The Use of Facilitation as an Implementation Strategy

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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

Successful Implementation
i-PARIHS Framework

Successful Implementation

Context
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
i-PARIHS Framework

Successful Implementation

Recipient

VETERANS HEALTH ADMINISTRATION
Successful Implementation

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

- Context
- Innovation
- Recipient

Successful Implementation
i-PARIHS Framework

Successful Implementation

Context

Innovation

Recipient
i-PARIHS Framework

Successful Implementation

Context

Innovation

Recipient

VETERANS HEALTH ADMINISTRATION
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

Context

Innovation

Recipient

Successful Implementation
Facilitation

Context

Innovation

Recipient

Successful Implementation

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

Facilitation

Context

Innovation

Recipient

Successful Implementation

VETERANS HEALTH ADMINISTRATION
i-PARIHS Framework

Facilitation

Successful Implementation

Context

Innovation

Recipient
Other Frameworks

Facilitation

REP-F
CFIR
PRISM

Successful Implementation
**Implementation Facilitators**

**National External Facilitator**  
JoAnn E. Kirchner, MD

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

**Our Clinical Partners**

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<thead>
<tr>
<th>VA VISN 2</th>
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<tr>
<td>Mary Schohn, PhD</td>
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<td>Bruce Nelson, PhD</td>
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<td>Dean Krahn, MD</td>
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<td>Karen Oliver, PhD</td>
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**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’
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

Primary funding for this research was provided by the U.S. Department of Veterans Affairs Veterans Health Administration’s Mental Health Quality Enhancement Research Initiative (QLP 55–025).

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ERI C Cluster Solution

- Utilize financial strategies
  - Train and educate stakeholders
- Change infrastructure
- Engage consumers
- Adapt & tailor to context
- Support clinicians
- Provide interactive assistance
- Use evaluative and iterative strategies
- Develop stakeholder interrelationships
- Develop stakeholders

[Diagram of clusters and numbers indicating various strategies and solutions]
### Provide Interactive Assistance

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<tr>
<td>8</td>
<td>Centralize technical assistance</td>
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<tr>
<td>33</td>
<td>Facilitation</td>
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<tr>
<td>53</td>
<td>Provide clinical supervision</td>
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**VETERANS HEALTH ADMINISTRATION**
“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**
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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
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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