

The Relationship Between Organizational Readiness to Change Assessment Scores and Implementation of Hepatitis Prevention Services in Substance Use Disorders Clinics

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Organizational Readiness to Change

- Acknowledged to be critical to successful implementation of new practices.
- Many instruments available but most have limited evidence of reliability and validity.
- Extremely limited evidence that any of the instruments are related to organizational-level outcomes following an implementation intervention.



The Organizational Readiness to Change Assessment (ORCA)

- Developed by the VA's Ischemic Heart Disease QUERI
- Based on the Promoting Action on Research Implementation in Health Services (PARIHS) model
- Three main scales: Evidence, Context, and Capacity for Internal Facilitation (each scale contains multiple subscales)
- All items scored on a 1 (strongly disagree) to 5 (strongly agree) Likert scale
- Adequate overall scale reliability and support for three factor structure as hypothesized by PARIHS model (Helfrich et al, 2009)
- Predictive validity has not previously been assessed



Implementation Intervention

- Liver Health Initiative Preceptorship Program
- Goal:
 - Promote hepatitis screening, education, prevention and referral services in VA Substance Use Disorders clinics.
- Recruitment:
 - Invite SUD clinics to develop teams and apply to attend. Teams should include SUD leadership, SUD clinical staff, hepatitis or GI clinic staff.
 - 9 teams from 8 VA Medical Centers and 1 Community-Based Outpatient Clinic



Intervention Components

- Baseline assessment of clinic practices related to hepatitis prevention
- 1.5 day training at Minneapolis VAMC
- Development of an Action Plan with detailed goals and steps
- External facilitation for 6 months to monitor and support progress.



Implementation Outcome

- LHI goal checklist completed at 1-, 3-, and 6-month follow-up based on information provided by team leader
- Scores could range from 0 to 8
- Based on median split, teams were categorized as *low* (<6) or *high* (≥ 6) on implementation using final rating available



Study Hypothesis

- Higher scores on ORCA Evidence and Context subscales at baseline will be related to greater implementation of Liver Health Initiative practice goals following completion of LHI training program.

ORCA Evidence Subscales

Evidence Subscale	Mean (SD)	Effect size (d), (95% CI)
Research		
High	4.25 (.19)	1.01 (-.48 - 2.27)
Low	4.00 (.28)	
Clinical Experience		
High	4.56 (.52)	1.26 (-.29 - 2.54)
Low	3.25 (1.30)	
Patient Preference		
High	4.50 (.58)	2.15 (.33 - 3.50)
Low	3.40 (.45)	

ORCA Context Subscales

Context Subscale	Mean (SD)	Effect Size (d), (95% CI)
Leader Culture High Low	4.56 (.51) 3.87 (.18)	2.09 (.13 – 3.50)
Staff Culture High Low	4.67 (.29) 4.10 (.82)	.82 (-.76 – 2.19)
Leadership Behavior High Low	4.08 (.14) 3.65 (.58)	1.12 (-.54 – 2.58)
Measurement High Low	4.50 (.50) 4.15 (.60)	.61 (-.92 – 1.99)
Opinion Leaders High Low	4.17 (.69) 4.30 (.76)	-.18 (-1.59 – 1.27)
General Resources High Low	3.08 (.76) 3.55 (1.04)	-.94 (-2.31 - .67)



Limitations

- Very limited sample size of 9 clinics
- ORCA responses restricted to implementation team leaders may limit reliability
- All volunteer participants
- Cutoff for *high* vs. *low* implementation set to maximize group sizes



Implications

- Very preliminary support for use of the ORCA as a baseline measure to predict implementation success.
- A reliable and valid measure of organizational readiness to change would allow for identification of sites at risk for poor implementation outcomes.
 - Could use as screen to target limited resources to sites that are likely to be successful
 - Could use to tailor external facilitation, e.g., provide additional support to at risk sites to address Evidence and Context barriers prior to implementation