

# Evaluating Organizational Context and Readiness for Change: EQUIP Results at 8 VA Medical Centers

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# State of Services in Specialty Mental Health

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- Guidelines for treatment of schizophrenia include 8 evidence-based psychosocial practices including supported employment, weight management, family-based services, and others
- VHA Uniform Mental Health Services Package (UMHSP) stipulates that recovery and rehabilitation-oriented programs must be available for all seriously mentally ill (SMI) patients
- Many patients with SMI are not getting these services; outcomes in routine care are poor; national problem
- Need to maximize potential for clinician acceptance and adoption of evidence-based, recovery-oriented services

# Enhancing Quality of care In Psychosis (EQUIP) Design Overview

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## 3-year clinic-level controlled trial

- Funded by VA HSR&D QUERI
- 4 VISNs (regions)
- 8 specialty mental health clinics
- intervention: implement a chronic illness care model to increase use of EBPs for veterans with schizophrenia
- control: usual care

# EQUIP Leadership Team

## VISN 3

Eran Chemerinski, MD (PI: Bronx)  
Charlene Thomesen, MD (PI: Northport)  
Deborah Kayman, PhD

## VISN 16

Anna Teague, MD (PI: Houston)  
Dean Robinson, MD (PI: Shreveport)  
Kathy Henderson, MD  
Avila Steele, PhD

## VISN 17

Max Shubert, MD (PI: Central Texas)  
Wendell Jones, MD  
Staley Justice, MSW

## VISN 22

Christopher Reist, MD (PI: Long Beach)  
Larry Albers, MD  
David Franklin, PsyD, MPH

## Los Angeles (Coordinating Site)

Alexander S. Young, MD, MSHS (PI)  
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Paul Jung  
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Katy Oksas, MFT  
Stone Shih  
Paul Jung

# Organizational Context and Readiness for Change---why examine it?

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Function and Structure  Outcomes

# Organizational Context and Readiness for Change---how to measure it

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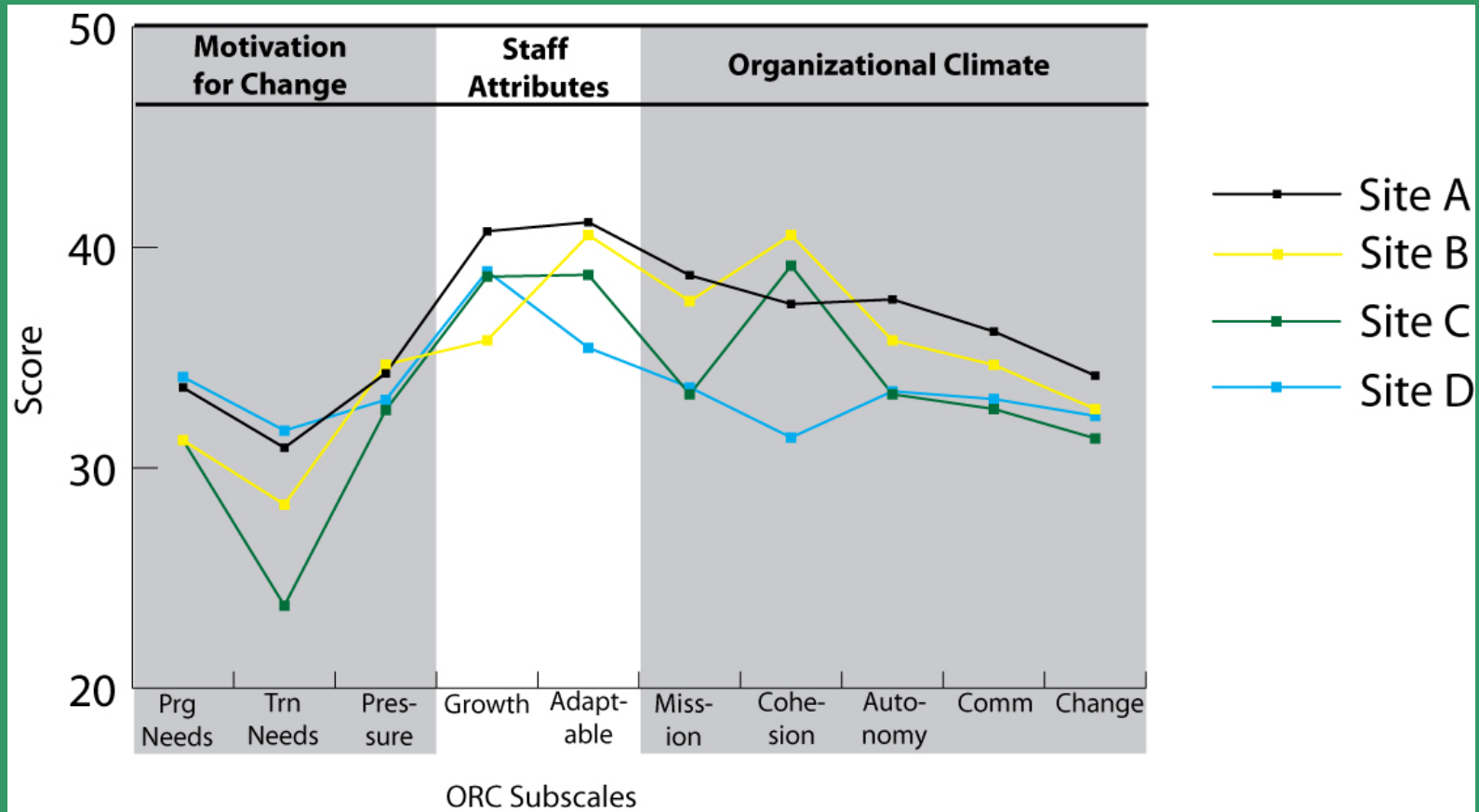
- Texas Christian University—Organizational Readiness for Change (TCU ORC)
- Focuses on organizational traits that predict program change
- Clinician and Administrator versions
- 4 domains
  - Motivation for Change
  - Resources
  - Staff Attributes
  - Organizational Climate
- 15 minutes to complete

# Participants

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- TCU ORC Survey at Baseline  
(all 8 clinics)
  - 119 clinicians
  - 28 administrators (clinic, medical center, VISN)
- Qualitative Interview at Baseline  
(4 intervention clinics)
  - 28 clinicians
  - 10 administrators

# Organizational Readiness for Change Results by Clinic

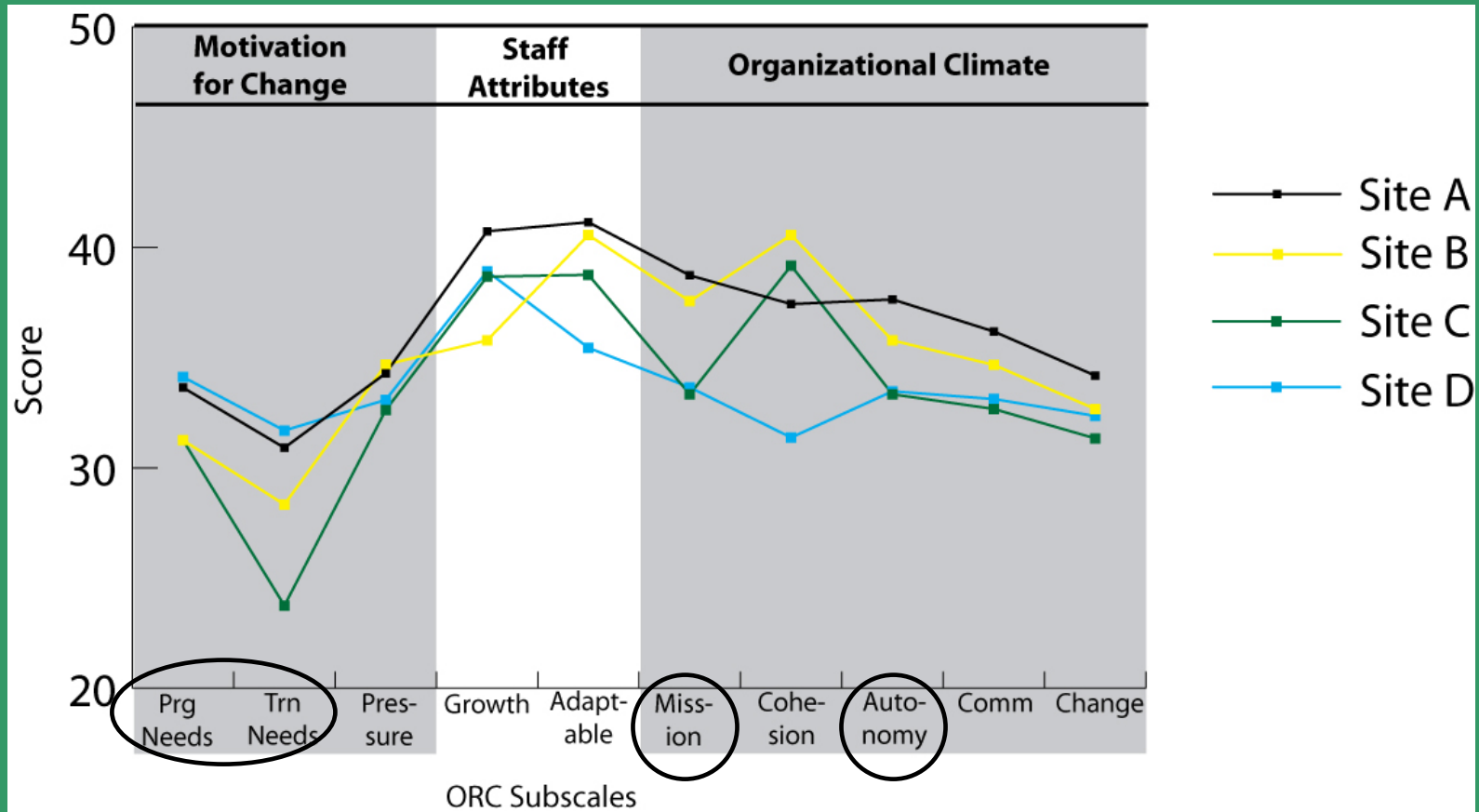


# Sites A and B---Intervention sites; clinicians

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- Scores were moderate---good structure and functioning
- Scores were strikingly consistent across clinicians

# Organizational Readiness for Change Results by Clinic



# Site C---Intervention site; clinicians

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- Vast majority of scores were moderate, strikingly consistent

## Structure

- Program needs—moderate and inconsistent
- Need for Training---low and lowest of all clinics enrolled

## Function

- Mission– moderate but lowest of all clinics enrolled
- Autonomy---moderate but the lowest of all clinics enrolled

# Site C---Interviews

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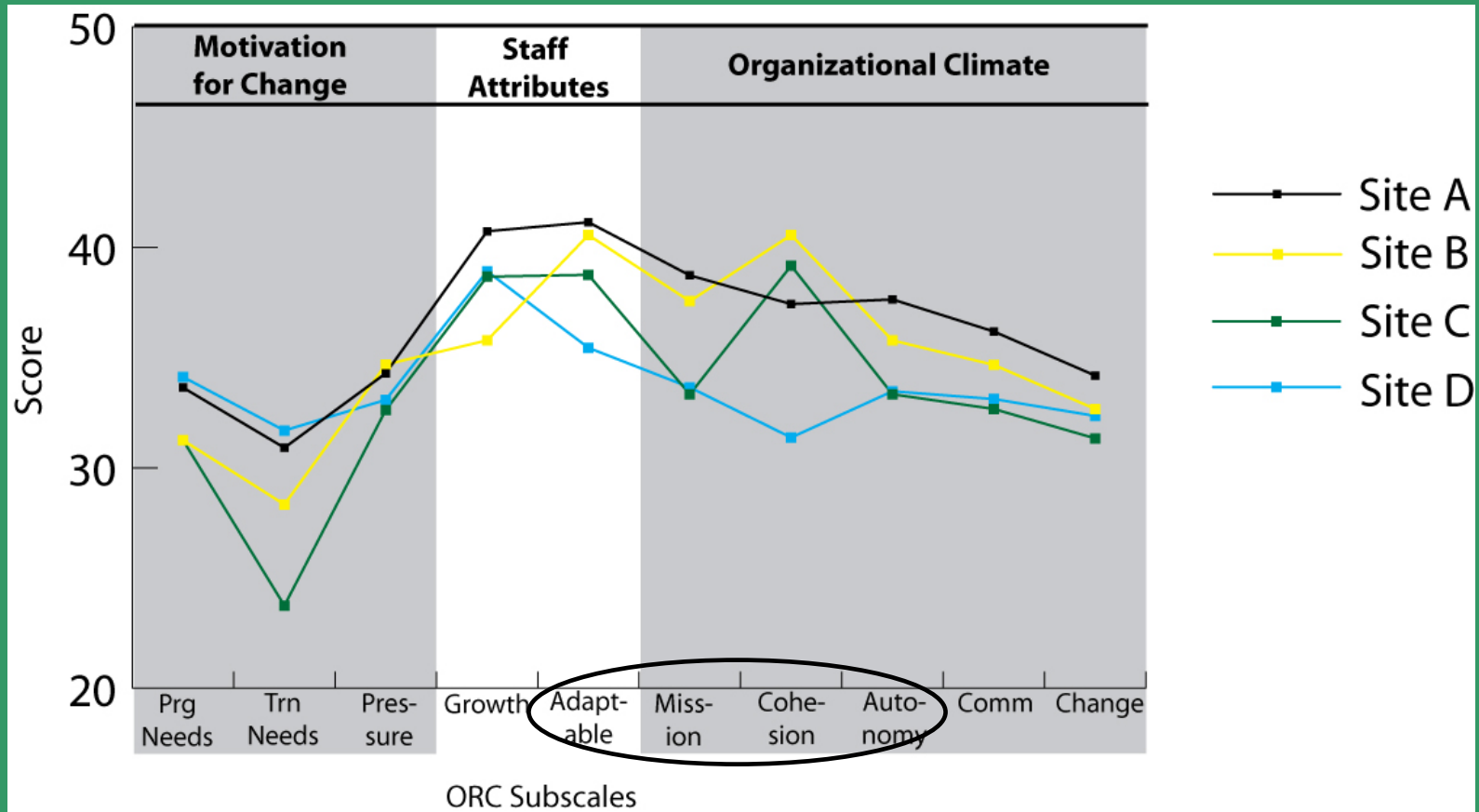
- “we try to make changes slowly” (admin)
- “we want to make changes but go at a pace that is tolerable by everybody” (admin)
- “we are constantly in flux around here. Constantly making changes...top down, more top down” (clinician)
- “we’ve been very turbulent. Way too many changes” (clinician)
- “recently there have been many changes” (clinician)
- “...certainly we don’t want to be static” (clinician)

# Implementation Utility for Site C

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- Needs: Heighten awareness of gaps in care, new technology, recovery transformation—opinion leaders, educational programs by site experts
- Consistency: as administrators changed (changing PI) we tried to have remaining team be same, repeat same message throughout (mission)
- Autonomy: although VISN set EBPs, we let clinicians help determine how to design and implement

# Organizational Readiness for Change Results by Clinic



# Site D---Intervention site; clinicians

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- All scores were moderate, consistent

## Staff Attributes

- Adaptability—moderate but lowest of all clinics enrolled

## Function

- Mission— moderate but comparatively low
- Cohesion—moderate but lowest of all clinics enrolled
- Autonomy---moderate but comparatively low

# Site D---Interviews

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- “Um, I think that, well I think the VA culture is fearful. So, uh, this isn’t a culture obstruct that you can’t do new things here, but what you can’t do is kinda--you can’t do it like jazz...it’s got to be...classical. ” (admin)
- (makes changes?) “That’s a good question. Um, on a scale of 1 to 10, probably a 5. I don’t find them [clinic] to be the most innovative. ” (admin)
- “you’re gonna find a group of folks that are very, uh, receptive to, you know, to change ” (admin)

# Implementation Utility for Site D

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- Adaptability: informatics exposure with guidance, opinion leader and key staff on board first, testimonials by adopters
- Mission: link with administration's goals, marketing, opinion leader, visited twice
- Cohesion: 3 teams: QI, Wellness, Supported Employment
- Autonomy: although VISN set EBPs, we let clinicians help determine how to design and implement

# Context for Change and Readiness Summary

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- Motivation for change, organizational climate, staff perceptions and beliefs all contributed to readiness for change
- Each site had different strengths and weaknesses---each revealed by the triangulated data from the ORC and qualitative interviews
- Sites with less readiness required more flexibility in terms of implementation

# Implications

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- Suggest that the study of organizational context is an important and necessary preparation for QI effort
- Provides opportunity to give positive feedback on strengths thereby increasing motivation towards QI goals
- Allows context to develop activities to remediate or avoid problems that may interfere with QI effort
- Suggest that uptake of EBPs can be enhanced by tailored implementation

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- NIMH UCLA-RAND Center for Research on Quality in Managed Care

## ■ For further information

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# References

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