Key concepts in implementation:

Fidelity, Sustainability, Quality and Outcomes

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Center for Evidence to Practice
Ronnie Rubin, PhD
Impact Reach, LLC
Ronnie@impact-reach.com

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Learning Series and Featured Articles

May 2: Implementation and Intermediary Organizations: Interactive System Framework (ISF) and Implementation Support Practitioners

- Bridging the Gap Between Prevention Research and Practice: The Interactive Systems Framework for Dissemination and Implementation. Wandersman et al., 2008
- Implementation Support Practitioners – A proposal for consolidating a diverse evidence base. Albers, Metz & Burke, 2020

May 12: What does it take to change practice? Training, Consultation & Learning Collaborative Models

- Training & Consultation in Evidence-based Psychosocial Treatments in Public Mental Health Settings: The ACCESS Model. Stirman et al., 2010
- Pilot to policy: statewide dissemination and implementation of evidence-based treatment for traumatized youth. Amaya-Jackson et al. 2018

May 19: Key concepts in implementation: Fidelity, Sustainability, Quality and Outcomes

- A practical implementation science heuristic for organizational readiness: $R=MC^2$ Scaccia et al., 2015
- ASPE White Paper: Strategies for Measuring the Quality of Psychotherapy. May 2014
- Assessing the sustainability capacity of evidence-based programs in community and health settings. Bacon et al., 2022

Articles available: Impact Reach Google Drive Literature

References & Resources

- Scaccia, J. P., Cook, B. S., Lamont, A., Wandersman, A., Castellow, J., Katz, J., & Beidas, R. S. (2015). **A practical implementation science heuristic for organizational readiness: R = MC²**. *Journal of community psychology, 43*(4), 484–501. https://doi.org/10.1002/jcop.21698

- Brown, J., Hudson Scholle, S & Azur, M. (2014). **Strategies for Measuring the Quality of Psychotherapy: A White Paper to Inform Measure Development and Implementation**, *Mathematica Policy Research Report Prepared for Office of the Assistant Secretary of Planning and Evaluation, US Dept of Health and Human Services.* http://aspe.hhs.gov/daltcp/reports/2014/QualPsy.cfm.

- Bacon, C., Malone, S., Prewitt, K., Hackett, R., Hastings, M., Dexter, S., & Luke, D. A. (2022). **Assessing the sustainability capacity of evidence-based programs in community and health settings.** *Frontiers in health services, 2*, 1004167. https://doi.org/10.3389/frhs.2022.1004167
  - https://www.sustaintool.org/

Goals

- Shared understanding about additional key concepts in implementation research and practice
  - Organizational Readiness
  - Measurement and EBPs: Fidelity, Structure, Process & Outcomes
  - Sustainability

- How do these approaches differ from "training?"

- Consider how they can be applied to current implementation efforts

Organizational Readiness: $R = MC^2$

Readiness =
Motivation x
Capacities of the organization x
Capacities for specific innovation

- Organizational factors recognized as critical to success and failure of implementation efforts
- CAPACITY ≠ Organizational READINESS
- May have capacity to implement, but not the motivation to put it into practice
- Organizational readiness is a combination of organizational <u>commitment</u> to change and the organizational <u>efficacy</u> in enacting a change predict the quality of the change effort.

Motivation

perceived incentive and disincentives that contribute to desirability to use innovation – increasing intent to change

- Expectations
- Attitudes
- Perceptions of anticipated outcomes
- Pressures for change
- Emotional reactions
- Relative advantage
- Observability
- Compatibility
- Complexity
- Priority

General Capacity

attributes of the organization that influence ability to implement any innovation

- Culture
- Climate
- Organizational innovativeness
- Resource utilization
- Leadership
- Structure
- Staff capacity

Innovation Specific Capacity

(MOST of the FOCUS HERE)

- Human, technical, fiscal conditions for a particular innovation
- Innovation specific knowledge, skills, abilities
- Program champion
- Specific implementation climate supports
- Interorganizational relationships – with support system and other organizations

Readiness

- Could help funders, trainers, TA providers, practitioners select and plan for implementation
  - Identify strategies to enhance readiness
- Readiness not dichotomous – on/ off switch
  - Matter of degree
  - Can be high on some aspects of readiness and not others
- Readiness – not just as precursor
  - Necessary for quality implementation throughout innovation lifespan.
  - Changes over time – fluctuates due to external factors or phase of implementation
  - Need to maintain motivation and capacities in face of new challenges
- Readiness and Implementation Support
  - Assumption that an org that is NOT ready won't benefit for implementation support vs. is in greatest need of implementation support

Support systems and readiness

- Assessment and support targeted at each component

- Baseline assessment
  - Areas of strength, opportunities for improvement, critical gaps
  - Proactive support, especially for mandated innovations
  - Integrated with or prior to innovation specific capacity building efforts

- Different strategy depending on readiness of organization
  - High general and innovation specific capacities and motivation
  - High general and specific capacity, low motivation
  - High motivation, low general and specific capacity

In behavioral health, once innovation has been implemented, how do we measure it?

Challenges to monitoring delivery of psychotherapy

- Reimbursement based on number of visits / time in care and CREDENTIALS / LICENSURE requirement rather than CONTENT or OUTCOMES of services delivered

- Measures tend to focus on access to care, quantifying visits – often using claims data or medical records

- Measures assessing delivery of psychotherapy – used in research, training, supervision,
  - require intensive, observational data
  - not feasible or adapted for accountability or quality improvement

- Little info on content of therapy delivered outside of research trials / training
  - although results are more modest in community than research settings
  - Tend to be "eclectic"
  - Used EBP components selectively

EBP Fidelity
(Adherence / Integrity / Quality)

Fidelity: Preserving the components that made the original practice effective.

Rationale: "programs successfully replicating the core principles and procedures of the program models rigorously evaluated in controlled studies will achieve similar outcomes as these earlier studies" (Bond et al. 2009).

Combination of

- provider competence (quality) in delivery treatment,
- provider adherence to treatment (delivered as designed),
- exposure / dose,
- responsiveness,
- and the extent to which treatment is differentiated from other treatments.

Framework for measuring quality in psychotherapy

Strategies for Measuring the Quality of Psychotherapy: A White Paper to Inform Measure Development and Implementation, *Office of the Assistant Secretary of Planning and Evaluation, US Dept of Health and Human Services.*

Structure Measures	evaluate organization, staffing, equipment, protocols to gauge capacity of providers to deliver EBP
Process Measures	delivery of psychotherapy – content and duration resembles treatment tested in efficacy trials
Outcome Measures	improvements in symptoms and functioning

	TABLE ES-1. Strategies for Measuring the Quality of Psychotherapy			
Measure Type	Goal	Potential Data Source(s)	Strengths	Challenges
Structure	Assess the **capacity** of providers to offer evidence-based psychotherapy: Staffing, training credential, protocols, tools consistent with model	Documentation and on-site audits	• Provides guidance on infrastructure need for evidence-based practices; • Adequacy of network • Complement payment and credentialing processes • Build on existing fidelity tools used for training and program improvement	• Necessary structures may not be well researched • Measures could be expensive and burdensome • Interim approach; need to get to process and outcome measures • Documentation/auditing is burdensome • Training to meet requirements is expensive • Potential for gaming/ providing socially desirable responses

Appealing as an initial step for setting expectations for how to implement and monitor outcomes, guide delivery, complement to other measures

Measure Type	Goal	Potential Data Source(s)	Strengths	Challenges
Process	Assess whether psychotherapy is **delivered** is consistent with evidence-based model: • Access to visits • Frequency of visits • Continuity of visits • Documentation in medical record/EHRs • Consumer-reported and provider-reported content of psychotherapy • *Could also include formal fidelity review*	Claims Medical records/ EHRs Provider or consumer surveys	• Claims and EHRs are low-cost/low-burden • Surveys could assess what consumers receive from their perspective • Opportunity to build template for documenting key elements into medical records/EHRs • Data could be available for supervision and quality improvement • Provider surveys could complement structure measures • Consumer surveys focus on what consumers remember/get from services	• Claims lack detail on content of visits • Surveys are expensive and validity of reports for measuring content of psychotherapy is unknown • New documentation burden for providers • Potential to become checkbox measures • Difficult and costly to access paper records • Processes are not well-defined • Challenging to sample consumers and providers • Some consumers may not be reliable reporters; Potential for gaming/ providing socially desirable responses among providers

Measure Type	Goal	Potential Data Source(s)	Strengths	Challenges
Outcome	Assess **improvements** in outcomes among individuals who receive psychotherapy	Standardized measures of symptom severity and functioning Could be built into or stored in EHRs or other electronic systems	• Measures what matters to consumers, families, and other stakeholders • Provides information that could be used for clinical decision making and quality improvement • Opportunity to build goal assessment and achievement measures • More flexible approach than specifying processes	• Lack of widespread infrastructure to support measures • Requires new workflows and data collection processes; • Providers would need training and support to administer assessments and use feedback from assessments • Need to identify a common set of standardized tools that can apply to broad populations • Need to develop measures that allow for comparisons across providers, health plans, states, and other accountable entities • Need for risk adjustment strategies • Some consumers may have difficulty reporting; proxies may be necessary

Use of psychotherapy measures

Qualification to do EBP

Availability and Access to EBP

Delivery of EBP

Clinical feedback

Quality monitoring

Quality improvement

Sustainability

- The ongoing use of an intervention with enough fidelity to continue to have the desired impact / outcomes

- Challenges
  - Initial implementation through time-limited financial resources
  - Organizational challenges
  - Lose favor / priority / move on to the next thing

Sustainability Capacity
Program Sustainability Assessment Tool
Clinical Sustainability Assessment Tool

- https://www.sustaintool.org/

- Washington University, St Louis Center for Public Health Systems Science

- Sustainability requires more than funding - Organizational Factors

1. Understand

Understand the factors that influence a program's capacity for sustainability.

2. Assess

Use the Program Sustainability Assessment Tool to assess your program's capacity for sustainability.

3. Review

View results from your assessment as a Sustainability report.

4. Plan

Develop an Action Plan to increase the likelihood of sustainability.

Environmental Support
Having a supportive internal and external climate

Funding Stability
Establishing a consistent financial base for your program

Partnerships
Cultivating connections between your program and its stakeholders

Organizational Capacity Internal support and resources needed to effectively manage your program

Program Evaluation
Assessing your program to inform planning and documenting results

Program Adaptation
Taking action to adapt your efforts to ensure ongoing effectiveness

Communications
Strategically communicating with stakeholders and the public about your program

Strategic Planning
Using processes that guide your program's directions, goals, and strategies

FIGURE 1
Conceptual domains for the program sustainability framework.

Partnerships: Cultivating connections between your program and its stakeholders

	To little or no extent					To a very great extent		Not able to answer
1. Diverse community organizations are invested in the success of the program.	1	2	3	4	5	6	7	NA
2. The program communicates with community leaders.	1	2	3	4	5	6	7	NA
3. Community leaders are involved with the program.								
4. Community members are passionately committed to the program.								
5. The community is engaged in the development of program goals.								

Organizational Capacity: Having the internal support and resources needed to effe manage your program and its activities

	To little or no extent					To a very great extent	
1. The program is well integrated into the operations of the organization.	1	2	3	4	5	6	7
2. Organizational systems are in place to support the various program needs.	1	2	3	4	5	6	7
3. Leadership effectively articulates the vision of the program to external partners.	1	2	3	4	5	6	7
4. Leadership efficiently manages staff and other resources.	1	2	3	4	5	6	7
5. The program has adequate staff to complete the program's goals.	1	2	3	4	5	6	7

Putting it all together
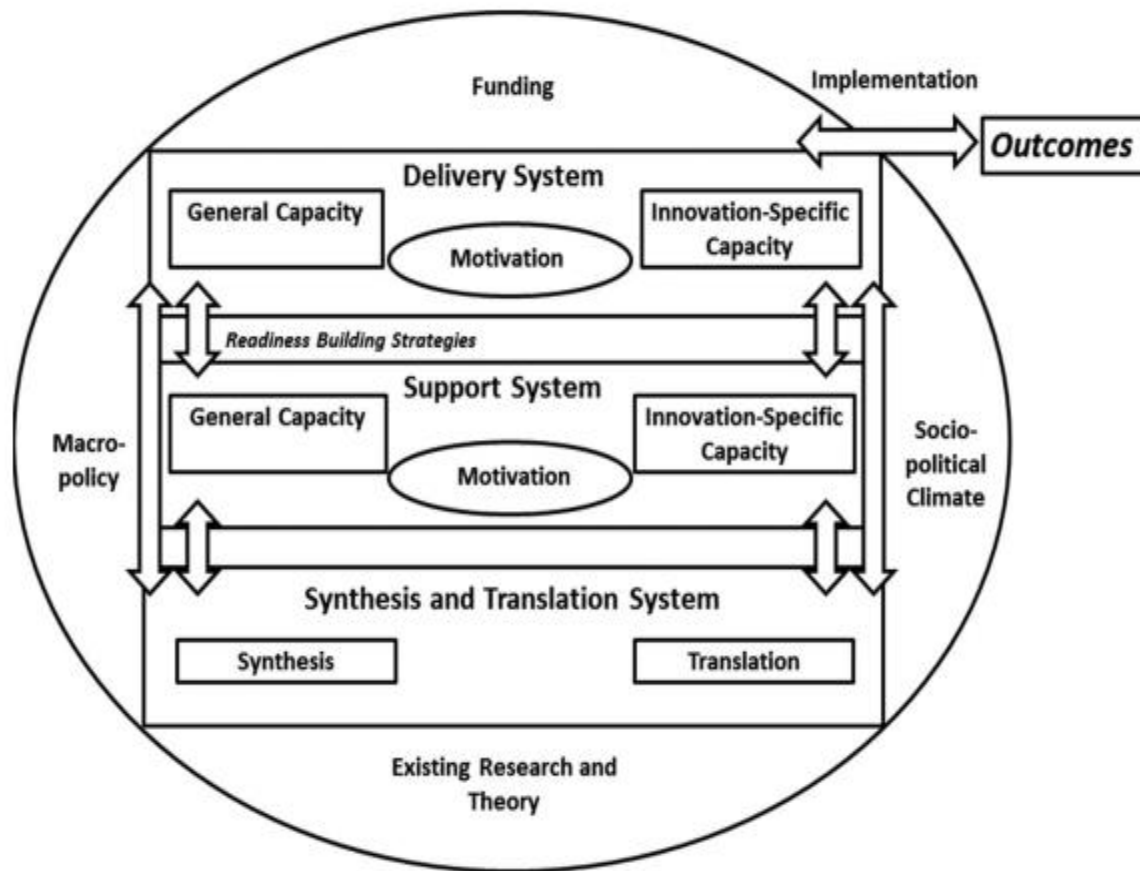
CONTEXT

Delivery, Support & Synthesis & Translation SYSTEMS

GENERAL CAPACITIES

INNOVATION SPECIFIC CAPACITY

MOTIVATION

TRAINING + PRACTICE CHANGE STRATEGIES for clinician and organization

QUALITY MONITORING & IMPROVEMENT

SUSTAINABILITY STRATEGIES

Thank you for listening!

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