Implementation research in allied health care: the Good Goals programme

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BACKGROUND AND AIM

Setting shared treatment goals:

- is central to good quality allied health (AHP) care provision
- is not effectively implemented.
- A collaborative, programmatic approach involving researchers, service providers and users may be beneficial.

The aim: To implement shared goal-setting in children's AHP services.

METHODS: FOUR PHASES

- **1)** To develop an implementation strategy (titled Good Goals).
- 2) To evaluate Good Goals delivery, up-take and costs: mixed methods multilevel case studies.
- **3)** To enable large-scale delivery: a co-design study with service providers and users (planned for 2013).
- **4)** Formally evaluate effectiveness and cost-effectiveness : a hybrid effectiveness-implementation cluster RCT (application currently prepared)

RESULTS

Figure 1. The Good Goals research presented on an adapted version of the implementation research process described by Mittman 2012⁷

EVIDENCE for shared goal setting

RESEARCH:

 Shared goal setting related to positive health outcomes, satisfaction, and adherence

SERVICES:

- Efficiency and impact are the key priorities
- Desire for good quality

PHASE 1. DEVELOP THE STRATEGY

- a) Mixed methods systematic review:¹
- Care process management a concern to services across patient groups
- No existing evidence-based solutions

b) Mixed methods study, data from clinicians (n=25), carers (n=7), patient records (n=154)

- Clinicians rarely set clear, specific, shared goals²
- Clinicians' beliefs about shared goal setting (e.g. low confidence, competing values) and behavioural regulation likely barriers³
- Lack of goals results in lack of direction and inefficiency in course delivers⁴



SERVICE USERS:

Goals need to be relevant to life

POLICY PRIORITIES:

- Patient-centredness
- Effectiveness
- Empowerment
- Efficiency and sustainability

inefficiency in care delivery⁴

c) Intervention specification study⁵

- A strategy titled 'Good Goals'
- Consists of eight behaviour change techniques (e.g. graded tasks; feedback)
- Targets clinicians' goal-setting actions, beliefs and behavioural regulation
- Delivered through training sessions, workbookguided team meetings and DVDs
- Follows a Good Goals manual

IMPLEMENTATION STUDIES

PHASE 2. Evaluate delivery (n=3 services, n=46 therapists, n=558 children):
Feasible and acceptable to clinicians
Clinicians' shared goal setting increased
Cost (delivery & uptake) £1,000/clinician

PHASE 4. Evaluate effectiveness and cost-effectiveness

PHASE 3: Revise the strategy

CONCLUSIONS

The research programme has been effective in developing a feasible and acceptable implementation strategy that service

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providers desire to implement in practice.

Current challenge is for the Good Goals implementation *research* to keep pace with the implementation *practice*.

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