



Putting Your Intervention into The Field

Arne Beck, PhD
Alanna K. Rahm, MS

Application of Dissemination & Implementation Science
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- Make sure your implementation team is not “outside the norm”; involve naysayers as well as the converted
- Understand your target population of both providers and families
- Anticipate changes in your practice culture and capacity
- Engage your stakeholder in selling your intervention
- Make sure that both families and provider have the needed training
- Develop rapid and iterative trials that provide important feedback to improving your intervention.

Target population (identification, representation, resistance)



- Established committees of stakeholders / implementers at each participating clinic including parents, FP's and pediatricians, RNs, LPNs, PA's, as well as potential naysayers
- Interviews with key stakeholders (understand clinic culture and barriers and facilitators to implementation)
- Focus groups (Providers)
 - Need for WCC that is member-centric,
 - Logistically feasible
 - Compatible with current appointment-scheduling procedures,
 - Flexible and tailored visit type, Considerate of clinicians' time constraints
 - Understand resistance
 - Concern about the e-visit as a non face-to-face encounter
 - Clinician wanted to stagger the intervention and start with pre-visit

- Perceived need
 - Wanted greater engagement in assessing their child's development
 - Appreciated the time flexibility
 - Decreased hassle of completing surveys in the exam room
- Health literacy
 - Moderate to high
- Technology literacy
 - Moderate to high
- Language and cultural issues
 - Minimal



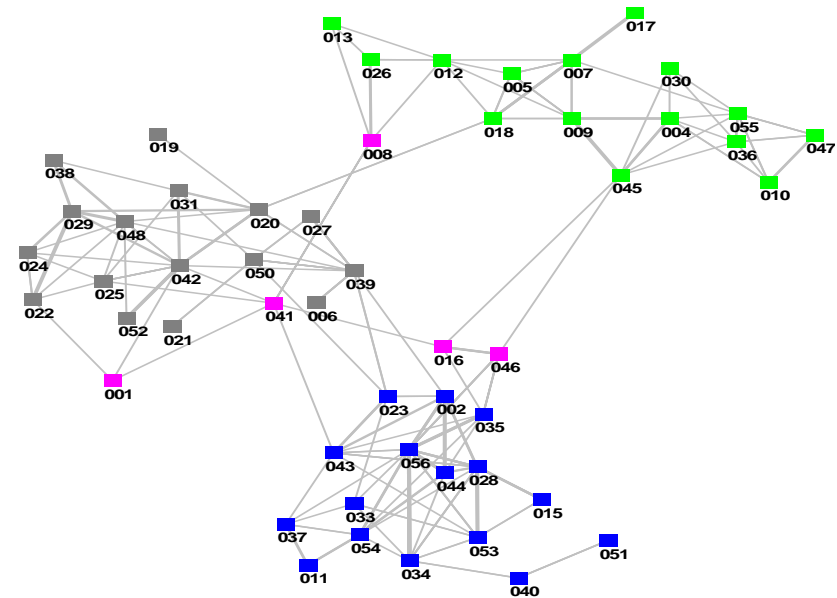
- What are the competing demands?
 - Trying to implement developmental screening and Active Living and Healthy Eating Survey
- Will it add more time to my day?
 - Time motion studies during PDSA cycles to document that 21st Century WCC is time neutral
- Will I make more or less money?
 - Possible pay for performance incentives for completing recommended screening
- Will this require additional training?
 - Yes; there is an upfront investment
- Will I have support?
 - Good IT, QI and managerial support



Target population (identification, representation, resistance)



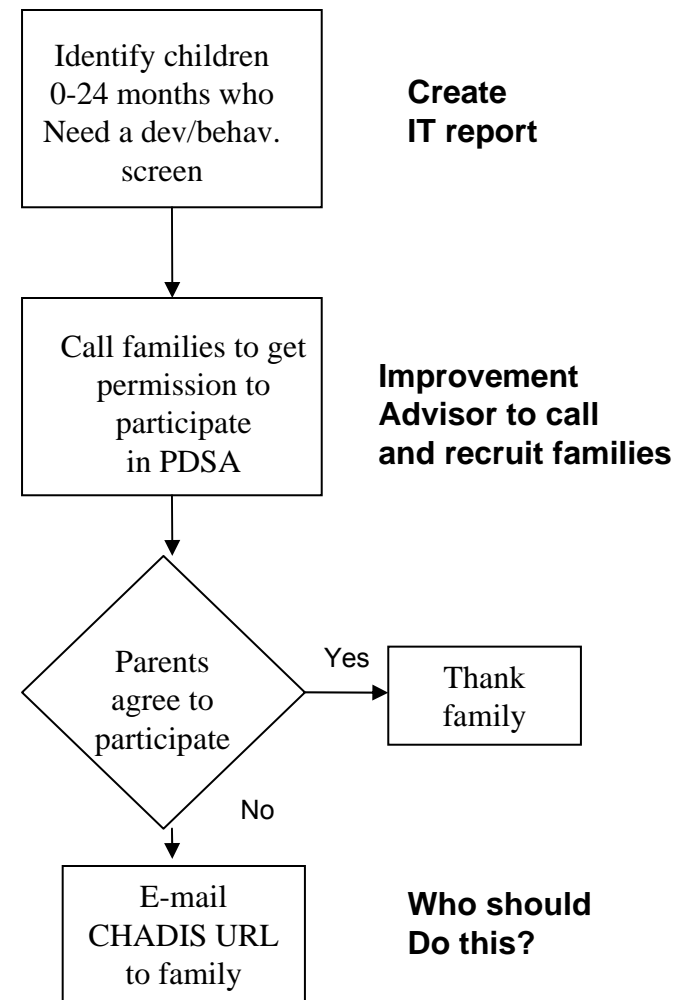
- Social network maps to identify advice seeking and influence patterns at each clinic
 - Assess social networks at each clinic to assess potential pathways for information spread
 - Identify key individual who serve as important nodes for information transfer
 - Engage these individuals (informal opinion leaders) in social marketing of the intervention



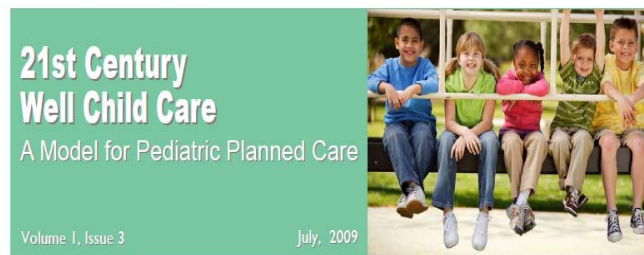
Changes in organizational capacity and culture



- Created written work flows to understand impact on organizational capacity and/or change in culture



■ Engaged the clinic stakeholders in "selling" the programs



Program Description and Update

21st Century Well Child Care is a concept originally promoted by the Dr. Ed Shor, Vice President of the Commonwealth Fund, and operationalized here at Kaiser Permanente Colorado. The program envisions well child care that is tailored to the needs of families, and allows health care providers more time with children with special health care needs.

Dr. Arne Beck with the KPCO Institute for Health Research is the lead investigator, along with Dr. David Bergman, a pediatrician from Stanford University. Sharla Fellers is the Developmental Specialist at KPCO working with our clinics to implement 21st Century Well Child Care.

Through 2007 the ele-

ments of 21st Century Well Child Care were pilot tested. In 2008 additional funding was received to begin region-wide implementation of the model within KPCO and Denver Health. Each medical office will work with the program team throughout 2009 and 2010 to develop a new model of providing exceptional well child care in Colorado.

21st Century WCC and Optimization

Dr. Arne Beck and Sharla Fellers recently met with Lynn Elliot, optimization project manager, to help ensure that the 21st Century Well Child Care program goal to tailor well child care to the needs of families and create a pediatric model for planned care meshes with the optimization goal of "Utilizing the unique skills of every member

of the team to the full scope of practice in order to improve patient service and quality, and to improve staff and physician satisfaction." Arapahoe Pediatrics participated in the first wave of the Optimization program rollout. Now that they are participating in 21st Century WCC program, Sharla has partnered with the Arapahoe

Peds Unit Based Team for optimization, to help ensure that program goals fit into the concepts of Optimization. So far, workflows and goals of 21st Century WCC are synergistic with optimization. Earlier, Sharla observed how Westminster piloted Optimization and is sharing experiences and lessons learned with the Arapahoe clinic.

Special points of interest:

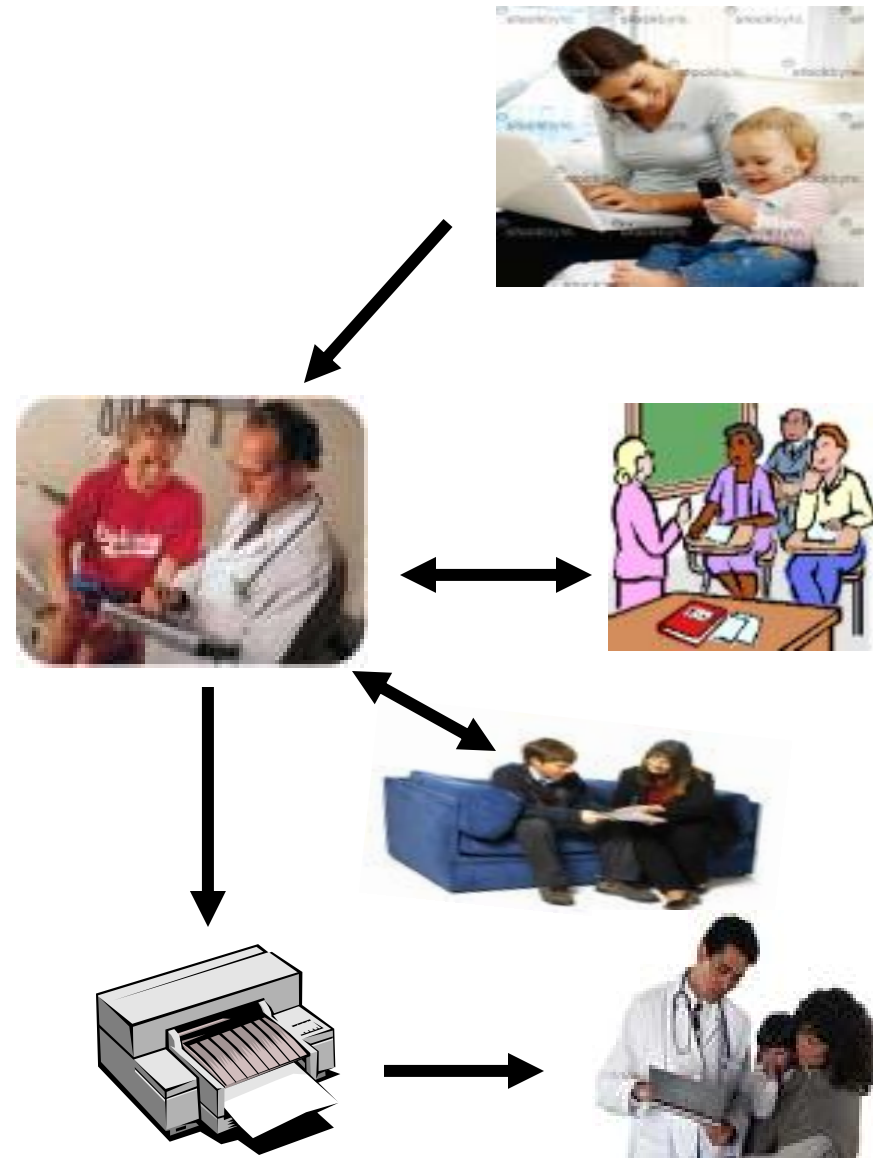
- **May 2009:** Westminster mass mailout for 4-5 year old physicals and CHADIS registration
- **May 2009:** Arapahoe mass mailout 0-3 year olds introducing 21st Century WCC and CHADIS registration
- **May 2009:** Westminster clinic begins testing e-visits as an alternative to in-person visits for follow-ups.
- **June 2009:** Full implementation at Arapahoe clinic
- **June 2009:** First Paper published in *Pediatrics* vol. 124 pages e37-e43.

Kudos Korner

- **Fu Wang, UPP summer intern for coordinating satisfaction surveys**
- **Dr. Lynn Price for importing CHADIS resources into HealthConnect**

Arapahoe Clinic Point of View

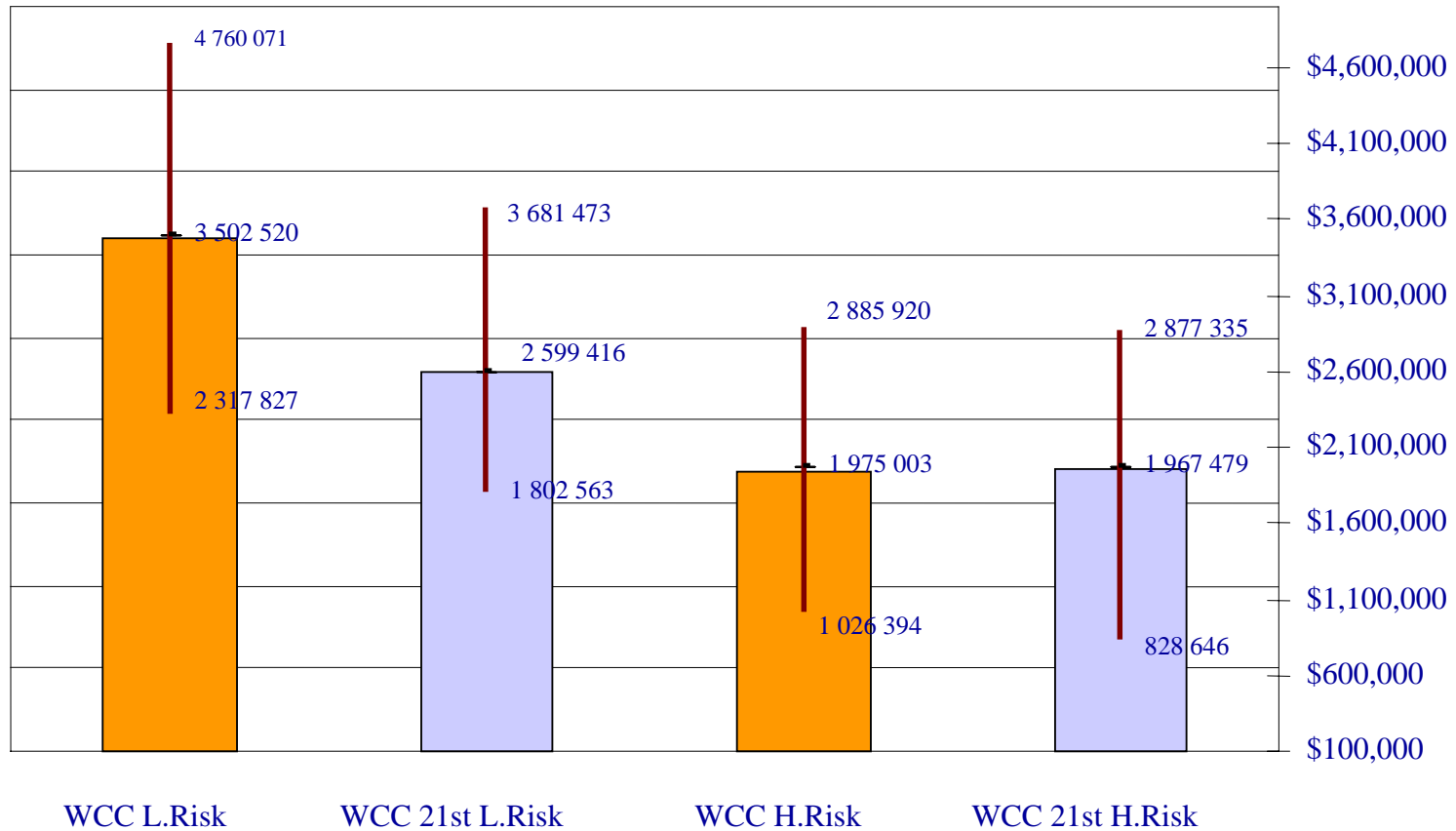
- Parent takes *previsit* online questionnaires (behavior, development, health, family factors)
- Clinician reviews questionnaire results, and determines visit type and resources needed
- Clinician may exchange findings with school or mental health provider online



- Conducted PDSA cycles on components of WCC to determine feasibility
- Leveraged and worked with other directives
 - Unit Based Teams (UBT)
 - Assuring Better Child Development (ABCD)
- Absorbing new roles into clinic operations (e.g., who contacts and recruits parents?)
- Business model
 - Simulation modeling to assess cost neutrality
 - Framed cost-benefit of web-based pre-visit assessment (CHADIS)

Implementation and sustainability

Creating a Business Model to Ensure Cost Neutrality



- Utilizing champions and encouraging further innovation
- Collecting data on implementation process
- Provider satisfaction
- Parent satisfaction
- EMR data
- Communication through newsletters and presentations to keep stakeholders and others informed and invested

- Closing the referral loop emerged as critical issue
- Need to engage Family Medicine
 - “show me that CHADIS (and developmental assessment) improves outcomes”
 - More willing to explore/test alternate models of care
- Importance of business case for CHADIS
- Difficulty of changing operational routines
- Importance of partnership research
 - Iterative development of intervention
 - Reciprocal influence between researchers and clinicians

- Be open to informal findings and emerging issues along the way
- Communicate formal and informal findings regularly
- Leverage processes and people whenever possible to increase odds of successful implementation and sustainability