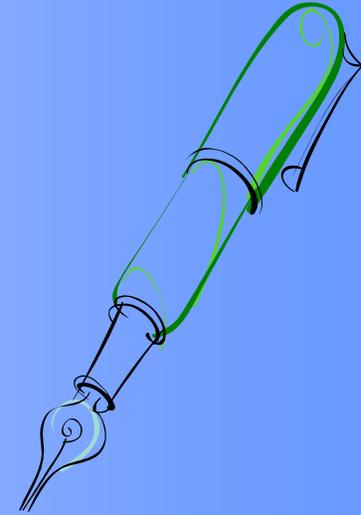# Incorporating Evidence Based Practices: Overview, Opportunities & Challenges

Ohio Latino Affairs

Advise. Connect. Build.
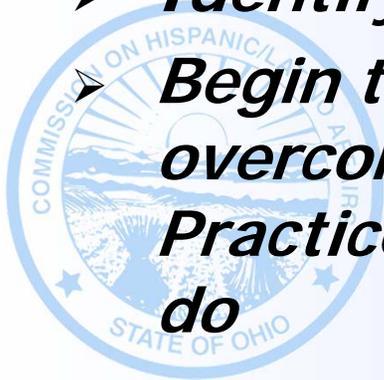
Information Provided By:

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Goals of Powerpoint:

> *Gain a basic understanding of the tiered definitions of Evidence Based Practices*

> *Recognize opportunities that exist to incorporate and implement Evidence Based Practices*

> *Identify barriers that prohibit implementation*

> *Begin to think about possible solutions to overcome barriers so that Evidence Based Practices can be incorporated into what you do*

The Art of Balance

➢ Balancing what the field knows to be true of what works…

- ▪ *(It then gets translated into practices that are taught and incorporated into system designs without critical analysis about the results they produce and under what circumstances they are most likely to be effective)*

➢ And what has been proven through analysis and examination to be effective in making changes and achieving successful outcomes

THE Dilemma…

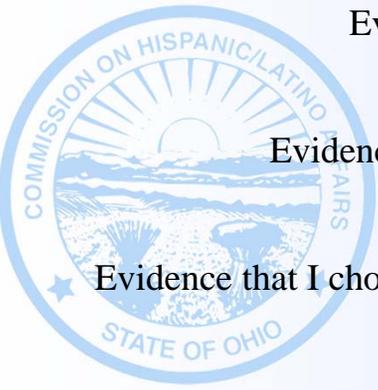All the evidence in the world on the topic of interest
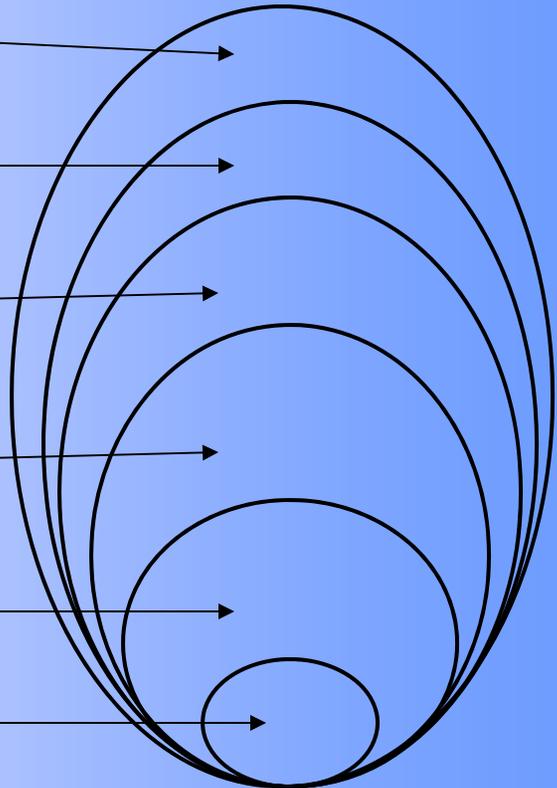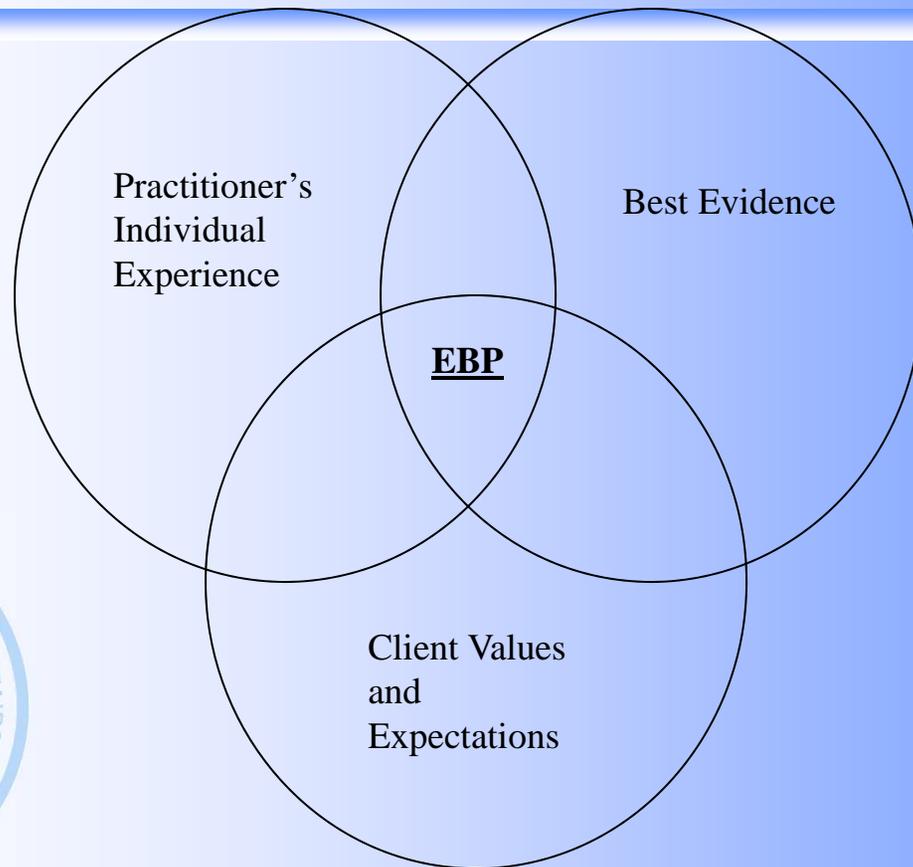
Published evidence

Indexed evidence

Evidence I can find

Evidence I can access

Evidence that I choose to use

Evidence Based Practice (EBP) Model

Practitioner's Individual Experience

Best Evidence

EBP

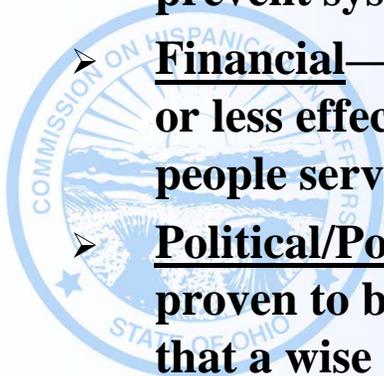Client Values and Expectations

Evidence-Based Practice—What It Isn't...

➢ It is not a recipe or cookbook
➢ Does not eliminate clinical judgment/reasoning
➢ Does not ignore patient preferences
➢ Is not rigid, unchangeable
➢ Is not focused only on randomized controlled trials

Why use EBP?

➢ **<u>Clinical</u>—Without knowledge and skills in proven practices, clinicians and program managers cannot fulfill their obligation to offer consumers and families the most effective services**

➢ **<u>Quality Improvement and Accountability</u>—When used strategically and for those conditions and people for which they were designed, can improve outcomes for clients, families and communities**

➢ **<u>Administrative</u>—Can help identify barriers and complexities that prevent systems from doing their best**

➢ **<u>Financial</u>—Offers an opportunity to shift resources away from ineffective or less effective services to those services that are more effective for the people served**

➢ **<u>Political/Policy</u>—By committing taxpayers' dollars to providing services proven to be effective, provides a higher level of assurance to the public that a wise and valuable investment of public monies has been made**

Creating an Evidence Based Practices Definition:

➢ **Evidence includes:**

- Basic science
- Research
- Standards of practice
- Clinical Practice Guidelines
- Community standards
- Patient preference
- Clinical reasoning ability
- Clinical judgment
- Clinical decision making
- Clinical knowledge
- Experience
- Anecdotes
- Case Histories
- Expert Opinion

Need to become Critical Consumers of Information

Just because it is published doesn't make it right.

And, just because a study was done and written up does not mean that the evidence behind that study is strong or reliable.

Before choosing your EBP

➢ You have thought about your population and what outcomes you would like to achieve

➢ You have gotten the input of stakeholders

➢ Together, you have decided what outcomes they want to achieve

➢ You have read the literature on evidence-based practices so you are now familiar with a variety of evidence-based practices, what outcomes each is intended to achieve, and what resources are needed for each.
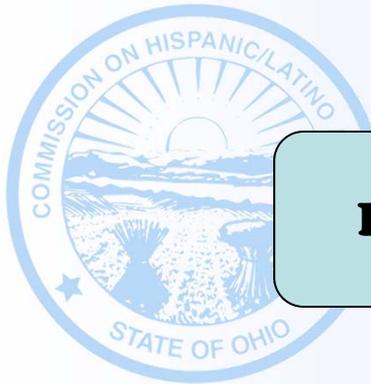
Tiered EBP Definition Continuum

➢Based on regorousness
of evaluation/evidence

Empirical & Science Based Practices

Other Evidence Based Practices

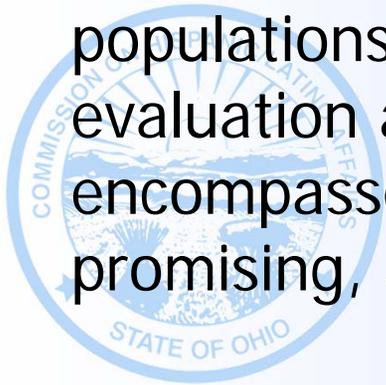**Best Practices**

Promising Practices

Tier I: Empirical and Science Based Practices

➢ Empirical and Science based practice is the integration of the most rigorous and best research evidence with clinical expertise and patient values erving as the epitome of the standard of which to apply, OR clinical or administrative interventions or practices for which there is consistent scientific evidence showing that they improve client outcomes (Drake, et al. 2011).
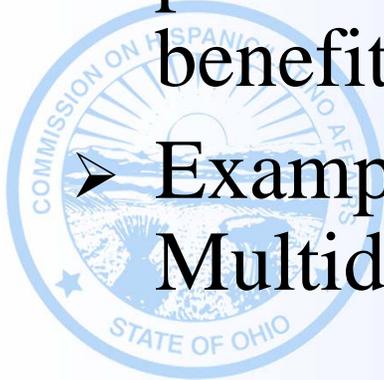
Empirical and Science Based Practices

The integration of best research evidence with clinical expertise and patient values for which rigorous clinical trials involving multiple studies, multiple sites, researchers, populations, and cultures have been conducted using randomized control groups and have been shown to have positive outcomes for specific populations using standard methods of scientific evaluation and analysis. The term sometimes encompasses all the terms that follow about emerging, promising, and best practices.

Tier II: Other Evidence Based Practices

➤ Have some support of effectiveness with moderate levels of rigor and analysis

➤ Large effectiveness trials, meta analysis, expert panel review of research evidence, post-dissemination evaluation, and cost benefit studies have yet to be conducted

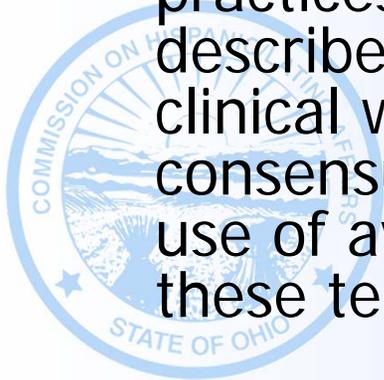➤ Examples—12 Step Facilitation Therapy, Multidimensional Family Therapy

Best Practices

➢ Can sometimes be used to describe guidelines or practices driven more by clinical wisdom, guild wisdom, guild organizations, or other consensus approaches that do not include systematic use of available research evidence.

➢ Can include environmental and relationship, clinical and programmatic factors that by themselves do not constitute a therapy or intervention. *(i.e. approach at the moment, given the situation, the consumer's or family's needs and desires, the evidence about what works for this situation/need/desire, and the resources available.)*

➢ Recognized by professionals and organizations in the field to have an impact

Best Practices

➢ The best clinical or administrative practice or approach at the moment, given the situation, the consumer's or family's needs and desires, the evidence about what works for this situation/need/desire, and the resources available. Sometimes, the term "best practices" is used synonymously with the term "evidence-based practices." Sometimes, "best practices" is used to describe guidelines or practices driven more by clinical wisdom, guild organizations, or other consensus approaches that do not include systematic use of available research evidence. Care in using these terms is recommended.

Promising Practices

- Those studies which are not yet proven by the highest or strongest scientific evidence
- Rigorousness of evaluation is low
- Interventions appear to produce results and can show promise in improving client outcomes
- Can have considerable expert consensus but with minimal research having been conducted
- Few studies to support its effectiveness (can be cost issue)

Promising Practices

Seen as clinical or administrative practices for which there is considerable evidence or expert consensus and which show promise in improving client outcomes, but which are not yet proven by the highest or strongest scientific evidence.

EVIDENCE defined...

refers to scientific controlled trials and research, expert or user consensus, evaluation data, or anecdotal information that shows or suggests an identifies result happened or is likely to happen when a clearly identified practice or protocol is employed for a particular well-described population with similar characteristics.

Other: Emerging Practices

➤ *Seen as new innovations in clinical or administrative practice that address critical needs of a particular program, population or system, but do not yet have scientific evidence or broad expert consensus support.*

Levels of Evidence

➢ BASIC
➢ SCIENTIFIC
➢ EVALUATION/DEMONSTRATION

BASIC Evidence

➢ Refers to expert or user consensus, and anecdotal information that shows or suggests an identifies result happened or is likely to happen when a clearly identified practice or protocol is employed for a particular well-described population with similar characteristics.

SCIENTIFIC Evidence

> Refers to a study or research project that has a rigorous controlled design (including a clearly articulated hypothesis and rigorous methodology along with controlled conditions and random assignments to various comparison conditions), with experimental and control groups, that includes sufficient subjects to overcome the possibility that the result could have occurred by chance, and is repeated with the same result in multiple sites with different researchers and different experimental and control groups.
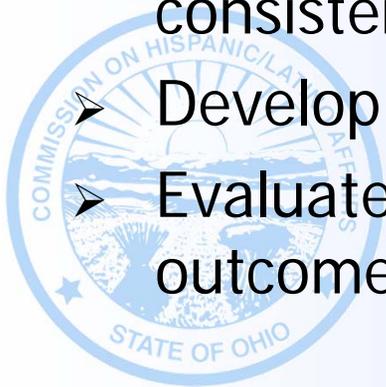
EVALUATION/DEMONSTRATION Evidence

Comparison of a practice or intervention to the same situation before the introduction of the practice or intervention, or describes the positive and negative results of an intervention or practice, without comparison to other times or conditions. Evaluations and demonstrations can be more or less controlled and more or less rigorous, depending on how they are planned and conducted.

Identifying Opportunities Toward Implementing EBP: Key Steps

➢ Clearly identify the problem and desired outcomes

➢ Search for the research (i.e. evidence) that may help address the problem

➢ Critically evaluate the evidence

➢ Assess the extent to which your current practices are consistent with identified evidence-based practices

➢ Develop an implementation strategy

➢ Evaluate the impact of new practices on the desired outcomes

Identifying Barriers

➢ *ISSUE: How to best support the incorporation of EBP into local programming to improve outcomes?*

➢ *FORCES IN FAVOR: Opportunities and strategies you just identified*

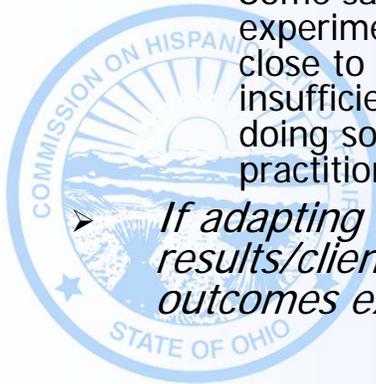➢ *FORCES AGAINST: The barriers you see that will prevent successful incorporation of EBP*

How to Implement EBP?

➢ After you have selected the practice you want to implement, you need to develop an action plan for implementation.

➢ Develop an Action Plan with timelines and identify responsible parties

➢ Major stages of your action plan will include areas such as:

  ▪ *Consensus building and initial planning activities*
  ▪ *Implementation of the practice with attention to fidelity*
  ▪ *Monitoring and evaluation of the practice*
  ▪ *Making adjustments based on the evaluation; and*
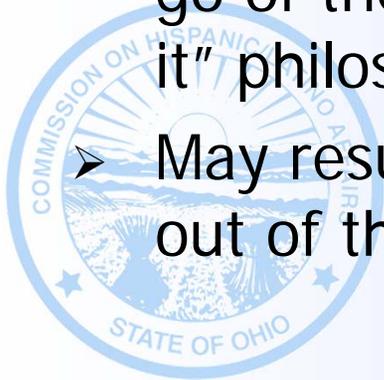 ▪ *Sustaining the evidence-based practice.*

A word about Fidelity to the Model

➢ *Sometimes barriers will make it difficult to adopt EBP with complete fidelity to the components that the evidence shows are critical to achieving the desired outcomes.*

➢ *Maintaining complete fidelity may not be possible (i.e. complexity of the client population: unique conditions within the community: human resource, supervision or financial constraints, or policies and procedures that cannot be changed).*

➢ *Debate over whether adaptation of the model to meet existing conditions is better than not implementing the new practice at all (especially when constraints that inhibit complete fidelity cannot be overcome).*

  ▪ Some say there is no evidence to suggest that a practice that is not faithful to the experimental model will produce positive results. While others say that getting as close to the model as possible is all that can be expected in the real world of insufficient resources and bueaucratic barriers. For the latter, the argument is that doing something is better than continuing to deliver practices that do not live up to practitioners' or clients' expectations.

➢ *If adapting the model to fit reality/constraints, especially important to track results/client outcomes to see whether the practice implemented has the outcomes expected*
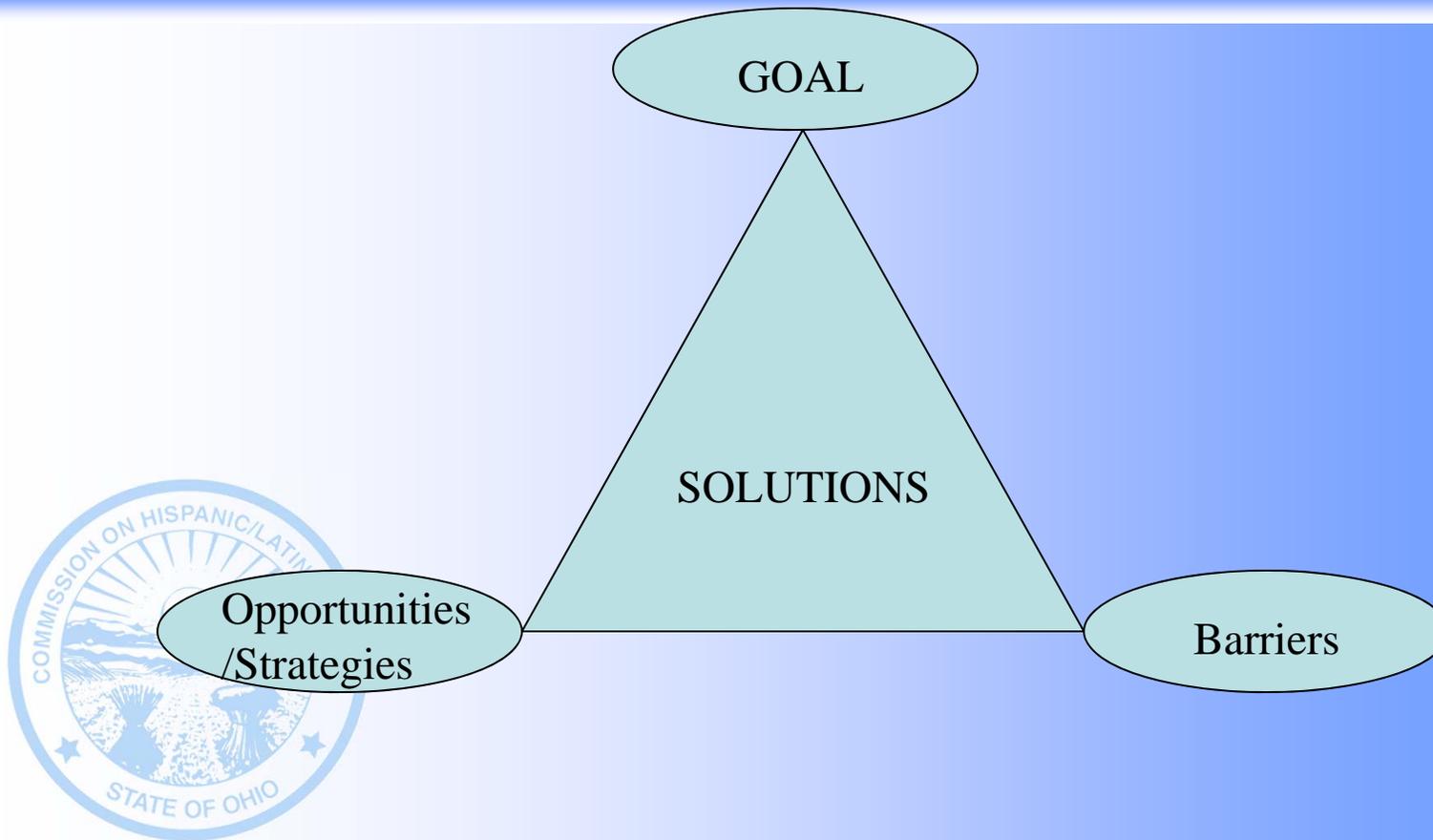
The Challenges of Implementing Evidence Based Practices

➢ Requires a dedicated commitment to change at all levels, within and across organizations

➢ Often requires an increased emphasis on accountability for our work—individual and collective

➢ Requires us to reconsider current practices and let go of the "that that's always how we've done it done it" philosophy

➢ May result in resistance as it may force some to step out of their comfort zone

Identifying Solutions

Knowledge needs to be managed more effectively then it has been in the past

➢ **The challenge is to rethink our view of what knowledge is and how best to facilitate its rapid generation, sharing, and application in a manner that closes the policy-research-practice gap**