Creating Effective Value Propositions



Engaging key stakeholders in embedded pragmatic clinical trials (ePCTs) to evaluate evidence-based programs in dementia care

Rationale

To develop and implement a successful ePCT, researchers must secure organizational partners, recruit clinicians and participants, and inspire health system leaders to support and sustain successful programs/interventions. Communicating value and creating a persuasive rationale is critical to engaging key stakeholders.

What is a Value Proposition?

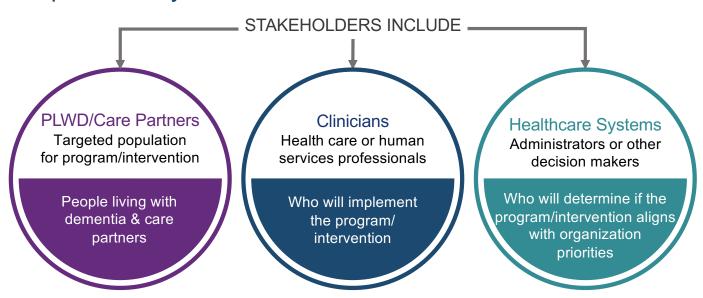
A value proposition is "a clear, simple statement of the benefits, both tangible and intangible, that the evidence-based program/intervention [evaluated in an ePCT] will provide to a particular stakeholder, along with a recognition of the approximate financial, time, implementation, and other costs associated with those benefits." (Aaker, 2010)

6 Steps for Developing a Value Proposition

- Identify stakeholders that need to be engaged to conduct the ePCT or the program/intervention.
- Gather information about the stakeholders' concerns and priorities.
- Identify the costs and benefits (resources, time, financial) for each stakeholder group. This may vary by stakeholder.
- Consider what is necessary to better align the program/intervention with stakeholders' values.
- Prepare material(s) describing the value proposition(s).
- Effectively communicate the value proposition to key stakeholders.



Step 1: Identify Stakeholders



Each of these groups may have different reasons for supporting (or not supporting) the program/ intervention. Given limited time and resources, it is helpful to prioritize which stakeholder group needs to be engaged first and which group(s) are most important to engage for the ultimate success of the project. This helps develop a work plan to engage each of these groups over time.

Step 2: Gather Information from Each Stakeholder Group

It is important to gather information about the unique concerns and priorities of each stakeholder group. Depending upon timeframe and resources, this information can be gathered through brief interviews or surveys with key informants/stakeholders. Interviews should focus on identifying the aspects of the program/intervention and its outcomes that are viewed as valuable. The pros and cons of the program/intervention should be explored. It is also important to understand the values and most pressing concerns of each stakeholder. This "discovery" may raise concerns not previously considered or identify related initiatives that may directly or indirectly support or hinder the project's progress. In discovery, consider whether the study/program/intervention to be embedded is:

Acceptable

The proposed program/intervention is considered agreeable or satisfactory to stakeholders.

Adoptable

The stakeholder expresses interest in/agreement to adopting the program/intervention as part of routine practice.

Appropriate

The program/intervention is seen as compatible or aligned with the practice setting and addresses an issue/problem that is important to the stakeholder.

Feasible

Likelihood the program/intervention can actually be carried out in and by the healthcare setting, including rank discussion of time and financial resources to the stakeholder.

BENEFITS

COSTS

Step 3: Identify Costs and Benefits for Stakeholder Groups

The costs and benefits of the program/intervention and its evaluation in an ePCT will vary for each stakeholder group.



- Improve health and/or quality of life
- · Address unmet needs
- Promote interaction with other care partners /people living with dementia
- Give back by contributing to research that may help others



- Promote job satisfaction, timesavings
- Enhance personal or professional advancement, skills, and/or prestige



Healthcare Systems

- Increase revenue or reduce outlays
- Connect broader strategic organizational goals
- Improve brand recognition, market position, and/or reputation
- Increase staff retention and recruitment
- Increase alignment with regulatory requirements
- Promote better quality care

- Time to participate
- Travel expenditures or other costs
- Disruption of established schedules
- Emotional toll

- Changes to current workflows
- Time to communicate with new partners
- Training and time learning new approaches
- Time for documentation of program delivery

- Distraction from other organizational priorities
- Financial costs related to new salaries, equipment, and/or training
- Perceived risk (e.g., lawsuits or patient dissatisfaction)
- Creating new marketing, outreach and referral mechanisms

Step 4: Consider What is Necessary to Better Align the Program/Intervention with Stakeholders' Values

As a researcher develops a value proposition, it may become clear that the program/intervention may not create benefits that matter sufficiently or that its costs are too high for some stakeholders.

If so, then:

- Consider ways to reduce or explain perceived costs
- Connect or reframe the existing benefits of the program/intervention to better match stakeholder priorities
- Spend additional time or develop relationships that are necessary to explain the program/intervention and overcome any barriers
- Adapt the program/intervention to create different or greater benefits

Step 5: Prepare the Value Proposition

The written content of the value proposition is critical. Its messaging should be succinct and include the following key elements:



A statement about the importance of the program/intervention, providing a "big picture" sense of the problem



A brief description of the program/intervention, the problem it addresses, and why an ePCT is needed to assess its effectiveness



Benefits and costs to each stakeholder



A summary statement, including an explanation of how/why this program/intervention will be an improvement over current practice or experience of care, and why it should be prioritized.

Remember that there are many issues and factors competing for each stakeholder's time, attention, and support. The value proposition explains why the program/intervention warrants the stakeholder's time and effort.

Step 6: Communicate the Value Proposition Effectively to Stakeholders

Communicating the value proposition effectively to stakeholders is essential.

When communicating the value proposition to stakeholders, consider:

How does the stakeholder prefer to receive information (e.g., phone, email, face-toface; PowerPoint)?

Is the stakeholder in a position to consider the value proposition and support it?

Does the person delivering the value proposition have a relationship or credibility with the stakeholder? Are there clear next steps following communication of the value proposition (e.g., a call, a meeting, a sign-up form)?

Summary and Suggested Resources

A value proposition is part of the initial process of developing and implementing an ePCT in dementia care. There are six basic steps for developing a clear, simple statement of the benefits of an evidence-based program or intervention. Different value propositions are needed for different stakeholders who are involved in the ePCT.

For further information on building value propositions:

- · Aaker D.A. (2010). Building Strong Brands. Simon & Schuster.
- Gitlin L.N. & Czaja, S.J. (2016). *Behavioral Intervention Research: Designing, Evaluating and Implementing*. Spring Publishing Company.
- Beilenson J., Gitlin L.N., Czaja S.J. (2016). Disseminating Proven Behavioral Interventions: What Does It Take? In Gitlin L.N., Czaja S.J., *Behavioral Intervention Research: Designing, Evaluating and Implementing.* (pp. 399 415). Springer Publish Company

Examples of Value Propositions for Evidence-Based Programs in Dementia Care

The Tailored Activity Program

Value proposition for caregivers of people living with dementia

Managing dementia-related behavioral and psychological symptoms and engaging people living with dementia is an ongoing challenge for family caregivers, particularly as the disease progresses.

The Tailored Activity Program (TAP) employs occupational therapists and other health professionals to assess the interests and abilities of people living with dementia, their physical environment and caregiver availability. Activities are then developed to match these profiles, and TAP staff instruct caregivers (family members or health professionals) in their use.

Research has shown that TAP improves the lives of people with dementia and measurably reduces common behavioral symptoms and health related events including hospitalizations. TAP can also save caregivers time and improve their quality of life too. TAP can reduce a caregiver's feelings of distress, depressive symptoms and other negative health events such as hospitalization for themselves. TAP does not depend on psychotropic drugs that may have dangerous side effects. The activities can be adapted over time, as a person's dementia progresses.

TAP costs to health systems or practitioners are for trainings. Delivery costs may vary depending on who is providing it and where (home, hospital, adult day). The program provides a tested, reliable approach that enables caregivers to take greater control of challenging care situations.

Adult Day Plus

Value Proposition for adult day program leaders

Although most adult day services (ADS) offer occasional support groups or educational workshops for families, they do not generally provide evidence-based support to caregivers.

Adult Day Services Plus (ADS Plus) integrates care management, stress reduction techniques, problem solving and nonpharmacological strategies to manage behavioral symptoms and function decline. ADS Plus is provided on site by a ADS staff member trained in the intervention and addresses the specific concerns and needs of family caregivers of people attending these centers.

Research has demonstrated that the intervention helps family caregivers develop problem-solving and coping skills, improve their ability to provide social and instrumental support, enhance their perceived competence in managing difficult behaviors, including transitions between home and ADS, and reduce nursing home placement. Importantly, ADS Plus utilizes existing ADS staff and resources, results in families using ADS for more days and requires minimal increase in staff time and nominal financial and administrative burden.

ADS Plus is a good investment for adult day programs and can lead to improved enrollment, retention, and higher participant and family satisfaction. It also enhances the skills of staff trained in the program.

Individual Positive Psychosocial Intervention (IPPI)

Value proposition for nursing home leadership

Without appropriate guidance or training, direct care workers (DCW) struggle to positively engage individuals experiencing behaviors of distress in nursing homes.

The Individualized Positive Psychosocial Intervention (IPPI) is an evidence-based program designed to support DCWs in engaging people living with dementia in positive ways that enhance wellbeing and reduce negative emotional and behavioral responses.

The IPPI program uses a coaching model to develop a competency-based approach to training existing care partners (i.e., activity professionals and DCWs). The program leverages data, already collected by nursing home providers, to tailor the IPPI to important resident preferences. The brief, flexible, and feasible IPPI intervention can be implemented meaningfully into daily care.

Previous research has found nursing home residents receiving the IPPI experienced more pleasure, alertness, engagement, and positive verbal behavior compared with the usual care group.* While the benefits are clear, the IPPI requires modifications in staff workflow and time for the DCWs to develop the competencies needed to deliver the program.

The IPPI program utilizes approaches that embody person-centered practices and can be implemented with minimal financial burden.

Function-Focused Care in Assisted Living Settings

Value proposition for assisted living community and corporate leadership

Residents in assisted living tend to participate in limited amounts of physical activity and decline in physical function, even more rapidly than nursing home residents. This results in increased care needs, expanded staff workloads, and higher likelihood of relocation to a nursing home.

Function-Focused Care was developed to address the persistent functional decline and sedentary behavior among assisted living residents. Function-Focused Care is an approach that teaches direct care workers to evaluate older adults' underlying capability regarding function and physical activity and optimize their participation in all activities.

Research has shown that the benefits of Function-Focused Care include improved or maintained physical function and increased physical activity. Assisted living residents have also shown improved mood, and fewer behavioral symptoms associated with dementia. Function-Focused care has been implemented in assisted living communities that are diverse in size, location, and ownership, without any increase in staffing hours.

In addition to improving the residents' function and sense of well-being, Function-Focused Care can help assisted living facilities strengthen their operations, avoid unnecessary transfers to nursing homes, and serve as a meaningful way to market their offerings to potential residents.

Care of Older People Living with Dementia and their Families in their Environments (COPE)

Value proposition for PACE leadership

Successful and meaningful dementia care is person and family centered and requires clinical staff trained in strength-based, tailored approaches to assessments and care planning.

Care of Older People Living with Dementia and their Families in their Environment (COPE) trains occupational therapists and nurses to focus on family-generated concerns through comprehensive assessment. Challenges are addressed using strengths-based, family-centered care. COPE illuminates unmet needs, addresses family-identified care challenges, and improves the provider-patient relationship, while adapting to changing family needs throughout disease progression.

COPE research demonstrates better dementia management for the person living with dementia, improved care partner well-being, and increased positive family communication.

Enhancing dementia competence in the clinical team through COPE is closely aligned with PACE site priorities. Specialized training in this area can attract and retain top-tier talent while further strengthening PACE site reputations. Community relations can grow as a result, increasing participation in services by families looking for the best care.

COPE delivers a worthwhile, evidence-based investment supporting families, clinical staff, and PACE sites alike.

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