

Experiences applying the Expert Recommendations for Implementing Change (ERIC) Strategies across seven large cooperatives

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Background: Implementation Support Strategies

- High quality health care relies on rapid dissemination and implementation of evidence into practice
 - **Relies on strategies, which encapsulate the “how to”**
- One of the highest priorities is to develop guidance for how to choose and tailor implementation strategies for context
 - **Strategies must be described and operationalized**
 - **Frameworks and taxonomies have been developed to help with this**

RESEARCH

Open Access

A refined compilation of implementation strategies results from the Expert Recommendations for Implementing Change (ERIC) project

Byron J Powell^{1*}, Thomas J Waltz², Matthew J Chinman^{3,4}, Laura J Damschroder⁵, Jeffrey L Smith⁶, Monica M Matthieu^{6,7}, Enola K Proctor⁸ and JoAnn E Kirchner^{6,9}

Abstract

Background: Identifying, developing, and testing implementation strategies are important goals of implementation science. However, these efforts have been complicated by the use of inconsistent language and inadequate descriptions of implementation strategies in the literature. The Expert Recommendations for Implementing Change (ERIC) study aimed to refine a published compilation of implementation strategy terms and definitions by systematically gathering input from a wide range of stakeholders with expertise in implementation science and clinical practice.

SHORT REPORT

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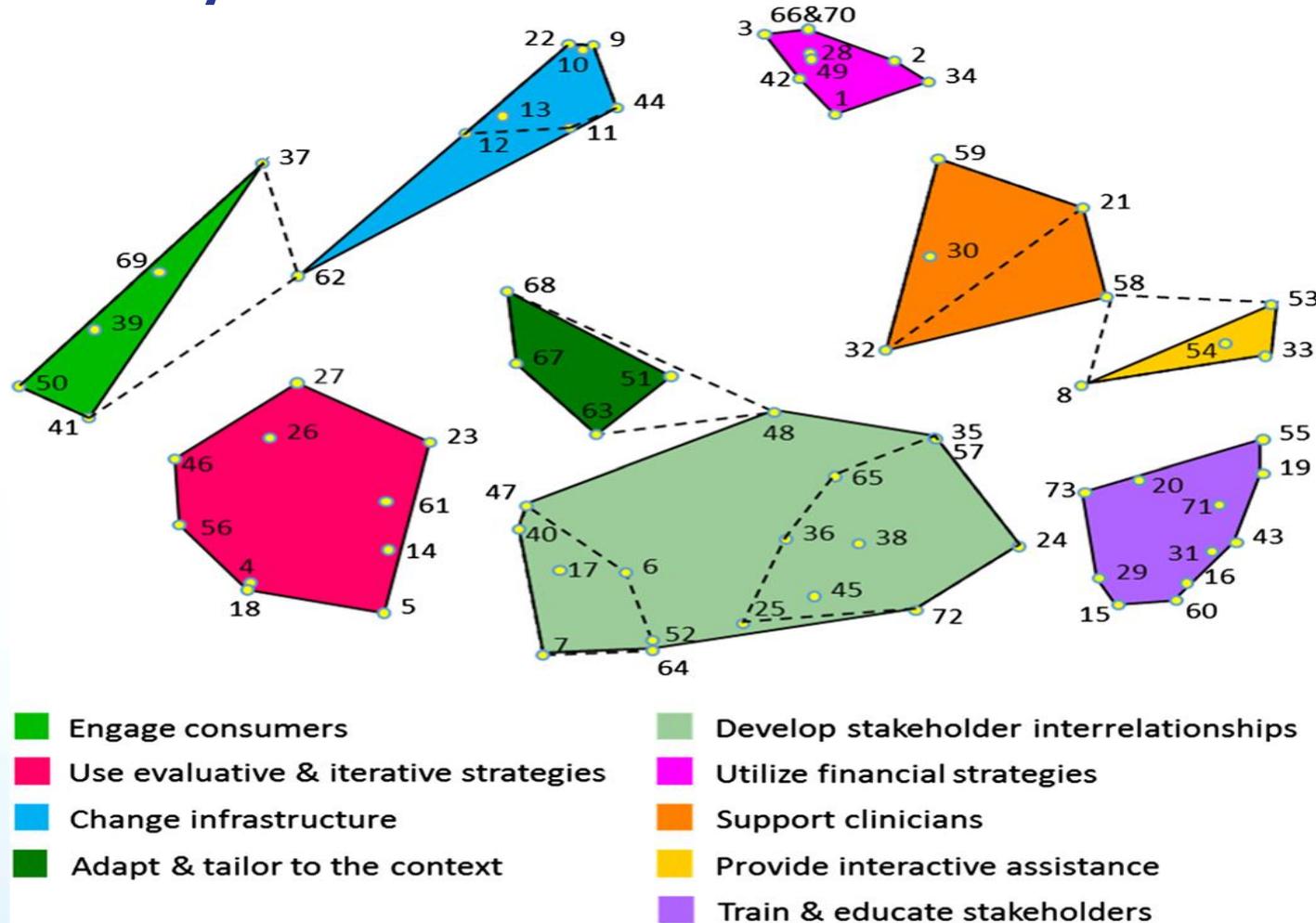


Use of concept mapping to characterize relationships among implementation strategies and assess their feasibility and importance: results from the Expert Recommendations for Implementing Change (ERIC) study

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ERIC Taxonomy



Waltz TJ, Powell BJ, Matthieu MM, Damschroder LJ, Chinman MJ, Smith JL, et al. Use of concept mapping to characterize relationships among implementation strategies and assess their feasibility and importance: results from the Expert Recommendations for Implementing Change (ERIC) study. *Implementation Science*. 2015;10(109).;

Powell BJ, Waltz TJ, Chinman MJ, Damschroder LJ, Smith JL, Matthieu MM, Proctor EK, Kirchner JE. A refined compilation of implementation strategies: results from the Expert Recommendations for Implementing Change (ERIC) project. *Implementation Science*. 2015 Dec 1;10(1):21.

DEBATE

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Implementation strategies: recommendations for specifying and reporting

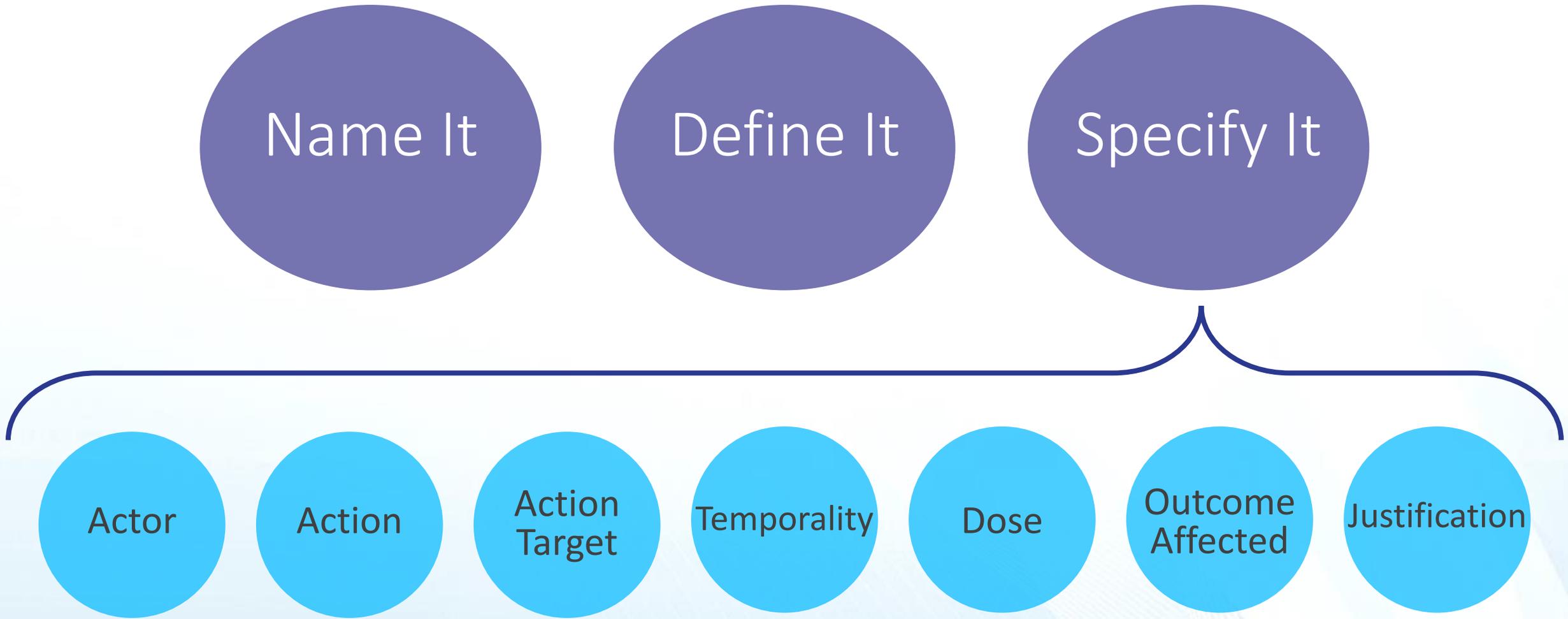
Enola K Proctor^{1*}, Byron J Powell¹ and J Curtis McMillen²

Abstract

Implementation strategies have unparalleled importance in implementation science, as they constitute the 'how to' component of changing healthcare practice. Yet, implementation researchers and other stakeholders are not able to fully utilize the findings of studies focusing on implementation strategies because they are often inconsistently



Proctor Implementation Specifications



Source: Proctor EK, Powell BJ, McMillen JC. Implementation strategies: recommendations for specifying and reporting. *Implementation science*; 2013;8:139.

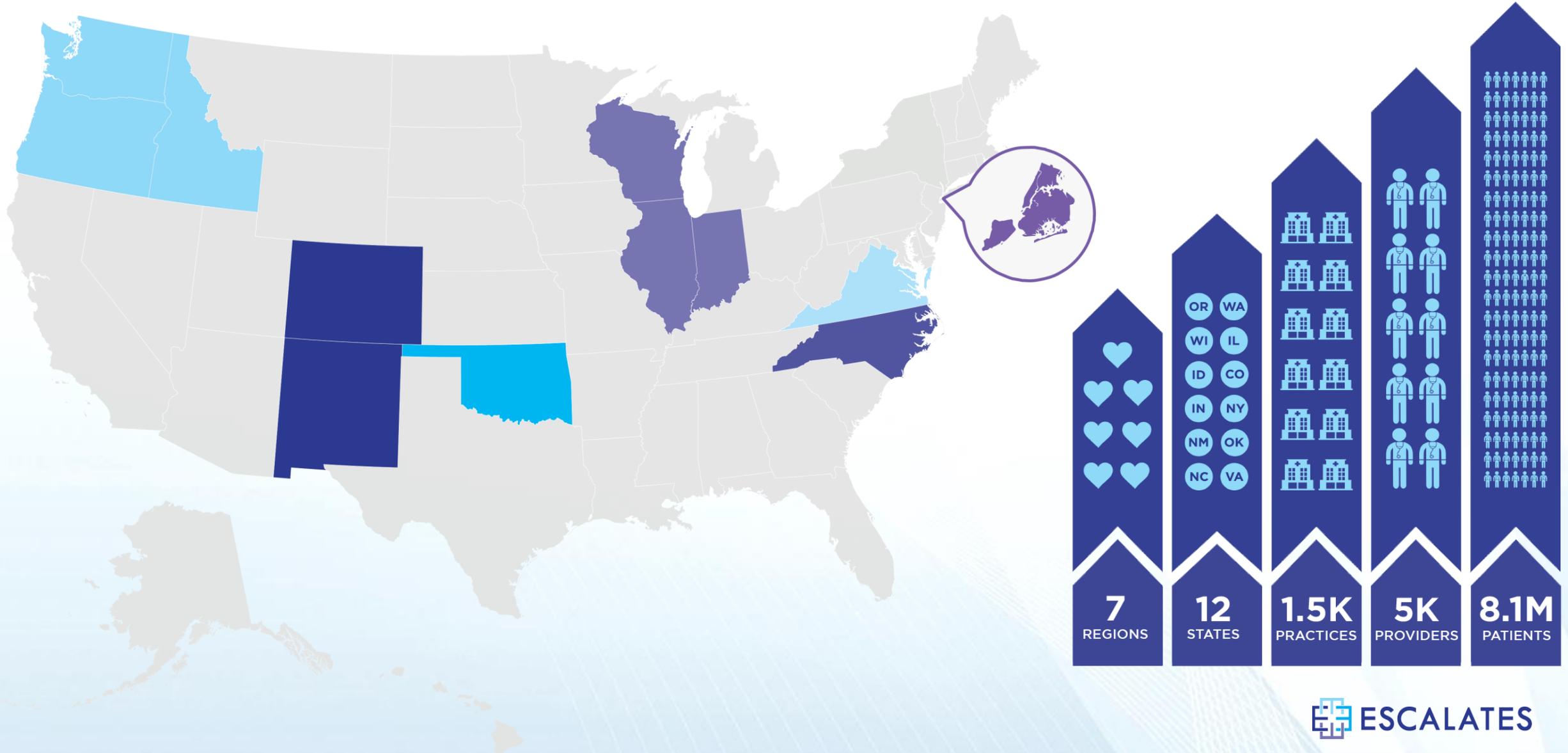
What's Needed to Move Field Forward

- Little is known about what kinds of ground-level strategies are being used in primary care extensions to help practices make rapid change
- Theoretical frameworks need to be tested and refined using empirical data
 - Some studies have applied ERIC framework and some have used specifications as outlined by Proctor and colleagues

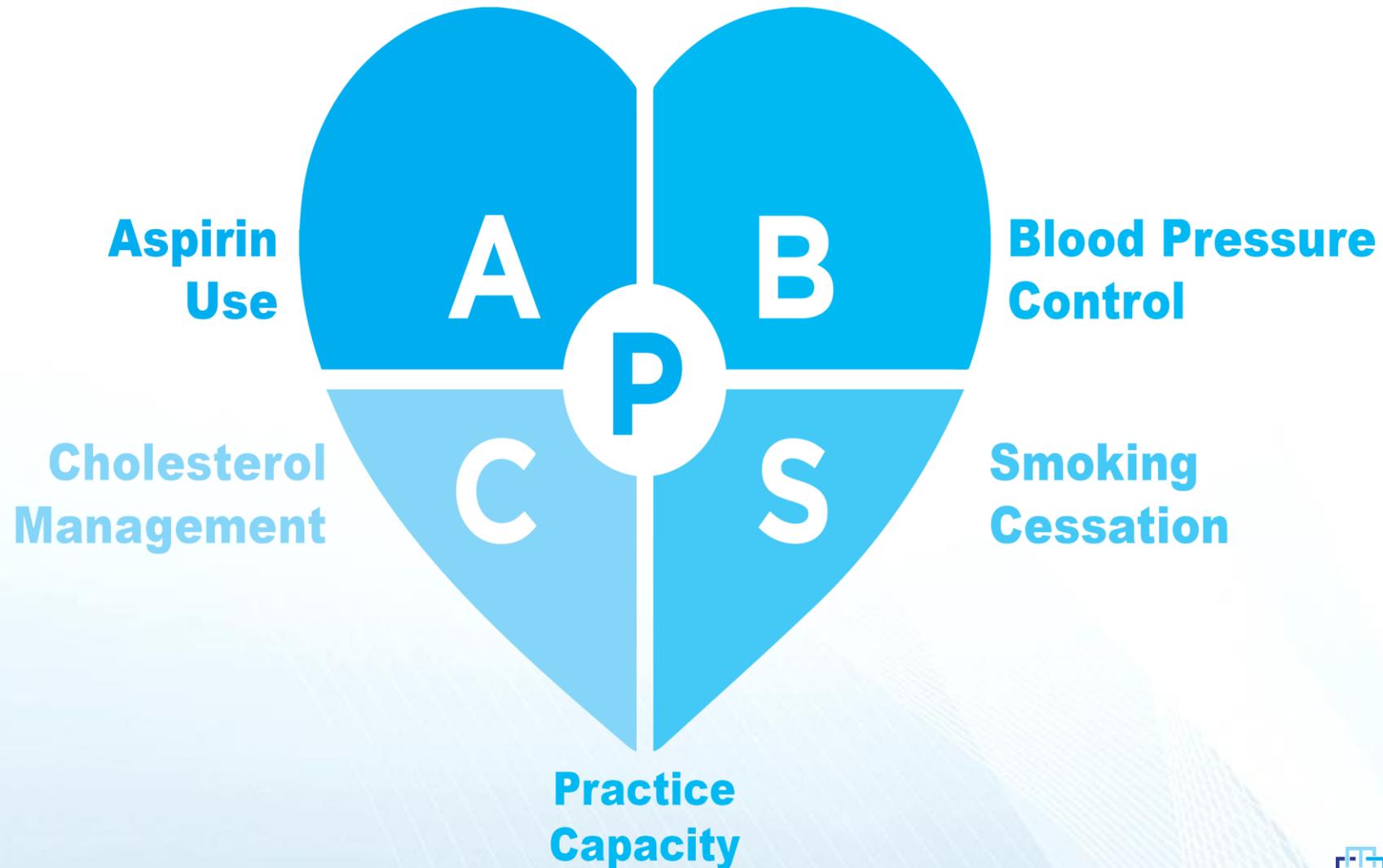
Study Objectives

1. Identify implementation strategies used by seven regional cooperatives or extensions
2. Use data from these regional cooperatives to empirically apply the Expert Recommendations for Implementing Change (ERIC) taxonomy AND guidelines for specifying and reporting implementation strategies recommended by Proctor and colleagues

Study Setting | ESCALATES



Study Setting | AHRQ EvidenceNOW Initiative





Grant Proposals &
Other Documents



Online Diaries



Practice
Site Visits

Qualitative Data Collection



Observation &
Interviews



Cooperative
Site Visits



Context
Assessment

Intervention Table Example

High level strategy documented by Cooperative						
Reporting Dimensions	Facilitation	EHR/ Data Experts	Audit and Feedback	Data infrastructure	Expert Consultation	Community Engagement
Definition	Process of interactive problem solving and support	Expertise to help extract ABCS quality reports	Clinical performance data provided to motivate quality improvement (QI)	Structures that integrate clinical records across facilities and organizations	Experts in change strategies and ABCS guidelines that support implementation	Involving existing community organizations
The Actor(s)	Practice Facilitators	Data Experts	Practice Facilitator and Data Experts	Data Experts	Academic Detailers are typically physicians	Practice Facilitator
The Action(s)	Assess workflow and patient satisfaction Assist with improving documentation of ABCS Audit charts for report validation Engage leadership Assist with change process, including PDSAs, educational materials, clinician reminders Connect practices with community organizations	Help practices run ABCS reports; Help Practice Facilitators understand how to interpret and validate measures	Audit report of ABCS data is shared with practices Discuss and identify improvement plan Monitor improvement over time	informatics experts extract and connect data from practice EHR to data warehouse/data exchange Data experts negotiate with EHR vendors Data Experts help validate data with practice	Education and outreach directly to practices on clinical topics Education and support for Practice Facilitators	Link practices and resources in their community Provide information to practices about community resources and activities Potentially partner with practices on ABCS improvement
Action Targets	Practice	Practice; Practice Facilitators	Clinician and clinical team	Practice; other relevant healthcare organizations in the region	Clinicians and Practice Facilitators	Practice
Temporality	12-month intervention; 28 visits by Practice Facilitator	Mobilized at beginning of intervention, and as needed Quarterly data reports pulled for practice	Quarterly reports	Once connected always available	Practice gets visit once every six months, at start of new intervention phase Practice Facilitator exposure to consultant, by request	CHIOs hold monthly meetings
Dose	Visit length and quality vary, ranging from 30-minutes to half-day; some visits used for research data collection	Data experts work with practices as much as needed until data are extracted	Quarterly Reports reviewed during visit or quality improvement meeting	Data experts work with practices as much as needed until practice connected to HIE; access to HIE constant	Visits are approximately 1-1.5 hours	Board members assemble for 1-4 hours monthly; usual meetings are 1 hour
Implementation outcome affected	ABCS quality measures Healthy Community / Connect with CHIO (if applicable) Financial Security Joy in Practice	Health IT capacity Ability to generate ABCS reports Documentation of ABCS	Documentation of ABCS Delivery of ABCS	Health IT capacity Data interoperability / sharing Documentation of ABCS Reporting capacity	Ensure knowledge of evidence-based guidelines	Use of local resources by practices and patients to improve ABCS
Justification	Practices are under-resourced for quality improvement; Practice Facilitators serve as resource for QI	Practices have little or no IT capacity; Data Experts serve as a resource to practice	Practice need to see their own data to motivate them to improve	Practices need population level data to improve quality Practices need interoperability to optimize care delivery	Clinicians listen to other clinical experts; guidelines can change rapidly and Expert Consultants address knowledge deficits	Practices do not know about all the resources available; rural communities lack resources that working together can help them obtain

Integrated Framework | ERIC Taxonomy

Orig ESCALATES Topic	Action	Consensus Strategy	ERIC Cluster
3. Audit and Feedback	Monitor improvement over time	Audit and provide feedback	Use evaluative and iterative strategies
3. Audit and Feedback	Report of ABCS data is reviewed with practice members	Audit and provide feedback	Use evaluative and iterative strategies



Consensus Building



Combining ERIC Strategies & Proctor et al's Reporting Recommendations

Integrated Framework | ERIC Taxonomy + Specification Recommendations

Orig ESCALATES Topic	Action	Consensus Strategy	ERIC Strategy	Target Audience	Term	Outcome	Justification
3. Audit and Feedback	Monitor improvement over time	Audit and provide feedback	Use evaluative and iterative strategies	Practice Facilitators	Clinicians and Clinical Team	Varies depending on Practice Facilitator's ability to get data from EHR/IT system or EHR vendors; data may be available from HVH Evaluation Team depending on timing	Practice need to see the data to motivate them to improve
3. Audit and Feedback	Report of ABCS data is reviewed with practice members	Audit and provide feedback	Use evaluative and iterative strategies	Practice Facilitators	Clinicians and Clinical Team	Varies depending on Practice Facilitator's ability to get data from EHR/IT system or EHR vendors; data may be available from HVH Evaluation Team depending on timing	Practice need to see the data to motivate them to improve
3. Audit and Feedback	Report of ABCS data is generated with practice members	Audit and provide feedback	Use evaluative and iterative strategies	Practice Facilitators	Clinicians and Clinical Team	Varies depending on Practice Facilitator's ability to get data from EHR/IT system or EHR vendors; data may be available from HVH Evaluation Team depending on timing	Practice need to see the data to motivate them to improve
3. Audit and Feedback	Review ABCS data from dashboard or EHR	Audit and provide feedback	Use evaluative and iterative strategies	Practice Facilitators	Clinician and Clinical Team	Quarterly moving to monthly (Spring 2017) ABCS feedback from EHR; dashboards updated monthly	<ul style="list-style-type: none"> ABCS Improvement Efficient use of dashboards Use of data for QI ABCS Documentation
3. Audit and Feedback	Monitor improvement over time	Audit and provide feedback	Use evaluative and iterative strategies	Practice Facilitators	Clinician and Clinical Team	Quarterly moving to monthly (Spring 2017) ABCS feedback from EHR; dashboards updated	<ul style="list-style-type: none"> ABCS Improvement Efficient use of dashboards

Cross Cooperative Data Matrix

ESCALATES TOPIC	Name it (using ERIC+)		Define it (ERIC+)	Key	Specify It	Specific Action(s)	Target	Temporality	Dose	Outcomes	Justification
	ERIC Cluster	ERIC Discrete Strategy		Yes	Actor						
Audit & Feedback, Facilitation	Use evaluative and iterative strategies	Audit and Provide Feedback	Collect and summarize clinical performance data over a specified time period and use it to monitor, evaluate, and modify provider behavior	MW NC NYC NW OK SW VA	PF PF PF PF; HIT-PF PF; HIT-PF PF; HIT-PF PF	Share ABCS data for feedback and monitor improvement over time. Most used ABCS data for A&F, however NW and OK included survey items and other sources of data for feedback.	Practices, but especially clinician and QI team	quarterly to more continuous use for those Cooperatives with dashboards/	during visit: time as needed	Improved ABCS measures	Practices need to see their own data to be motivated to change;
Learning Collaborative/Peer-to-Peer, Online Learning, Community Engagement,	Develop stakeholder interrelations	Promote Network Weaving	Identify and build relationships and networks to promote info sharing, collaborative problem solving, and a shared vision/goal related to implementing the innovation.	MW NC NYC NW OK SW VA	practices, facilitated by Cooperative practices, facilitated by Cooperative	Encourage networking between practices to build a clinical community for best practices; NYC and VA also have online sites for networking.	Attending practices	Varies by events	Varies by type of event; an hour to a full day.	Peer learning and support, knowledge of evidence-based guidelines and best practices	Increase engagement and learning through interaction with peerrs
		Community Resource Engagement		MW NC NYC NW OK SW VA	practices, community orgs, facilitated by PF practices, community orgs, facilitated by PF practices, community orgs, facilitated by PF and extension agent practices, community orgs, facilitated by extension agent	Build links between practices and health resources embedded in those communities; varies in formality from meetings with community organizations to referral programs.	Practices and community orgs	Varies	Varies -- could be mention to an hour meeting	Improved care delivery and referrals to resources patients can access	Use of local resources by practices and patients help improve ABCS and patient care

Strategies used by Cooperatives



Strategy Names & Definitions Refinements 4 Names

- Fund and contract **and/or negotiate with vendors** for the clinical innovation
 - **Was:** Fund and contract for the clinical innovation
 - **Broadened** to include the role of negotiation
- Develop **an** implementation blueprint
 - **Was:** develop formal implementation blueprint
 - **Delete word formal** to include informal and formal implementation blueprints

Strategy Names & Definitions Refinements 4 Names

- **Implementation** facilitation
 - Was: facilitation
 - Facilitation is broad concept and adding facilitation to focus on this scope of the word
- Organize **implementation teams and team** meetings
 - Was: organize clinician team meetings
 - Broadened to include all team members and to include formation of teams as well as scheduling team meetings

Strategy Names & Definitions Refinements 12 Definitions

- Use data experts
- Provide local technical assistance
- Audit and provide feedback
- Use an implementation advisor
- Assess for readiness and identify barriers and facilitators
- Develop an implementation blueprint
- Organize implementation team and team meetings
- Develop educational materials
- Conduct educational outreach visits
- Conduct ongoing training
- Conduct educational meetings

Strategy Definition Refinements Examples

ERIC Name	Current ERIC Definition	Proposed Changes to Definition	Rationale for Proposed Change
Use Data Experts	Involve, hire, and/or consult experts to inform management on the use of data generated by implementation efforts	Involve, hire, and/or consult experts to acquire, structure, manage, report, and use data generated by implementation efforts	We broadened functions of Data Experts beyond just management of data.
Provide Local Technical Assistance	Develop and use a system to deliver technical assistance focused on implementation issues using local personnel	Develop and use a system to deliver technical assistance within local settings that is focused on implementation issues	Clarify the definition to indicate any technical assistance provided in the local setting, whether provided by local staff or by other on-site individuals.

Strategies 3 New Strategies

- Assess and Redesign Workflow
 - Observe and map current work processes and plan for desired work processes, identifying changes necessary to accommodate, encourage, or incentivize use of the clinical innovation as designed

Strategies 3 New Strategies

- Engage community resources
 - Connect practices and their patients to community resources outside the practice (e.g., state and county health departments; non-profit organizations; resources related to addressing the social determinants of health; and organizations focused on self-management techniques and support)

Strategies 3 New Strategies

- Create online learning communities
 - Create an online portal for clinical staff members to share and access resources, webinars, and FAQs related to the specific evidenced-based intervention, and provide interactive features to encourage learning across settings and teams, e.g., regular blogs, facilitated discussion boards, access to experts, and networking opportunities

Ancillary Material Refinements for 15 Strategies

- Use data experts
- Use data warehousing techniques
- Develop and implement tools for quality monitoring
- Develop and organize quality monitoring systems
- Change record systems
- Provide local technical assistance
- Audit and provide feedback
- Use an implementation advisor
- Implementation facilitation
- Assess for readiness and identify barriers and facilitators
- Organize implementation teams and team meetings
- Intervene with patients/consumers to enhance uptake and adherence
- Conduct educational outreach visits
- Create a learning collaborative
- Conduct educational meetings
- Centralize technical assistance

#12 Change Record System

Definition and Ancillary Material

Change clinical documentation (e.g., electronic medical records) systems to allow better assessment of implementation or clinical outcomes.

Ancillary Material:

This strategy involves changing or upgrading the structure, content, function, or design of record system components. These systems most commonly involve the electronic health or medical records systems (EHR/EMR). These changes may include modifying the format of progress notes and treatment plans to reflect the innovation (evidence-based practice) being implemented. This strategy focuses on changes within the clinical setting. Please refer to Use Data Warehousing Techniques for activities that involve links to or integration with outside entities, repositories, or systems.

ERIC Cluster

Change infrastructure

**I. Build Health Information
Technology to Support Data-
Informed Quality
Improvement**
8 strategies

**Build QI Capacity and
Improve Outcomes**
11 Strategies

**Functional
Groupings**

**Enhance Clinician and
Practice Member
Knowledge**
11 strategies

**Build Community
Connections and Patient
involvement**
5 strategies

I. Build Health Information Technology to Support Data-Informed Quality Improvement

1. Use data experts
2. Use data warehousing techniques
3. Develop and implement tools for quality improvement
4. Develop and organize quality monitoring systems
5. Fund and contract (an/or negotiate) with vendors for the clinical innovation
6. Change record systems
7. Provide local technical assistance
8. Audit and provide feedback

ERIC and Proctor Specifications Combined

No. Coops	Name It		Specify It		
	ERIC Cluster	ERIC Strategy*	Actor	Specific Action(s)	Target
5	Adapt and tailor to context	Use Data Experts	Cooperative Leadership Data Experts	Hire health informatics technology experts (called "Data Experts" in this table) to connect practices to external data infrastructures or hire practice facilitators skilled in health informatics technology (called HIT-PFs) to assist practices in generating and understanding EHR data	Cooperative, Practice
5	Adapt and tailor to context	Use Data Warehousing Techniques	Data Expert, HIT-PF	Connect practice EHR to warehouse, repository, and/or other external durable infrastructures (i.e., registries and software platforms)	Practice
6	Use evaluative and iterative strategies	Develop and Implement Tools for Quality Monitoring	Data Expert, HIT-PF	Perform the data extraction, data normalization, and "back-end" data validation necessary for data warehousing and other data platforms	Practice, Data Infrastructure
6	Use evaluative and iterative strategies	Develop and Organize Quality Monitoring Systems	Data Expert, HIT-PF, PF	Connect practices to additional data interfaces for receiving ABCS data and other types of metrics (i.e., access to data software platforms like popHealth or Sharepoint or Cooperative dashboards)	Practice
3	Utilize financial strategies	Fund and Contract <i>(and/or Negotiate) with Vendors</i> for the Clinical Innovation	Cooperative Leadership	Reimburse for registry connections for the duration of EvidenceNOW; negotiate with EHR vendors to connect practices to data infrastructure	Practice
2	Change infrastructure	Change Records Systems	Data Expert	Help practices upgrade to new EHR and/or modify existing EHRs for efficiency and accuracy	Practice
6	Provide interactive assistance	Provide Local Technical Assistance	Data expert, HIT-PF, PF	Audit charts to validate data reports; assist with helping practices improve ABCS documentation; help practices run/generate/pull reports; troubleshoot dashboards; help practice staff transition to and learn to use new EHR, if needed	Practice, PF
7	Use evaluative and iterative strategies	Audit and Provide Feedback	Data expert, HIT-PF, PF	Share ABCS data for feedback and monitor improvement over time. Most used ABCS data for Audit and Provide Feedback, and several provided benchmarking to similar practices; a few included survey items and other sources of data for feedback	Practice

I. Build Health Information Technology to Support Data-Informed Quality Improvement

1. Use data experts
2. Use data warehousing techniques
3. Develop and implement tools for quality improvement
4. Develop and organize quality monitoring systems
5. Fund and contract (an/or negotiate) with vendors for the clinical innovation
6. Change record systems
7. Provide local technical assistance

8. Audit and provide feedback

8. Audit and provide feedback

Audit

+

Feedback

II. Build QI Capacity and Improve Outcomes

- Implementation facilitation
- Assess for readiness and identify barriers and facilitators
- Develop *an* implementation blueprint
- Conduct cyclical small tests of change
- Assess and redesign workflow
- Remind clinicians
- Use of an implementation advisor
- Identify and prepare champions
- Recruit, designate and train for leadership
- Organize *implementation teams and team meetings*
- Intervene with patients/consumers to enhance uptake and adherence

ERIC and Proctor Specifications Combined

No. Coops	Name It		Specify It		
	ERIC Cluster	ERIC Strategy*	Actor	Specific Action(s)	Target
7	Provide interactive Assistance	<i>Implementation Facilitation</i>	PF	Assist with the change process and support change efforts; review workflows and create actionable plans to put best practices in place (i.e., huddles, pre-visit planning, medication synchronization, gaps analysis, outreach, decision support use, patient education, etc.)	Practice
7	Use evaluative and iterative strategies	Assess for Readiness and Identify Barriers and Facilitators	Data expert PF, PF	HIT- Assess HIT needs and data set-up and workflow; assess clinic workflows; assess use of evidence-based protocols	Practice
7	Use evaluative and iterative strategies	Develop an Implementation Blueprint	PF, HIT-PF	Discuss and identify improvement plan; adjust plans according to data; develop actionable plans for implementation of evidence-based protocols and addressing other pain points (i.e. non-compliant patients)	Practice
6	Use evaluative and iterative strategies	Conduct Cyclical Small Tests of Change	PF	Develop and use Plan Do Study Act (PDSA), Define Measure Analyze Improve and Control (DMIAC), and other tests of change activities and processes involved in QI	Practice
5	NEW	<i>Assess and Redesign Workflow</i>	PF	Assess and revise clinic workflows using a variety of techniques (i.e., observations and mapping of workflow, role-redesign exercises) to facilitate discussion and implementation of evidence-based protocols	Practice
4	Support clinicians	Remind Clinicians	PF	Assist the change process through use of clinical reminders and decision-support tools	Practice
4	Develop stakeholder interrelationships	Identify and Prepare Champions	PF	Assist in creating and engaging practice leaders and others in promoting efficient care strategies	Practice
4	Develop stakeholder interrelationships	Recruit, Designate and Train for Leadership	PF	Assist in creating and facilitating practice leaders and others in promoting efficient care strategies	Practice
4	Develop stakeholder interrelationships	<i>Organize Implementation Teams</i>	PF	Assist in creating and facilitating QI teams in promoting efficient care strategies	Practice
4	Engage consumers	Intervene with Patients/ Consumers to Enhance Uptake and Adherence	PF	Help generate patient lists for outreach from EHRs or registries; recall patients; offer patient education materials	Practice
5	Develop stakeholder interrelations	Use an Implementation Advisor	Expert Consultant PF-HIT	Support and education for Practice Facilitators by Data Experts and/or Physician Faculty hired as Expert Consultants	PF

II. Build QI Capacity and Improve Outcomes

1. Implementation facilitation

2. Assess for readiness and identify barriers and facilitators
3. Develop *an* implementation blueprint
4. Conduct cyclical small tests of change
5. Assess and redesign workflow
6. Remind clinicians
7. Use of an implementation advisor
8. Identify and prepare champions
9. Recruit, designate and train for leadership
10. Organize *implementation teams and team meetings*
11. Intervene with patients/consumers to enhance uptake and adherence

1. Implementation facilitation



Implementation
Facilitation

Build Health Information Technology to Support Data-Informed Quality Improvement	Build QI Capacity and Improve Outcomes	Enhance Clinician and Practice Member Knowledge	Build Community Connections and Patient involvement
1. Use data exports	1. Implementation facilitation	1. Develop educational materials	1. Engage community Resources
2. Use data warehousing techniques	2. Assess for readiness and identify barriers and facilitators	2. Distribute educational materials	2. Develop resource sharing agreements
3. Develop and implement tools for quality improvement	3. Develop an implementation blueprint	3. Conduct educational outreach visits	3. Involve patients/consumers and family members
4. Develop and organize quality monitoring systems	4. Conduct cyclical small tests of change	4. Provide ongoing consultation	4. Obtain and use patients/consumers and family feedback
5. Fund and contract (an/or negotiate) with vendors for the clinical innovation	5. Assess and redesign workflow	5. Conduct ongoing training Create a learning collaborative	5. Prepare patients/consumers to be active participants
6. Change record systems	6. Remind clinicians	6. Create online learning communities	
7. Provide local technical assistance	7. Use of an implementation advisor	7. Conduct educational meetings	
8. Audit and provide feedback	8. Identify and prepare champions	8. Shadow other experts	
	9. Recruit, designate and train for leadership	9. Visit other sites	
	10. Organize implementation teams and team meetings	10. Promote network weaving	
	11. Intervene with patients/consumers to enhance uptake and adherence	11. Capture and share local knowledge	

III. Enhance Clinician and Practice Member Knowledge

1. Develop educational materials
2. Distribute educational materials
3. Conduct educational outreach visits
4. Provide *ongoing* consultation
5. Conduct *ongoing* training Create a learning collaborative
6. Create online learning communities
7. Conduct educational meetings
8. Shadow other experts
9. Visit other sites
10. Promote network weaving
11. Capture and share local knowledge

ERIC and Proctor Specifications Combined

Name it		Specify It		
ERIC Cluster	ERIC Strategy*	Actor	Specific Action(s)	Target
Train and educate stakeholders	Develop Educational Materials	Cooperative Leadership, Expert Consultants, PF	Develop webinars, Q & A, toolkit, training modules, and online resources; compile lists of community resources	Practice
Train and educate stakeholders	Distribute Educational Materials	Expert Consultant, Community Health Improvement Organization, Extension Agent, PF	Host didactic webinars and videos and post toolkits, modules, Q & A/FAQ online for asynchronous learning; provide information during in person visits, such as listing of community resources; support change efforts through providing educational materials and working on them with practices; establish links to community resources	Practice
Train and educate stakeholders	Conduct Educational Outreach Visits	Expert Consultants, Data Experts	Hold one-on-one meetings with practice to educate on clinical topics; visits to train practice data champion in data reporting/data use training	Practice
Train and educate stakeholders	Provide <i>Ongoing</i> Consultation	Expert Consultants	Provide expert advice by email or in person	Practice
Train and educate stakeholders	Conduct <i>Ongoing</i> Training	Expert Consultants	Provide interactive training webinars and "office hours" on clinical topics related to the ABCS; include time for Q & A. Provide training on cardiovascular disease risk calculators and other clinical tools.	Practice
Train and educate stakeholders	Create a Learning Collaborative	Cooperative Leadership, PF, Practice	Hold events for practices to learn from and interact with Cooperative staff about the clinical interventions as well as interact with other practices, workshop practice needs, and create	Practice

IV. Build Community Connections and Patient involvement

1. Engage community Resources
2. Develop resource sharing agreements
3. Involve patients/consumers and family members
4. Obtain and use patients/consumers and family feedback
5. Prepare patients/consumers to be active participants

ERIC and Proctor Specifications Combined

No. Coops	Name it		Specify It		
	ERIC Cluster	ERIC Strategy*	Actor	Specific Action(s)	Target
5	NEW	<i>Engage Community Resources</i>	PF, Extension Agent	Build links between practices and health resources or organizations embedded in communities; varies from meetings with community organizations and participating in collaborative project to participating in referral programs	Practice
1	Support clinicians	Develop Resource Sharing Agreements	Cooperative Leadership	Connect to state and county departments of health; connect practices to local health related organizations to participate in collaborative projects	Practice
1	Engage consumers	Involve Patients/ Consumers and Family Members	Cooperative Leadership, PF	Include Patients on QI teams	Practice
2	Use evaluative and iterative strategies	Obtain and Use Patients/ Consumers and Family Feedback	Cooperative Leadership, PF	Assess and use results of patient/consumers and family feedback from patient engagement surveys; patient focus group, patient and family advisory councils	Practice
1	Engage consumers	Prepare Patients/ Consumers to be Active Participants	PF	Invite members of the community to participate in tailoring ABCS and CVD messaging for their communities	Practice

Build Health Information Technology to Support Data-Informed Quality Improvement	Build QI Capacity and Improve Outcomes	Enhance Clinician and Practice Member Knowledge	Build Community Connections and Patient involvement
<ol style="list-style-type: none"> 1. Use data experts 2. Use data warehousing techniques 3. Develop and implement tools for quality improvement 4. Develop and organize quality monitoring systems 5. Fund and contract (an/or negotiate) with vendors for the clinical innovation 6. Change record systems 7. Provide local technical assistance 8. Audit and provide feedback 	<ol style="list-style-type: none"> 1. Implementation facilitation 2. Assess for readiness and identify barriers and facilitators 3. Develop an implementation blueprint 4. Conduct cyclical small tests of change 5. Assess and redesign workflow 6. Remind clinicians 7. Use of an implementation advisor 8. Identify and prepare champions 9. Recruit, designate and train for leadership 10. Organize implementation teams and team meetings 11. Intervene with patients/consumers to enhance uptake and adherence 	<ol style="list-style-type: none"> 1. Develop educational materials 2. Distribute educational materials 3. Conduct educational outreach visits 4. Provide ongoing consultation 5. Conduct ongoing training Create a learning collaborative 6. Create online learning communities 7. Conduct educational meetings 8. Shadow other experts 9. Visit other sites 10. Promote network weaving 11. Capture and share local knowledge 	<ol style="list-style-type: none"> 1. Engage community Resources 2. Develop resource sharing agreements 3. Involve patients/consumers and family members 4. Obtain and use patients/consumers and family feedback 5. Prepare patients/consumers to be active participants

Conclusions

- 33 of 73 strategies used by the 7 cooperatives
 - Strategies fall into 4 functional groupings
 - Build Health Information Technology to Support Data-Informed Quality Improvement
 - Build QI Capacity and Improve Outcomes
 - Enhance Clinician and Practice Member Knowledge
 - Build Community Connections and Patient involvement
- Recommend refinements of ERIC strategies
 - 3 new strategies
 - Assess and redesign workflow
 - Crease online learning communities
 - Engage community resources
 - Labels and/or definitions for 13 strategies
 - “Ancillary material” descriptions for 15 strategies
- Combined use of the ERIC taxonomy with Proctor et al’s reporting recommendations
 - Adds transparency
 - Promotes replicability

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