# To Push or To Pull:

*Strengthening Outer Setting Factors to Facilitate Implementation and Sustainability of Evidence-Based Practices in Children's Behavioral Health Settings*

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HARVARD MEDICAL SCHOOL
AFFILIATE

# Agenda

Learning Objectives

Background

CFIR: The Outer Setting

CFIR: Intervention Characteristics

Hypothesis

Results

Discussion

# Agenda

# Learning Objectives

Participants will be able to describe Learning Collaborative methodologies regularly utilized in the implementation of evidence-based practices.

Participants will be able to identify and apply strategies for engaging policymakers and systems' leaders in implementation initiatives.

Participants will be able to translate strategies for establishing or strengthening outer setting factors to support implementation within their own service settings.

# Agenda

# Background: The Gap



What *should* work

What *does* work

Efficacy Trials

Implementation Science

# The Baker Center for Children and Families

- **Our role:** As an intermediary organization, we aim to bridge the gaps between research, policy, and practice.

- **Intermediaries** provide support to facilitate the implementation of evidence-based practices and build agency capacity to sustain such practices with fidelity.

- We primarily do this through the **Learning Collaborative Model**.



**THE BAKER CENTER**
FOR CHILDREN AND FAMILIES

(Franks & Bory, 2018)

# The Learning Collaborative Methodology

## Enhanced Learning Collaborative Tools & Activities

**1 Pre-work**
- Team Selection
- Organizational Readiness & Capacity Assessment
- Site Visits

**2 Learning Sessions**
- Clinical Case Spotlights
- Implementation & CQI Strategies
- Agency Team Breakouts
- Affinity Groups
- Sustainability Planning

**3 Continuous Quality Improvement**
- Change Toolkit
- Monthly Implementation Metrics Reports
- Plan-Do-Study-Act Cycles (PDSA)

**4 Consultation**
- Clinical
- Implementation & CQI
- Senior Leader
- Supervisor
- Systems

# Goals of the Learning Collaborative

**Implement**

The EBP with integrity* in participating communities

**Create**

a sustainable learning community

**Build**

capacity in agencies and counties

**Provide**

effective treatment to all eligible children

# Agenda

# CFIR: Outer Setting



**Outer setting**
- Patient needs and resources
- Cosmopolitanism
- Peer pressure
- External policies and incentives

**Inner setting**
- Structural characteristics
- Networks and communications
- Culture
- Climate
- Readiness

**Intervention characteristics**
- Intervention source
- Evidence strength and quality
- Relative advantage
- Adaptability
- Trialability
- Complexity
- Design Quality and Packaging
- Cost

**Process**
- Planning
- Engaging
- Executing
- Reflecting and evaluating

**Characteristics of individuals**
- Knowledge and beliefs
- Self-efficacy
- Individual stages of change
- Individual identification with organization
- Other personal attributes
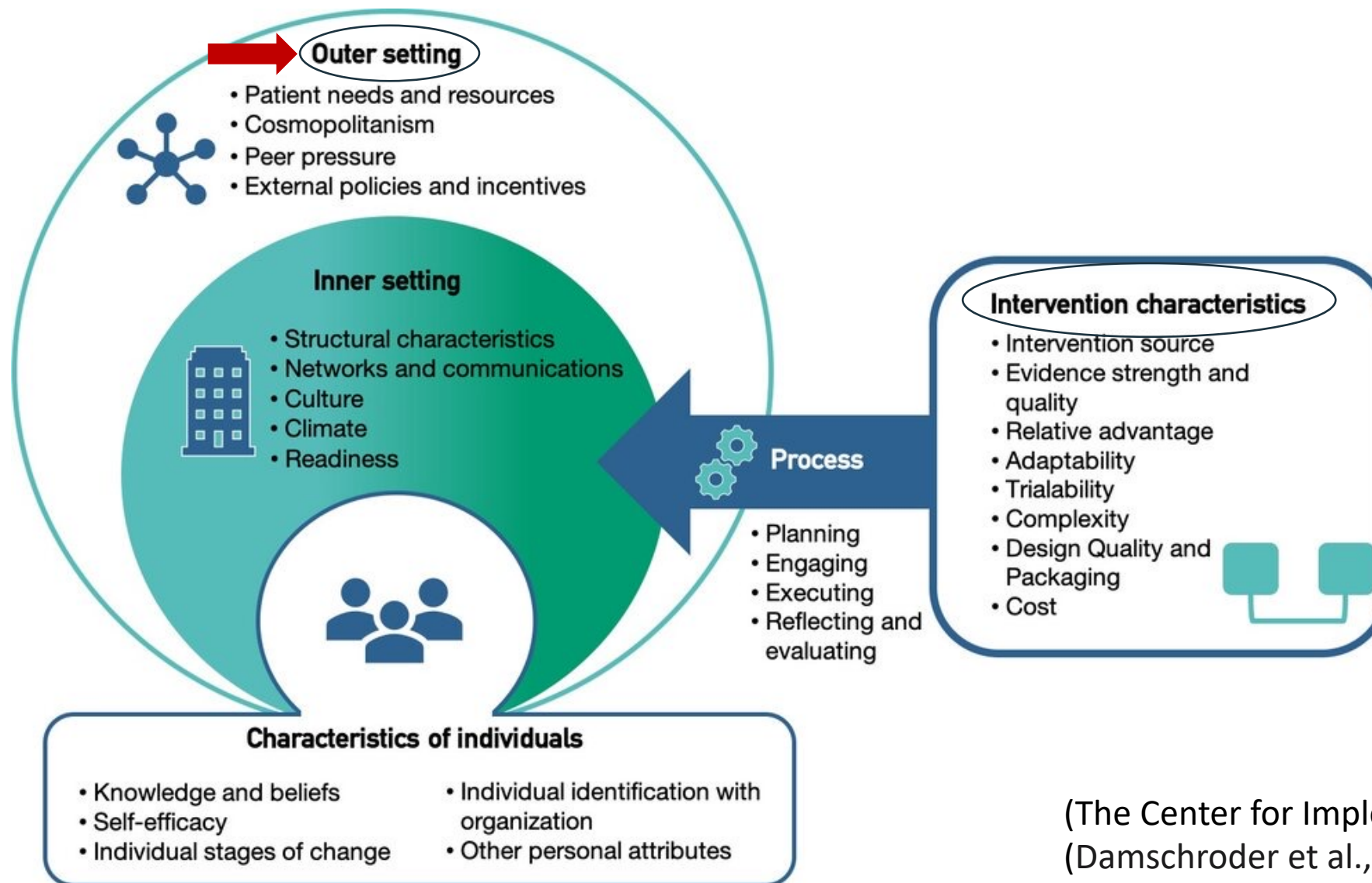
(The Center for Implementation, 2018)
(Damschroder et al., 2009)

# CFIR Constructs: Outer Setting

## COSMOPOLITANISM

- The degree to which an organization is networked with other external organizations.

## PEER PRESSURE

- Competitive pressure to implement an intervention due to other key peer or competing organizations having already implemented or are in a bid for a competitive edge.

## EXTERNAL POLICIES AND INCENTIVES

- External strategies to spread interventions, including policy and regulations (governmental or other central entity), external mandates, recommendations and guidelines, pay-for-performance, collaboratives, and public or benchmark reporting.

## 2 Enhanced Learning Collaborative Cohorts
### KEY PLAYERS & CHARACTERISTICS

**PUSH** (System to Providers)

- **State Dept of Health & Human Services**
- **County Division of Mental Health**
- **State-wide Youth Mental Health Commission**
- **Managed Care Organization**
- **Legislature**

**PULL** (Providers from System)

- **Community Mental Health Centers (CMHC)**
- **CMHC Directors (children's programs)**
- **CMHC Clinicians**
- **State Dept of Health & Human Services**
- **Family Resource Center (Local University)**

**80 Clinicians Trained**

**12 CMHCs**

**2 States**

**80 Clinicians Trained**

**10 CMHCs**

**1 State**

## 2 Enhanced Learning Collaborative Cohorts
### INFLUENTIAL FACTORS

- ➢ **External Policies & Incentives**
- ➢ **Peer Pressure**
- ➢ **Cosmopolitanism**

## PUSH (System Pushes Providers)

- System receives Federal Block Grant
- Funds allocated to improve access and quality of children's mental health care
- Political priority to disseminate evidence-based care across systems & populations
- Multi-year Medicaid transformation in process (networks & payment models; precedent for enhanced rates for EBPs and discussion of value-based care)

## PULL (Providers Pull System)

- CMHC Directors engaged in Behavioral Health Steering Committee
- Clinicians & directors advocate for increased EBP training, identify preferred intervention
- Clients have increasingly complex needs which are difficult to meet with usual care
- Workforce challenges (low pay, attrition)
- System receives Federal Block Grant, which is mapped onto a 10-year strategic plan to increase access and quality of BH care, and reform payment models

# Key Takeaways

## Push Cohort

- External policies and incentives heavily influenced provider participation and sustainability
- ELC facilitated the establishment of an inter-agency steering committee (ended after ELC)
- Consultation focused on workforce challenges, financial burdens and future capacity

## Pull Cohort

- Greater interagency collaboration and clinician/leadership motivation
- Stronger relationships across systems and levels built on addressing an identified need
- Consultation more focused on addressing identified need and anticipating future challenges

# Key Takeaways

## PUSH COHORT

- External policies                                    nability
- ELC facilitated th                                   r ELC)
- Consultation foc                                     y



REACTIVE

## PULL COHORT

- Greater interage
- Stronger relation                                    eed
- Consultation mo                                      allenges



PROACTIVE

# Agenda

# CFIR: Intervention Characteristics
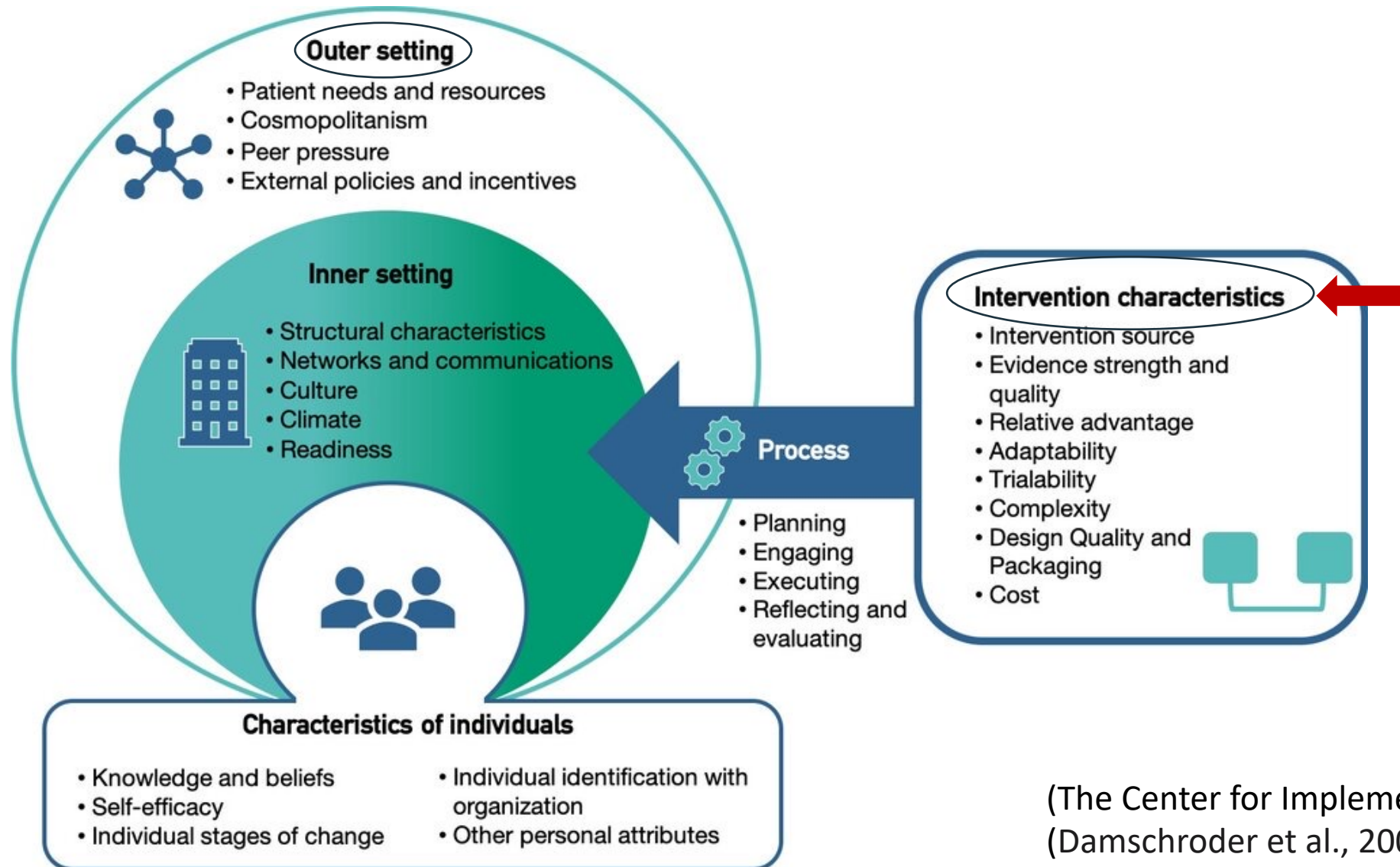


(The Center for Implementation, 2018)
(Damschroder et al., 2009)

# CFIR Constructs: Intervention Characteristics

## Relative Advantage

- Stakeholders' perception of the advantage of implementing the intervention versus an alternative solution (or the status quo/usual care).

## Adaptability

- The degree to which an intervention can be adapted, tailored, refined, or reinvented to meet local needs.
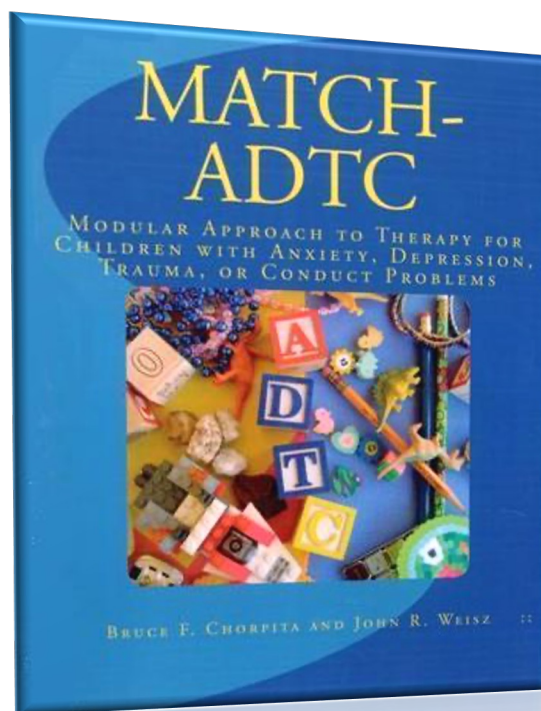
## Cost

- Costs of the intervention and costs associated with implementing the intervention including investment, supply, and opportunity costs.
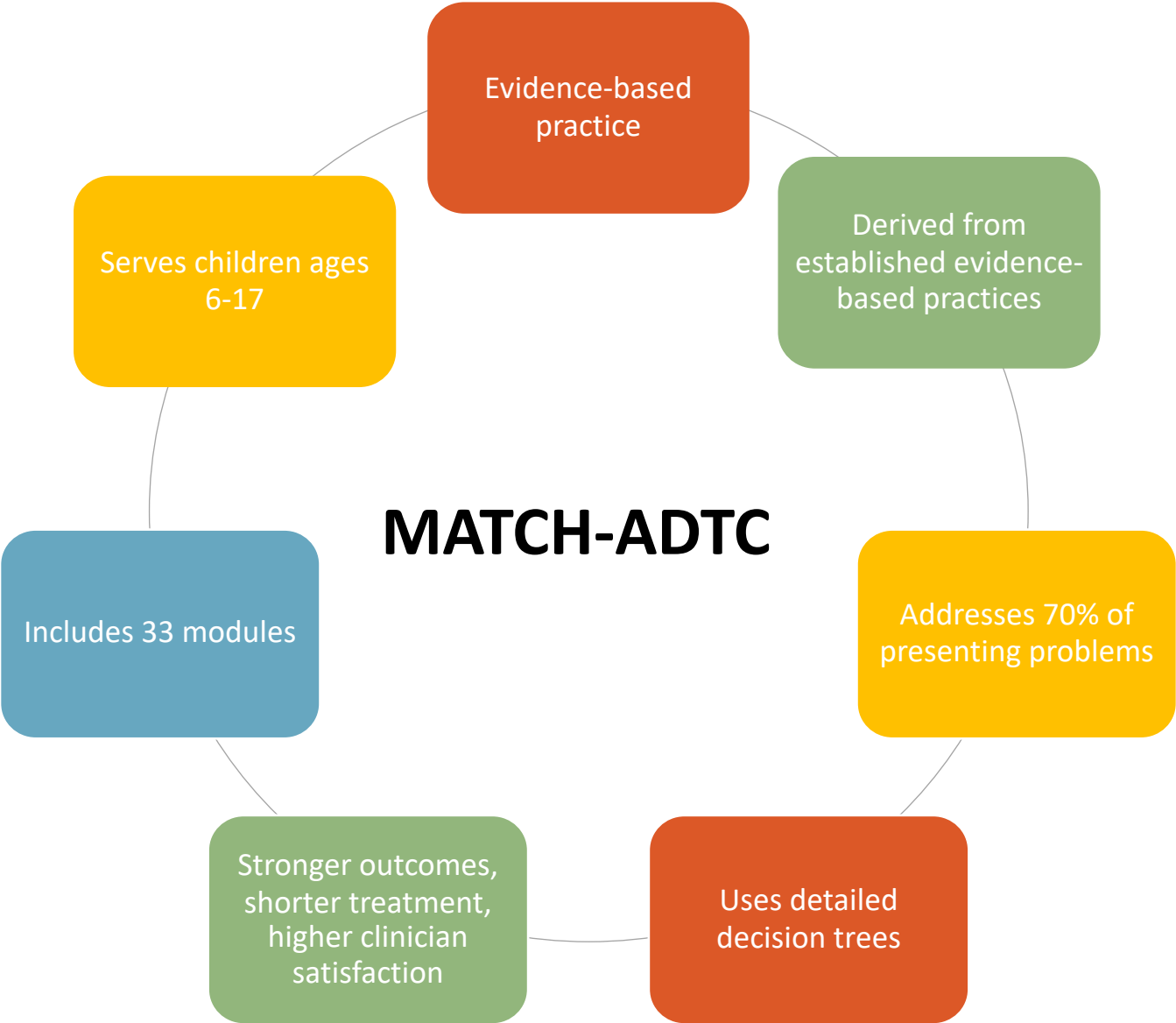
# Our Intervention: MATCH-ADTC

# Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct problems (MATCH-ADTC)



- Designed as a
  - structured,
  - consistent,
  - family-focused,
  - strength-based

  **Coordinated, component-based** approach to using to address child emotional and behavioral problems.

**MATCH-ADTC**

- Evidence-based practice
- Derived from established evidence-based practices
- Addresses 70% of presenting problems
- Uses detailed decision trees
- Stronger outcomes, shorter treatment, higher clinician satisfaction
- Includes 33 modules
- Serves children ages 6-17

Relative Advantage

(Chorpita & Weisz, 2009; Weisz et al. 2012; Chorpita et al., 2013)

# MATCH-ADTC

| MATCH is… | MATCH is not… |
|---|---|
| • **Flexible:** Uses data from each individual case to decide which treatment focus and which modules to use.<br><br>• **Multi-faceted:** Designed to address an array of disorders commonly seen in outpatient treatment. | • **A free for all:** Flowcharts guide decision-making within each target problem domain.<br><br>• **Without focus:** A target diagnosis is always identified and remains the focus unless data justify a shift. |

# MATCH is *more cost effective* to implement than most evidence-based practices.

| Evidence-based Practice | Total Cost | Potential Consumers | Cost/Consumer |
|---|---|---|---|
| Dialectical Behavior Therapy | $19,283.30 | 81 | $238.07 |
| Parent-Child Interaction Therapy | $8,578.30 | 2,672 | $3.21 |
| Cognitive Processing Therapy | $4,523.28 | 4,418 | $1.02 |
| Prolonged Exposure | $7,418.61 | 4,926 | $1.51 |
| Trauma-Focused Cognitive Behavioral Therapy | $2,231.32 | 4,653 | $0.48 |
| **MATCH** | **$4,053.24** | **10,092** | **$0.40** |
| Cognitive Behavioral Therapy | $7,068.50 | 39,586 | $0.18 |

(Okamura et al. 2017)

# Agenda

# To Push or To Pull?

## Aim

- To investigate the influence of a push vs. pull system on the implementation and sustainment of EBPs, specifically MATCH.

## Hypothesis

- Pull cohort will exhibit greater implementation success than push cohort, as defined by:
  1. Clinician certification rates (competency & penetration)
  2. Supervisor (train-the-trainer) certification rates (capacity & sustainability)
  3. Number of clients engaged in treatment (acceptability & access)

# Agenda

# To Push or To Pull: What do the data say?

# Evidence Supporting a Pull System

- MATCH Clinician Certification

- MATCH Supervisor Certification

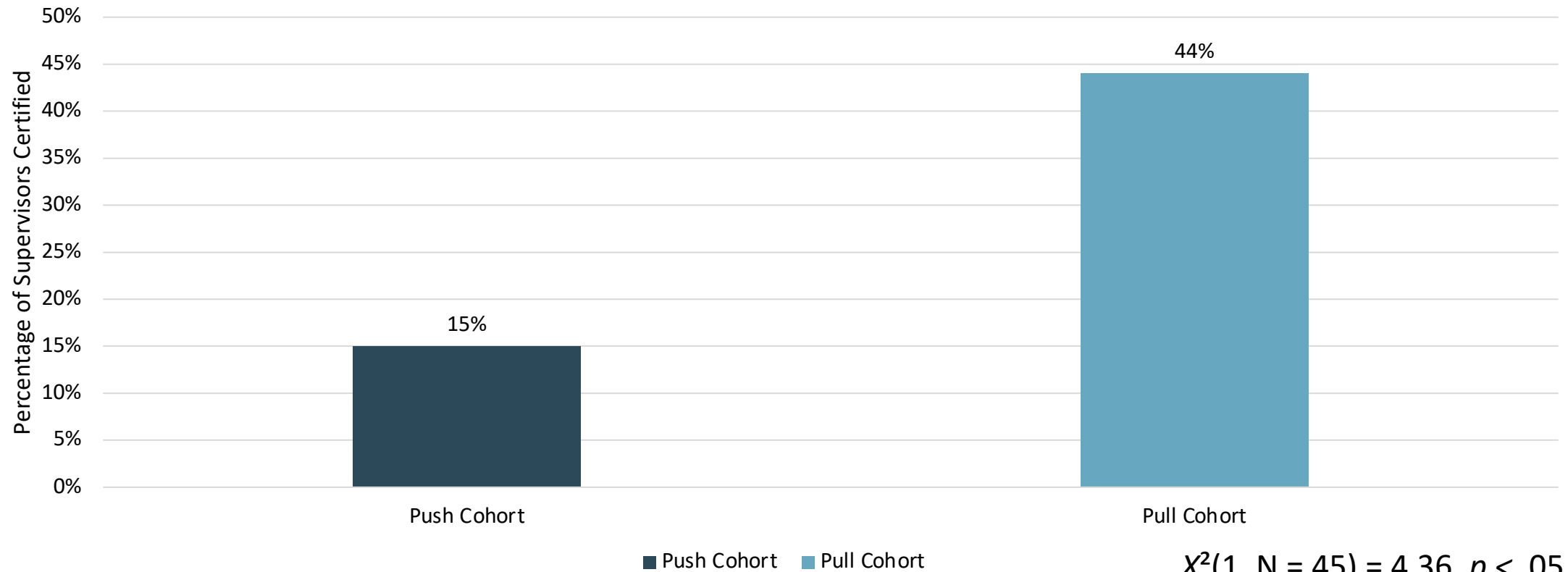- MATCH Clients in Treatment in 12 Months Post-Learning Collaborative

# To Push or To Pull: MATCH Clinician Certification



Percentage of BCCF-Trained MATCH Clinicians Certified

$X^2(1, N = 124) = 11.65, p < .05$
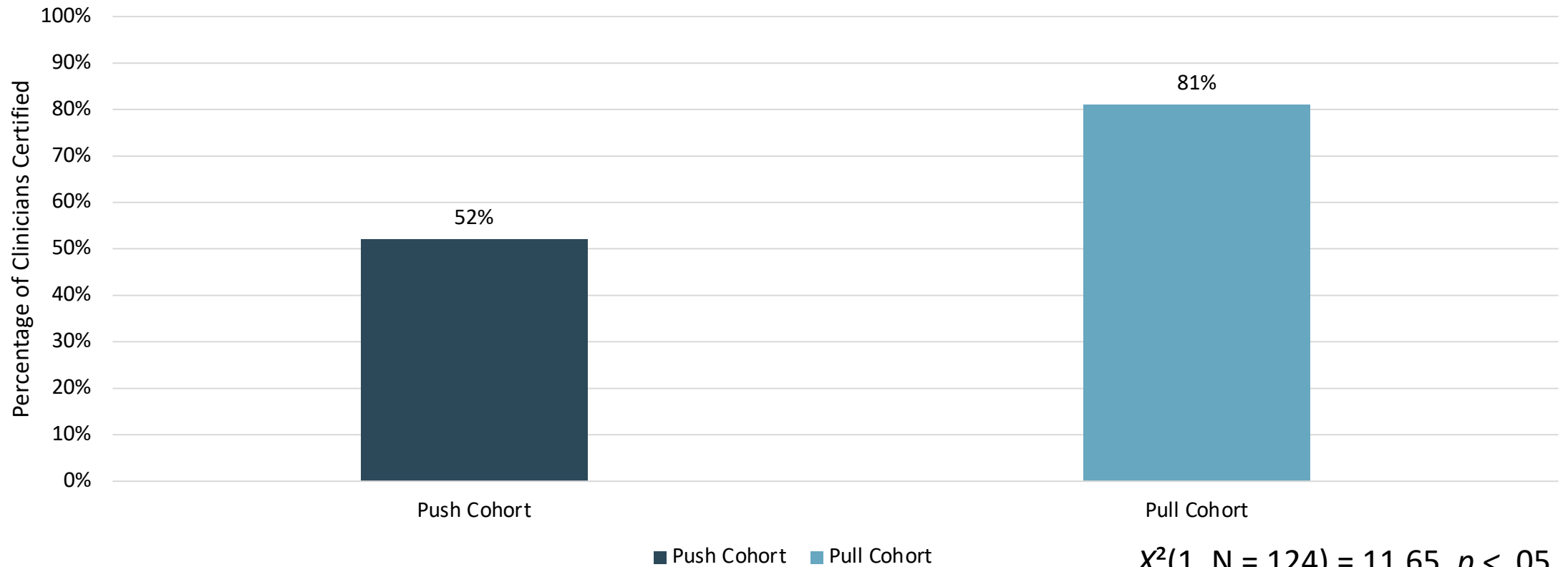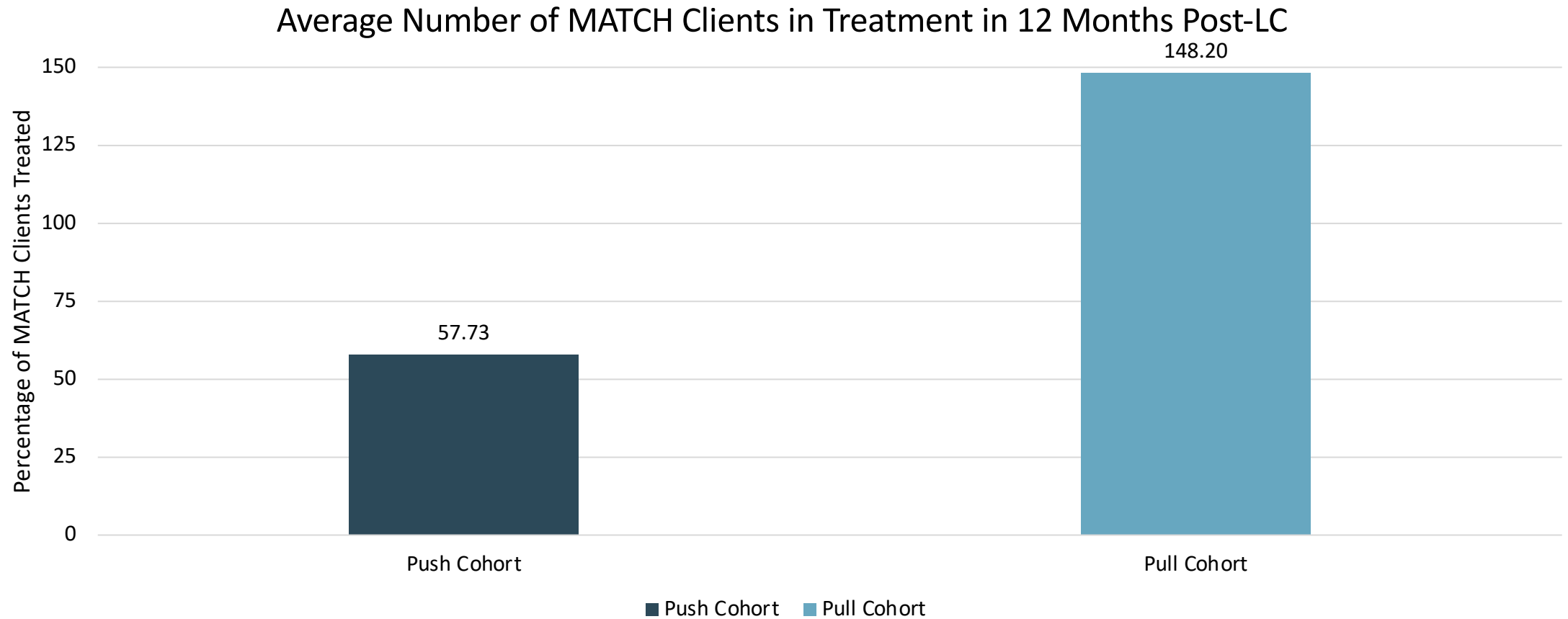
# To Push or To Pull: MATCH Supervisor Certification

## Percentage of BCCF-Trained MATCH Supervisors Certified



$X^2(1, N = 45) = 4.36, p < .05$

# To Push or To Pull: MATCH Clients in Treatment



Average Number of MATCH Clients in Treatment in 12 Months Post-LC
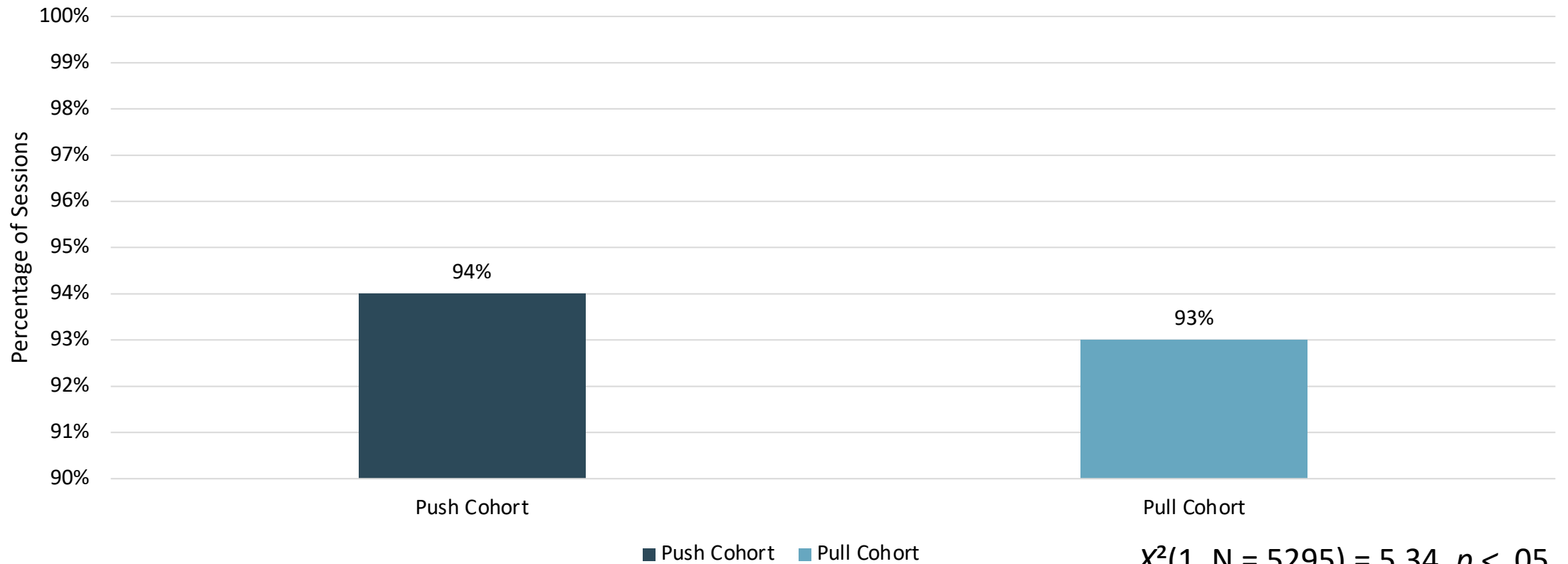
# Evidence Supporting a Push System

- MATCH Module Use in 12 Months Post-Learning Collaborative

# To Push or To Pull: MATCH Module Use

### Percentage of Sessions with MATCH Module Use in 12 Months Post-LC

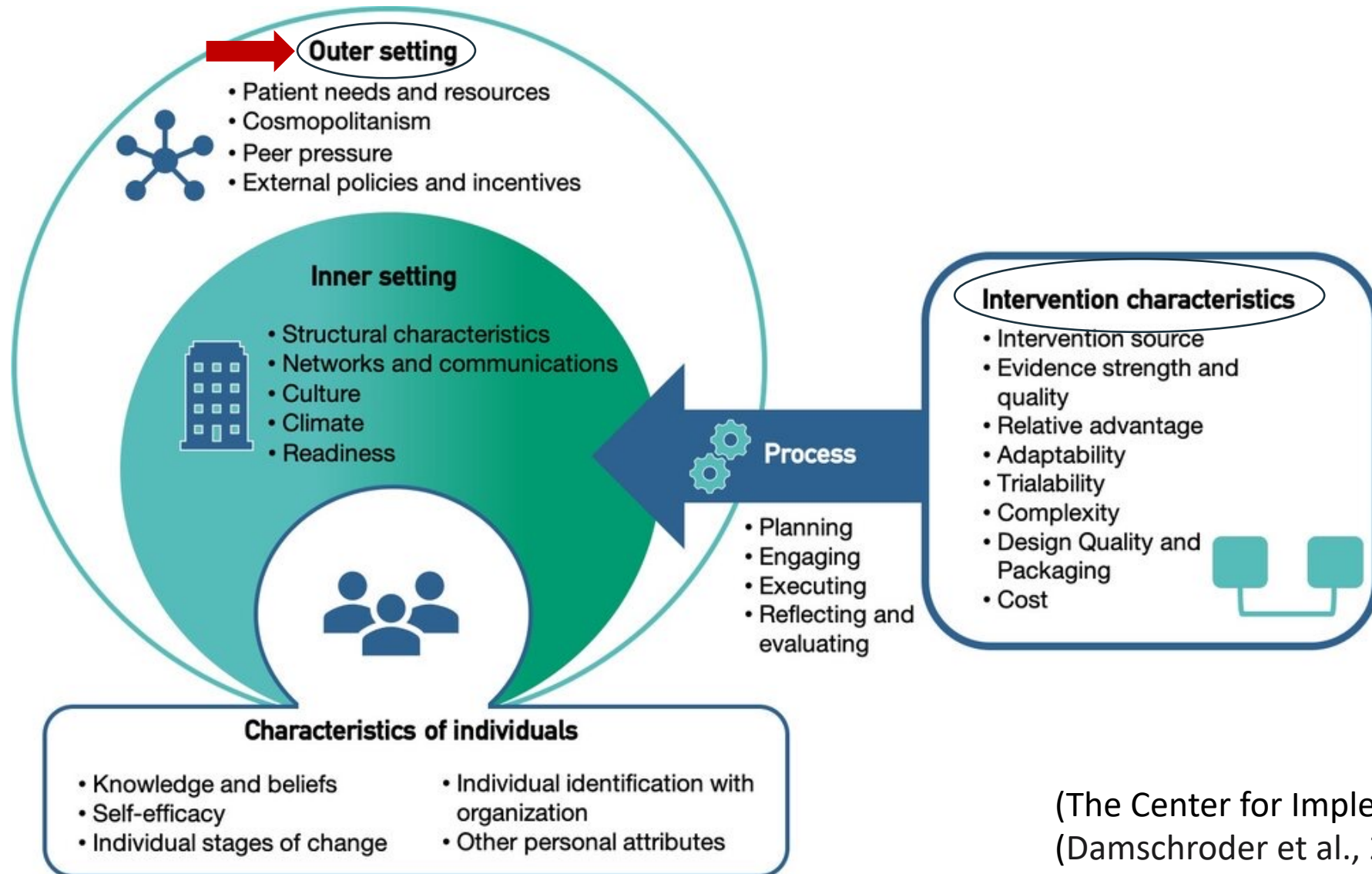

$X^2(1, N = 5295) = 5.34, p < .05$

# Summary

- Pull Cohorts exhibited higher:
  - MATCH Clinician Certification
  - MATCH Supervisor Certification
  - MATCH Client Enrollment in 12 months Post-Learning Collaborative

- Push Cohorts exhibited higher:
  - MATCH Module Use in 12 months Post-Learning Collaborative

# CFIR: Outer Setting



(The Center for Implementation, 2018)
(Damschroder et al., 2009)

# To Push or To Pull: What do the data say?

## There is evidence for both models!

- In implementation work, it is important to consider whether a push or pull system is at work to guide implementation and sustainment efforts.

## Outer Setting:

- The influence of **cosmopolitanism**, **peer pressure**, and **external policies and incentives** in push and pull systems may contribute to greater sustainment of MATCH and other interventions, if identified and supported accordingly.

## Intervention Characteristics:

- The **relative advantage** and **adaptability** of MATCH is important to consider in both push and pull systems.

- These intervention characteristics may make the **cost** of MATCH more worth the investment in these contexts.

# Data Limitations

- Small Sample Size

- Large Standard Deviation

- Provider characteristics cannot be controlled

# Agenda

# Strategies to Engage CMHCs & Systems' Leaders



**Pre-implementation Activities to Raise Awareness & Influence Infrastructure**

**Increase Stakeholder Engagement**

**Improve Inter-organizational Collaboration**

# Discussion

## Future Directions:

- Intermediaries must assess for and consider **push vs. pull** factors during pre-implementation planning, active implementation, and sustainability planning.

- More research is needed regarding influencing **external policies and incentives**.

- Engagement across systems and levels (**strong relationships**) are critical.

- **Proactive planning** to address and identified common need may facilitate greater collaboration and support than **reactive responses** to policies/regulations.

# Questions?