
Facilitation: Designing, Using, and Evaluating a Facilitation Strategy

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Overview of Presentation

- Revisiting the definition of facilitation
- Introducing the EBP :
Primary Care-Mental Health
- Describing facilitation interventions
- Designing and evaluating a facilitation strategy

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EBPs are Challenging to Implement

- Top down initiatives are not sufficient
- Readiness to change differs across facilities
- Requires the participation of multiple stakeholder groups
- Limited availability of providers to participate in implementation activities

Facilitation

- Process of enabling site personnel to implement and sustain a program

.....it is all about relationships

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Facilitation Interventions

- Stakeholder engagement
- Education and Marketing
 - Academic Detailing
 - Program Awareness
 - Skills training- Staff education, mentoring and modeling
- Program design and adaptation

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Facilitation Interventions

- Formative evaluation-
 - Initial site assessment
 - Implementation process
- Problem Identification and Solving
- Fidelity assessment
- Technical Assistance
- Building learning collaborative when appropriate

Integrated PCMH EBPs Improve Care

- Primary care settings are limited in their ability to provide MH care
- Two types of EBPs show promise for enhancing provision of MH care within PC
 - Care Management
 - Co-Located Collaborative Care
- Actual clinical facilities have been slow to implement these models

VA Mental Health Uniform Services Plan

- Clinical Funds to Support PCMH Staff
- Some National Level Implementation Support
 - Monthly telephone conferences
 - 1-2 Day annual meetings
 - Optional training for PCMH staff

Facilitation

of PCMH program implementation

- Facilitation
 - Applies Multiple Interventions
 - Flexibility
 - Interpersonal Skills
 - Internal and External Facilitators

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External Facilitation

- External Facilitator

- Serves as an expert in the PCMH programs and general implementation facilitation techniques
- Resource for tools that have been developed to facilitate PCMH implementation
- Link to model developers
- Provides analysis of barriers and facilitators to implementation
- Mentor to Internal Facilitator

Internal Facilitation

- Internal Facilitator

- Resides within the VISN level clinical structure
- Familiar with organization structures, climates, cultures and clinical settings within the network
- Works directly with site level personnel
- Ensures that programs incorporate new initiatives to maximize uniformity of services and fidelity to the programs
- Allows the institutional knowledge gained from the implementation process to remain within the clinical network

Blended **Facilitation**
of PCMH program implementation

Adoption
of PCMH programs

- RE-AIM
 - Reach
 - Effectiveness
 - Adoption
 - Implementation
 - Maintenance

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Applying RE-AIM

- Reach
 - Proportion of patients engaged in PCMH
- Effectiveness
 - System QI performance measures
 - Proportion of patients referred to specialty clinic
- Adoption
 - Proportion of providers referring to PCMH
 - Proportion of patients referred to PCMH
- Implementation
 - Fidelity of the model following implementation
 - Compliance with national monitors
- Maintenance
 - 18 month assessment of above outcomes

Blended **Facilitation**
of PCMH program implementation

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graph LR; A[Blended Facilitation of PCMH program implementation] --> B[Adoption of PCMH programs]; C[Organizational Context] --- B;
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Organizational
Context

Adoption
of PCMH programs

- Organizational Context
 - Participatory Climate
 - Innovativeness
 - Readiness
 - Effective Leadership
 - Adequate Resources
 - Evaluation

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Blended **Facilitation**
of PCMH program implementation

Organizational
Context

Beliefs about
Evidence
for PCMH programs

Adoption
of PCMH programs

- Evidence
 - Perception of Evidence
 - Relative Advantage Compared to Existing Practice
 - Clinical Experience

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Blended **Facilitation**
of PCMH program implementation

Organizational
Context

Beliefs about
Evidence
for PCMH programs

Adoption
of PCMH programs

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Measuring Context and Evidence

- Structured telephone surveys
 - PC and MH site leaders
 - PC and MH internal change agents
- Selection of PCMH model
- Perceptions of research and clinical evidence for the model
- Organizational context

Blended **Facilitation**
of PCMH program implementation



Organizational
Context



Beliefs about
Evidence
for PCMH programs



Adoption
of PCMH programs

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Documenting Facilitation

- Extreme case sampling
- In depth qualitative interviews
- Initial phase of implementation
- Ongoing facilitation
- Late phase of implementation

References

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3. Proctor E, Silmere H, Raghavan R, Hovmand P, Aarons G, Bunger A et al. Outcomes for implementation research: conceptual distinctions, measurement challenges, and research agenda. *Administration and Policy in Mental Health* 2011; 38(2): 65-76.

Discussion

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