

EQUIP: Implementation Research in Specialty Mental Health

Supported by HSR&D QUERI

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EQUIP: Specific Aims

- ◆ Assist VA VISNs to implement and sustain evidence-based care for schizophrenia
- ◆ Evaluate the effect (relative to usual care) of care model implementation
 - on provider competency, treatment appropriateness, patient outcomes, and service use
- ◆ Evaluate processes of and variations in care model implementation and effectiveness

EQUIP-2 Sites



Design

- ◆ Clustered, clinic-level controlled trial
 - within each VISN: 1 control & 1 implementation site
 - implement chronic care principles using Evidence-Based Quality Improvement (EBQI) tools and strategies
 - control: usual care
- ◆ QUERI Step 4, Phase 2-3
 - evaluation of both implementation and effectiveness
- ◆ Enrollment
 - 4 VISNs, 8 clinics
 - 166 clinicians (administrative + line staff)
 - 791 patients

At Baseline

- ◆ Strategic planning
 - choice of 2 evidence-based practices for implementation
 - care targets: weight & work outcomes
- ◆ Diagnostic evaluation
 - structure of care for patients with schizophrenia varied across sites
 - availability & quality of these care targets varied across sites

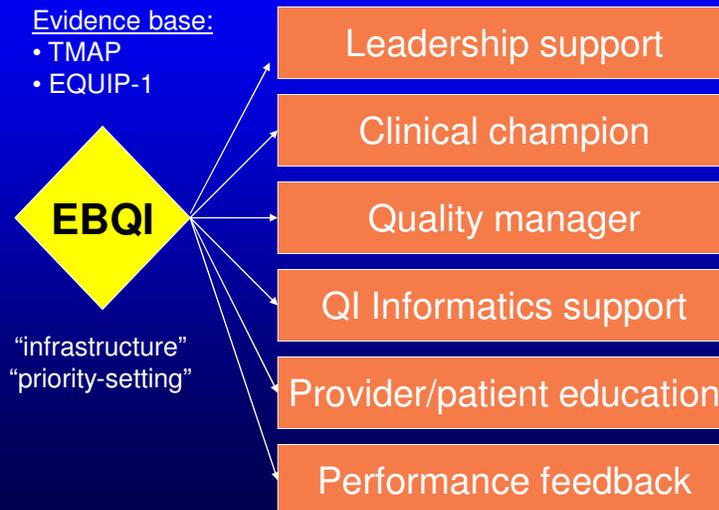
Evaluation

- ◆ Summative
 - evaluate effect on provider competency, treatment appropriateness, patient outcomes, service utilization
 - patient interviews at 0 and 12 months
 - VistA data on treatment use
- ◆ Process
 - characterize provider competencies, organizational readiness, barriers, facilitators
 - interview providers & managers at 0, 6, and 12 months
 - survey providers and administration at 0 and 12 months
 - monitor use of informatics
 - logs and minutes of implementation team meetings
 - field notes from local QI teams

Formative & Process Evaluation

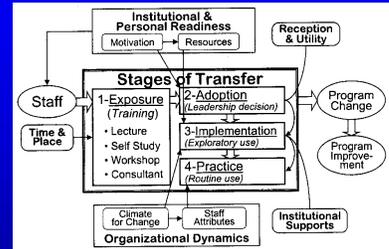
- ◆ Using mixed methods, evaluate processes of and variations in care model implementation and effectiveness to strengthen implementation and to:
 - assess acceptability of the care model, and barriers and facilitators to its implementation
 - understand how the project’s strategies and tools affect care model implementation
 - analyze the impact of individual care model components on treatment appropriateness

Implementation Tools & Strategies: Evidence-Based Quality Improvement (EBQI)



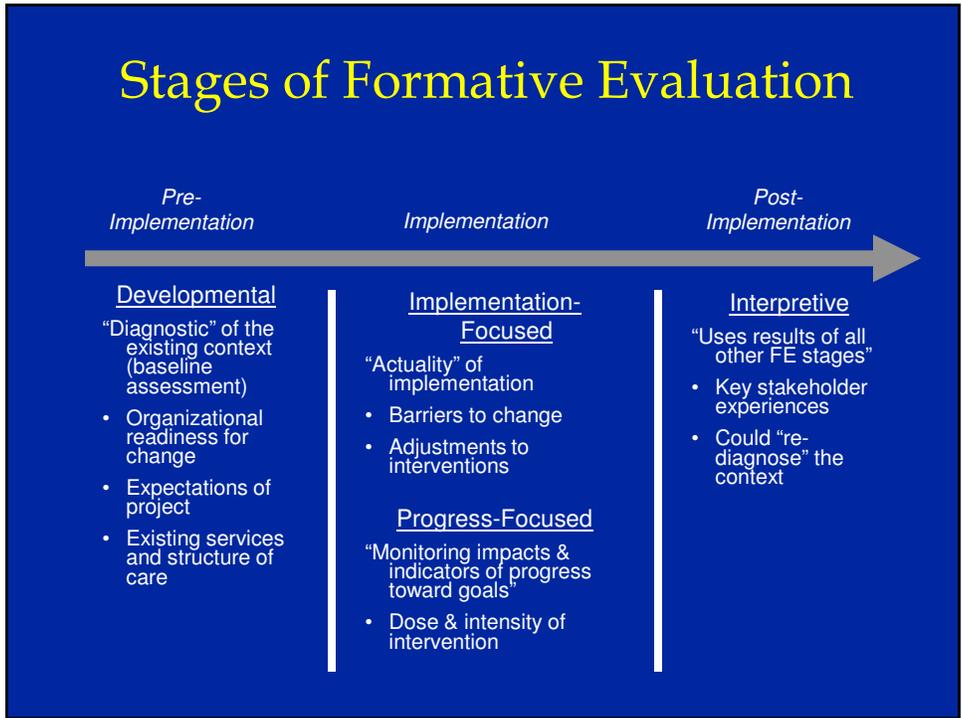
Conceptual Framework: Simpson Transfer Model

- ◆ Stages of organizational change
- ◆ Validated survey measures for each stage
- ◆ 4 Action steps:
 - Exposure: Introduction and training
 - Adoption: Intention to try the care model through a program leadership decision and subsequent support
 - Implementation: Exploratory use of the care model
 - Practice: Routine use of the care model

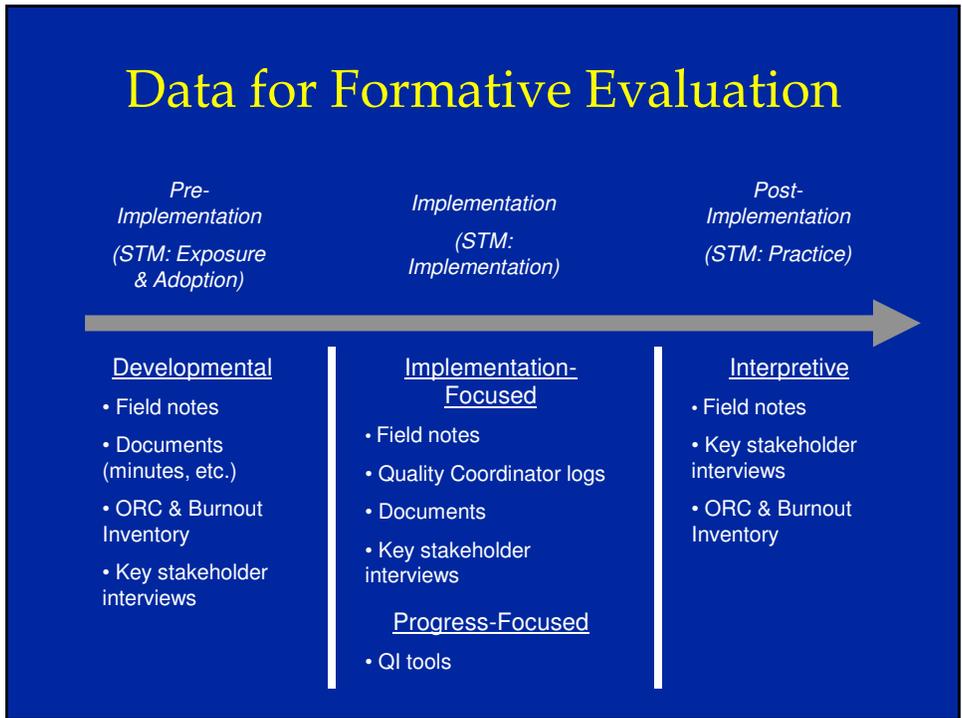


Reference Slides

Stages of Formative Evaluation



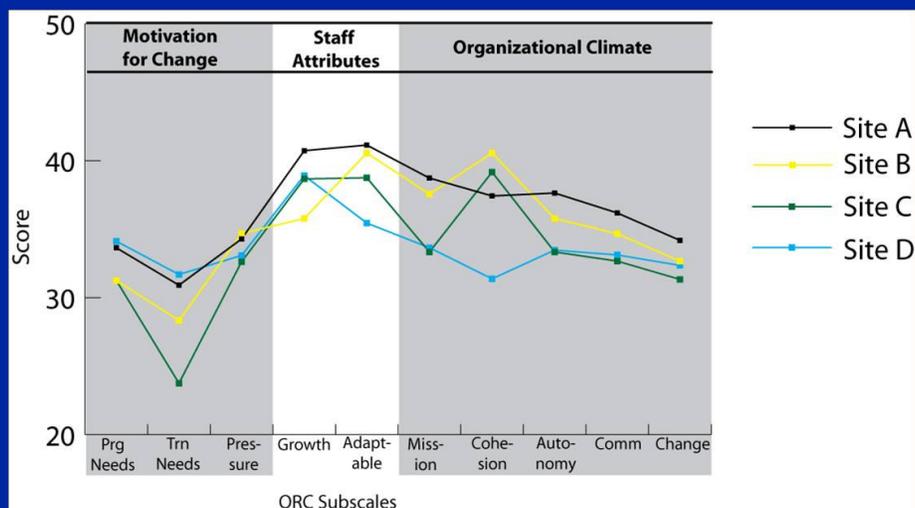
Data for Formative Evaluation



Multiple Data Sources: Measuring & Documenting Implementation

	EQUIP	Examples
Semi-structured interviews: leaders, clinicians, managers	✓	participation, level of implementation
Organizational site surveys: administrators & staff	✓	clinic structure, processes, change
Field journals	✓	group-level dynamics, implementation details
Administrative data	✓	visits, prescriptions
patient surveys	✓	kiosk self-assessments
Activity logs	✓	time spent on aspects of study

Institutional and Personal Readiness for Change



TCU Organizational Readiness for Change (ORC) scale

Tailoring of Implementation Based on Readiness

- ◆ Sites A and B: more ready to change
 - no specific tailoring
- ◆ Site C: less ready to change
 - needs (low): heighten awareness of gaps in care; use clinical champions and educational programs
 - mission (moderate but lowest of all clinics): study staffing kept consistent; consistency of message
 - autonomy (moderate but lowest of all clinics): let clinicians help determine how to implement the care targets

Results (preliminary)

- ◆ Summative
 - receipt of evidence-based psychosocial weight intervention increased (15% to 30% of patients, and 2 to 11 sessions)
- ◆ Process
 - clinicians
 - » low competency re: referrals and counseling
 - » negative attitude about efficacy of weight programs
 - organization
 - » strong support
 - » collaboration between services was difficult (nutrition, primary care wellness programs, specialty mental health)

Conclusions

- ◆ Successful research-operations partnership allowed for implementation to match VA operational goals, be tailored to local context, and encourage utilization
- ◆ Implementation strategies and tools increased appropriate wellness services and referrals to Supported Employment
- ◆ Formative evaluation to strengthen implementation
- ◆ Process evaluation to inform results

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◆ Acknowledgements

- VA HSR&D and QUERI (MNT 03-213)
- VA Desert Pacific Mental Illness Research, Education and Clinical Program (MIRECC)
- NIMH UCLA-RAND Center for Research on Quality in Managed Care

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