

# Intersecting Evaluation, Implementation Science, and Improvement Science: Examples from the Integrated Care Leadership Program

Tara Kenworthy, Victoria Scott, David Fetterman,  
Rohit Ramaswamy, and Abraham Wandersman

American Evaluation Association •  
Cleveland • Nov. 3, 2018



# Evaluation

Often, evaluations are viewed as:

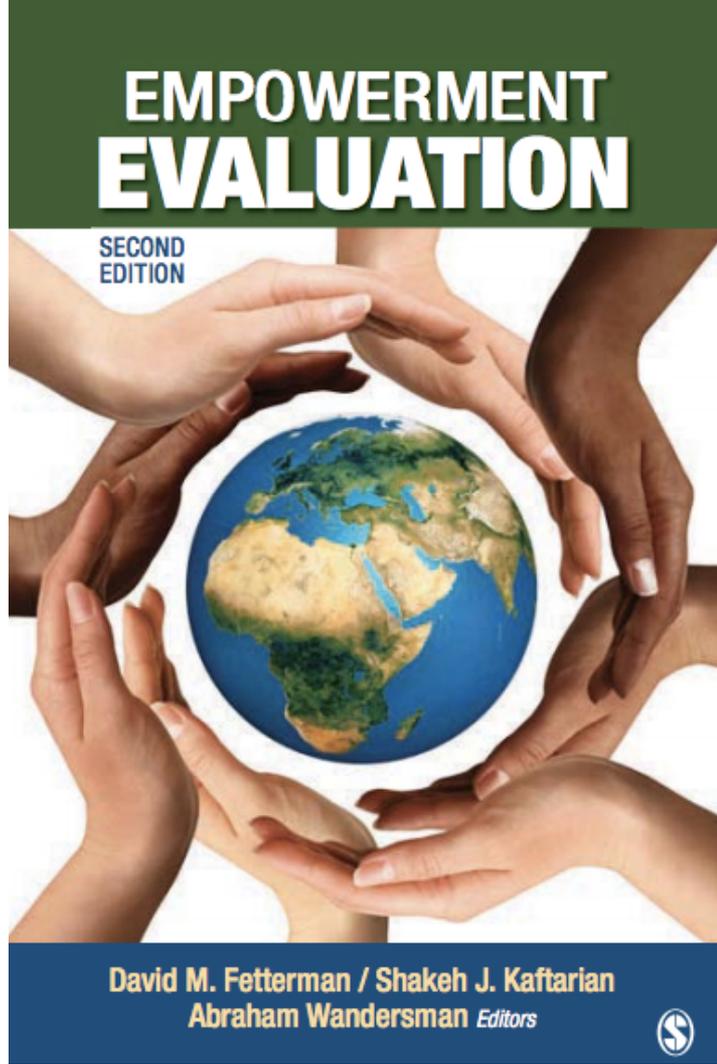
**summative** and the evaluator is “neutral”

vs.

**formative** evaluation approaches, like empowerment evaluation, that aim to increase success of programs with continuous feedback.

# Empowerment Evaluation

- Formative & Summative
- Continuous Quality Improvement
- Community Knowledge
- Capacity Building
- Accountability



# Implementation Science

In summative evaluations, implementation is often seen as a “black box”

Implementation science is focused on looking **inside the box** – process matters.

It aims to promote the adoption of evidence-based practices in human services by ensuring that program activities are executed in an effective way

# Improvement Science

Developed to identify improvement strategies that promote better and safer care in healthcare settings

For example, the Model for Improvement's Plan-Do-Study-Act cycles



Often, in practice, improvement strategies are not implemented as intended

# Intersections of Evaluation, Implementation, and Improvement

Prior research has suggested that empowerment evaluation (e.g., Getting To Outcomes) can support systematic implementation of quality improvement (e.g., Plan-Do-Study-Act) strategies to achieve healthcare improvement outcomes (Wandersman, Alia, Cook, & Ramaswamy, 2015).

We believe that using formative evaluation, evaluating factors related to quality implementation, and incorporating evaluation with improvement will lead to improved outcomes in integrated care settings.

# Factors related to quality implementation: R=MC<sup>2</sup> Model for Practical Implementation Science

Readiness = Motivation x Innovation-Specific Capacity x General Capacity

## R=MC<sup>2</sup> defining features:

- Readiness is viewed on a continuum
- Readiness is dynamic
- R=MC<sup>2</sup> is part of a comprehensive planning, implementation, and evaluation approach

(Scaccia et al., 2015)

# Application to Integrated Care

## Evaluation

Formative evaluation of integrated care using R=MC<sup>2</sup>-derived tools:

- Readiness for Integrated Care Questionnaire (RICQ) measured readiness for integrated care
- Activity-specific Readiness Tool (ART) measured readiness for PDSAs

## Implementation Science

R=MC<sup>2</sup> model derived from implementation literature asserts organizations must have the following features in order to implement with quality:

- Motivation
- Innovation-Specific Capacity
- General Capacity

## Improvement

Plan-Do-Study-Act (PDSA) cycles were used to test small integrated care-related changes within practices.



ART readiness assessment provided data to “study” and “act” upon

# Conclusions

Case studies have revealed that practices implementing integrated care that used R=MC<sup>2</sup> to address evaluation, implementation, and improvement found that:

- The RICQ and ART were useful for identifying strengths and areas for improvement in integrated care initiatives
- Integrating the ART with PDSA cycles was particularly useful for providing actionable areas for improvement, linked with an improvement method

Tools and frameworks from evaluation, implementation, and improvement science **can** and **should** work together to improve implementation and outcomes of integrated care interventions

# References

Fetterman, D.M., Kaftarian, S., and Wandersman, A. (2015). *Empowerment Evaluation: Knowledge and Tools for Self-assessment, Evaluation Capacity Building, and Accountability*. Thousand Oaks, CA: Sage.

Ramaswamy, R., Johnson, J.K., & Hirschhorn, L.R., (2018). Integrating Implementation Science Approaches into Continuous Quality Improvement. In J.K. Johnson & W.A. Sollecito (Eds.), *McLaughlin & Kalzuny's Continuous Quality Improvement in Health Care* (5<sup>th</sup> ed., pp. 51-106).

Scaccia, J. P., Cook, B. S., Lamont, A., Wandersman, A., Castellow, J., Katz, J., & Beidas, R. S. (2015). A Practical Implementation Science Heuristic for Organizational Readiness: R = MC2. *Journal of Community Psychology*, 43(4), 484-501. Burlington, MA: Jones & Bartlett Learning.

Scott, V.C., Kenworthy, T., Godly-Reynolds, E., Bastien, G., Scaccia, J., McMickens, C., Rachel, A., Cooper, S., Wrenn, G., & Wandersman, A. (2017). The Readiness for Integrated Care Questionnaire (RIC-Q): A new tool to assess readiness to integrate behavioral health and primary care. *American Journal of Orthopsychiatry*. Advance online publication.

Wandersman, A., Alia, K.A., Cook, B., & Ramaswamy, R. (2015). Integrating empowerment evaluation and quality improvement to achieve healthcare improvement outcomes. *BMJ Quality & Safety*, 24(645-652). doi:10.1136/bmjqs-2014-003525

# Discussion

## **Remaining questions about Intersecting Evaluation and Implementation Science**

**Contact:** Tara Kenworthy

University of South Carolina

tlk@email.sc.edu

## **Questions about Empowerment Evaluation**

**Contact:** David Fetterman

