

## POSTER ABSTRACTS

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### **The Relationship of Primary Care Practice Leadership Style, Team Dynamics, and Values to Adoption, Implementation and Maintenance of an Intervention Effectiveness Study Protocol**

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**Background:** Evaluating how healthcare teams adopt and integrate evidence-based interventions in “real world” settings is critical to translation research. Practices differ widely on multiple characteristics including leadership style, team dynamics, and practice values. This paper evaluates how practice characteristics influenced implementation of a research protocol. The study, Diabetes Priority Program, tested the effectiveness of a computer-assisted self-management intervention to improve diabetes guidelines adherence for 886 patients with diabetes type 2. The protocol was delivered by 52 physicians and staff in 30 practices located throughout rural and urban Colorado.

**Methods:** Translation-related success for each clinic was evaluated using three RE-AIM model dimensions: 1) Adoption, i.e., proportion of clinic staff participating in program implementation; 2) Implementation, i.e., consistency of protocol-delivery; and 3) Maintenance, i.e., extent that protocol was followed at 6 months. Characteristics of practices exhibiting the greatest performance differences in the AIM dimensions are described.

**Results:** Adoption: 60% practices, “narrow” adoption (study responsibilities held by one or two persons); 17% “moderate” (some back-up support provided); and 23% “broad” (all staff involved). “Broad” adoption clinics were characterized by participatory decision-making, routine cross-training among staff, and values that emphasized individualized patient care over financial concerns. Implementation: The study intervention included 3 computer sessions plus brief “nurse” counseling. Nurses called between visits to reinforce self-management goals. Most clinics completed all protocol components at baseline, with the exception of follow-up calls that ranged from 57%-100% completed per clinic; median 92%. Maintenance: The clinic that performed least well in implementation at baseline continued to struggle over time. For this clinic counseling declined from 85% completed at baseline to 20% completed at 6 months (range for all clinics 20%-100%, median 95%) and follow-up call completion declined to 14% (range 14%-100%, median 74%). Adoption in this clinic was narrow (1 NP), leadership style was hierarchical, team dynamics were strained, and values emphasized financial concerns.

**Conclusions:** Unique practice characteristics may be associated with breadth of staff adoption and ability to implement and maintain intervention protocols.