

Enhancing the State's Capacity to Foster the Adoption of EBPs: The Role of the NY SSA

A Case Study on the Implementation of Contingency Management within two NYC Methadone Programs

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Study Aims and Hypotheses

- Aim 1: Assess and Evaluate SSA role in the transfer of CM intervention into “real-world” clinical practice (IOM)
- AIM 2: Evaluate the utility of the state developed Practice Adoption Protocol (PAP)
- AIM 3: Explore approaches to monitoring the adoption of EBPs
- H1-H6: The application of Backer’s 6 strategies to the adoption process will enhance the likelihood that the EBP will be adopted

Sample Size and Characteristics

- Original Cohort: 3 Hospital-Based MMTPs-
1 upstate, 2 NYC
- Implementation Sites: 2 NYC MMTPs
- Patient Enrollment: 30 per site, 3 cohorts
of 10 patients/per site
- Staff Enrollment: 5 per site-clinical,
administrative, and medical

Data Collection and Measurement Tools

- Quantitative Data: ORC Scales, ETA Scales, SCIP, Patient Tracking Logs (Toxicologies and Group Attendance)
- Qualitative data:
 - External Advisory Committee Meetings
 - Internal Advisory Committee Meetings
 - Project Management Team Meetings
 - Weekly Site Conference Call Meetings
 - Qualitative Semi-Structured Interviews of State and Site Staff

Implementation Strategies

- Formation of partnerships among researchers, practitioners and state policymakers to improve knowledge transfer and promote site adoption
- Use of a Case Study approach to describe the role of the SSA
- Apply OASAS' Practice Adoption Protocol which articulates specific state activities to promote adoption within Backer's conceptual framework

Backer's Framework: 4 Fundamental Conditions

Dissemination

Evaluation

Resources

Human Dynamics of Change

6 Key Strategies

- Interpersonal Contact
- Planning and Conceptual Foresight
- Outside Consultation on the Change Process
- User-Oriented Transformation of Information
- Individual & Organizational Championship
- Potential User Involvement

Implementation Design

- Readiness Phase: *Months 1-6*
- Implementation Phase: *Months 7-12*
- Routinization & Data Anal: *Months 13-16*

PAP -Demonstration

PAP PHASE	Backer Condition	Backer Strategy
Readiness Phase (mos.1-6)		
Re 6: Identify provider idea champions (IC) for site coordination	<ul style="list-style-type: none"> ■Resources ■Human Dynamics of Change 	<ul style="list-style-type: none"> ■Individual & Organizational Championship
Re 7: Schedule &arrange for on-site provider training of clinical staff selected by IC. Training by NIDA CTN expert (Petry)	<ul style="list-style-type: none"> ■Resources ■Dissemination 	<ul style="list-style-type: none"> ■Outside Consultation ■Transformation of Info ■Potential User Involvement
Re 9: Coordinate w/ IC patient behaviors to target w/ CM	<ul style="list-style-type: none"> ■Human Dynamics of Change ■Evaluation 	<ul style="list-style-type: none"> ■Planning &Conceptual Foresight ■Potential User Involvement

PAP -Demonstration

PAP PHASE	Backer Condition	Backer Strategy
Implementation Phase (mos.7-12)		
IM 5: Convene weekly phone meetings w/ ICs to monitor implementation, ID emerging issues	<ul style="list-style-type: none"> ■Resources ■Evaluation 	<ul style="list-style-type: none"> ■Outside Consultation on the Change Process ■Interpersonal Contact
Routinization (mos.13-16)		
RO 4: Conduct qualitative interviews	<ul style="list-style-type: none"> ■Evaluation 	<ul style="list-style-type: none"> ■Outside Consultation on Change Process

Key Findings

- Site Level:
 - Pre-readiness phase 12 months, not 3 as anticipated-why?
 - IRB
 - Contracts and funding
 - Physical space
 - Union issues
 - Vendor restrictions

- Implementation phase-9 months, not 5 as anticipated-why?
 - Three patient cohorts, not one as designed. Patient enrollment limited to 10 per cohort, not 30 as planned
 - Recruitment of patients effected by clinic cycles-holidays
 - Site fiscal procedures limited staff access to funds
 - Staff turnover, clinic mergers
 - Absence of CM interventionist back-up

Key Site Components for Successful Implementation

- Staff cohesion
- Buy- in about the efficacy of CM
- IC accessible & possessed leadership/organizational skills
- TA from consultant and state staff
- Staff involvement in each step of the process
- Successful patient outcomes

Site Level Patient Recruitment/Retention Impediments

- Increased chronicity of patients enrolled
- Staff availability given 50:1
Patient/Counselor ratio
- Change in targeted behavior
- Decreased staff enthusiasm over time
- Additional required Protection of Human
Subjects training

State Level Improvement Opportunities

- Resolution needed IRB process-Research vs. Treatment as Usual
- Initial provider solicitation needs to build in more items to assess organizational readiness/capacity
- Executive sponsorship needs to be more defined roles/responsibilities

- Weekly conference calls during implementation helpful, but entire clinic CM team should be included on calls, not just IC
- Only IC had ongoing contact with expert-filtering of message
- Direct observation by expert was lacking-limited to review of patient tracking logs and phone feedback
- No ongoing feedback loop with executive sponsors
- Staff burden needs to be addressed-dedicated CM clinician or reduced caseload

- Resistance of providers to have partners intervene-COMPA,ASAP, state
- PAP must be refined to include both provider and state activities/phases, particularly pre-readiness
- End User involvement & flexibility of state important
- Hospital-based MMTPs exist within a complex system: free-standing MMTPs may present less challenges
- Regulatory function of the state does not translate into EBP capacity

Next Steps

- State exploring application of current Implementation Science paradigms into PAP (Fixsen, 2005) Shift from 3 phases to 6 stages
- Build upon R21 findings-develop RO 1 RCT Pay for Performance vs CM immersion
- Schedule presentations by Fixsen (outside consultant on the change process) with state executive staff-**GOAL**: align policies and resources for effective practice
- Integrate findings into SSA Strategic Destinations/Metric Implementation

References

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- Fixsen, D.L.; Naoom, S.F., Blasé, K. A., Friedman, R.M. & Wallace, F (2005) *Implementation research: A synthesis of the literature*. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute