

MEETING ABSTRACT

Open Access

Cluster randomized trial comparing standard versus enhanced implementation strategies for improving outreach to persons with SMI: 12-month results

David E Goodrich^{1,2}, Daniel Almirall^{3,4}, Kristin M Abraham^{1,5}, Kristina M Nord^{1,2}, Zongshan Lai^{1,2}, Nicholas W Bowersox^{1,2}, Amy M Kilbourne^{1,2*}

From 7th Annual Conference on the Science of Dissemination and Implementation in Health North Bethesda, MD, USA. 8-9 December 2014

Objective

This study compared the effectiveness of an enhanced versus standard implementation strategy (Replicating Effective Programs-REP) for providers at VA outpatient facilities on improving uptake of a national outreach program for Veterans with serious mental illness (Re-Engage) among sites not initially responding to a standard implementation strategy.

Methods

Initially, Re-Engage was implemented at 158 VA facilities by mental health providers who received the standard REP strategy to support uptake (implementation manual, training, and technical assistance). Re-Engage involved giving providers a list of patients with serious mental illness who had not been seen at their facility for at least a year, requesting that providers contact these patients, assess their clinical status, and where appropriate, expedite VA healthcare appointments. At month 6, facilities considered non-responsive ($N = 88$, total of 3,200 patients), defined as $<80\%$ of patients on providers' lists with updated assessment of clinical status, were randomized to receive either Enhanced REP (REP+Facilitation; $N = 39$ practices) for 6 months followed by standard REP for 6 months; or continued standard REP ($N = 49$ practices) for 6 months followed by 6 months of Enhanced REP for facilities still not

responding. Enhanced REP consisted of monthly phone-based coaching by national experts in Re-Engage on overcoming adoption barriers. Quantitative outcomes included attempted contacts and subsequent receipt of outpatient care.

Results

Patients from facilities randomized to receive Enhanced compared to standard REP were more likely to have an attempted contact (30% vs. 13%, $p < .001$). Sites that received Enhanced REP six months after randomization (delayed implementation of Facilitation) were no more likely to have increased contacts. There were no differences in patient-level utilization between Enhanced and standard REP sites 12 months post-randomization.

Implications

Adaptive implementation intervention strategies like Enhanced REP when applied immediately to address implementation non-response, offer a means to augment implementation efforts.

Funding Source

VA HSR&D (SDR 11-232).

Authors' details

¹VA Center for Clinical Management Research, VA Ann Arbor Healthcare System, Ann Arbor, MI, 48105, USA. ²Department of Psychiatry, University of Michigan Medical School, Ann Arbor, MI, 49109-2800, USA. ³Institute for Social Research, University of Michigan, Ann Arbor, MI 48104-2321, USA. ⁴School of Public Health, University of Michigan, Ann Arbor, MI 48109-5425, USA. ⁵University of Detroit Mercy, Detroit, MI 48221-3038, USA.

* Correspondence: amykilbo@umich.edu

¹VA Center for Clinical Management Research, VA Ann Arbor Healthcare System, Ann Arbor, MI, 48105, USA

Full list of author information is available at the end of the article

Published: 20 August 2015

doi:10.1186/1748-5908-10-S1-A26

Cite this article as: Goodrich *et al.*: Cluster randomized trial comparing standard versus enhanced implementation strategies for improving outreach to persons with SMI: 12-month results. *Implementation Science* 2015 **10**(Suppl 1):A26.

**Submit your next manuscript to BioMed Central
and take full advantage of:**

- Convenient online submission
- Thorough peer review
- No space constraints or color figure charges
- Immediate publication on acceptance
- Inclusion in PubMed, CAS, Scopus and Google Scholar
- Research which is freely available for redistribution

Submit your manuscript at
www.biomedcentral.com/submit

