

Building capacity for dissemination and implementation of CPGs published by USA non-government organizations

JULIE K. TILSON, DPT, MS

UNIVERSITY OF SOUTHERN CALIFORNIA, LOS ANGELES, CA USA

8TH INTERNATIONAL CONFERENCE OF EBP TEACHERS AND DEVELOPERS

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Co-authors

Sara MacDowell – Our Lady of the Lake Hearing and Balance Center,
Baton Rouge, LA

Beth Crowner – Washington University, St. Louis, MO

Liz Dannenbaum – McGill University, Quebec, Canada

Linda D'Silva – Mid-America Balance Institute, Kansas City, MO

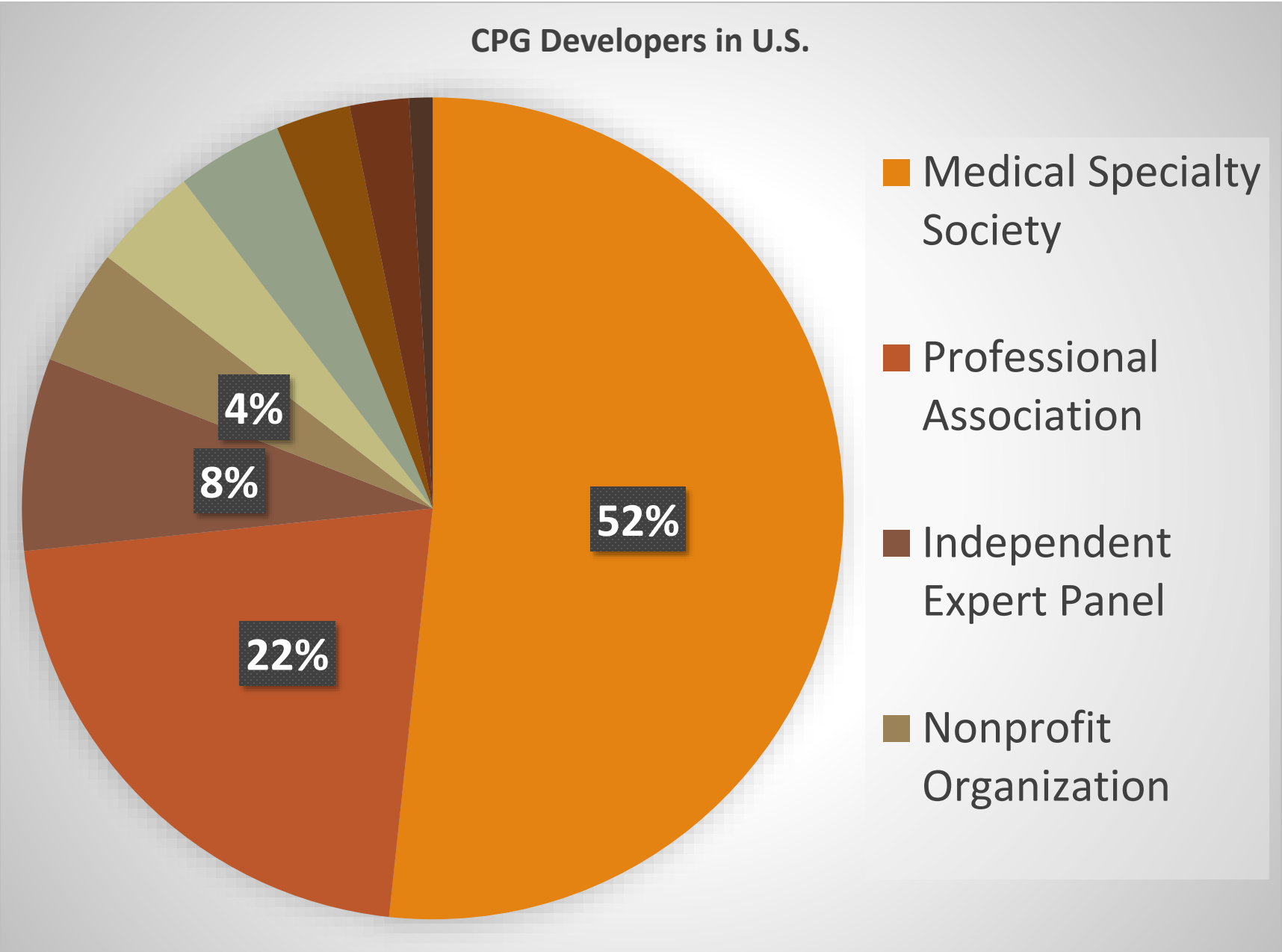
Lisa Farrell – Symmetry Alliance, Ft. Lauderdale, FL

Heidi Roth – Shirley Ryan Ability Lab, Chicago, IL

Karen Skop – James A. Haley Veteran's Hospital, Tampa, FL

Background

Over 90% of CPGs published in US are published by non-profit, non-governmental organizations





Few organizations have developed capacity for broad dissemination and support for implementation



Publication may be the limit of dissemination and support for implementation



OPEN

CLINICAL PRACTICE GUIDELINES

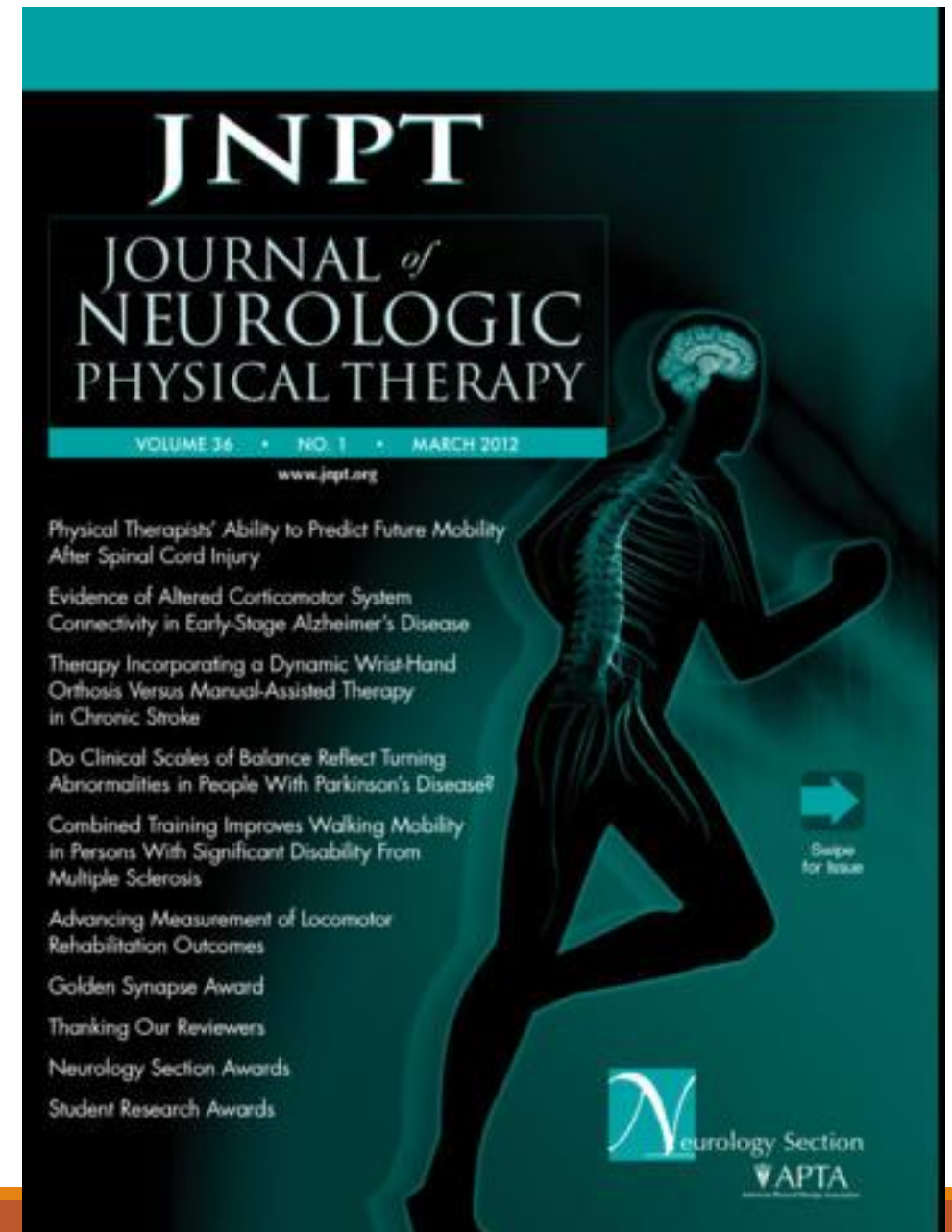
Vestibular Rehabilitation for Peripheral Vestibular Hypofunction: An Evidence-Based Clinical Practice Guideline

FROM THE AMERICAN PHYSICAL THERAPY ASSOCIATION
NEUROLOGY SECTION

*Courtney D. Hall, PT, PhD,
Susan J. Herdman, PT, PhD, FAPTA,
Susan L. Whitney, PT,*

ABSTRACT

Background: Uncompensated vestibular hypofunction results in postur-





May experience burnout
after the lengthy process
of developing a CPG

Volunteer CPG authors



Models are needed to facilitate broad-scale dissemination and stakeholder-informed implementation of non-profit, non-governmental organizations' CPGs.

Aims

- 1) Describe a process established by the Academy of Neurologic Physical Therapy of the American Physical Therapy Association to disseminate and promote implementation of a CPG.
- 2) Propose a model for similar organizations to follow after publication of CPGs.

Methods

Call for volunteers
'Dissemination and
Implementation Task
Force'

March 2016

CPG
Published

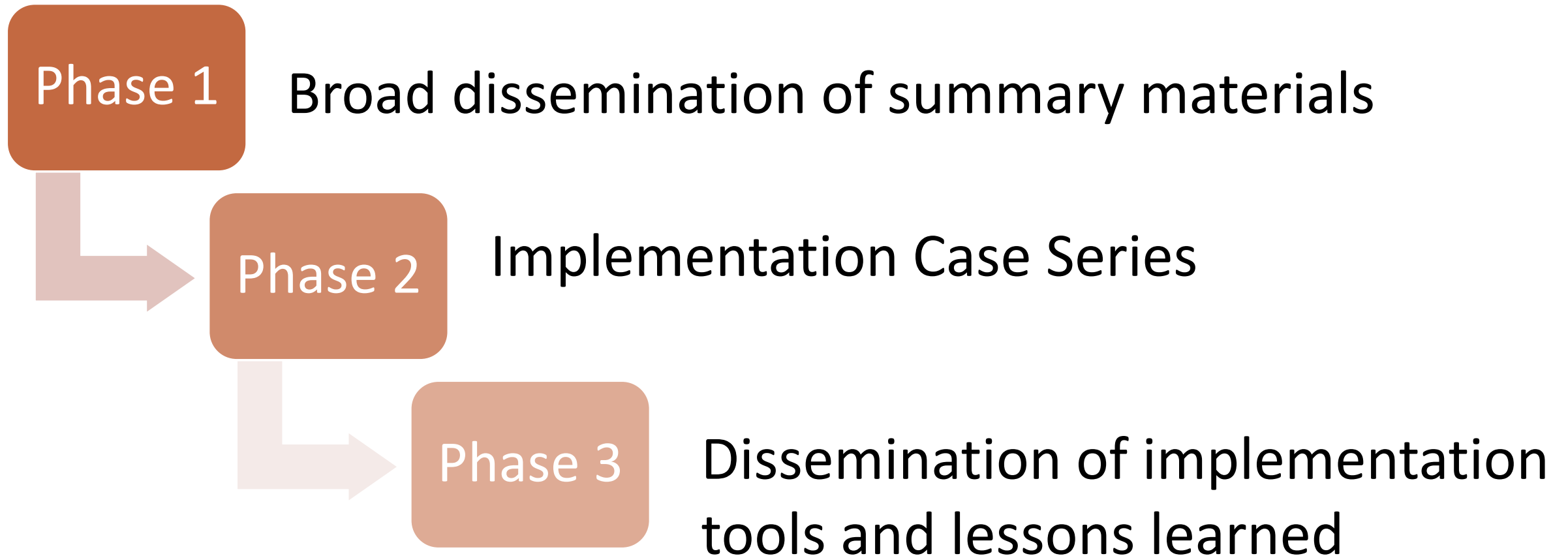
April 2016

Taskforce Formed

May 2016

- ❖ Chair + 6 members
- ❖ No authors of CPG
- ❖ All practice in area of CPG
- ❖ 1 with KT experience, 3 attended course
- ❖ 3 year duration
- ❖ \$5000-6000/year

3 Phase Model for Dissemination and Implementation



Phase 1: At a Glance Summaries and Decision Tools

REFERENCE FOR REHABILITATION PROFESSIONALS

CLINICAL PRACTICE GUIDELINES FOR PERIPHERAL VESTIBULAR HYPOFUNCTION



Effectiveness of Vestibular Rehabilitation

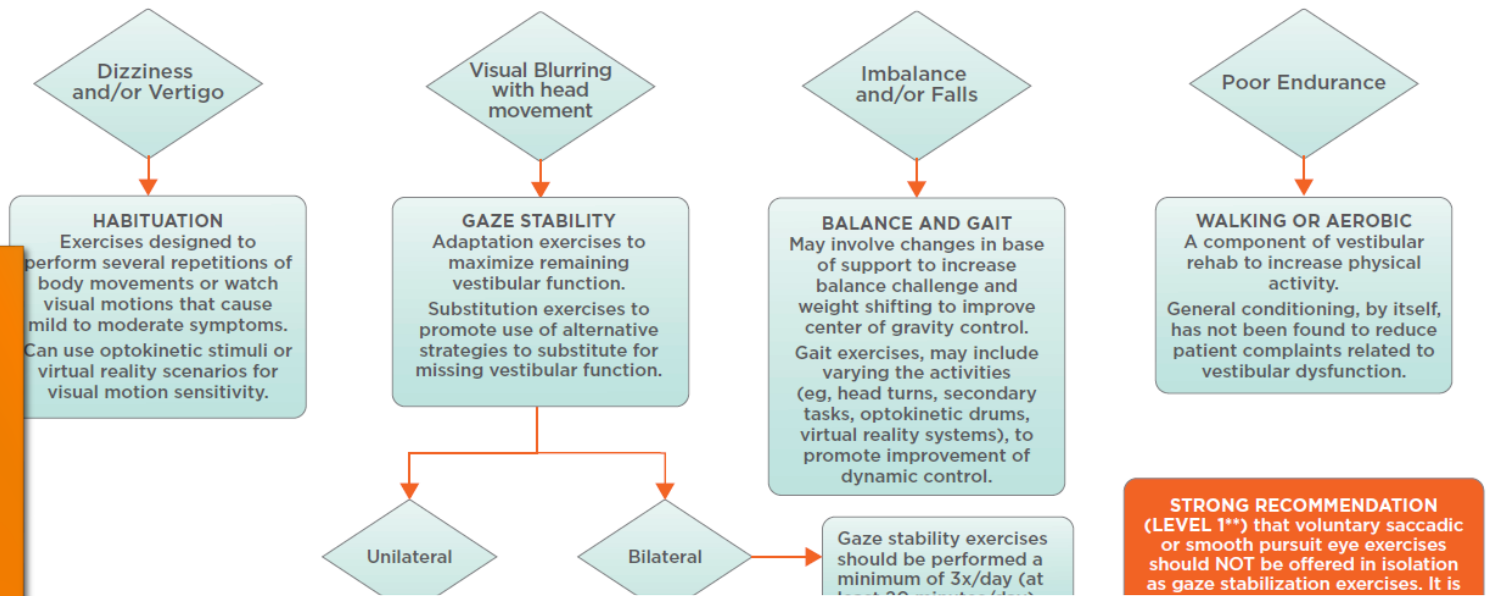
- **Strong recommendation (Level I*)** that vestibular rehabilitation should be offered to patients with symptoms due to:
 - Acute, Subacute, & Chronic Unilateral Hypofunction
 - Bilateral Hypofunction, including Pediatrics
- **Benefits:**
 - Reduces dizziness/vertigo, improves gaze stability and reduces imbalance and falls
 - Improves activities of daily living and quality of life
- **Risks:**

Saccade

- **Strong recommendation (Level I*)** that saccadic eye exercises should be offered to patients with symptoms due to:
 - Gaze instability
 - Imbalance and falls
- **Risks:**

TREATMENT DECISIONS BASED ON OUTCOME ASSESSMENT MEASURES

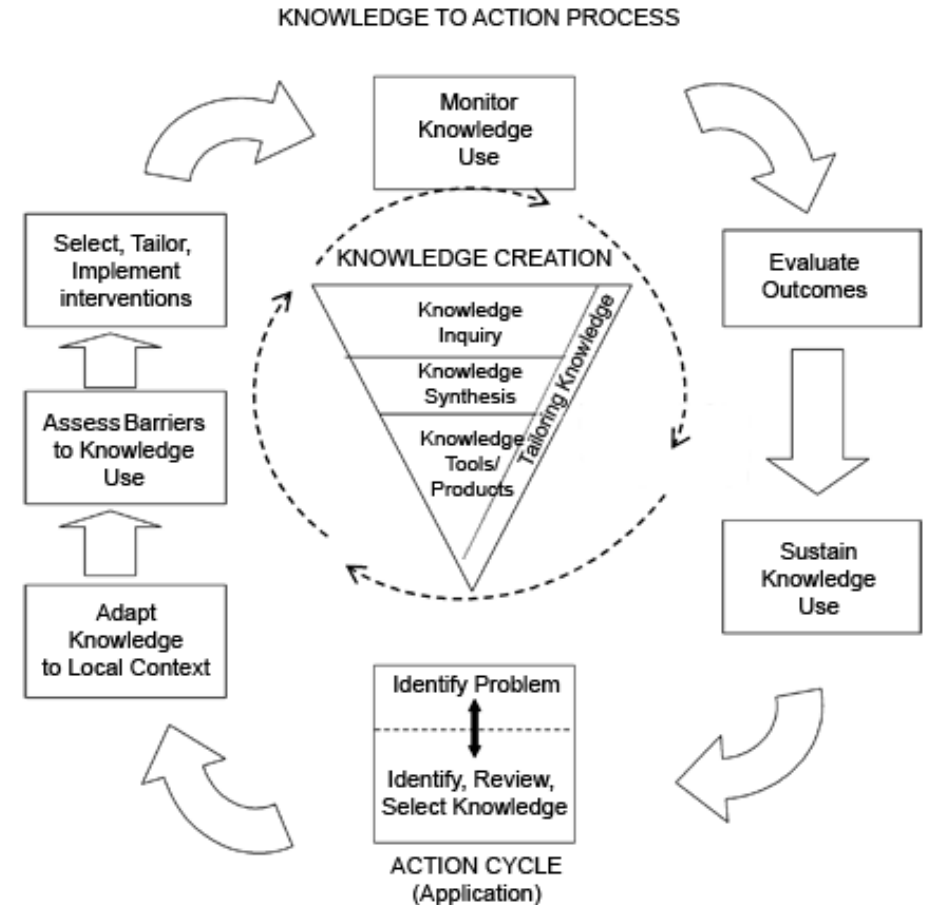
- ❖ Distributed at conferences, online, social media
- ❖ Address multiple stakeholders



STRONG RECOMMENDATION (LEVEL I)** that voluntary saccadic or smooth pursuit eye exercises should NOT be offered in isolation as gaze stabilization exercises. It is

Phase 2: Case series implementation

- ❖ 5 distinct settings
- ❖ Therapist driven
- ❖ Guiding models:
 - Consolidated Framework for Implementation Research
 - Knowledge to Action Cycle
- ❖ Mixed-methods design



Phase 3:

Disseminate tools and lessons learned

- ❖ **Large sites:** Improve patient access to care
 - Timely referral and appointments
- ❖ **Small sites:** Sufficient exercise dose
 - Optimizing strategies to ensure appropriate education and follow through
- ❖ **Dissemination:** Text, video, podcast, journals, web, social media, conferences

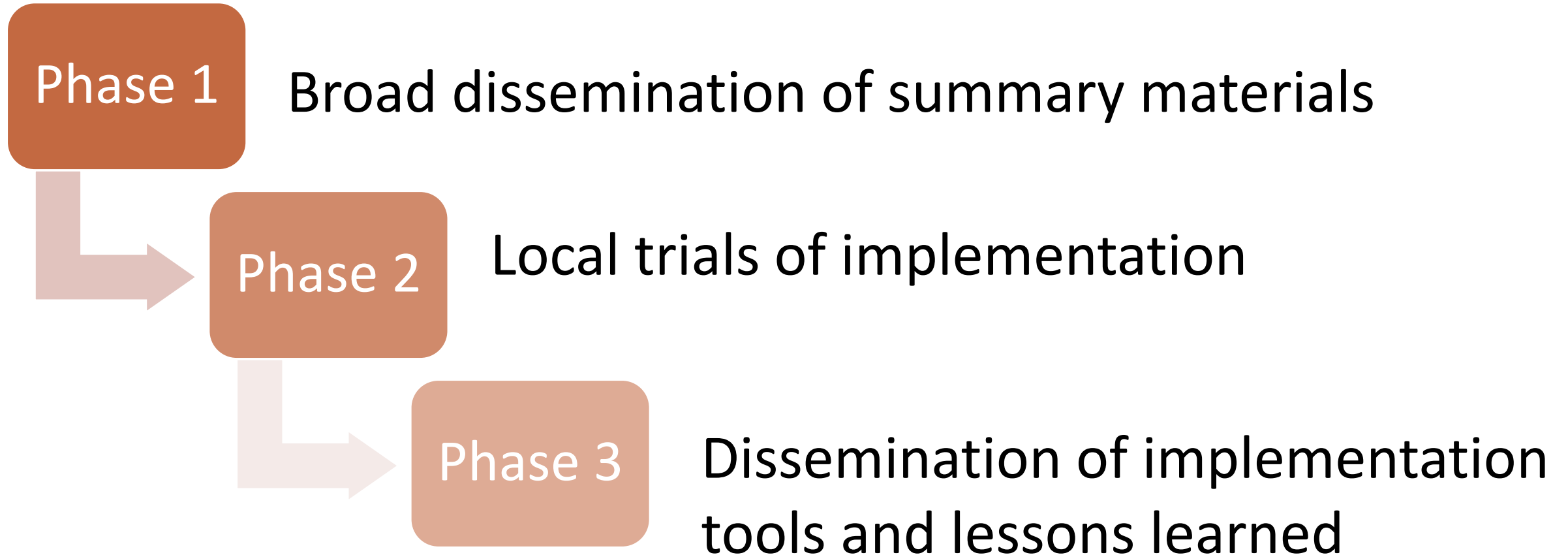
Limitations

- ❖ Taskforce is ½ way through its three year process
- ❖ Model needs to be trialed with other CPGs, organizations, and taskforce members

Bottom-line

- ❖ Non-profit, non-governmental organizations produce most CPGs in the US
- ❖ New volunteer group may be most effective
- ❖ 3 step model

Model for CPG Dissemination and Implementation



Thank you!
