

Adoption, Implementation and Sustainment of Family-focused Prevention in Health Care Systems: How Do We Get There?

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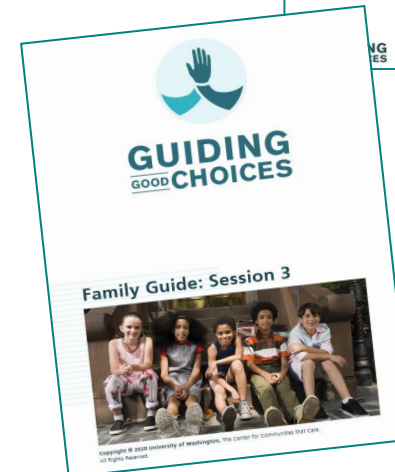
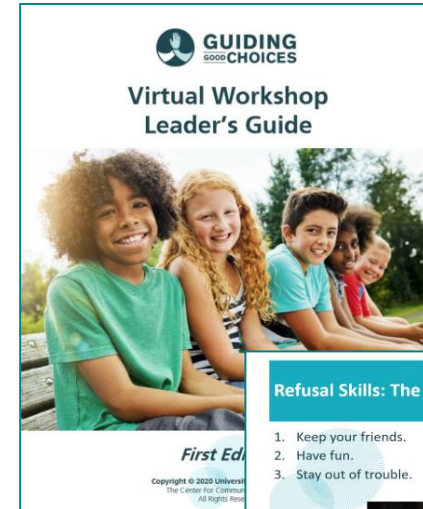
Guiding Good Choices for Health Study (GGC4H)

Guiding Good Choices (GGC)

- Group-based program for parents and caregivers of younger adolescents (ages 9-14)
- Better family and adolescent health outcomes in 2 prior RCTs

GGC4H Study Aim

- Evaluate **feasibility and effectiveness** of implementing GGC in 3 large integrated healthcare systems



Research & Implementation Leaders



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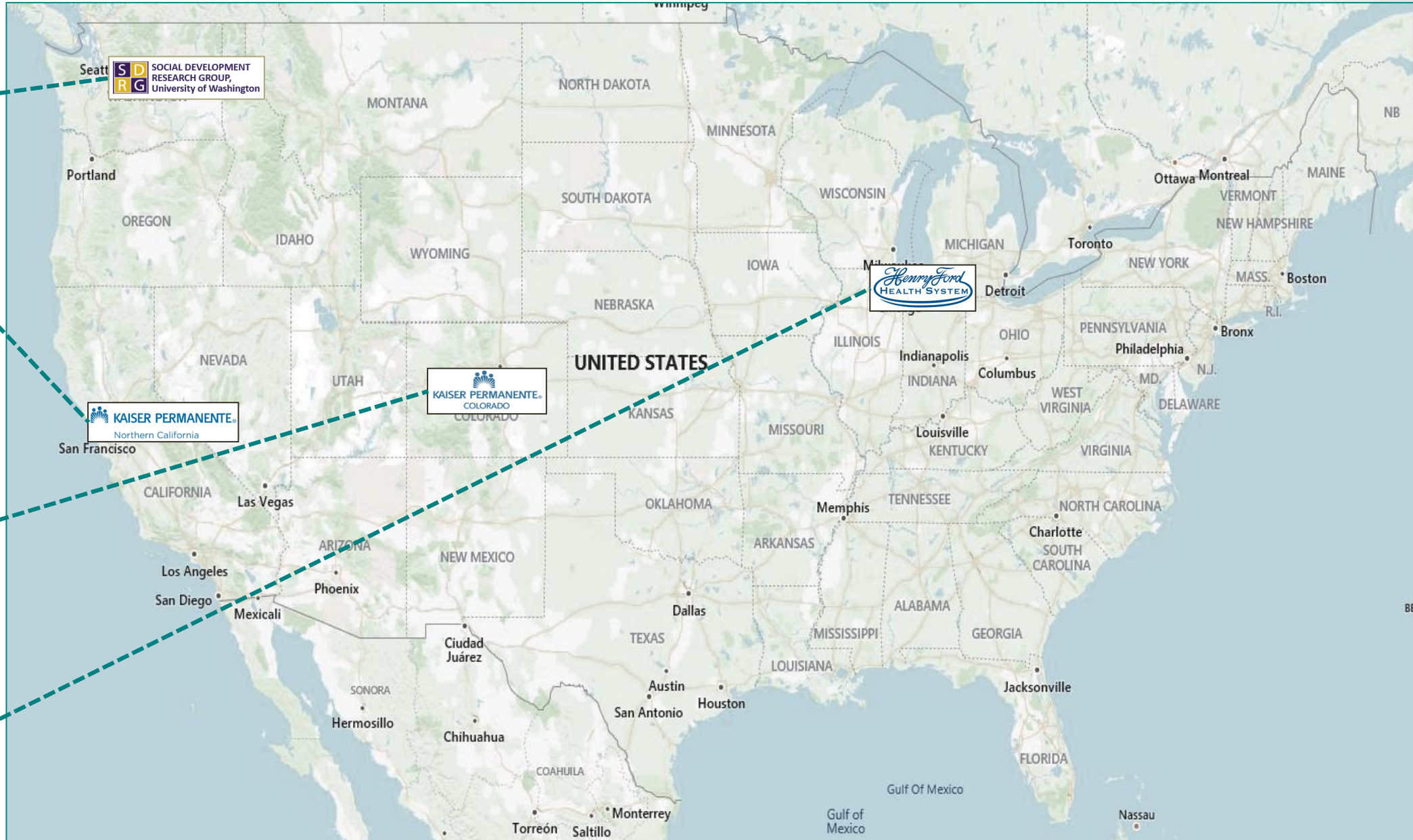
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Today

- 1) Why offer GGC in pediatric primary care?
- 2) GGC4H study design and outcomes
- 3) GGC in a virtual world: Is virtual GGC feasible, acceptable, and satisfying?
- 4) System-level support for implementation of prevention programs: What do health care system leaders say?



WHY OFFER GUIDING GOOD CHOICES IN PEDIATRIC PRIMARY CARE?

Many Young People Don't Reach Their Potential

By the time they leave high school

- **50% of adolescents** will have used some form of **illicit drugs**
- **20-25%** will have met diagnostic criteria for **depression**
- Many will engage in **delinquency or violence**
- **Other common behavioral health problems:** Sexual risk behavior, other mental health problems, academic and school problems
- Annual costs of substance misuse \$442B v. diabetes \$245B

Effective prevention during adolescence → Reduced morbidity and mortality across the lifespan

Why Parent-focused Prevention and Health Promotion?

- Stronger bonds with family → Better health and educational outcomes
- Parenting programs...
 - Increase protection, reduce risk
 - Improve health and wellbeing, reduce problems
- Effective parenting programs exist
 - National Academies, 2019
 - www.blueprintsprograms.com
 - Surgeon General, 2016
- Effective prevention saves money
 - Washington State Institute for Public Policy Benefit-Cost Results, www.wsipp.wa.gov



Guiding Good Choices – Caregivers of Adolescents Ages 9-14

- Sessions promote bonding, provide strategies, teach skills
 1. **Getting Started** → Strategy for promoting health and wellbeing
 2. **Setting Guidelines** → Set healthy and clear guidelines, positive discipline
 3. **Managing Conflict** → Deal with anger constructively
 4. **Avoiding Trouble** → Resist negative influences (*with adolescents*)
 5. **Involving Everyone** → Strengthen bonds, build life skills
- **GGC RCTs – Population level effects with Midwest samples**
 - **Adolescents:** Lower substance use and antisocial behavior, fewer symptoms of depression for 4-6 years
 - **Families:** Better communication, closer relationships, less family conflict



How could GGC reach more families?

Would GGC be effective among socio-demographically diverse families?

Opportunities for Prevention in Pediatric Primary Care

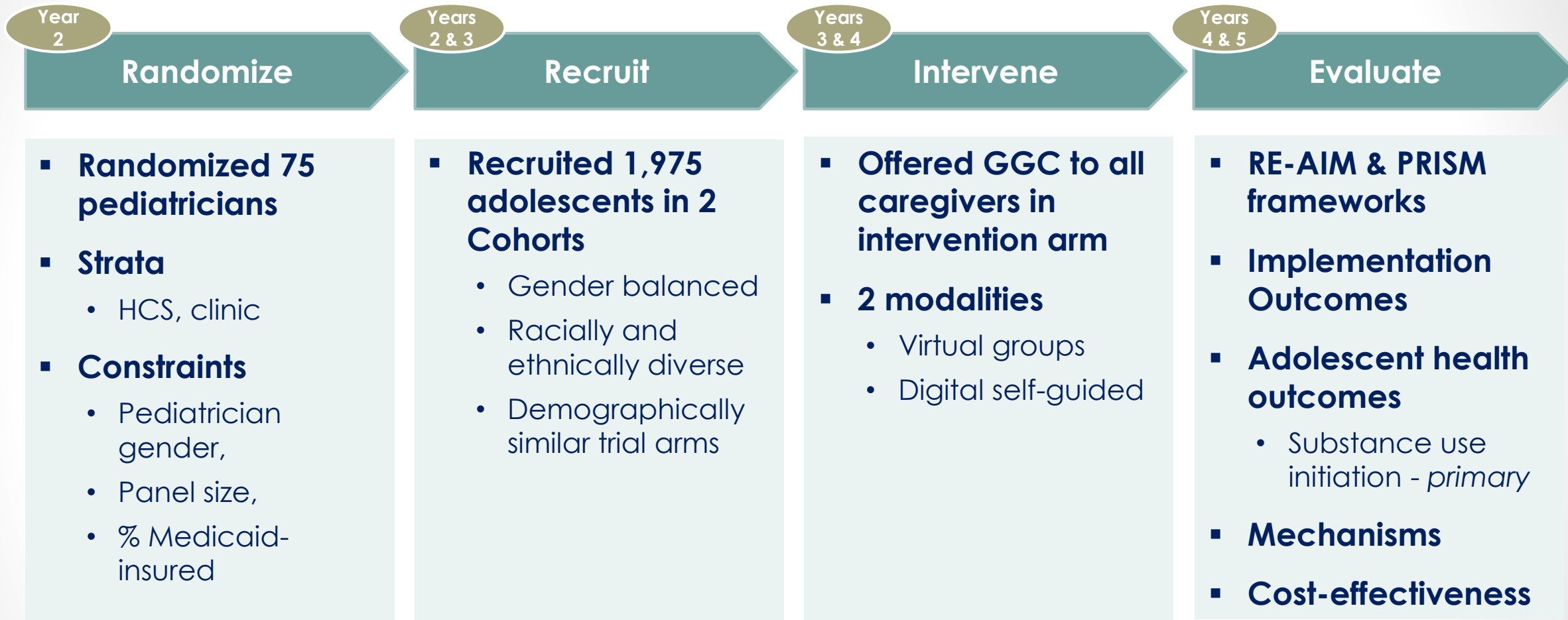
- **Pediatric primary care**
 - ~95% of families have a pediatric medical home
 - Pediatricians are trusted by parents
- **AAP recommends Anticipatory Guidance but pediatricians often lack time, comfort, skill**
- **Another way: Pediatricians refer parents to GGC for delivery by embedded behavioral health specialists**
 - Opportunity for greater enrollment, uptake, and public health impact





GGC4H STUDY DESIGN AND OUTCOMES

5-Year Longitudinal Cluster-randomized Trial



4 Implementation Studies

Research Questions

1) Are caregivers of adolescents open to virtual parenting support?

Leads: Morse

2) Can virtual GGC be delivered with high fidelity?

Leads: Morrison, Eisenberg, Kuklinski

3) Does GGC meet caregivers' needs?

Leads: Scheuer, Kuklinski, Eisenberg, Morse, Lyons

4) System level support for prevention: What do healthcare systems leaders say?

Leads: Sterling, Morse, Braciszewski, Beck, Boggs

Understanding context and implementation: RE-AIM & PRISM

RE-AIM

- Implementation factors – **Adoption, Implementation, Maintenance** – moderate **Reach and Effect**



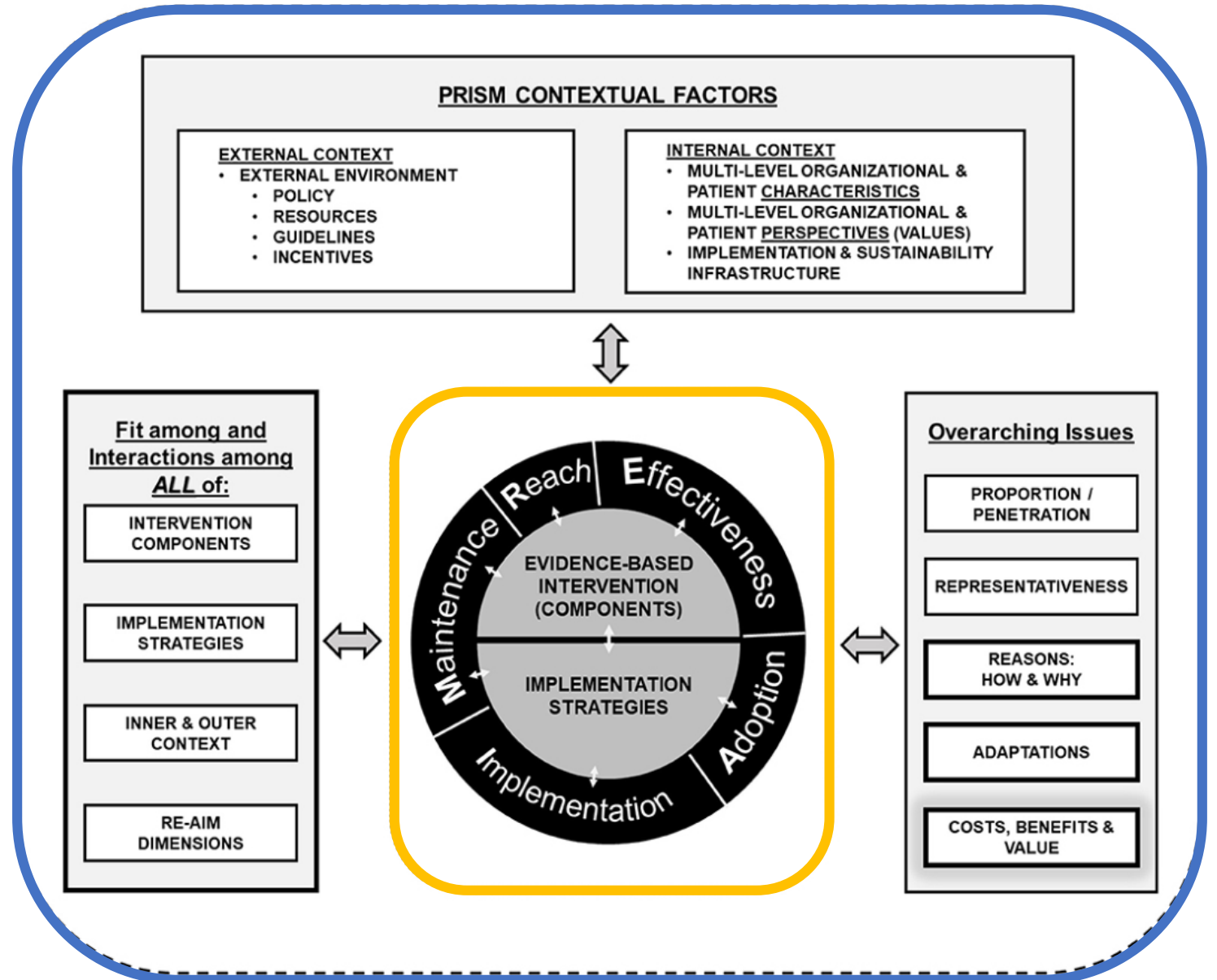
Understanding context and implementation: RE-AIM & PRISM

RE-AIM

- Implementation factors – **Adoption, Implementation, Maintenance** – moderate **Reach and Effect**

PRISM

- Pactical, Robust, Implementation and Sustainability Model
- **Contextual factors, fit, and other overarching issues also affect..**
- ...implementation, reach and impact





**IS VIRTUAL GGC ACCEPTABLE AND FEASIBLE, AND
DOES IT MEET PARENTS' NEEDS?**

Study 1: Do caregivers want virtual parenting support?

- **Data collection: Summer 2020, early in the pandemic**
- **Method – Qualitative data**
 - 59 caregivers: Semi-structured interviews ($n = 18$), focus groups ($n = 41$)
 - Some with prior GGC exposure, others no exposure
- **Topics**
 - Barriers and facilitators with online format for delivery of GGC
 - General skill and comfort engaging with technology

Themes: Help Dealing with COVID-19, Many Facilitators



Theme

Illustrative Quotes

Help Dealing with Impact of COVID-19

- Conflict management
- Virtual school, falling behind academically
- Social isolation, friendships tested
- Screen time
- Mental health issues
- Limited access to trusted adults

*"It's really **hard to go through my child's changes** right now. Sometimes **I'm so mad at him, he's rebellious, and he's rude.** It's just so hard, because **I feel like I'm losing him,** and that hurts tremendously. I didn't know **that kind of pain.** It just feels **so awful and so lonely.***

*...Maybe if I were to take this workshop now, probably **I would find a lot of value in listening to other parents** saying exactly the same things, **saying how lost they feel.**"*

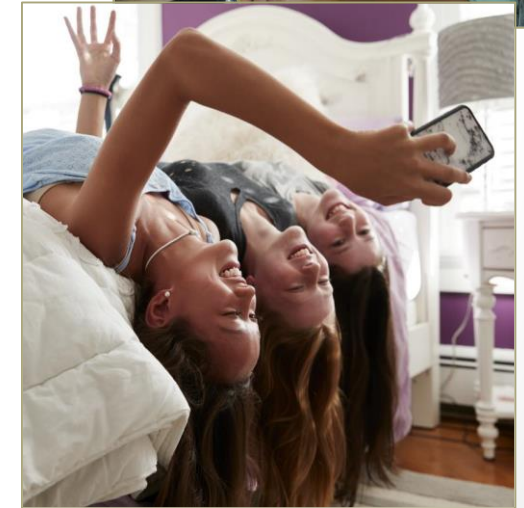
Themes: Help Dealing with COVID-19, Many Facilitators



Theme	Illustrative Quotes
Help Dealing with Impact of COVID-19	
<ul style="list-style-type: none">• Conflict management• Virtual school, falling behind academically• Social isolation, friendships tested• Screen time• Mental health issues• Limited access to trusted adults	<p><i>"It's really hard to go through my child's changes right now. Sometimes I'm so mad at him, he's rebellious, and he's rude. It's just so hard, because I feel like I'm losing him, and that hurts tremendously. I didn't know that kind of pain. It just feels so awful and so lonely.</i></p> <p><i>...Maybe if I were to take this workshop now, probably I would find a lot of value in listening to other parents saying exactly the same things, saying how lost they feel."</i></p>
Virtual Group Facilitators	
<ul style="list-style-type: none">• Safety, ease, convenience• Content• Format, logistics• Group length• Incentives	<p><i>"Sometimes it takes a village to raise a child and this is an easy way for us to come together and accomplish that."</i></p> <p><i>"You might tend to say more because people can't see you. You might say a little bit more and get a lot more out."</i></p> <p><i>"The cost of childcare [for in-person groups]...it wasn't a small consideration."</i></p>

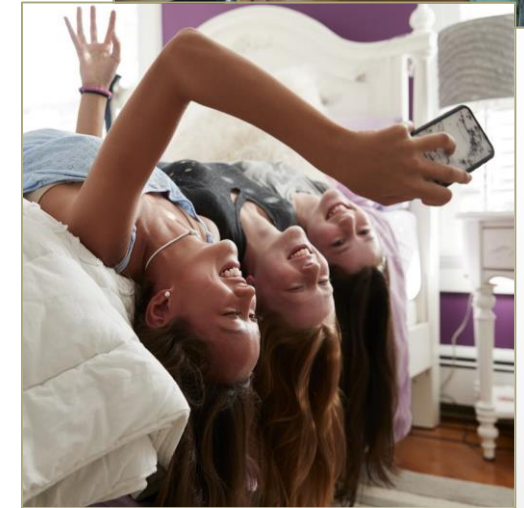
Themes: Virtual group and adolescent participation barriers

Theme	Illustrative Quotes
Virtual Group Barriers	
<ul style="list-style-type: none">• Meeting fatigue, noise, multi-tasking• Group dynamics and rapport• Self-conscious• Security and privacy• Tech and logistical	<p><i>"...You know, we have space in the house, but it is not isolated...would be difficult to share any personal or sensitive information that little ears can pick up."</i></p> <p><i>"I have a one-year-old. Trying to move around her...having her take up our virtual time."</i></p>



Themes: Virtual group and adolescent participation barriers

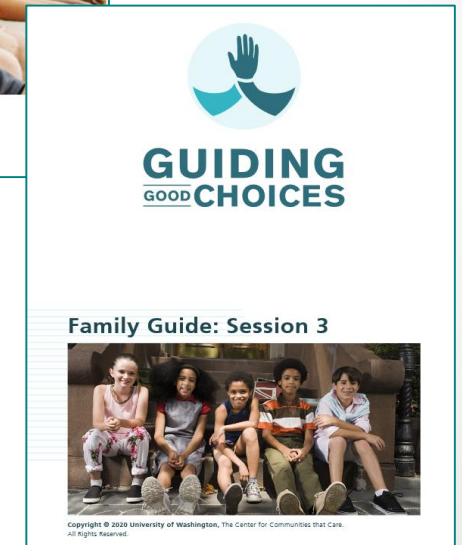
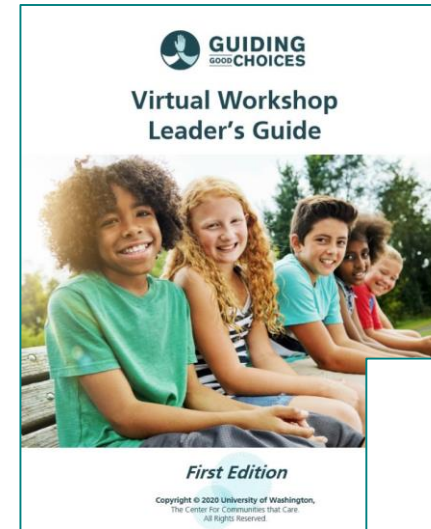
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Adolescent participation challenges	
<ul style="list-style-type: none">• Length• Acceptability and appeal• Privacy, Tech• Incentive	<p>"It's easier for me to get my kid to join if it's virtual. I feel like they'll be more comfortable."</p> <p>"They need more time to open up and to feel comfortable. Just doing one session and expecting them to do something in that one session...I don't see MY kids doing it."</p>



Conclusion: Parents wanted virtual support during COVID-19, but concerns also need to be addressed.

Study 2: Can virtual GGC be delivered with fidelity?

- **GGC: Positive bonds between parents and adolescents are key to healthy behavior**
- **GGC sessions are also built around bonding – between parents and with instructors**
 - Bonding motivates attendance, skills use
- **Goal for virtual GGC: Create this experience in the virtual environment**
 - Retained core components, remove non-essential content
 - Used teaching strategies: lecture, discussion, demonstration, practice
 - Created virtual workshop leader's guide
- **Offered intensive training and practice to GGC4H interventionists**



Method

- **Primary Questions**

- Was virtual GGC delivered with fidelity – across cohorts, sites, sessions?
 - Adherence, dose, delivery quality, engagement

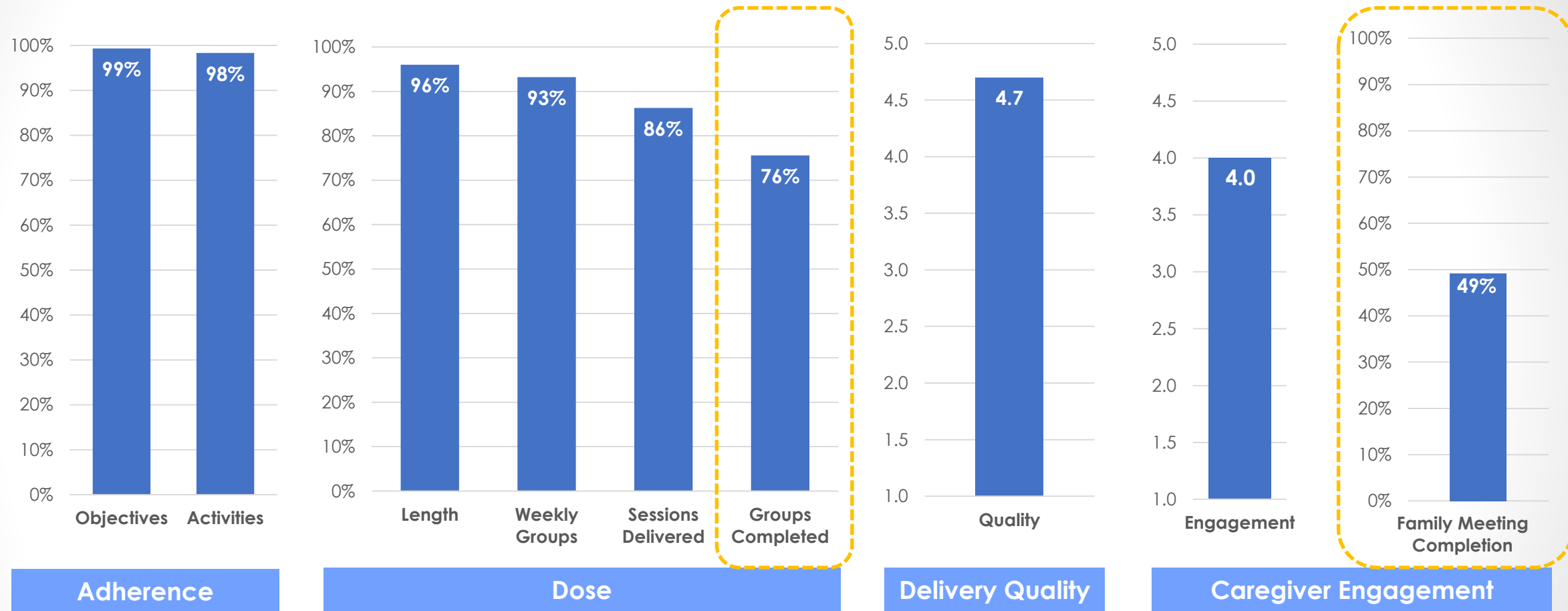
- **Data sources – Mixed Methods**

- Session fidelity checklists – GGC interventionists, observers
 - Completed after each session (96% completion rate)
 - Observers: 10% of sessions, beginning middle of Cohort 1
 - 4- to 5-point Likert scale ratings
- Focus group, interview – GGC interventionists

- **Analysis:**

- Chi Square, ANOVA, post-hoc analysis (e.g., Tukey's test)
- Thematic analysis of focus group, interview content

Virtual GGC was delivered with high fidelity



- Observer reports confirmed high fidelity
- Fidelity was high across cohorts, sessions, sites
- Areas for improvement: Groups and family meetings completed.

Interventionist Perspectives on Fidelity

Dosage	Adherence	Delivery Quality	Participant Engagement
<ul style="list-style-type: none">• 2-hr. sessions: big time commitment• Sessions cancelled when attendance dwindled	<ul style="list-style-type: none">• Modified activities — skipped videos or breakout rooms — but generally not core material• Material condensed due to time	<ul style="list-style-type: none">• Improved over time• Valued practice and ongoing support	<ul style="list-style-type: none">• Strengths: Parent bonding and engagement• Challenges: Parent retention and youth engagement• Additional content could motivate parents (e.g., social media)

Two hours...was **more than most people were comfortable** committing to

...If we're running low on time, I'll **just give the examples... instead of asking [them to provide examples]** and... waiting for responses

I felt like **we got better as we went along**, and we were **just so much better by the end**

That was one of the **biggest successes... families who connected [with other parents]**

Study 3: Is virtual GGC satisfying to parents?

▪ **Primary Questions**

- Were parents satisfied?
 - Overall, by session, by component (videos, activities, family guide, process)
- Did satisfaction differ by site?

▪ **Data sources – Mixed Methods**

- Post session satisfaction surveys – Parent participants
 - 45 GGC groups, 310 attendees (fall 2020 – spring 2022)
 - Completed voluntarily after each session: $n = 292$ (92%)
 - 4-point Likert scale ratings
- Focus group – GGC interventionists

▪ **Analysis**

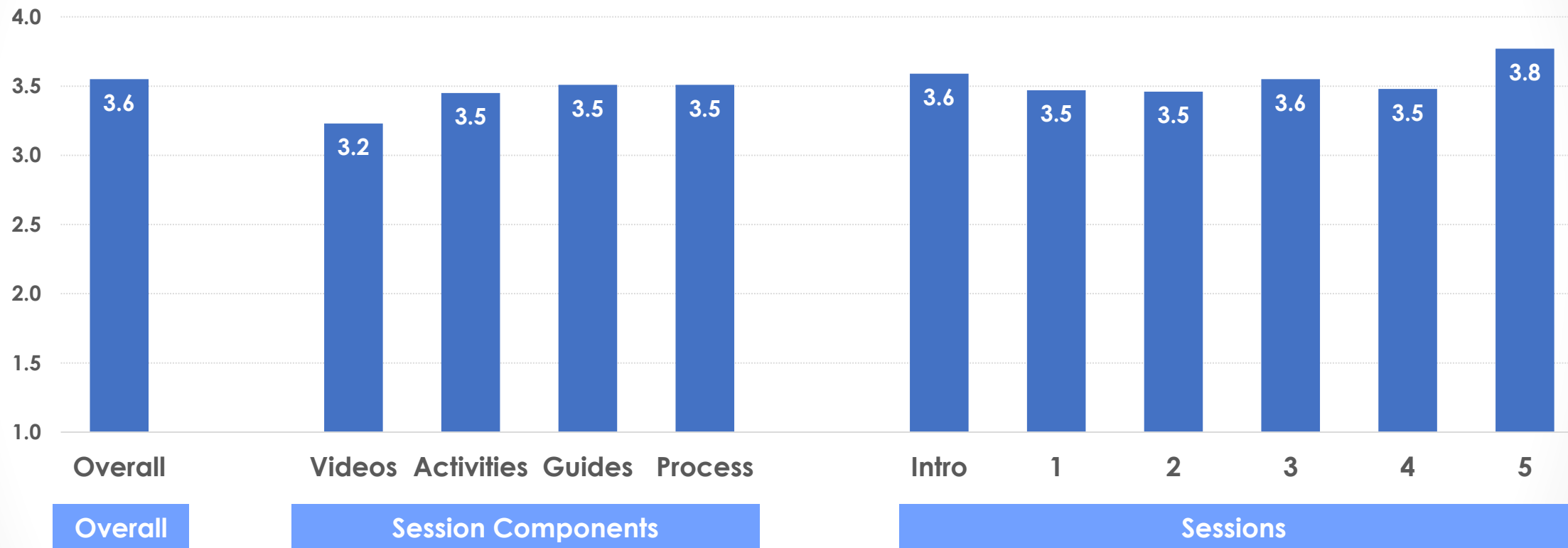
- ANOVA, post-hoc Tukey tests
- Thematic analysis of focus group content

Satisfaction Results: Parents are satisfied with virtual GGC

Parent Satisfaction: Overall, by Component, and by Session

45 groups, $n = 292$ parents *

Median sessions
attended = 4



- Minor but not meaningful differences across sites, e.g., overall satisfaction range 3.4-3.6

* 92% of enrollees. Overall and session component means were averaged across sessions. For session specific means, n ranges from 74 to 151.

Parents valued flexibility, connection, community



"Being able to participate from my home made it less difficult to find the time"

"It is comforting to see other parents who share the same hopes for our kids"

"In these times, just meeting other parents was a pleasure."

"The small group discussions were awesome. They gave us a chance to connect with and learn from other parents."

"Internet slowages made some conversations difficult."

Focus Group Results: Parents value engagement, small group discussions

Benefits	Challenges	Suggestions
<ul style="list-style-type: none">• Less prep time• Barrier elimination• Convenience & comfort	<ul style="list-style-type: none">• Passive engagement• Difficulty gauging reactions• Less connection between parents	<ul style="list-style-type: none">• More interaction, less lecture• Focus on parent connection• Shorten to reduce Zoom fatigue

*...We have heard that **virtual is much more convenient** for them... it's a pretty **big time saver and attendance helper**.*

*In person, even **during breaks parents will just be talking** to each other...We **don't have that** with virtual **unless you put them in breakout rooms**.*

*The **breakout rooms are a real strength** of the whole program...That's **what the parents love**, ... the groups that have connected in **the breakout rooms...it's been so meaningful** for them*



Conclusions: Is virtual GGC feasible? Does it meet caregivers' needs?



- **Yes!**
 - Virtual GGC can be delivered with high fidelity
 - Parents like convenience, connection
- **But enhancements could create an even stronger experience for caregivers**
 - Shorten sessions
 - Strengthen engagement
 - Address additional parenting concerns



Study 4: System-level support for prevention: What do health care system leaders say?

- **What are the major barriers to and facilitators of GGC implementation and sustainment?**
- **What factors are most influential in decision-making about adoption of new programs?**
- Semi-structured “key informant” (n=20) interviews with clinical leaders and health care system decision-makers in relevant disciplines – Pediatrics, Health Education, Behavioral Health, etc.
- Interview guide informed by PRISM framework
- Active listening, interpretive questioning, and reflexive objectivity
- Interviews recorded and transcribed or carefully documented
- Coded and analyzed using qualitative software (NVivo, Atlas.TI, Dedoose)

PRISM Framework Domains

Program (Intervention)

Organizational Perspective

Strength of evidence; Addresses barriers of frontline staff; Coordination across departments and specialties; Usability and adaptability; Burden/complexity of *intervention*

Patient Perspective

Provide patient choices; Addresses patient barriers; Service and access

External Environment

Guidelines, Federal, State and Local Policies; Incentives; Quality Indicators (e.g., HEDIS); Trend toward greater integration of behavioral healthcare; Cannabis legalization; Opioid crisis

Implementation and Sustainability Infrastructure

Use of performance metrics to spur performance; Presence of a dedicated team; Robust training and support system; Plan for sustainability

Recipients

Organizational characteristics

Shared goals and cooperation; Management support and communication; Clinical leadership

Patient characteristics

Demographics; Disease burden; Knowledge and beliefs; Motivation



A Sample of the Barriers and Facilitators to Implementation Identified in the Interview Data

Intervention

Facilitators

- **Evidence-based practices prioritized for implementation**

Barriers



“I think it's really going back to looking at policies that have come out of the American Academy of Pediatrics, evidence-based...” –**Chief of Pediatrics**

“Prevention wise, I think especially when you're dealing with alcohol, tobacco, and other drugs I think we all look to SAMHSA for that.” –**Group Practice Director**



Intervention

Facilitators

- Evidence-based practices prioritized for implementation
- **Strong support for GGC as an approach to prevention in Pediatrics**

Barriers



“Guiding Good Choices is almost like a prescription, you know? We can say, here we give amoxicillin for an ear infection...”

How can they make good choices when they are surrounded by so much stress, so much peer pressure?

...we're actually giving you something that can actually help your child make good choices...like an antibiotic.” –**Pediatrician**




Intervention

Facilitators

- Evidence-based practices prioritized for implementation
- Strong support for GGC as an approach to prevention in Pediatrics
- **Evidence of cost effectiveness/offset**

Barriers



“In a program like pre-natal substance use intervention, I can see a return-on-investment within a year in infant outcomes. With adolescents, it’s harder because it takes more time to see the adolescent outcomes.” **–Executive Leader**

“I think you have to show that it's not going to be very expensive... it's either going to be a really big patient satisfier or it's going to have some downstream cost return on investment. And I think sometimes that's hard to show in these kinds of things.” - **Clinical Quality Leader**



Intervention

Facilitators

- Evidence-based practices prioritized for implementation
- Strong support for GGC as a feasible approach to prevention in Pediatrics
- Evidence of cost effectiveness/offset
- **Evidence of improved parenting self-efficacy, patient outcomes**

Barriers



“If you can show improvements in parent confidence and skills, I would definitely want to see that to consider adoption. And then looking at outcomes like eating disorders, self-harm behaviors, resilience, utilization of services.” **-Executive Leader**



Intervention

Facilitators

- Evidence-based practices prioritized for implementation
- Strong support for GGC as a feasible approach to prevention in Pediatrics
- Evidence of cost effectiveness/offset
- Evidence of improved parenting self-efficacy, patient outcomes
- **Embedding prompts in EHR**

Barriers



“Building it into our electronic medical record is the way that it then becomes established.” – **Clinician Quality Leader**




Intervention

Facilitators

- Evidence-based practices prioritized for implementation
- Strong support for GGC as a feasible approach to prevention in Pediatrics
- Evidence of cost effectiveness/offset
- Evidence of improved parenting self-efficacy, patient outcomes
- Embedding prompts in EHR

Barriers

Pediatric primary care team's time and competing priorities



“Pediatricians are so busy so how to add another thing for them to counsel about. I think what happens at the teen visits is there's like a trillion things to cover... When do we push this [prevention] piece?” **–Teen Clinic Medical Director**

“Remembering to mention something [like GGC] is actually harder than it sounds.”
–Pediatrician and Quality Leader


Intervention

Facilitators

- Evidence-based practices prioritized for implementation
- Strong support for GGC as a feasible approach to prevention in Pediatrics
- Evidence of cost effectiveness/offset
- Evidence of improved parenting self-efficacy, patient outcomes
- Embedding prompts in EHR

Barriers

- Time and competing priorities
- **Providers and parents can be uncomfortable addressing behavioral health issues**



“I think there are some [pediatricians] that just want to gloss over the whole subject of anything [risky]. I think they've been with these families since these kids were babies and it's to them like, ‘You're not doing...this isn't happening.’”

–Group Practice Director

“Parents don't want to see or acknowledge risk in their children. And it's hard to get them to think in terms of prevention, even if the risk hasn't yet occurred. I can imagine that you face that challenge with a program like Guiding Good Choices.”

–Executive Leader

External Environment

Facilitators

- **Policy recommendations play a significant role in practice**

Barriers



“Definitely it's looking at policies that come out of the AAP. And the Michigan chapter – it was a statewide initiative around developmental screeners... as an example that kind of drew our department into utilizing [them].”

–Chief of Pediatrics


“I do think once things have become recommendations from ACOG and established groups like that, it makes it much easier to get everyone across the board to do it.” – **Clinician Quality Leader**

External Environment

Facilitators

- Policy recommendations
- **Behavioral healthcare integration**

Barriers



“[Behavioral health integration is] a high priority...a lot of interest from the health system and also some of our donors in the community. Obviously, it's a priority among our national organization, so, American Academy of Pediatrics and American Academy of Child and Adolescent Psychiatry. They've also partnered and come out with a position statement about this too.”

–Chief of Child and Adolescent Psychiatry/Pediatric Behavioral Health Integration

External Environment

Facilitators

- Policy recommendations
- The importance of anticipatory guidance
- Behavioral healthcare integration
- **Information about prevalence of youth behavioral health (e.g., through CMEs)**
- **ACA - health insurance coverage up to age 26 – incentive to engage kids in prevention programming**

Barriers

Implementation and Sustainability Infrastructure

Facilitators

- **Involving entire clinic staff**

Barriers



“Bring it up as a group, the whole pediatric group.... and the nurse manager and the MAs. If there's any project to be done.”

“All of us docs keeping each other on track, ... making sure the CSRs, MAs, and nurses know how we're all a team and that I can't do my job to help the patients without everything that they set up before.”–**Pediatrics Clinic Lead and Pediatrician**

“...they have 15, maybe 20 minutes to do 10 other things at the same visit. ...either automate it or get their office staff involved in telling people about it”


–**Chief of Child and Adolescent Psychiatry/Pediatric Behavioral Health Integration**

Implementation and Sustainability Infrastructure

Facilitators

- Involving entire clinic staff
- **Visual cues in the clinic keeps providers aware**

Barriers




“A poster in the room where we can say, hey, this is Guiding Good Choices, it clearly states out what ages it's for and... the MAs say, ‘Oh, Dr. is going to talk about Guiding Good Choices when they come in,’ so it's like an information drop, and they're like, ‘Oh, what's that?’ ‘Oh, here's poster about it.’” **–Pediatrics Clinic Lead**

Implementation and Sustainability Infrastructure

Facilitators

- Involving entire clinic staff
- Visual cues in the clinic keeps providers aware
- **Marketing directly to families to save providers time**

Barriers



“I have found successproviding education in the form of a short and engaging video that conveys the information and then putting it in the patient's hands. ...with Guiding Good Choices, I think would be helpful if there was some type of short video explanation of what the content is, the benefit of it ...and then have the provider endorse it.

–Chief of Pediatrics

Implementation and Sustainability Infrastructure

Facilitators

- Involving entire clinic staff
- Visual cues in the clinic keeps providers aware
- Marketing directly to families to save providers time
- **Leadership buy-in – at multiple levels**
- **Coordination between pediatrics and behavioral health departments**
- **Partnering with outside organization to deliver GGC**
- **External-facing GGC website**

Barriers


Implementation and Sustainability Infrastructure

Facilitators

- Involving entire clinic staff
- Visual cues in the clinic keeps providers aware
- Marketing directly to families to save providers time
- Leadership buy-in – at multiple levels
- Coordination between pediatrics and behavioral health departments
- Partnering with outside organization to deliver GGC
- External-facing GGC website

Barriers

- **Cost and resources for implementation, sustainment – who pays?**
- **More expensive to offer internally (e.g., coordination, staff training, keeping materials up-to-date)**
- **No organized prevention department to support GGC efforts**



“Maybe it comes down to the finances, and maybe it's more affordable to do it outside.” – **Clinician Quality Leader**

Recipients

Facilitators

- **Parents are concerned about a variety of risks**

Barriers



“We’re in the midst of an adolescent behavioral health crisis and families are eager for services. Right now, capacity does not meet demand.” **–Executive Leader**

“ We really see kids who have been struggling. And the resources are not enough so...Suicide, mental health, anxiety, depression, all of those. Along with those who are substance use abusers.” **–Community Practice Liaison**

Recipients

Facilitators

- Parents are concerned about a variety of risks

Barriers

- **Programs need to address multiple risks of concern to parents**



“Not having components of GGC that explicitly include social media and bullying would be a big drawback. That omission makes it feel very dated. When was Guiding Good Choices developed? It needs to be updated to be made current with modern parent concerns.” –**Executive Leader**




Recipients

Facilitators

- Parents are concerned about a variety of risks
- **Enhance member satisfaction**
- **Using implementation of other group-based programs as models (e.g., breastfeeding and ADHD groups)**
- **Parents trust pediatricians, Pediatrics**

Barriers

- **Programs need to address multiple risks of concern to parents**



*“You know that parents really do struggle, andout of all the people they interact with, who do you trust the most? It was their child's pediatrician.” - **Nurse Consultant***

*“I feel like anything we can offer to our families in the way of tools and techniques and help could be a real a real pleaser to them for sure.” - **Medical Office Leader***

*“I know [GGC] obviously would have lots of quality impacts for our families and our kiddos.” - **Medical Office Director***

Recipients

Facilitators

- Programs need to address multiple risks of concern to parents
- Enhance member satisfaction
- Using implementation of other group-based programs as models (e.g., breastfeeding and ADHD groups)
- Parents trust pediatricians, Pediatrics

Barriers

- Programs need to address multiple risks of concern to parents
- **Providers often suggest prevention programs only when there's a risk, not universally**
- **Those that need GGC most may be hardest to engage**
- **Other leadership priorities**
- **Leadership sensitive to adding more to clinicians' plates**
- **Unreliable internet access, technology**
- **Over-scheduled families**



Overarching challenge of implementation of primary prevention interventions

“It's difficult to create the case for urgency, like there's no burning platform, right?”
—Director, Health Education

Family-focused Prevention in Primary Care: How Do We Get There?

The healthcare system seems like an opportune home for programs like GGC

- Parents trust pediatricians and want parenting support
- AAP recommends anticipatory guidance
- Behavioral health is on the radar of system leaders
- GGC can be delivered virtually, with high fidelity, and parents like it

Barriers remain: Resources are a perennial challenge, Well visits are full of competing priorities, ROI takes time to unfold, Parents are busy

What are the most effective levers to move towards widespread adoption?

- Systems level support “normalizing” prevention
- National guidelines/Performance measures, a la USPSTF or HEDIS
- Cost-effectiveness/Cost-offset evidence
- A groundswell of interest from parents and clinicians in response to the distress and stressors we see in adolescents

Thank You!