

# Organizational readiness as capacity building: “Readiness Is All”

Presentation to Danish Implementation Network

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# “READINESS IS ALL”

- HAMLET ACT 5 (WILLIAM SHAKESPEARE)







# Readiness Team

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Erin Godley-Reynolds	University of North Carolina-Charlotte	Morehouse
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Kassy Alia	University of South Carolina	SCALE
Maria Fernandez	University of Texas	
Paul Flaspohler	Miami of Ohio	
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Sami Hartley	University of South Carolina	SCALE
Tara Kenworthy	University of South Carolina	Morehouse
Victoria Scott	University of North Carolina-Charlotte	Morehouse

# OVERVIEW

- Bridging Research and Practice, Implementation Science

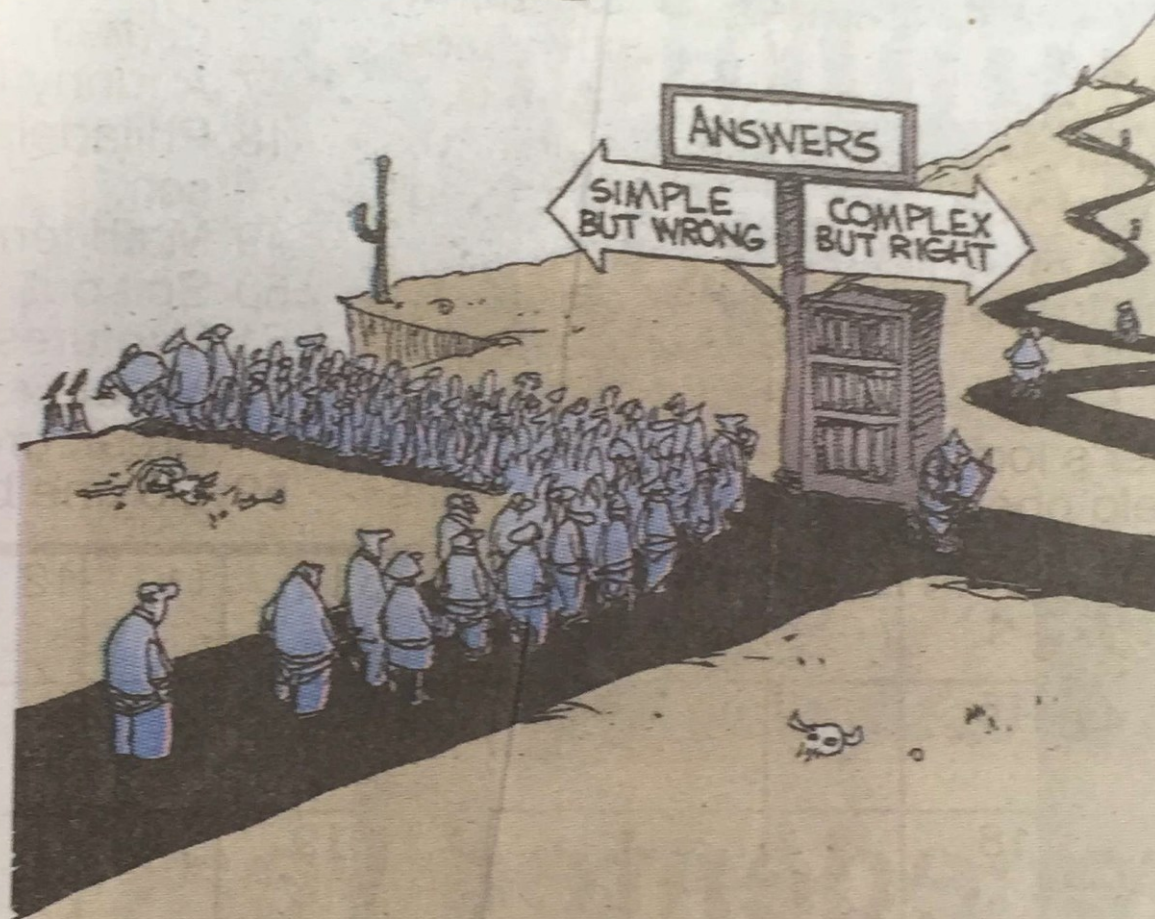
Organizational Readiness ( $R=MC^2$ )

- Building Readiness

Tools, Training, Technical Assistance,  
Quality Assurance/Quality Improvement

\* Where Does Readiness fit in Planning,  
Implementation and Evaluation

# SCIENCE VS. EVERYTHING ELSE



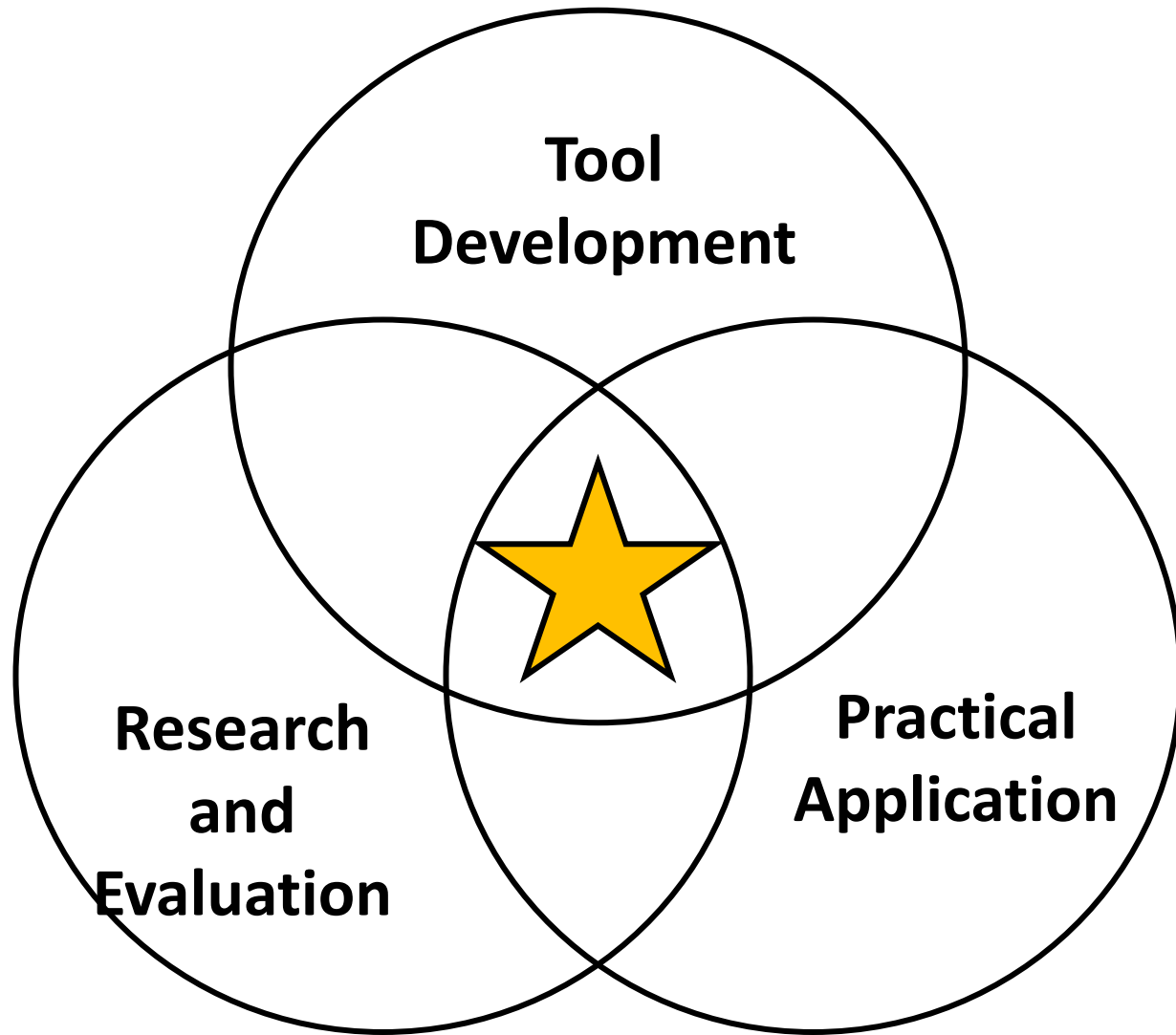
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Strategic  
Readiness  
Directions



“IF YOU DON’T HAVE A DREAM,  
HOW YOU GONNA MAKE A DREAM  
COME TRUE”

# AMBITIOUS INITIATIVES THAT DID NOT COME CLOSE TO ACHIEVING THEIR GOALS

- NO CHILD LEFT BEHIND
- ALIGNING FORCES FOR QUALITY
- WAR ON CANCER
- Can Benefit by Being  
Ready  
Strategic  
Accountable

A Successful Campaign

and a

Failing Forward Followup

**The Challenge:**

**House 100,000 Chronic and Vulnerable Homeless  
People in 4 Years**

**The Solution:**

**The 100,000 Homes Campaign!**

## What was the 100,000 Homes Campaign?

- Led by **Community Solutions**
- A **national movement** of **186 communities** that worked together to find permanent homes for 100,000 of our most vulnerable homeless Americans
- Selected a **specific population** - **chronic and vulnerable homeless** who were not well served by the existing system
- Run on a robust, **virtual infrastructure** for **co-creating** by **sharing successes (Bright Spots) and debriefing failures (Failing Forward)**
- Rooted in **continuous quality improvement and iteration** rather than a fixed model or strict best practices

# PROGRESS

UPDATED  
Jul 31, 2014

Campaign  
Housing Goal

**100,000**

People Housed

**105,580**

Communities  
Participating

**186**

Days Remaining

**0**

# 100,000 Home Campaign Began With...

- **No clue** of how we would get to 100,000 or **where the housing would come from**
- A small non-governmental organization (NGO) with no experience running a campaign
- No additional housing resources
- Limited support from government agencies
- Just 16 communities (which would eventually grow to 186)



# BUT the Campaign Also Began With...

1. **Inspiration** (IHI's 100,000 Lives and other “impossible” game-changers)
2. An **ambitious time-bound goal**
3. A proven **intervention** and a robust network to **to identify, co-create** and **disseminate other interventions (bright spots)**
4. An understanding of **Improvement Science** and that **data and performance management** could allow us to learn our way to success

## Next: 20,000 Home Campaign

- Canadian campaign to place 20,000 of their most chronic and vulnerable homeless people into permanent housing in 4 years
- Modeled after the U.S. 100,000 Homes Campaign
- Canadian Alliance to End Homelessness (CAEH) leading the effort
- Community Solutions brought on as a consultant and thought partner - primarily around developing the campaign strategy and building the data and performance management system for the campaign
- Launched as a national campaign before many elements of general capacity were in place
- To date (almost 2 years in) 30 communities have joined but just 3,000 placements

# 20,000 Homes Campaign - A Readiness lens

- No readiness assessment before launch (Community Solutions allowed CAEH to determine its readiness to launch) - the following assessment was done post-hoc
- High level of Motivation including all sub-components)
- Medium level of innovation specific capacity (through Community Solutions and CAEH' knowledge of the Canadian context) - question as to what adaptations would be required for Canada
- Low level of general capacity on three critical sub-components:
  - Leadership
  - Structure
  - Resources/Resource Utilization
- **If we were to do it over again:**
  - More time (1 or more years) working to improve the general capacity of CAEH
  - Likely would start with a small list of vanguard communities to adapt proven U.S. innovations for a Canadian context before going to scale.

# European Campaign to End Street Homelessness

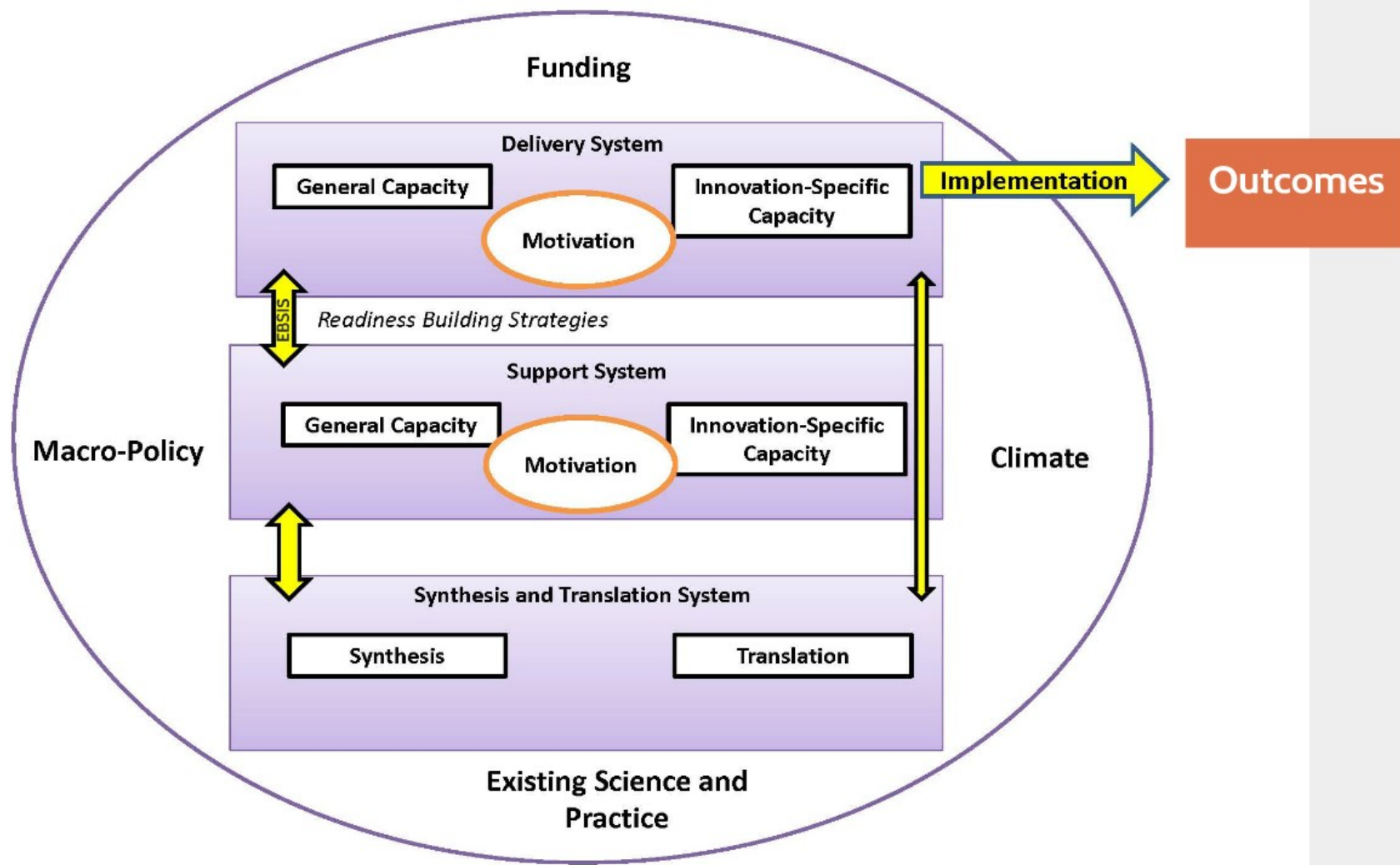
- European campaign to end street homeless in (participating) European Cities
- Modeled after Community Solutions current campaign to get to functional zero on chronic and veterans homeless (target population has been changed to those living on the streets/unsheltered homeless)
- Building and Social Housing Foundation (BSHF) leading the effort
- Community Solutions brought on as a consultant and thought partner - primarily around developing the campaign strategy and building the data and performance management system for the campaign
- Did Community Solutions learn a lesson from the Canadian Campaign?

# European Campaign - A Readiness lens

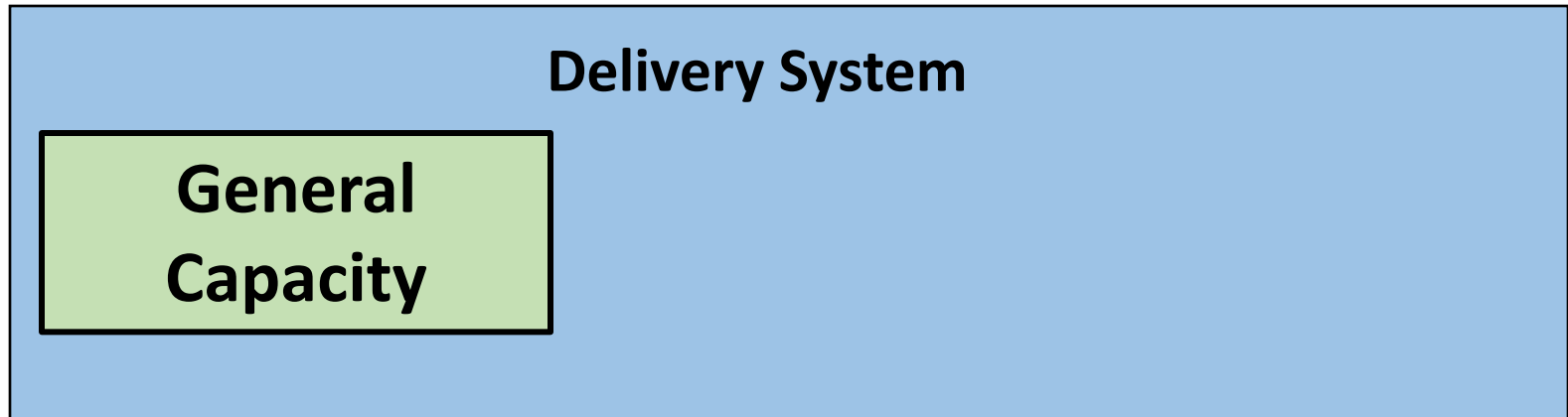
- Informal readiness assessment early on in the work (borrowing from the Readiness work done for the 100 Million Healthier Lives SCALE Initiative)
- High level of Motivation including all sub-components)
- Medium level of innovation specific capacity (through Community Solutions and BSHF's and other partners' knowledge of the European context) - question as to the adaptations that would be required for each country in Europe
- Low level of general capacity on two critical sub-components:
  - Structure
  - Resources/Resource Utilization
- Due to low level of general capacity and medium level of innovation specific capacity
  - Community Solutions has spent a lot of time working with BSHF to put in place the structure and identify the resources needed to go to SCALE
  - Has tested core interventions with 3 vanguard communities (rather than Europe-wide)
  - BSHF is expanding slowly to additional communities (10-12 total) as resources allow



# Interactive Systems Framework



# Interactive Systems Framework for Dissemination and Implementation



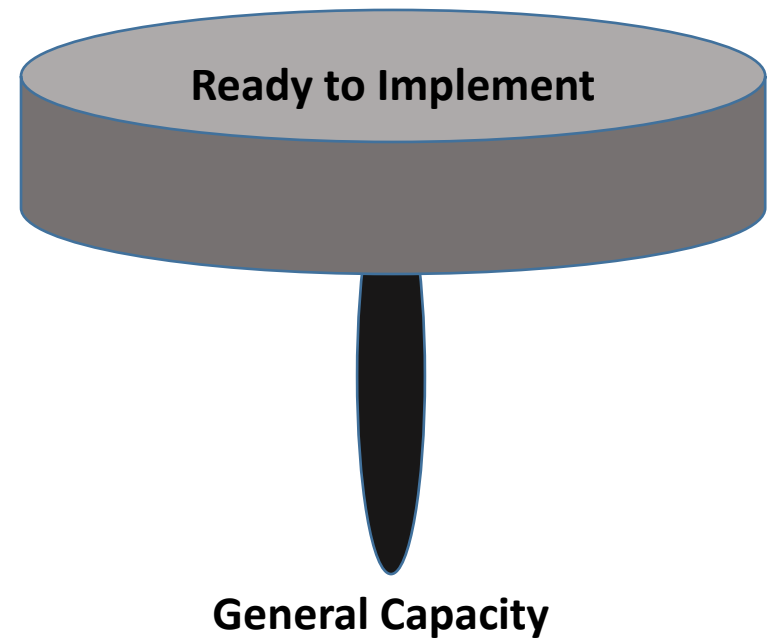


# General Capacities

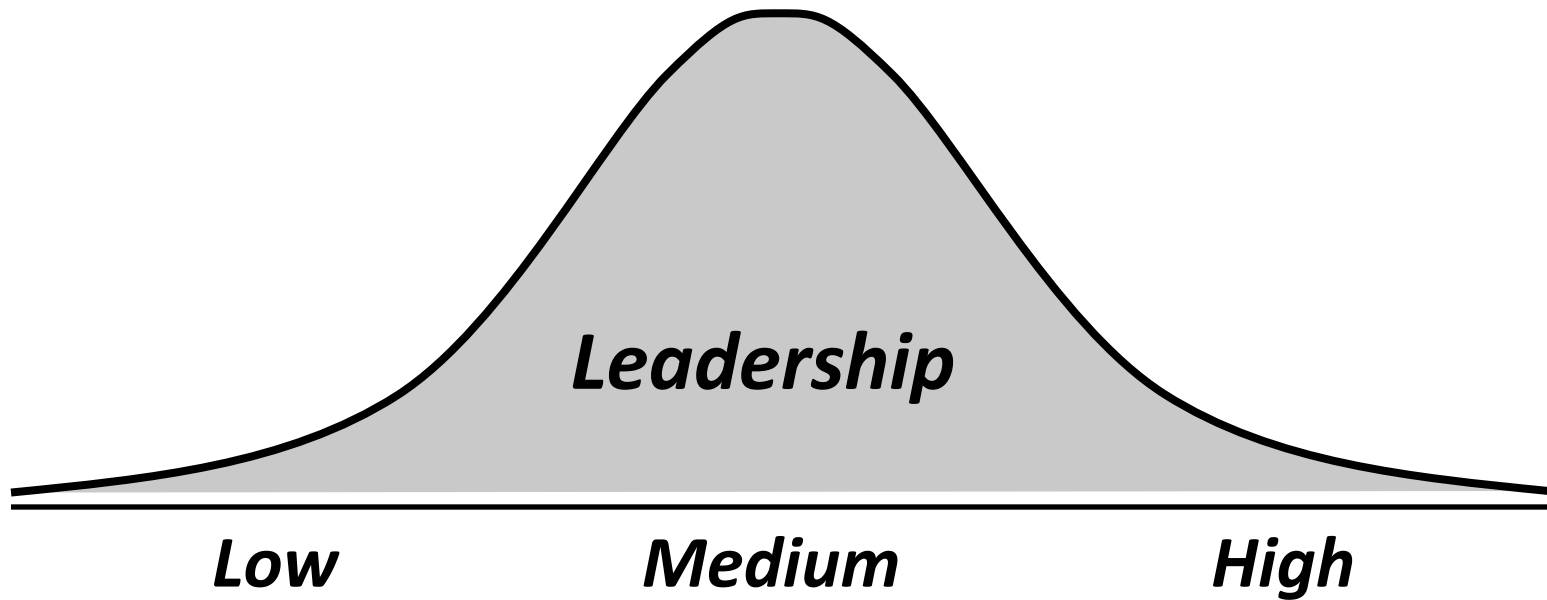
Types of General Capacities (non-exhaustive)	Authors
<b>Culture</b>	Drzensky et al., 2012; Glisson, 2007; Glisson & Schoenwald, 2005; Hemmelgarn et al., 2006
<b>Climate</b>	Aarons et al., 2011; Beidas et al., 2013; Damschroder et al., 2009; Glisson, 2007; Greenhalgh et al., 2004, Hall & Hord, 2010; Lehman et al., 2002
<b>Organizational Innovativeness</b>	Damschroder et al., 2009; Fetterman & Wandersman, 2005; Greenhalgh et al., 2004; Klein & Knight, 2005; Rafferty et al., 2013; Rogers, 2003
<b>Resource Utilization</b>	Armstrong et al., 2006; Greenhalgh et al., 2004; Klein et al., 2001; Rogers, 2003; Simpson, 2002
<b>Leadership</b>	Aarons & Sommerfield, 2012; Becan, Knight, & Flynn, 2012; Beidas et al., 2013; Fixsen et al., 2005; Grant, 2013; Rafferty et al., 2013; Simpson et al., 2002
<b>Structure</b>	Damschroder et al., 2009; Flaspohler et al., 2008; Greenhalgh et al., 2004, Lehman et al., 2002; Rafferty et al., 2013; Rogers, 2003
<b>Staff Capacity</b>	Flaspohler et al., 2008; McShane & Van Glinow, 2009; Simpson et al., 2002

# General Capacities

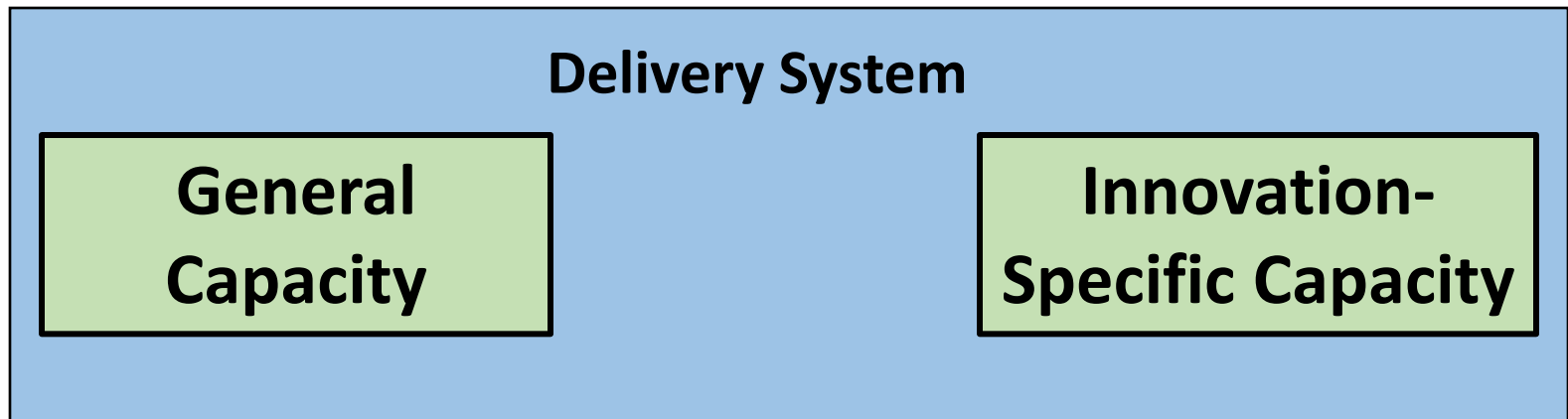
- Culture
- Climate
- Openness to change
- Use of Resources
- Leadership
- Structure
- Staff Capacity
- Process Capacities



GC Components are “Normal”

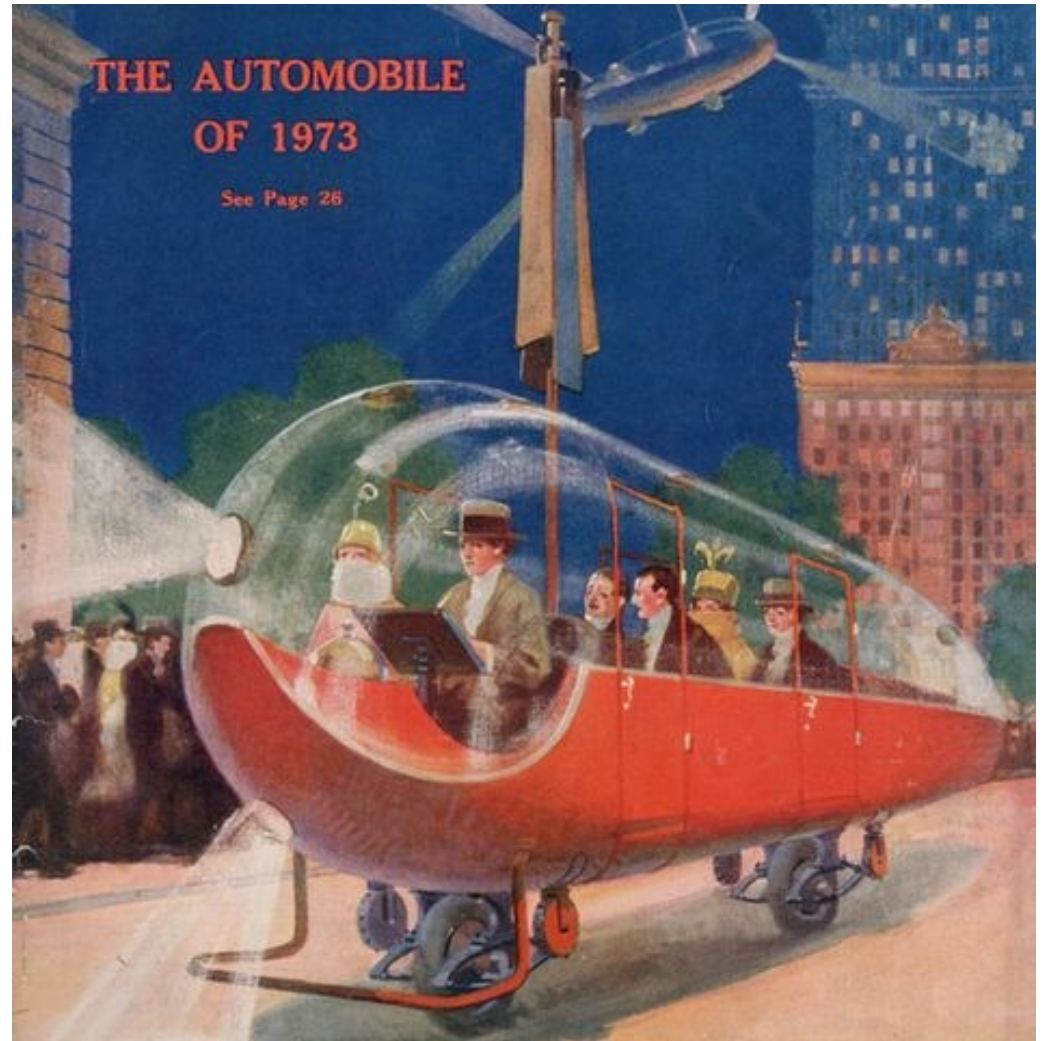


# Interactive Systems Framework for Dissemination and Implementation



# An Innovation

- Any policy, program, or process that is new to a setting

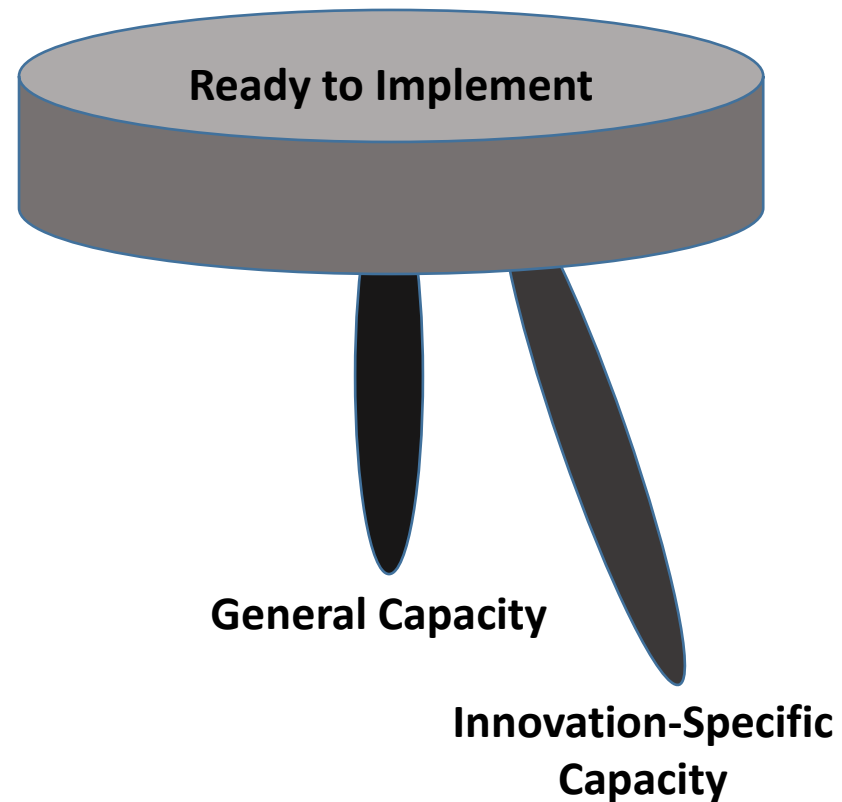


# Innovation-Specific Capacities

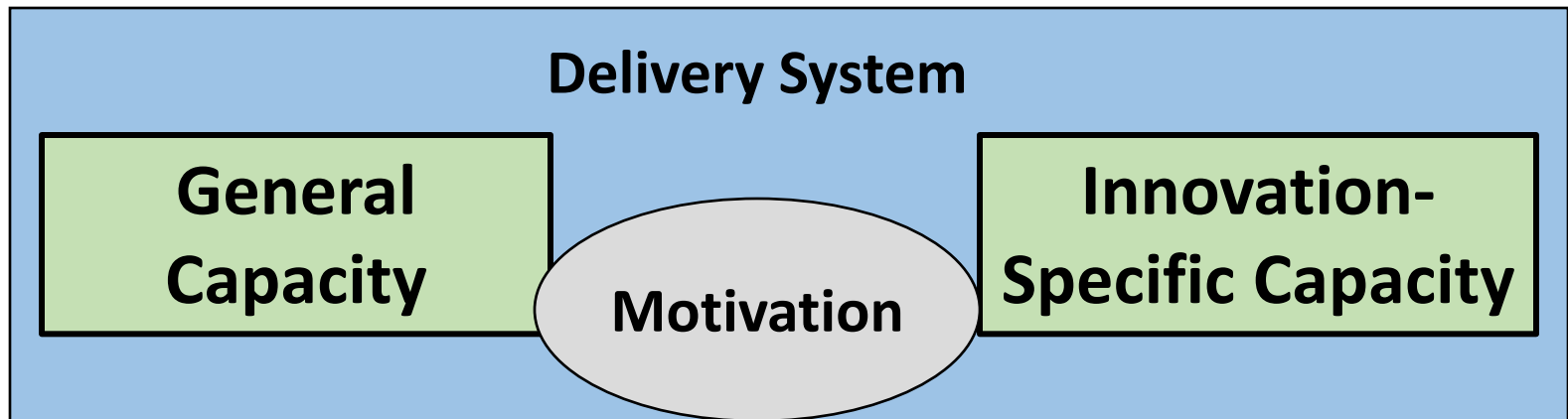
<b>Types of Innovation-Specific Capacities; (non-exhaustive)</b>	<b>Authors</b>
<b>Innovation-Specific knowledge, skills, and abilities</b>	Wandersman, Chien, & Katz, 2012; Fixsen et al., 2005; Greenhalgh et al., 2004; Simpson, 2002
<b>Program Champion</b>	Atkins et al., 2008; Damshroder et al., 2009; Greenhalgh et al., 2004; Gladwell, 2002; Grant, 2013; Rafferty et al., 2013; Rogers, 2003
<b>Specific Implementation Supports</b>	Aarons et al., 2011; Beidas et al., 2013; Damshroder et al., 2009; Fetterman & Wandersman, 2005; Greenhalgh et al., 2004; Hall & Hord, 2010; Rogers, 2003; Schoenwald & Hoagwood, 2001; Weiner et al., 2008.
<b>Interorganizational Relationships</b>	Aarons et al., 2011; Flaspohler et al., 2004; Powell et al., 2012

# Innovation-Specific Capacities

- Knowledge, skills, and abilities
- Champion
- Supportive climate
- Inter-organizational Relationships



# Interactive Systems Framework for Dissemination and Implementation



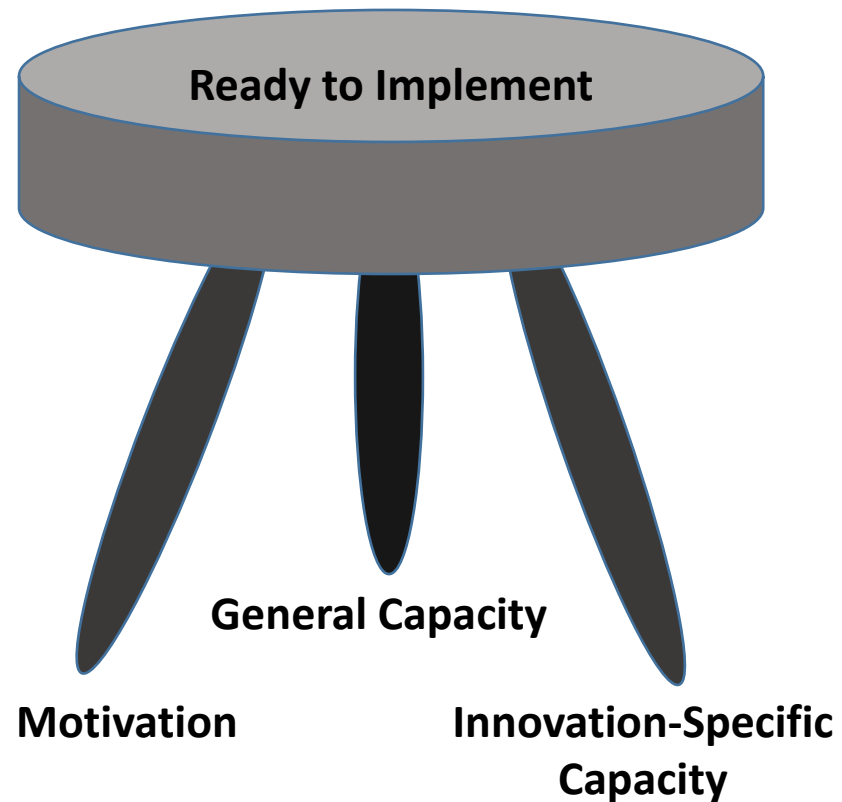


# Motivation for Innovation

Types of Motivations (non-exhaustive)	Authors
<b>Relative Advantage</b>	Armenakis et al., 1993; Damschroder et al., 2009; Hall & Hord, 2010; Rafferty et al., 2013; Rogers, 2003; Weiner, 2009
<b>Compatibility</b>	Chinman et al., 2004; Durlak & Dupre, 2008; Fetterman & Wandersman, 2005; Greenhalgh et al., 2004; Rogers, 2003; Simpson, 2002
<b>Complexity</b>	Damschroder & Hagedorn, 2011; Fixsen et al., 2005; Greenhalgh et al., 2004; Meyers, Durlak & Wandersman, 2012; Wandersman et al., 2008.
<b>Trialability</b>	Armenakis et al., 1993; Greenhalgh et al., 2004; Rapkin et al., 2012; Rogers, 2003
<b>Observability</b>	Beutler, 2001; Chinman et al., 2004; Damschroder et al., 2009; Ford et al., 2008; Rossi, Lipsey, & Freeman, 2004
<b>Priority</b>	Armenakis & Harris, 2009; Greenhalgh et al., 2004; Flaspohler et al., 2008

# Factors that Influence Motivation

- **Relative Advantage**
- **Fit**
- **Complexity**
- **Ability to pilot**
- **Visibility**
- **Priority**
- **Joy**



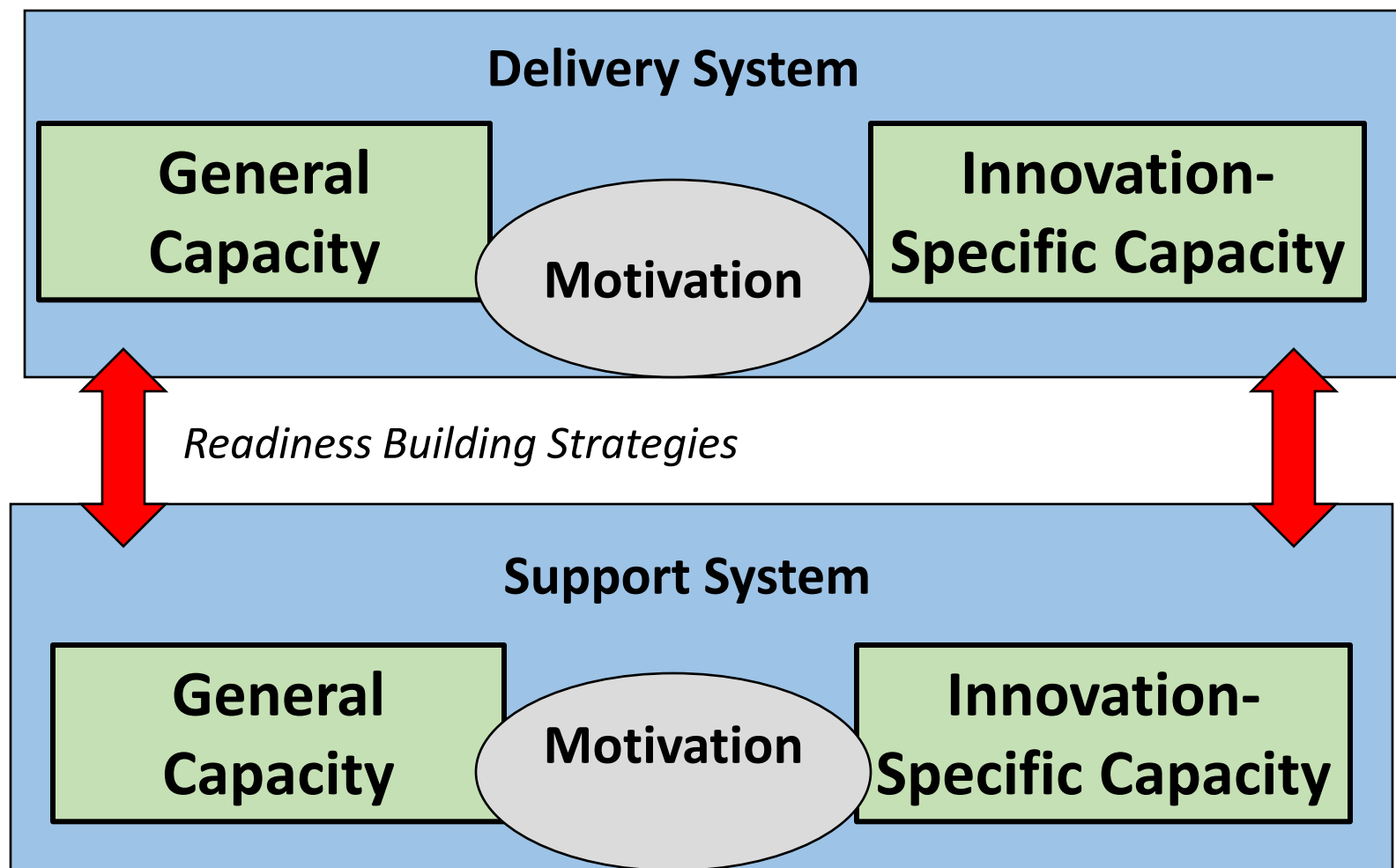
## A Heuristic

***Readiness<sub>i</sub>*** =  
***Motivation<sub>i</sub>*** x General ***Capacity*** x  
*Innovation-Specific **Capacity<sub>i</sub>***

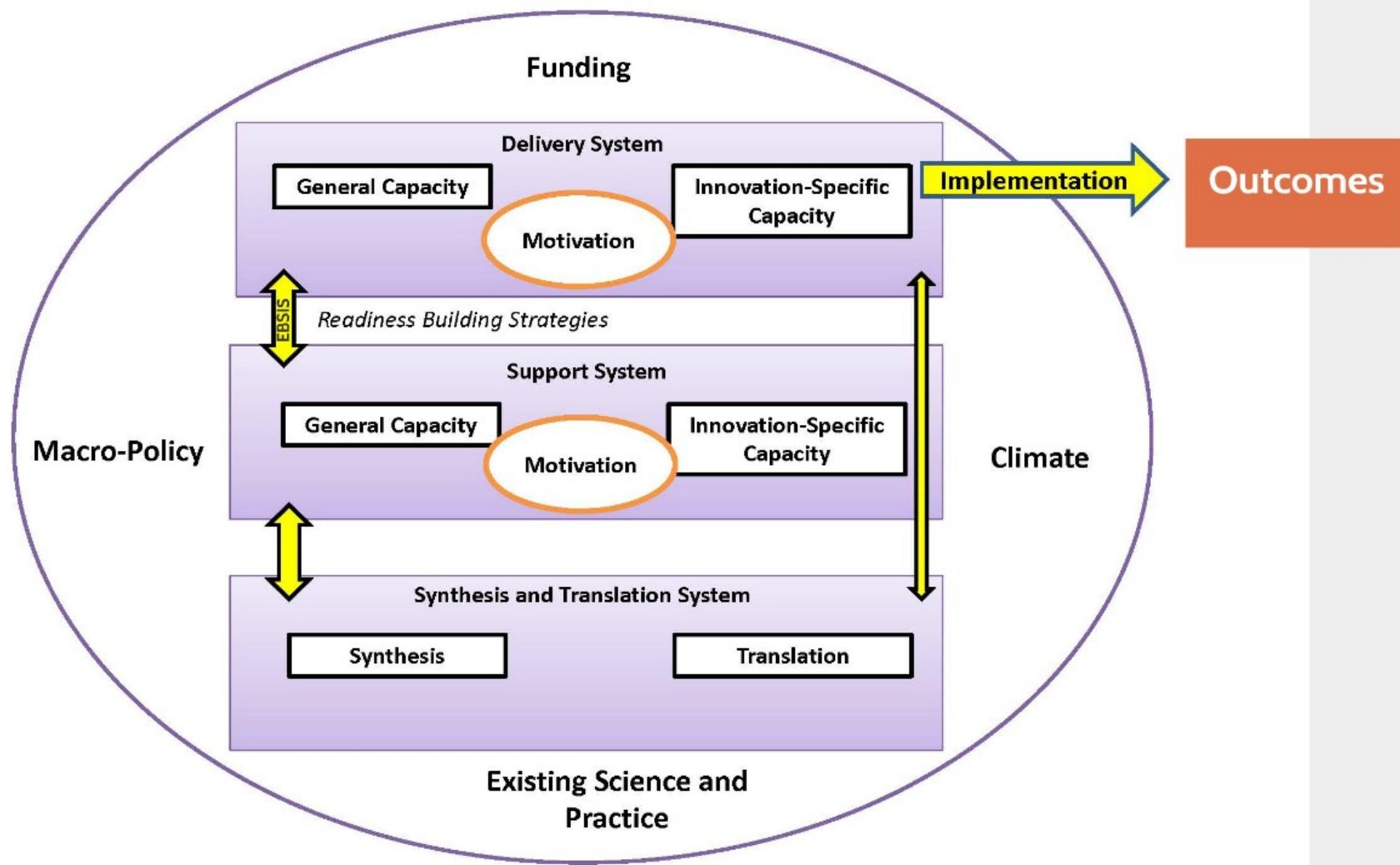
$$R = MC^2$$



# Interactive Systems Framework for Dissemination and Implementation



# Interactive Systems Framework

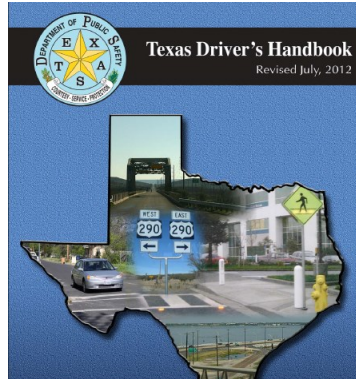


# Building Readiness Broad Strategies



# Ways to support an Innovation

*Tools*



*Training*



*Quality Assurance/  
Quality Improvement*



*Technical Assistance*



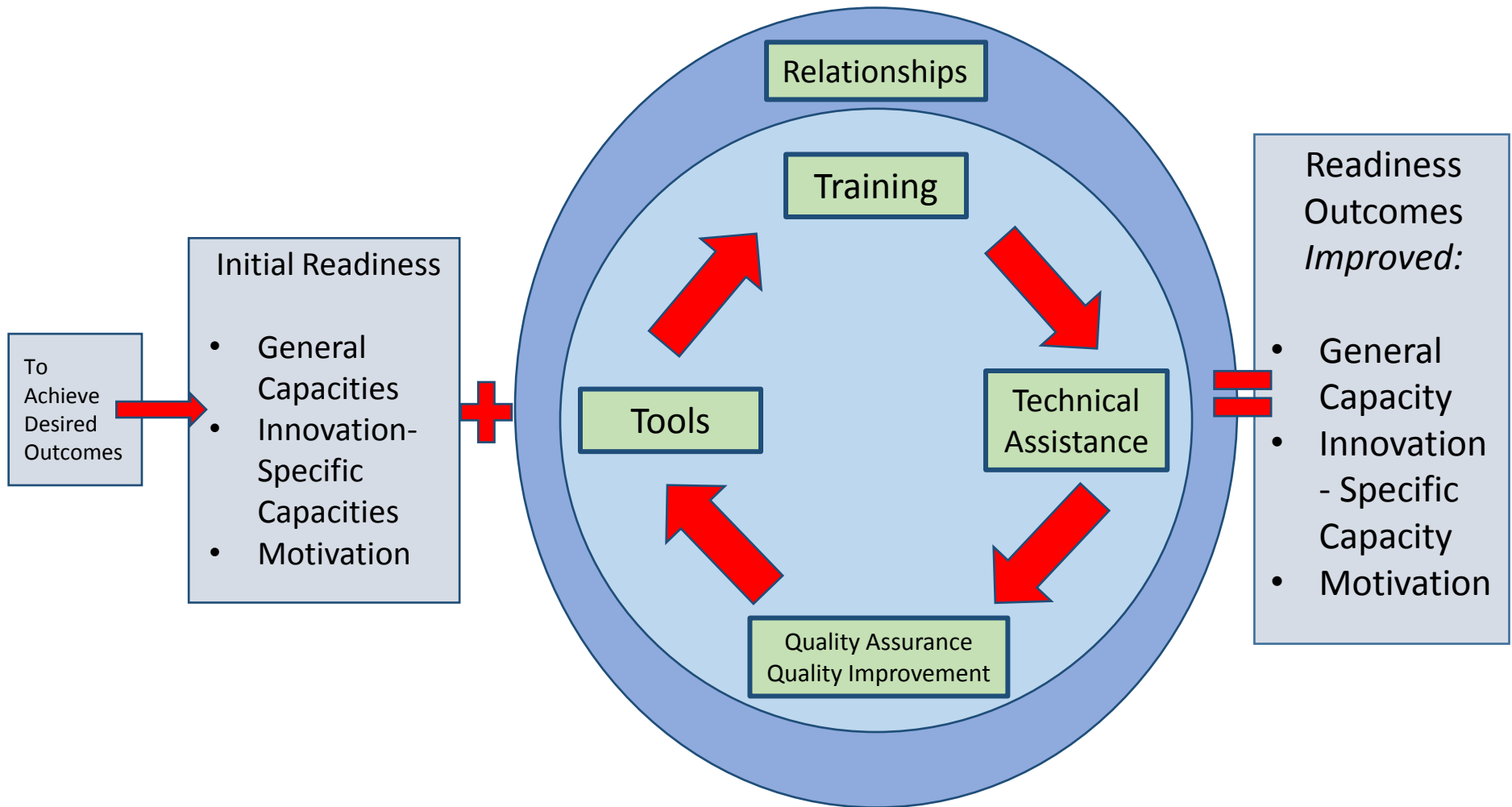
Evidence-Based System for Innovation Support (EBSIS)

(Wandersman, Chien, & Katz, 2012)



Testing out systems to help assess and develop readiness and capability:

## Building Readiness Through an Evidence-Based System for Implementation Support (EBSIS)





# POPULATION HEALTH

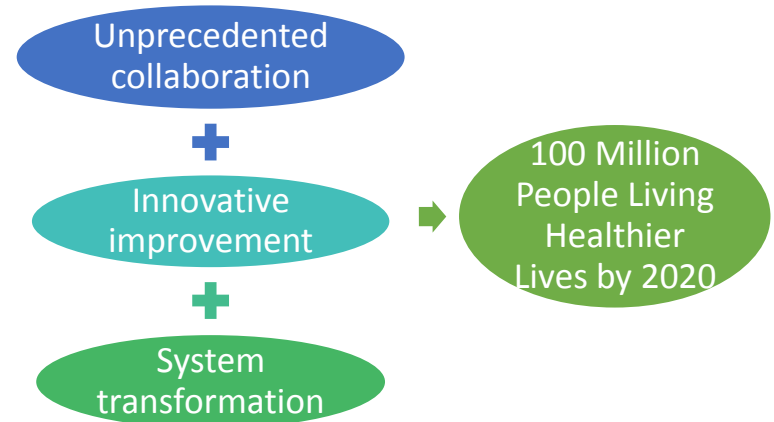
# 100 Million Healthier Lives Overview

Led by the Institute for Healthcare Improvement

An unprecedented collaboration of change agents  
pursuing an unprecedented result:

**100 million people living healthier lives by 2020**

**Vision:** to change the way we think and act to  
improve health, wellbeing and equity



# Spreading Community Accelerators through Learning and Evaluation - SCALE



# USES OF $R=MC^2$ IN SCALE

- APPLICATION
- TRAINING AND TECHNICAL ASSISTANCE
- BUILDING READINESS IN COMMUNITIES NOT READY TO BE IN SCALE

## Example: Readiness for SCALE Methods for Health Improvement

- *General capacity*
- *Innovation-specific capacity*
- *Motivation*

-needed to put SCALE Methods for Health Improvement into place

- 64 total responses (~22 communities)
- Scored 1 to 7 (Strongly Disagree = 1, Disagree = 2, Slightly Disagree = 3, Neither Agree nor Disagree = 4; Slightly Agree = 5, Agree = 6, Strongly Agree = 7).

## Full Readiness Survey index scores

Community	N	General Capacity Index	Innovation Index	Motivation Index	Full Readiness index
Community 1	1	6.45	6.85	5.96	6.42
Community 2	2	6.48	6.37	6.25	6.37
Community 3*	9	6.55	6.35	5.64	6.18
Community 4	2	6.48	6.03	6.01	6.18
Community 5	1	6.01	6.41	6.00	6.14
Community 6	2	6.41	6.09	5.59	6.03
Community 7	1	6.18	5.72	5.71	5.87
Community 8	2	5.90	5.55	5.61	5.68
Community 9	4	5.91	5.80	5.33	5.68
Community 10	8	5.70	5.67	5.40	5.59
Community 11	1	5.46	5.51	5.64	5.54
Community 12	3	6.32	4.99	5.15	5.49
Community 13	2	5.27	5.70	5.48	5.48
Community 14*	1	5.61	5.51	5.19	5.44
Community 15	6	5.40	5.52	5.20	5.37
Community 16	5	5.39	5.56	5.07	5.34
Community 17	5	4.97	5.27	5.35	5.20
Community 18	3	5.24	5.47	4.79	5.17
Community 19	2	5.29	4.84	4.60	4.91
Community 20	1	4.18	4.86	5.42	4.82
Community 21	1	5.38	4.64	4.18	4.73
Community 22*	5	5.95	No data	No data	No data

## Subcomponents of General Capacity

Community	N	Culture	Climate	Structure	Innovate	Resource Utilization	Leadership	Staff Capacity	Process	General Capacity Index
Community 3 *	9	6.69	6.73	6.3	6.65	6.56	6.72	6.33	6.44	6.55
Community 4	2	6.75	6.19	6.83	6.75	6.71	6.96	5.67	6	6.48
Community 2	2	6.5	6.19	6.42	6.88	6.17	6.92	6.5	6.27	6.48
Community 1	1	6.83	6.88	6.67	6.88	5.33	7	5.67	6.36	6.45
Community 6	2	7	6.63	6.5	6.88	5.67	6.5	5.83	6.27	6.41
Community 13	1	6.17	6.38	5.83	7	5.67	7	5.67	6.81	6.32
Community 7	1	6.33	6.25	5.83	6.5	6.67	6.38	5.67	5.82	6.18
Community 5	1	6.33	6.5	5.33	6.25	5	6.31	6	6.36	6.01
Community 22*	5	5.75	5.88	5.91	5.69	6.33	6	6	6	5.95
Community 8	2	6.33	5.75	5.58	6.13	5.83	6.27	5.5	5.91	5.91
Community 9	4	6.42	6.47	6.08	6.16	4.17	6.37	5.67	5.82	5.90
Community 10	8	6.15	6.02	5.52	5.94	4.13	6.93	5.25	5.64	5.70
Community 14*	2	6.02	6.72	5.75	6	4	5.88	4.17	6.36	5.61
Community 11	1	5.83	5.75	5.5	5.88	5	5.92	4.33	5.5	5.46
Community 15	6	5.77	5.62	5.58	5.79	4.28	5.94	4.5	5.7	5.40
Community 16	5	5.9	5.75	5.57	5.9	4.07	5.63	5	5.27	5.39
Community 21	1	5.17	5.88	5.17	5.88	4.33	5.61	5.67	5.36	5.38
Community 19	2	5.58	5.5	4.67	5.44	5.17	5.77	4.83	5.36	5.29
Community 12	3	6	5.63	4.94	5.58	4.44	5.74	4.44	5.42	5.27
Community 17	5	5.37	5.48	4.97	5.25	4.47	5.57	5.21	5.62	5.24
Community 18	3	5.72	5.75	4.78	4.88	4.33	5.69	4.11	4.52	4.97
Community 20	1	5.17	5.38	4	3.88	1.67	4.46	4	4.91	4.18

## Subcomponent of Innovation-Specific Capacity

Community	N	KSA	Champion	Supportive Climate	Relationships	Innovation Index
Community 1	1	7	7	6.83	6.57	6.85
Community 5	1	6.75	7	6.33	5.57	6.41
Community 2	2	6.38	6.5	6.08	6.5	6.37
Community 3*	9	6.25	6.47	6.33	6.36	6.35
Community 6	2	5.88	6.38	6.25	5.86	6.09
Community 4	2	6	6	5.92	6.21	6.03
Community 8	2	5.88	6	5.67	5.64	5.80
Community 7	1	5.75	6	5.83	5.29	5.72
Community 12	3	6	5.92	5.17	5.71	5.70
Community 10	8	5.88	5.97	5.56	5.27	5.67
Community 16	5	5.95	6.15	5.17	4.97	5.56
Community 9	4	5.75	6.19	5.42	4.82	5.55
Community 15	6	5.46	6	5.11	5.52	5.52
Community 14*	2	6.5	6.13	4.92	4.5	5.51
Community 11	1	6	5.5	4.67	5.86	5.51
Community 17	5	5.7	5.45	5.83	4.91	5.47
Community 18	3	6.13	5.6	4.78	4.57	5.27
Community 13	1	4.75	5	5.33	4.86	4.99
Community 20	1	5.5	5.75	4.33	3.86	4.86
Community 19	2	4.88	5.13	4.42	4.93	4.84
Community 21	1	5	4.75	4.5	4.29	4.64



## Subcomponents of Motivation

Community	N	Relative Advantage	Compatibility	Complexity	Ability to Pilot	Visibility	Priority	Joy*	Motivation Index
Community 2	2	6.5	6.5	3.5	5.5	6.75	7	7	6.25
Community 4	2	6	6	1.67	4	6.25	6.5	7	6.01
Community 1	1	6.33	6.25	2.33	5	5.75	6	7	6.00
Community 5	1	6	6	1.33	4.5	5.75	6.33	6.5	5.96
Community 11	1	5	6	2.5	5.5	5.5	6	6.5	5.71
Community 3*	4	5.33	6.25	3	6	5.25	5.67	6	5.64
Community 9	9	5.81	6.25	3.93	5.06	5.75	5.74	6.78	5.64
Community 7	3	6.25	6.25	4.06	5.13	5.44	6	6.25	5.61
Community 12	1	4	6.5	2.17	4.25	6	6.33	6.25	5.59
Community 6	2	5.89	6.5	3.67	5.17	5.33	5.11	6	5.48
Community 8	2	7	6.75	2.67	3.5	4	4.33	7	5.42
Community 20	1	5.48	6.09	3.33	4.88	4.84	5.54	6.31	5.40
Community 10	3	5.33	6.38	4.17	5	5	6.17	5.75	5.35
Community 18	8	6.17	6.75	4.5	4.75	4.5	5.17	6.5	5.33
Community 15	6	5.33	5.71	3.94	4.5	5.04	5.83	5.92	5.20
Community 16	2	5.33	6.25	2.8	5	4.38	4.17	6	5.19
Community 14*	5	5	5.5	2	5	3.25	4.33	7	5.15
Community 13	5	4.73	5.7	4.07	4.7	5.35	5.47	5.6	5.07
Community 17	1	4.93	5.42	4.17	4.3	4.55	5.27	5.2	4.79
Community 19	2	4	5.13	4.67	5	4.38	4.33	6	4.60
Community 21	1	3	5	5	4	4.25	5	5	4.18

# Differences between SCALE and P2P

Component	Subcomponent	SCALE	Pathway to Pacesetter	P-value	Effect Size (Hedges's g)
<b>Full Readiness Index<sup>2</sup></b>		5.60	4.91	<0.001	1.49
<i>General Capacity<sup>1</sup></i>	Culture	6.08	5.48	0.01	0.76
	Climate	6.06	5.72	0.02	0.65
	Structure	5.62	5.32	0.07	0.45
	Innovativeness	6.01	5.61	0.04	0.55
	Resource Utilization	5.00	3.98	0.004	0.87
	Leadership	6.16	5.89	0.09	0.41
	Staff Capacity	5.27	4.90	0.06	0.49
	Process Capacities	5.81	5.43	0.02	0.63
<b>General Capacity Index</b>		5.75	5.29	0.006	0.81
<i>Innovation-Specific Capacity</i>	Innovation Specific KSA <sup>2</sup>	5.88	5.03	<0.001	1.28
	Program Champion <sup>3</sup>	5.95	5.10	<0.001	1.06
	Implementation climate (supports) <sup>3</sup>	5.45	4.36	<0.001	1.56
	Inter-organizational Relationships <sup>3</sup>	5.34	4.74	0.01	0.73
<b>Innovation-Specific Capacity Index</b>		5.65	4.82	<0.001	1.46
<i>Motivation<sup>2</sup></i>	Relative Advantage	5.40	4.56	0.002	0.99
	Compatibility / Alignment	6.06	5.16	<0.001	1.32
	Complexity	3.31	3.76	0.07	0.45
	Ability to pilot	4.78	4.63	0.25	0.21
	Observability	5.11	4.09	<0.001	1.51
	Priority	5.54	4.44	<0.001	1.17
	Joy	6.26	5.18	<0.001	1.46
<b>Motivation Index<sup>2</sup></b>		5.41	4.61	<0.001	1.48

\*Sample Sizes for these analyses: 1) SCALE = 22, P2P = 20; 2) SCALE = 21, P2P = 19; 3) SCALE = 21, P2P = 18

# Readiness to Implement a Behavioral Health Innovation: Using the *Readiness for Integrated Care Questionnaire* (RICQ)



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Presenting on behalf of the  
Integrated Care Leadership Program (ICLP) Team

## *Special Thanks to Our Funders:*



## **Integrated Care Leadership Program**

*Fostering Leadership at the Interface of Primary Care and Behavioral Health*



# Why integrated care?

- Practices that effectively integrate behavioral health services and primary care have been shown to improve:
  - Access to care
  - Clinical outcomes
  - Mental health, well-being, and quality of life
  - Team performance
  - Satisfaction
  - Health system cost savings



(Fortney, Unützer, Wrenn, Pyne, Smith, et al., 2016)

# The Integrated Care Leadership Program (ICLP)

- Trains & supports clinical and administrative health care professionals
  - ❖ Online training curriculum
  - ❖ Technical assistance and coaching
  - ❖ Monthly webinars
- Develops health leaders equipped to implement & sustain integrated care practices
  - ❖ Eligibility for innovation awards (Georgia-based sites)
  - ❖ Site visits (Georgia-based sites)
  - ❖ Quarterly analysis of site-specific readiness data

# Readiness for Integrated Care Questionnaire (RICQ)

7 = Strongly Agree; 6= Agree; 5 = Slightly Agree; 4= Neither Agree or Disagree; 3 = Slightly Disagree 2 = Disagree; 1 = Strongly Disagree \*

	7	6	5	4	3	2	1
1. Integrated care is better than other processes we are currently using in our practice to meet the needs of our patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Integrated care is better than other processes we have considered using in our practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Integrated care represents an advance over other methods that are already available for our practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Integrated care fits well with other initiatives in our practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Integrated care will help us meet the needs of our patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Integrated care is timely given the current needs of our patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Integrated care fits well with the culture and values of our patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. In our practice, integrated care is simple and easy to implement.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. There are so many components to integrated care that it is hard to understand all of the pieces.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. The complexity of integrated care will make it difficult to put this project into place.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

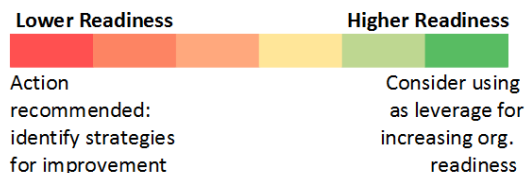
# ICLP Readiness Assessment Results Across Sites (Waves 1 & 2)

Wave 1 Mean	Subcomponents	Wave 2 Mean
6.32	Compatibility/Alignment	6.37
6.01	Relative Advantage	5.95
5.88	Leadership	5.95
5.87	Culture	6.02
5.81	Priority	5.78
5.69	Organizational Innovativeness	5.70
5.55	Climate	5.67
5.52	Program Champion	5.86
5.51	Structure	5.61
5.38	Process Capacities	5.48
5.18	Inter-Organizational Relationships	5.27
4.94	Innovation-Specific Knowledge & Skills	5.28
4.93	Resource Utilization	5.01
4.75	Implementation Climate Supports	5.15
4.60	Staff Capacity*	5.17
4.52	Complexity	4.79

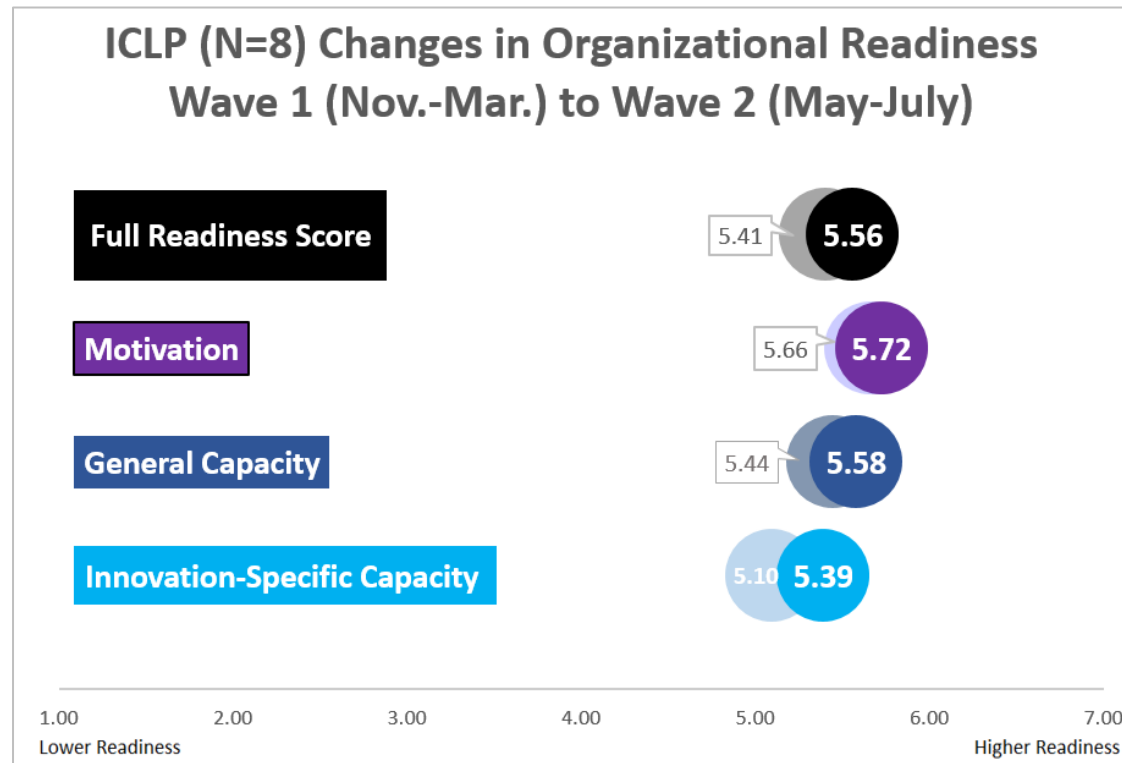
\*There is only one question in this category; this is not a mean.

## Color Coding Key:

Subcomponents have been ranked on a color-coded continuum, which indicates each sub-component's score relative to your organization's other sub-component scores.



# ICLP Readiness Assessment Results Across Sites (Waves 1 & 2)





# Practice-Level Results: Changes in Organizational Readiness (Wave 1 to Wave 2)

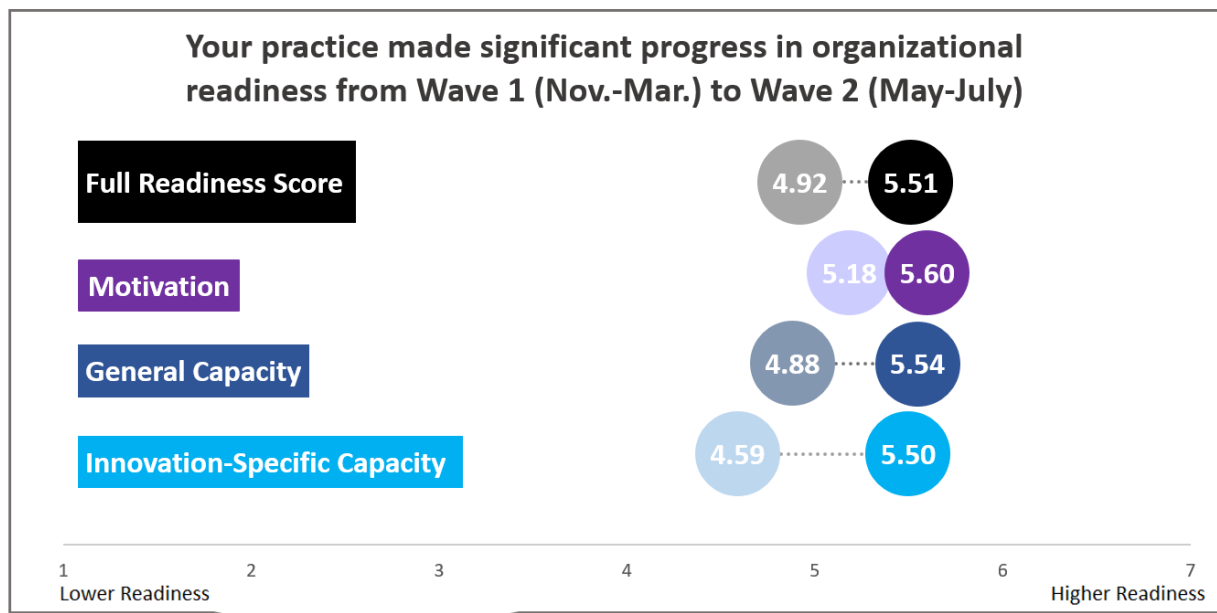
Practice	Wave 1 N	Wave 2 N	Motivation			Innovation-Specific Capacity			General Capacity			Full Readiness		
			W1 Mean	W2 Mean	<i>p</i>	W1 Mean	W2 Mean	<i>p</i>	W1 Mean	W2 Mean	<i>p</i>	W1 Mean	W2 Mean	<i>p</i>
A.	3	3	5.44	6.10	0.41	4.71	5.14	0.76	4.79	5.50	0.55	4.98	5.58	0.59
B.	3	3	5.66	5.44	0.78	5.87	4.90	0.14	6.35	5.33	0.05*	5.96	5.22	0.16
C.	3	4	5.85	5.66	0.64	4.34	5.18	0.29	5.14	4.88	0.69	5.11	5.24	0.82
D.	3	7	5.71	6.23	0.10	5.95	6.53	0.03*	5.66	6.34	0.05*	5.77	6.37	0.02*
E.	4	11	5.66	5.22	0.13	4.41	5.28	<0.001*	5.33	6.04	0.04*	5.13	5.51	0.10
F.	12	28	5.18	5.60	0.41	4.59	5.50	0.02*	4.88	5.54	0.05*	4.92	5.51	0.04*
G.	3	4	7.00	5.84	0.14	7.00	6.07	0.13	6.90	5.78	0.05*	6.96	5.90	0.05
H.	3	3	4.81	5.72	0.19	3.92	4.54	0.60	4.50	5.22	0.37	4.41	5.16	0.38

\**p* < .05. Significant positive (green) and significant negative (red) changes

- ❖ Motivation: 63% of sites improved
  - ❖ Innovation-Specific Capacity: 75% of sites improved
  - ❖ General Capacity: 63% of sites improved
- Full Readiness: 75% of sites improved**

# Practice-level Utility: Site Summary Reports

Figure 1. Changes in Organizational Readiness: Full Readiness & Component Scores



# Practice-level Utility: Site Summary Reports

**Table 2. Average Individual Item-Level Scores from Readiness for Integrated Care Questionnaire (RICQ)**

Subcomponent	Items	Wave 1 Mean (SD) (N= 12)	Wave 2 Mean (SD) (N= 28)
<b>Relative Advantage</b>	1. Integrated care is better than other processes we are currently using in our practice to meet the needs of our patients.	5.42 (1.08)	6.00 (0.98)
	2. Integrated care is better than other processes we have considered using in our practice.	5.00 (1.91)	5.75 (1.14)
	3. Integrated care represents an advance over other methods that are already available for our practice.	5.33 (2.02)	6.07 (1.15)
	<b>SUBCOMPONENT AVERAGE - RELATIVE ADVANTAGE</b>	5.25 (1.48)	5.94 (1.00)

...

<b>Program Champion</b>	16. An influential person in our practice strongly promotes integrated care.	5.25 (1.54)	5.96 (1.23)
	17. At least one person we work with clearly communicates the needs and benefits of integrated care.	5.25 (1.29)	6.25 (1.00)*
	18. We have designated a person to share our progress in integrating care with other practices.	3.67 (2.31)	5.79 (1.23)*
	<b>SUBCOMPONENT AVERAGE - PROGRAM CHAMPION</b>	4.72 (1.35)	6.00 (1.00)*

\*Indicates significant change (p < .05)

## Organizational Readiness: Pre-Retreat

*Position-Level Example of Viewing a Practice Retreat as an Intervention*

Component/Subcomponent	Mental Health		
	Physicians (N=2)	Providers (N=7)	Nurses (N=12)
Priority	5.67	5.86	6.19
Compatibility/Alignment	5.63	6.39	6.46
Relative Advantage	5.00	5.95	6.19
Complexity	2.83	4.10	4.53
<b>MOTIVATION AVERAGE</b>	4.78	5.57	5.84
Program Champion	6.33	6.00	5.88
Innovation-Specific Knowledge & Skills	5.50	5.21	6.31
Inter-Organizational Relationships	4.50	5.33	5.65
Implementation Climate Supports	4.90	5.31	5.58
<b>INNOVATION-SPECIFIC CAPACITY AVERAGE</b>	5.31	5.47	5.85
Culture	5.50	6.21	6.08
Process Capacities	5.32	6.06	6.17
Staff Capacity	5.00	4.86	5.50
Leadership	5.50	5.82	6.17
Organizational Innovativeness	5.13	5.52	5.75
Resource Utilization	4.83	5.24	6.14
Structure	5.08	5.26	5.57
Climate	4.81	5.46	5.63
<b>GENERAL CAPACITY AVERAGE</b>	5.15	5.56	5.88
<b>FULL READINESS</b>	5.08	5.53	5.86

WHAT DOES AN INDIVIDUAL SITE  
READINESS REPORT LOOK LIKE?

# INDIVIDUAL COMMUNITY READINESS REPORTS

# ADDITIONAL WAYS TO MEASURE READINESS

- Qualitative interview

- Strengthens construct validity of factors and subcomponents

- Explores what change would have been necessary to facilitate improvements in readiness

- Phase-specific readiness/Activity Readiness Tool

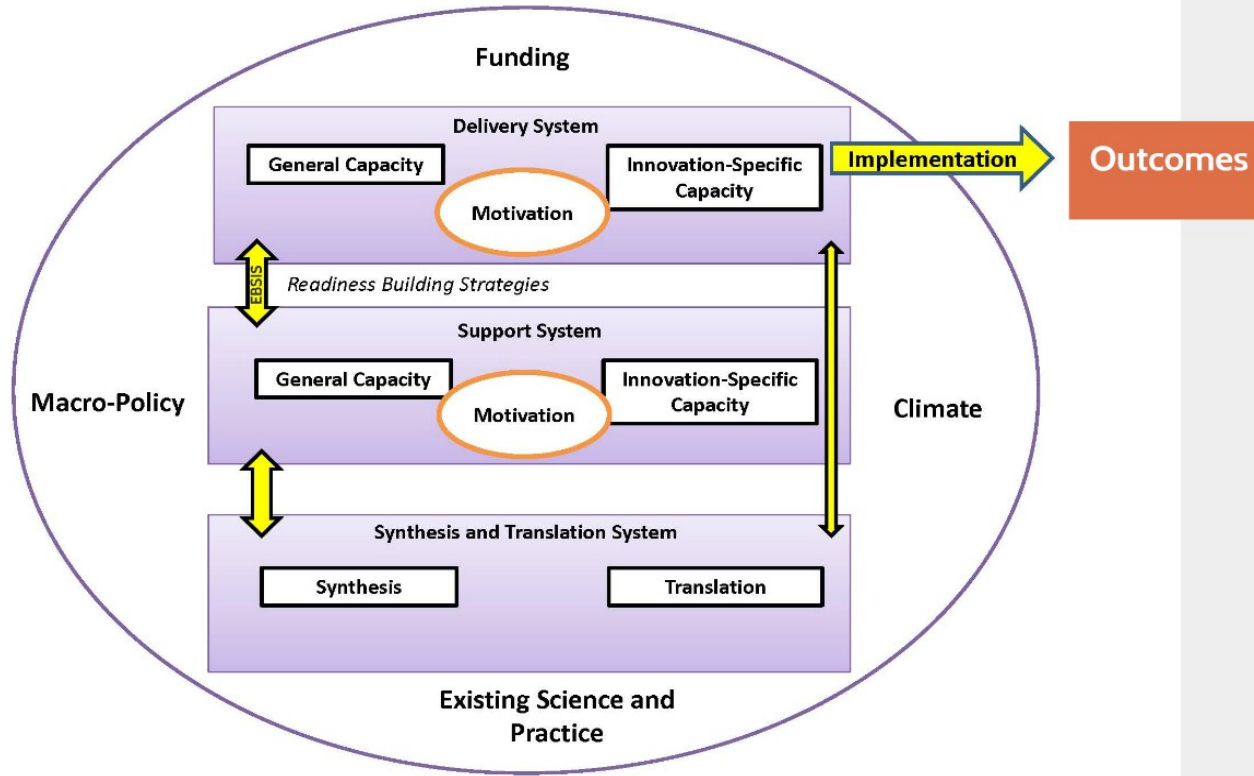
- Look at activities specific to certain action phases of a project SCALE (more time limited) or specific activities (e.g. complete a driver diagram, perform Plan-Do-Study-Act cycles)







# Interactive Systems Framework



What should you be ready to do

***Being ready***

Implementation

Evaluation

Improvement

Sustainment

= GTO

## GTO Painter's Palette



# The GTO Story of Old MacDonald's Farm

**A GTO fable**

It is early spring in Lancaster County.  
Farmer McDonald has a farm. He needs  
to make sure there are crops for the  
winter and that he has supplies to grow  
them.



GTO 1  
Needs and  
resources



MacDonald's goal is to have a bountiful harvest.



GTO 2  
Goals

There are many ways to grow crops. He must consider things like irrigation.




GTO 3  
Evidence  
-Based  
Practices



Because of the local climate, MacDonald decides that corn is the crop that fits best for his family.



GTO 4  
Fit



GTO 5  
Capacities

MacDonald requires many different types of supplies and skills to grow his corn.



MacDonald develops a good plan to grow his crops.



GTO 6  
Plannin  
g



After MacDonald put his plan in place,  
he monitors to see how his crops are  
growing.

MacDonald  
had a  
wonderful  
harvest. It is  
time to feast!



GTO 8  
Outcome  
Evaluation

06.30





MacDonald learns from his experiences, and thinks of ways to grow his crops even better.



GTO 10  
Sustainability

MacDonald plans to have a great harvest every year by planning and implementing with quality!

<b>Accountability Questions</b>	<b>Relevant Literatures</b>
<b>1. What are the underlying needs and conditions that must be addressed? (NEEDS/RESOURCES)</b>	<b>1. Needs/Resource Assessment</b>
<b>2. What are the goals, target population, and objectives? (i.e., desired outcomes)? (GOALS)</b>	<b>2. Goal Setting</b>
<b>3. What science (evidence) based models and best practice can be used in reaching the goals (BEST PRACTICE)?</b>	<b>3. Consult Literature on Science Based and Best Practice Programs</b>
<b>4. What actions need to be taken so the selected practices “fits” the community context? (FIT)</b>	<b>4. Feedback on Comprehensiveness and Fit of Program</b>
<b>5. What organizational capacities are needed to implement the practices? (CAPACITIES)</b>	<b>5. Assessment of Organizational Capacities</b>
<b>6. What is the plan ? (PLAN)</b>	<b>6. Planning</b>
<b>7. Is the practice being implemented with quality (IMPLEMENTATION/PROCESS) EVALUATION)</b>	<b>7. Process evaluation</b>
<b>8. How well is the practice working? (OUTCOME EVALUATION)</b>	<b>8. Outcome and Impact Evaluation</b>
<b>9. How will continuous quality improvement strategies be included? (CQI)</b>	<b>9. Total Quality Management; Continuous Quality Improvement</b>
<b>10. If the practice is successful, how will it be sustained? (SUSTAIN)</b>	<b>10. Sustainability and Institutionalization</b>



Accountability Question		Nation	State	County	Communi- community	Organi- zation	Provider	Patient
1	Needs/ Resources							
2	Goals							
3	Best Practice							
4	Fit							
5	Readiness (Motivation X Capacity)							
6	Plan							
7	Process							
8	Outcome Evaluation							
9	Improve							
10	Sustain							

<b>Accountability Question</b>	<b>Nation</b>	<b>Region</b>	<b>Municipality</b>	<b>School</b>	<b>Teacher</b>	<b>Student</b>
<b>1</b>	<b>Needs/ Resources</b>					
<b>2</b>	<b>Goals</b>					
<b>3</b>	<b>Best Practice</b>					
<b>4</b>	<b>Fit</b>					
<b>5</b>	<b>Readiness (Motivation X Capacity)</b>					
<b>6</b>	<b>Plan</b>					
<b>7</b>	<b>Process</b>					
<b>8</b>	<b>Outcome Evaluation</b>					
<b>9</b>	<b>Improve</b>					
<b>10</b>	<b>Sustain</b>					

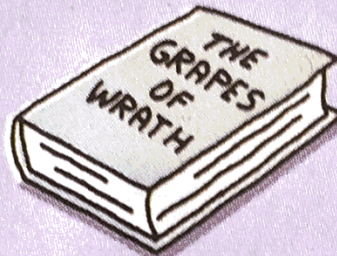
<b>Accountability Question</b>	<b>Nation</b>	<b>Region</b>	<b>Municipality</b>	<b>Organization</b>	<b>Board</b>	<b>Worker</b>	<b>Resident</b>
<b>1</b>							
<b>2</b>							
<b>3</b>							
<b>4</b>							
<b>5</b>							
<b>6</b>							
<b>7</b>							
<b>8</b>							
<b>9</b>							
<b>10</b>							

CHARTOON

# Abridged classics



Everyone is sad.  
It snows.



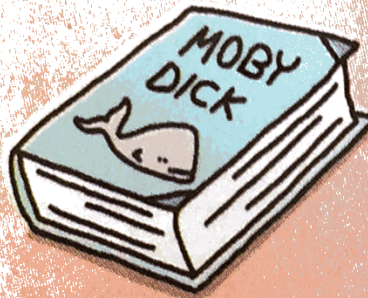
Farming sucks.  
Road trip!  
Road trip sucks.



Guy attacks  
windmills.  
Also, he's mad.



Lost generation  
gets drunk.  
They're still lost.



Man vs. whale.  
Whale wins.



Dublin, something,  
something, something,  
run-on sentence.

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