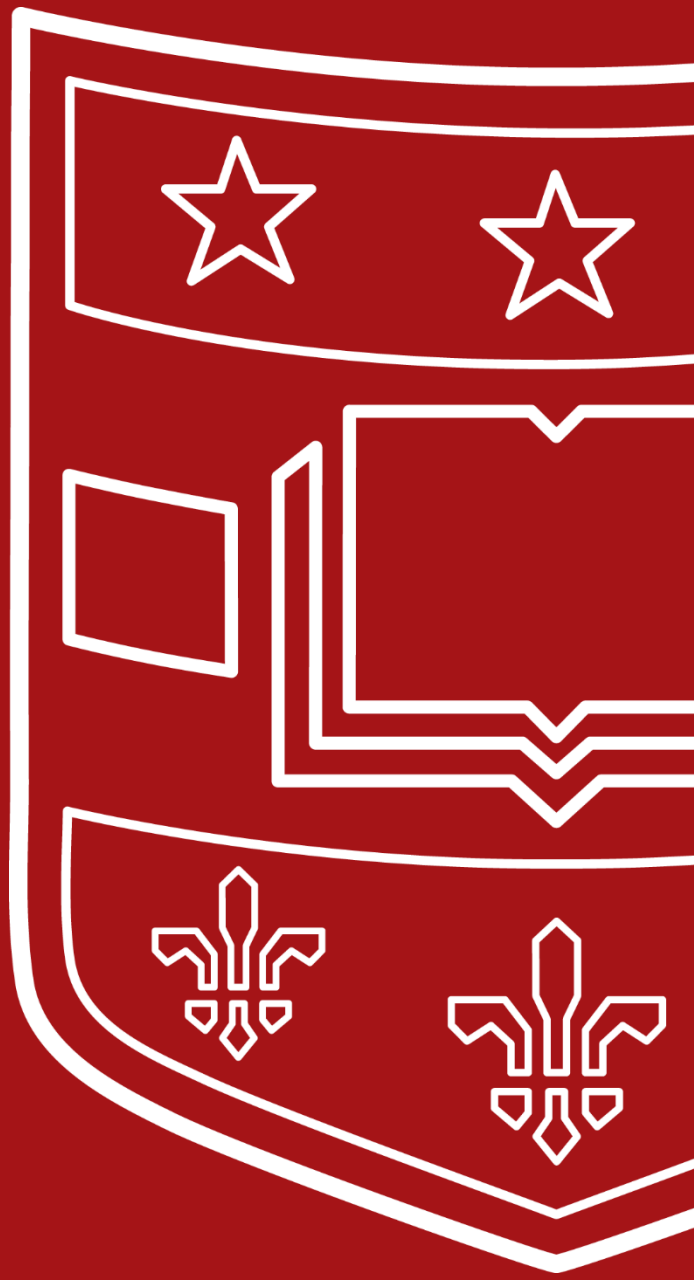
"Implementation Research for Mental Health Services: A Path to Improving Care”

Enola Proctor, Ph.D.

iSPARC
University of Massachusetts
tober 23, 2019



Washington University in St. Louis

Disclosure

Enola Proctor

Shanti K. Khinduka Emeritus Distinguished Professor

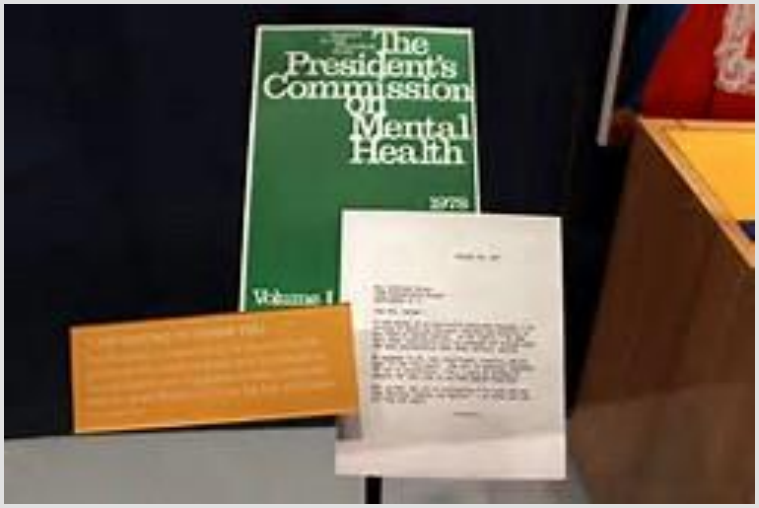
Relevant Financial Relationships:

- Salaried professor emeritus at Washington University in St. Louis
- Research funded by the NIMH, NHLBI, NCATS
- Co-author of and receives royalties for a text, *Dissemination and Implementation Research in Health, second edition*, Oxford University Press based on sales
- Occasional speaker fees from Universities and scientific/professional societies

Nonfinancial

- Reviewer for several peer-reviewed journals

How adequate is our nation's mental health care?



HTTP://WWW.JIMMYCARTERLIBRARY.GOV/LIBRARY/FINDINGAIDS/PRES_MENTAL_HEALTH.PDF

ROUTES TO IMPROVING MENTAL HEALTH SERVICES

Routes to improving mental health services

- Improving access
- Improving system coordination
- Co-location of mental health services
- Implementation of evidence-based interventions

Improving access

Primary Care

- First presentation of psychosis in primary care or other outpatient general medical patients
  - 33% of those aged 15-29
  - 42% of those aged 30-59*

Social Services

- 20-50% evidenced mental health need

* Simon et al., 2017, Psychiatric Services

Improved systems

- Integrated care

- Traditional care
  - Primary care
  - Behavioral care
  - Substance use service

57.4% no TX

Could not afford cost	Did not have time
Could handle on own	Didn't know where to go for Tx

*2017 NSDUH

How to improve quality?

Implementation Science & Practice Advances Research Center

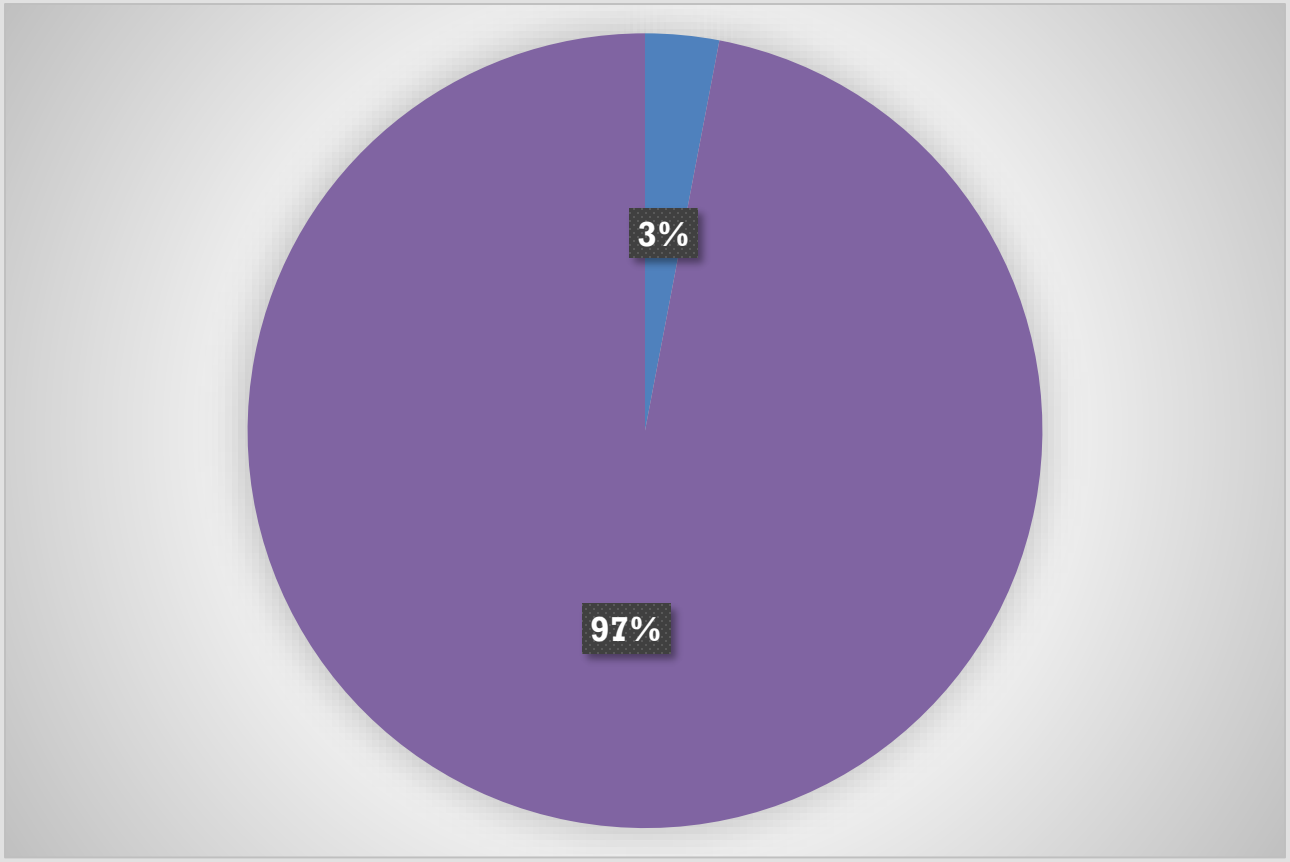
iSPARC

Improving Mental and Behavioral Health Services for Better Lives and Stronger Communities

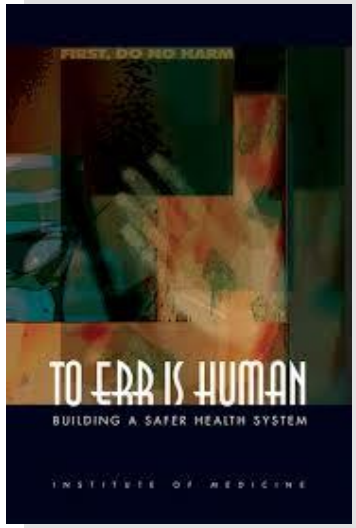
iSPARC Mission

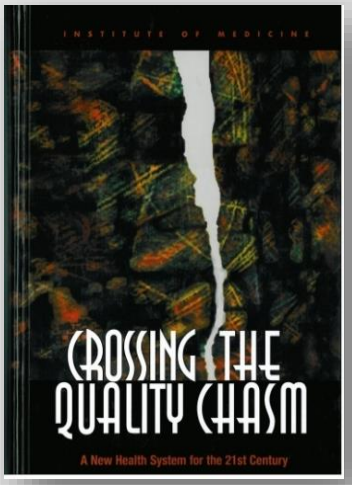
- To conduct, disseminate, and support the use of research in the public mental health system
- To enhance services for people with behavioral health conditions that promote their recovery and improve their quality of life.

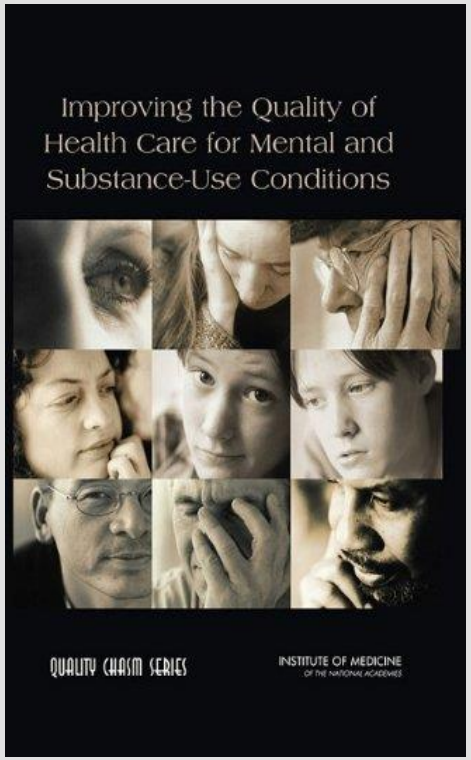
Receipt of evidence-based mental health treatment among those with need

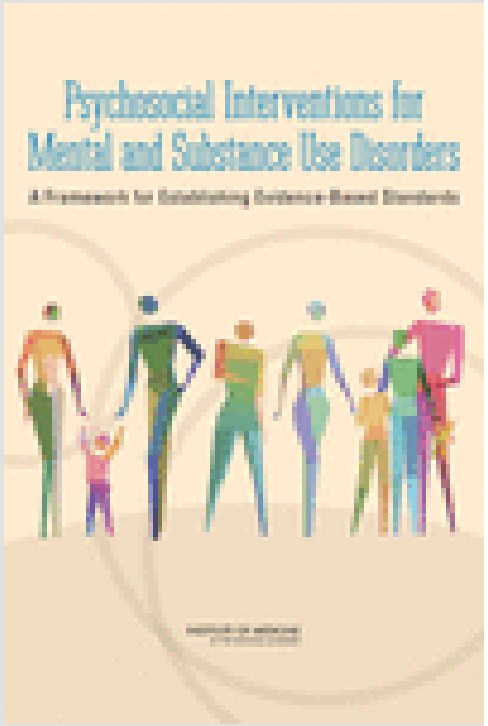


The Care that "Could Be" vs. the Care that "Is"









How to implement evidence-based care in real world settings?

NIMH strategic plan 2020-2025

Strategic Objective 4:

Strengthen the public health impact of NIMH-supported research.

PAR 19-274
RO1: Dissemination and Implementation Research in Health

Participating Organization(s)	National Institutes of Health (NIH)
Components of Participating Organizations	National Cancer Institute (NCI) National Heart, Lung, and Blood Institute (NHLBI) National Human Genome Research Institute (NHGRI) National Institute on Aging (NIA) National Institute on Alcohol Abuse and Alcoholism (NIAAA) National Institute of Allergy and Infectious Diseases (NIAID) *Eunice Kennedy Sh* National I titute Child Health and Human Development (NICHD) National Institute on D fness an her Communication Disorders (NIDCD) National Institute of D al and Cra Research (NIDCR) National Institute on D g Abuse DA) National Institute of E onmenta ealth ences (NIEHS) National Institute of Mental Health (NIMH) National Institute of Neurological Disorders and Stroke (NINDS) National Institute of Nursing Research (NINR) National Institute on Minority Health and Health Disparities (NIMHD) National Center for Complementary and Integrative Health (NCCIH) Division of Program Coordination, Planning and Strategic Initiatives, Office of Disease Prevention (ODP) Office of Behavioral and Social Sciences Research (OBSSR)
Funding Opportunity Title	Dissemination and Implementation Research in Health (R01)

18

Purpose: D&I Research in Health

- Support innovative approaches to
- Identifying, understanding and developing
- Strategies for overcoming barriers to the
- Adoption, adaptation, integration, scale-up and sustainability of
- Evidence-based interventions, tools, policies, and guidelines

Purpose:
D&I Research in Health…

- Understanding circumstances that create need to
- Stop or reduce (“de-implement”)
- Use of interventions that are
- Ineffective, unproven, low-value, or harmful

Dissemination and Implementation Research (NIH)

- Dissemination research: "The scientific study of targeted distribution of information and intervention materials to a specific public health or clinical practice audience."

- Implementation research: "The scientific study of the use of strategies to adopt and integrate evidence-based health interventions into clinical and community settings in order to improve patient outcomes and benefit population"

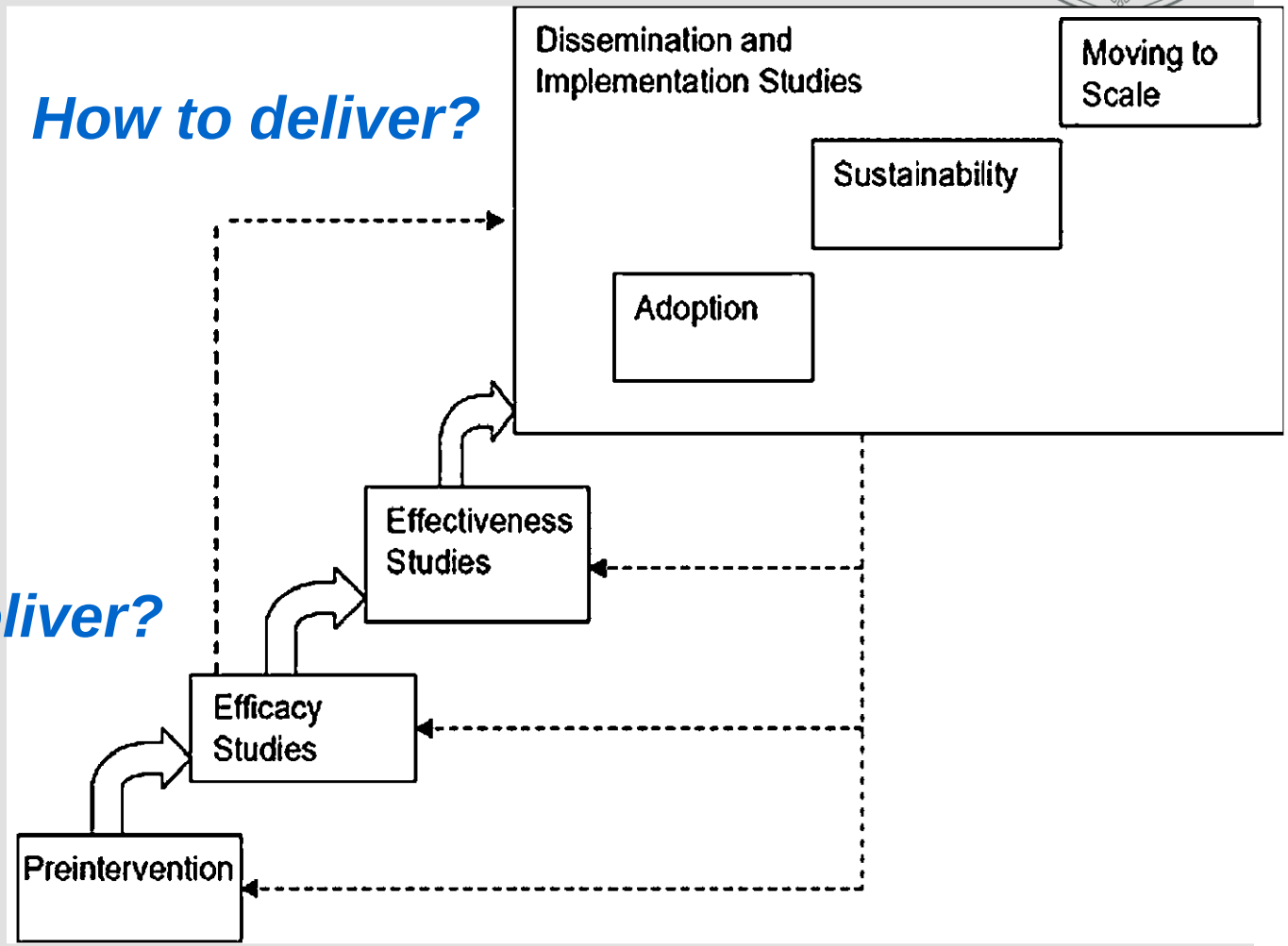
NIH PAR-19-274

Definitions of Implementation Science

Making "the right thing to do, the easy thing to do."

- Carolyn Clancy, Former Director of AHRQ

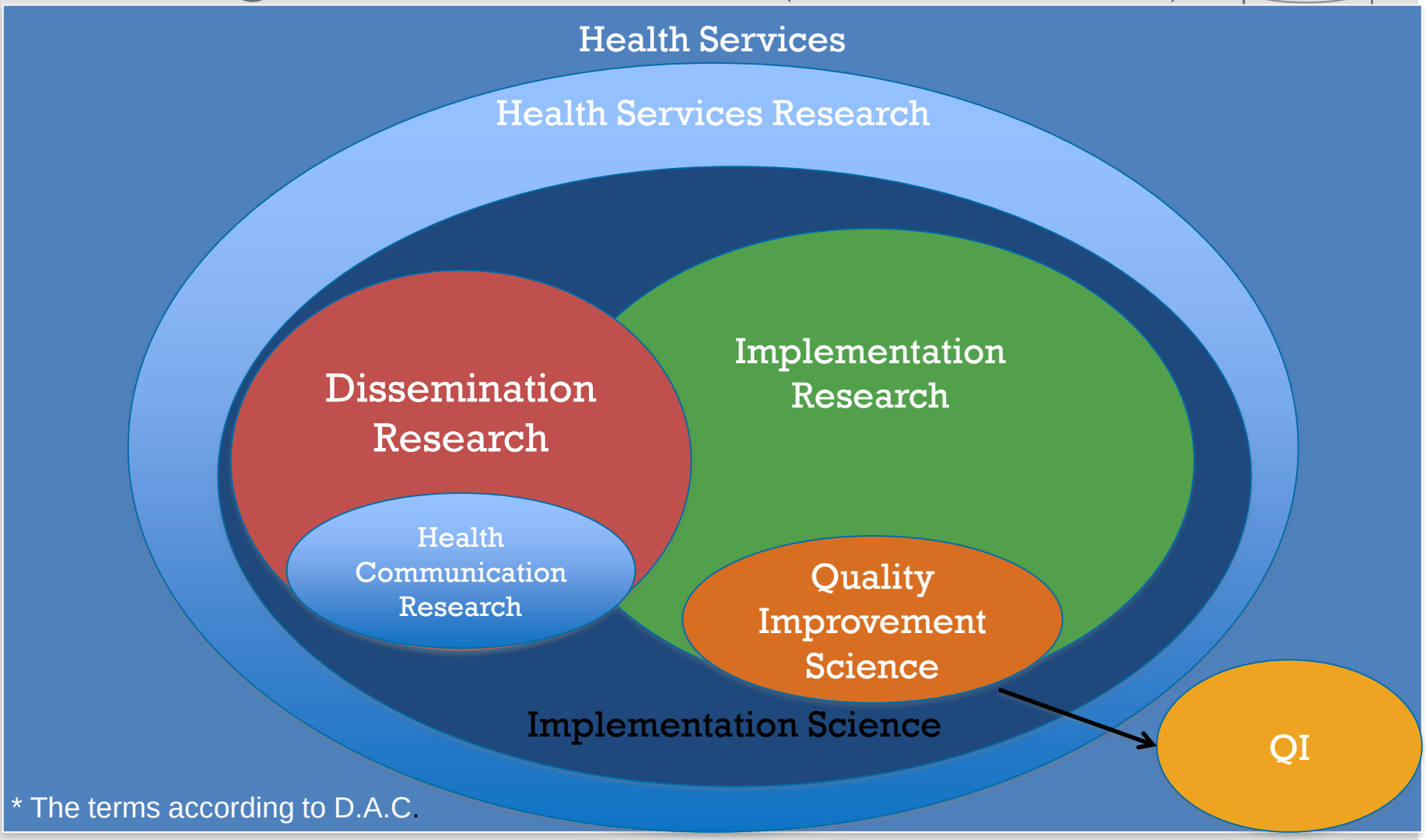
Phases of Clinical Research



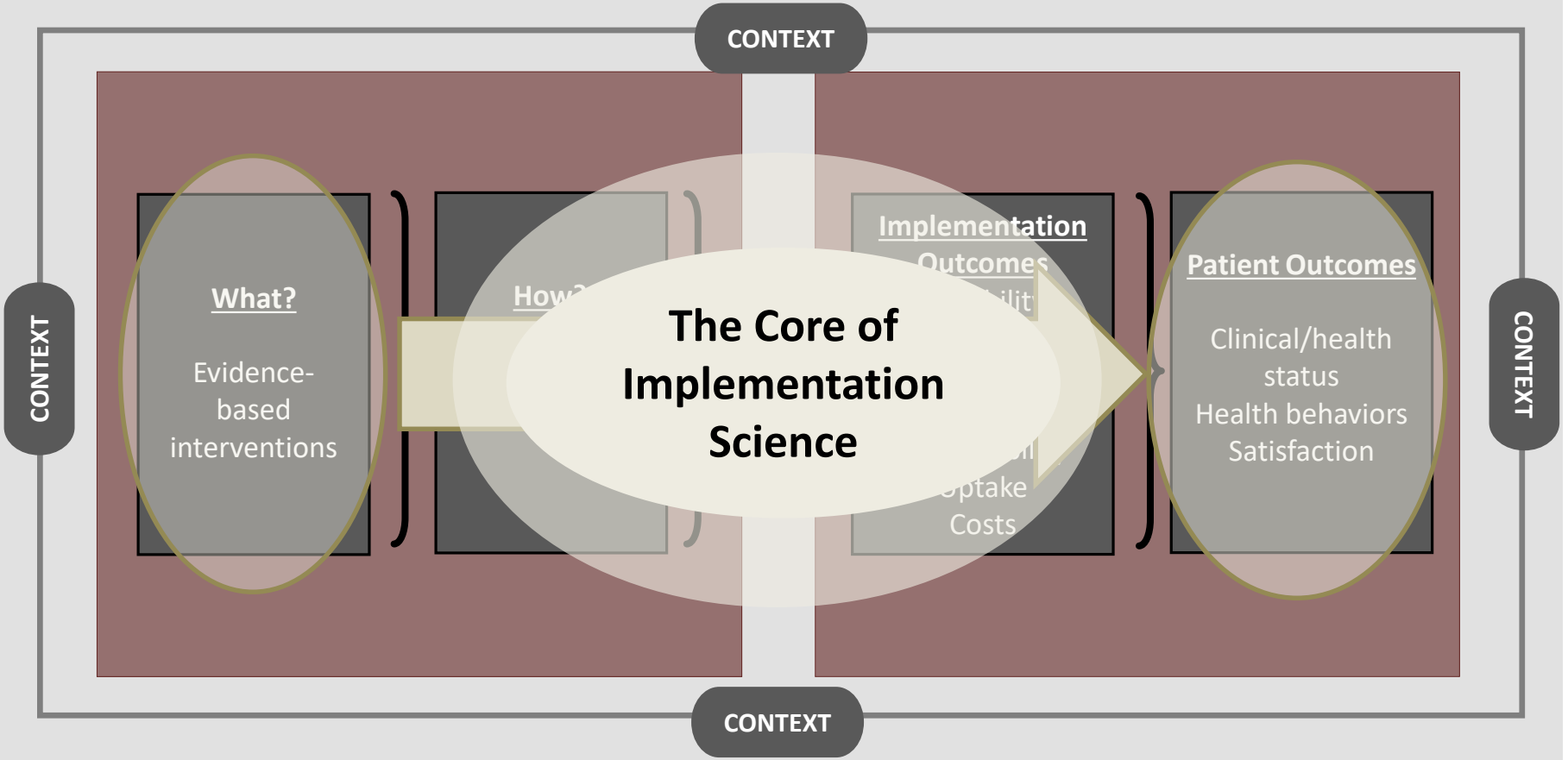
National Research Council and Institute of Medicine, 2009, p. 326

What gets in the way? Barriers and facilitators

A Big Tent of Terms (and Circles)*



* The terms according to D.A.C.



Proctor, Enola K., et al. "Implementation research in mental health services: an emerging science with conceptual, methodological, and training challenges." Administration and Policy in Mental Health and Mental Health Services Research 36.1 (2009): 24-34. June 8, 2016

PRINCIPLES OF IMPLEMENTATION SCIENCE

1. Map the quality gap, measure services provided

Common concerns of health services research and from practice:

- Desire to improve services
- Poor services or quality of care
- Wide variation

Requires measurement

- Challenge: data in many agencies don't capture quality, or practices that are delivered

Quality gaps

The quality chasm reflected by:

$$\% = \frac{number\ recieving\ EB\ care}{total\ service\ recipients}$$

$$\% = \frac{number\ recieving\ EB\ care}{total\ \ number\ needing\ service}$$

AHRQ quality reports
No change

- Adults with a major depressive episode in the last 12 months who received treatment for depression in the last 12 months0.110.00.86NSDUH9 (2008-2016)
- Children ages 12-17 with a major depressive episode in the last 12 months who received treatment for depression in the last 12 months-0.890.00.02NSDUH9 (2008-2016)

Worsening

- Suicide deaths among persons age 12 and over per 100,000 population1.900.00.0

Receipt of depression care: Children ages 12-17 w/ MDD

Agency for Healthcare Research and Quality
Advancing Excellence in Health Care

National Healthcare Quality and Disparities Reports

Your source for the Reports, State Snapshots, and QR/DRnet

Reports — Read and download the full reports
National View — National summary across quality measures
State View — State-level summaries and snapshots across measures
Data Query — Search data across specific measures
Opioids — Search for opioids measures the report
Resources — Resources to improve quality performance

Data Query is an interactive tool that allows you to access national and State data from the National Healthcare Quality and Disparities Reports. You can search for data or trends based on particular subject areas, topics, or measures.

Choose Data | Data Table | Graphic

Table 6_7_1_2_1.1 Children ages 12-17 with a major depressive episode in the last 12 months who received treatment, United States, 2008-2016 Excel - Open/Save File

Suicide deaths persons age 12+

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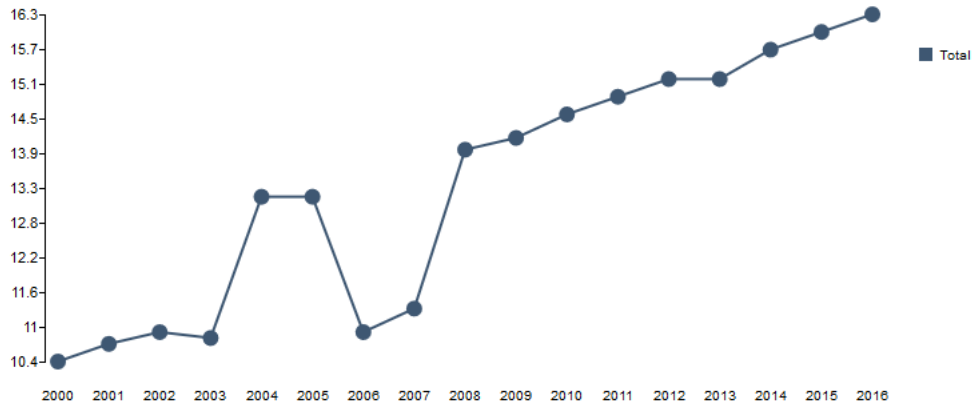
Choose Data | Data Table | Graphic

Table 6_7_1_4_1.1 Suicide deaths among persons age 12 and over per 100,000 population, United States, 2000-2016 Excel - Open/Save File



Receipt of depression care Adults

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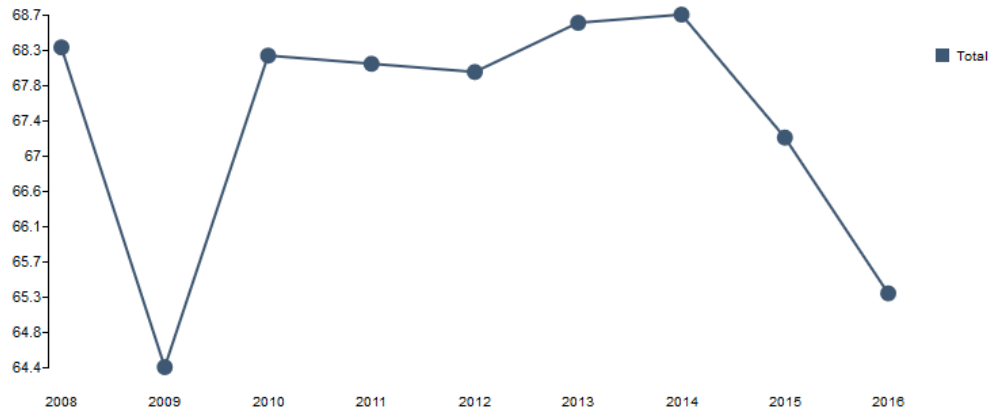


BACK TO TOP

2. Select intervention that can improve care, reduce the quality gap
Evidence-based intervention to be implemented

Issues:

Where to find?

How to assess appropriateness for setting

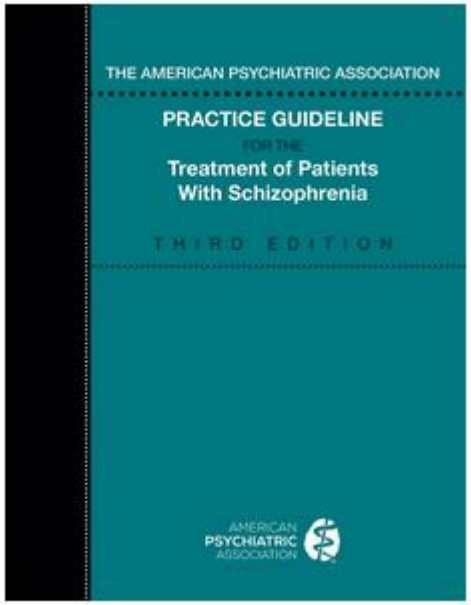
- Strong evidence for potential to impact outcomes clinical, implementation *
- Ready for implementation

Acceptability, demand for EBP's in agency

* Proctor et al. (2011), Outcomes for implementation research…Admin Pol MH Servs 38:65-76

Evidence Based Interventions: Reviews & guidelines

- The Cochrane Collaboration (standard setter)
- Guideline Central
  - https://www.guidelinecentral.com/?s=rehabilitation
- AHRQ Clinical Guidelines & Recommendations
  - https://www.ahrq.gov/prevention/guidelines/index.html
- US Preventive Services Task Force (clinical)
- The Community Preventive Services Task Force (community “guides”)



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MEMBERS | TOPICS | PUBLICATIONS & DATABASES | PSYCHOLOGY HELP CENTER | NEWS & EVENTS | SCIENCE

Home // APA Search Results

Results **1–10** of **3396** for **"guidelines"**

Refine Your Search

Topic

Therapy (309)

Education (297)

Law & psychology (167)

Ethics (153)

Lesbian/gay/bisexual/transgender (131)

57 more... [+]

« Previous Next » Sort by: Relevance

1. APA-Approved Standards and **Guidelines**
   The following standards and **guidelines** have been reviewed following the procedures detailed in Association Rule 30-8 and approved by the APA Council of Representatives as APA policy.
   Guidelines (June 2014)

2. **Guidelines** for Practitioners
   APA has approved practice **guidelines** and related criteria in such areas as multicultural practice, child custody evaluations, PTSD and treatment of gay, lesbian and bisexual clients

U.S. Department of Health & Human Services

SAMHSA
Substance Abuse and Mental Health Services Administration

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Evidence-Based Practices Resource Center

SAMHSA is committed to improving prevention, treatment, and recovery support services for mental and substance use disorders.

The Evidence-Based Practices Resource Center provides communities, clinicians, policy-makers and others with the information and tools to incorporate evidence-based practices into their communities or clinical settings.

CDC
Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™
Search
Diseases & Conditions
Healthy Living
Travelers' Health
Emergency Preparedness
Search Results
All
Videos
Journals
Podcasts
17,106 results returned for evidence based interventions
HPV | Quality Improvement and Evidence Based Interventions | CDC
https://www.cdc.gov/hpv/partners/outreach-hcp/quality-improvement.html
Human Papillomavirus (HPV) quality improvement and evidence based interventions can lead to
higher HPV vaccination coverage. Learn what quality improvement projects are available.

3. Assess Context & Engage Stakeholders

- What is the setting's experience with change?
- What else is going on in the setting?

Stakeholders:
those who are invested in practice and who will care about change

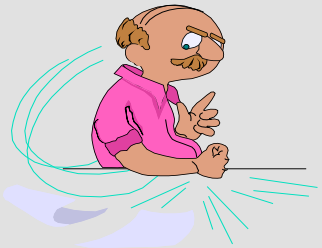
How will they react to change?

Who are they?

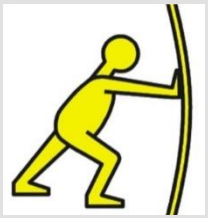
- Service users
- families
- providers
- administrators
- funders
- government agencies/ officials

Who wants to improve services?

Is there a demand to implement?



Is there a push out?



Is there a pull?

Is there infrastructure?

4. Plan for change

Change is a process
Conceptual models/ theoretical framework

Contribution:

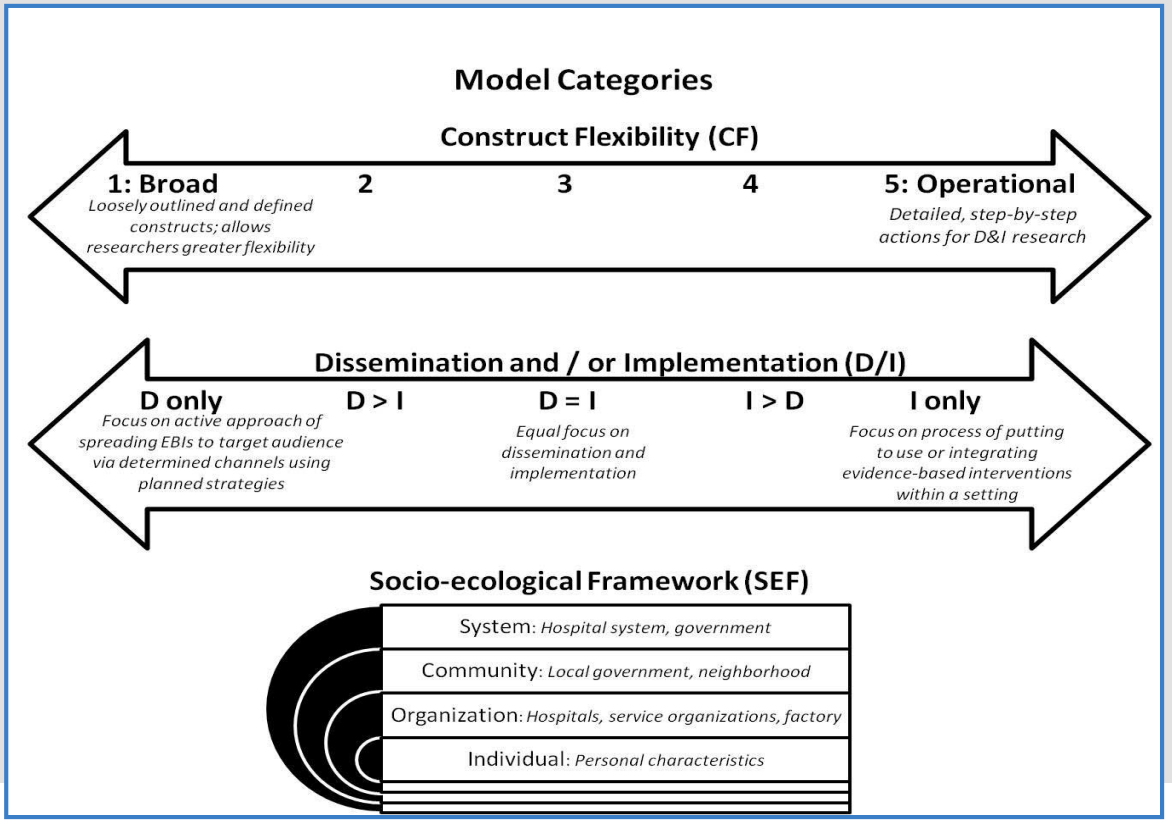
- Points to action
  - What needs to be changed, where?
- Map for “when to do what”
  - Phase models
- Enhances generalizability
- Reduces haphazardness

Tabak et al.'s (2012) Review of D&I Frameworks

Bridging Research and Practice
Models for Dissemination and Implementation Research

Rachel G. Tabak, PhD, Elaine C. Khoong, BS, David A. Chambers, DPhil, Ross C. Brownson, PhD

Review of 61 frameworks



5. Select Implementation Strategies

*Systematic intervention process to adopt and integrate evidence-based healthcare innovations into usual care **

Active ingredient in processes for moving EST's and QI's into usual care

*Powell, McMillen, Proctor et al., Medical Care Research and Review, 2012

Implementation *Strategies*

.....the '**how to**' component of changing healthcare practice.

.....*Key*:

How to make the "right thing to do"

the "easy thing to do...Carolyn Clancy

Dissemination and Implementation Research in Health
PAR # 19-274

Primary purpose: identify, understand, & develop

- **Strategies**

  for the

- **Adoption, adaptation, integration, scale-up,& sustainability**
- Of **EB** interventions, tools, policies, & guidelines

Strategies Compilation

68 "discrete" strategies in 6 categories:

- Plan
- Educate
- Finance
- Restructure
- Manage quality
- Attend to policy context

Review

Medical Care Research and Review
69(2) 123–157
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DOI: 10.1177/1077558711430690
http://mcr.sagepub.com

A Compilation of Strategies for Implementing Clinical Innovations in Health and Mental Health

Byron J. Powell[1], J. Curtis McMillen[2], Enola K. Proctor[1], Christopher R. Carpenter[3], Richard T. Griffey[3], Alicia C. Bunger[4], Joseph E. Glass[1], and Jennifer L. York[3]

Abstract

Efforts to identify, develop, refine, and test strategies to disseminate and implement evidence-based treatments have been prioritized in order to improve the quality of health and mental health care delivery. However, this task is complicated by an implementation science literature characterized by inconsistent language use and inadequate descriptions of implementation strategies. This article brings more depth and clarity to implementation research and practice by presenting a consolidated compilation of discrete implementation strategies, based on a review of 205 sources published between 1995 and 2011. The resulting compilation includes 68 implementation strategies and definitions, which are grouped according to six key implementation processes: planning, educating, financing, restructuring, managing quality, and attending to the policy context. This consolidated compilation can serve as a reference to stakeholders who wish to implement clinical innovations in health and mental health care and can facilitate the development of multifaceted, multilevel implementation plans that are tailored to local contexts.

This article, submitted to *Medical Care Research and Review* on July 11, 2011, was revised and accepted for publication on October 20, 2011.

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[4]The University of North Carolina at Chapel Hill, Chapel Hill, NC, USA

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Updated Strategies Compilation

Powell *et al. Implementation Science* (2015) 10:21
DOI 10.1186/s13012-015-0209-1

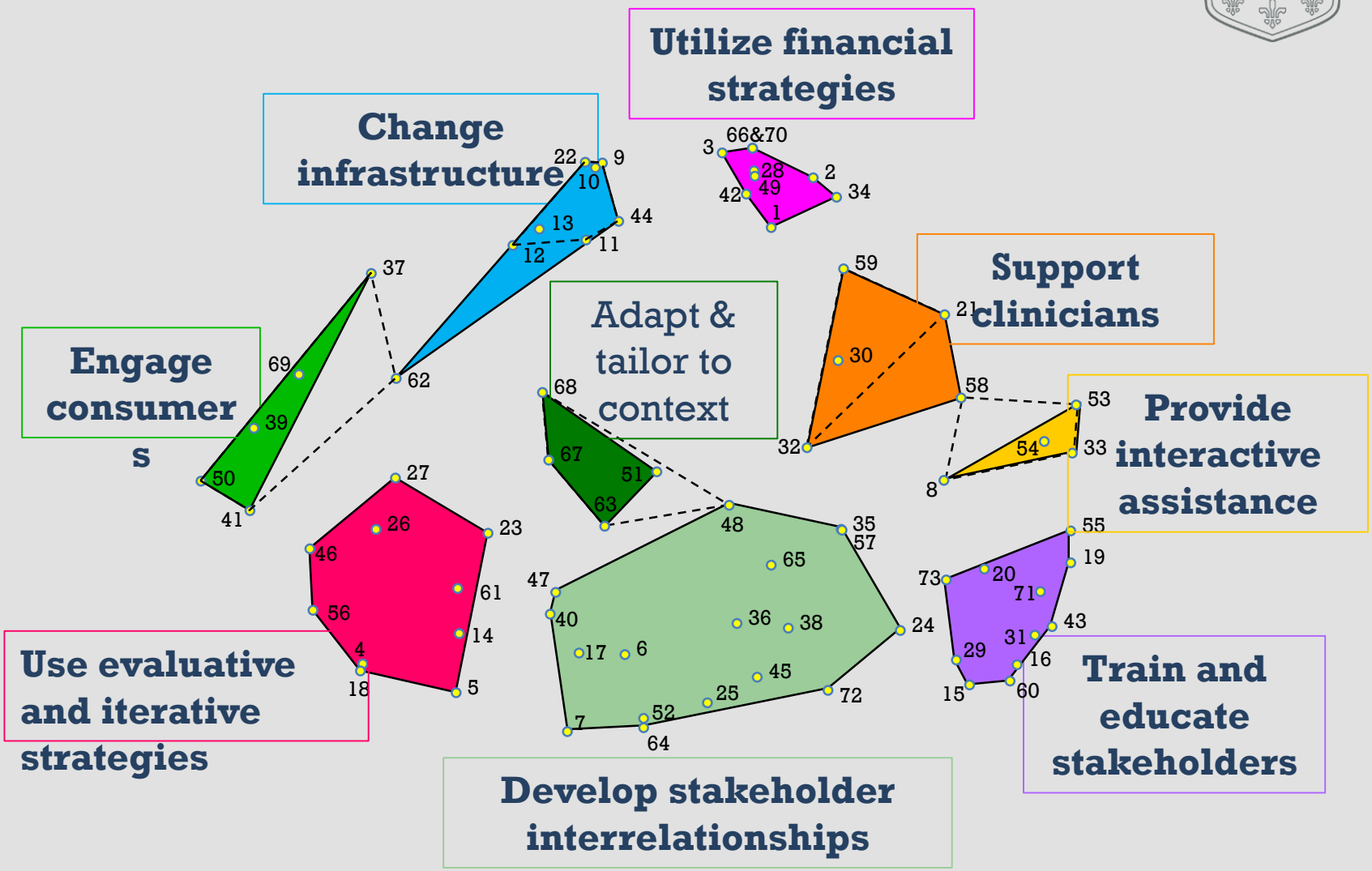
IMPLEMENTATION SCIENCE

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 Waltz[2], Matthew J Chinman[3,4], Laura J Damschroder[5], Jeffrey L Smith[6], Monica M Matthieu[6,7], Enola K Proctor[8] and JoAnn E Kirchner[6,9]

Identification of Implementation Strategies: ERIC Cluster Solution



U.S. Department of Veterans Affairs
Veterans Health Administration
Quality Enhancement Research Initiative

More strategies

→ More Tx starts

- Clinics who implemented more ETS's used 33 strategies
- Clinics less successful used 15 strategies

6. Evaluate implementation success

- Implementation outcomes
  - Special kinds of outcomes are measured in implementation research
    - Examples:
      - Acceptability
      - Feasibility
      - Sustainability
- Research designs

Why Focus on Distinct Outcomes in Implementation Research?

Could have an effective intervention:

- Not adopted
- Poor penetration in health system
- Implemented but with poor fidelity
- Not sustained

What We Know About Implementation Outcomes

- Fidelity = most frequently measured outcome
- Provider attitudes frequently assessed
- Implementation outcomes are interactive:
  - Effectiveness → greater acceptability
  - Cost ↓ feasibility
- We don't know much about:
  - Sustainability
  - Scale up and spread

Priority topics for advancing the field

- How do we accelerate translation of research to practice?
- How do choose the right research methods?
  - Accommodate the complexity
    - Dynamism of change process, the myriad of factors associated with implementation
  - Provide rigor in measurement
  - Are relevant and feasible, given real world settings
- How do we identify mechanisms of implementation?
- How do we sustain and scale up implementation?
- How do we advance understanding of policy D&I?

How early do we start?
How do we move forward?

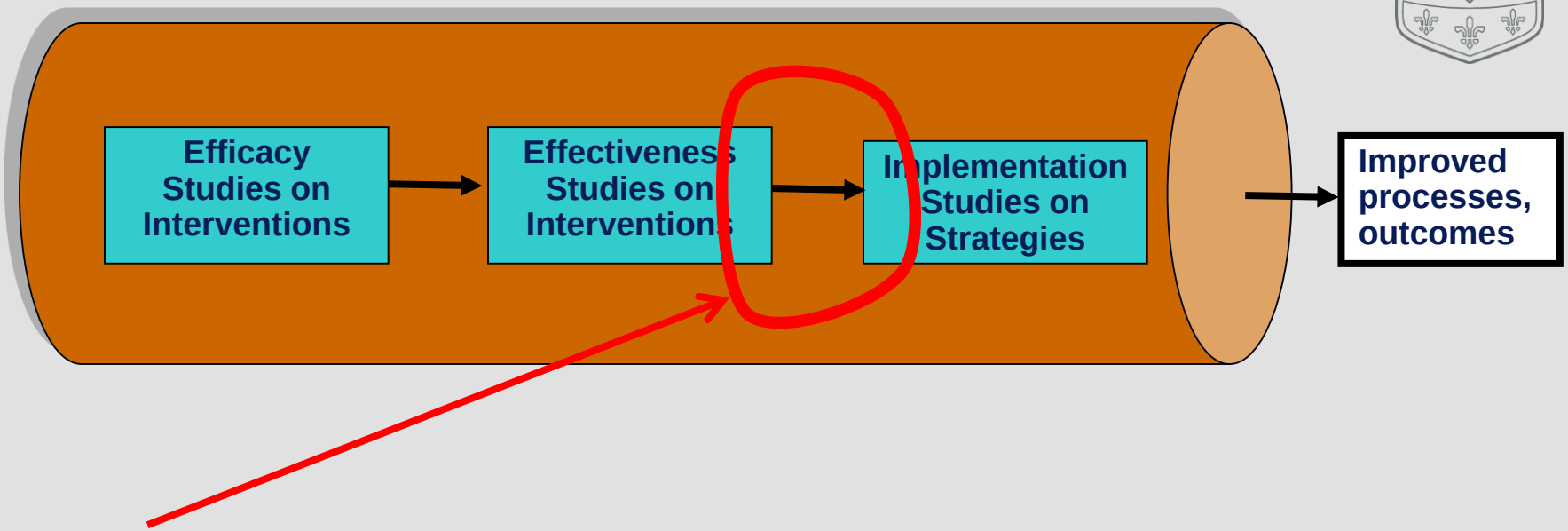
Hybrid Type 1 Designs

- Test clinical/prevention intervention, observe/gather information on implementation
- Clinical/prevention effectiveness trials with added process or other evaluations of implementation

Other emerging approaches:

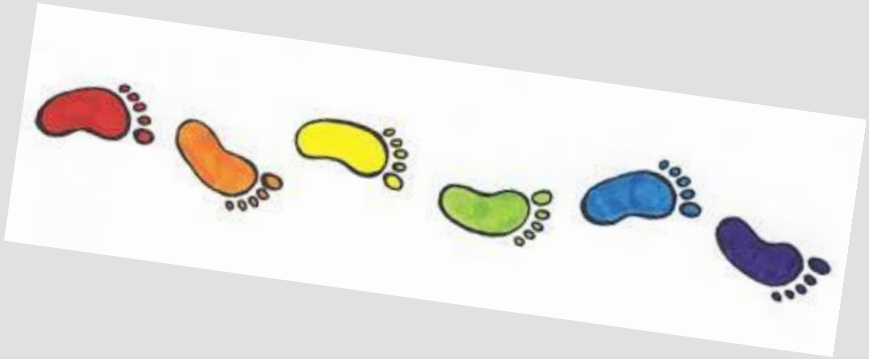
- Designing for dissemination/implementation
- Early collection of data to inform implementation
- Pragmatic/real world designs

Hybrid Effectiveness-Implementation Designs



Hybrid designs capitalize on strengths of effectiveness and implementation research.

***Spatially* speaking, hybrids "fit" in here.**

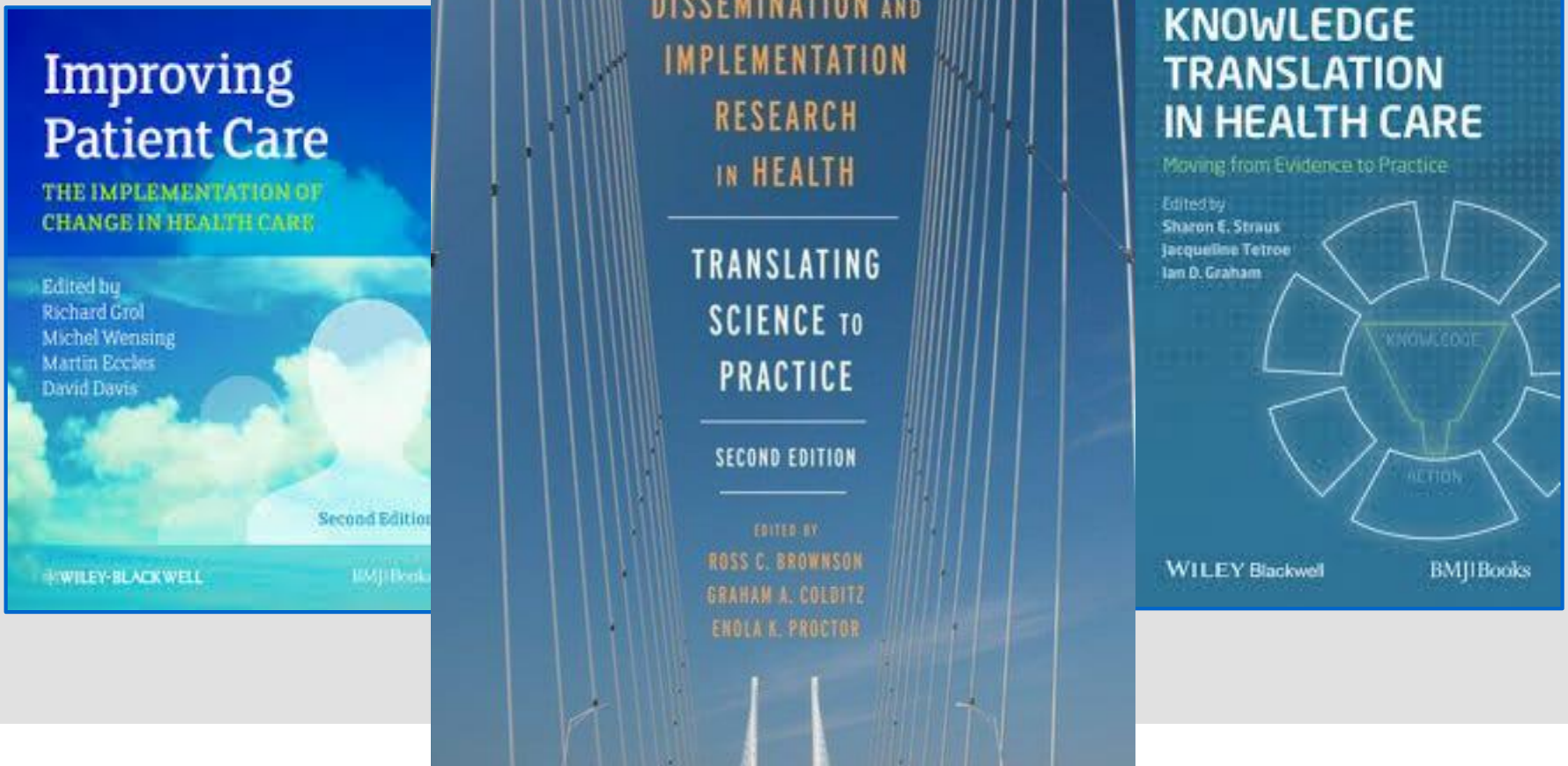


Paths to D&I

Establish your footprint toward the field through prior publications and studies

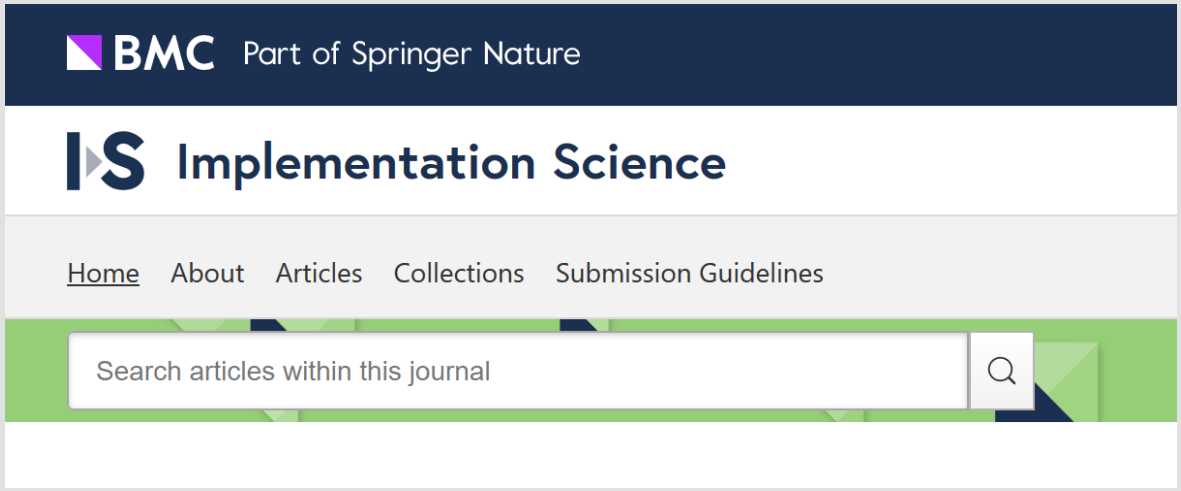
- The evidence-based “what” to be implemented
  - Intervention (policy research)
- The quality gap
- The population
- The setting

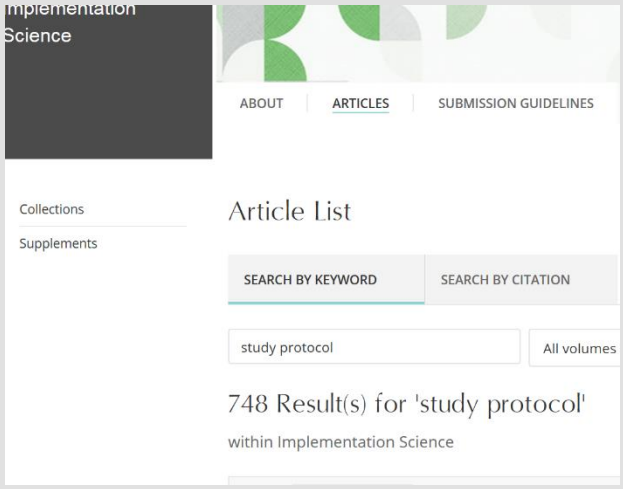
Growing number of D&I Books & Journal



Implementation Science journals

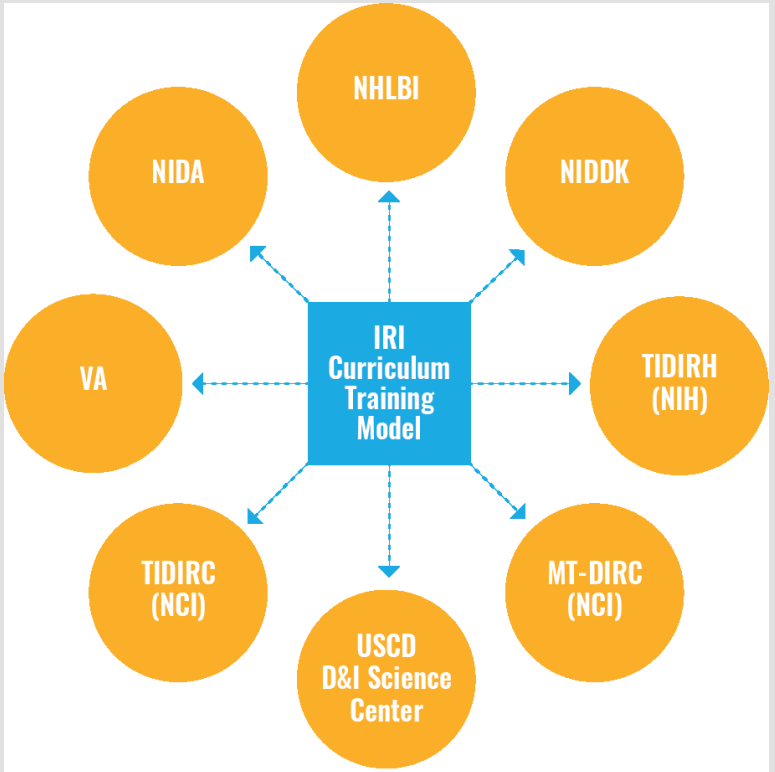
http://implementationscience.biomedcentral.com/





Training Opportunities

IRI



Types of Influence:

- Adoption of curriculum & mentorship model
- IRI trainees become trainers
- Shared core faculty
- Use of evaluation metrics

Brown University expertise

Rani Elwy and Kathleen Kemp

EVENT

13th Annual Conference on the Science of Dissemination and Implementation in Health

Bridging the gap between research, practice, and policy.

Online Registration

Event Details

DATE & TIME

December 15-17, 2020

We're Convening Virtually in December

As the global health workforce continues to respond to the COVID-19 pandemic, the dissemination and implementation (D&I) science community, perhaps now more than ever, will be called upon to bridge the gap between new research, practice, and policy and to ensure that evidence is used to inform decisions that will improve the health of individuals and communities.

13th Annual Conference on the Science of Dissemination and Implementation in Health

- Registration
- Agenda
- Adjunct Events

Thank you! ekp@wustl.edu