

# Seva:

## Implementing technology assisted drug treatment and relapse prevention in FQHCs.

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Funding provided by;

NIDA grant 1 R01 DA034279-01 (PIs: David Gustafson, Wisconsin; Lisa Marsch, Dartmouth)

NIDA grant 1K01DA039336-01 (PI: Quanbeck)



# Seva

An Integration of two  
evidence based technologies.

## ACHES:

Developing and testing a mobile device to prevent relapse

## TES

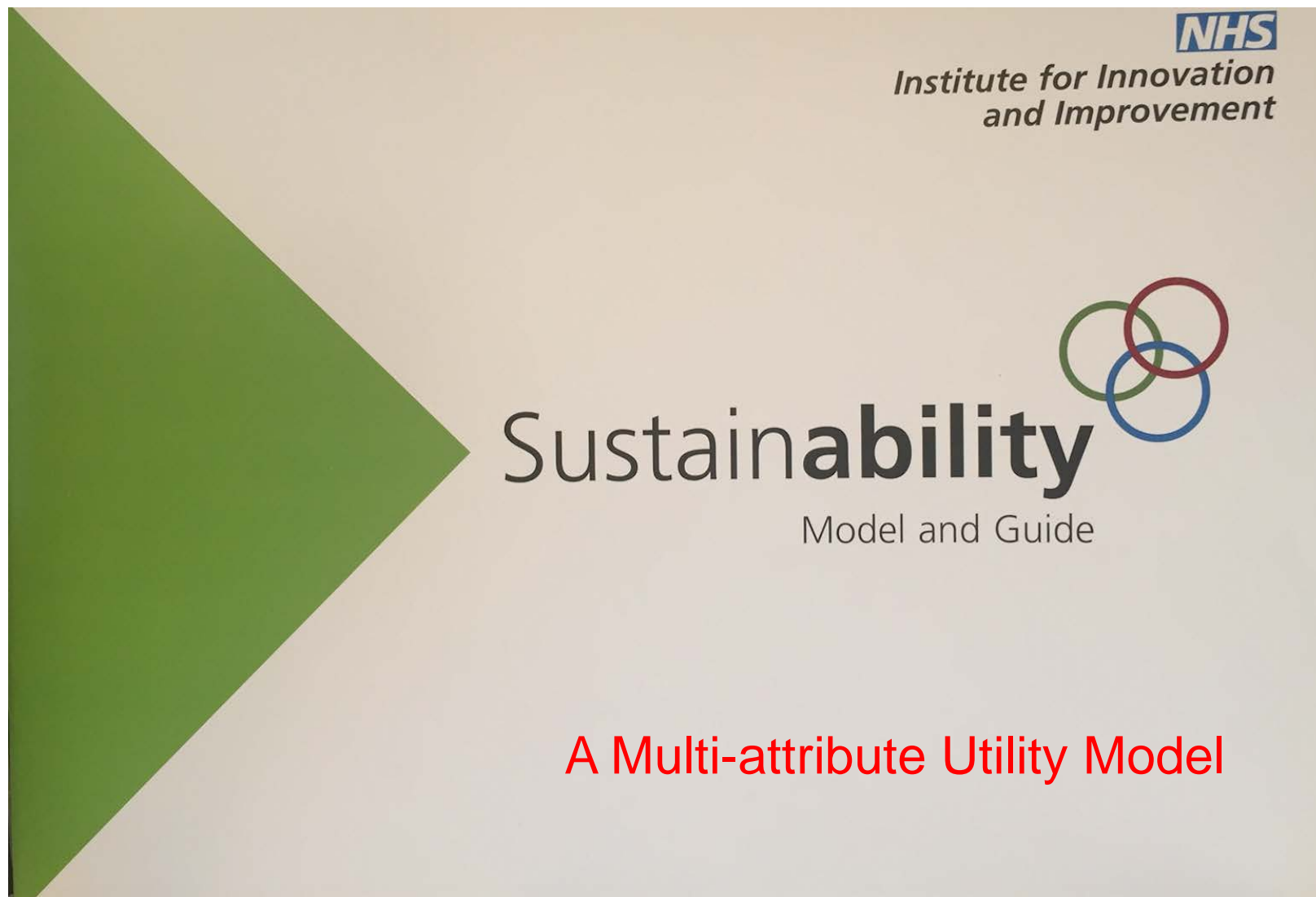
A CRA based Internet clinician extender

# Study design

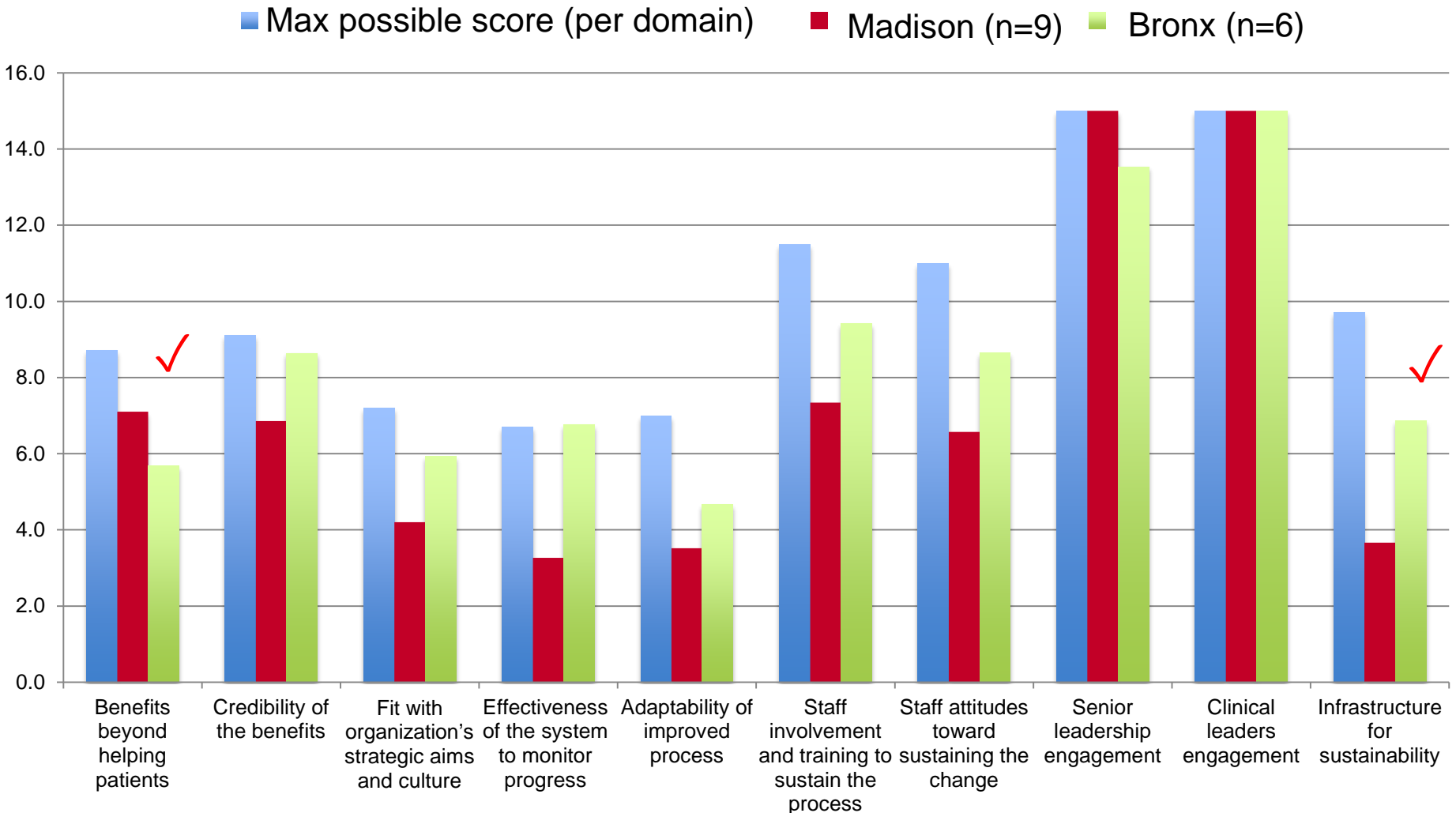
- Multiple baseline (3 clinics)
- Six-month staggered implementation
- 100 patients per clinic
- First patient enrolled: March 2014
- 12 months implementation
- Quantitative and qualitative analyses.



# The NHS Sustainability Index



# Readiness to Sustain scores



Maher L & Gustafson D. 2007. *The sustainability model*. British National Health Service.





# Fit with organisational goals



The Center for Health  
Enhancement Systems Studies  
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The improvement and organisation goals are inconsistent and there is no history of successful sustainability.

Improvement of healthcare services to achieve better lives for staff is a major theme for the NHS, but requires improvement in order to achieve improvements identified within The NHS Plan, National and other Department of Health documents. Change is inevitable and this will include managerial processes and organisational

- Culture includes the values, beliefs and norms that influence the actions and behaviours of individuals and groups at work
- culture is about how things are done within your team
- the way things are done within your team are often unwritten rules
- cultures reflect what has worked well in the past

## ▶ Case study

The chief operating officer of a healthcare organisation became excited about a new computer based health information system and wanted to implement it quickly in order to start achieving the benefits he thought it would bring. He informed the organisation that they were going to implement it. There was little involvement or participation by staff in designing the necessary change process. Within this particular organisation, the culture was one of participation and staff were not used to a low level or lack of involvement. After a considerable period of unsuccessfully trying to implement and sustain the use of the computer system, the project was stopped. The new system was never really accepted by staff who had not been fully involved in the early discussions about how it would work and what benefits would be achieved. If the leader had invested time in involving staff, the system may have been fully implemented and benefits achieved. Instead this turned out to be rather a costly initiative that brought no benefits to staff, patients or the organisation.

This example demonstrates that the introduction of this change was not aligned with the way things were usually done, not paying attention to the unwritten rule about staff involvement and not taking into account the lessons from previous successful change.

### The organisation lacks a history of successfully sustaining change

If an organisation has been involved in change previously, but it has not been able to sustain those changes, there is an increased risk that any current or new improvement efforts will not be sustained either unless some effort is put into understanding why (Ham, 2000). Important factors are previous experience of change; a state of readiness; and a level of pre-planning. Other indicators of this sort of receptive context include:

- values of the organisation towards change
- behaviours of staff
- existing policies and rules
- reward structures
- informal and formal networks
- attitude towards risk and learning.

As in so many of our responses to the problems that plague sustainability, the first step needs to be to find out why the organisation has a history of being unable to sustain change. Once the answer is known, it becomes possible to develop a strategy to overcome it. Organisations who have difficulty in sustaining change may also have difficulty in the general delivery of successful healthcare and five common cultural themes have been identified as having a significant impact on these organisations:

- inadequate management/leadership - improvements can be made by sharing vision and values, being action orientated, demonstrating a no-tolerance policy on bullying and high visibility of leaders
- ineffective use of systems and processes - improvements can be made by effective team working, a culture of no blame, meaningful feedback, providing evidence of improvements made, purposeful training and development
- poor communication - improvements can be made by articulating clear vision and values, transparent processes, understanding who does what and why, taking individual's views seriously, high-level commitment to communications
- lack of connectivity - improvements can be made by enabling better organisational collaboration, developing a strong corporate identity, integration of clinical and managerial agendas, balanced priorities, accessible senior leaders
- disempowerment of staff and service users - improvements can be made by supporting staff with a 'can do' attitude, dismantling 'old boys clubs', creating a flat organisational structure, supporting innovation and new ideas, taking a balanced approach to conflict.

(Bevington, Halligan, Cullen. 2004)

# Bottom Line: Teach a process; not a theory.

- ✓ Learn how decisions are made & communicate clear intentions.

## THEN:

1. Meeting of 9 key people (6 organization; 3 implementers).
2. Silently & separately list biggest implementation barriers (10 mins).
3. Round robin listing (30 mins).
4. Discussion. Clarify & lobby for & against. No lumping. (20 mins)
5. Prioritize and add up scores. (10 minutes)
6. Repeat for facilitators.



Delbecq A, Van de Ven A and Gustafson D. (1975).  
*Group Techniques for Program Planning*. Scott Foresman





# Other implementation learnings

- Deeply understand customers & how decisions are made.
- Communicate early, often and well.
- Champions are not forever; it is a dynamic world.
- Don't add to (or change) workload
- Help clinicians do their job
- ROI must be certain and immediate (risk aversion)
- Generic models didn't always work
- Embed in policies, training and procedures.

