

MEETING ABSTRACT

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Cluster randomized trial comparing standard versus enhanced implementation strategies for improving outreach to persons with SMI: 12-month results

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Objective

This study compared the effectiveness of an enhanced versus standard implementation strategy (Replicating Effective Programs-REP) for providers at VA outpatient facilities on improving uptake of a national outreach program for Veterans with serious mental illness (Re-Engage) among sites not initially responding to a standard implementation strategy.

Methods

Initially, Re-Engage was implemented at 158 VA facilities by mental health providers who received the standard REP strategy to support uptake (implementation manual, training, and technical assistance). Re-Engage involved giving providers a list of patients with serious mental illness who had not been seen at their facility for at least a year, requesting that providers contact these patients, assess their clinical status, and where appropriate, expedite VA healthcare appointments. At month 6, facilities considered non-responsive (N = 88, total of 3,200 patients), defined as <80% of patients on providers' lists with updated assessment of clinical status, were randomized to receive either Enhanced REP (REP+Facilitation; N = 39 practices) for 6 months followed by standard REP for 6 months; or continued standard REP (N = 49 practices) for 6 months followed by 6 months of Enhanced REP for facilities still not

responding. Enhanced REP consisted of monthly phone-based coaching by national experts in Re-Engage on overcoming adoption barriers. Quantitative outcomes included attempted contacts and subsequent receipt of outpatient care.

Results

Patients from facilities randomized to receive Enhanced compared to standard REP were more likely to have an attempted contact (30% vs. 13%, $p < .001$). Sites that received Enhanced REP six months after randomization (delayed implementation of Facilitation) were no more likely to have increased contacts. There were no differences in patient-level utilization between Enhanced and standard REP sites 12 months post-randomization.

Implications

Adaptive implementation intervention strategies like Enhanced REP when applied immediately to address implementation non-response, offer a means to augment implementation efforts.

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