HARNESSING IMPLEMENTATION SCIENCE TO REALIZE THE PROMISE OF EVIDENCE BASED PRACTICE

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  • Camden Coalition of Healthcare Providers
Interested in #impsci? Let’s continue the conversation

@rsbeidas
WHY IMPLEMENTATION SCIENCE?
“Emma” was a 16 year old female with impairing anxiety. She felt hopeless and uncertain she would ever enjoy the activities that once brought her joy. She came to me after seeing other therapists who didn’t use evidence-based practice.
I came to the startling conclusion that kids were not receiving cognitive behavioral therapy in community settings and it changed the trajectory of my career.

Implementation science as a potential solution to my observation.
WHAT IS IMPLEMENTATION SCIENCE?
Not idiosyncratic to mental health: There are research-to-practice gaps all around us

Citrus can prevent scurvy (1601)
Introduced on ships (1785)
Today, we believe that it takes 17 years for 14% of research to make its way into practice.

Balas & Boren, 2000
Implementation science is about making sure that people are receiving approaches that work in the community to move the needle in health and mental health.

Or...the *scientific study of methods* to promote systematic uptake of *proven* clinical treatments, practices, organizational, and management interventions into *routine practice*, and hence to *improve health* (Eccles et al., 2012)
Some basic assumptions or “truths”

Implementation science is about "clinician" behavior change within organizational constraints.

Context is not seen as a nuisance.

There is an evidence-based “thing” to be implemented.
APPLICATIONS IN PHILADELPHIA
A tremendous opportunity to learn from a visionary system transformation built upon a thirty year community academic partnership.
Applying the Policy Ecology Framework to Philadelphia’s Behavioral Health Transformation Efforts

Byron J. Powell, Rinad S. Beidas, Ronnie M. Rubin, Rebecca E. Stewart, Courtney Benjamin Wolk, Samantha L. Matlin, Shawna Weaver, Matthew O. Hurford, Arthur C. Evans, Trevor R. Hadley, David S. Mandell

Training & Consultation
Systematically contracting for EBP delivery
Hosting events highlighting EBP champions
Designating organizations as “EBP agencies”
Enhanced rates for EBP delivery
Plain language (Courtesy of Geoff Curran)

CBT is the thing

Implementation strategies are the stuff we do to try to help people/places do CBT (training, enhanced rate)

Main implementation outcomes are how much or how well clinicians/agencies do CBT
Prospective mixed-methods observational design

Beidas et al., 2012. *Implementation Science*. 

- **Pre-EPIC**
  - 2013: 19 agencies, 23 sites, 130 therapists

- **Post-EPIC**
  - 2015: 22 agencies, 28 sites, 247 therapists
  - 2017: 21 agencies, 26 sites, 249 therapists
What contextual factors predict therapist use of practices (cross-sectional)?

Predictors of Community Therapists’ Use of Therapy Techniques in a Large Public Mental Health System

Rinad S. Beidas, PhD; Steven Marcus, PhD; Gregory A. Aarons, PhD; Kimberly E. Hoagwood, PhD; Sonja Schoenwald, PhD; Arthur C. Evans, PhD; Matthew O. Hurford, MD; Trevor Hadley, PhD; Frances K. Barg, PhD, MEd; Lucia M. Walsh, BS; Danielle R. Adams, BA, David S. Mandell, ScD

**Importance** Few studies have examined the effects of individual and organizational characteristics on the use of evidence-based practices in mental health care. Improved...

Beidas et al., 2015; *JAMA Pediatrics*
Organizational factors explains more variance in use of EBP; therapist factors explains more variance in use of non-EBP

Beidas et al., 2015; *JAMA Pediatrics*
What about practice change over time (longitudinal)?

On average, clinicians’ (n = 340) use of CBT increased by 6% from 2013 to 2017. For each additional EBP initiative that clinicians participated in, CBT techniques increased by 3%.

Proficient organizational culture at baseline predicted more steep increases in use of CBT.

Beidas et al., 2019. Implementation Science.
What about the qualitative data? Key insights to stakeholder perspectives on barriers and facilitators.
Facilitator: Coordination, communication, & collaboration

Beidas et al., 2016; APMH
Threat #1: Chilling fiscal climate

The Perfect Storm: Collision of the Business of Mental Health and the Implementation of Evidence-Based Practices

Rebecca E. Stewart, Ph.D., Danielle R. Adams, B.A., David S. Mandell, Sc.D., Trevor R. Hadley, Ph.D., Arthur C. Evans, Ph.D., Ronnie Rubin, Ph.D., Joan Erney, J.D., Geoffrey Neimark, M.D., Matthew O. Hurford, M.D., Rinad S. Beidas, Ph.D.

“We are losing our shirt”

“We hold our breath and hope when we pay people”

“They really do expect the agencies to sustain. How? We already do not have the funding to support our basic program, let alone anything extra”

Stewart et al., 2016; Psychiatric Services
Threat #2: Turnover

Beidas et al., 2016, *APMH*

24% of clinicians and supervisors quit in one year
Threat #3: A new workforce model

Less positive attitudes; less knowledge; less use of EBP; administrators less likely to invest

Beidas et al., 2016, *Psychiatric Services*
A **crumbling infrastructure** may not be the most sound foundation for EBP implementation.
Maslow’s Hierarchy for Community Mental Health

- EBPs
- Retaining consumers
- Retaining workforce
- Staying compliant with regulations
- Keeping the lights on

Stewart, Mandell, & Beidas (in review).
Beyond training… **Organizational** factors such as proficiency culture and implementation climate are key.

Because the system was **evaluating** the outcomes of efforts to implement EBPs, they were able to iterate their approach.

Clinicians have a really **hard** job and work in challenging contexts. If we are to be successful in improving care, we must make it easier, not harder.

**Behavioral economics** – Penn ALACRITY

**EBPs will not be a panacea for infrastructural challenges**

**Measurement – fidelity?**

**Invest in community mental health infrastructure**

**Organizational interventions**
Why implementation science is important
GRATITUDE
Key Citations


