Developing an implementation strategy for a text message-delivered diabetes support program in community health centers

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Background

- Text message-delivered interventions can improve chronic disease self-management among all patients, including those most at-risk.
- Text messages:
  - Can be tailored and timely
  - Do not require Internet access
  - Are used equally across racial/ethnic and socioeconomic groups
- Despite evidence of efficacy, limited research has explored implementation of these interventions in clinical care.
- As part of a 15-month RCT, we partnered with community health centers (CHCs) to evaluate an automated text messaging diabetes support program called REACH (Rapid Education/ Encouragement and Communications for Health).

Study Objective

- Identify options for adapting REACH processes to the clinic context.
- Identify barriers and facilitators to REACH's implementation and use those determinants to develop implementation strategies.

Methods

Interviews:

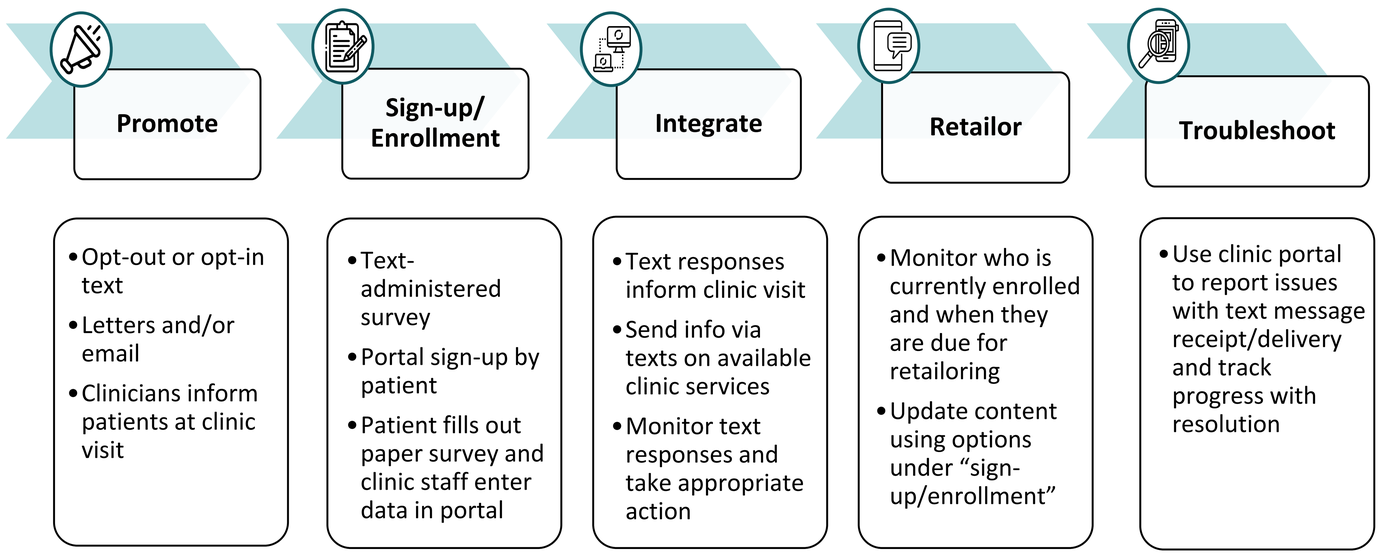
- Questions based on the Consolidated Framework for Implementation Research (CFIR)
- Administered to clinic staff across 4 CHC organizations
- Thematic analyses
  - Methods for adapting REACH processes to the clinic context
  - Barriers and facilitators (i.e., determinants) to implementation for each clinic

Mapping to Strategies:

- Expert Recommendations for Implementing Change (ERIC)

Results

Figure 1. REACH processes and options for adaptation



- Clinic staff participants (n=12) (50% providers, 50% administrators)
- Staff mentioned several options for how REACH processes could be adapted to the clinic context (Figure 1).
  - Options and adaptations for employing the process varied across clinics. For example, the person responsible for the overseeing the process and the frequency with which a process would occur varied based on clinic site.
- Some determinants were common across clinics: staff turnover, workflow integration, and available funding.
- Other determinants were unique to clinics: relative priority and staff availability.
- We identified core implementation strategies to address determinants and enhance the adoption and sustainability of the REACH processes (Table 1).

Table 1. Implementation strategies to enhance the adoption of REACH and its processes

• Train and educate stakeholders	Identify/prepare clinic champion; distribute educational materials
• Use evaluative and iterative strategies	Audit and provide feedback; develop quality monitoring systems
• Utilize financial strategies	Create coalition for clinics to share costs; seek out funding from local organizations

Discussion

- Variance across clinics support tailored implementation plans.
- Next steps include:
  - implementation mapping with CHC partners to refine and enhance the strategies
  - deploy the strategies
  - examine when/how the strategies impact outcomes based on relevant contextual factors
- Findings will advance the science on implementation of mobile health in CHCs to benefit at-risk patients and reduce health disparities.

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