



CSHIIP

Center for the Study of Healthcare
Innovation, Implementation & Policy



The Importance of Stakeholder Engagement in Implementation Research: Examples from VA Women's Health Research

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Spotlight on Women's Health

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- The VA HSR&D National Veteran Engagement Workgroup
- Our colleagues, research participants, and Veteran partners
- Patricia Li, EMPOWER logo designer

Poll Question

Which of the following describe(s) you?
(select all that apply)

Veteran

Researcher

Implementation scientist

Clinician/provider

Leader/administrator/manager

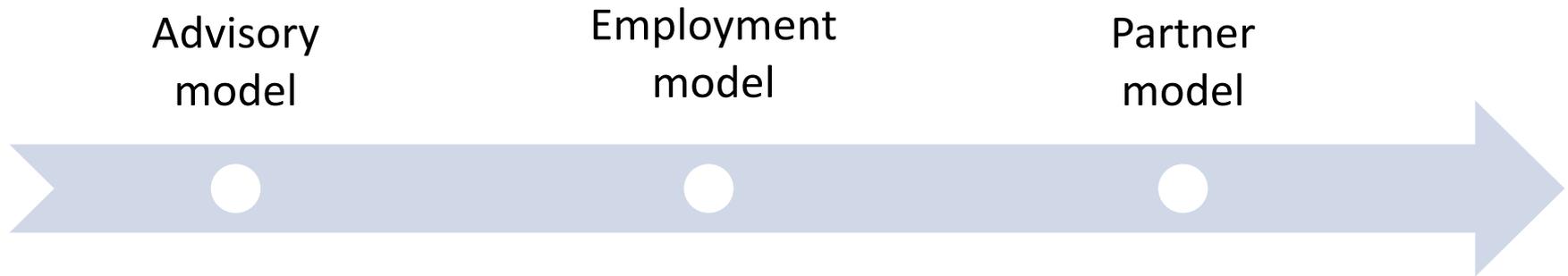
Today's Presentation

- Goals:
 - To convey the importance of stakeholder engagement in implementation research from the perspectives of researchers
 - To describe specific approaches to enhancing stakeholder engagement in implementation research
- Two sources:
 1. Findings from the HSR&D Women's Health Research Network Multilevel Stakeholder Engagement Study
 2. Engagement strategies in the EMPOWER QUERI

Why is stakeholder engagement in implementation research important?

- Implementation is about supporting change in clinical practice
- Change is hard, and change without meaningful stakeholder engagement may be impossible
- Engagement has the potential to improve the quality of the intervention, the fit between the intervention and the practice context, and—ultimately—implementation success

Models of Engagement*



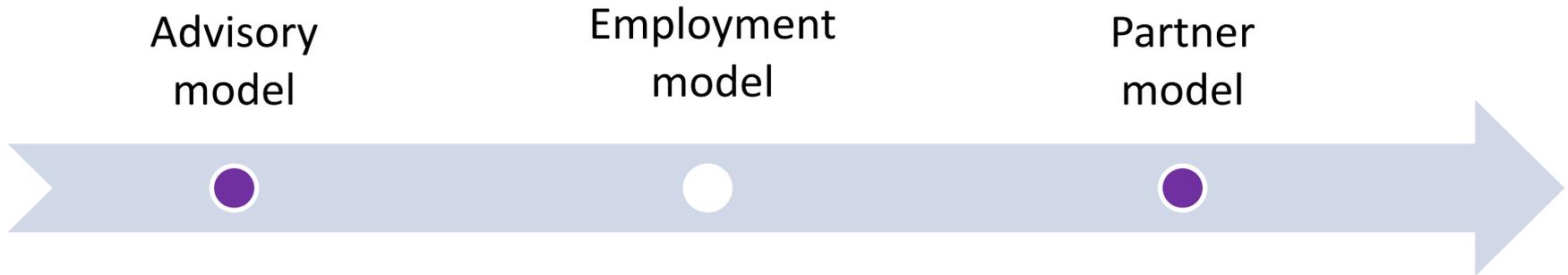
- Advisory model – community members/stakeholders **play advisory role** on steering/advisory committee
- Employment model – community members **hired as paid members** of research team
- Partner model – community members are **partners or leaders** in in all aspects of the research

*Special thanks to Dr. Gala True for this diagram, adapted from Roche et al., 2010:

http://www.hsrp.research.va.gov/for_researchers/cyber_seminars/archives/video_archive.cfm?SessionID=1126

VA Women's Health Research Network

- Comprised of a Consortium, a Practice-Based Research Network (60 sites), and a study of multilevel engagement
 - Interviewing researchers, patients, providers, and administrators about stakeholder engagement in research



Methods

- Reviewed literature and compiled list of current and former VA implementation scientists, interventionists
 - Reviewed with HSR&D and women's health leadership
 - Asked participants to recommend colleagues
- Recruited via email
 - 30 recruited; 2 declined and 1 added
 - 17 clinicians, 12 non-clinicians
- Conducted 29 semi-structured interviews from February to March 2016
 - Asked participants about stakeholder engagement efforts across the research trajectory (planning → execution → dissemination)

Results

- What is engagement?
- Common engagement approaches
- Who are stakeholders in implementation research?
- Multilevel engagement
 - Engaging providers, managers
 - Engaging patients
- Sharing results with stakeholders
- What does engagement entail for the researcher?
- What difference does engagement make?

What is engagement in implementation research?

“Real engagement is about engaging people in creating an intervention, creating an educational component, creating whatever it is you’re trying to do and to have the community members—for example Veterans—actively engaged in this.”

Common types of engagement in VA implementation research

- Early/formative feedback on interventions, measures, tools, methods
 - Usually acquired via qualitative methods
- Advisory committees
 - Varying composition
- Stakeholder advisors (e.g., partners)
- Veterans on research teams (e.g., peers in mental health research)

Who are stakeholders in implementation research?

“Oftentimes we think about stakeholders as patients and then there's clinicians, so they're included in the mix and in largely the same way as with the patients. In some studies where we'll do either individual interviews or focus groups with clinicians, to get input on everything again from recruitment to retention to intervention, and then to interpretation of the results. So it's largely, in my experience, it's a parallel process to that with patients.”

“Implementation research is all about engaging with providers and managers and systems...”

“They’re the ones we’re trying to help out, to do things different or to set up different approaches that are useful to them...[The intervention] has to be carried out by the management of the sites, managers of the sites, and the clinicians at the sites. They either want to do something or they don’t, so it’s a matter of working with them to figure out how to make things happen. So in there we engage with those folks very early in the process—people at the network and medical center level, they’re integral, they’re really a part of the team...If you don’t also engage with the providers in the system, by definition it’s no longer implementation research...”

“You have to deal with the organizational context...”

“We began to design our research around implementation, with a recognition that [VISNs] are the stewards of these [Central Office] resources, and that they could have influence on what VA medical centers did. So working with multiple layers has been important...Finding out who to work with at each one of those levels took a lot of time, but if you want to do implementation, this is the infrastructure of the VA, so you can do all the provider engagement you want, but if they aren't supported by the head of medicine and they're not supported by the chief of staff, no matter what you do with them, it's not going to sustain...The national folks are a whole other level who set policy and practice initiatives and who wear different shoes.”

“We’re like multilingual people...”

“We are like multilingual people who can see all the different levels together and help them actually come to consensus and come to an understanding of what it might take to change things at the different levels. And it's just fascinating that we are in this position, because we engage Veterans, because we engage providers, because we engage at each level...I think it is why we actually provide some real value.”

“We need to think about engagement at many different levels...”

“When the patients do speak, either through their collective opinions in focus groups or interviews, or when they're at the table, clinicians and researchers pay attention...**They're the people we're trying to help.** So that carries a lot of weight...I certainly don't see it as the norm, but I think as it relates to organizational or system change, it's hugely helpful. You don't do it at your own peril.”

Engaging providers

“Researchers really need to do more work in developing best practices for engaging providers...Everybody’s time is scarce. Patients’ time is scarce, providers’ time is scarce. It has to be a subject they care about but, more importantly, since much of that work is actually designed to change the setting that providers are working in, then the connection to the end result is actually very important...Just one or two experiences and you’re going to turn off providers and then the providers are way overburdened, so it’s just a bad combination: an overburdened provider who then sees that the studies are either set up where they haven’t actually had input early enough in the intervention for it to be something they’re interested in or where it just seems like it’s not enough—it doesn’t reflect the context that they practice in.”

Engaging providers (cont.)

“You can't really do implementation without providers, it's kind of a non-starter implementation 101 if you don't work with providers in a meaningful way. [Implementation is] a collaboration and a partnership in helping them do their jobs in ways that makes it better for them, more rewarding and allowing them to do their job the way they want to do their job. [Relationships are] respectful of their time and their competing demands and they, in turn, I think really respect what we can offer, in terms of giving them tools and resources and strategies for improving care...So it's mostly a foundation of respect and listening and accommodation, with a little bit of facilitation and some gentle pushing back and forth, too.”

Engaging patients

“Our experience with engaging Veterans...has really impressed upon me the importance of training researchers on how to actually be present, be honest, be clear about the expectations of what engagement means, but also the incredible promise for what engaging women Veterans in that whole [community-based participatory research] approach could mean. So I'm actually really excited and committed to that approach, but I think I can also do it more readily because **at my career stage I can take some of those risks**, because I think some of them are kind of risky and they're at the same time incredibly exciting and salient and help inspire and motivate what we do.”

Closing the loop: sharing results with stakeholders

“Usually by the time the study is done, the resources are gone and I'm working on something else so I haven't really had a chance to think about that.”

“That’s always a really important part of doing this and it’s something I have to be constantly keeping in mind...In the middle of the daily trials and tribulations of trying to actually make things happen here, it’s a matter of **staying in touch with the stakeholders.**”

“Our community partners really keep us honest about bringing back results...**Now from the very beginning, we're already planning how we're going to go back and disseminate,** so that it doesn't just fall off the end. Because a lot of times you get to the end and it's like well, we've got to find funding for the next piece or we're doing something else. We write it in as even one of our aims on the community side to make sure we're disseminating in the community venues as well.”

What engagement entails for researchers

“You have to be somewhat egoless to do it...”

“The biggest challenge is that it really is different from the other kinds of research that we’re more used to...Investigators who are unaware and not willing to see how much wisdom there is in Veterans and how much wisdom there is in the community are not going to get this...”

“You take that power dynamic of being like the researcher who’s the expert and knows it all, to coming out to be a partner and we’re at the table and we all have strengths that we’re sharing and we all have some things that we don’t know. So sometimes it’s cool for investigators to put themselves in the position where they’re saying there are some things about this I don’t know—I don’t know everything so that’s why I need you.”

What engagement entails for researchers

“It has to be a win-win situation...”

“You can go out and recruit people to participate in research and clinical trials, for example, and you can use community members to advise about how you recruit, but there is a whole range of engagement, and at one end of it is having an advisory board and at the other end of the range is true CBPR, where the community decides what they want, and the farther you get over to that CBPR end, the more nothing works unless it’s **bidirectional**.”

What engagement entails for researchers

“Engagement is a long-term process...”

“It’s not going to be immediate gratification. It’s an investment over time.”

“In traditional research, we give the survey out, we get it back, we get the data. Even in qualitative work, it's a little bit more time-consuming, but we still know in our mind about how much time it's going to take. Really what we found with our engaged projects is that there was really not a great way to gauge how much time it was going to take, but just that initial relationship-building took for us sometimes a year before we really got a good relationship going. Knowing that up front and being able to build that in the timeline—it’s going to take some time to find the people that you want to engage and also to really build that relationship and that trust.”

What difference does engagement make?

“Our [strategic Veteran] council has given us a really strong sense of what their priorities are...That helps us understand how to both frame and prioritize the many analyses and papers we may do out.”

“Because we hire peers and because they're so intimate with the work that we do, I'd like to think that builds a lot of trust. They're our eyes and ears, so we wholeheartedly want to get feedback from them and really we change course, based on their half of the equation.”

“When you can take your end user and have their input at the beginning of the creation of a product, it's golden. So I really, quite frankly, have trouble understanding why people don't employ this systematically.”

In closing...

“I don't think stakeholder involvement is something that is going to go away, I don't think it's a passing fad, I think it's going to stay with us and it will evolve and hopefully become even more central and more built in to what we do.”

“Change is hard. But it doesn't mean we shouldn't change.”

EMPOWER QUERI

- Goal is to improve women Veterans' engagement and retention in evidence-based care for high-priority health conditions
- Used community-engaged research principles to design the program
- Multilevel engagement a core strategy
- Also evaluating patient engagement in care
 - Prioritizing patient preferences in all care models

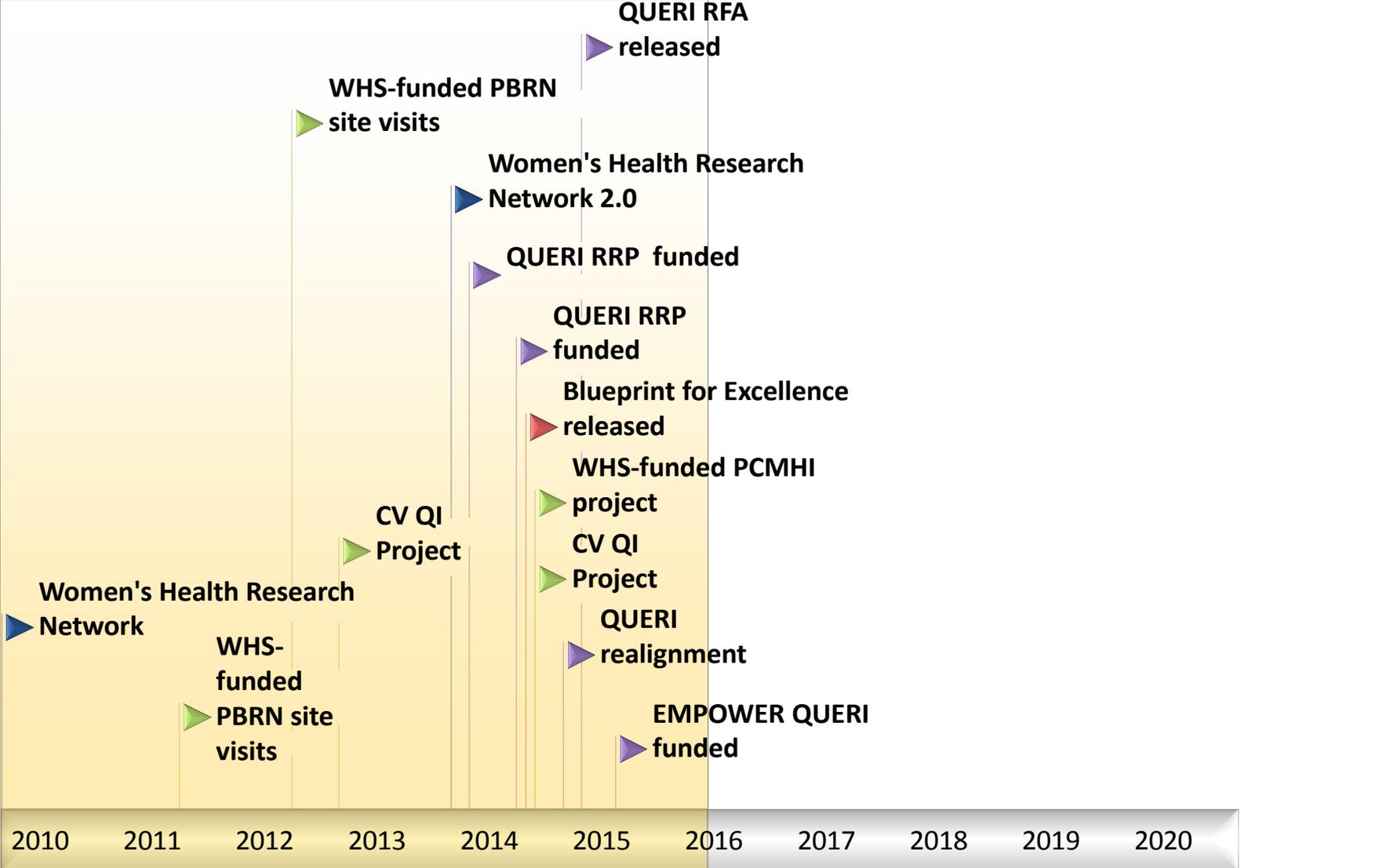
Advisory
model

Employment
model

Partner
model



VA Women's Health Research Context

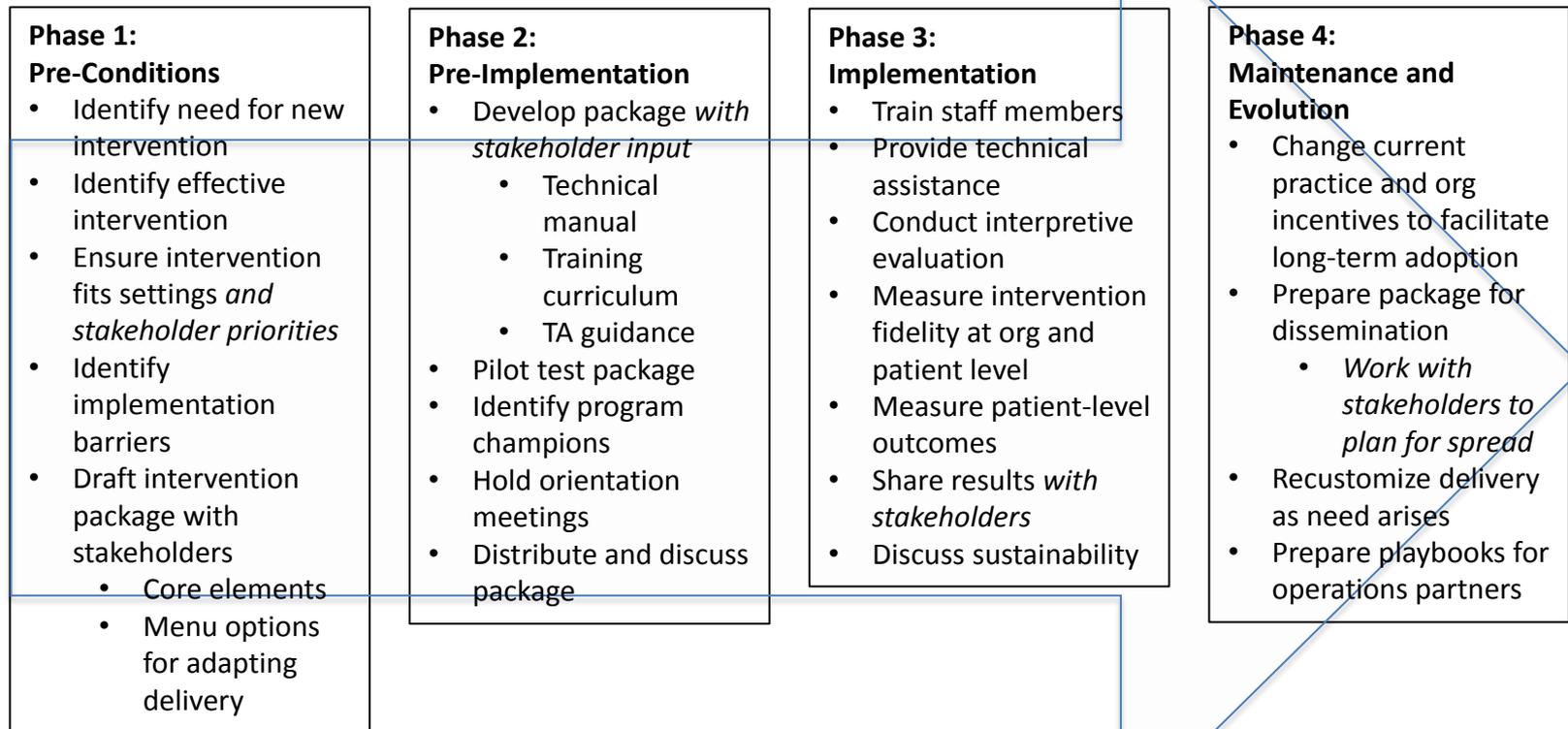


WH
CREATE

EMPOWER QUERI
commenced

EMPOWER
QUERI ends

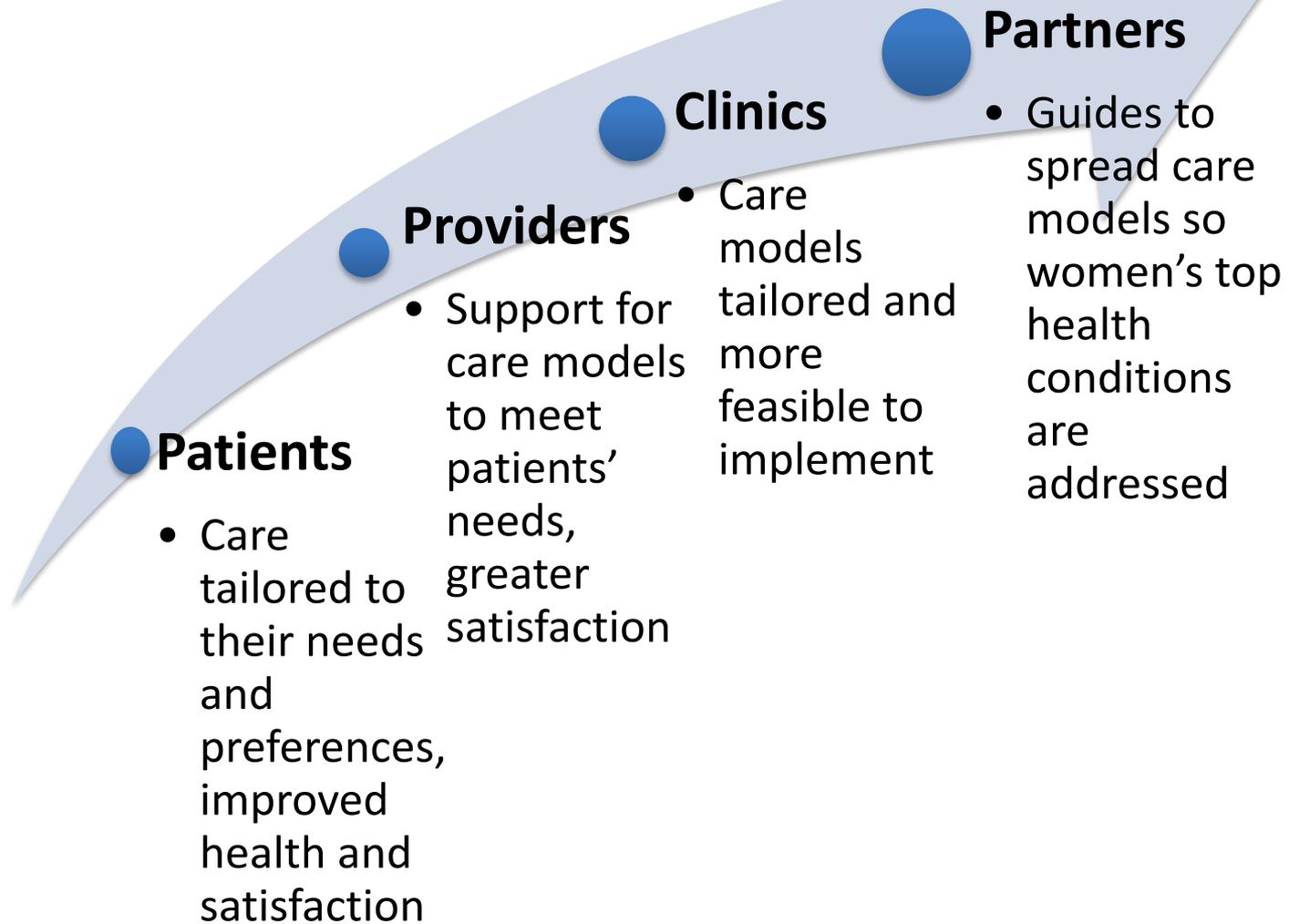
Replicating Effective Programs (REP), enhanced with stakeholder engagement



Levels and timing of engagement in EMPOWER

	Pre-Conditions	Pre-Implem	Implemen	Maintenance
National Partners	✓	✓	✓	✓
VISN Leadership		✓	✓	✓
Facility Leadership	✓	✓	✓	✓
WH Clinics	✓	✓	✓	✓
Providers/Staff	✓	✓	✓	✓
Patients	✓	✓	✓	✓

Desired impacts



In conclusion...

How does stakeholder engagement make a difference?

Engagement can help with:

- Identifying priority research topics
- Selecting/designing an intervention, tool, measure, etc. that fits stakeholder needs and contexts
- Adapting and tailoring implementation strategies
- Adjusting the implementation process as needed
- Promoting buy-in at all levels among leadership, staff, providers, and patients
- Supporting consumer demand and engagement
- Addressing barriers and challenges
- Planning for and achieving sustainability, scale-up and spread
- Informing policy and practice
- Fostering trust, transparency, reciprocity

Poll Question

I would still like to learn more about how to engage... (select all that apply)

Veterans

Family members & caregivers

Providers

Administrators

Community partners

Thank You!

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