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# Implementing Clinical EBS

**NCIOM Task Force on Implementing Evidence-Based  
Strategies in Public Health**

May 17, 2012

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# What's Different vs. Policy & Programmatic EBS Implementation?

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- Advantages
  - Education and experience of clinical staff
  - Within the walls/relative simplicity of interventions
  - Relative amount of resources available
  - Many LHDs have started QI capacity building in clinical areas

# What's Different vs. Policy & Programmatic EBS Implementation?

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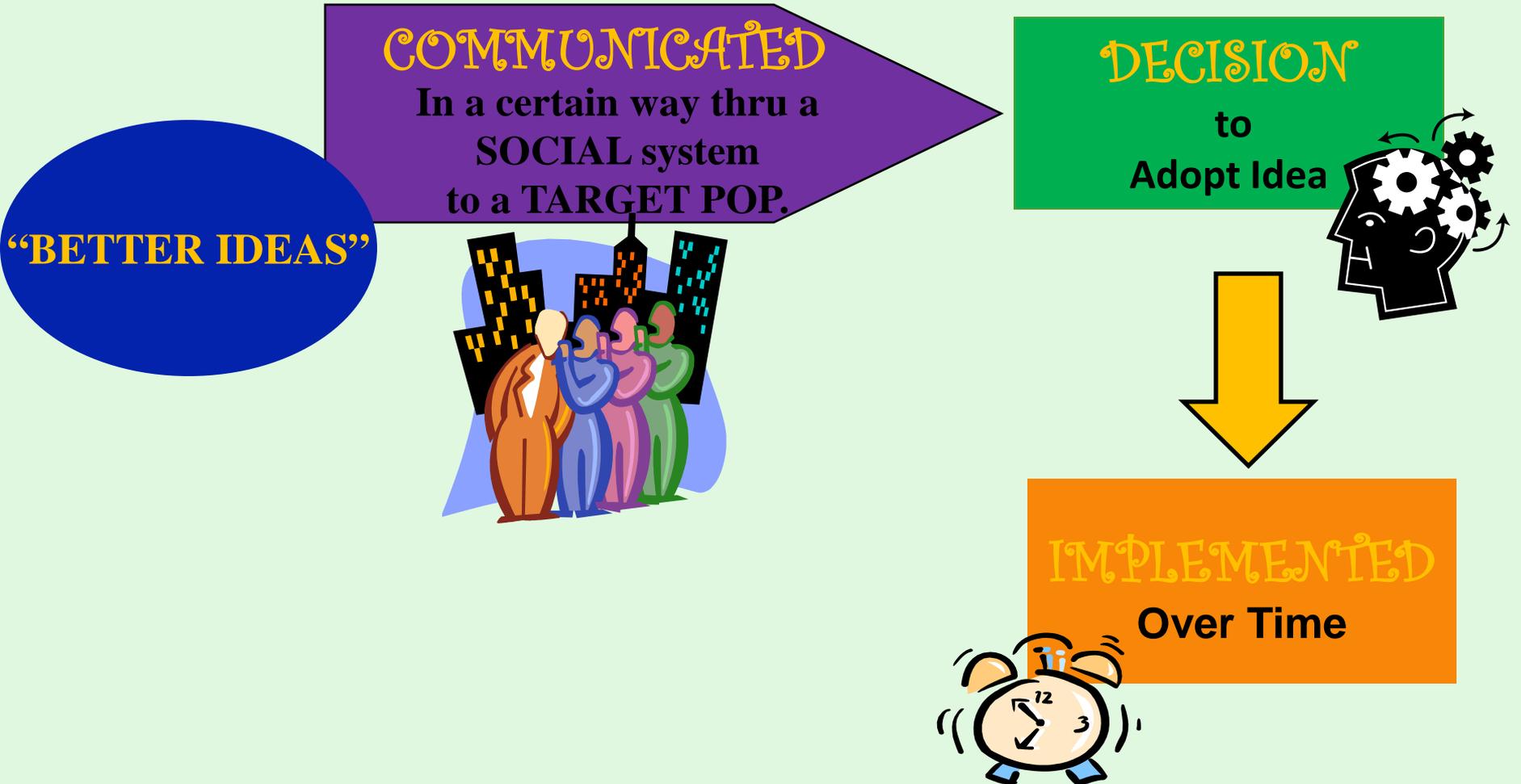
- Challenges
  - Doctors and nurses can be a tough sell
  - Inefficiencies in many LHD clinics
  - Historical focus on QA
  - Limited impact relative to population health

# What's the Same?

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- Principles of diffusion of innovations – affects EBS selection and the “*who*”
- Importance of context – *how* this will work in our setting
- Inadequate focus on implementation

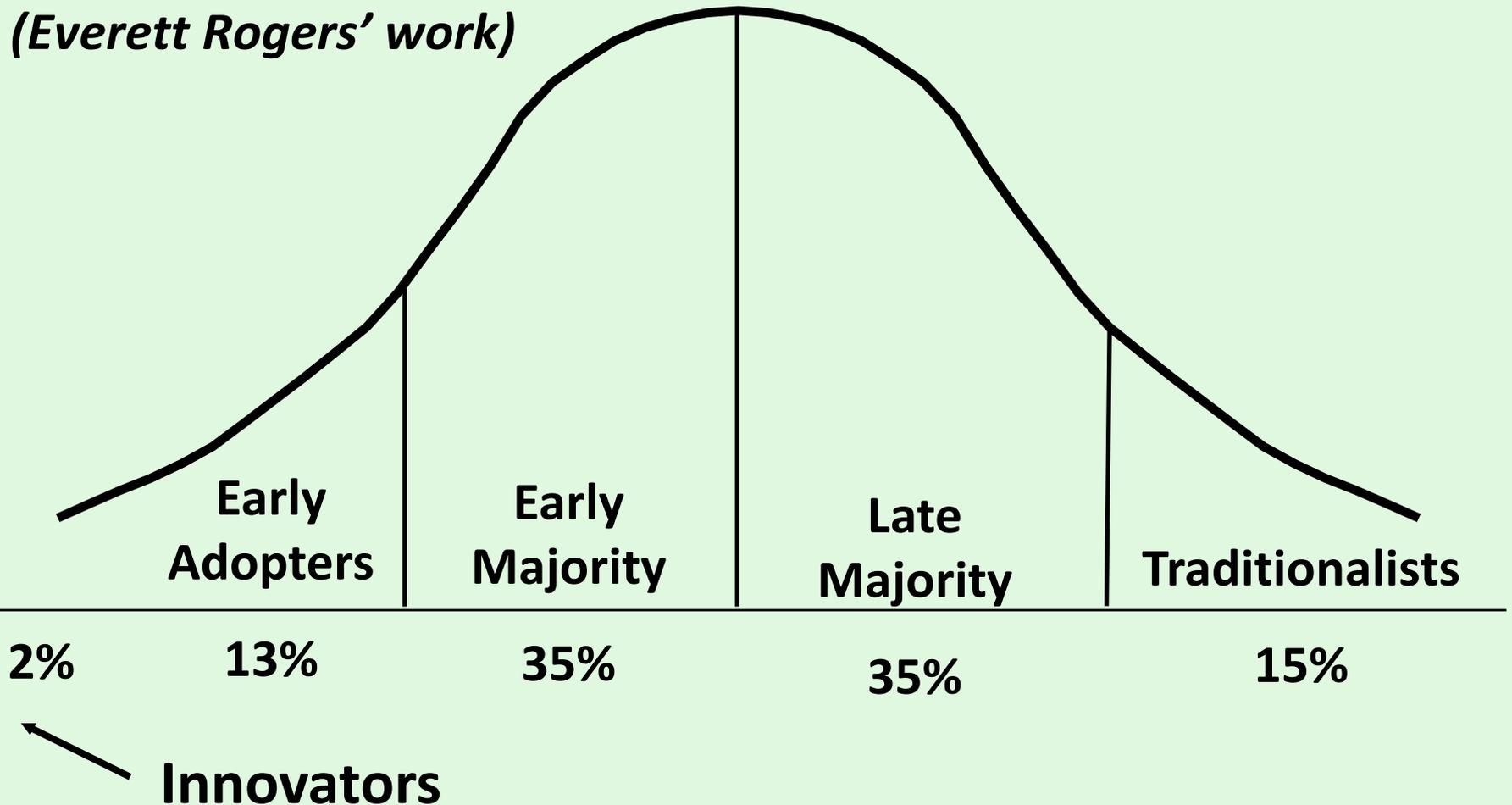
# Diffusion (Spread)



# Who: Where to Start?

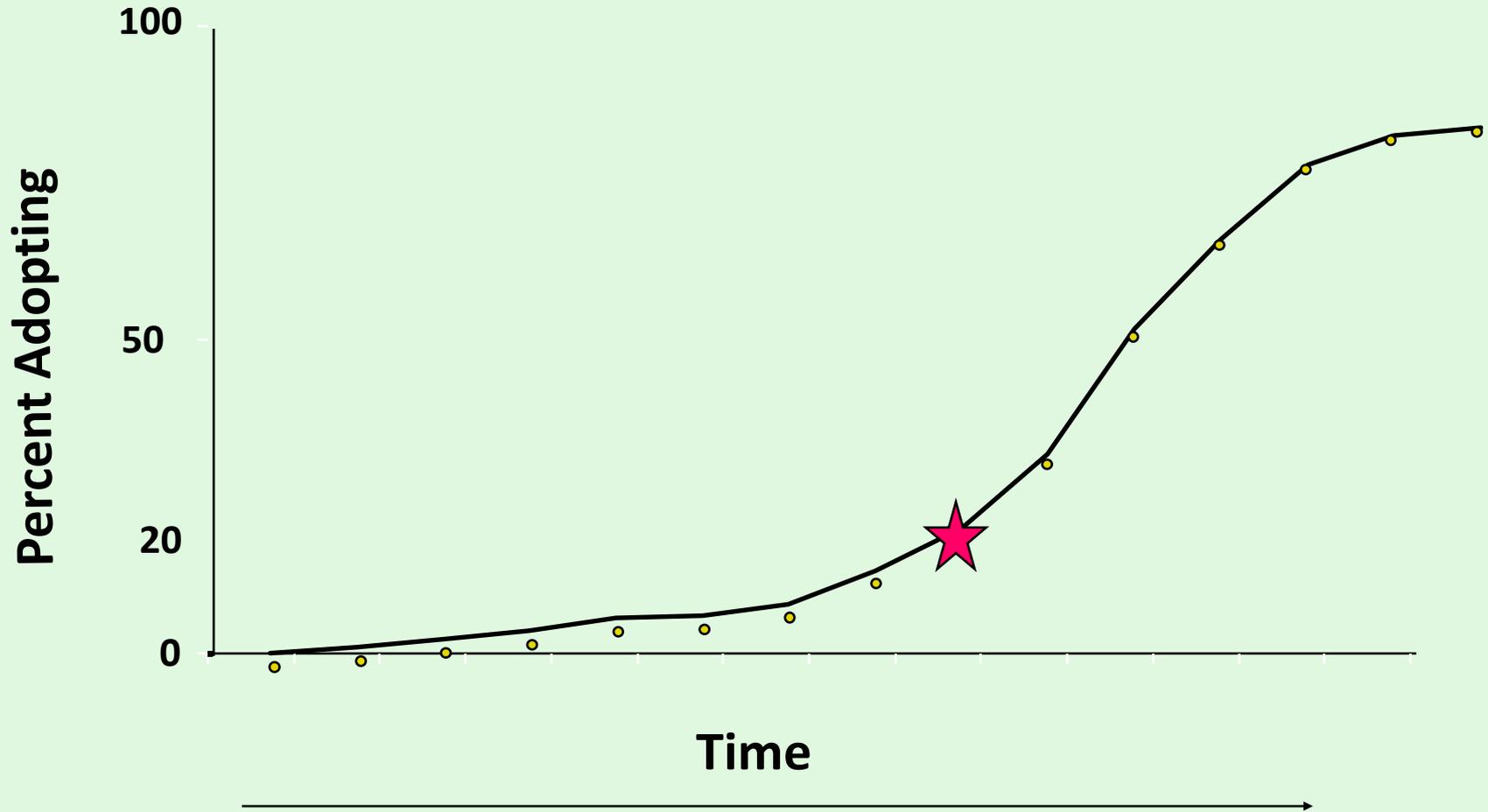
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*(Everett Rogers' work)*



# Spread: The “Diffusion Curve”

(more Everett Rogers work)



# “Perceived” Attributes of a Change

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- **Relative advantage** over the current way of doing things (results)
- **Compatibility** with existing values, systems
- **Simplicity** – easy to apply and understand
- **Trialability** – can test with little investment (risk/cost/time)
- **Observability** of the change (communication, coaching)

-- Everett Rogers

# USPSTF



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## Recommendation: Obesity in Children and Adolescents

**Specific Recommendation:** Obesity: Screening -- Children and Adolescents, Age 6-17

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**Grade:** B\*

### Specific Recommendations:

The USPSTF recommends that clinicians screen children aged 6 years and older for obesity and offer them or refer them to comprehensive, intensive behavioral interventions to promote improvement in weight status.

### Frequency of Service:

No evidence was found regarding appropriate intervals for screening. Height and weight, from which BMI is calculated, are routinely measured during health maintenance visits.

### Risk Factor Information:

No Risk Factor Information currently available.

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## Recommendation: Obesity in Children and Adolescents

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General	Clinical Considerations	Rationale	Tools
<p><b>Grade:</b> B*</p> <p><b>Specific Recommendations:</b></p> <p>The USPSTF recommends that clinicians screen children aged 6 years and older for obesity and offer them or refer them to comprehensive, intensive behavioral interventions to promote improvement in weight status.</p> <p><b>Tools:</b></p> <ul style="list-style-type: none"><li>■ <a href="#">BMI Calculator - NHLBI (HTM)</a></li><li>■ <a href="#">Information to share with your patient on Healthy Eating from www.healthfinder.gov</a></li><li>■ <a href="#">Information to share with your patient on Physical Activity from www.healthfinder.gov</a></li><li>■ <a href="#">Information to share with your patient on Healthy Weight from www.healthfinder.gov</a></li><li>■ <a href="#">Information to share with your patient on Helping Children Stay at a Healthy Weight from www.healthfinder.gov</a></li><li>■ <a href="#">Screening for Obesity in Children and Adolescents - Clinical Summary of USPSTF Recommendation (PDF)</a></li></ul> <p> <a href="#">Download Adobe Acrobat Reader</a></p>			

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# How Can We Deal with Challenges?

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- Involve “customers” in design/spread of EBS
- Develop a communication plan – “over-communicate”
- Include a focus on efficiency in TA for clinical EBS
- Prioritize focus on EBS that have greatest impact, esp. those related to population health (Healthy NC 2020)

# How Can We Deal with Challenges?

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- Work with the “early adopters” first
  - to understand facilitators and barriers of implementation
  - to develop successful prototypes
- Invest in the “bright spots”
- Shift quality focus from QA to QI where possible
- Use QI tools (esp. Process Flow Maps and PDSA cycles) to test/adapt to local setting
- Provide implementation-focused resources
  - “Clearinghouse”
  - Coaching (DPH consultants, learning sharing networks)

# Clearinghouse Concept

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- IHI Improvement Map
  - Search features based on customer needs: costs, time required for implementing, implementation difficulty, expected results, programmatic area, strength of evidence
  - Description and relative advantage/expected results
  - Links to multiple resources
  - Mentor hospital descriptions and contact info for coaching/assistance

# Clearinghouse Opportunity in NC

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- US HHS has funded CPHQ to develop and pilot test an Improvement Map for PH (July 2012)
  - Will develop and pilot with 1-2 focus areas in Healthy NC 2020
  - Pilot test involves the customers (LHDs)
  - Recommendations from this Task Force will be essential

# Success Story...

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