
Cohen Veterans Network
Implementation Summit Summary,
Key Messages and Challenges

by

Stephanie Renno, LCSW

Crystal Shelton, LCSW

HEROIC MISSION
HONORABLE PATRIOTIC
DEDICATED RESPECT
DUTY ALWAYS
SERVICE COUNTRY
BRAVE SEMPER
READY DEFEND
COMMITMENT
COURAGEOUS
SELFLESS
INTEGRITY
VALIANT

Cohen Veterans
Network

Executive Summary

Within the last decade, there have been important improvements in the utilization of evidence-based practices (EBPs) in mental health. The industry standard for how to implement evidence-based treatment is now emerging, but best practices in implementation are not discussed with the frequency of the evidence-based treatments they support. On May 22-23, 2017, a group of implementation experts, interested parties, and stakeholders participated in the summit Dissemination and Implementation of Evidence-Based Treatments Across Geographically Distributed Healthcare Networks in Crystal City, VA. The Summit, co-hosted by the Cohen Veterans Network (CVN) and the Center for Deployment Psychology (CDP), was developed as a symposium for cross-disciplinary discussion, learning, and collaboration around potential challenges and solutions toward the implementation of EBPs.

Participants

Participants included implementation research experts, evidence-based practice (EBP) developers, CVN clinic directors and clinical staff, and leadership from multiple veteran-specific organizations interested in improving their internal implementation efforts. Among the organizations represented: Bob Woodruff Foundation, National Council for Behavioral Health, RAND, Rush U. Road Home Program, VA National Center for PTSD, and the Warrior Care Network.

Key Messages

Presentations and discussions at the Summit were broad and rich, with stakeholders from various settings sharing expertise and information.

Training Isn't Enough

“Disseminate and hope” is not a good implementation strategy. Training alone does not change behavior, specifically if it is long-standing and systemically-reinforced. While training is necessary to education, it is not solely sufficient for a system to create behavior change. It is essential that specific interventions are supported from every level to make the change easy to follow through with for the end user. Key factors, other than training, that led to improved adoption and sustainment of EBPs included client scheduling and clinic optimization, client education regarding treatment, focused structure around supervision and peer-review, and having appropriate tools (including EHRs and dashboards).

Successful Implementation Efforts are: Dynamic

Implementation efforts should be responsive to the growing and changing demands of a system. To successfully address barriers and challenges to implementation of EBPs, adaptation may be required. It is important to adapt system and treatment-level interventions in a data-driven manner, to monitor whether adaptations have the impact that is desired. Ongoing measurement and monitoring can ensure that adaptation serves the goal and that modification has not occurred at the expense of the desired outcomes.



Implementation efforts require a feedback loop to evaluate information from the system (such as measurements and stakeholder feedback and suggestions). Dynamic implementation efforts should be well-paced and incremental.

Successful Implementation Efforts are: Inclusive

Successful implementation efforts are inclusive of stakeholders in both inner (i.e., patients, clinicians, EHR usage, clinic directors) and outer (i.e., national and local policy, CVN central office team culture and priorities, regional culture and talent availability, communications team, EHR development) contexts. Efforts can be maximized by utilizing both bottom up and top down techniques, so that change is concurrently initiated by multiple agents (clinic-level and network-level). It is essential that the end user is involved in the development of the plan for delivery. Inclusivity is reflected through multidisciplinary collaboration in clinical settings, but also in broader contexts so that interventions inform ALL individuals in the system.

Successful Implementation Efforts are: Multifaceted

Implementation efforts should be multifaceted, made up of thoughtful and specific combinations of discrete actions or processes at multiple levels of a system. Large-system implementation must occur on multiple levels. Change in variables of a system should be expected (i.e., staff turnover, leadership change), and therefore, the efforts must have reinforcement, so that they are sustained regardless of change in factors. A multifaceted approach is comprehensive; implementers must think inside and outside of the clinic. Successful efforts include a comprehensive strategy engaging communications and media, service structure, education and consultation services, and organizational leadership at every level.

Successful Implementation Efforts are: Context Specific and Integrated

Implementation efforts should be specific to the context in which they are being employed. The “context” is inclusive of both inner and outer context. To best understand a specific context, implementation leaders must use local knowledge through inclusive practices discussed above. The usage of expert leadership, combined with local knowledge, is essential to understand how to adapt interventions and processes within the confines of fidelity. A context-specific approach lends to the ability to deploy strategies to target specific barriers. Implementation efforts should be precisely integrated into each layer of context and be considered a part of the infrastructure at every level.

Challenges

As the workshop participants explored ways to effectively implement EBPs, they also identified some core challenges, in the form of barriers to be addressed. Key barriers discussed included:

Financial Barriers

Training and implementation efforts can be costly. Changes in funding and financial priorities are one of the primary drivers that inhibit thorough implementation activities. Decisions about where to direct funds often require prioritizing one element of implementation over another, so that decisions about staffing, measurement and outcomes collection, training, and systematic resources will require deemphasizing one potentially powerful and key component of an effective implementation.



Structural Barriers

Structural barriers to implementation present at all levels of an organization. Communication can be limited by organizational structure (i.e., clinicians don't have communication access to share concerns and issues with central office employees who make policies), scheduling practices can limit provider preparation time for a new therapy, and/or FTE employment requirements limit time available for participation in implementation efforts. Structure is a particularly challenging barrier, as it may exist in an organization to strengthen or facilitate other goals, while simultaneously acting as a barrier when it comes to specific implementation goals.

Sustainability

Implementation efforts require long-term follow-up and multi-level commitment, which can be challenging to maintain over long periods of time, as priorities and focus change. If implementation is reliant upon actions from one person or group, and that person or group is no longer there, efforts fail. Sustainability is an essential part of early implementation planning.

Provider Attitudes/Preferences

The implementation of new programs often reflects an innovation or change in "treatment as usual." Providers and clinic directors often have beliefs, attitudes, and training that may conflict with some or all components of the implementation efforts (i.e., believing that measurements are an undue burden on the client, or having training that specifically teach against manualized care).

Clinic/System Culture

The culture of a clinic or system can communicate expectations and influence behavior that can either facilitate or inhibit implementation.

If the culture of a system is to resist change, or to distrust administration, implementation efforts will not take root without addressing these cultural factors broadly and specifically.

Non-evidence-based Training/Implementation Techniques

While all EBP psychotherapies have ample evidence for the intervention itself, they are lacking in high-quality evidence to show best practice for training and implementation of the treatments. Most traditional training practices are time-consuming and costly, and their efficacy has not been tested.

Limited Clinical Support for Utilization of EBPs

Often, implementation efforts are mandated from policy makers in an organization or clinic without the resources available for wrap-around clinical support to implement and sustain an intervention. Individuals are sent to training, and provided time-limited follow-up. Access to subject matter experts, ongoing educational content, and clinically-informed administrators is necessary for initial utilization and sustainment.



HEROIC
HONORABLE
DEDICATED
DUTY
SERVICE
BRAVE
READY
COMMITMENT
COURAGEOUS
SELFLESS
INTEGRITY
VALIANT

MISSION
PATRIOTIC
RESPECT
ALWAYS
COUNTRY
SEMPER
DEFEND

Cohen Veterans Network

Cohen Veterans Network
72 Cummings Point Road
Stamford, CT 06902

info@cohenveteransnetwork.org
(844) 336-4226

www.cohenveteransnetwork.org

