

Evidence-Based Practice (EBP) Quality Review Protocol During COVID-19

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and Approved by DMH/DD/SAS and DHB

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Rationale: Conducting fidelity evaluations are necessary to understanding teams' current practice compared to best practice benchmarks; items are rated, indices established, and feedback is provided.

The design and establishment of best practice fidelity benchmarks for Individual Placement and Support – Supported Employment (IPS-SE) and Assertive Community Treatment (ACT) did not account for the current COVID-19 public health emergency. Any data gathered during the COVID-19 public health emergency will not represent best practices as conceived and studied pre-COVID-19.

Teams operating with modified practices to align with COVID-19 protocols will likely score lower in many fidelity items. Establishing benchmarks for modified practice takes time to understand and operationalize. The aim of revised benchmarks is to capture the extent to which the team adopts or deviates from best practices. Relatedly, fidelity evaluation protocols were not designed or empirically studied to determine if virtual fidelity evaluations generate as reliable and valid data as in-person evaluations.

Therefore, in-person fidelity evaluations for generating fidelity ratings are currently not feasible due to safety concerns and/or recognizing that data will likely be influenced by the COVID-19 public health emergency in a manner that makes it problematic for mapping on to a best practice Likert scale.

Evidence-Based Practice (EBP) Quality Review: Teams still benefit from a systematic review, feedback, and guidance as they operate their services during the COVID-19 public health emergency. Of interest is the scope of work, quality of practice, and nature of adaptations made during the pandemic to provide optimal care while also seeking to keep clients and staff safe.

We recognize that: 1) client needs prior to the pandemic remain the same, but may have shifted in priorities; 2) there is a greater need to build up foundational care management and harm reduction strategies; and 3) teams have had to reorganize their own work as they manage changing resources (e.g., managing remote staff vs field staff; managing short-staffing due to staff sickness and quarantining; shift to using telehealth as a means of service delivery).

As such, the process for conducting interim EBP Quality Reviews based on fidelity protocols to provide systematic quality improvement feedback without generating fidelity ratings is below:

- The interim EBP Quality Review does not replace the formal Tool for Measurement of ACT (TMACT) and IPS fidelity evaluation that generates ratings and determines certification status. Fidelity evaluations will not be held until valid and reliable evaluations are possible. The State does not intend to reinstitute formal evaluations earlier than July 1, 2021. A minimum of a two-person evaluation team, staffed by the UNC Institute for Best Practices' consultants, will be assigned to conduct EBP Quality Reviews.
- Teams will be chosen as follows: a team is due for a fidelity evaluation given the current queue; and/or consideration of both the length of time since last evaluation AND the most current fidelity rating reflected Provisional certification for TMACT or the low end of Fair (74-89) for IPS.
- Teams will receive the **pre-EBP Quality Review paperwork** to complete ahead of time, as typical of a fidelity evaluation in order to capture relevant, necessary data. Any data collection item that is not pertinent to the goal of providing grounded quality improvement feedback during the COVID-19 public health emergency (vs. data are collected with intent to rate the team on fidelity measure) will be removed.
- Only interview questions that are most relevant to the goal of providing quality improvement feedback during the COVID-19 public health emergency will be extracted.
- All interview sources typical of a fidelity evaluation will be interviewed by way of a secure platform (e.g., Microsoft Teams) as part of the EBP Quality Review. EBP Quality Reviews will be conducted across 5 business days to maximize accommodations for all parties. Interviews will not be recorded since that is not typical of fidelity evaluations. Where staff do not have access to a webcam, one will be provided to them (by mail) in advance. It is assumed that staff have access to smartphones and, at minimum, can participate via the relevant application by phone.
- In lieu of a typical fidelity evaluation chart review, reviewers will instead: 1) invite teams to generate a de-identified electronic medical record (EMR) report showing data, including frequency and intensity of contacts and use of in-person vs telehealth (when teams do not use an EMR, guidance for the team will be provided to conduct their own chart review to generate these numbers); 2) request "best practice examples" (in the form of a progress note) across select domains the reviewers will provide ahead of time – these examples will be screen shared using secure software (e.g., Microsoft Teams).
- Team processes will be observed, per fidelity evaluation protocols, including team meeting observations and planning meeting observations. Observation will occur using video if these meetings are happening live or join the audio/virtual meeting set up by the team. Where teams do not have access to a webcam, one will be provided to them (by mail) in advance.
- Teams will be given data collection prompts to gather data related to known modifications during the COVID-19 public health emergency (e.g., understanding the team's access to personal protective equipment (PPE); which clients have access to hardware to participate in telehealth).

- Agency management overseeing the EBP will be interviewed to better understand adjustments and supports provided to the team as they navigate service delivery during the COVID-19 public health emergency, as well as steps taken to maximize service recipient safety.
- Given both the elimination and addition of data collection processes, it will be ensured that the time investment on part of the team is no different than a standard fidelity review.
- The evaluation team will hold a post-review meeting, examine data to determine clear areas of strengths and areas that may benefit from improvement with specific recommendations.
- Findings will be presented in an abbreviated report that is organized by Fidelity Review subscales (vs item-level feedback) and speaks to both areas of strengths and challenges, with recommendations.
- No numerical ratings will be calculated or reported.
- Quantitative data will be included in the report and tracked at a State level by the Institute and the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) for the purpose of understanding practice benchmarks.
- Reports will be sent to DMH/DD/SAS for approval and final reports will be sent to the respective Local Management Entities-Managed Care Organization(s) (LME-MCO)(s).
- Should an ACT or IPS team decline to participate in the EBP Quality Review, DMH/DD/SAS and the team's respective LME-MCO(s) will be notified. The LME-MCOs may provide technical assistance to aid with any barriers to participating in an EBP Quality Review.