“What are the Models for Integrating Evidence-based Programs into Large Health Systems?”

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The Issue Is... Series
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Some Housekeeping...

• Integration v dissemination v implementation

• What do we mean by...
  – Program
  – Evidence-based
  – Large health system

• Caveat – integration models are usually not well described
Some Programs (Care Models)

• Center to Advance Palliative Care
• Transitional care
• Collaborative Depression Care in the VA
• Falls prevention
• Medicare Innovations Collaborative
• Community mental health in low income regions

• Patient safety – CLABSI
• Partnership for Patients (CMS)
• HELP – delirium prevention
• NICHE – Nurses in care of hospital system elders
• Housestaff education – Aliki
Technical Assistance Model - Center to Advance Palliative Care

- Diane Meier’s vision (and substantial grant $$)
- Focus on hospital-based palliative care
- Strong model of technical assistance, etc
  - CAPC
    - Leadership centers, staff, website, national conferences, bevy of tools – cookbooks, financial instruments...
  - Etc
    - Social marketing
    - Making it rain – Joint Commission, quality metrics, politics and policy initiatives
    - Got palliative care recognized as a specialty
Roger’s Diffusion Model:
Transitional Care for Older Adults

• **The system** - Aetna

• **What they did** – integrated TCM into Aetna
  – Start-up phase – preparation and negotiation of issues
  – Roll-out phase

• **Lessons**
  1. You must have strong champions
  2. The innovation must fit the organization
  3. Engage everybody – early, continually, and throughout
  4. Flexibility is a must
  5. Assess the external climate
  6. Marketing innovation to end users, not just to adopting organization
  7. Establish milestones and measure success
Social Marketing Model – VA QUERI – TIDES Depression Collaborative Care Model

- Top-down approaches don’t work
- Must change the attitudes and beliefs of members of the organization
- Social marketing – promote socially desirable behaviors among providers

**Figure 1**
Translating Initiatives for Depression into Effective Solutions (TIDES) model of collaborative care for depression. Source: TIDES Fact Sheet.
Benchmarks for a Social Marketing Model

- Behavior change used to design and evaluate interventions
- Use audience research to a) understand target audiences; b) pretest intervention elements before implemented; c) monitor interventions with roll-out
- Careful segmentation of target audiences
- Create attractive & motivational exchanges w target audiences
- 4Ps: products, price, place, promotion
- Pay attention to competition faced by the desired behavior
- Link to associated methods – PDSA cycles, tool development, guidelines for providers, and other TA tools
Figure 2
Sequential model of behavioral and social change.
Table 4: Example social marketing messages for Veterans Health Administration audience segments.

<table>
<thead>
<tr>
<th>Audience segment</th>
<th>Key information for decision or behavior change</th>
<th>Sample message</th>
</tr>
</thead>
<tbody>
<tr>
<td>VACO** Leaders</td>
<td>Evidence regarding cost and quality impact on the veteran population of adopting the new depression care program.</td>
<td>&quot;I want to facilitate the implementation of this new program at all VHA*** facilities.&quot;</td>
</tr>
<tr>
<td>VISN*** Leaders</td>
<td>Benefits and costs of the new depression care program and proven techniques for implementing it.</td>
<td>&quot;I support the new depression care program and know how to encourage providers to utilize it.&quot;</td>
</tr>
<tr>
<td>Facility Managers</td>
<td>Benefits and costs of the new depression care program and proven techniques for implementing it.</td>
<td>&quot;I support the new depression care program and know how to encourage providers to utilize it.&quot;</td>
</tr>
<tr>
<td>Frontline Providers (Director, chief of staff, chief medical officer, service line directors, primary care director)</td>
<td>Benefits and costs of the new depression care program and proven techniques for implementing it.</td>
<td>&quot;I support the new depression care program and know how to encourage providers to utilize it.&quot;</td>
</tr>
<tr>
<td>Frontline Providers (Primary care and specialty physicians, nurses, pharmacists, other health professionals)</td>
<td>Impacts of the new depression care program on veterans' health and clinic workload.</td>
<td>&quot;I know I should refer my patients to the new depression care program, and am able to do so.&quot;</td>
</tr>
<tr>
<td>Veterans (i.e., consumers)</td>
<td>Benefits of recognizing depression and seeking treatment for it.</td>
<td>&quot;I know depression can be treated, and I know how I can get that treatment.&quot;</td>
</tr>
</tbody>
</table>

**VACO: VA Central Office, senior administrative and clinical leadership in Washington, DC
***VISN: Veterans Integrated Service Network, 21 accountable regional networks
***VHA: Veterans Health Administration
Mixed Model: Fall Risk Assessment and Management

- Develop a fall risk-assessment and management strategy
- Develop provider and patient materials
- Enhance provider and consumer awareness
- Implement professional behavior change strategies
- Outreach to community-living older adults
Learning Collaborative Model: Medicare Innovations Collaborative

- Ability to participate and leverage membership in the collaborative
- Collaborative faculty
- Competition among collaborative sites
- Technical assistance
- Learning across sites

- Insights gained from multiple implementation strategies, peer-to-peer exchange and enhanced by engagement of leadership
Community Mental Health Care in Low–income Regions

- Identify priority care pathways and map them across skill packages
- Specify decision supports, supervision, and triage rules
- Use QI practices
- Plan for sustainability and capacity building
Recommended Reading


- www.capc.org