

IMPLEMENTATION FACILITATION: A BUNDLE OF STRATEGIES

E. JENNIFER EDELMAN, MD, MHS, AAHIVS

PROFESSOR

YALE SCHOOLS OF MEDICINE

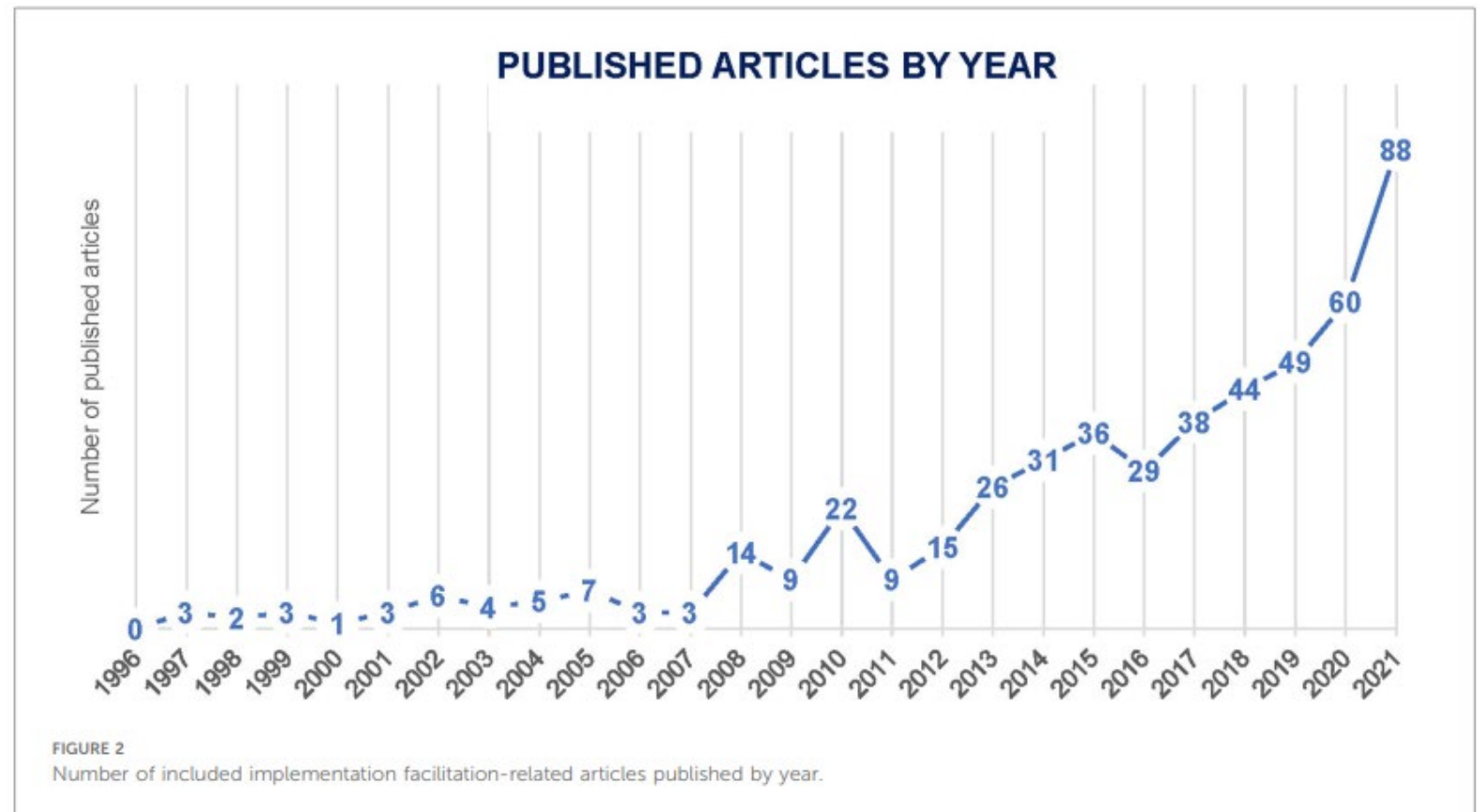


GIFT SUMMER BOOTCAMP

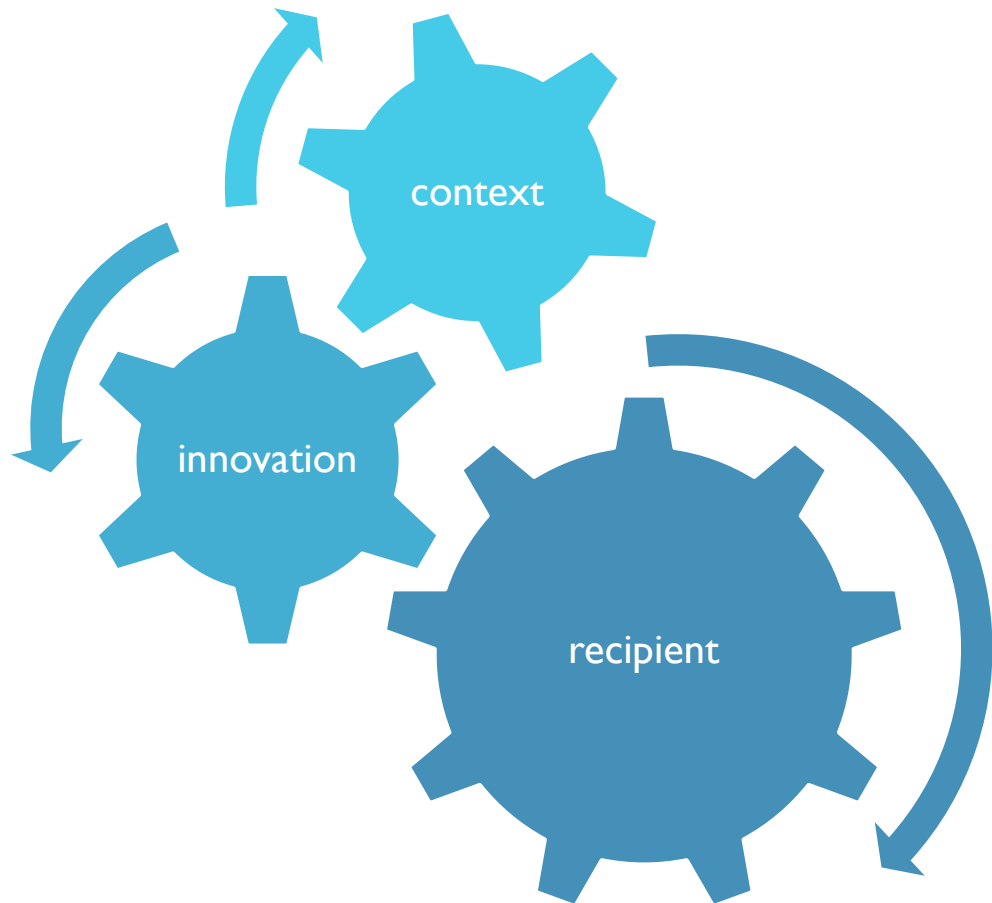
JULY 12, 2024

WHAT IS IMPLEMENTATION FACILITATION?

- A multi-faceted process of enabling and supporting individuals, groups, and organizations in efforts to adopt and incorporate evidence-based practices into routine care
- Participatory in nature



OVERVIEW OF IMPLEMENTATION FACILITATION



Facilitation



Successful
Implementation

EXTERNAL FACILITATOR COMPETENCIES



Building relationships and creating a supportive environment



Change the system of care and structures and processes that support it



Transferring knowledge and skills and creating infrastructure support for ongoing learning



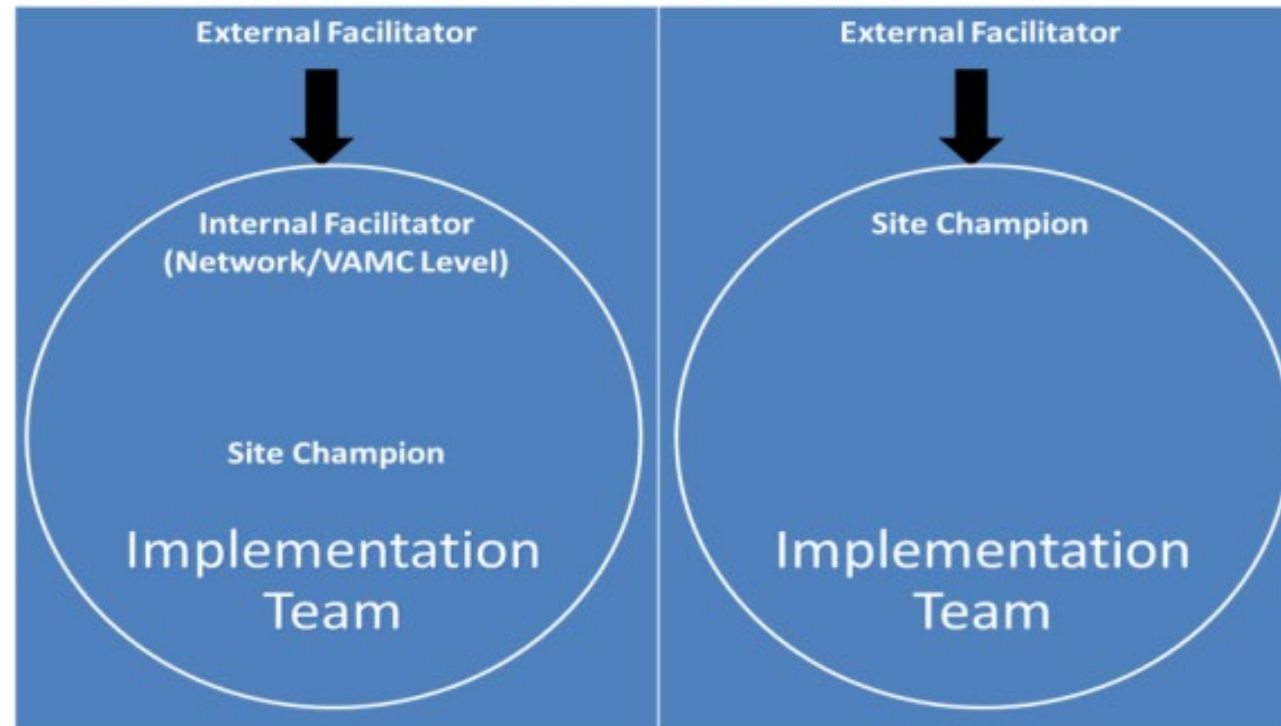
Planning and leading change efforts



Assessing people, processes, and outcomes and creating infrastructure for monitoring

CREATING LOCAL IMPLEMENTATION TEAMS

Figure 2. Examples of External Facilitation Models



IMPLEMENTATION STRATEGIES: IMPLEMENTATION FACILITATION

Component	Description
External facilitator	Outside content expert who assists site
Local champion	Local site stakeholder who promotes change
Provider education and academic detailing	Provision of unbiased peer education
Stakeholder engagement	Aligning goals of implementation effort and those impacted
Tailor program to site	Addressing site specific needs
Performance monitoring and feedback	Assess implementation of screening and treatment efforts to inform site of results
Formative evaluation	Quantitative and qualitative determination of impact
Establish a learning collaborative	Shared learning opportunities tailored to stakeholders
Program marketing	Efforts designed to increase attention to availability of on-site addiction tx services

Primary care practices are 2.76 (95% CI, 2.18-3.43) times more likely to adopt evidence-based guidelines through implementation facilitation

NATIONAL RESOURCE CENTER FOR ACADEMIC DETAILING (NARCAD)

[HTTPS://WWW.NARCAD.ORG/](https://www.naracad.org/)

Front line healthcare providers have their hands full.

Through the strategy of "academic detailing", personalized visits from a trained outreach educator can arm busy clinicians with the critical support, tools, and evidence to provide the very best care to their patients.



LEARN MORE: AD 101



JOIN A TRAINING CLASS

Here's how clinical education improves frontline patient care.



When our trained educators connect 1:1 with doctors, nurses, and pharmacists on the front lines, their supportive education sessions help streamline care, making it easier for patients in need to get the evidence-based care they deserve.

Posts from @NaRCAD

Follow



NARCAD TOOLKITS

[HTTPS://WWW.NARCAD.ORG/AD-TOOLKITS.HTML](https://www.narcad.org/ad-toolkits.html)



ABOUT

TOOLS AND RESOURCES

WEBINARS

BLOG & PODCAST

COMMUNITY

EVENTS

PROGRAM PLANNING HUB



Review this page for
resources on:

- Recruiting detailers
- Getting in the door
- Building a detailing aid
- Tracking visits and evaluating your program

EXPLORE

HEALTHCARE INCLUSIVITY TOOLKIT



Review this page for
resources on:

- Implicit bias
- Communication strategies
- Best practices from our community
- Clinical topic-specific stigma

EXPLORE

EVALUATION TOOLKIT



Review this page for
resources on:

- Planning an evaluation intervention
- Data collection and tracking
- Clinician surveys
- Detailing visit tracking sheets

EXPLORE

OPIOID SAFETY TOOLKIT



HIV PREVENTION TOOLKIT



e-DETAILING TOOLKIT



Contemporary Clinical Trials 98 (2020) 106156

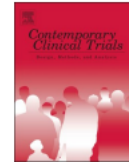


ELSEVIER

Contents lists available at [ScienceDirect](https://www.sciencedirect.com)

Contemporary Clinical Trials

journal homepage: www.elsevier.com/locate/conclintrial



Working with HIV clinics to adopt addiction treatment using implementation facilitation (WHAT-IF?): Rationale and design for a hybrid type 3 effectiveness-implementation study

E. Jennifer Edelman^{a,b,c,*}, James Dziura^{d,e}, Denise Esserman^{d,f}, Elizabeth Porter^b, William C. Becker^{a,b,g}, Philip A. Chan^h, Deborah H. Cornmanⁱ, Gabriel Rebick^j, Jessica Yager^k, Kenneth Morford^{a,b}, Srinivas B. Muvvala^{a,l}, David A. Fiellin^{a,b,c,e}



WHAT IF?* Implementation Facilitation Manual

***W**orking with **H**IV Clinics to adopt **A**ddiction **T**reatment using **I**mplementation **F**acilitation



Adapted by

E. Jennifer Edelman, M.D., M.H.S.

David A. Fiellin, M.D.

Text throughout this manual has been incorporated and adapted from:

The Implementation Facilitation Training Manual
Using External and Internal Facilitation to
Improve Care in the Veterans Health Administration
Version 1

Developed by: JoAnn E. Kirchner, MD, Mona Ritchie, MSW, PhD, Katherine Dollar, PhD, Patricia Gundlach, MSSW, and Jeffrey Smith, PhD

And:

Ritchie MJ, Dollar KM, Miller CJ, Oliver KA, Smith JL, Lindsay JA, Kirchner JE. Using Implementation Facilitation to Improve Care in the Veterans Health Administration (Version 2). Veterans Health Administration, Quality Enhancement Research Initiative (QUERI) for Team-Based Behavioral Health, 2017. Available at:

<https://www.queri.research.va.gov/tools/implementation/Facilitation-Manual.pdf>

IMPLEMENTATION STRATEGIES: IMPLEMENTATION FACILITATION

Component	Description
External facilitator	Outside content expert who assists site
Local champion	Local site stakeholder who promotes change
Provider education and academic detailing	Provision of unbiased peer education
Stakeholder engagement	Aligning goals of implementation effort and those impacted
Tailor program to site	Addressing site specific needs
Performance monitoring and feedback	Assess implementation of screening and treatment efforts to inform site of results
Formative evaluation	Quantitative and qualitative determination of impact
Establish a learning collaborative	Shared learning opportunities tailored to stakeholders
Program marketing	Efforts designed to increase attention to availability of on-site addiction tx services

Primary care practices are 2.76 (95% CI, 2.18-3.43) times more likely to adopt evidence-based guidelines through implementation facilitation

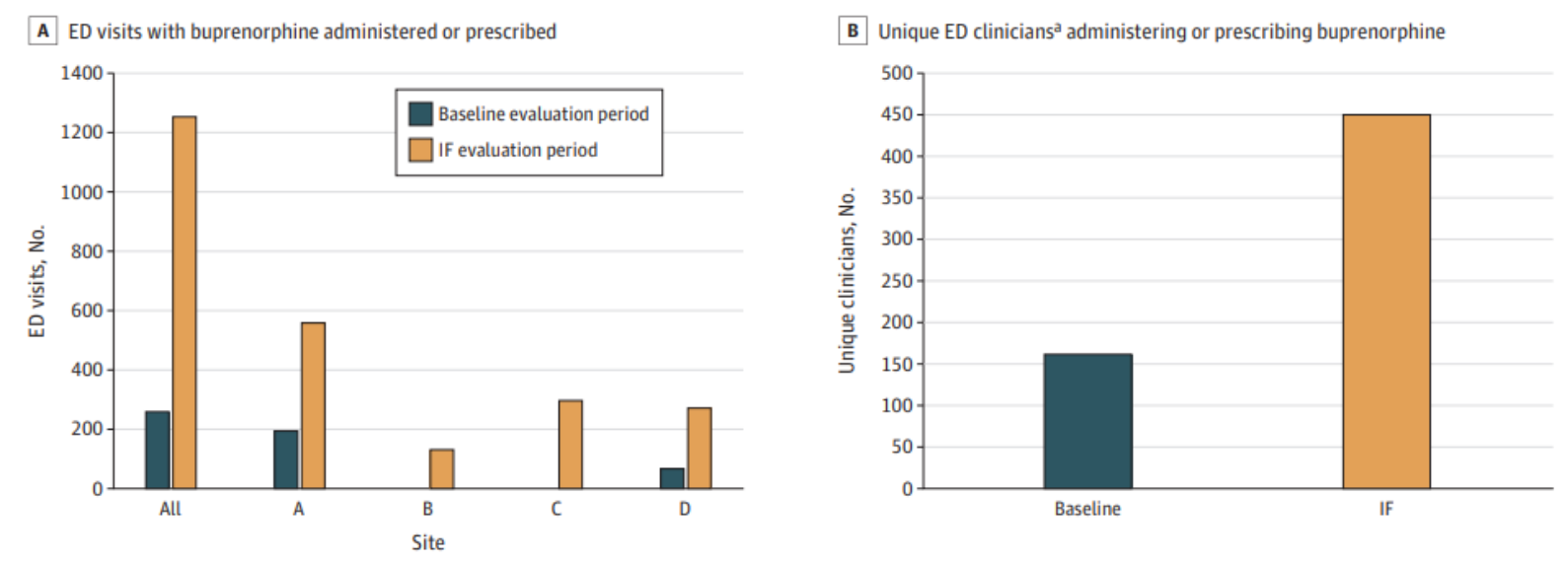


Original Investigation | Substance Use and Addiction

Implementation Facilitation to Promote Emergency Department-Initiated Buprenorphine for Opioid Use Disorder

Gail D'Onofrio, MD, MS; E. Jennifer Edelman, MD, MHS; Kathryn F. Hawk, MD, MHS; Marek C. Chawarski, PhD; Michael V. Pantalon, PhD; Patricia H. Owens, MS; Shara H. Martel, MPH, MS; Richard Rothman, MD, PhD; Mustapha Saheed, MD; Robert P. Schwartz, MD; Ethan Cowan, MD; Lynne Richardson, MD; Edwin Salsitz, MD; Michael S. Lyons, MD, MPH; Caroline Freiermuth, MD; Christine Wilder, MD; Lauren Whiteside, MD, MPH; Judith I. Tsui, MD, MPH; Jared W. Klein, MD, MPH; Edouard Coupet, MD, MHS; Patrick G. O'Connor, MD, MPH; Abigail G. Matthews, PhD; Sean M. Murphy, PhD; Kristen Huntley, PhD; David A. Fiellin, MD

Figure 1. Number of Emergency Department (ED) Visits with Buprenorphine Administered or Prescribed Overall and by Site



Data extracted from electronic health records.

^a Includes attending physicians, residents, and advanced practice clinicians.

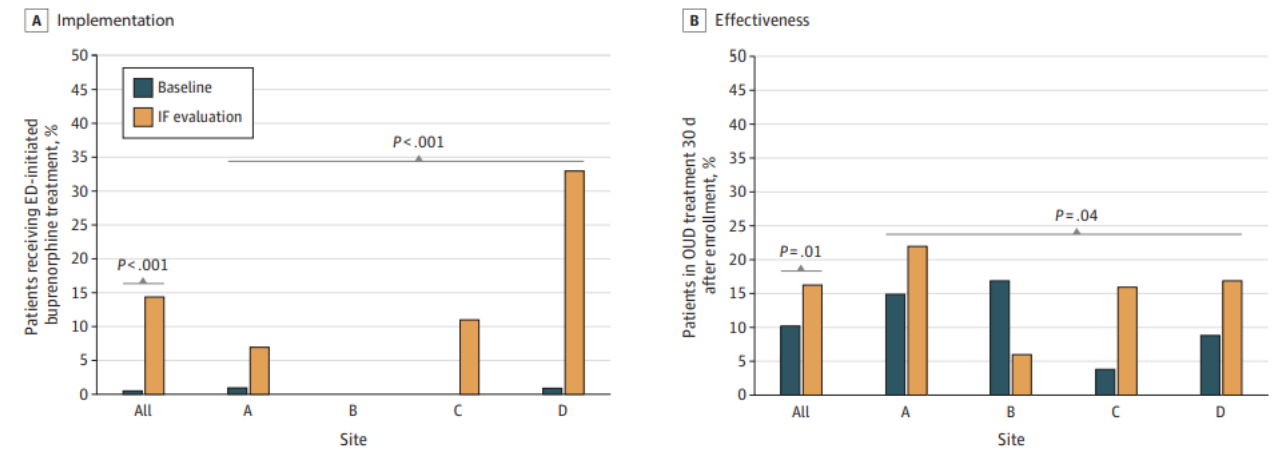


Original Investigation | Substance Use and Addiction

Implementation Facilitation to Promote Emergency Department–Initiated Buprenorphine for Opioid Use Disorder

Gail D’Onofrio, MD, MS; E. Jennifer Edelman, MD, MHS; Kathryn F. Hawk, MD, MHS; Marek C. Chawarski, PhD; Michael V. Pantalon, PhD; Patricia H. Owens, MS; Shara H. Martel, MPH, MS; Richard Rothman, MD, PhD; Mustapha Saheed, MD; Robert P. Schwartz, MD; Ethan Cowan, MD; Lynne Richardson, MD; Edwin Salsitz, MD; Michael S. Lyons, MD, MPH; Caroline Freiermuth, MD; Christine Wilder, MD; Lauren Whiteside, MD, MPH; Judith I. Tsui, MD, MPH; Jared W. Klein, MD, MPH; Edouard Coupet, MD, MHS; Patrick G. O’Connor, MD, MPH; Abigail G. Matthews, PhD; Sean M. Murphy, PhD; Kristen Huntley, PhD; David A. Fiellin, MD

Figure 3. Observational Outcomes in Implementation and Effectiveness of Emergency Department (ED)–Initiated Buprenorphine Strategies



EVOLVING LITERATURE

Olmos-Ochoa et al. *Implementation Science Communications* (2021) 2:65
<https://doi.org/10.1186/s43058-021-00171-4>

Implementation Science
Communications

METHODOLOGY

Open Access

Sustaining implementation facilitation: a model for facilitator resilience

Tanya T. Olmos-Ochoa^{1*}, David A. Ganz^{1,2}, Jenny M. Barnard¹, Lauren Penney^{3,4}, Erin P. Finley^{1,3,4}, Alison B. Hamilton^{1,5} and Neetu Chawla¹



Agulnik et al.
Implementation Science Communications (2024) 5:16
<https://doi.org/10.1186/s43058-024-00551-6>

Implementation Science
Communications

SHORT REPORT

Open Access

Virtual facilitation best practices and research priorities: a scoping review

Asya Agulnik^{1,2*}, Derrecka Boykin^{3,4}, Denalee M. O'Malley⁵, Julia Price^{6,7}, Mia Yang⁸, Mark McKone⁹, Geoffrey Curran¹⁰ and Mona J. Ritchie^{11,12}



Olmos-Ochoa et al. *Implementation Science Communications* (2021) 2:98
<https://doi.org/10.1186/s43058-021-00203-z>

Implementation Science
Communications

SHORT REPORT

Open Access

Reflective writing: a tool to support continuous learning and improved effectiveness in implementation facilitators

Tanya T. Olmos-Ochoa^{1*}, Karissa M. Fenwick¹, David A. Ganz^{1,2}, Neetu Chawla^{1,3}, Lauren S. Penney^{4,5}, Jenny M. Barnard¹, Isomi M. Miake-Lye^{1,3}, Alison B. Hamilton^{1,6} and Erin P. Finley^{1,4,5}



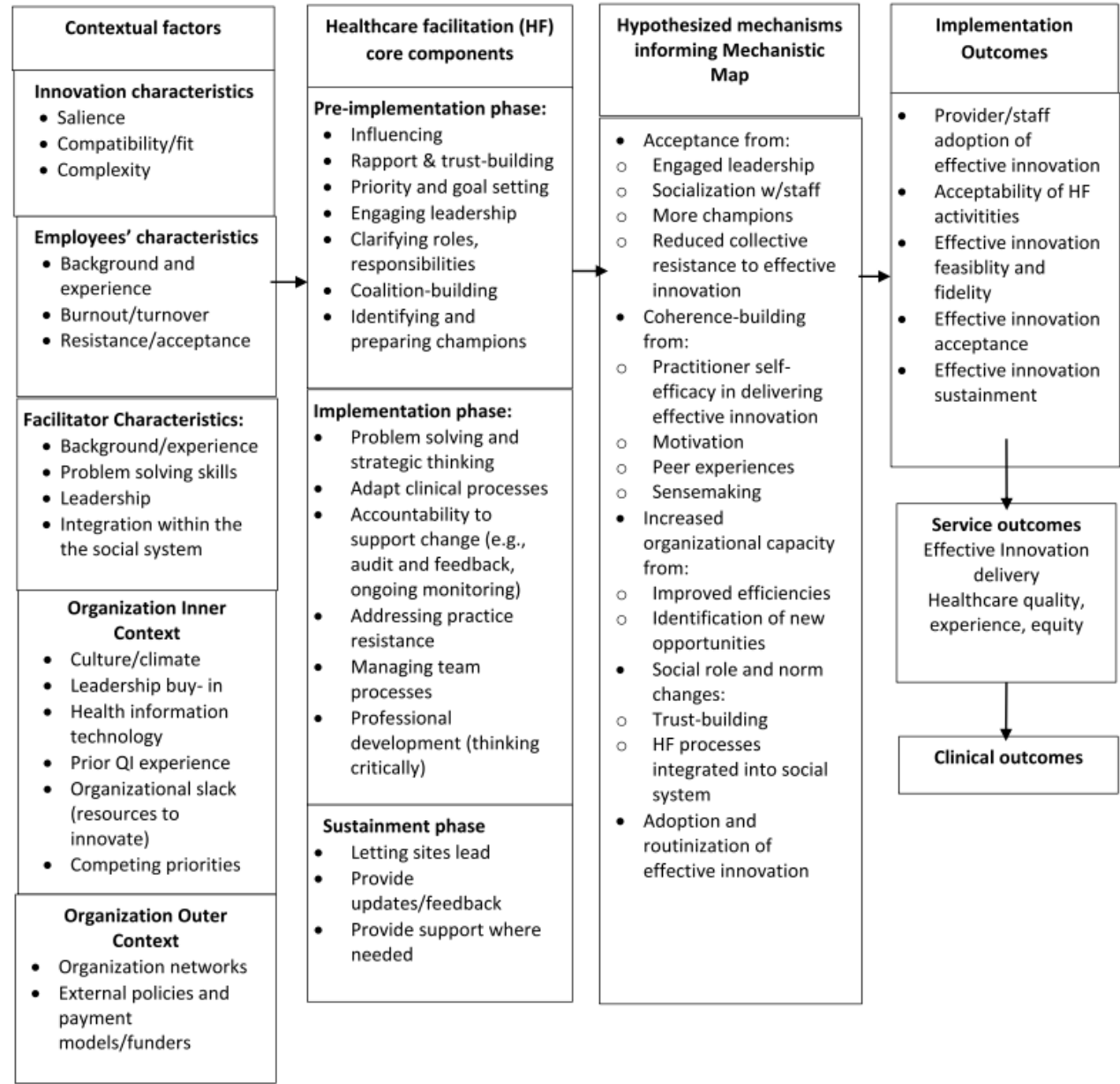
METHODOLOGY

Open Access



How does facilitation in healthcare work? Using mechanism mapping to illuminate the black box of a meta-implementation strategy

Amy M. Kilbourne^{1*}, Elvin Geng², Ingrid Eshun-Wilson², Shannon Sweeney³, Donna Shelley⁴,
Deborah J. Cohen³, JoAnn E. Kirchner⁵, Maria E. Fernandez⁶ and Michael L. Parchman⁷



THANK YOU!

Questions/comments?

IF TRACKING LOG

Behavioral Health QUERI
VA Quality Enhancement Research Initiative

Implementation Facilitation (IF) Time Tracking Log

ABOUT THIS TOOL
This tracking log/spreadsheet can be used to document information on the time, activities and personnel involved in IF efforts

INITIAL DEVELOPMENT
The tracking log and list of facilitation activities was initially developed for a VA Quality Enhancement Research Initiative (QUERI) grant (SDP 08-316; PI: JoAnn Kirchner, MD).

CURRENT USE/STATE OF DEVELOPMENT
The tracking log has been broadly disseminated. Some revisions have been made to the original version based on adaptations made for projects supported by the VA Behavioral Health QUERI. Additionally, building on the initially developed list of facilitation activities, we conducted a scoping review of IF literature followed by a rigorous consensus development process with an expert panel to identify core IF activities for each of the three phases of implementation. The sixteen core IF activities we identified, along with their definitions are included in this generic version of the tracking log.
Every project is unique. You need to adapt the tracking log to your project so that the options offered for each column reflect the information you want to document or collect. For example, you will likely need to change the options listed in the "Personnel Codes" column of the tracking log to reflect the types of personnel with whom you anticipate, the facilitator will interact.

FUTURE DEVELOPMENT
Continued development of this tracking log is supported by the VA Behavioral Health QUERI

Please use the following citation for this tracking log:
Ritchie MJ, Kirchner JE, Townsend JC, Pitcock JA, Dollar KM, Liu CF. Time and organizational cost for facilitating implementation of primary care mental health integration. *Journal of General Internal Medicine* 2019. <https://doi.org/10.1007/s11606-019-05537-y>

Please use the following citation for the core IF Activity Codes and their definitions:

Ready