Implementation Considerations: Experiences from Community Based Care Transition Intervention Team

NINDS Stroke Prevention/Intervention Research Program (SPIRP)
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Intervention Goal

To improve systolic blood pressure in a high risk home care population of stroke survivors

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Intervention Arms

Usual Care	Nurse Practitioner (NP) - Directed Transitional Care (TC)	NP & Health Coach Transitional Care

• Home Health Care *alone*	• Home Health Care, *plus*
	• 30-day TC intervention by NP
		• Home Health Care, *plus*
		• 90 -day TC intervention
		  • Initial 30 day intervention by NP,
		  • Followed by 60-day intervention by a Health Coach

- Three-arm RCT: 1) UHC, 2) UHC + NP, 3) UHC +NP +HC
- Randomization at patient level
- Target enrollment: 495 Black & Hispanic patients with uncontrolled SBP

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Specific Aims

Hypothesis 1A

- Patients randomized to both the NP and the NP+HC interventions will have greater 3- & 12-month reduction in SBP than patients in Usual Home Care

Hypothesis 1B

- Patients randomized to NP+HC will have greater 3- and 12-month SPB reduction than those randomized to NP-only

Hypothesis 2

- Both interventions will be more costly but more cost-effective than Usual Home Care

Hypothesis 3

- Both interventions will yield significant comparative improvements in function and health-related Quality of Life.
- NP+ HC will be more effective than NP-only

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Intervention Strategies

1. Linking patients to continuous, rapidly responsive preventive and primary care
2. Increasing patients'/caregivers' ability to manage a culturally and individually tailored BP reduction plan
3. Facilitating the patient's reintegration into the community after home health care discharge

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Implementation: **Nurse Practitioner** Staffing Considerations

Initial set up considerations:

Hiring for study	Integration into an existing clinical program
Benefit: control over staffing	Benefit: increases the possibility of sustainability
Benefit: able to have more flexibility with set up and workflows	Benefit: able to take advantage of existing training programs and workflows
Risk: less likely to accommodate real world implementation issues and reproduce	Our Reality: real world - organizations make changes

Discussion point: Where do these decisions lie on the continuum of efficacy to pragmatic trials?

Implementation: **Nurse Practitioner** Staffing Considerations

Orientation to and implementation of study protocol:

- Supplemental training needs:
  - ❑ Intensive review and discussion on BP management for older, post-stroke patients
  - ❑ "assertiveness" training
- Need for reinforcing differences between study intervention emphasis vs. existing transitional care program emphasis

Implementation: **Health Coach** Staffing Considerations

Initial set up considerations:

Bringing in experienced health coaches	**Building a new program and career ladder for home health aides**
Benefit: control over staffing	Benefit: increases the possibility of sustainability
Benefit: less time on training	Benefit: able to take advantage of staff who are used to being in patients' homes and know about chronic conditions
Risk: not enough trained candidates; potential retention issues since not fulltime position	Our Reality: mentality switch from aide to coach is substantial; extensive candidate interviewing and training required

Discussion Point: Challenges of identifying the appropriate paraprofessionals to be trained as health coaches

Implementation: Field interviewer staffing challenges

- Multi-site collaboration and PAC recommendations increased patient burden and upfront training
  - Including: administering common core measures, using selected data entry software, being trained and certified in the Frontal Assessment Battery (FAB)
  - Adjustment: increase timeline of training and budget
  - Additional training on how to promote patient completion
- Retaining interest and focus of interviewers
  - Challenges: high patient ineligibility rate
  - Adjustment: completing more phone screenings “in house”; providing opportunities for other work; adjustment of payment rate

Implementation: Initial Telephone Contact

- Desire to postpone study participation after an acute care event
  - ❑ How we try to address: extended enrollment timeframe, acknowledge desire; discuss importance of patient's contribution; review possible participation activities
- Lack of knowledge of stroke history
  - ❑ How we try to address: spend more time with patient to go through experience; engage caregiver when possible
- Addressing other refusal reasons (~20%)
  - ❑ How we try to address: acknowledge expressed concern; explore misperceptions or fears – "normalize"; take time to answer all questions

Implementation: BP Screening and Enrollment

- 47% of patients screen out at BP1
  - Consequence: need to screen more patients/higher costs
  - Adjustment: lengthened allowable screening timeframe; expanded eligibility to community referrals
- Change from 1 BP screen to 2 based on advisory board recommendation
  - Consequence: additional 12% ineligible at 2nd BP
  - Consideration: Are we influencing patient behavior between BP1 and BP2 screens?
  - Adjustment: field staff coached on how they should comment on BP1 screen results

Implementation: BP Screening and Enrollment

- Efforts toward retention at enrollment
  - Employing teach back process to make sure patient understands commitment to data collection and intervention activities
- Incorporated advice provided by NINDS specialist on recruitment of minority populations and findings from focus groups
  - Normalize fears of research involvement and take time to explain initiative
  - Emphasize importance of patient contribution
  - Engagement of caregivers with patient agreement

Implementation: Early Intervention Experiences

- Lack of patient knowledge about stroke
  - How we address: NP explores issue, integrated a booklet and handout to promote better understanding
- Perceived inevitability of stroke
  - How we address: Both NP and HC listen for signs of this belief and explore how it may impact patient self-management
- Conflicting social and economic issues
  - How we address: We provide information on community resources while also working with patient to explore how stressors impact self-care and strategizing with patient on how to handle

Implementation: Early Retention Experiences

- Success with early reminders letters
- Requires persistence to locate displaced individuals
  - How we address: contact approved alternate contacts; availability to meet patients in alternative settings
- Planning for secondary data source to supplement study BP readings
  - How we address: secure authorization for PCP to release one year of BP measurement data

Discussion