

Importance of Organizational Buy-in: Fox GERI and the ESP Program

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Outline

- ◆ Brief overview of ESP
- ◆ Key Translational Activities
- ◆ Organizational implications for CARAH
- ◆ Organizational implications for Fox GERI/Fox Rehabilitation
- ◆ Outcomes of Translation

Funding Sources

Original Randomized Trial Research:

- ◆ National Institute on Aging
- ◆ National Institute on Nursing Research
- ◆ National Institute of Mental Health
- ◆ PA Dept. of Health, Tobacco Settlement Funds

Translational Research:

- ◆ Carter/Johnson & Johnson
- ◆ Administration on Aging
- ◆ Farber Family Foundation

Overview of ESP+

WHAT IS ESP+?

- ◆ **Theory-driven:**
 - Stress process theories
 - Competence-environmental press and environmental vulnerability frameworks
- ◆ **Tested using randomized trial methodology:**
 - Community-based families in Philadelphia region
 - Close to 800 families of individuals with mild to moderate/severe dementia
- ◆ **Delivered by occupational therapists trained in ESP+ in homes of families**



Evidence Supporting ESP

Benefits to Individuals with Dementia:

- ◆ Decrease frequency of behavioral occurrences
- ◆ Slow rate of functional decline
- ◆ Enhance activity
- ◆ engagement



Gitlin, et al., (2005). Maintenance of effects of the home environmental skill-building program for family caregivers and individuals with Alzheimer's disease and related disorders. *Journal of Gerontology: Medical Sciences*, 60A(2), 168-174; Gitlin, et al., (2001). A randomized, controlled trial of a home environmental intervention: Effect on efficacy and impact in caregivers and on daily function of persons with dementia. *The Gerontologist*, 41, 4-14.

Evidence Supporting ESP

Benefits to Family Caregivers

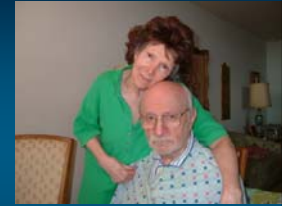
- Enhance family caregiver skill to use effective communication
- Enhance caregiver sense of mastery and confidence in managing day-to-day
- Reduce caregiver upset with behaviors
- Reduce burden and depression
- Reduce time spent "on duty" for male caregivers
- Enhance benefits for females and spouses

Gitlin, et al. (2003). Effects of the Home Environmental Skill-building Program on the Caregiver-Care Recipient Dyad: Six-month Outcomes from the Philadelphia REACH Initiative. *The Gerontologist*, 43(6), 532-546;

Gitlin, et al., (2001). A randomized, controlled trial of a home environmental intervention: Effect on efficacy and upset in caregivers and on daily function of persons with dementia. *The Gerontologist*, 41, 4-14.

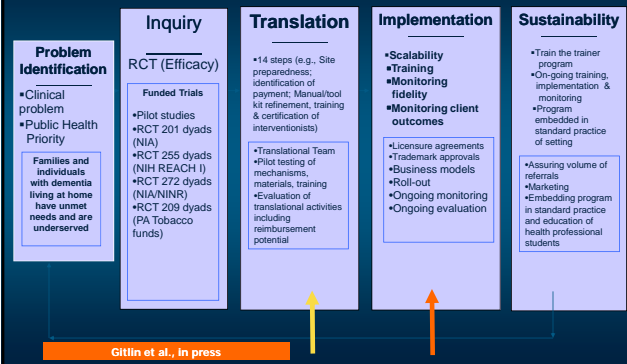
Delivery Characteristics

- ◆ Home-based
- ◆ Up to 10 sessions over 4 to 6 months
- ◆ Each session 60 to 90 minutes
- ◆ Sessions scheduled flexibly based on caregiver needs and OT training considerations
- ◆ 3 to 5 caregiver-identified problem areas are typically addressed



Translation from Randomized Trial to Practice Context

Trajectory from Problem Identification to Sustainable Solution



Translational Potential

- ◆ Flexible visit schedule
- ◆ Flexible number of sessions
- ◆ Client-driven
- ◆ Improvements for both individual with dementia and caregiver

Translational Activities

- ◆ Homecare agency – Medicare Part A
- ◆ Homecare agency- Medicare Part B
- ◆ Aging network
- ◆ Canadian Health System

5 Key Translational Activities

- ◆ Refining ESP and fidelity measures to fit agency environment
- ◆ Preparing agency to implement ESP
- ◆ Training therapists
- ◆ Establishing referral mechanisms
- ◆ Evaluating outcomes using RE-AIM framework.

Translational Challenges

- ◆ **Manualizing each component**
 - Balance between clinical reasoning and standardization
- ◆ **Development of training to fit therapist schedules**
 - Web-based asynchronous
 - Face-to-face
 - Coaching
 - Completion of 5 cases to achieve certification
- ◆ **Monitoring Fidelity**
 - Agency-level reinforcement important
- ◆ **Benefits and limitations of Medicare Part B**

ORGANIZATIONAL CHALLENGES

For Researchers

- ◆ **Need to construct a new team for translation**
- ◆ **Different expertise needed than for randomized trial**
 - Understanding of practice setting
 - Clinical training
 - Legal expertise
 - Implementation science expertise
 - Cost analysis
- ◆ **Need to identify what can be modified and what can not**
- ◆ **Strike balance between needs of practice site and demands of the intervention**

For Researchers

- ◆ **Mission driven activity**
- ◆ **Insufficient funds available for translational activities**
- ◆ **Buy-in from institution:**
 - Licensure
 - Certification
- ◆ **Unanswered questions**
 - Who owns what
 - Business models

Fox Rehabilitation

For the Practice Site

The collective answer to the question:

Is this the right project at the right time for my organization?

Organizational Support and Implications

1. Emotional "buy in"
2. Positive Value Proposition
3. Logistically feasible
4. Get "buy in" from everyone
5. Maintain "buy in" from everyone

"Emotional buy-in"

Is the project consistent with the mission, vision, goals and culture of the organization?

- Fox GERI mission: to provide high quality educational services to the public on health care related issues important to the geriatric population and to advance the fields of geriatric rehabilitation and medicine through education of health care professionals and collaborative research

"Emotional buy-in"

- **Previous Fox Rehabilitation mission:** to provide the highest quality rehabilitation to the geriatric community with compassion and respect, while promoting optimal function and meaningful lives.
- **Current Fox Rehabilitation mission:**
 - **Mission Possible:** to believe in our therapists – allowing them the autonomy to give the finest quality rehabilitation to the geriatric community with compassion and respect. To believe in our patients and their ability to achieve what they once thought impossible – optimal function to rehabilitate their lives.

Organizational Support Emotional Buy-In



Financial Viability



Value Proposition

- ◆ Is the project financially viable?
- ◆ Both short term and long term?
- ◆ Detailed project analysis-financial forecasting
- ◆ Will the project be self sustaining?
- ◆ How long will it take to become self-sustaining?
- ◆ How much \$\$ is needed in the meantime for start up?

- ◆ Value proposition:
 - Is it worth it?

Logistically Feasible

- ◆ "Middle-management buy-in"

- ◆ Is the project logistically do-able at this time?
 - Staffing
 - Time
 - Physical Plant

- ◆ If not, what will it take, and how long will it take to make the project do-able?

Organizational Support

A BIG PROJECT NEEDS BIG SUPPORT

MUST GET "BUY – IN" FROM

Everyone



Everyone

- ◆ OTs: interventionists
- ◆ OT supervisors, middle management, upper management
- ◆ PT/other OTs/SLP team for coordinated care
- ◆ Receptionist
- ◆ Intake department
- ◆ Chart audit/compliance team
- ◆ Billing and accounts receivable team
- ◆ Marketing
- ◆ Recruitment
- ◆ Administrative leadership/upper management including CEO, COO, CFO and all divisional heads

Maintain Support

In a long term, multi-year project it is very easy to lose momentum and focus and other newer projects take priority.

Must reexamine and reaffirm the commitment/ support/buy-in at all levels BEFORE it is lost.

Don't Lose Support



Maintain Support

- ◆ Once you get it, you have to keep it
- ◆ Visibly celebrate success / Make good work well known
- ◆ Market internally and externally
- ◆ Value everyone's contribution to the project
- ◆ Keep the project on track, on time and on budget or better



Outcomes of Translation

Outcomes of Translation – RE-AIM

- ◆ **REACH:**
 - 69 eligible caregivers identified from therapist patient caseloads
 - 41 (59%) agreed to participate
- ◆ **Effectiveness:**
 - 38% caregivers used ESP strategies most of time
 - 57% used strategies "sometimes"
 - Most reported enhanced knowledge of dementia, home safety, effective communication strategies and engaging patient in activities.
 - Most reported reduced upset, taking better care of themselves, and enhanced ability to care for dementia patient

RE-AIM Outcomes Con't

- ◆ **Adoption:**
 - 30 agency-based OTs approached
 - 23 (77%) volunteered
 - 22 (96%) completed training
 - 21 (95.5%) used ESP
- ◆ **Implementation:**
 - 41 caregivers completed 193 sessions (average of 4.7 sessions)
- ◆ **Maintenance:**
 - All ESP sessions were reimbursed by Medicare Part B.

Lessons Learned

- ◆ Need a translational phase prior to full implementation
- ◆ Financial modeling essential to determine potential for sustainability
- ◆ Need a champion(s) in the practice site who believes in program and can be effective within the organization
- ◆ Medicare Part B is an underutilized mechanism to support caregiver training but also has limitations



For More Information

- ◆ For training in ESP:
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