Barriers and Facilitators to Implementation and Sustainability of Guiding Good Choices in Integrated Healthcare Systems

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- **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)

Practical, Robust Implementation and Sustainability Model (PRISM)

PRISM = Pragmatic Robust Implementation and Sustainability Model.
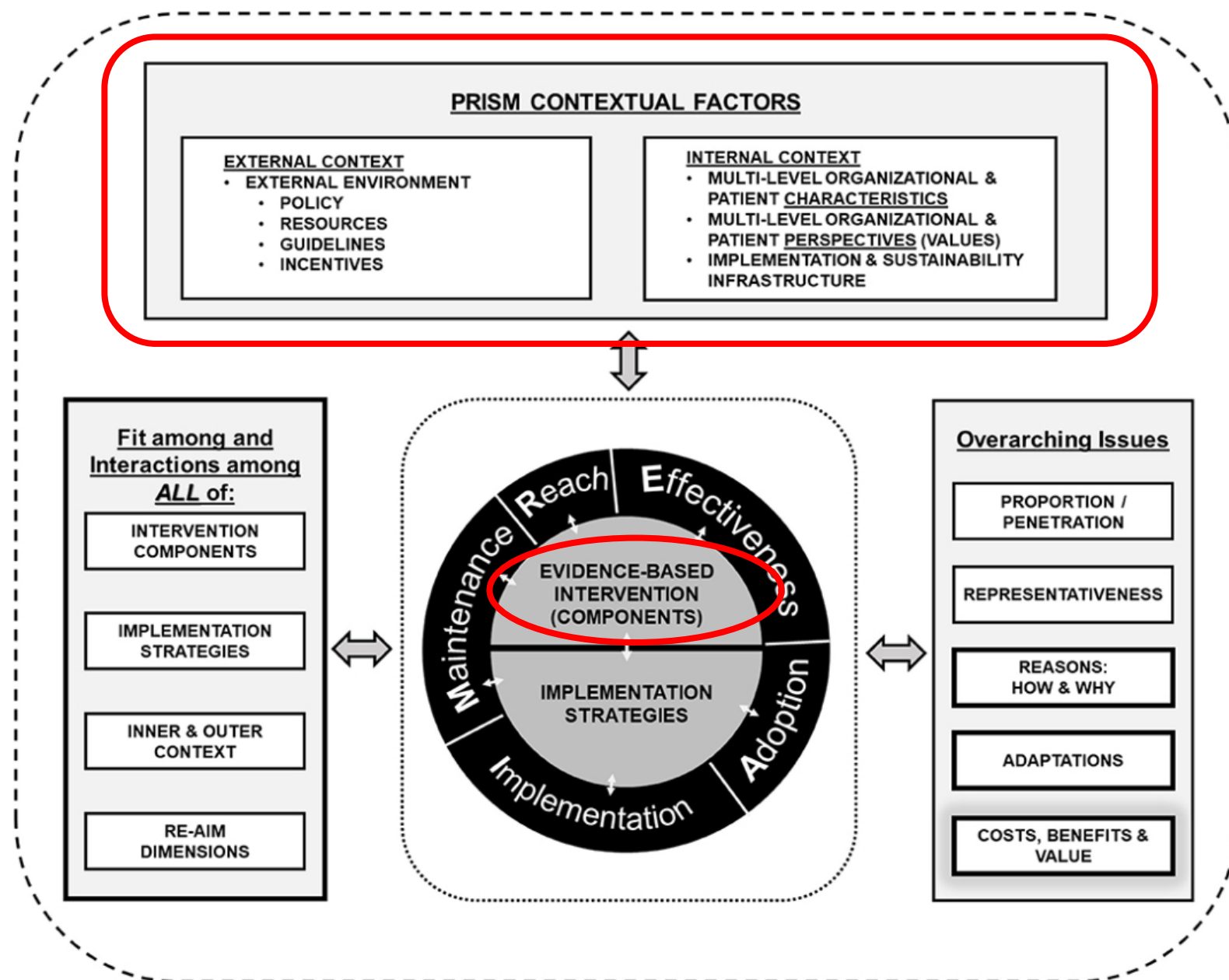
PRISM Framework Domains

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

"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**

Intervention

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

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

"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	Barriers
• **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**	

"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	Barriers
• **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**	

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

Intervention

Facilitators	Barriers
• 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	**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**

Intervention

Facilitators	Barriers
• **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**	• **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	Barriers
• **Policy recommendations play a significant role in practice**	

*"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	Barriers
• **Policy recommendations** • **Behavioral healthcare integration**	

"Integration 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	Barriers
• **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**	

Implementation and Sustainability Infrastructure

Facilitators	Barriers
• **Involving entire clinic staff**	

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

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

Implementation and Sustainability Infrastructure

Facilitators	Barriers
• Involving entire clinic staff • **Visual cues in the clinic keeps providers aware**	

Implementation and Sustainability Infrastructure

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

"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	Barriers
• 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**	

Implementation and Sustainability Infrastructure

Facilitators	Barriers
• 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	• 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

Recipients

Facilitators	Barriers
• **Parents are concerned about a variety of risks**	

"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

Recipients

Facilitators	Barriers
• Parents are concerned about a variety of risks	• 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	Barriers
• 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	• Programs need to address multiple risks of concern to parents

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

Recipients

Facilitators	Barriers
• 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	• 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, when 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 adoption?

- A groundswell of interest from parents and clinicians in response to the distress adolescents are experiencing

- Systems level support "normalizing" prevention

- National guidelines/Performance measures, a la USPSTF or HEDIS

- Cost-effectiveness/Cost-offset evidence

Thank You!

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