

Real Life Applications Mixing Theory and Experience

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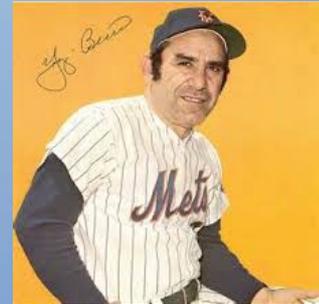
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***“In theory there is no difference
between theory and practice...
in practice there is.”***

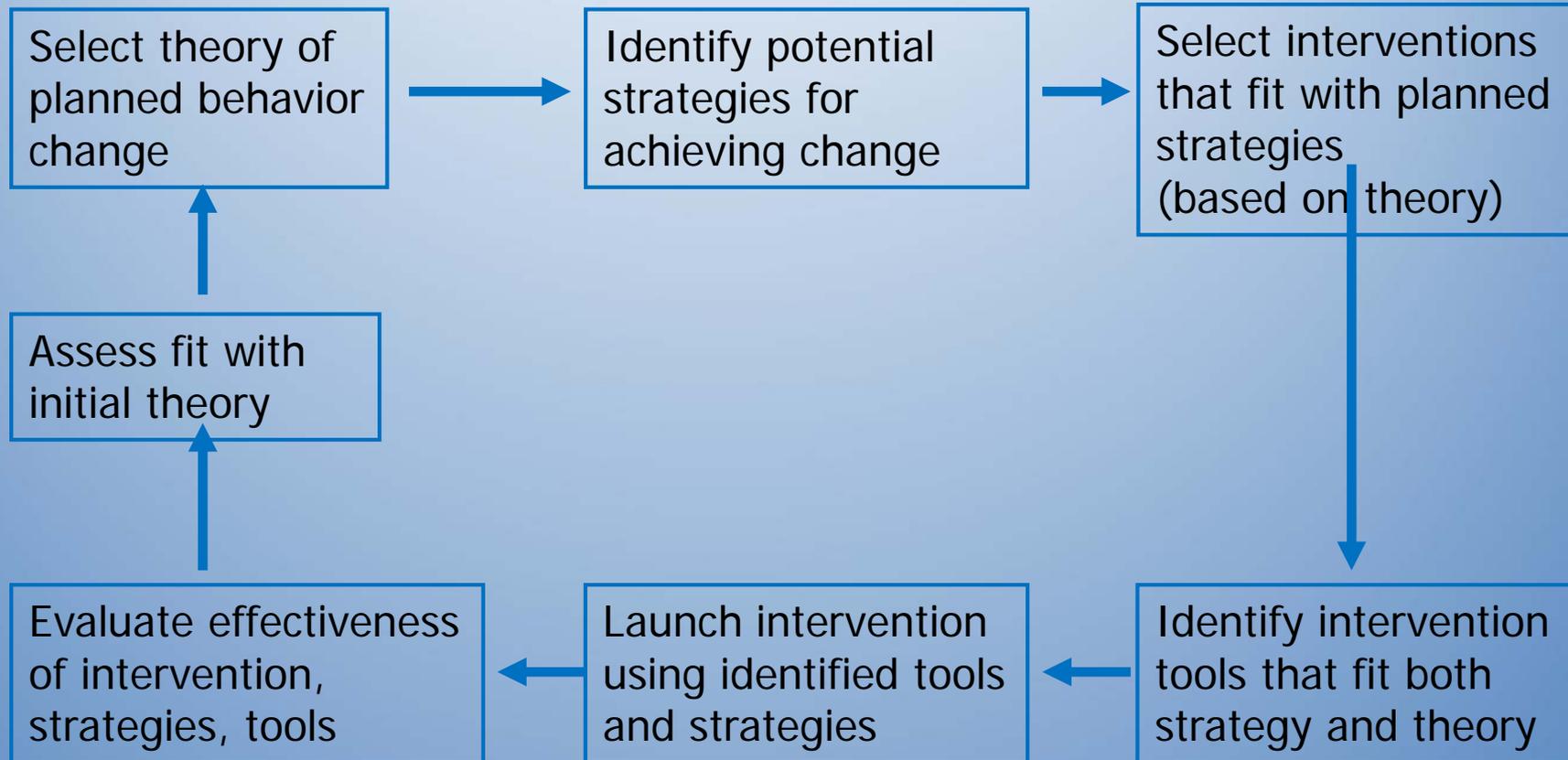
Yogi Berra



Our approach to developing implementation interventions

- **Design implementation interventions based on theory and/or results from formative evaluation**
- **Conduct formative evaluation**
 - identify determinants of care delivery
 - assess barriers to implementation
 - tailor intervention design and implementation to local context with local stakeholders
 - Monitor progress routinely and identify (then evaluate) new approaches and methods for overcoming barriers

An Approach to Using Theory for Implementation Planning



From: Sales A, Smith JL, Curran G, Kochevar L. Models, strategies and tools: The role of theory in implementing evidence-based findings into health care practice. *Journal of General Internal Medicine* 2006; 21:S43-49.

Antipsychotic Treatment Improvement Program (ATIP)

- **Goals**

- Improve adherence to CPGs for psychosis
- Reduce use of very high doses of antipsychotic medications
- Encourage use of newer “atypical” antipsychotic medications for non-responders to conventional antipsychotic medications

- **4 pairs of “matched” sites**

- **Active implementation strategy vs. passive dissemination strategy**

ATIP Intervention Components

Intervention Component	Supporting Theory or Planning Model
Clinical Opinion Leader	Diffusion of Innovation, Social Cognitive Theory
External Facilitation	PARIHS, Complexity Theory
Psychosis Guidelines Help File	PRECEDE (predisposing)
Pocket Card on Antipsychotic Treatment	PRECEDE (enabling)
Pharmacy Order-Entry Reminder on Antipsychotic Dose Recommendations	PRECEDE (enabling)
Clinical Reminder on Metabolic Side Effects Associated with Olanzapine	PRECEDE (enabling)
Audit/Feedback Performance Reports on Antipsychotic Dosing / Side Effect Monitoring	PRECEDE (reinforcing)

Summative Evaluation

- **ATIP intervention improved antipsychotic medication management in concordance with CPGs**
- **Reduced pharmacy costs for antipsychotics**
- **Participating clinicians reported positive experiences with SOME interventions...**

Formative Evaluation: Lessons Learned

- **Opinion leader strategy not effective at all sites. Not everyone had OL; A focus on physicians only as agents of change too narrow**
 - Subsequent iteration moved to “champion teams”
- **Audit and feedback of site-level performance was a weak influence**
 - Subsequent iteration moved to patient-specific feedback which was given to managers and specific providers
- **Tech tools not always as great as you think they will be...**
 - They **LOVED** the pocket card the most, by far!

Summary

- **Application of multiple frameworks/theories in guiding intervention design and implementation can be successful in implementing EBPs**

- **accommodates tailoring to setting when combined with formative evaluation**

- **Acknowledges there are generally multi-level determinants to complex, clinical QI issues**

- **organizational-level**

- **team-level**

- **interpersonal-level**

- **individual-level**

Multiple theory approach

Strengths

- useful in designing multifaceted interventions to influence multi-level determinants of care (flexible)
- allows integration of theory, knowledge, methods from multiple disciplines (multidisciplinary)

Limitation

- Can be unwieldy... need to provide rationale for applying multiple theory approach, and rationale for selecting the specific frameworks / theories applied

Key Guidance on Evaluation

- combine with rigorous formative evaluation
- confirm, refute or propose refinements to selected theory(ies) based on study findings