

State Perspectives in Evidence-Based Practice Implementation

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Neal Adams MD MPH
Director of Special Projects
California Institute for Mental Health
nadams@cimh.org



New England Journal of Medicine

June 2003

- The Quality of Health Care Delivered to Adults in The United States
 - ❖ overall patients received recommended care only 55% of the time
 - range from 11% to 79%
 - included MH and SA conditions/treatment
 - ❖ “the deficits in adherence to recommended processes for basic care *pose serious threats* to the health of the American public”

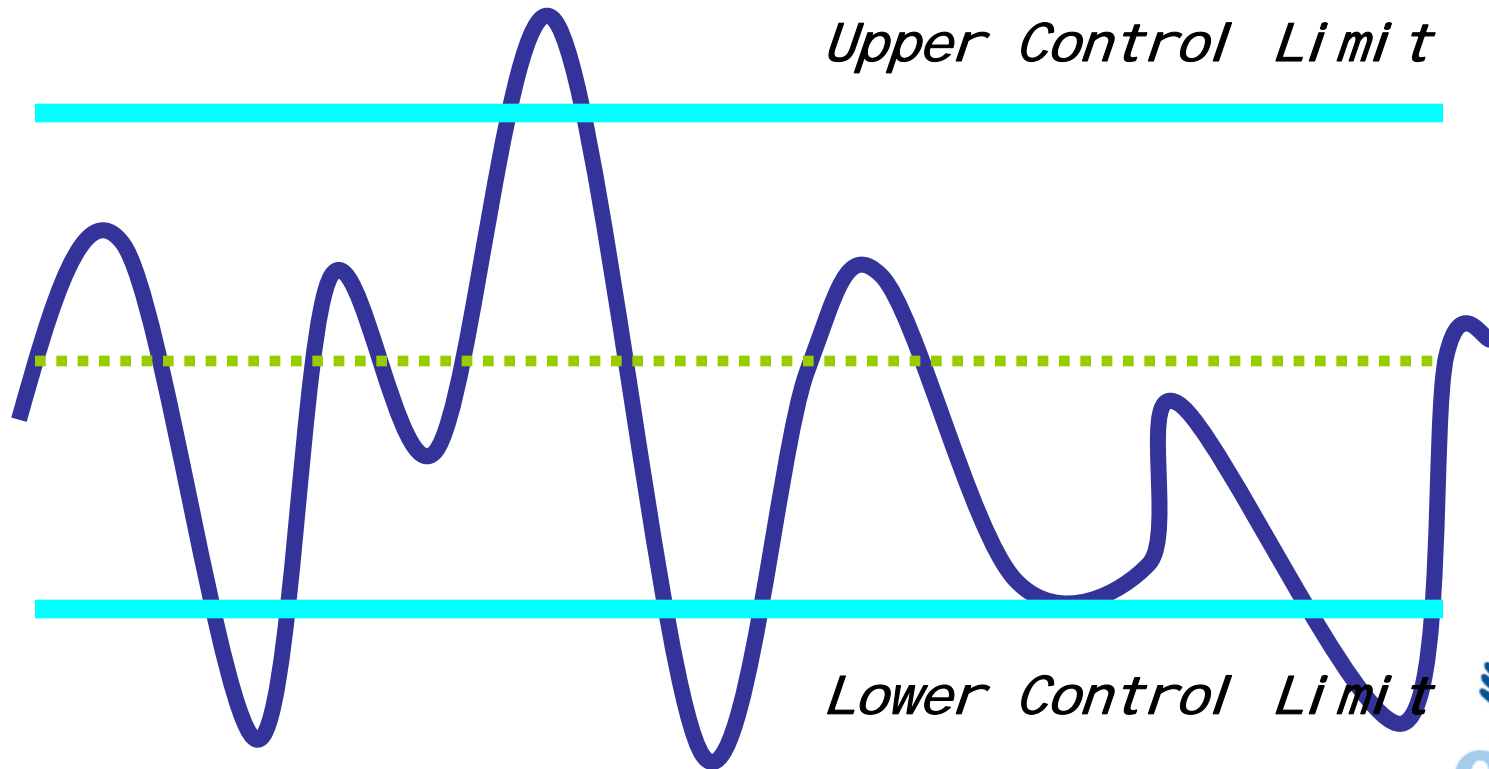
IOM Aims

- Effective
- Equitable
- Efficient
- Person-Centered
- Safe
- Timely

Evidence-Based Decision Making

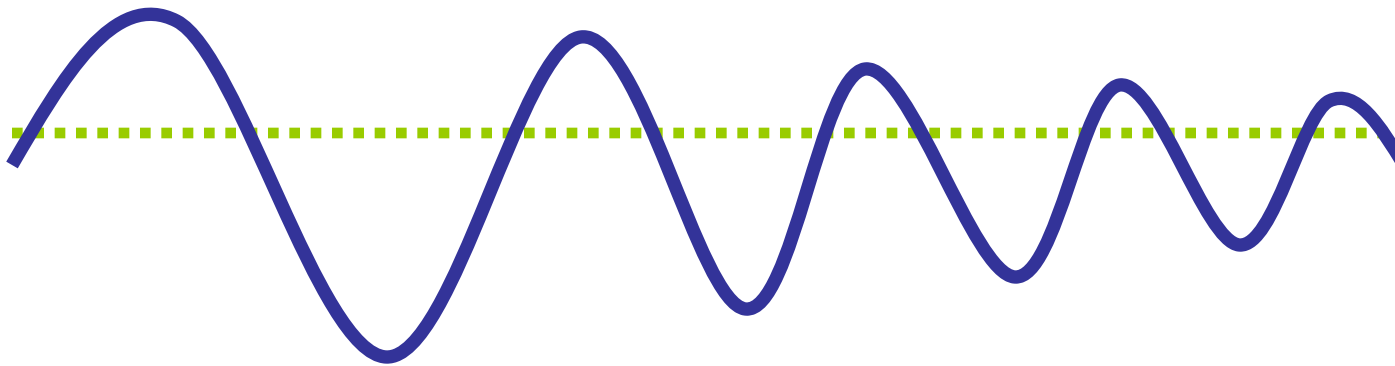
- **Best care results from explicit use of current best evidence**
 - ❖ Use of ***systematically*** acquired knowledge
 - Not just randomized controlled trials
 - All sources of knowledge are valuable and relevant
 - ❖ Standardizing to excellence
 - ❖ Reducing variability
 - Clarify relationship between process and outcome

Extreme Variability



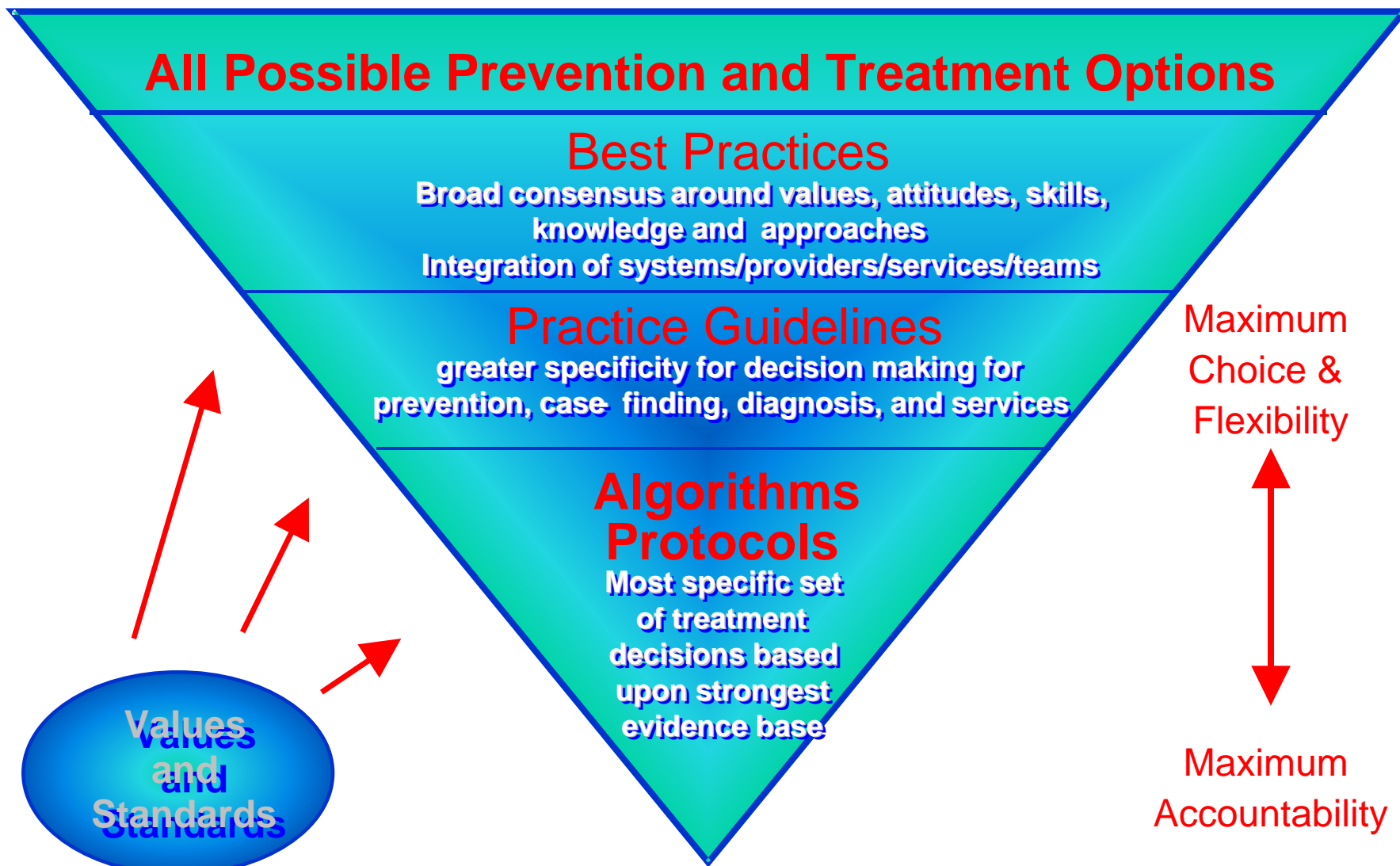
Equity

Upper Control Limit



Lower Control Limit





Outcomes



useful

useless

useless

useful

Promise of Evidence-Based Practice

- **Achieves outcomes sooner that last longer**
- **Avoids the adverse consequences of under or over serving**
- **Ethical**
- **Cost effective**
- **Improves quality**

Challenges for Evidence-based Practices

- Limits Consumer/Practitioner Choice
- Devalues Professional Expertise
- Inconsistent with Consumer-Driven, Recovery-Oriented, Family-Driven Services
- Are Not Culturally Competent

Person-Centered Approaches

- Mass Customization

... practice within appropriately constructed guideline parameters readily allows for consideration of the individual and for creative, individualized treatment planning.

Mellman et al
Psych Services May 2001



Cultural Competence Concerns

- “Ethnic minority” populations have been abused in scientific experiments
- Most research includes the limited cultural, ethnic, gender populations
- There is concern that practices researched only with the majority population, will be forced upon diverse communities to their detriment
- Can withholding treatment be justified?

Culturally Competent Solutions

- Advocate for a culturally competent research agenda.
- Examine research supporting an EBP carefully re: culture/ethnicity/etc.
- Evidence-based practices should be available, as an option, for all individuals regardless of ethnicity or culture, unless there is evidence to the contrary.

ILLITERATE?

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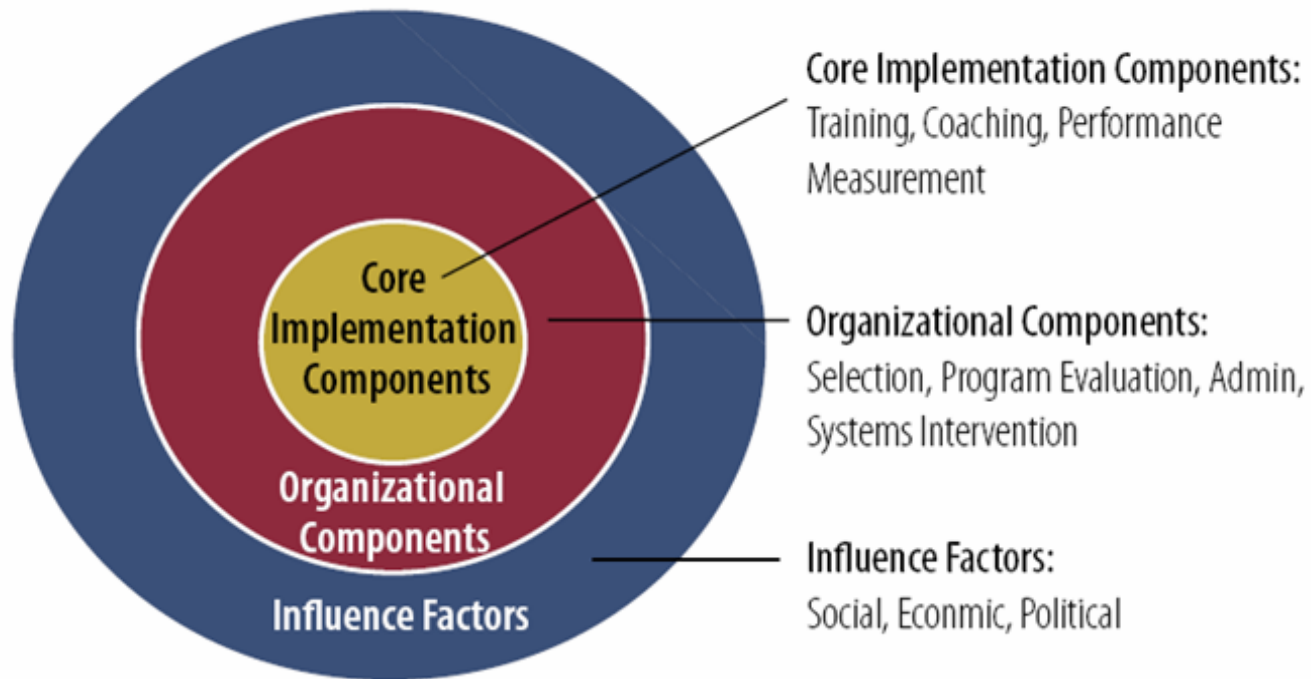


Strategies for Implementation

- **User friendly manuals, toolkits, references**
- **Education and training**
 - ❖ Pre-service
 - ❖ In-service
- **Improve organizational dynamics**
 - ❖ Quality improvement model
 - ❖ Team leadership
 - ❖ Interactive staff training
- **Dissemination research**

NIRN-Univ South Florida

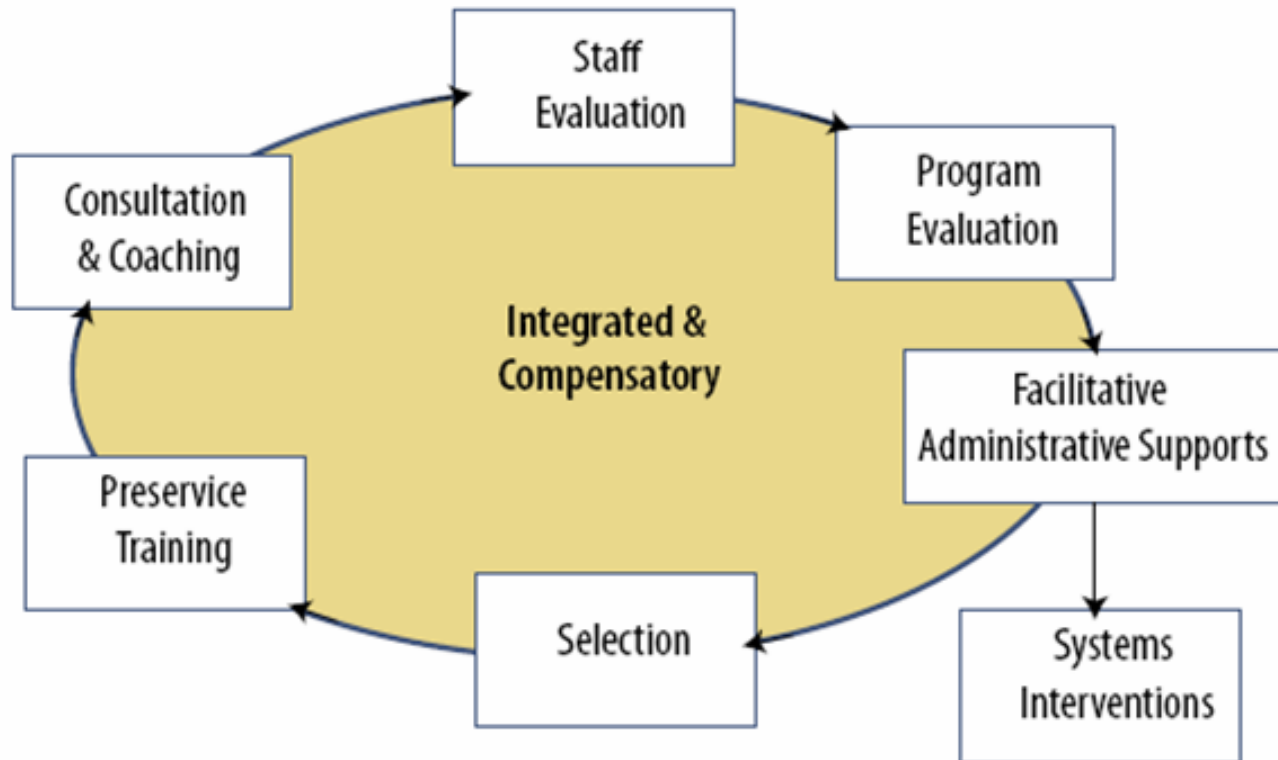
Multilevel Influences on Successful Implementation



Ohio SAMI CCOE

STAGE	1	2	3	4	5
Stages of change	Pre-Contemplation	Contemplation	Preparation	Action	Maintenance
Stages of implementation	Unaware or uninterested	Consensus building	Motivating	Implementing	Sustaining

Core Implementation Components
that can be used to successfully implement evidence-based
practices and programs



Fidelity

- **Key construct in EBP implementation**
- **Evidence-based practice in mental health typically involves complex system-based multidisciplinary interventions**
 - ❖ Not a single practice or intervention
- **Measures of fidelity *not rigid adherence* become key tool in evaluating adoption and adaptation**

Financial Concern\$

- Does it cost the same?
- Can it be billed
 - ❖ bundled
 - ❖ “deconstructed”
- Incentives
 - ❖ pay for performance
- Disincentives
- Barriers

Implementation Changes...

- **adult professional behavior**
 - ❖ knowledge and skills of practitioners and other key staff members within an organization/system
- **organizational structures and cultures**
 - ❖ formal and informal
 - values, philosophies, ethics, policies, procedures, decision making
 - support the changes in adult professional behavior
- **relationships to consumers, stake-holders and systems partners**
 - ❖ location and nature of engagement, inclusion, satisfaction

Competency

Knowledge, skills and abilities

Change
Model

**EBP
Installation**

**Change
Management**

behavior and
attitude

**Project
Management**

business
practices and
workflow



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