Implementation of Evidence-Based Practices: What's fidelity got to with it?

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Moving best practices into routine care is more challenging than inventing them!

“It is one thing to say with the prophet Amos, ‘Let justice roll down like mighty waters,’ and quite another to work out the irrigation system.”

William Sloane Coffin

Ohio’s “Irrigation” Plan

• Development of “Coordinating Centers of Excellence (CCOEs)” – expert resources providing technical assistance, evaluation, training, and clinical and programmatic consultation to improve quality of programs and services

Partnerships

• CCOEs – partnership between OhioMHAS and Case Western Reserve University
• Center for EBPs – unique and innovative partnership within CWRU: MSASS and Dept. of Psychiatry
  Ohio SAMI CCOE (IDDT)
  Ohio ACT CCOE
  Ohio SE CCOE (Supported Employment)
  Motivating Behavior Change
  Tobacco initiative
  Integrated Primary and Behavioral Health Initiative

Goals for today:

• Evidence-Based Practices
• Role of Fidelity
• Developing a Fidelity Measure
What are EBPs?

... and why should we care?

EBPs in behavioral healthcare are...

- Clinical interventions
- Supported by evidence that they are effective
- Selected by providers and funders who want to deliver services to consumers that reflect the latest knowledge

EBPs: Integration of:

- Clinical expertise
- Patient values
- Best research evidence


Evidence-Based Practices

- Outcomes superior to treatment (not just placebo or no treatment)
- Multiple randomized controlled trials
- Investigators in addition to original PI
- Well-defined or manualized
- Replicable

Assessing “evidence”

Why EBPs get a bad rep

- Touting a practice with some evidence as “Evidence Based Practice”
- Doing EBP without ongoing evaluation of outcomes and/or fidelity to the model
- Adapting the EBP to the point it is no longer related to the original model
- Poor / no supervision

Of course there’s evidence behind this. Trust me!
Measuring and using Fidelity

What is Fidelity?

*Fidelity* refers to the degree to which a practice model is delivered as intended.

Are the elements of the practice model present and recognizable?

Why is Fidelity Important?

- High fidelity EBP programs produce superior consumer outcomes
- Measuring fidelity allows us to attribute consumer outcomes to the intervention

The research on EBPs tells us:

**Effective intervention practices**

+ **Effective implementation practices**

**Good outcomes for consumers**

No other combination of factors reliably produces desired outcomes for consumers.

How do we know an implementation is successful?

**Intervention Outcomes**

- The “Evidence” in EBPs
- Collection of intervention outcomes in each EBP

**Implementation Outcomes**

- Fidelity scales measure the success of the implementation effort
- Presence or absence of key elements
- Scores allow changes in intervention outcomes (client, etc.) to be attributed to the EBP
Models

- IDDT Outpatient
- IDDT Inpatient
- TRAC
- Supported Employment
- Integrating Primary and Behavioral Healthcare

Implementation Approach (the CEBP Way)

- Assess readiness
  Identify Organization’s Stage of Change
- Baseline status
- Action plan
- Consultation and training
- Ongoing outcomes monitoring
  Implementation/Process – program-level
  Intervention – participant-level

Integrated Dual Disorders Treatment (IDDT): What is it?

- The New Hampshire-Dartmouth Model
  Robert Drake, MD and colleagues
- Treatment of substance use disorder and mental illness together
  Same team
  Same location
  Same time frame

General Organizational Index (GOI)

01: Program Philosophy
02: Eligibility/Clt. ID
03: Penetration
04: Assessment
05: Tx. Planning
06: Treatment
07: Training
08: Supervision
09: Process Monitoring
010: Outcome Monitoring
011: Quality Improvement
012: Client Choice

Integrated Dual Disorders Treatment (IDDT)
Guiding Principles

1. Multidisciplinary team
2. Stage-wise interventions
3. Access to comprehensive services
4. Time-unlimited services
5. Assertive outreach
6. Motivational Interviewing
7. Substance abuse counseling
8. Group treatment
9. Family Psychoeducation
10. Participation in ATOD Self-help groups
11. Pharmacological tx
12. Interventions to promote health
13. Secondary interventions for non-responders

Item Response Categories

Each item is rated using 5-point anchors

1 = NOT IMPLEMENTED to 5 = FULLY IMPLEMENTED
Review Process
- Step one – full-day review occurs on-site
- Step two – all reviewers score fidelity independently
- Step three – consensus is reached
- Step four – full report with scores, rationales, and recommendations written and shared with agency stakeholders
- Step five – agency decides what actions to take in response to report/feedback

Steps to Creating a “Fidelity” Measure
- See if a model exists (or can be adapted)
- Literature review
- Feedback from the field
- Identify model principles/components
- Define components and incremental steps
- Expert consensus
- Field testing
- Refinement based on feedback

Adapting an existing fidelity measure
IDDT Inpatient Adaptation
Need to identify elements of the original model/measure that:
- Directly translate to the new setting
- Are applicable to the new setting but need to be refined to adequately reflect the new environment
- Do not translate to the new setting and need to be deleted
- Are not reflected/addressed and need to be added

Adapting IDDT for Inpatient setting
- Model components that fit both the outpatient and inpatient settings (e.g., Identification of dually diagnosed patients)
- Outpatient model components that needed to be adapted to fit the inpatient setting (e.g., Outreach)
- Elements of inpatient integrated treatment that did not appear in the outpatient model (e.g., Discharge planning)
IDDT Inpatient scale (revised)

- Instead of 24 items, revised version has 25
- Some original items have been "unpacked"
- Some items combined (with one deleted)
- Many item definitions changed or expanded
- Two items totally new
- Numbering of carry-over items changed

Developing A Measure To Assess The Implementation Of A Newly-developed Intervention

Combining Existing Empirically-based Approaches

**Tobacco: Recovery Across the Continuum**

- Treating Tobacco Use and Dependence Clinical Practice Guidelines
- 5 As
- Integrated Dual Disorders Treatment (IDDT)
- Illness Management and Recovery (IMR) and Supported Employment (SE/IPS)
- Motivational Interventions
- Cessation models (action-based)
- Evidence from literature without approach defined (e.g. pharmacological)

Tobacco: Recovery Across the Continuum (TRAC) Model Principles

1. Organization wide effort
2. Integrated approach
3. Ongoing assessment
4. Stage-based approach
5. Motivational Interventions
6. Group and individual services
7. Strong interdisciplinary communication
8. Psychopharmacological interventions
9. Implementation and intervention monitoring
10. Involving natural supports

Creating A Tool To Define And Guide Implementation

Starting from scratch

**Integrated Primary and Behavioral Health**

- Existing definitions and measures of key components:
  - Health Care Home; Medical Home
  - Integrated care
  - Care Coordination
- Modifications needed for special population
- Modifications needed for different setting
Starting from scratch

**Integrated Primary and Behavioral Health**

- **Iterative approach:**
  - Start with existing measures
  - Field testing
  - Review of literature
  - Refinement of tool
  - Expert consensus
  - Field testing
- **Dissemination and testing**

**Integrated Primary and Behavioral Health (IPBH) Model Principles**

- Integrated approach (mental health, substance related, and other medical conditions) – care within and among these domains is well coordinated
- Multi-disciplinary health care team
- Stage-based and motivational
- Person-centered
- Recovery focused
- Holistic
- Stepped care

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**A Technical-Assistance Center**

Providing consultation, training, and evaluation for the implementation of integrated behavioral healthcare services

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**Service innovations for people with mental illness, substance use disorders**

- SAMH
- DDOT
- DOPC
- DCMC
- IPBH

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