

# Diffusing New Practices to Improve Care Quality: A Federal Perspective

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# The A,B,C's of Diffusion

- Requirements: *Sender, Innovation, Receiver*
- *Sender*: Defines what constitutes an innovation and is motivated to send it.
- *Innovation*: A new practice that will improve care quality and outcome.
- *Receiver*: Motivated to receive and use, based on incentives.

# The A,B,C's of Diffusion

## ■ Senders:

- Has consensus been built around defining what constitutes an innovation?
  - For MH and SU, consensus has not yet been built, particularly with consumers, family members, and providers.
- Does an effective communication channel exist?
  - For MH and SU, SAMHSA website is critical; online training will be equally critical, but is not yet available.

# The A,B,C's of Diffusion

## ■ Innovations:

- What is the difference between Evidence Based Practice vs. Practice Based Evidence?
  - EBPs don't work for everyone; need training in PBEs.
- What are the limits of evidence?
- What are the points of view considered?
- What are the relevant benchmarks?
- Is the innovation “really new”?

# The A,B,C's of Diffusion

- Receivers:
  - What motivates the receiver?
    - For MH and SU, the motivators have not yet been developed (\$, ease of use, consumer demand).
  - What determines technical competency?
    - For MH and SU, tools are not routinely available to determine technical competency in EBPs or PBEs.
  
- See: “An Overview of EBPs....” Central East ATTC, from the provider point of view.

# Going Forward: Building Consensus Among Senders and Receivers

- Federal Government will need to build consensus among key groups (payers, researchers, providers, consumers, and family members) on each aspect of the diffusion process.
- Of particular concern will be consensus on what constitutes a MH or SU innovation that will lead to quality improvement and promote recovery.

# Going Forward: Expanding Innovations

- Thus far, virtually all of the innovations are focused on programs or specific clinical interventions for persons who have serious or major MH or SU problems.
- As a result, very little work has been done on early screening, prevention, early intervention and other pre-disorder innovations (CSAT's SBIRT is a notable exception.)

# Going Forward: Expanding Innovations

- Similarly, very little effort has been focused on the innovations to be employed by primary care providers who deliver MH and SU services, including pediatricians.
- Much more bridging work is needed: MH and SU, MH/SU and PC. Work on care for MH and SU co-occurring disorders is progressing well.



# Going Forward: Motivating Receivers

- Like all healthcare providers, MH and SU providers are wary of innovations, particularly granted the lack of a single voice at the national level.
- Thus, there will be a major job to motivate and inform these providers about key innovations.

# Going Forward: Motivating Receivers

- A major effort is needed to train providers in EBPs and PBEs.
  - The SAMHSA Strategic Plan for Workforce Development provides excellent guidance.
  - Plan is available at [www.samhsa.gov](http://www.samhsa.gov) .
  - Low-cost, online training protocols will be needed.

# Going Forward: Motivating Receivers

- Payers can play an important role in motivating providers.
  - For Medicaid and Medicare, every HCPCS or CPT payment code should be based in an EBP or PBE.
  - Pay for performance (P4P) initiatives should pay for EBPs and PBEs.

# Going Forward: Motivating Receivers

- Consumers and family members can play an important role in motivating providers by “demanding” innovations.
- Low-cost online training protocols will be needed to inform consumers and family members about these innovations and their implications.

# Some Closing Thoughts

- In all of this work, we need to be mindful that we want to:
  - Promote the development of a consumer and family driven system.
  - Promote the central importance of recovery and resiliency.
  - Promote a positive life in the community for every consumer.
  - Excellent Summary: Leff, “A Brief History of EBPs....” in MH,US02.

# Some Closing Thoughts

- ***WE ALL NEED TO RECOGNIZE THE URGENCY OF THIS TASK FOR THE MH AND SU FIELDS!***

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