The house that evidence-based practice built: Moving from program development to real world outcomes

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3 myths of scaling EBP
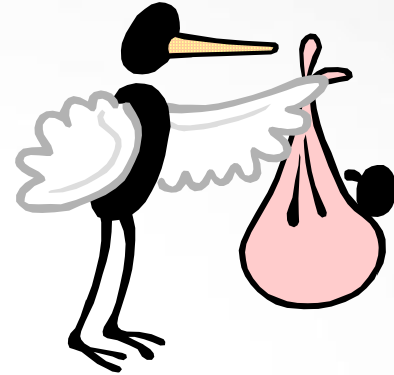
1. If you build it, they will come

2. If we fund EBPs, they will multiply

3. If we implement an EBP, we will get the outcomes promised.

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Myth 1: If you build it, they will come

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If you build it, they will come

•Federal investments in research on impact of social programs with the aim of improving outcomes across a range of agencies

– We have built a reasonable body of evidence in some fields (e.g. home visiting evidence base)

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If you build it, they will come

- Evidence is just one tool decision-makers use in deciding about investments
    - Nutley, Walter & Davis (2008)
        - Administrators use admin data, expert knowledge/practice experience, stakeholder input
        - Direct use, indirect use and political use of research
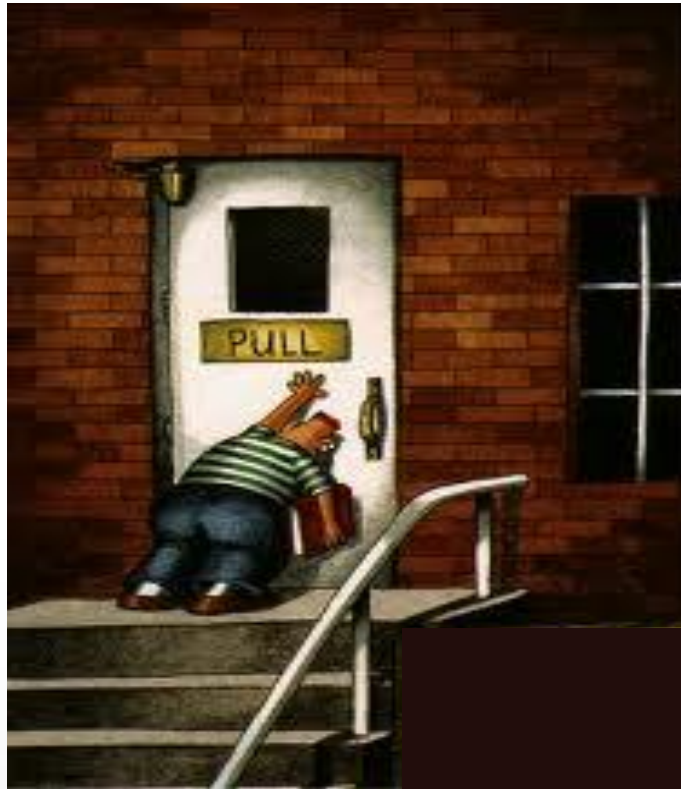
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If you build it, they will come

- Systematic reviews: What they can, and cannot provide
- Knowledge remains limited
  - Most evidence still from small-scale tightly controlled efficacy trials with limited external validity
  - Little evidence from replication (or what replication means)
  - Little empirical knowledge on the core components
  - Little evidence on why and how impacts vary by specific population groups, settings, and other variables

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If you build it, they will come

- States/communities vary widely in their capacity to:
  - Collect useful administrative data (or access national survey data at a meaningful level)
  - Use data to inform program selection
  - Select the right program for the circumstances
- Some strong evidence from frameworks to support states/communities to choose an EBP
  - PROSPER
  - Communities that Care

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We've been pushing when maybe we should be creating pull?

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If you build it, they will come

- Marketing/distribution system
  - Bumpy lizard story
  - Building a dissemination support system (Kreuter, 2014)
    - Interventions to be tested -> EBPs -> user-review/feasibility -> design and marketing team -> dissemination agents
      - Leads to a "menu" of evidence-based, high-demand, practice-ready interventions
    - Need feedback loops from practice community back to developers/researchers to improve program design and efficacy

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If you build it they will come: Bottom line

- Having evidence is just player one the team

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Myth 2: If you fund it, they will multiply
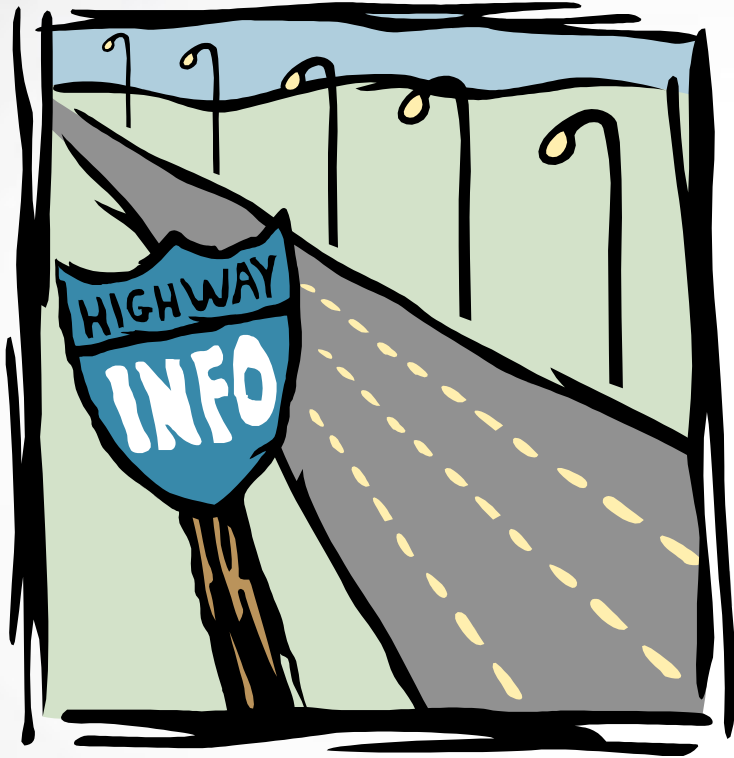
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If we fund EBPs, they will multiply

- Tiered grant initiatives and social impact bonds
- Funding restrictions
  - Five-year grant cycle
    - Implementation science and steady state
  - Reimbursement restrictions
- Lessons learned from HS CARES, TPP and MIECHV about capacity

Pathways

- Interagency workgroup formed to address this issue:
  - SPR discussion session
  - Discussions with some model developers to ask how they got to where they are now
  - One-day working meeting with range of stakeholders to discuss the issue

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Discussions - What did we find?

Some would tell you its like this….

When really it appears more like this….

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Walkways

Developer A: Initial foundation funding, found some efficacy, left academia to create national training center as full time job

Developer B: Created a model, got some press, suddenly an influx of requests with no capacity, wanted to stay at academia and handles individual requests at small scale – what will happen when retirement approaches?

Developer C: Almost solely NIH funded through multiple efficacy trials and slowly expanding over many decades but still no wide-spread dissemination

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Walkways

Developer D: Had a few successful impact trials, got some attention, a rough first road to scale up within a specific federal project re: community readiness, took a step back and got foundation funding to create infrastructure for non-profit and business plan, developer stayed in academia and non-profit took off and is now after over 30 years cited as one of the models of dissemination.

Developer E: Created as part of governor's policy initiative so did pilot research with positive acceptability from community, quickly went universal from the get-go with much of the impact research following, eventually had to create a non-profit that split from state government to support T/TA using foundation grants

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Walkways

Developer F: Model had NIH funding for efficacy research and then used SBIR program to create a small business to do the support but it was a slow process supplemented with other grants to keep it going

Developer G: Developed program in partnership with school district, found efficacy and positive response from practice, tried to do it as an academic but couldn't so sold it to publishing company but it turned out to not be profitable so wasn't sustained

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Stakeholder Meeting

- Developers cannot & should not do it all
  - There is no public health infrastructure like the private industry for scale up of EBP
- User-centered design
  - Not enough practice & end-user voice from the outset; who is the customer?
  - Current system does not think about sustainability from the beginning
- Infrastructure: Meta-level and local level
  - How much and what format is support for implementation necessary?
- What does scale look like?
  - Point is to change outcomes, not to just scale EBP; to create appropriate pull communities need to do data-driven problem-identification
  - You need both the supply side (generate evidence and make it scaleable) and demand side (generate capacity & readiness to receive the EBP)
  - How will we know we've "achieved scale"?

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If we fund EBPs, they will multiply: Bottom line

- Funding is necessary but not sufficient for scale

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Myth 3: If you implement an EBP, you will get outcomes

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If we implement an EBP, we will get the outcomes promised.

- Increasing fiscal and political capital being spent on the promise of EBP
- Misunderstanding of certainty of those promises

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If we implement an EBP, we will get the outcomes promised.

- Call of implementation science is suddenly loud
  - Quality on-the-ground implementation
  - Capacity building of communities to choose and implement EBP
  - Practice community still needs to hear the call (at times)

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Moderation

- Little empirical knowledge of effectiveness across populations and contexts
- Workforce issues (availability, leadership support, university training of practitioners; e.g. Wanless et al)
- Context & referral system (Rubin et al work; Cooper et al 2013)
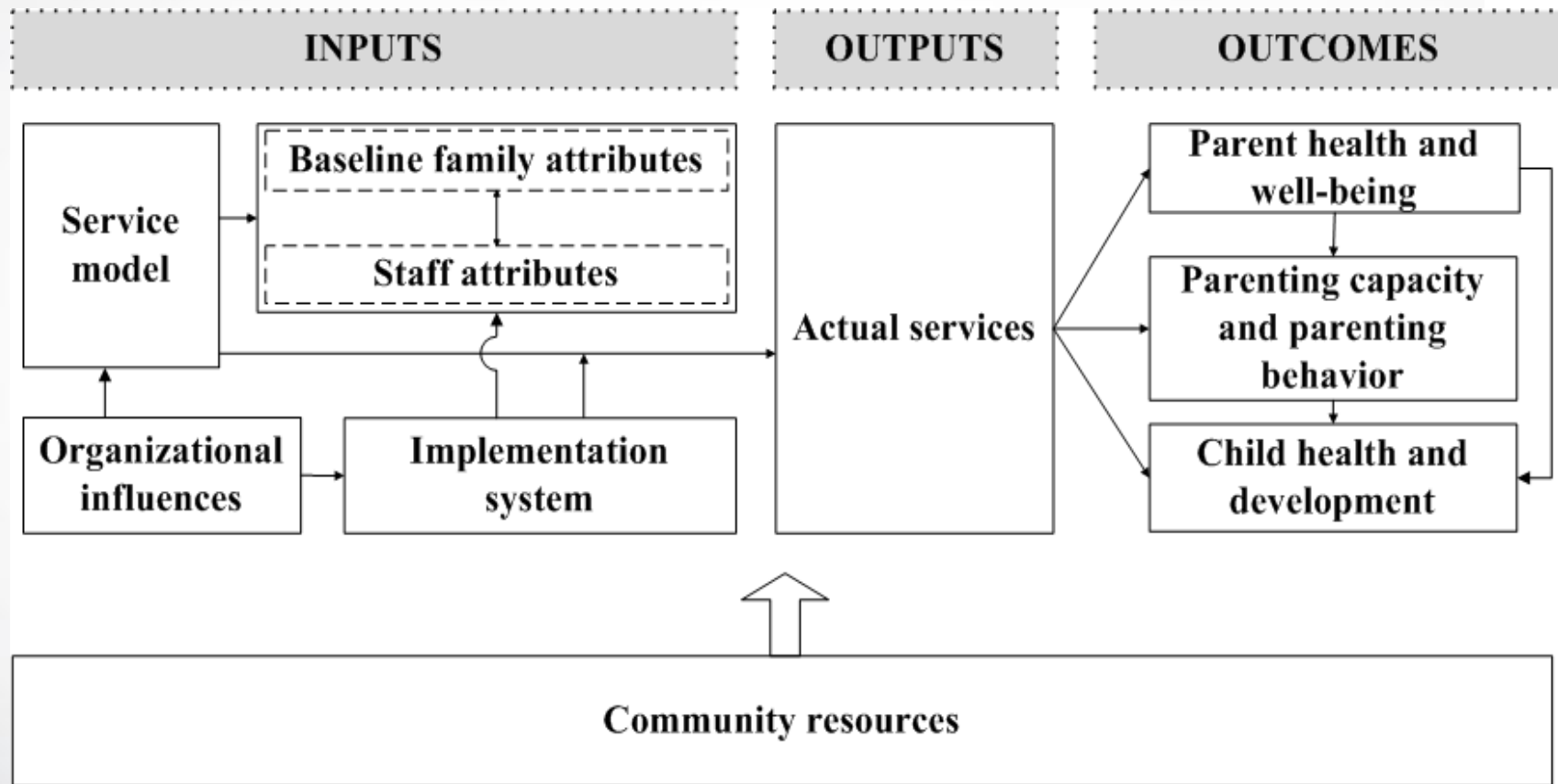- Organizational capacity (Glisson)

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MIHOPE: An example

- RCT of impacts at scale
- Rich implementation data collection
- Cost study

- Research questions – impact overall, impact variation

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MIHOPE: An example

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If we implement an EBP, we will get the outcomes promised

- EBPs may increase the probability of improved outcomes, but not guarantee them

Challenges & Next Steps: If you build it, they will come

Challenge:

- No clear hub for communities to go to find EBP and know what it will take to implement them well
- Lack of empirical evidence on one hand; lack of clarity on how to integrate evidence in decision making

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Challenges & Next Steps: If you build it, they will come

Next step:

- Federal government is reaching out to coordinate systematic reviews, improve methodology and think about incorporating concepts of external validity & implementation ready
- Growing understanding about the importance of capacity building at all levels of service to understand evidence
- Many economic analyses tied to scale up; tools to understand true costs

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Challenges & Next Steps: If you build it, they will come

Next step:

- Requiring or strongly encouraging EBP in some programmatic/service grants

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Challenges & Next Steps: If we fund EBPs, they will multiply

Challenge:

• No clear carrots/sticks in the system to support the steps of market research, packaging, advertising, ongoing T/TA

– Increasing demand from the practice community – have we built what they want?

• Funding infrastructure to support high-quality implementation and sustainability

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Challenges & Next Steps: If we fund EBPs, they will multiply

Next steps:

- Federal workgroup invested in supporting developer capacity and scale
- FOAs starting to allow for planning periods, and, when statute allows, spending on infrastructure, measurement, data systems, CQI, & linking data systems

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Challenges & Next Steps: If we implement an EBP, we will get the outcomes promised.

Challenge:
- What happens when policy, practice and research are not in alignment in the system?
- How do we build an implementation infrastructure that is appropriate, useful across disciplines and contexts?

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Challenges & Next Steps: If we implement an EBP, we will get the outcomes promised.

Next steps:

- Research on impact variation and disseminating findings to practice
- Research on implementation science to learn what elements are necessary to support impacts.

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Questions, Comments, Curiosity?

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