

Theory in EQUIP-2

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Enhancing Quality in Psychosis (EQUIP): Targeted changes

- Provider competency
- Treatment appropriateness
- Service utilization
- Patient outcomes

Levels of Change

- Provider
- Patient
- Organization

Characteristics of the Change

- At baseline, some changes were core (e.g., weight management services), others were perceived to be peripheral
- Complex provider changes
- Motivation to change was moderate

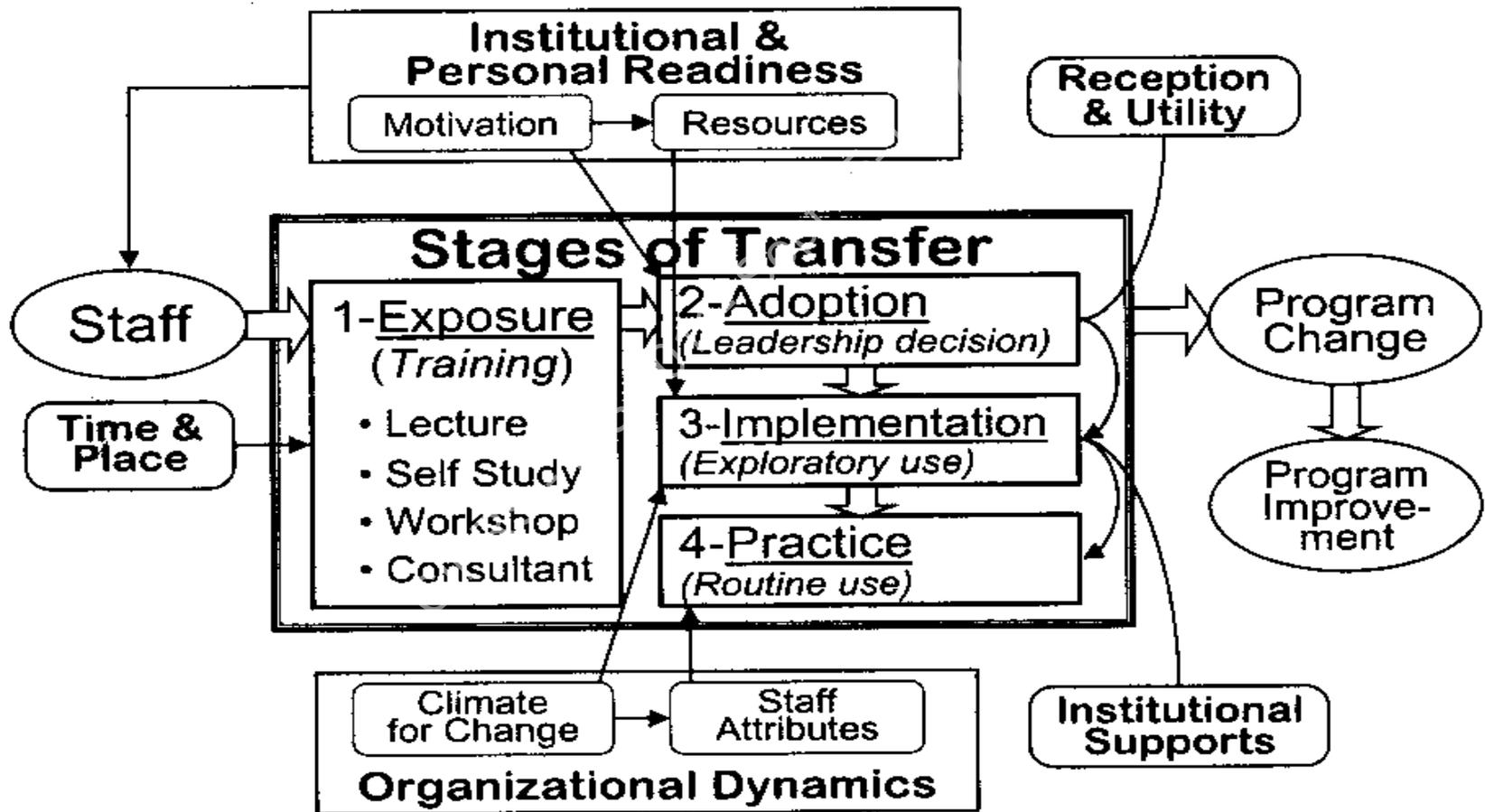
Context Assessment: Examples

Construct	Why & How
Intervention characteristics: Design Quality	Patient kiosks facilitated patient activation and patient-provider communication (core components of Chronic Care Model) Kiosks perceived to be novel & appealing to patients
Inner setting: Readiness for Implementation	Leaders & managers were critical to successful implementation; local resources dedicated to project
Inner setting: Implementation Climate	Focused on fostering climate oriented toward evidence-based quality improvement; local QI teams enhanced buy-in and contributed to sustainability
Process: Engaging	Opinion leaders, champions, external change agents all deployed to support implementation

Theory Selection

<p>Level of Theory</p>	<p>Specific Theory <i>(Refer to Classification of Theories & Example Theory Diagrams)</i></p>	<p>Rationale <i>(What is your rationale for selecting this theory?)</i></p>
<p>Organization</p> <ul style="list-style-type: none"> -Four action stages: exposure, adoption, implementation, practice -Movement through stages affected by multiple, measurable factors 	<p>Name: Simpson Transfer Model</p> <p>Type: Explanatory & Prescriptive</p>	<p>Useful for both planning and evaluating</p> <p>Suggests that organizations go through stages of change, as do individuals</p> <p>Incorporates DOI theory</p>

Theory Selection



Intervention strategies and formative evaluation activities by STM stages

STM Stages	Intervention Strategies and Tools	Formative Evaluation (time-point)
Exposure ↓	<ul style="list-style-type: none"> •Secure commitment •Training and Observation of care model by Regional PIs and Project Managers •Review evidence •Address values •Identify and prioritize needs •Begin tailoring intervention 	<ul style="list-style-type: none"> •Program Training Needs •Organizational Readiness for Change •Provider Burnout
Adoption ↓	<p>Predisposing activities:</p> <ul style="list-style-type: none"> •VISN Implementation Teams •Opinion leaders •Continue tailoring •Continue to secure commitment, address values 	Field notes
Implementation ↓	<p>Enabling activities:</p> <ul style="list-style-type: none"> •Patient Assessment System •Assertive care •Discuss and start using provider supports & incentives •Social marketing 	Project documents (Minutes from Implementation Team meetings, Project Managers' field notes, Quality Coordinators' logs: all ongoing) <ul style="list-style-type: none"> •Provider & Clinic Manager interviews (pre-implementation & mid-implementation)
Practice	<p>Reinforcing activities (performance monitoring & feedback):</p> <ul style="list-style-type: none"> •Monthly Quality Meeting/Quality Reports •Implementation Team Meetings •Continue tailoring with provider input •Quality Reports 	<ul style="list-style-type: none"> •Provider & Clinic Manager interviews (post-implementation) •Organizational Readiness for Change •Provider Burnout

Usefulness of the theory

- Useful for guiding implementation in phased approach (helpful in proposal and analyses)
- Provided framework for evaluation that coincided with Stetler formative evaluation definitions/phases
- Validated, cohesive measures provided concrete ways to assess factors related to implementation outcomes (normative data helpful)
 - Still working on question of change over time
- Presentation of results facilitated by logic of the model