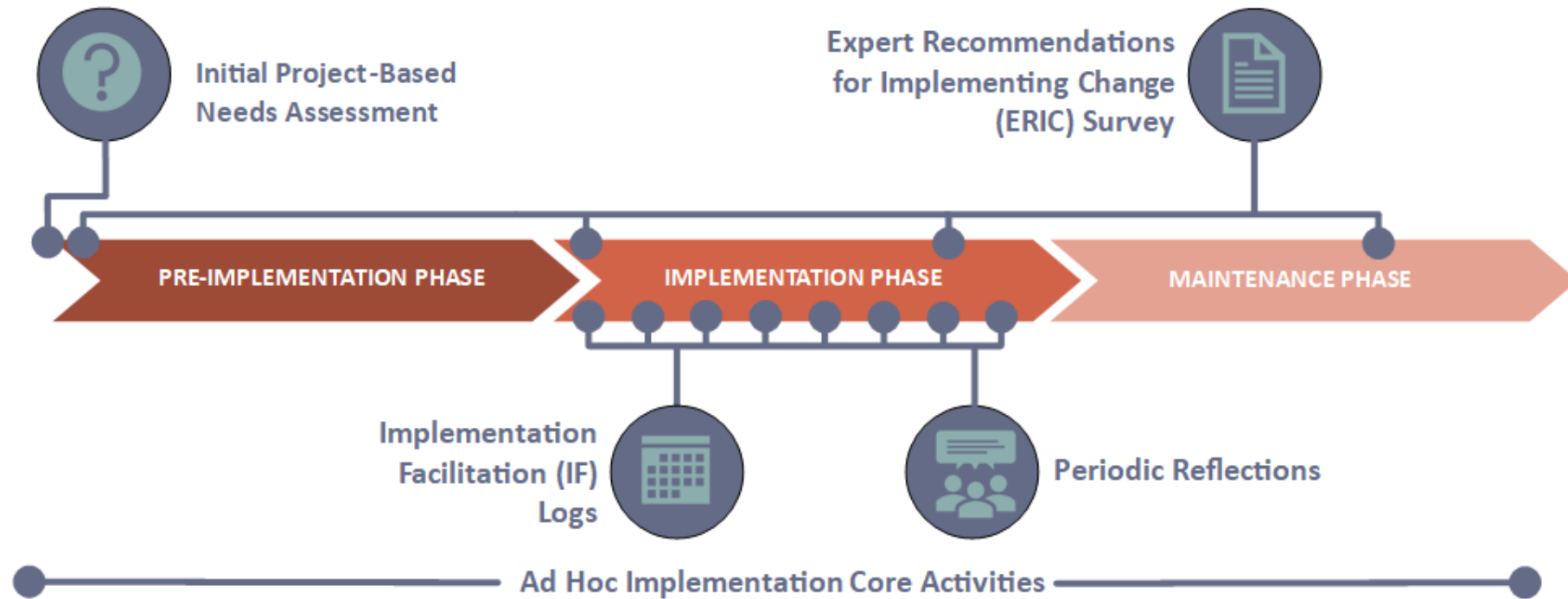
# CONDUIT Structure

# CONDUIT Implementation Core

Structure & Objectives



- Main Objectives
  - Standardize measurement of implementation activities across the consortium
  - Assist all 6 projects in their implementation efforts by providing expertise and advice, training, and resources
- IC activities are guided by the Consolidated Framework for Implementation Research (CFIR) & RE-AIM



# CONDUIT Implementation Core Timeline with Implementation Activities

# CONDUIT Implementation Core

Timeline with  
Implementation Activities

## Initial Project-Based Needs Assessment

**FREQUENCY:** Once, at project initiation

**PURPOSE:** Tailor assistance from Implementation Core to each project's unique needs

**EXPERT:** Implementation Core lead with experience in tailoring

- Project personnel completed a Needs Assessment worksheet and reviewed with Implementation Core lead
- Outcomes were used to tailor Implementation Core training, support, and resources provided to project personnel



Expert Recommendations  
for Implementing Change  
(ERIC) Survey



PRE-IMPLEMENTATION PHASE

IMPLEMENTATION PHASE

MAINTENANCE PHASE

Implementation  
Facilitation (IF)  
Logs



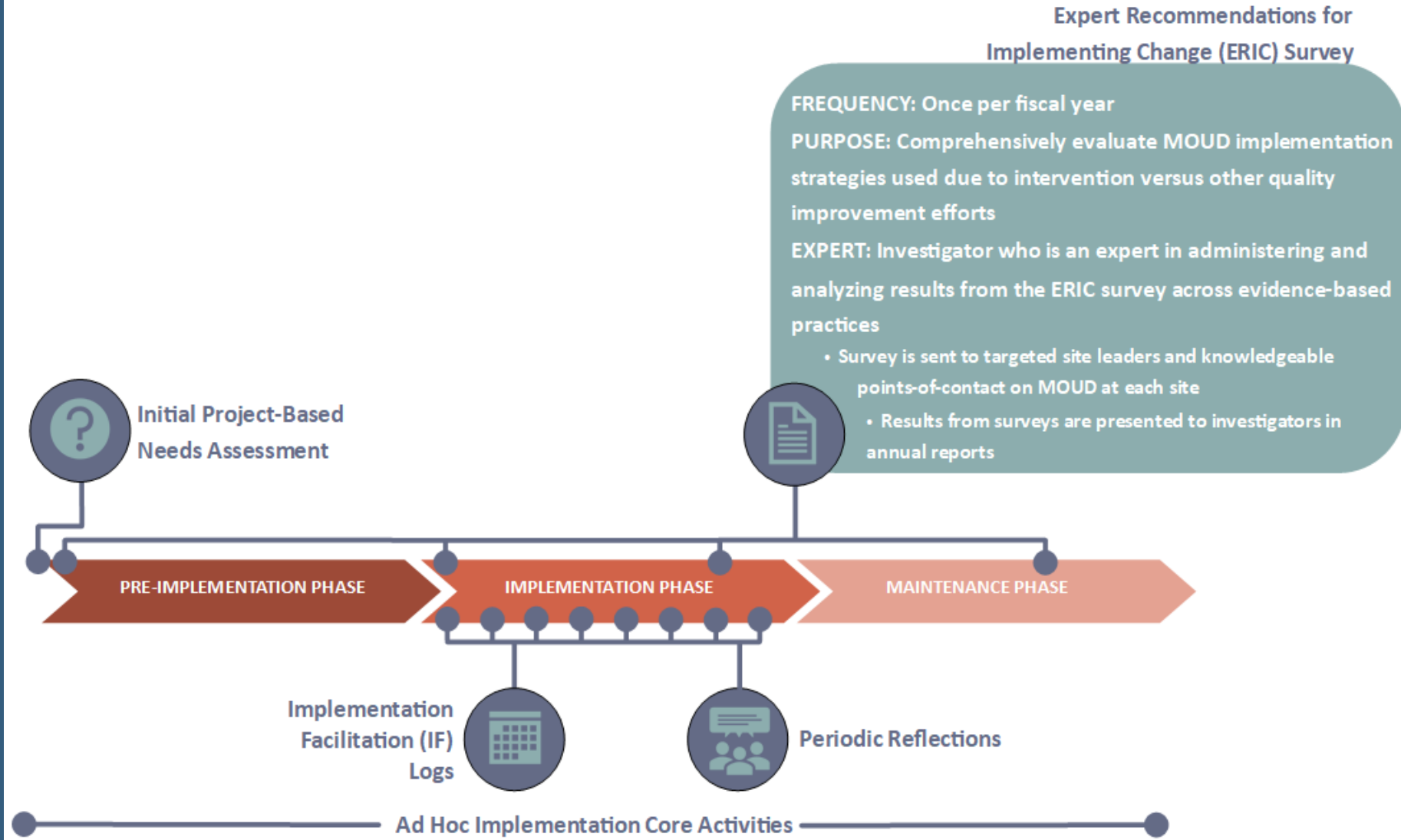
Periodic Reflections



Ad Hoc Implementation Core Activities

# CONDUIT Implementation Core

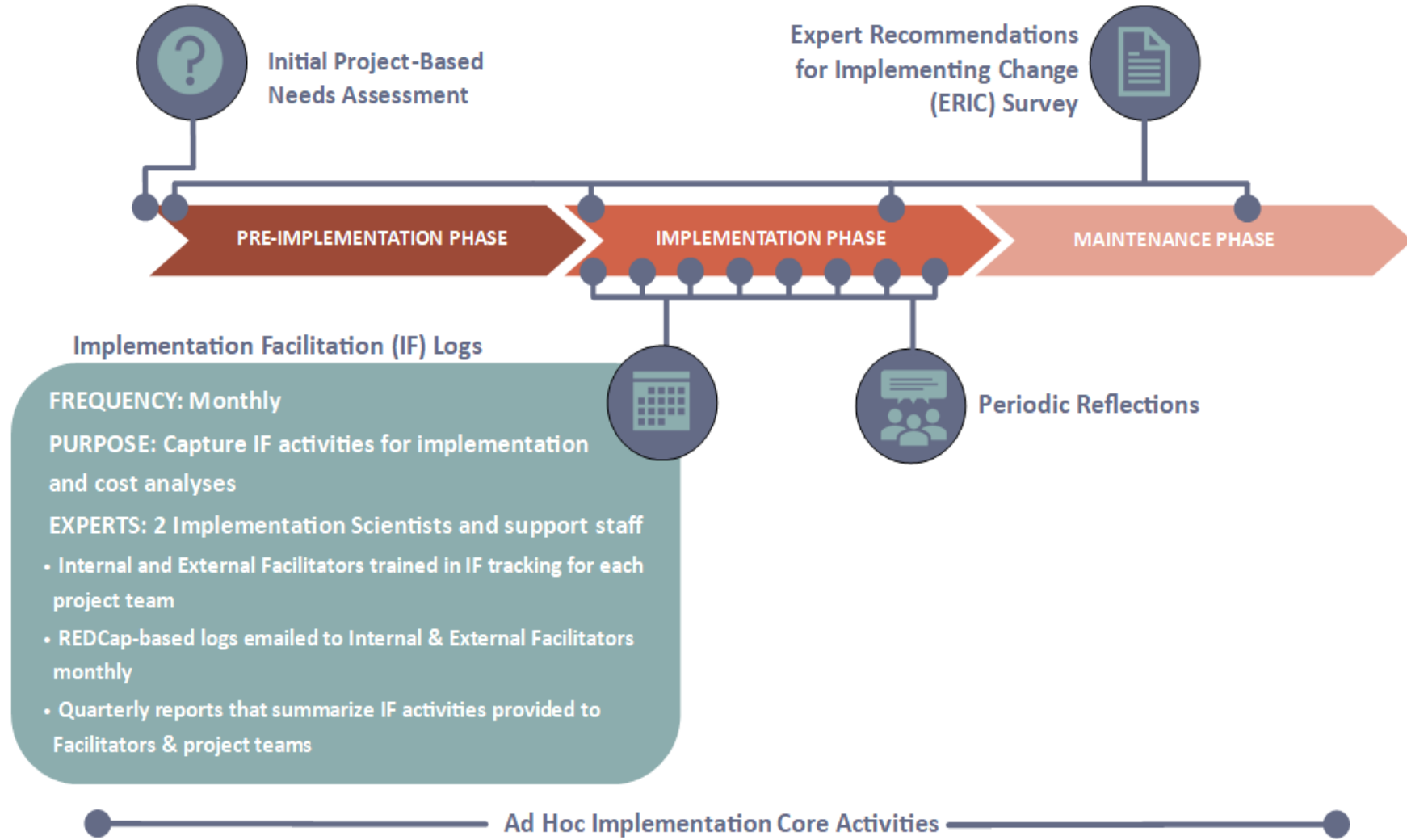
Timeline with  
Implementation Activities





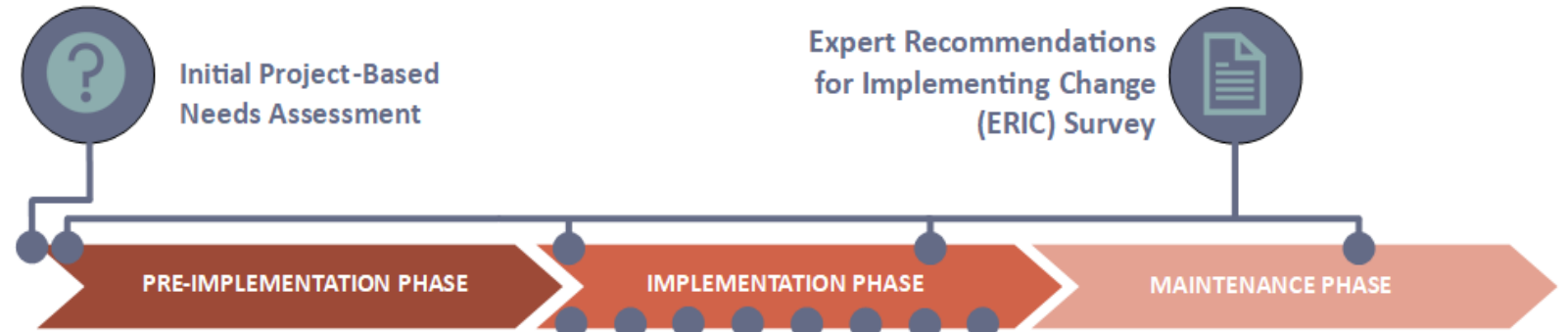
# CONDUIT Implementation Core

Timeline with  
Implementation Activities



# CONDUIT Implementation Core

Timeline with  
Implementation Activities



Implementation  
Facilitation (IF)  
Logs



Periodic Reflections

FREQUENCY: Monthly

PURPOSE: Capture IF team reflections on implementation activities

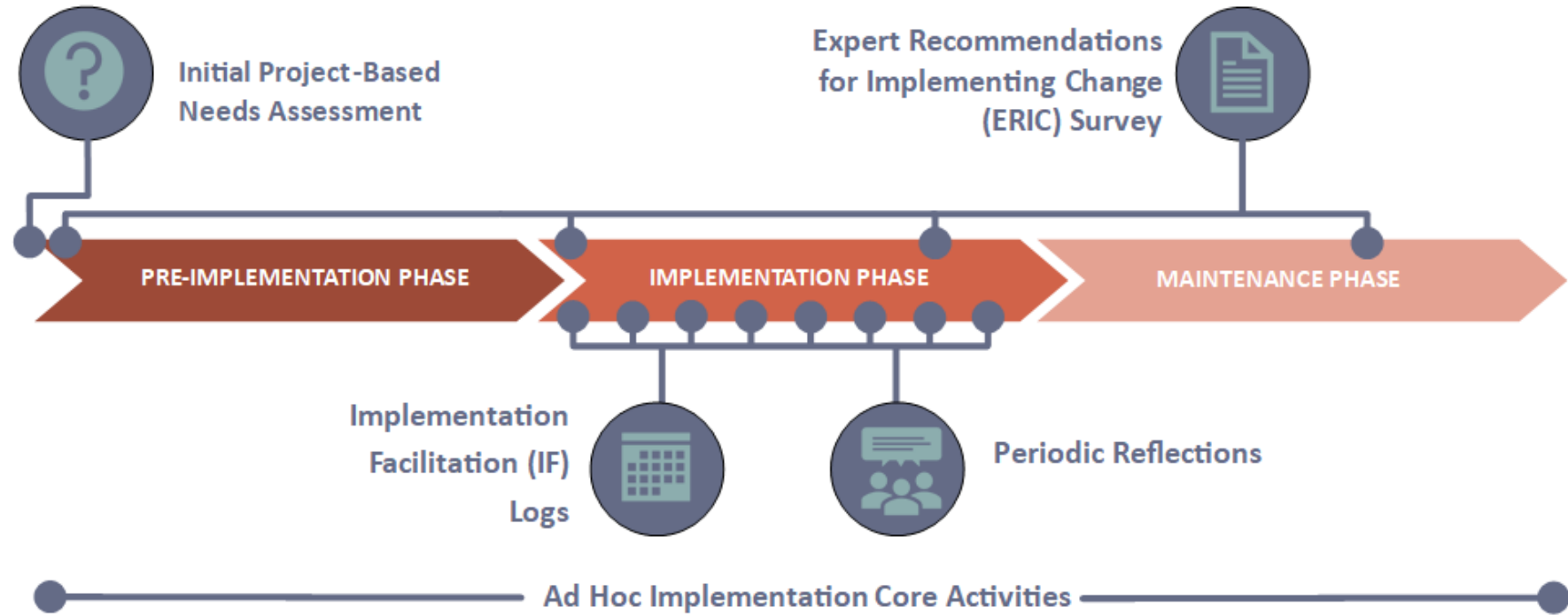
EXPERT: Investigator with qualitative expertise and experience in facilitating group interviews

- Semi-structured interviews with IF team members to identify adaptations, IF experiences, lessons learned
- Session notes taken by second qualitative expert and calls recorded for analyses
- Based on methodology outlined by Finley et al. (2018)

Ad Hoc Implementation Core Activities

# CONDUIT Implementation Core

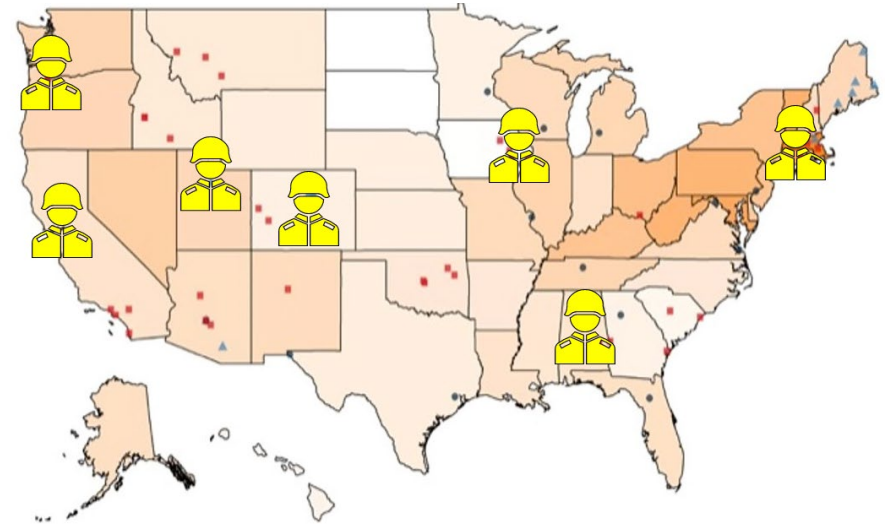
Timeline with  
Implementation Activities



- **IMPLEMENTATION CORE MEETINGS:** Bi-monthly meetings with all project teams, ad hoc meetings with individual project teams
- **QUALITATIVE SUPPORT:** Qualitative expert provides guidance on methods, analysis when requested
- **IF TRAINING:** Provided by VA's IF Training Hub, with boosters from Implementation Core Lead
- **BARRIER RESOLUTION:** Consultative barrier assessment and resolution support are provided by Implementation Core personnel in a tailored, rapid, and responsive fashion

# Veteran Engagement

- Opioid Addiction and Recovery Veteran Engagement Board (OAR-VEB)
- Diverse perspectives of 13 Veterans with lived experience of OUD
  - 2 women and 11 men from different service eras
  - Time in recovery ranges from 1-3 years up to 13+ years
- Video series - [Insights Into Recovery](#)



# Conclusions

- Implementation Core (IC) standardized measures across diverse teams and clinical settings, staying flexible during COVID pandemic to support teams
- The Needs Assessment was key for tailoring of IC time and resources for project team training on Implementation Facilitation and ongoing implementation support
- Monthly Periodic Reflections created a community for sharing and support as well as qualitative data collection identifying facilitators and barriers not captured by REDCap logs
- Unique OAR-VEB was valuable in improving implementation success through regular meetings and ad hoc consultation

# Acknowledgements

- Financial support for this project was provided by VA HSR&D QUERI (PII 19-321).
- Operational Partners
  - Office of Mental Health and Suicide Prevention
  - Pharmacy Benefits Management
  - National Pain Management Opioid Safety and Prescription Drug Monitoring Program Office
  - Office of Primary Care
  - VA Center for Medication Safety
  - Multiple VISN-level partnerships
- CONDUIT Clinical Lead PIs
  - Evelyn Chang, MD
  - Joseph Frank, MD, MPH
  - Adam Gordon, MD, MPH
  - David Moore, MD
  - Hilary Mosher, MD, MFA
  - Marc Rosen, MD