

Expanding the Reach of Implementation Support: A Consult the Consultant Case Study

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Background

- Complex programs, such as Primary Care Mental Health Integration (PCMHI), often require intensive implementation support to achieve high fidelity
- Intensive implementation efforts are costly and may not be available to all locations
- It is critical to increase operational partners' knowledge, confidence, and routine use of low-cost implementation strategies within existing organizational structures
- The process of transferring skills is not well described in the literature; thus, we developed a systems level "Consult the Consultant" (C2C) model within the Department of Veterans Affairs to transfer and adapt implementation strategies from SMEs to operational partners
- Focus of this presentation is on administrative data for one Healthcare System within the VISN pre and post implementation of the C2C model

Consultant:
Implementation SME &
Innovation (PCMHI) SME

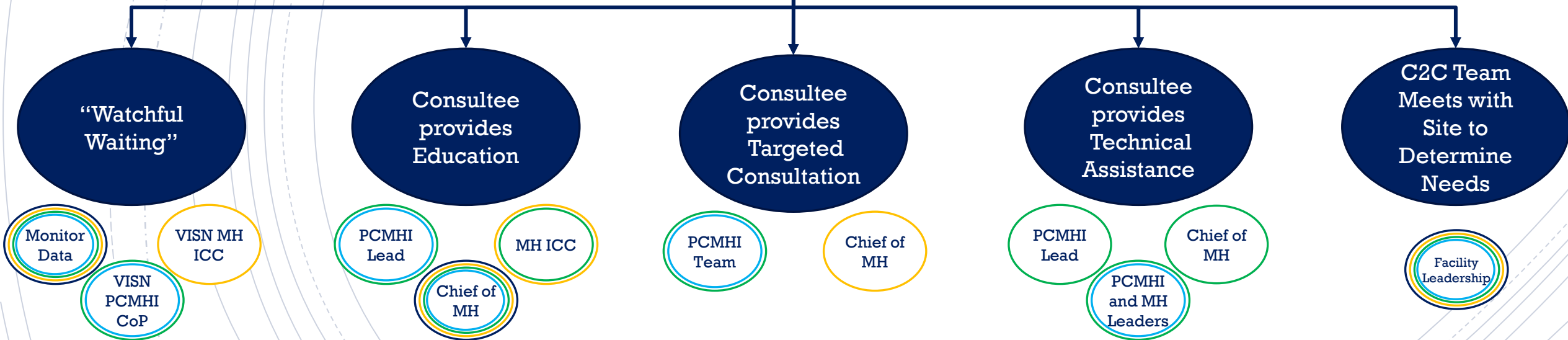
Consultee:
VISN Chief MH Officer

Consultee:
Innovation (PCMHI) VISN
Lead/Trainer

Consultee:
Innovation (PCMHI) VISN
Trainer

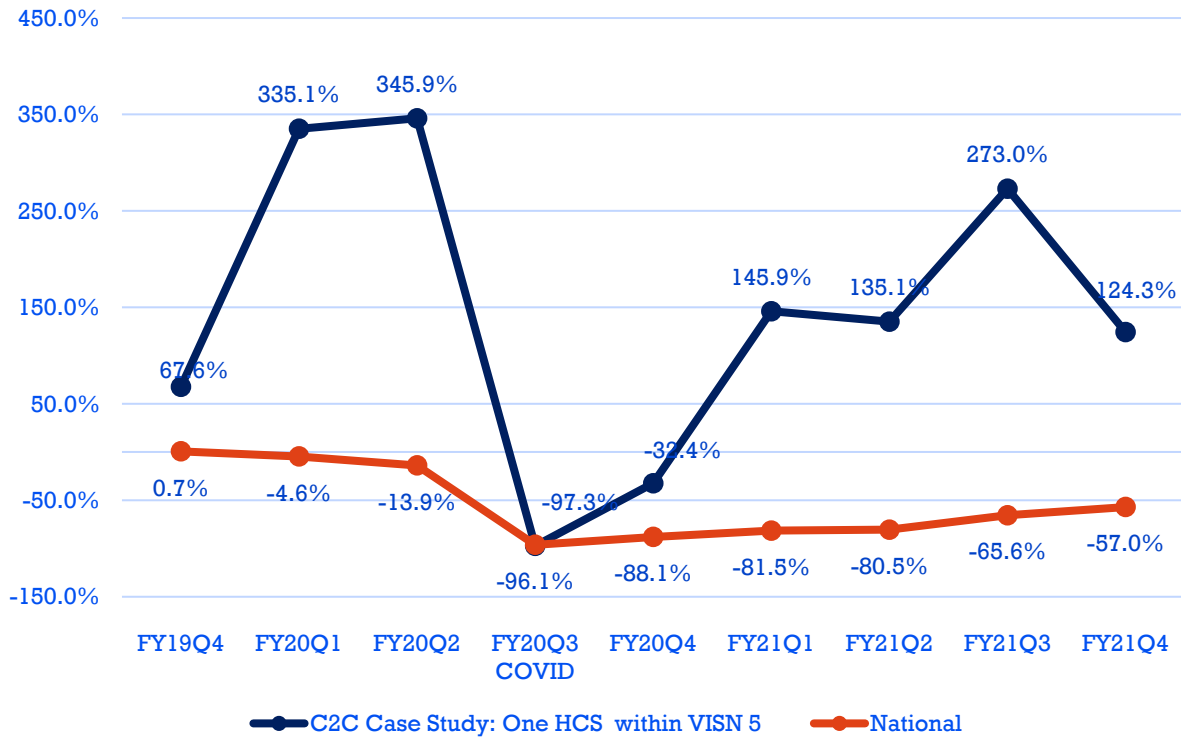
Collaborative team-based consultation (iterative process):

- **Consultant** provides recommendations for tailored implementation strategies and training for technical skill development/refinement
- **Consultees** bring in contextual knowledge of each facility, program, staff, and training
- Use of data to inform discussions, goal setting, and prioritization of facility needs

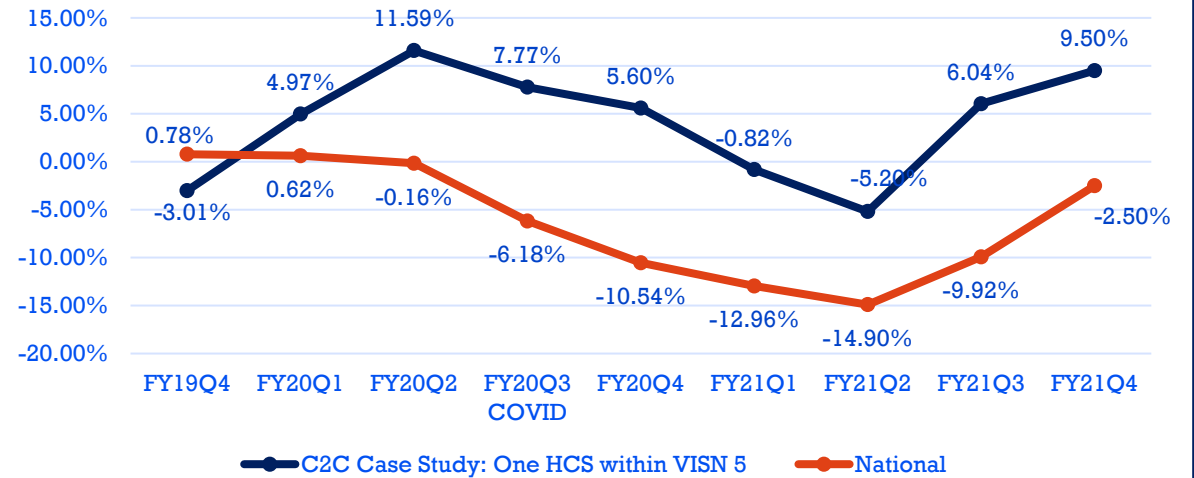


C2C Case Study Data: Growth Rates Since the First C2C Call

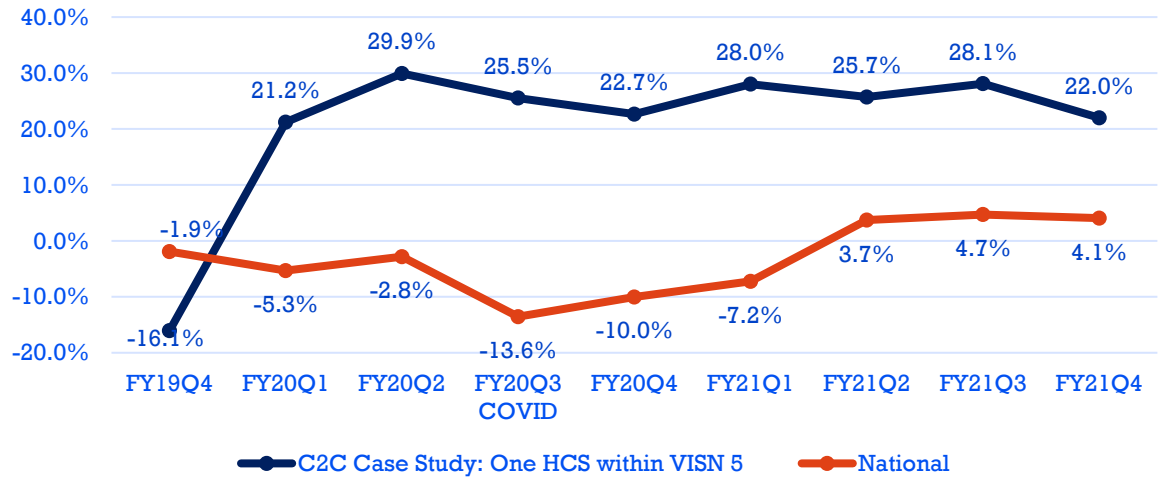
Number of Veterans Receiving Same Day Access to PCMHI



PCMHI Engagement



PCMHI Encounters



Why use the C2C model?

- Promotes ***effective change management*** by improving communication and consistent, concentrated follow-up
- Develops a skillset that can be applied ***across initiatives*** to improve implementation of key programs across VA ***over time***
- Expedites ***knowledge acquisition*** and understanding of ***high fidelity*** implementation for the innovation among leaders
- Supports ***collaboration*** and ***connection*** among leaders, building relationships that continue ***over time***

Ann Brugh, PsyD
VISN PCMHI Lead and Trainer

The C2C process has been a key factor in developing successful strategies to improve implementation of (PCMHI) across our region. As a consultee in the process, I was supported in my work with (PCMHI) leaders at each HCS in a way that otherwise would not have occurred. Having access to the knowledge and advice of the SME as well as support from the CMHO, gave me confidence in the strategies that I was implementing and encouragement to follow through when barriers arose.

Michelle Bruce, PsyD
VISN PCMHI Trainer

One of the most valuable parts of the C2C process was the emphasis on teamwork and developing relationships between (PCMHI) leaders, experts and local staff...The plans developed through this consultation program were site specific and therefore had a greater likelihood of resulting in change and progress towards the specific goals of each location. The C2C process connected the highest level of mental health leadership, (PCMHI) experts, and leaders and staff at a local level in a way that would not be possible without it for our VISN.



Cheryl Lowman, PhD
VISN Chief MH Officer

The C2C model developed was extremely effective in providing me with in-depth, site-specific information gathered by our consultant SME that I could not have efficiently identified myself. We utilized a team approach during the monthly meetings, setting goals for each facility based on the site-specific information reported... From a regional perspective, this consultation process has improved oversight and spread of PCMHI programs in our VISN.