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**Operation Zero: Experience, Opportunity and the Future.
Results of an Evaluation Following the RE-AIM Model**

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Background: Kaiser Permanente Georgia offers a weight management, group medical appointment clinic, named Operation Zero (O.Z.), for children and adolescent patients with a BMI-for-age percentile \geq 85th. This study evaluated the adoption and implementation experience and facilitation barriers of two implementation models of the O.Z. program. The models differed by variables for facilitation, scheduling, staffing and participant's financial input. This study examined the implementation models, comparing them along constructs of the RE-AIM model and identifying the variables that drive success. The purpose of the evaluation was to facilitate program improvements and inform the transfer of the program to another Kaiser Permanente region.

Methods: Face-to-face and telephone interviews and questionnaires were used for data collection. Data were collected from a variety of stakeholders who had varying levels and different kinds of involvement with the program, ranging from participants to Directors and Chiefs. Qualitative data were summarized into themes that addressed adoption, implementation and maintenance, and were supported with descriptive, quantitative data.

Results: The successful adoption of O.Z. centered on effective championing, organizational support and that O.Z. provided a necessary treatment option for the Pediatric Department. Effective facilitation of the program required understanding and implementing the key components of the models. An effective facilitator training is a critical resource for supporting adoption of O.Z. With regard to implementation, O.Z. proved to be a complex program to coordinate and deliver, regardless of the model. Considered a labor-heavy program, improved delineation of roles and responsibilities provides an advantage. Attrition was another main barrier encountered in implementation and was prevalent in both models. In regards to maintenance, the O.Z. program garnered organization support to guarantee its immediate continuation. However, sustained funding is dependent on documenting participation, having data that assesses program effectiveness based on long-term criteria, continued support from champions, effective communication about O.Z. within Kaiser Permanente, packaging of O.Z. and cost effectiveness.

Conclusions: The two models of O.Z. each possess advantages. The variables central to a model's success includes charismatic facilitation, retention of participants and ease of costs and scheduling. Program improvements were implemented and O.Z. was dissemination to another Kaiser Permanente region.