



Partnering with Health Systems Leadership to Develop a Randomized, Controlled Implementation Trial

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Poll #1: Who's Here?

What is your *primary healthcare role*?

- Researcher
- Operations, VACO-based
- Clinician, mental health
- Clinician, primary care
- Other

Presentation Objectives

1. Understand the rationale for partnerships between academic researchers and operational leadership in developing controlled implementation trials.
2. Recognize the differences between truly partnered protocol development and task orders.
3. Identify complexities, and solutions, in reconciling differences in academic-operational priorities, methods, and perspectives.

Agenda

- BHIP: Background on the Operational Initiative
- The QUERI/OMHO BHIP-CCM Enhancement Project
- Partnering: Where the Rubber Meets the Road
- BHIP-CCM Scale Up and Spread

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- ***BHIP: Background on the Operational Initiative***
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What is BHIP?

A **Behavioral Health Interdisciplinary Program (BHIP)** team is a group of mental health professionals (providers and clerical staff) working together to focus on the Veteran's mental health and well-being

BHIP promotes proactive, integrated, comprehensive outpatient general MH care through engaged & effective teams– to facilitate improved Veteran health status

- **Collaborative:** Increased provider collaboration and improved work processes
- **Veteran-Centered:** Increased Veteran access to recovery-oriented, evidence-based care
- **Coordinated:** Improved coordination and continuity of care

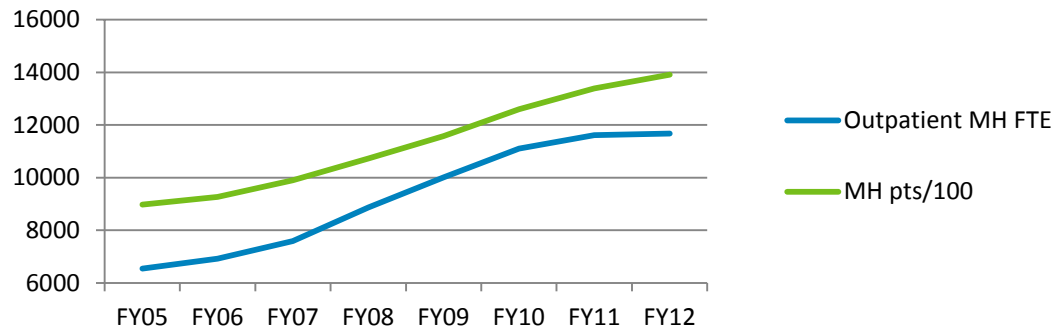
Employee Category	FTEE for MH Team Panel Size of 1,000
Total MH Clinician: Licensed Independent Providers (LIP)/Autonomous Providers	5.1-5.5
Admin. Clerical Support	0.5-1
Non-LIPs	1
Total FTEE	6.6 -7.5



BHIP Background

- In November 2011, VHA committed to developing an outpatient mental health staffing model to ensure adequate general outpatient MH staffing and timely access to care
- Historically, facilities had flexibility to determine staffing mix based on local resources & needs
- Since FY05, there had been substantial growth in MH treatment demand (outpacing overall VA growth)

Growth in FTE compared to Growth in MH patients



- Initial focus was on developing pilot staffing guidance for general mental health (GMH), with the intent to build an overall, comprehensive MH staffing model, encompassing all of MH

BHIP within MH Continuum of Care

PRIMARY



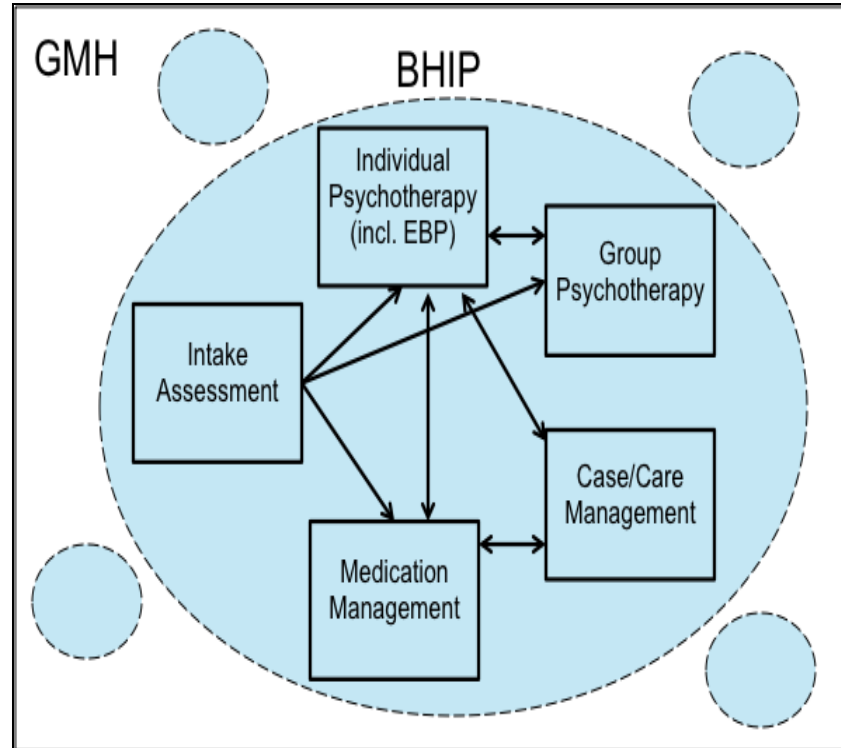
SECONDARY

General MH



TERTIARY

- Self-Referral
- Community Referral
- Primary Care
- PC-MHI



- PCT
- SUD IOP
- PRRC
- ICMHR
 - RRTP
 - Inpatient Care
 - Emergent Care

BHIP Team-Based Care: It's About Relationships

Listening to Veterans

Proactive, personalized,
patient-centered care

Improved access

Improved coordination and
continuity

Recovery orientation

The right care, at the right
time, every time

Working Together

Team member
relationships that prioritize
communication

Everyone contributes
unique strengths and
expertise for integrated
and coordinated care

Team members offer each
other support and
coverage

Staying Connected

Long term relationships
among MH team including
the Veteran

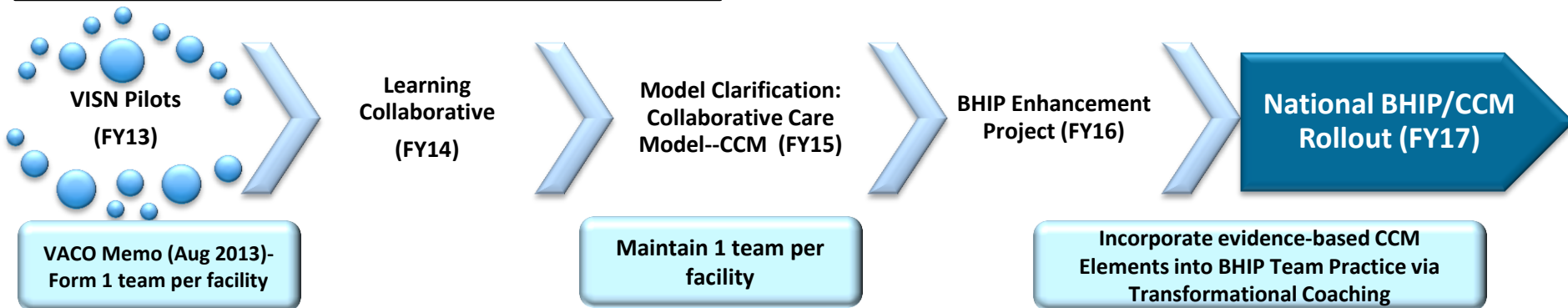
Continuity of care (no one
is “lost”)

Transparency

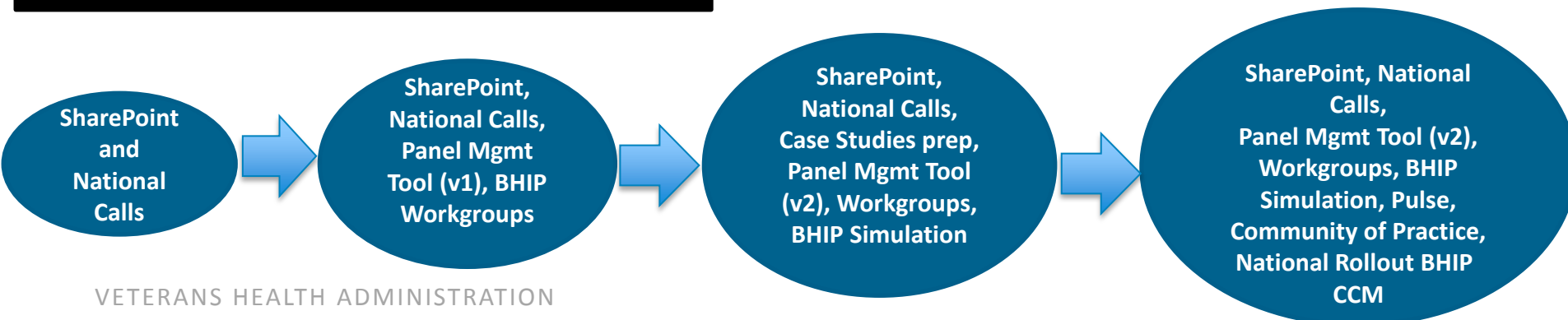
- Track patient visits,
symptoms, and needs
- Identify and support
local innovation
- Gather feedback for
improvement

BHIP Implementation Efforts

Initiative Implementation Stages



Implementation Resource Development



BHIP Positive Impacts

**Voluntary
Expansion of BHIP
Implementation**

**Increased focus
on teamwork,
access & patient
care transitions**

**Improved
Veteran access &
treatment
engagement**



Teams are
interdisciplinary
& meet regularly



Over time increased:
BHIP teams
Veterans assigned
Staff FTEE assigned



Higher staff-
reported
quality of care



Improved:
Staff relationships,
communication,
collaboration, &
continuity of care



Increased:
SOPs for same-day
access
SOPs between
levels of MH care



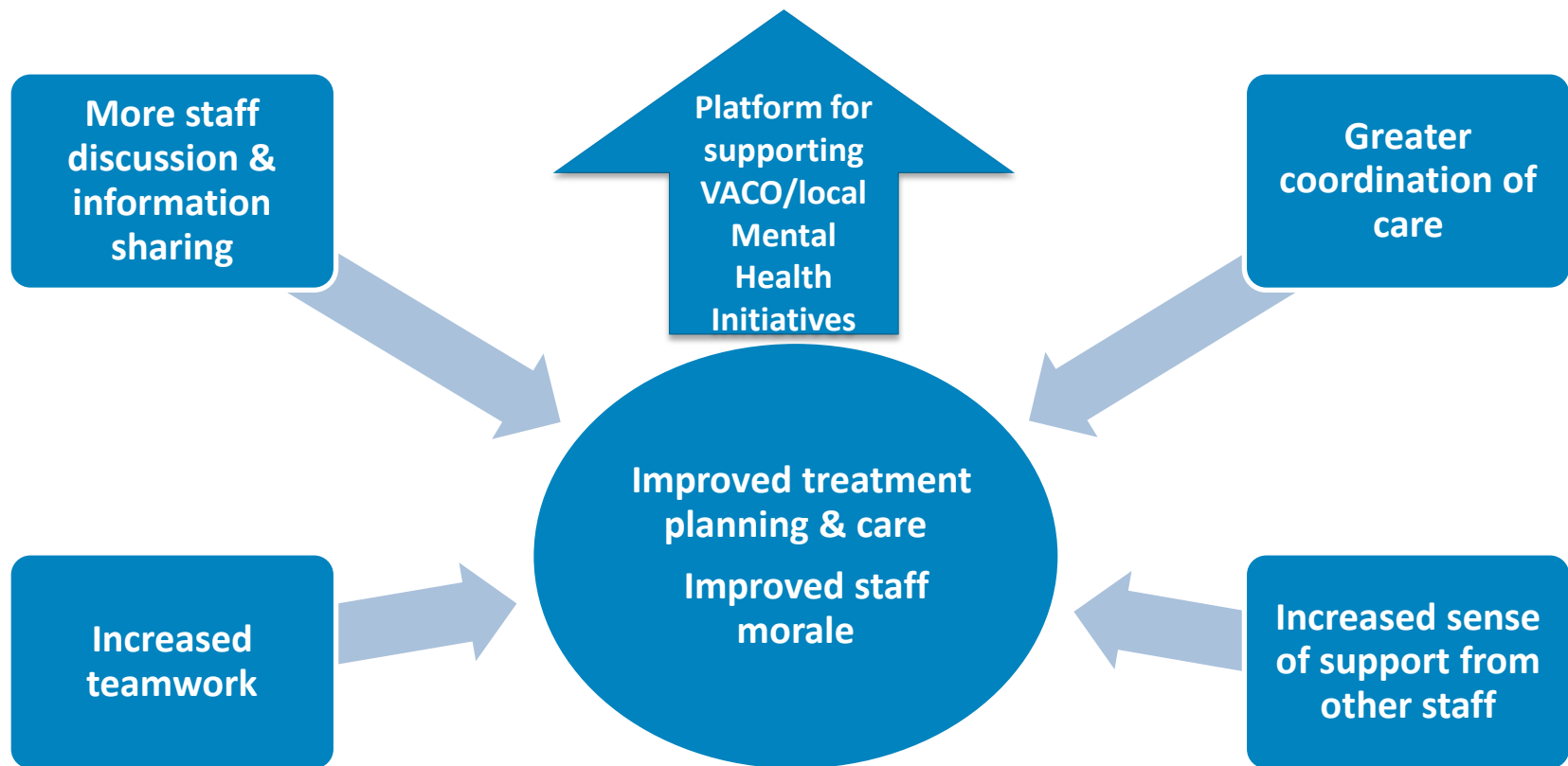
BHIP Learning Collaborative teams:
Team function
Role Clarity
Communication
Signs of improved access
(MOR, new patient)



Improved treatment
engagement for patients:
Depression-diagnosed
PTSD-diagnosed
SMI-diagnosed

BHIP Potential Mechanisms: Fostering Team-based Collaboration Leads to Improved Care

Regular BHIP team meetings with interdisciplinary coworkers benefit Veterans & staff, promoting:



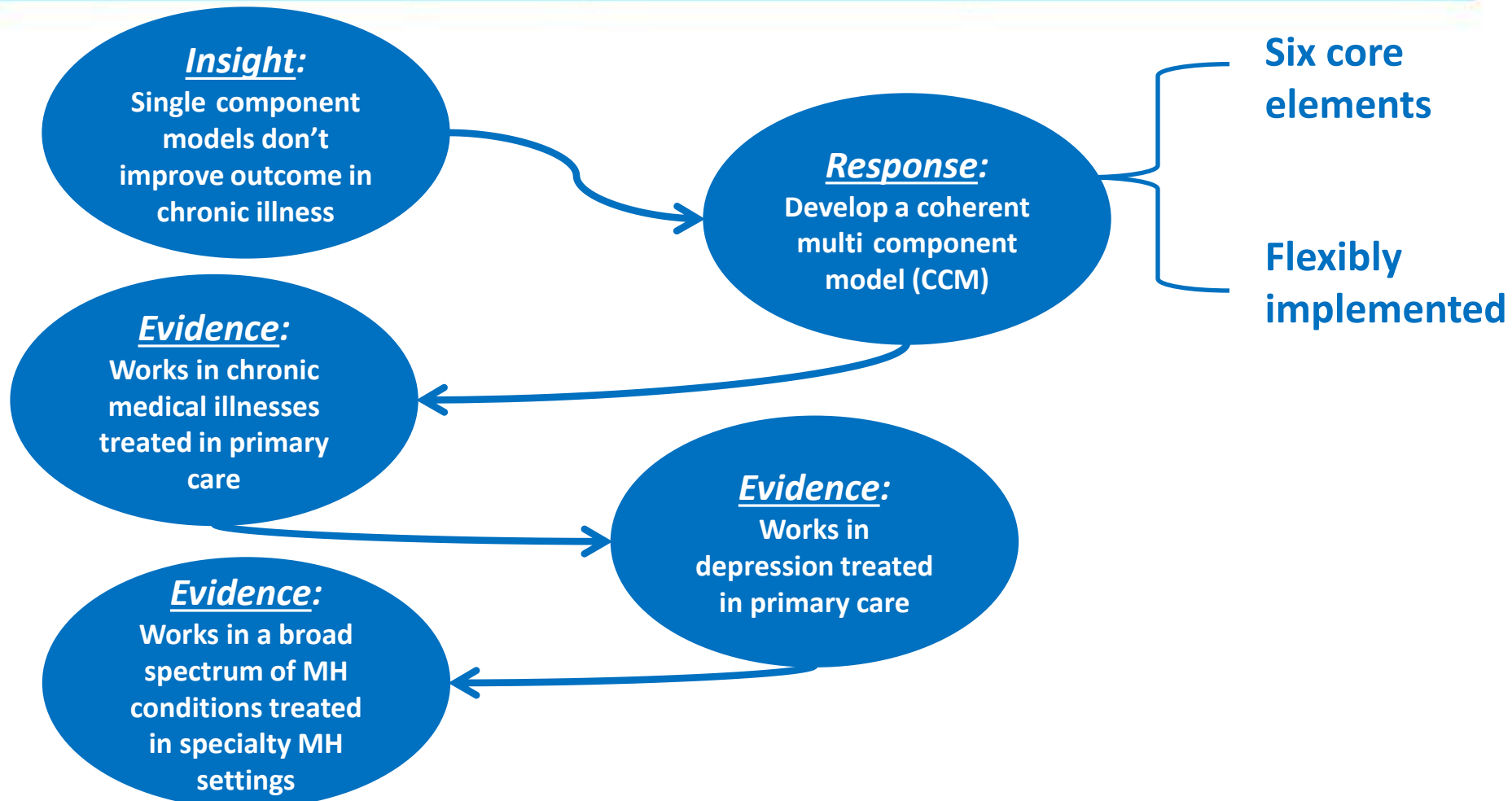
What The Field Has Been Asking For...

Additional national-level resources for BHIP implementation

- Clearer expectations on functions & tasks of BHIP teams
- Clearer role expectations for BHIP team members

How to garner greater facility leadership support & focus on BHIP implementation

Enter: the Collaborative Care Model (CCM)



CCM Elements

CCM Goal: Anticipatory, Continuous, Evidence-Based, Collaborative Care via...

CCM-2: Work Role Redesign	CCM-3: Veteran Self- Management Support	CCM-4: Provider Decision Support	CCM-5: Information Management	CCM-6: Community Linkages
<ul style="list-style-type: none"> • Care management • Need-driven access • Activated follow-up 	<ul style="list-style-type: none"> • Focus on the individual's values and skills • Shared decision-making • Self-mgt skills • Recovery-orientation 	<ul style="list-style-type: none"> • Provider education • Practice guidelines • Specialty consultation 	<p><u>Population:</u></p> <ul style="list-style-type: none"> • Registry <p><u>Provider:</u></p> <ul style="list-style-type: none"> • Outcome tracking • Feedback 	<ul style="list-style-type: none"> • Additional resources • Peer-based support
CCM-1: Organizational Leadership and Support				

BHIP-CCM Team-Based Care: Outpatient General Mental Health Care

BHIP

Behavioral Health Interdisciplinary Program Team-Based Care:
Fostering Evidence-Based Teams through the Collaborative Care Model



With Integration of CCM, BHIP Can Help Meet VA's Current Highest Priorities

VA Goal	BHIP Focus Area
Access	<ul style="list-style-type: none"> ❖ BHIP Pillar: Access/Care Coordination ➤ CCM-2: Anticipatory, Continuous Care through Process Redesign
Employee Engagement	<ul style="list-style-type: none"> ❖ BHIP Pillar: Collaborative Teams ➤ CCM-1: Organization & Leadership Support
Building a high-performance healthcare network	<ul style="list-style-type: none"> ❖ BHIP Pillar: Access/Care Coordination ➤ CCM-4: Provider Decision Support ➤ CCM-6: Community Linkages
Business Practices	<ul style="list-style-type: none"> ❖ BHIP Pillar: Access/Care Coordination ➤ CCM-5: Managing Information about BHIP Veterans
Veterans First: Trust in VA Care	<ul style="list-style-type: none"> ❖ BHIP Pillar: Veteran-Centric Care ➤ CCM-3: Self-Management Skills

MH Service Goals Before and After BHIP Team Rollout

Before	After
Some providers may be practicing individually in discipline-specific or specialty-specific silos	Interdisciplinary, team-based care
Some providers may not be practicing at the top of their license/scope of practice	Practicing closer to top of license/scope
Admin support varies widely across the system	More consistent admin support for teams
Often there is limited or no dedicated time for indirect patient care activities	Dedicated time for indirect patient care activities
Care transition leads to multiple, duplicative consults across specialties	Care transition is collaborative, anticipated, and goal-oriented

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- ***The QUERI/OMHO BHIP-CCM Enhancement Project***
- Partnering: Where the Rubber Meets the Road
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BHIP Enhancement Project: Overview / Aims

Office of Mental Health Operations *operational initiative*

- **Goal:** Establish team-based care in all general MH clinics in VA
- 2015: OMHO adopted the Collaborative Chronic Care Model (**CCM**) as the model for BHIP teams

QUERI project: **Randomized controlled trial** of “blended facilitation” to help this happen (9 sites)

BHIP Enhancement Project: Aims & Brief Overview

Hypotheses:

Facilitation → CCM-ness → improved outcomes:

- Veteran health status, perceptions of care
- Provider perceptions of CCM-ness
- Administrative measures of fidelity to BHIP/CCM

BHIP Enhancement Project: Aims & Brief Overview

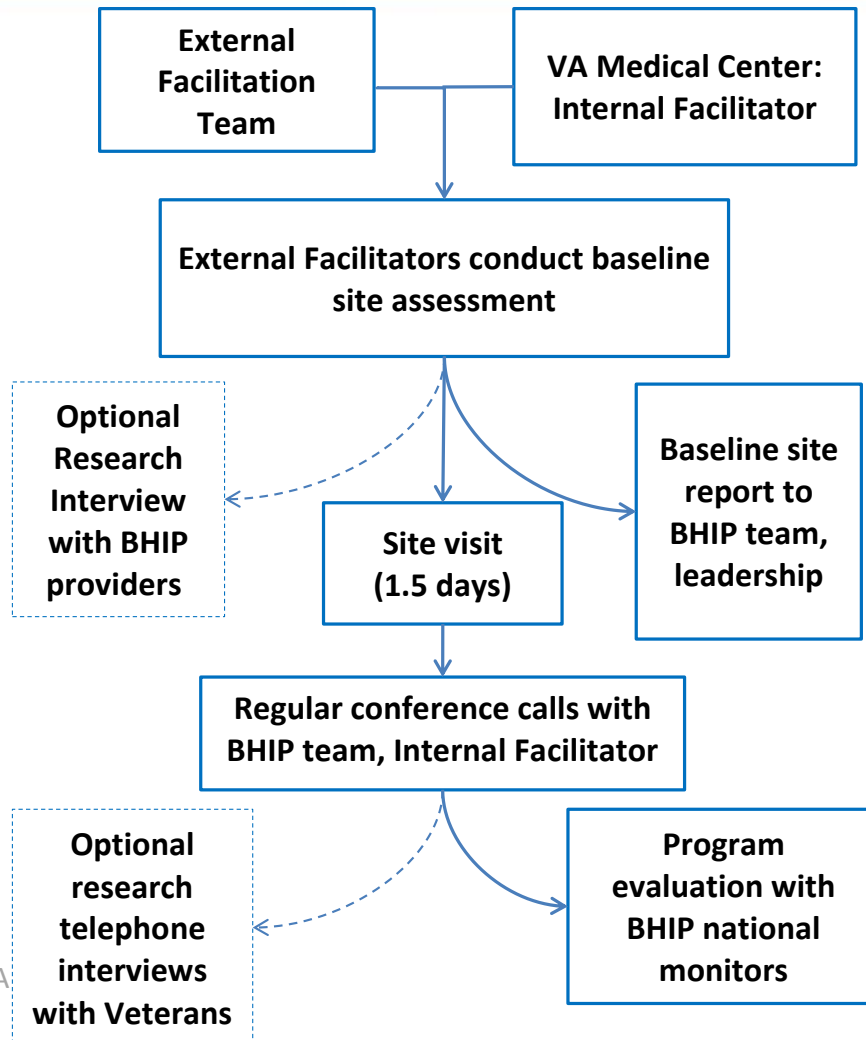
Study Design

- “Stepped wedge” design (see next slide)
- Add *blended facilitation* to enhanced technical assistance
 - **External Facilitator** [study staff] partners with **Internal Facilitator** [facility staff]
 - Pre-site visit assessment
 - 1.5-day site visit
 - Regular phone/video meetings for 12 months: team-building & process redesign
 - Workbook-guided: ***BHIP Enhancement Guide***

Stepped Wedge Design

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Site 1	Facilitation						Stepdown													
Site 2	Waiting period				Facilitation						Stepdown									
Site 3	Waiting period				Waiting period				Facilitation						Stepdown					

BHIP Enhancement Project: A 12-month Quality Improvement/Research Project



BHIP-CCM Enhancement Guide for blended, virtual facilitation

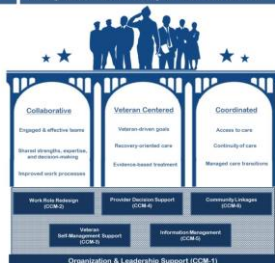
Behavioral Health Interdisciplinary Program

Collaborative Care Model (BHIP-CCM)

Enhancement Guide

Version 3.1

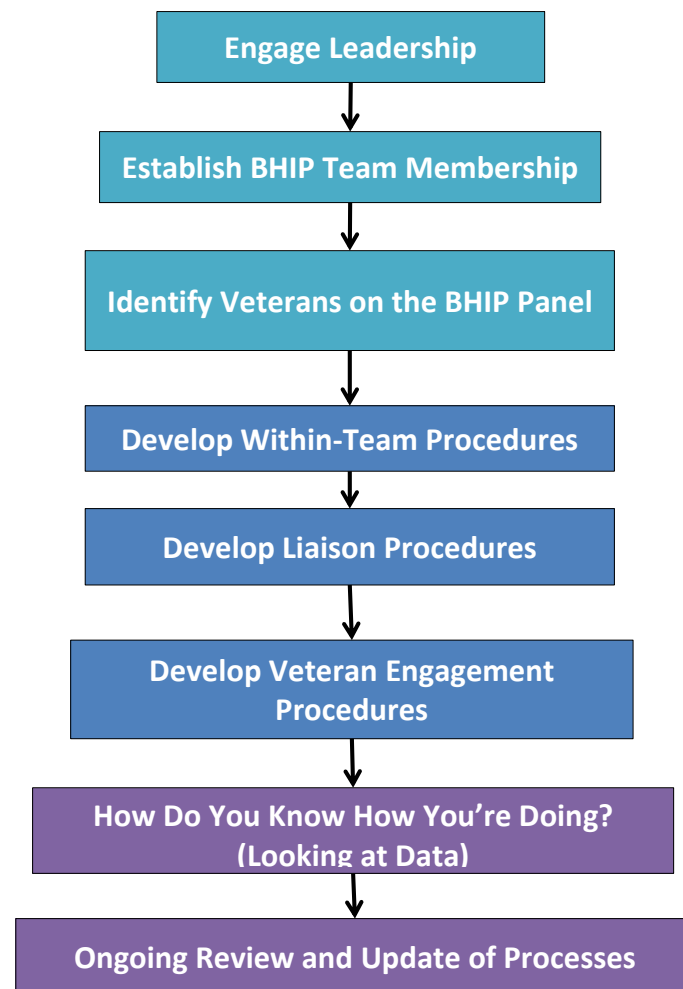
BHIP Behavioral Health Interdisciplinary Program Team-Based Care:
Fostering Evidence-Based Teams through the Collaborative Care Model



BHIP Enhancement Project
Sponsored by the
Office of Mental Health Operations
Quality Enhancement Research Initiative

Mark S. Bauer, MD
Christopher J. Miller, PhD
Bo Kim, PhD

Center for Healthcare Organization & Implementation Research (CHOIR)



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- *Partnering: Where the Rubber Meets the Road*
- BHIP-CCM Scale Up and Spread

Partnering...

Where the Rubber Meets the Road

Design Element	Operational Considerations	Researcher Considerations
Sites and Population		
The BHIP operational initiative has already begun	<ul style="list-style-type: none">• Need timely results to inform ongoing process• Can capitalize on momentum of the system to engage sites	<ul style="list-style-type: none">• Sells the project to facilities• Increases sustainability• Stepped wedge addresses secular trends

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Identifying the population of facilities to target	<ul style="list-style-type: none"> • Slower-to-adopt facilities are focus 	<ul style="list-style-type: none"> • Avoid ceiling effects (high performers) and insufficient commitment to change (laggards)

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Identifying the population of facilities to target	<ul style="list-style-type: none"> • Slower-to-adopt facilities are focus 	<ul style="list-style-type: none"> • Avoid ceiling effects (high performers) and insufficient commitment to change (laggards)
Site recruiting	<ul style="list-style-type: none"> • National & regional communications structure enhances facility identification and endorses the project 	<ul style="list-style-type: none"> • Provides access beyond “usual suspect” and “friends of friends” facilities to enhance external validity

Poll #2: Sites and Populations

We've discussed *identifying sites and populations* with our operations/research partners and resolved them...

- ...easily.
- ...and it took longer and was harder than expected.
- ...and we're still working on it.
- We've not had the occasion to have such conversations (*yet...*).

Partnering...

Where the Rubber Meets the Road

Design Element	Operational Considerations	Researcher Considerations
Intervention & Design		
All sites to receive implementation support	<ul style="list-style-type: none">• Justifies the project on policy level• Can be a site recruiting tool	<ul style="list-style-type: none">• Stepped wedge accommodates this• Design supports formative evaluation

Partnering...

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Balance in randomization	<ul style="list-style-type: none"> Experience-based expertise contributes identifying characteristics of success 	<ul style="list-style-type: none"> Sophisticated algorithm for balancing

Partnering...

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Control condition	<ul style="list-style-type: none"> Sites seek as much support as possible, as soon as possible 	<ul style="list-style-type: none"> Researchers need a credible contrast condition Need to engage later sites

Partnering...

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Balance in randomization	<ul style="list-style-type: none"> Experience-based expertise contributes identifying characteristics of success 	<ul style="list-style-type: none"> Sophisticated algorithm for balancing
Control condition	<ul style="list-style-type: none"> Sites seek as much support as possible, as soon as possible 	<ul style="list-style-type: none"> Researchers need a credible contrast condition Need to engage later sites
Length of implementation support	<ul style="list-style-type: none"> Experience-based expertise suggests one year needed 	<ul style="list-style-type: none"> Timeliness requires steps in wedge of four months

Partnering...

Where the Rubber Meets the Road

Design Element	Operational Considerations	Researcher Considerations
Intervention & Study Design (cont)		
Use existing VAMC staff without external support	<ul style="list-style-type: none">No additional clinical or administrative staff	<ul style="list-style-type: none">Sustainability more likelyDistinct scientific contribution beyond RCTs

Partnering...

Where the Rubber Meets the Road

Design Element	Operational Considerations	Researcher Considerations
Intervention & Study Design (cont)		
Use existing VAMC staff without external support	<ul style="list-style-type: none"> No additional clinical or administrative staff 	<ul style="list-style-type: none"> Sustainability more likely Distinct scientific contribution beyond RCTs
Quality improvement vs. research	<ul style="list-style-type: none"> A facility's participation in this implementation project is optional Staff participation in their facility's BHIP is not optional 	<ul style="list-style-type: none"> Providers can choose not to participate in qualitative interviews. Veterans can choose not to participate in health status and perception of care assessments.

Partnering...

Where the Rubber Meets the Road

Design Element	Operational Considerations	Researcher Considerations
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Videoconference and telephone for external facilitation	<ul style="list-style-type: none"> Budget will not support frequent site visits by external facilitators 	<ul style="list-style-type: none"> Provides greater likelihood of spread of intervention strategy

Poll #3: Intervention and Study Design

We've discussed *intervention development and study design* with our operations/research partners and resolved them...

- ...easily.
- ...and it took longer and was harder than expected.
- ...and we're still working on it.
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Partnering...

Where the Rubber Meets the Road

Design Element	Operational Considerations	Researcher Considerations
Outcome Assessment & Analysis		
Both quality and health status impacts are important	<ul style="list-style-type: none">• Priorities: (a) whether CCM can be implemented and (b) whether CCM-guided BHIP teams have impact on health care outcomes	<ul style="list-style-type: none">• Hybrid Type III designs address implementation & health status outcomes

Partnering...

Where the Rubber Meets the Road

Design Element	Operational Considerations	Researcher Considerations
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Outcome domains and appropriate instruments	<ul style="list-style-type: none"> Program fidelity measures must be streamlined and benchmarked against national data 	<ul style="list-style-type: none"> Patient-level measures must be psychometrically valid and feasible

Partnering...

Where the Rubber Meets the Road

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Outcome domains and appropriate instruments	<ul style="list-style-type: none"> Program fidelity measures must be streamlined and benchmarked against national data 	<ul style="list-style-type: none"> Patient-level measures must be psychometrically valid and feasible
Analyses must contribute in an operationally useful time frame	<ul style="list-style-type: none"> Three-year outcomes help plan <i>strategy</i> for next initiatives, but are too late for <i>tactical</i> improvements 	<ul style="list-style-type: none"> Design and analysis plan accommodates “early looks” at the data

Poll #4: Outcomes and Analyses

We've discussed *outcome methods and analyses* with our operations/research partners and resolved them...

- ...easily.
- ...and it took longer and was harder than expected.
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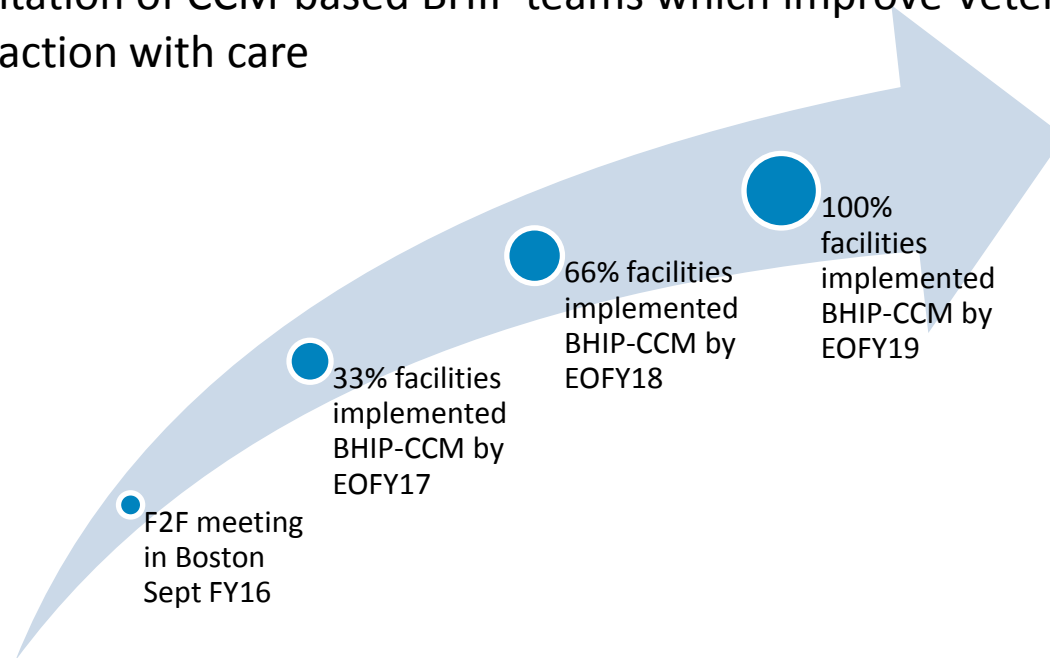
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The future: FY17-19 BHIP-CCM National Transformational Coaching Rollout

National Scale-up of BHIP Enhancement Project

- **Goal:** Establish national, scalable, sustainable support structure for implementing evidence-based BHIP-CCM (rollout 30+ facilities by EOFY17; all facilities by EOFY19)
- **Expected Outcome:** Utilize external/internal facilitation to promote implementation of CCM-based BHIP teams which improve Veteran health status and satisfaction with care



Resources

Bauer MS, Miller C, Kim B, Lew R, [Weaver K](#), [Coldwell C](#), [Henderson K](#), Holmes S, Nealon Seibert M, Stolzmann K, Elwy AR, Kirchner J.

“Partnering with health system operations leadership to develop a controlled implementation trial”

Implementation Science 2016; 11:22

Contact Information

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Questions?



Upcoming Presentation...

Tuesday, January 24th at 12pm ET

User-Centered Reporting for Frontline MOVE! Providers: Aiming for Pyramid Analytics and Ending up in Excel

Laura Damschroder, MS, MPH | Caitlin Kelley, MSI | Jennifer (Davis) Burns
VA HSR&D Center for Clinical Management Research (CCMR)