The Use of Facilitation as an Implementation Strategy

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Veterans Health Administration
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Quality Enhancement Research Initiative

VA HEALTH CARE Defining EXCELLENCE in the 21st Century

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

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

Innovation

i-PARIHS Framework

Successful
Implementation

Recipient

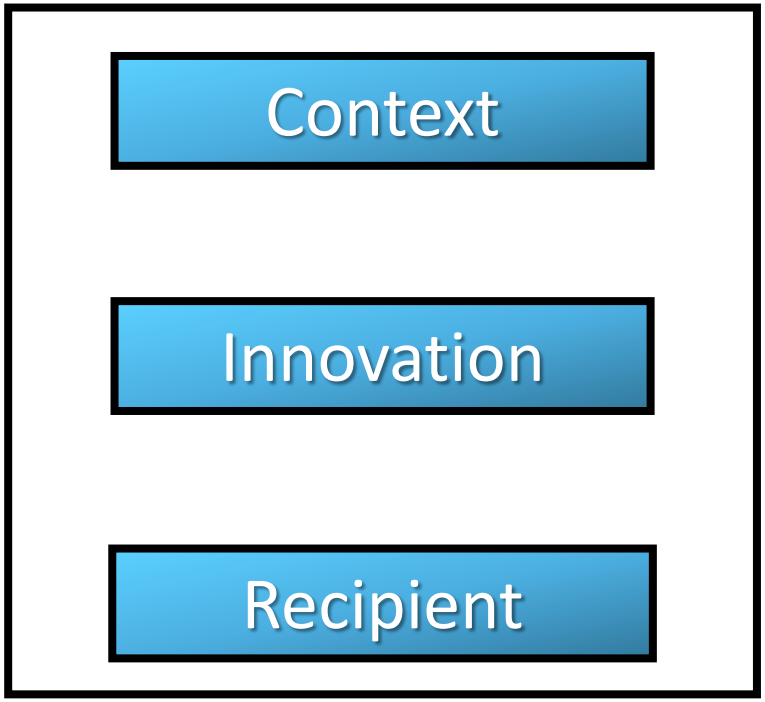
i-PARIHS Framework

Successful
Implementation

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

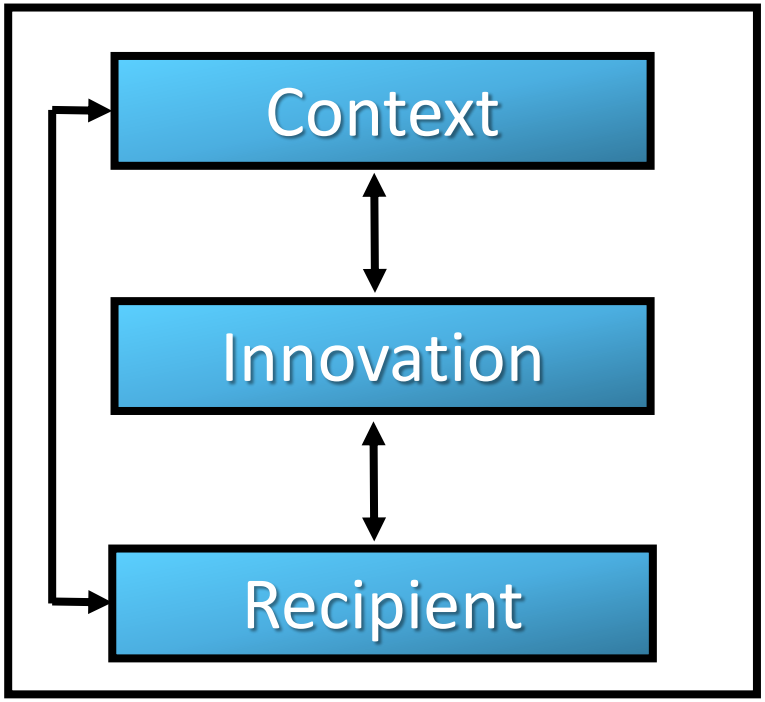
Recipient

i-PARIHS Framework



Successful
Implementation

i-PARIHS Framework



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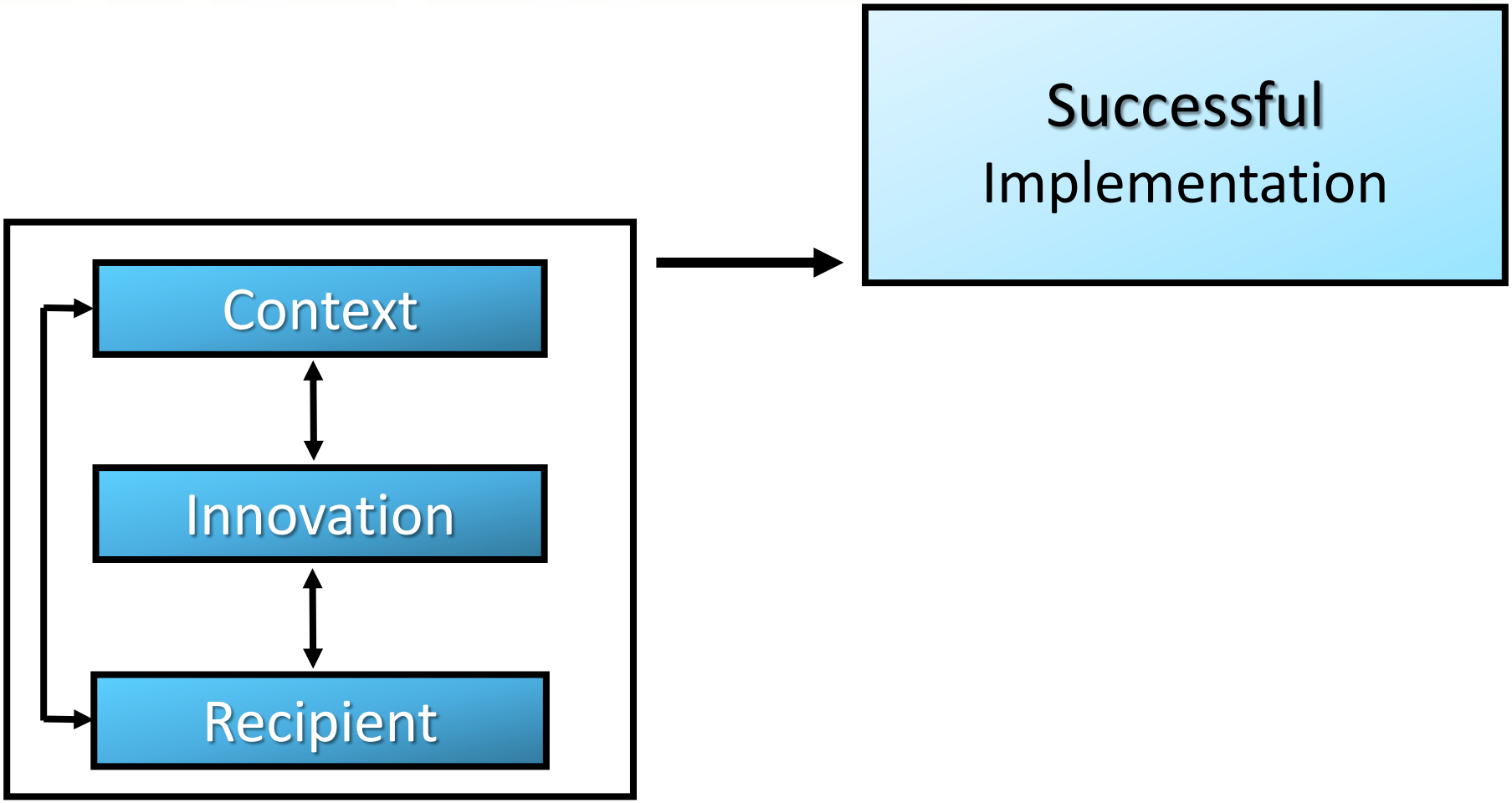
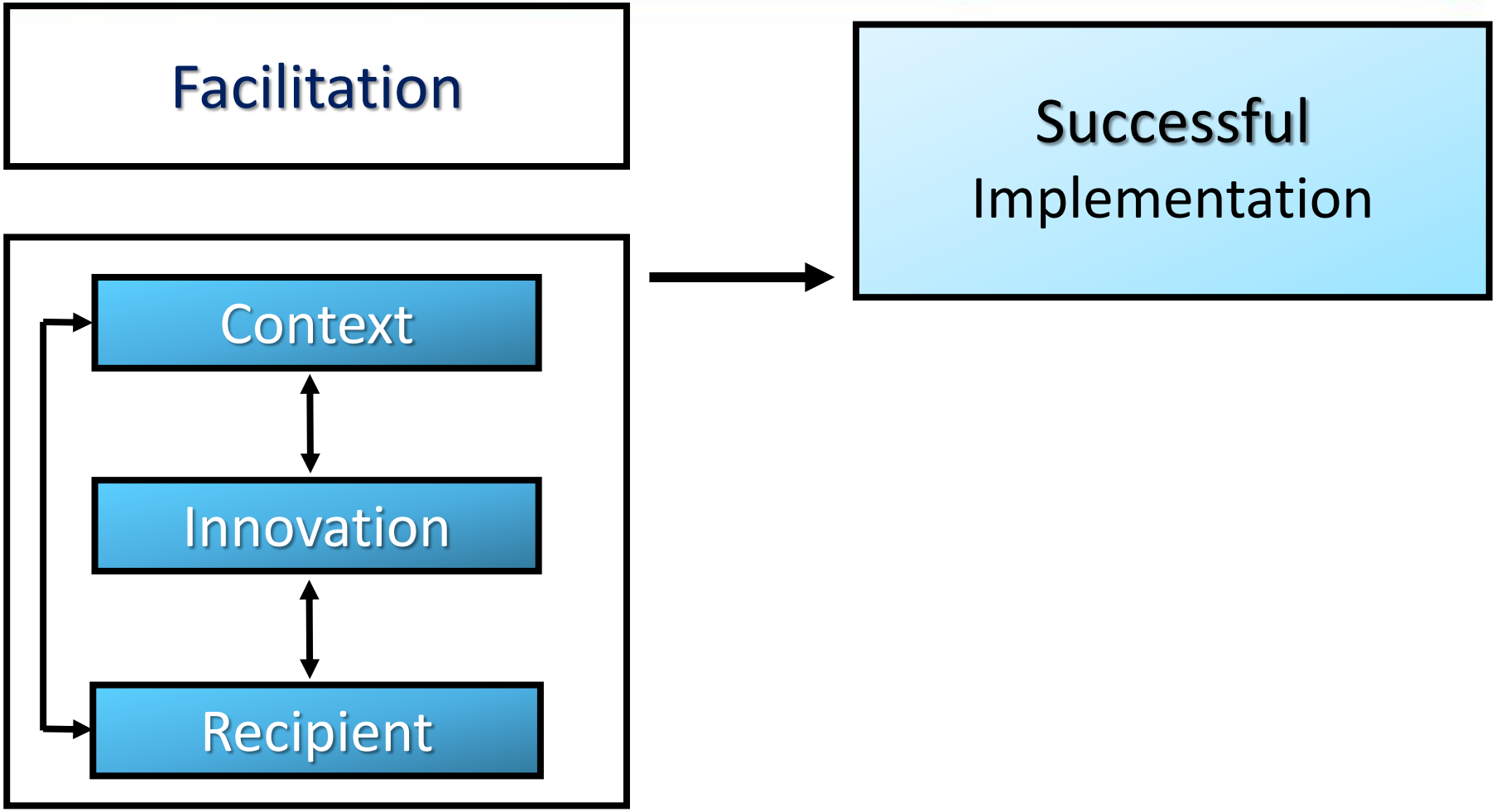


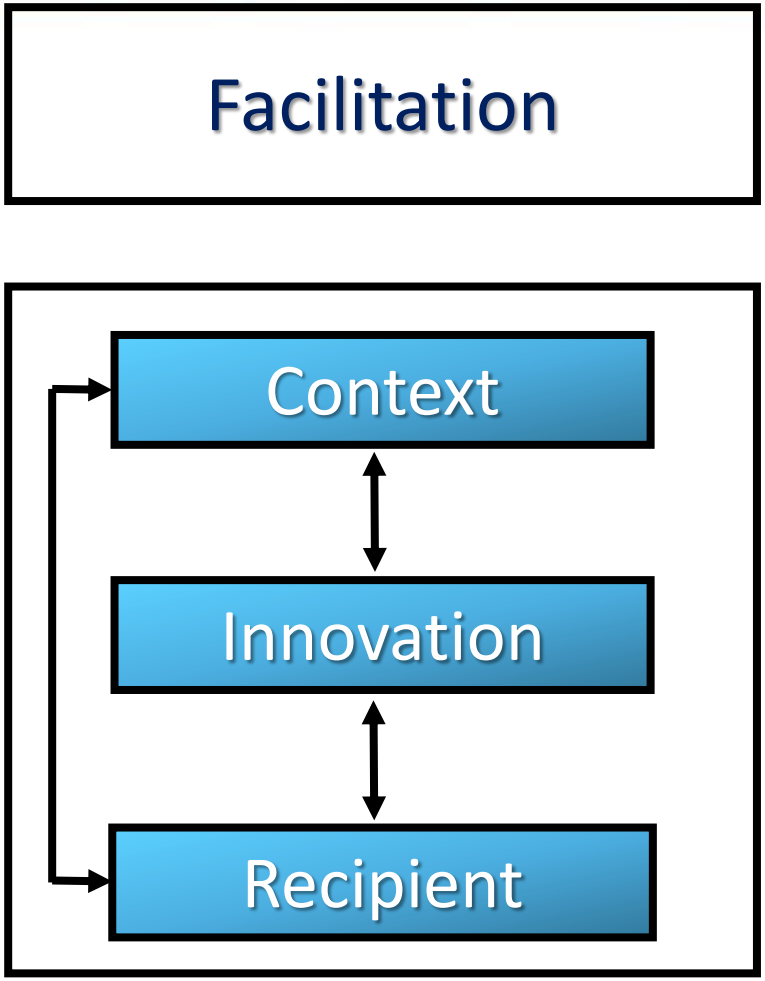
Facilitation

- 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



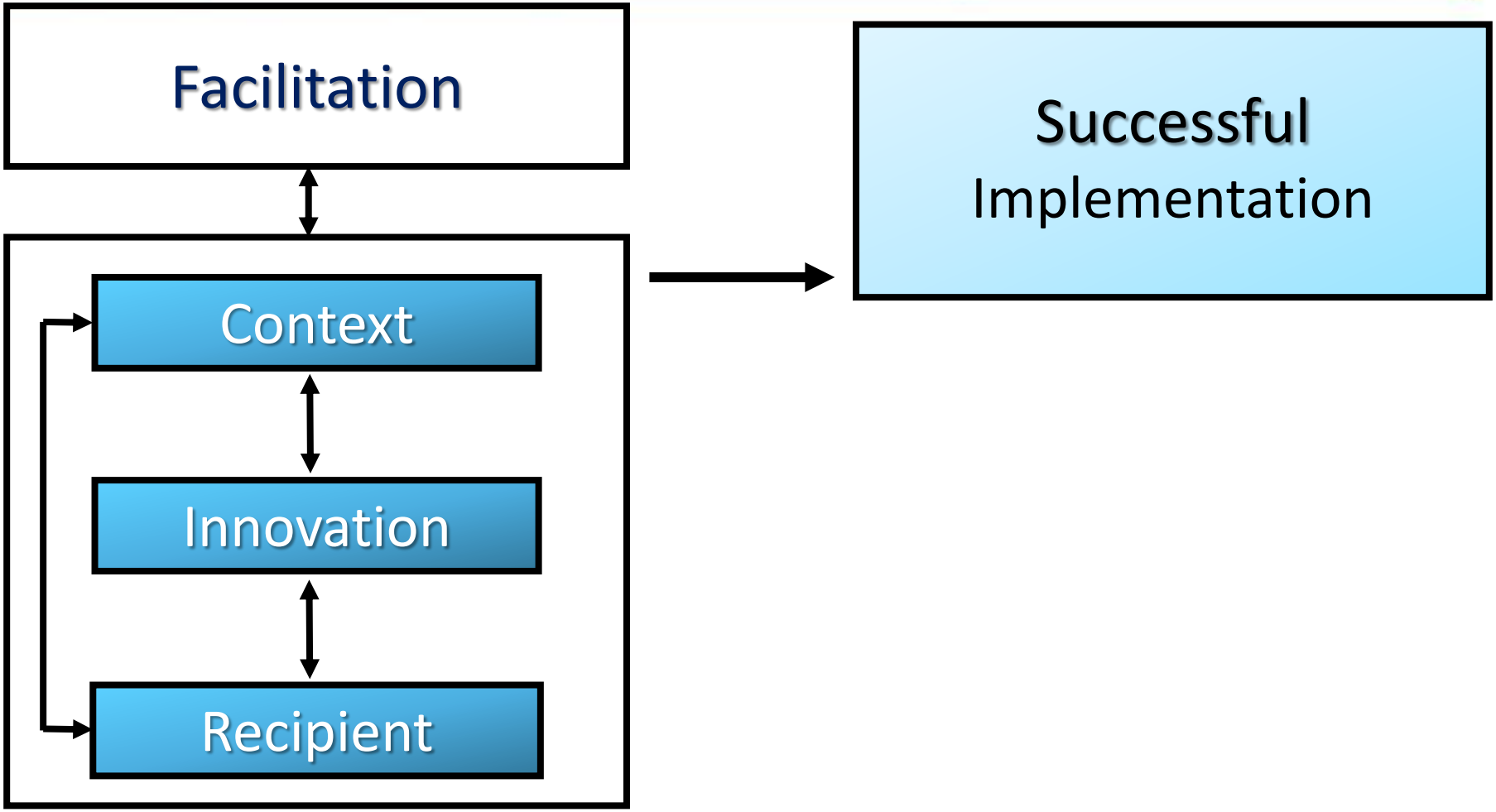
i-PARIHS Framework



Successful Implementation

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

i-PARIHS Framework



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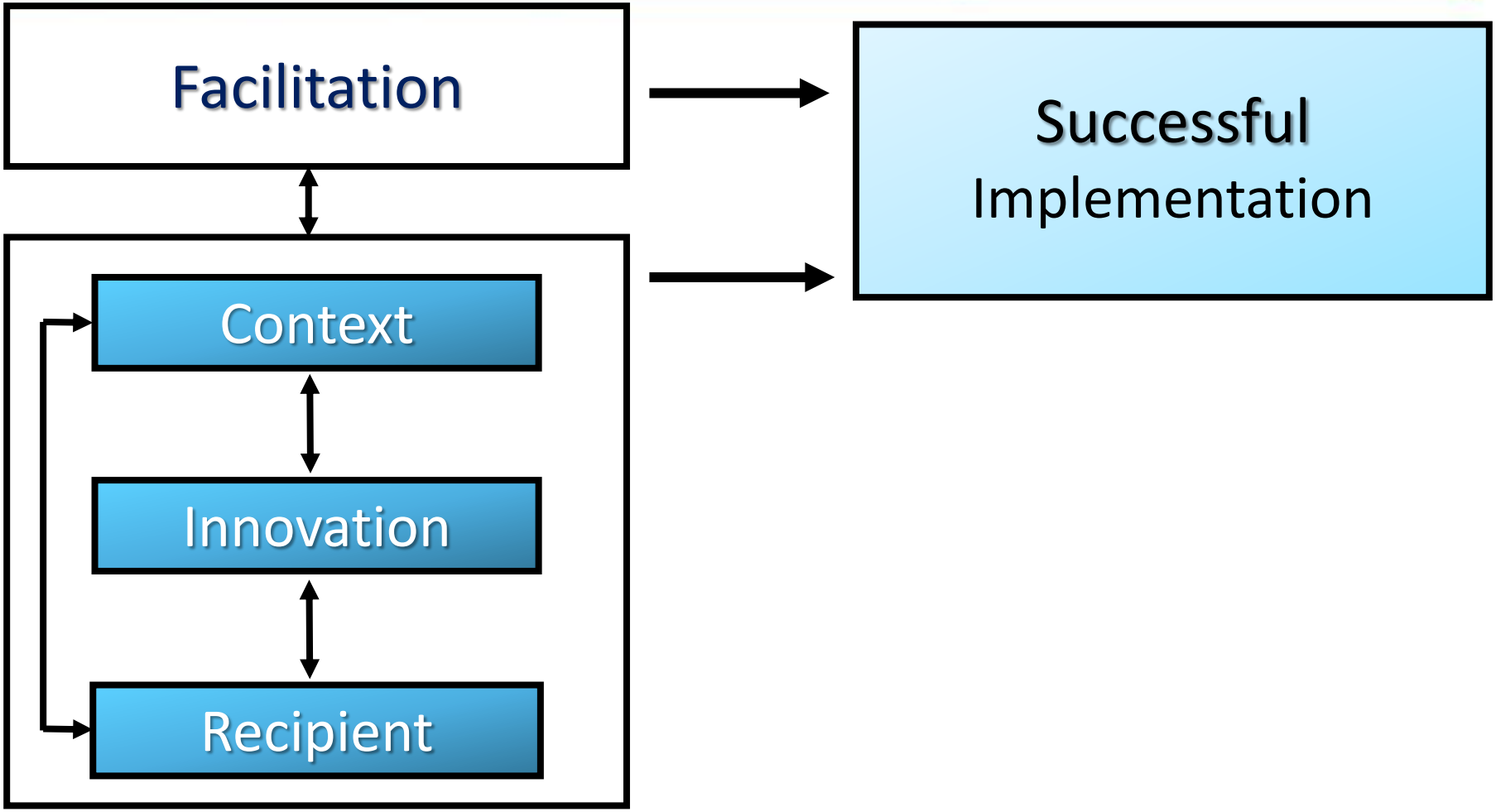
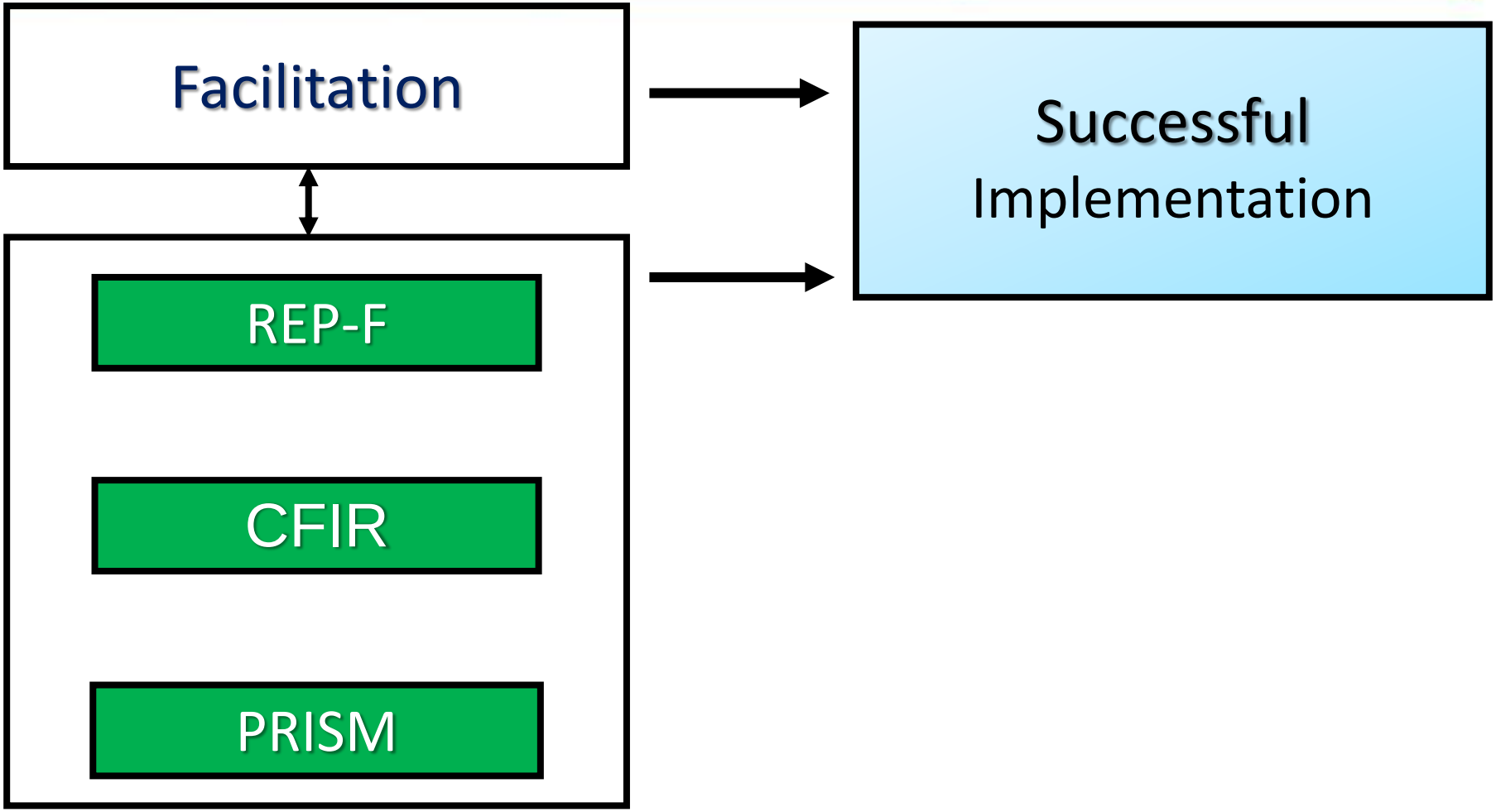


Other Frameworks



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

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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

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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

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VISN 4 MIRECC, RAND Corporation

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HSR&D Center for Clinical Management Research, Diabetes QUERI VA Ann Arbor Healthcare System

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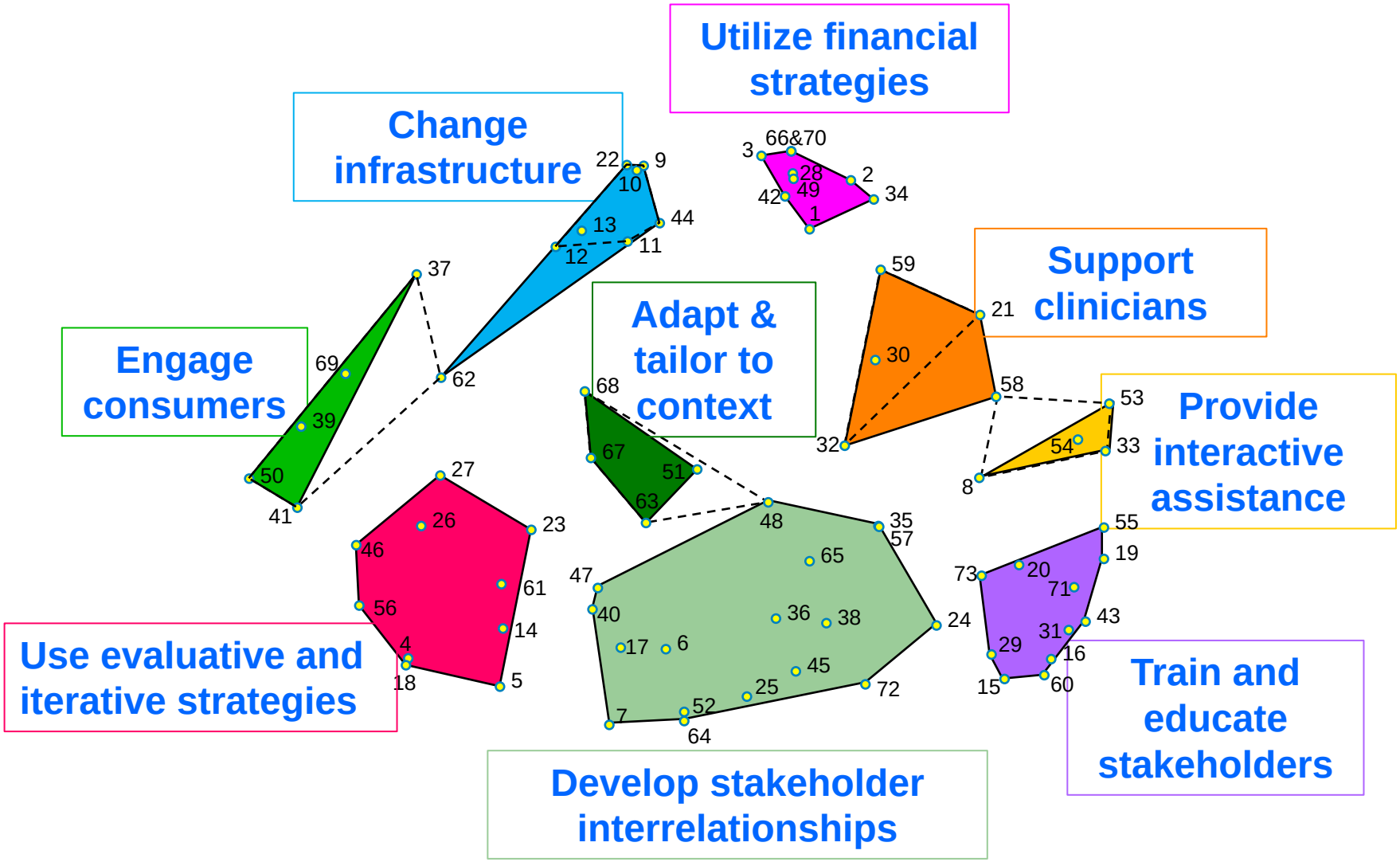
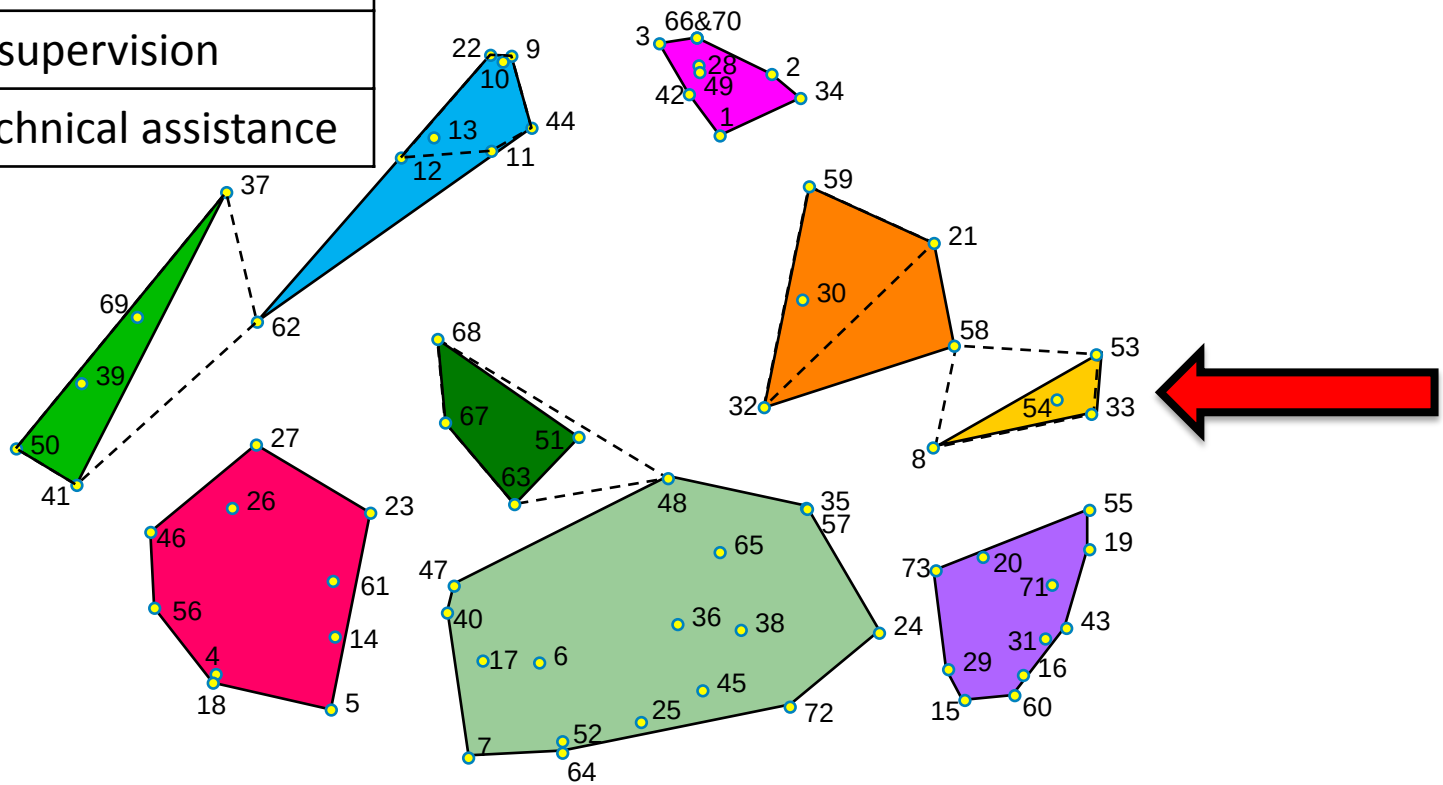
ERIC Cluster Solution

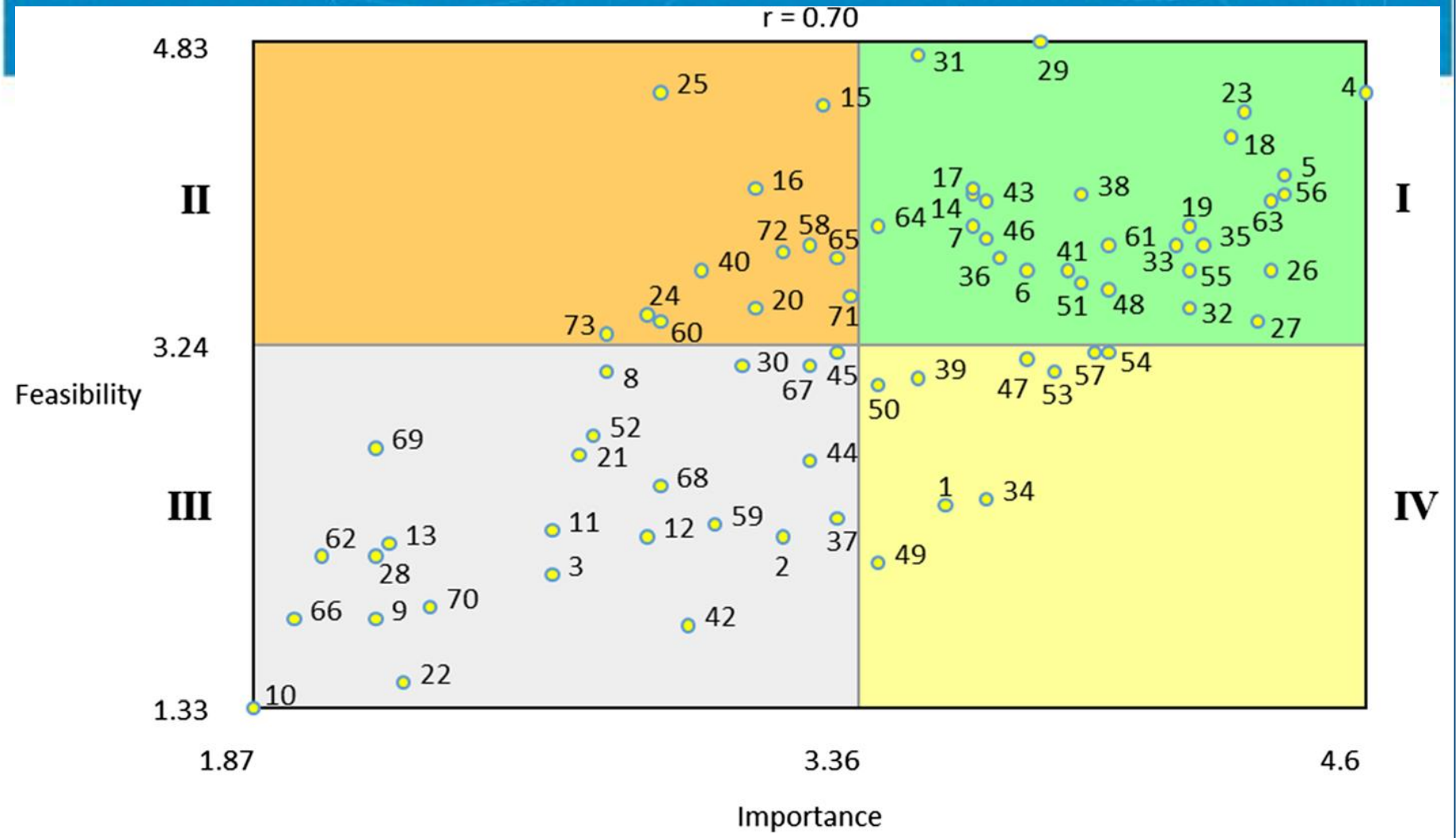


Provide Interactive Assistance

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



"Go Zones"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4.83
3.24
1.33
1.87
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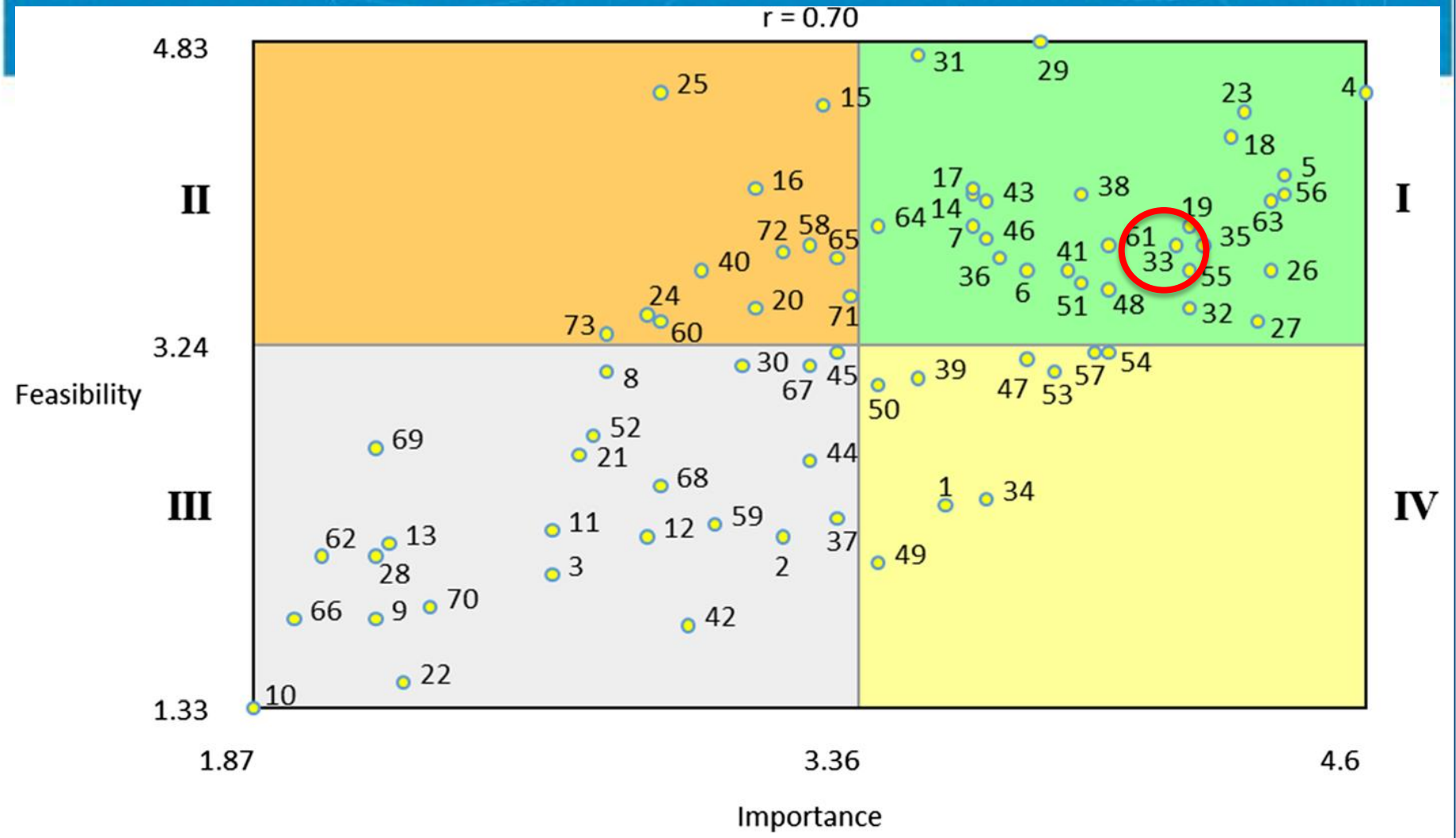
4.6
Feasibility
Importance
I
II
III
IV

"Go Zones"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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

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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?

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