

**Author's response to reviews**

**Title:** QUERI Series: The Role of Organizational Research in Implementing Evidence-based Practice: VA QUERI Examples and Applications

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**Author's response to reviews:** see over



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Martin Eccles, PhD  
Co-Editor-in-Chief, Implementation Science

Ian Graham, PhD  
Editorial Board, Implementation Science

Dear Drs. Eccles and Graham:

**RE:** MS ID: 1056353461127342  
**Title:** *The Role of Organizational Research in Implementing Evidence-based Practice: VA QUERI Examples and Applications*  
**Journal:** Implementation Science  
**Author:** Elizabeth M Yano

Thank you for the additional comments and allowing me the opportunity to revise the above-referenced manuscript further. The comments you have shared in this and the previous round have helped me to refine my own thinking and to better recognize the issues within and beyond our QUERI experiences. Below, you will find comment-by-comment responses in consideration of the major compulsory revisions, as well as the minor essential and discretionary revisions.

I have also attached two versions of the resulting manuscript, one in revise-mode so that changes are again readily apparent, and another in accept-changes mode so that the paper is readable without observing the changes made.

If additional questions or issues arise, I will be happy to consider further input.

Sincerely,

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Corresponding Author  
Deputy Director & Senior Scientist, VA Greater Los Angeles HSR&D Center of Excellence  
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## Reviewer's Report (Eccles and Graham)

### Major Compulsory Revisions

1. Extolling virtues of the VA system really not that helpful—would rather a synthesis of what has been learned about the role of organizational factors in VA implementation...generalizable findings the rest of us should take on board. Can the paper end on a note describing what QUERI has done in the way of advancing knowledge about the role of organization in implementation, i.e., the key lessons (and not methods for eliciting data on organizational factors but what organizational factors are important under what circumstances)?

*I have modified the second half of the discussion as requested. Specifically, I eliminated the last sentences at the end of the paragraph (bottom of page 22) on the utility of the VA as a venue for this kind of work ("Because of its size, diversity and national data systems..."). I moved the reference to the potential for cross-national comparisons and generalizability to the last (new) paragraph, where I incorporated generalizable lessons from QUERI about the role of organizational factors in implementation (top of page 23 through page 24):*

*"The VA's investment in QUERI has helped advance knowledge about the role of organizational factors in implementation. For example, organizational size appears to operate differently for different types of QI interventions. While organizational size is a positive factor for less complex QI interventions (i.e., where slack resources may be brought to bear), medium-sized facilities appear to be more nimble when facing the challenges of implementing more complex organizational changes (e.g., introduction of a new care model). In contrast, if practices were too small, they suffered from inadequate staffing and limited local autonomy for decision-making (i.e., had to wait for direction, were not able to identify a local champion). If they were too large, they suffered organizational inertia or required more organizational supports for coordination across departments or services. These barriers were sometimes overcome with sufficient leadership support and allocation of additional resources. Organizational control of those resources is also important. In the VA, like other large health care systems, resource control was sometimes one or more levels above the practice in which the QI intervention was being implemented. This required negotiation with senior leaders with varying levels of awareness and understanding of frontline needs or culture, and repeated marketing messages to different stakeholders at each level. Control of how care was organized was also important but did not always operate in expected ways. Practice autonomy emerged as a facilitator of more rapid implementation (i.e., faster penetration among providers in a practice); however, their speed appeared to undermine sustainability. Further work is needed to validate these findings for more QUERI conditions (e.g., do the same findings hold true for depression as they do for diabetes), among increasingly diverse practice settings and in organizations outside the VA. Varying levels of supporting evidence were noted for many organizational structures and processes in relation to quality of implementation. While the VA is most generalizable to large health systems, including U.S. regional systems like Kaiser Permanente and national health systems, such as those in the UK and Australia [98], many of the organizational factors studied also have correlates in smaller practices.*

*At this juncture, QUERI implementation research studies are progressing from local to regional to national in scope [13]. In parallel, methodologically—and along the lines of the QUERI steps—they are moving from variations studies to tests of intervention and implementation effectiveness to evaluations of spread and then to policy development [14].*

*It is incumbent on us to contribute to bridging the gap between research and practice by considering the potential for accelerating implementation success by explicitly addressing organizational factors in our work.”*

2. We struggle to find Figure 1 useful or have a clear idea of or what Figure 1 is supposedly illustrating...either have to make it absolutely clear or we think that you should remove it.

*While I had struggled myself to make the utility of Figure 1 more clear in the last revision, I clearly have not accomplished the task adequately. After further consideration, I have decided to go ahead and remove it altogether at your suggestion including reference to it in the narrative.*

### Minor Essential Revisions

1. P4, Parag 1. We are not sure that the greater understanding is always central (as implied) – consider softening slightly to something like “can be relevant” or “can be important.”

*I have softened the language as suggested (“can be important in closing the gap...”).*

2. “Individually or in combination, these structures (e.g., size, staffing) and processes (e.g., practice arrangements, decision support) are likely...” – again suggest a slight softening to something like “have the potential to”.

*I have softened the language as suggested here as well (“have the potential to”).*

3. “Unfortunately, much implementation research has failed to fully recognize or adequately address the influence and importance of health care organizational factors, which may pose risks to...” suggest replace “pose risks to” with “compromise”.

*I have edited the sentence as suggested (replaced with “compromise”).*

4. Heading “Role of organisational factors...” – we think this is probably more accurately written as the role of organizational factors in QUERI model of implementation research.

*I have revised the heading as suggested (added “...in QUERI model of...”).*

5. P7 the phrase “especially given the ... the VA” sounds slightly grudging and should probably be deleted.

*I have deleted the phrase as suggested.*

6. P12 “Structural measures also represent... “I think this should be the other way round – “Governance, managerial or professional arrangements for overseeing...also represent structural measures.”

*I have restructured the sentence as suggested.*

7. P15 There is a fair degree of duplication between the text and Table 4. Could you double check this to ensure that this is kept to a minimum. Ideally, I’d like the text to sign the reader way around Table 4 and not to reproduce the text.

*I have re-reviewed the text and Table and worked to minimize the duplication. Specifically, I retained the general premises in the text and pointed to Table 4 for the detail and examples. In working this through, I was able to eliminate substantial redundant text in the narrative and also identify the fact that I had left out the Diabetes QUERI as a row in the Table. In one case (under MH QUERI), I also edited out a redundant description of the use of modified Delphi techniques from Table 1 since it seemed more appropriate for it to be within the narrative.*

8. P18. Suggest replace “fielded” with “conducted”.

*I have edited the sentence as suggested.*

9. P21. Suggest adding “intervention” between key and components.

*I have edited the sentence as suggested.*

10. Table 3. I don’t think that dividing the QUERI steps by PDSA helps and suggest that you remove the sub-headings.

*I have gone ahead and eliminated the PDSA sub-headings in Table 3.*

#### Discretionary Revisions

1. Organisational theory and conceptual frameworks – apart from this paragraph there is no real discussion of ‘key’ organizational theories in the paper. It would be helpful to the naïve reader if you could add some discussion of what the organizational theories are that should be informing implementation research.

*In drafts previously sent to the other co-editor-in-chief and guest editor for the QUERI Theme Series, a much larger section on organizational theories useful in implementation research was presented. However, they recommended that I minimize this section so as to not do it disservice. For example, among many, Michie and colleagues have an entire manuscript dedicated to psychological theories supporting implementation of evidence-based practice. I have nonetheless added a sentence at the end of this section (top of page 8) that lists some of the theories that may inform implementation research and cited Michie among other useful references:*

*“In the absence of such paradigms, implementation researchers should capitalize on the contribution of organizational theories already contributed by psychology, sociology, management science and other disciplines in order to to be explicit about the anticipated mechanisms of action at the organizational level. These include, for example, diffusion theory, social cognitive and influence theories, the theory of planned behaviour, as well as institutional, resource dependency and contingency theories [25, 27-29].”*

2. We had some difficulty sorting out whether you are talking about organizational factors or system factors (which often are organizational factors but not always—e.g., the section on organizational outcomes seem often more system outcomes rather than organizational outcomes) – perhaps this is just semantics. We were left thinking it is not really clear what organizational and system factors are.

*The literature does not distinguish well between organizational vs. system factors in my view, and the usage of the two terms appears related to disciplinary training and perspective (e.g., sociology,*

*psychology, epidemiology, economics, medical anthropology) more than something definitional and discrete. Organizational research may focus on something as small as a few-person team to a national (or international) health care system, whereas system factors appear to be focused more typically at the aggregated level (a team would not be a system in and of itself, but part of a system that houses the team). So I agree with the notion that a portion of this is semantics but within specific disciplines, they may have much more robust definitions. My aim in this paper is to provide a multidisciplinary (and hopefully accessible) perspective to the extent possible, so while I do not think there is room in the paper to conceptually explore the various distinctions (where they even exist), I did add another bullet on page 7 about why it is difficult to conceptualize and measure organizational factors: “The size and complexity of the organization itself, such that it is clear whether we are talking about a team, a practice, a network of practices, a system of multiple networks or some other organizational configuration...”*

3. Table 2—is there a reason that organizational outcomes are not included in the Table?

*There was no specific reason to exclude it per se, shy of the paper’s focus on organizational structure and processes related to implementation. Since the table has stemmed from a framing from Donabedian’s conceptual framework of structure, process and outcome, it is very reasonable to include organizational outcomes. I have edited Table 2 to include them.*