

Using Evidence to Create Sustainable Change within Health Services: What matters?

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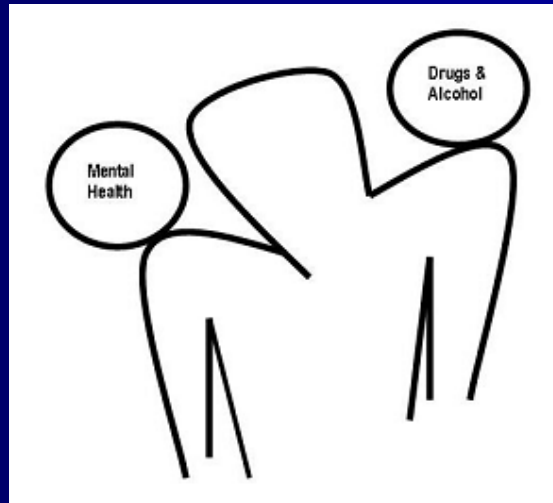
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Overview

- Focus on Co-Occurring Mental Health & Substance Use
- What is Evidence Based Practice?
- Service systems and sustainable Change – 4 stages
- Partnerships

Co-occurrence

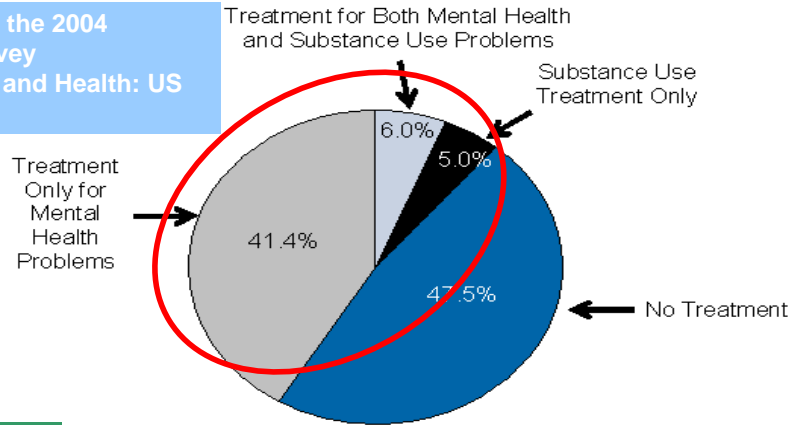


Why focus on DDx?

- DDx is the EXPECTATION rather than the exception.
- Estimates range 40%-60% for those in AOD or MH.
- Consequences include poor medication compliance, physical comorbidities, poor health, poor self-care, increased risk of suicide or risky behavior, and even possible incarceration. (Buckley, 2009)

The problem with current treatment

Results from the 2004 National Survey on Drug Use and Health: US Findings



4.6 Million Adults with Co-Occurring SPD and Substance Use Disorder

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Office of Applied Studies

Note: Due to rounding, these percentages do not add to 100 percent.

In 2004, about half (47.5 percent) of adults with both SPD and a substance use disorder received no treatment for either problem. Only 6.0 percent (274,000 adults) received both treatment for mental health problems and specialty substance use treatment. Another 41.4 percent received only treatment for mental health problems, and 5.0 percent received only specialty substance use treatment

**Can't treat one
without the other!**



The Value EBP in Service

- The health and health care of Australians could benefit enormously from a more effective integration of evidence into policy. It has the potential to improve the quality of health policy, services and programs and to make better use of limited resources.

NHMRC 2009: Creating effective collaboration between policy and research

What is EBP?

- Evidence-based medicine is the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients. (Sackett et al, 1996).

What is EBP?

- "...preferential use of mental and behavioral health interventions for which systematic empirical research has provided evidence of statistically significant effectiveness as treatments for specific problems."

– Wikipedia

Evidence behind EBP

Level of evidence

- Degree to which bias has been eliminated by study design:
 - I systematic review
 - II randomised controlled trial(s)
 - III-1 pseudo-randomised controlled trial(s)
 - III-2 comparative studies with concurrent controls, case control studies or interrupted time series with control group
 - III-3 comparative studies with historical control, single-arm studies, interrupted time series without parallel control group
 - IV case studies/series

The evidence base is
growing for DDx...
45 control studies in 2008
psychosocial review (Drake
et al 2008)

8 PRINCIPLES of Practice for Integrated Treatment of Dual Diagnosis

1. The development of a therapeutic alliance of mutual participation. (Acceptance & Engagement)
2. Emphasis on reduction of harm from substance use rather than on immediate abstinence
3. Develop achievable client directed goals
Small short-term goals as important as larger long-term goals
Celebrate Small Victories!!!
4. Focus on helping clients to explore ambivalence rather than on breaking through denial

(Adapted from Drake et al., 1998)

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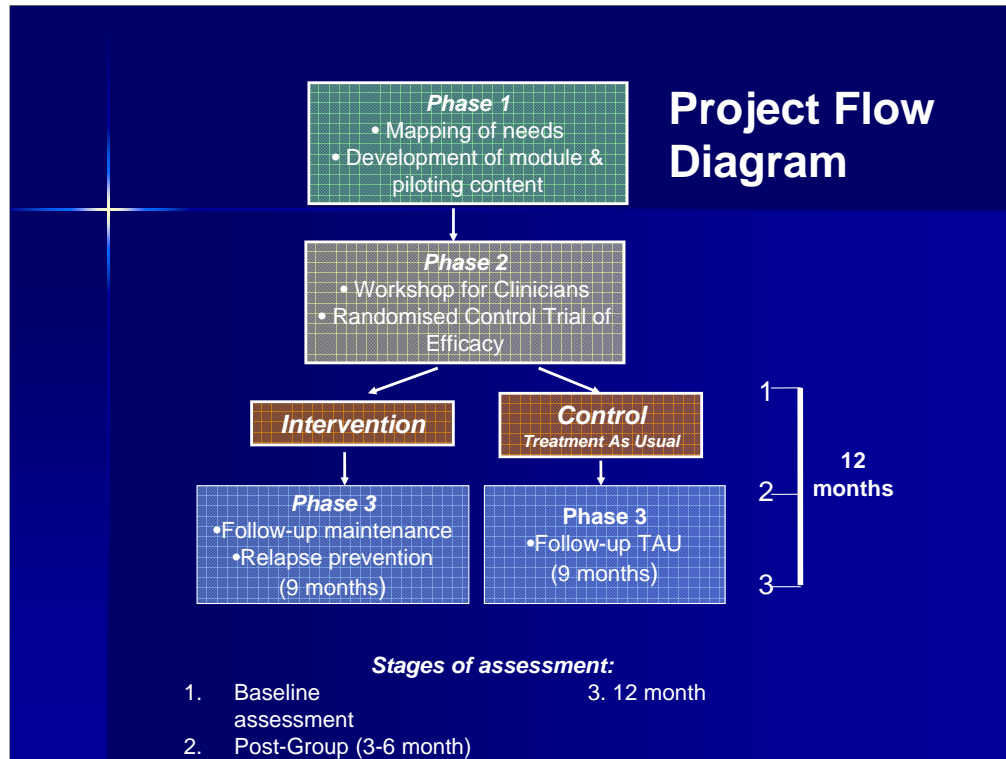
5. Slow pace and long-term perspective (be patient)
6. Matching interventions to client's own treatment goals, preferences and stage of change
e.g. motivational counselling or 12-step groups
7. Supportive clinicians readily available in familiar settings, where possible working with established therapeutic relationships
8. Neuroleptics and other pharmacotherapies as indicated according to patients' psychiatric and medical needs

(Adapted from Drake et al., 1998)

Managing Mental Health & Substance Use Program

Evidence Based Practice - *Example*

- Frameworks For Health & NEXUS joining forces to develop and research an integrated program using RCT design



This is a similar format to that described by Amanda for the schizophrenia project. In response to the gaps in service delivery, we have:

1. conducted an extensive lit review, consulted with peak bodies and experts in both d/a and mh, and consumer consultants – as well as conducted a pilot program in WA
2. We have engaged clinical staff in all areas of the project in order for it to best meet the needs of the client group and fit within the service delivery structure
3. We have conducted the RCT – we will briefly provide an overview of the numbers. Overview of the study design - once participants have consented to participate in the study, they are randomised to the treatment/intervention or control (treatment as usual) group. Ax to be completed at baseline (b/f randomisation), 3-6 month, 9-12 month. Case managers to complete Ax at baseline and 12 months. Fidelity is maintained throughout the project.
4. On an on-going basis, we provide regular updates to all research sites on project status, enrolment and participant progression through the project. We also provide support to clinicians generally by way of pertinent information dissemination, informing them of relevant recent publications, including readily accessible web-based resources, books and journal articles.

Change





Our team has developed some guidelines to assist services in disseminating evidence based practices throughout their organisation in a way that is sustainable in the long term and that can help to create a culture of change within the organisation.

There are 4 stages to this –

- examining the evidence and how it fits with your service
- Understanding your organisation and the potential barriers and facilitators
- Implementing the new practice
- And embedding the new practice in your service so that it is sustainable over the long term

I'll take you through each of these stages now.

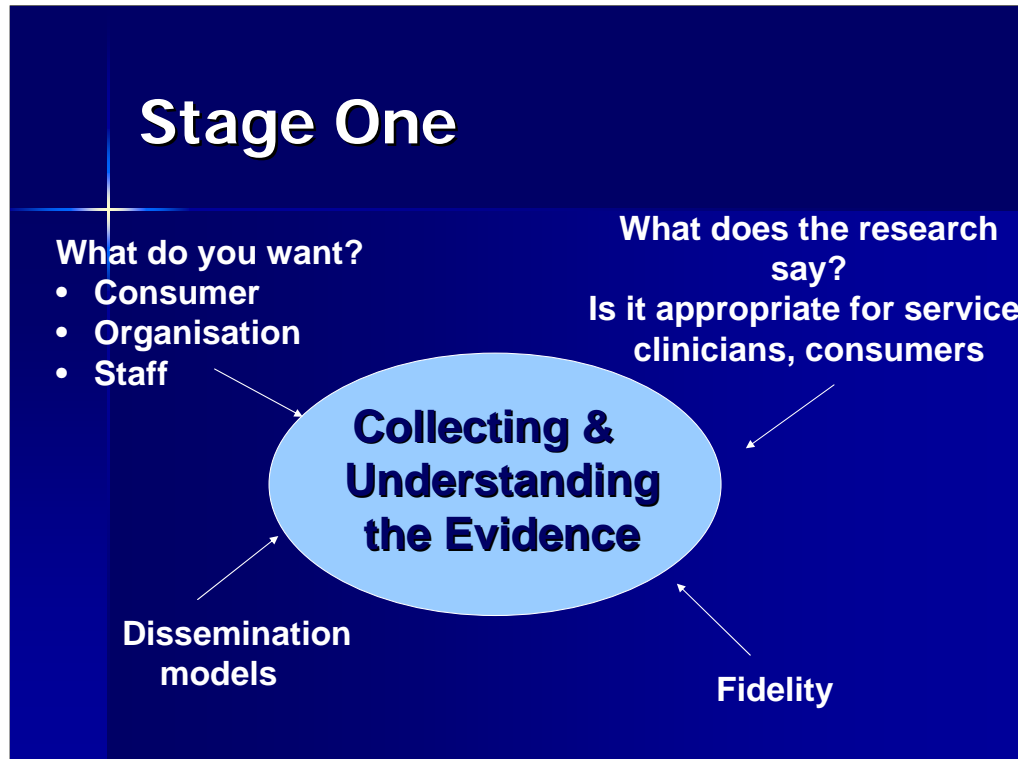


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In the first stage, it's important to exercise a degree of caution when looking at the evidence - how we decide what the evidence is telling us and, if implemented in a service, is it having the desired effect. (will look at articles around this)

What do you want?

Consider what the organisation wants to achieve by introducing a new program. This might include doing focus groups with consumers and staff to identify the priority areas for change.

What does the research say?

- Matching the consumer group and your organisation's goals eg if you have a group of consumers with long term mental illness and the organisation goal is to increase employment outcomes, does the literature indicate that programs aimed at increasing self-efficacy are the most appropriate, or are supported employment programs more effective? Or if the literature supports both, what would be the priority for your service? This is where strategic planning is important.

- Are the service and the staff able to deliver the program? ie organisation issues (discussed next) and staff experience, other commitments (paperwork)

This leads me to the issue of Fidelity

Conventional wisdom says that when we introduce a new EPB into clinical

Fidelity





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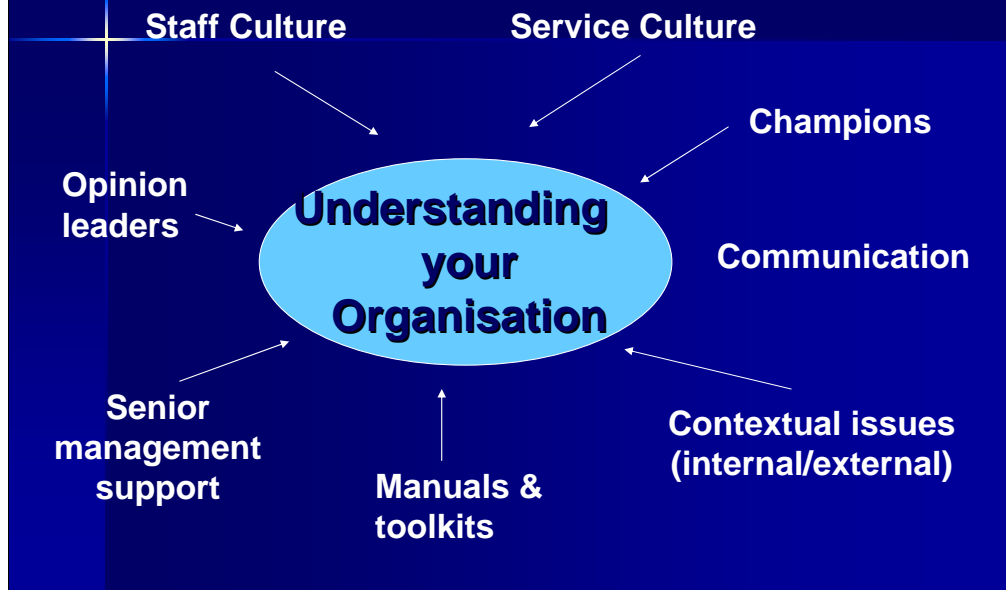
The next stage is all about understanding your organisation.

If you begin by defining the large organisation, this might help to identify blockages in the system. When defining your organization, keep in mind what it is you want to achieve and how best to do this. For example Do you want to achieve changes in the whole of the organisation, or in one small area? You may decide to begin in one or a few small teams within the organisation, using the Plan-Do-Study-Act cycles.

Consider what your organisation looks like – what’s the mix of staff, what geographical area do you cover, who are the consumers you provide a service to?

Use this information and the information from the barriers and facilitators section to help in developing a long-term action plan.

Facilitators or barriers?



Stages of Change

1 way of Understanding your Org.



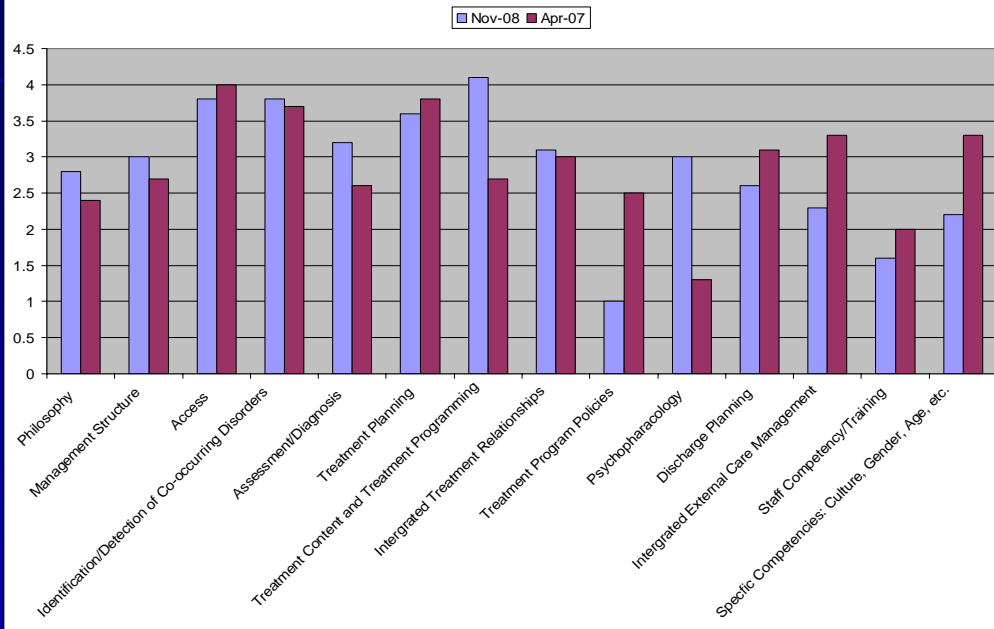
Understanding the Organisation: COMPASS

- Informed by 8 Principles of CCISC for dual recovery
- Involved a group self-audit, facilitated by Nexus
- Cross section of staff – front line staff, supervisors, managers and directors (both new and longer term staff)

Findings

- System gaps: Clinical practice was not necessarily reflected in the mission statements, policies and procedures
- Service Perceptions: Different staff had different perceptions of service delivery, capability and resources available to them

Comparison of Audit: April 2007 & November 2008



Relevance: When looking to introduce an evidence based practice

- Assumptions about uniformity - need, readiness and resources are not uniform across the service
- Assumptions about existing capacity and service gaps

It raises questions about “who thinks this is a good idea? How feasible is it? How does it match with management structures, skills, resources etc

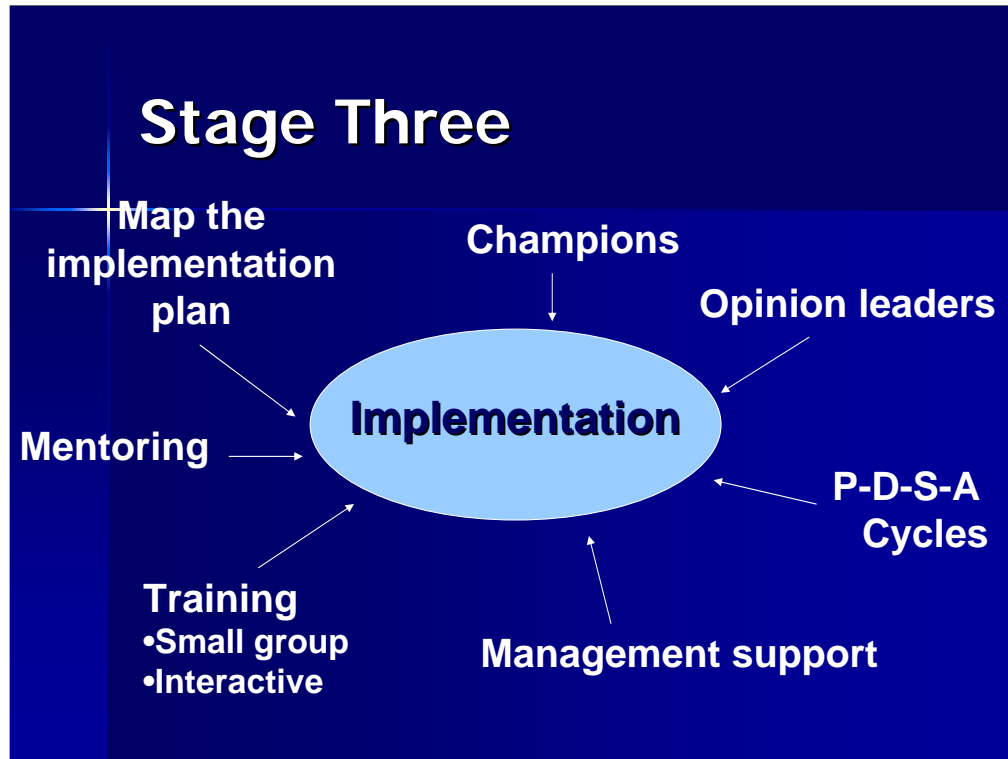


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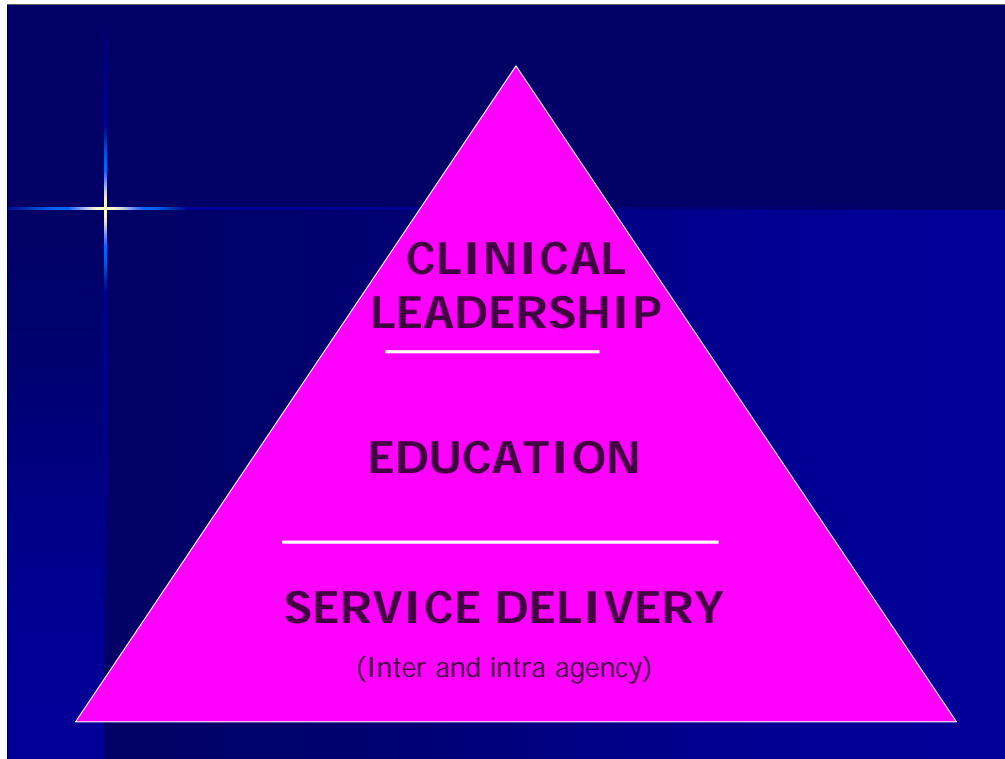
It's important to carefully map out the implementation plan before training staff commences. Take into account all the information gathered in the "Organisation" phase and decide how to make best use of your barriers and facilitators, eg how are opinion leaders and champions going to be most effective within your service?

Plan-Do-Study-Act cycles (cardiac paper – works better in smaller groups – take more ownership within small group)

May want to begin with one small team or a small group of clients. Evaluate the outcomes of the initiative and modify as required before rolling out across whole services

Clearly define what support management will be providing

Training works best when conducted in small groups and it's interactive. However, a one or two day training program is not enough. It needs to be followed up by regular mentoring, or supervision to encourage staff to use the new intervention and work through any problems when using it with their consumer group. How this will fit within your service needs to be clearly outlined in the implementation plan.



Clinical Leadership

Primary Consultation- co-joint assess/Tx/Case Mgt

Secondary Cons- Clinical advice/review/supervision

Tertiary Cons - Clinical advice/Cs presentation/review

2. Education

Conferences & Publications

Information & Education Resources

Education Programs

Workplace Training

3. Service Development

Intra Agency :- Policy, Procedure, Program

Inter Agency :- Partnership, Pathway, Protocol

Peer Reflective Practice using the DD-TIP

- The evidence says: Dual Diagnosis patients/clients treatment interventions need to be targeted, specific and goal oriented

Dual Diagnosis – Treatment and Intervention Planner (DD-TIP)

- To assist clients and workers in
 - formulating and understanding specific relationships between substance use and mental health issues
 - planning targeted dual diagnosis treatment and intervention



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Sustainability

- Performance indicators I know this can be a bit of a dirty word, but I ask my clients to set goals all the time and I ask them to set SMART goals (specific, ect). I rarely do this for myself in my work. Let alone in my team or in the service. It's time we started setting SMART goal for our staff and services. In one service, this was as simple as every staff member introducing Collaborative Therapy to one new consumer every month.
- Champions (ideally placed in leadership roles) – Job description and relevant training- organizational commitment is to train managers in Job description.
- Train the trainer programs – staff development unit or equivalent. Mentoring training program eg Mentors identified (part of position description, but not managers) and have extensive training and provide ongoing support to staff in learning and applying new programs.
- Review the implementation of the new program and
- Report outcomes back to staff and consumers
- Staff incentives – reward staff for good work, both ground level staff and organisation – at least tell people when they are doing well and have achieved outcomes

Sustainability

- Sustainability can occur when a new practice promises or delivers more reward than the old practice.



Handrails to Sustainability

- Thoughtful Planning
- Small manageable chunks
- A hint of certainty
- Relevant
- Multi-layered
- Support
- Rewarding

Partnerships



The Value of Partnerships

- The health and health care of Australians could benefit enormously from a more effective integration of evidence into policy. It has the potential to improve the quality of health policy, services and programs and to make better use of limited resources.

NHMRC 2009: Creating effective collaboration between policy and research

Key Components

The following are important in effective partnerships:

- An emotional connection between stakeholders with the social purpose, i.e. **commitment** to be involved in joint venture
- Key staff involved in the collaborative process need to be compatible - **allowing for a 'getting to know you' period to build understanding and trust**
- Staff are motivated and enthused about the partnership
- **Management is committed to the partnership and support staff in the partnership**
- Congruency of mission and strategies

Key Components

- **Shared values and philosophies**, or at least, complementary rather than opposing values and philosophies
- **Mutual respect** between agencies, consumers and carers
- **Compatibility** of core services/clients/issues
- Commitment to resolve differences by both parties and readiness to change

Key Components

- Capacity building within the organisation (training/skills development) to allow for successful adoption of strategies and a true sharing of resources
- Equal participation at all levels in decision-making, i.e. **inclusiveness**
- **Shared ownership and accountability - including power and knowledge**
- **Good leadership**, which includes a clear division of roles

Key Components

- Financial management, i.e. adequate and stable funding and budget control
- **Clear goals, agreed upon action plans and responsibilities**
- **Continuous evaluation and reporting to assist with and improve upon future collaborations. Organisations are 'learning organisations'**
- Ongoing, repeated communication, that evolves with the relationship and development of systems of work – **honest and open communication**

Structuring Organisational Partnerships

- Clearly defined membership
- Resource sharing
- Linked service provision
- Elimination of service duplication
- Mutual accountability

Building Effective Partnerships: The Process and Structure of Collaboration. Kristina Smock
<http://www.nhi.org/online/issues/105/smock.html>

Challenges to successful collaboration:

- **Competition with other organisations for funding**, resources and staff
- Fragmentation of the sector and many organisations working in isolation
- **NGO funding stream is often not conducive to networking**, i.e. funding is allocated for service provision only
- Time constraints
- Divergence of practice perspectives and organisational objectives

Challenges to successful collaboration:

- Distrust between organisations and lack of goodwill to work together
- **Lack of understanding of perspectives and practices**
- Different levels of experience in collaborative efforts and professional training in staff
- Power differentials between consumers, carers and service providers
- Role strain

<http://www.mhcc.org.au/documents/Staff%20Development%20Guide/Ch%202-%20Partnerships.pdf>



- Map need areas of unmet need for psychosocial treatments for people with **mental health problems**
- Develop treatment packages, which augment pharmacological interventions, **addressing areas of unmet need**
- Enhance the skills of current clinicians in assessment and management of people with both **mental illness and problematic substance use.**
- Develop effective linkages between these agencies in order to further **improve consumer care and outcomes.**



- Evaluate all work, using **rigorous scientific methodology**
- Ensure wide dissemination of the treatment packages, utilising a **systematic, collaborative framework**
- To provide a step-by-step instructional pathway to the **establishment of collaborative therapy as a systematic service delivery model**
- Review and develop new **evidence – based strategies** for the management of people with Mental Illness and problematic substance use.
- To work closely with the agencies to ensure that the **service environment adapts** to the changing needs of the community.

Acknowledgements

- **Monica Gilbert- FFH**
- **Catherine Bunton- FFH**
- **Chris Hynan- NEXUS**

Web links & further Info.

- <http://dualdiagnosis.ning.com/>
- www.dualdiagnosis.org.au
- Refs available from:
 - Brendan.pawsey@svhm.org.au