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TITLE / ROLE	Barriers to implementation of the Bree Collaborative Guidelines



## INTRODUCTION

In 2023 the Bree Collaborative launched two different methods for collecting data on barriers and facilitators to the implementation of the Bree Collaborative Guidelines.

## METHODS

We used two different methods to capture information about barriers due to technology constraints. The “score card” method asked respondents to rank a list of barriers from 1-5 with one being the highest and five being the lowest. Ranks were averaged across all respondents. Scores were developed by taking the inverse of the average (5-average score) and multiplying it by number of respondents.

Score Cards were sent out to organizational leads. The barriers list was similar to the 2016 Bree Collaborative evaluation in order to better understand if barriers had changed between 2016 and 2023 (see Evaluation report for results).

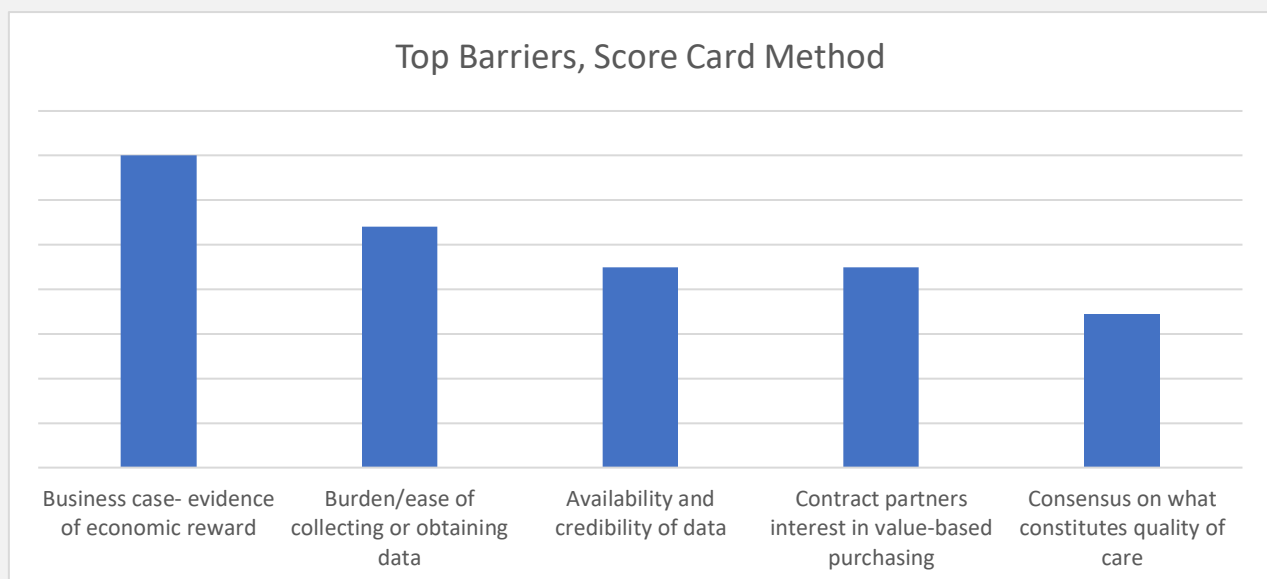
The “Health System Survey” method provided a list and asked respondents to choose their top three. Scores were calculated on the number of picks for each item. The Health System Survey was posted on the Bree Collaborative website and open to all organizations and all staff at any level of the organization.

Both methods relied on convenience reporting and both methods provided an “other” option for organizations to fill in responses not listed.

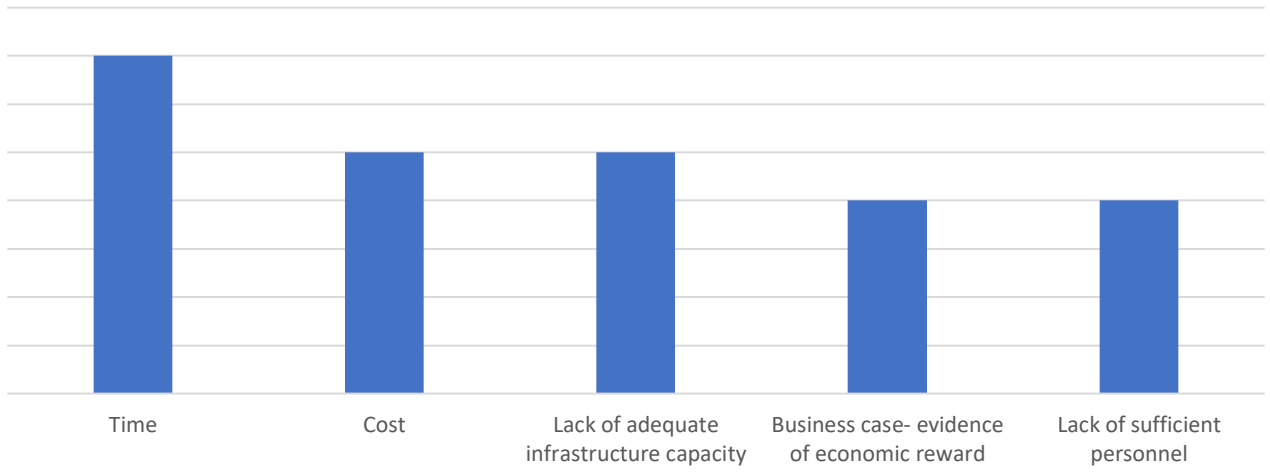
## DATA

Respondents for this survey included large health systems, health plans, educational organizations, behavioral health organizations, physician’s groups, and community-based organizations.

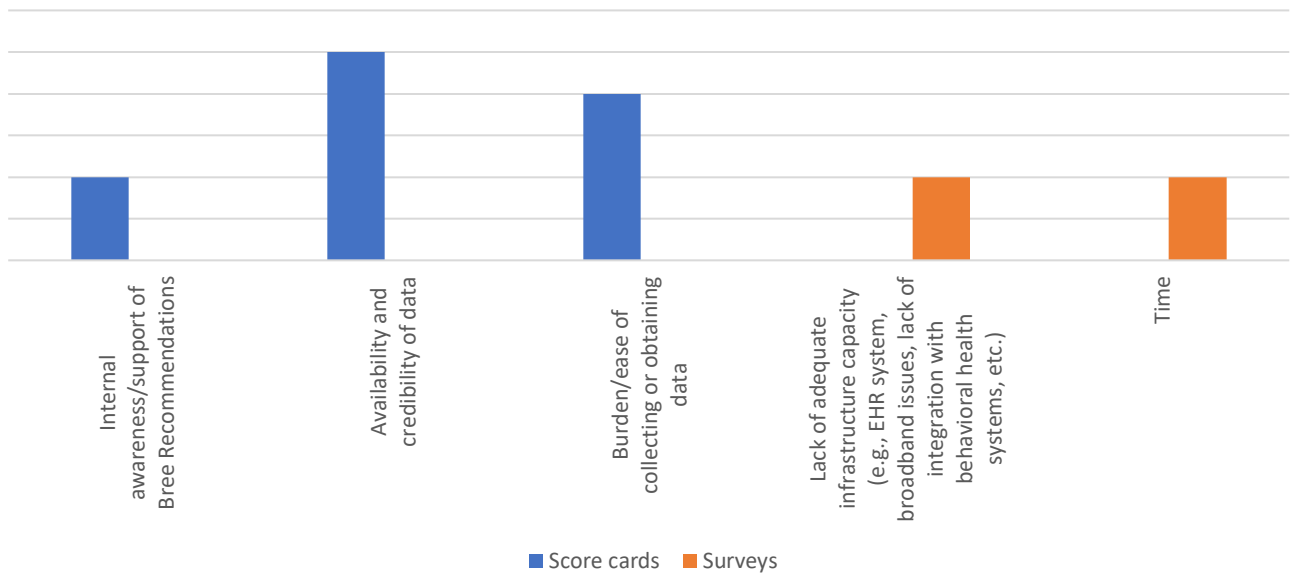
The score card method received responses from 5 organizations over 8 lines of business during the Bree’s 2023 “look back” evaluation. The survey method received 27 responses between June 9<sup>th</sup>, 2023, and July 8<sup>th</sup>, 2024.



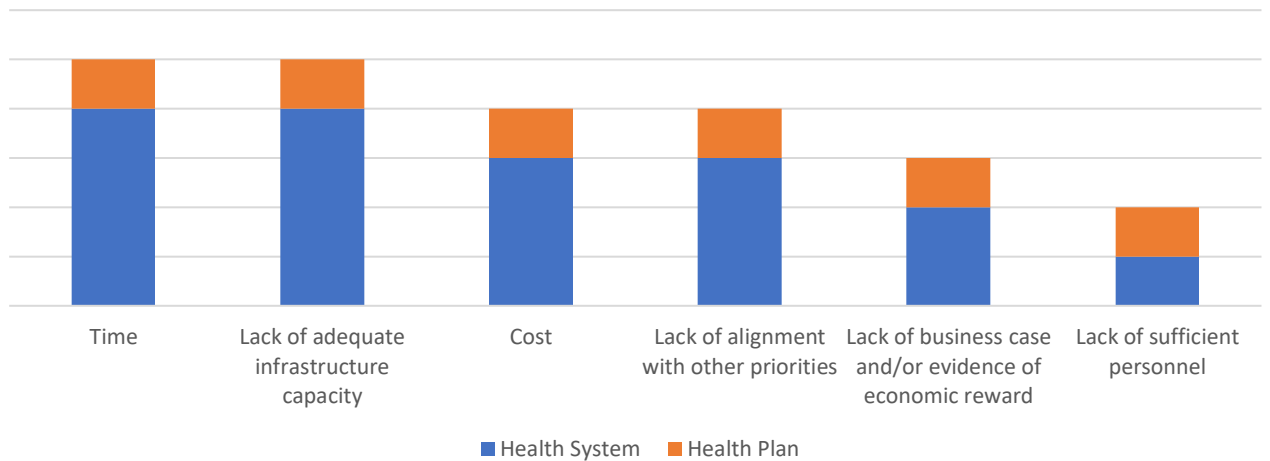
### Top Barriers, Survey Method



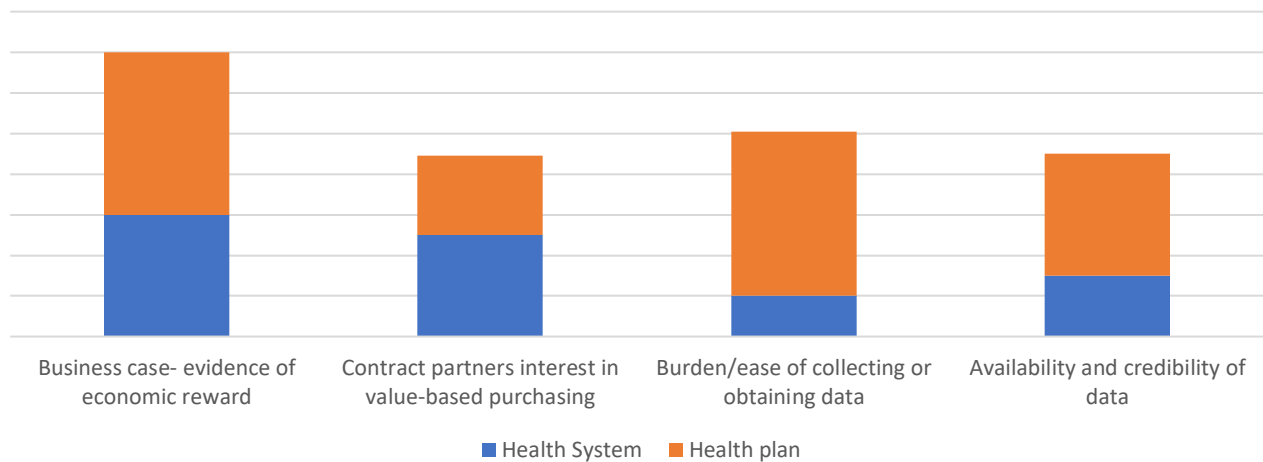
### Barrier for Behavioral Health and Community Organizations



### Barriers by Audience, Survey method



## Barriers by Audience, Score Card Method



## DESCRIPTION OF FINDING

The difference in methods provides a better understanding of perceptions and actual barriers at different levels of organizations, however two primary themes rose to the top for both surveys – business case and data. For the Health System Survey, more concerns about personnel were highlighted, while in the Score Card Survey concerns about contracting were highlighted.

### Business Case

Although it was not always the highest ranked or most often chosen “lack of a business case or economic rewards” was a common barrier in the top five across both surveys.

### Data

Burden of collecting data, including lack of infrastructure and lack of credibility or availability of data constituted a second common theme across both surveys. Lack of data infrastructure (e.g., EHR system, broadband issues, lack of integration with behavioral health systems, etc.) is a particular challenge for behavioral health and community organizations as well as more important for health systems compare to health plans.

### Capacity and Cost

Time, cost, and personnel rounded out the top barriers for all audience types, but particularly for health care provider and community organizations.

### Contracting

Challenges around contracting partnerships was close to equal in importance for health plans and health system.

### Other Barriers

Internal awareness/support of Bree Recommendations received a score of 6 on the score card method.

On the Health System Survey 6 out of 27 respondents answered, “I have no knowledge of the Bree Guidelines and 7 out of 27 answered “I don’t know” to the question “Has your organization taken any actions to implement the Bree Guidelines?” The majority of the roles responding with these answers were clinicians and managers. Those answering that they had implemented or evaluated an implementation of Bree guidelines were primary in director roles.

Information that was provided about “other” barriers was:

<b>Health Plans</b>	<b>Community Partners</b>
Limited bed capacity for SUD REHAB unrelated to network	Lack of institutional resources and staffing
Improved outcomes	Organizational purpose alignment - health care is secondary
Multitude of critical business needs that may or may not align with work of the Bree	

Regulatory constraints, i.e. HIPPA, etc. impacts SUD measures	
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## CHALLENGES AND LIMITATION

Multiple challenges exist with this data collection method. Ranking was used in one survey; however technological constraints didn't allow for it to be used in another. A balance needed to be struck between aligning with the 2016 evaluation to do a "remeasure" of barriers and updating response options for clarity, consistency, or address changes to the health care environment.

Data limitations include small responses, lack of response options overlap between the two methods, and bias generated by having a pre-defined list of barriers. The Bree lacks the capacity and influence to be able to conduct a randomized survey currently.

Ability to spread these surveys throughout the health care system is limited to the Bree's scope of influence and willingness of partners to assist (e.g. sharing the survey among their staff, advertising in newsletters, etc.)

We had very little data on barriers specific to Bree topics.

## LESSONS LEARNED AND NEXT STEPS

The Bree Collaborative has largely solved our technological issues by acquiring other survey technology.

Questions on facilitators were less clear to individuals filling out these surveys. Respondents often interpreted barriers and facilitators as a supply/deficit question rather than two separate questions.

Only 13 out of 27 respondents answered the question about barriers. The Bree staff will need to craft or edit questions about facilitators to gain more knowledge about what was most predictive of the success of an implementation. A reporting initiative is being designed to gather more information about who is adopting the Bree Guidelines, so target questions about barriers can be provided to them. Strategies for learning about why organizations that know about the Bree guidelines but haven't adopted need to be explored.

## CALL TO ACTION (CTA)

Bree collaborative members can assist in this work by helping define a list of barriers or categories for barriers for our next round of surveys. Bree staff will be providing an opportunity for this towards the end of 2024. In the meantime, you can also assist by providing suggestions to Karie Nicholas at [knicholas@qualityhealth.org](mailto:knicholas@qualityhealth.org).