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Facilitating practice change: lessons from the STEP-UP clinical trial

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Abstract

Background. The Study To Enhance Prevention by Understanding Practice (STEP-UP) clinical trial (1997–2000) resulted in sustainable increases in preventive service delivery in primary care practices. However, the process by which practice change can be facilitated has not been well described.

Methods. Comparative case studies were conducted of eight STEP-UP practices with the largest increases in preventive service delivery rates and compared to seven practices with the lowest increases. A multidisciplinary team (research nurse, nurse facilitator, physician principal investigator) used an editing analysis approach to create individual case studies. Then, using an immersion–crystallization approach, the team identified pragmatic lessons for people working to improve primary care practice, and validated these lessons with a participating practice and an additional facilitator.

Results. It is not always possible to predict which practices will change based on understanding initial practice conditions. "Malleable moments" can be identified during which practices become open to change. It is important to tie change strategies with existing motivations, or to develop new motivation among potential change agents. Motivation can be developed by discrepant information that challenges self-image, aligning change plans with existing values, or identifying feasible ways of responding to outside pressures or internal demands. Instrumental interventions (such as office systems, tools, new processes) are useful when motivation to change exists, and can build motivation when they meet a perceived need. Disruption in previously workable approaches, either by purposeful information seeking or unanticipated changes, promotes openness to change.

Conclusions. Despite limited ability to predict which practices will change and when, understanding practices' initial conditions and evolution can identify opportunities to craft individualized approaches to positive change.

Keywords: Practice change; STEP-UP; Primary care practice

Introduction

The Study To Enhance Prevention by Understanding Practice (STEP-UP) clinical trial resulted in sustainable increases in preventive service delivery in primary care practices [1,2]. We believe that this sustainability was caused by tailoring the intervention approach to individual practices over time. However, the process by which a practice change intervention can be individualized has not been well described. Therefore, we set out to identify practice features that are important to understand in order to tailor practice change interventions. We illustrate these features and some of their interrelationships utilizing a case scenario.

Methods

We conducted a retrospective comparative case analysis of data collected for STEP-UP (1997–2000), a community

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practice, group-randomized clinical trial aimed at improving the delivery of a broad spectrum of preventive services. The implementation and findings from the community clinical trial have been described in detail previously [1,2]. Briefly, 79 primary care practices in northeast Ohio volunteered to participate and were randomized. In the intervention group (n = 38), a nurse facilitator performed a 1-day practice assessment to identify opportunities for tailoring intervention strategies to the unique characteristics of each practice. Based on this assessment, the facilitator guided the practice through a discussion and analysis of their current approach to prevention by focusing on practice-specific details of what, when, where, how, and by whom preventive services were delivered. A menu of tools (e.g., chart stickers, flow sheets, reminder cards) and approaches (e.g., personnel roles, delivery of preventive services during illness visits) to enhance preventive service delivery was presented. Practices chose from among these options and created and implemented a practice-individualized plan for change.

A multidisciplinary team [research nurse (S.M.W), nurse facilitator (M.C.R.), physician principal investigator (K.C.S)] used the qualitative data editing analysis approach [3] to create individual case studies (2001–2003). These case studies contained a summary of key descriptions that identified the practice, followed by an analysis of what happened and why during the time period of the STEP-UP study. Eight STEP-UP practices with larger increases in preventive service delivery rates were compared to seven practices with low or no increases. Using an immersion–crystallization interpretive process [3], the team conducted within- and cross-case analyses that identified pragmatic lessons for working to improve primary care practice. Our analytic framework was informed by prior reading on the application of complexity science to organizational behavior. The literature on readiness to change, office systems interventions, and tailored behavior change strategies also informed our analyses. However, we did not seek to apply any specific a priori framework, but rather to allow take-home lessons to emerge from the rich multimethod data.

A case example was chosen to show many of the lessons identified for facilitating practice change within one site. The case example illustrates how practice features and their interrelationships connect with the intervention. Themes are identified and highlighted within the case study. Finally, the analysis team's interpretation of the intervention was checked for accuracy with the facilitator for the practice (S.Z.), the physician (A.W.), and the physician's wife (P.S.W.), who served as the new practice office manager.

Results

Lessons learned are outlined in Table 1. The main lessons are in the first column. Underlined in the second column are categories of practice features that are important to understand to implement the lesson. Below these are points that may be important to focus on in different types of practices. Each lesson is described in detail below.

Table 1
Lessons for understanding and facilitating practice change

Lesson	Relevant practice feature
Being at the edge of chaos facilitates change; change is an opportunity	Already at the edge: • Innovators seeking new information: Change is the norm Forces moving practice toward the edge: • Health system changes • Reimbursement changes • Unanticipated practice changes Intervention moves practice toward the edge: • Feedback • Facilitator as change agent • Adopting new tools and approaches
Be open to surprises Being there for emergent opportunities and malleable moments presents opportunities to facilitate change	
Motivated potential change agents are key:	Already motivated: • Internal factors • External factors Motivation increased by: • Linking to values • Feedback • Linking to other needs
Once motivation exists, address instrumental needs:	• Link with feedback identified needs • Link with successful current processes • Link with needs identified in assessment
The facilitation approach should be tailored over time:	• Sometimes the relationship is key • Sometimes persistence pays • Link with feedback identified needs • Neutralizing a blocking agent can be important • Permission giving or authority is important for some • Modeling or leading a group process

Being at the edge of chaos facilitates change: change is an opportunity

The edge of chaos is a state between a high degree of structure and a total lack of structure. This dynamic state occurs "when certain parameters fall within a critical range—for example, critical rates of information flow, degrees of connectivity, and diversity between agents" [4,5]. In this state, openness and responsiveness to an unpredictable environment may allow for creative problem solving and adaptive behavior to emerge. A practice may move towards the edge of chaos because increased tension in the environment causes decreased stability, comfort, and safety. Nudging a practice towards the edge of chaos can produce a questioning of the status quo within the practice.