# A Formative Evaluation of an Adaptation that Incorporates Health Equity into the Evidence-Based Quality Improvement Implementation Strategy

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### **Outline**

- Background: Health Equity & Implementation Science
- Pilot Overview: EBQI Equity-focused adaptation
- Pilot Evaluation
- Conclusions & Next Steps





### **Poll #1**

- What is your primary role in a healthcare setting?
- ☐ Research or Implementation science
- ☐ Clinical care
- Administrator
- ☐ Veteran patient
- ☐ Other ... I'm just really interested in this topic





### **Poll #2**

What is your experience with experience with implementation science?

- ☐ I'm a newbie
- ☐ I have some experience
- ☐ I am a seasoned expert





### **Outline**



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### **Background: Implementation Science**

Implementation Science Definition:

"the scientific study of methods to promote the systematic uptake of research findings and other evidence-based practice into routine practice."

i.e., how do we get research on what works to patients

Research timeline... average: 17 years



Basic science



Clinical trials



Health Services
Research





Routine clinical practice







### **Background: Implementation Science**

**Interventions** 

**WHAT** we are trying to implement:

- Evidence-Based Practices
- New innovations

Implementation strategy

**HOW** we get people (e.g., clinical staff) to use the intervention

"methods or techniques used to enhance adoption, implementation, and sustainability of a clinical program or practice"





### **Background: Health Equity**

Implementation science can exacerbate inequities if there are differences in

- Access to evidence-based practices (EBPs) and innovations
- Benefits from EBPs and innovations

THE CORONAVIRUS CRISIS



In Large Texas Cities, Access To Coronavirus Testing May Depend On Where You Live

MAY 27, 2020 · 5:00 AM ET HEARD ON MORNING EDITION

By Sean McMinn, Audrey Carlsen, Bret Jaspers, Ruth Talbot, Stephanie Adeline









### **Background: Health Equity**



- Intervention tailor interventions to different settings and patient populations e.g., in-person to virtual modality
- Implementation strategy embed equity considerations into implementation strategies





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### **Setting: RIVET Initiative**

RIVET Goal: Implement evidenced-based practices (EBPs) to manage patients at high risk for hospitalization ("high-risk patients") in primary care setting



- Interventions: 2 EBPs to screen for modifiable-risk factors to reduce hospitalization and emergency care use
- Implementation strategy: Evidence-Based Quality Improvement (EBQI)

Incorporate equity into RIVET's implementation strategy







### **RIVET Ideal for Equity Considerations**

#### **High-risk patients**

- High-risk patients include subgroups disproportionately experience disparities e.g., Black, older, low income, rural
- RIVET EBPs: address common challenges for underserved groups, e.g., social needs, carecoordination





Medication Adherence Assessment Comprehensive Assessment & Care Planning

**Equity priority:** Ensure these subgroups of high-risk patients can access EBPs

#### **EBQI**

- Engagement of both leadership and frontline staff
- QI facilitation for clinical champions (frontline primary care staff): QI training
  - QI skills for future projects
- 18 months of practice facilitation

Parallels between QI and Health Equity: Incremental & data driven processes for change







### **Objective**

- Developed and piloted health equity adaptation to the Evidence-Based Quality Improvement (EBQI) implementation strategy
- Formative evaluation on acceptability of this EBQI equity adaptation





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### **EBQI Health Equity Adaptation**

**1-hour health equity didactics** delivered as part of monthly QI trainings for clinical champions

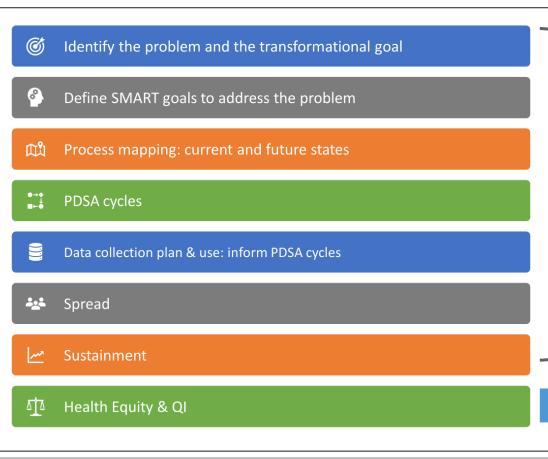
QI coaching support for health equity activities as part of practice facilitation





### QI Didactic Topics for Clinical Champions

Topics and Skills
Covered during our Sessions



Standard Quality
Improvement topics

Added a session about health equity and QI







### **Equity Didactics Topics**







HEALTH EQUITY
IMPORTANT FOR
HIGH-RISK
PATIENTS



HEALTH EQUITY QI ACTIVITIES THAT ARE ACTIONABLE





### **Actionable & Practical Activities**

Potential ways to incorporate health equity into QI



#### **SMART** goal

Include 1 equity-related SMART goals Examples:

- Increase EBP reach to a specific subgroup
- Decrease disparity in EBP reach between subgroups



#### **Data collection plan**

Stratify outcomes by subgroups

Include 1 or 2 equityrelated outcomes in data collection



#### **Process map**

Consider how current and future states may affect equity

- Population
- Identification and outreach
- Adaptations

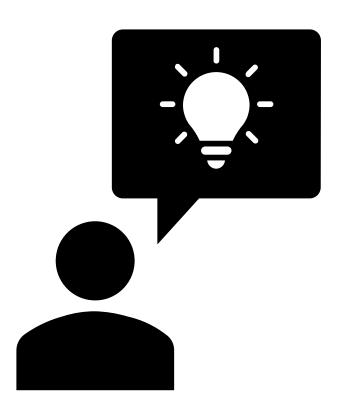






### QI Coaching Support

- Interactive discussion about equity priorities and concerns
- "Homework" Develop health equity implementation plan
- Encouraged sites to incorporate health equity in later PDSA cycle
- Trouble shoot with clinical champions on ways to improve equity











- Background
- Pilot Overview



- Methods
- Results
- Conclusions & Next Steps







### **Evaluation Methods**



#### Clinical champion surveys

Acceptability of health equity didactics



#### Semi-structured interviews with

clinical champions

Topics: feedback, suggestions for

improvement, future plans

Rapid qualitative analysis



#### **Facilitator Reflections**

Semi-structured interviews with facilitators planned







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### **Pilot Evaluation**

- Methods
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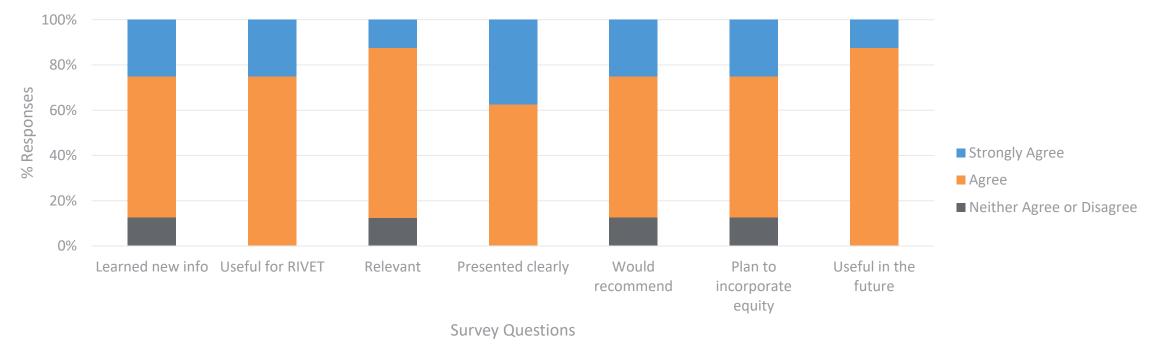




### **Acceptability of Didactic Session**

All 6 eligible teams received EBQI equity adaptation

Survey results: Acceptability of didactic session (n=8)







### **Variety of Health Equity Activities**

### **Examples from clinical champion teams**

**SMART** goals



Focused PDSA cycle on health equity e.g., focus on women Veterans; high-risk patients living in high-poverty neighborhoods

Data collection plan



Collected patient demographic data e.g., age, food and housing insecurity

Examine process map



Multiple modalities for EBP administration e.g., in-person, telehealth; proactively identify high-risk patients from Primary Care Equity Dashboard







### **Challenges Beyond Individual Teams' Control**

- Limited engagement from underserved populations
- Access issues in rural areas
- Resource constraints: understaffed primary care teams, insufficient protected time





### **Benefits & Opportunities for Improvement**

### Benefits:

- Diverse perspectives of RIVET team
- Encouraged to see how patients benefit

### Areas for improvement:

- Consider appropriate timing of the session
- Understanding of local context and unique equity issues

"[Facilitators] need to think a little bit broader when trying to determine the equity related goals because every clinic is going to have a different nuance to it....There's a clinic that's on the side of town that is more affluent, and they may not have the same issues that I have here."







## Potential Changes in Patient Care & Future QI Activities

- Changed how primary care teams provided care
- New perspectives on understanding patients: more open & different ways of thinking

"My team was pleasantly surprised by things that we would not have picked up...it allowed us to look at a Veteran in a different way, through a different prism if you will."





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**Conclusions & Next Steps** 





### Conclusion

- EBQI health equity adaptation was well-received by primary care clinical champions
- Practical and potentially scalable approach to incorporate equity into EBQI...and even some other implementation strategies





### **Next Steps**

- Improve EBQI equity adaptation v2.0
- Incorporate equity into other EBQI projects
- Equity as a core component of EBQI
- Equity adaptations to other implementation strategies





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**RIVET Clinical Champions** 

**RIVET Co-facilitators** 







### **Questions?**

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