1. INTRODUCTION

THE PURPOSE OF THIS GUIDE

This guide describes a process that will help your MTF successfully achieve evidence-based practice, a major priority of the DoD. The guide is designed as a resource for those key staff members charged with carrying out DoD/VA guideline implementation efforts within an MTF. These key staff members include the

- **Guideline champion:** The primary care clinical opinion leader with expertise in the content of the guideline who acts as the primary clinical consultant and advocate for implementation—and

- **Implementation team facilitator:** The clinical or administrative manager who coordinates the activities of the guideline implementation team (See Section 4).

Although this guide is not designed for use by the MTF command, the ultimate success of the guideline implementation strategies it describes will depend in large part on the strength of leadership support for the implementation effort. Key elements of this support are described in Appendix A, which “speaks to” the MTF Commander and his/her command team. To facilitate its use, Appendix A is also available as a separate document.

BACKGROUND

In 1998, the Army Medical Department initiated a comprehensive effort to implement clinical practice guidelines developed by the DoD/VA across all Army MTFs. This Implementation Guide, originally designed for use by Army MTFs, has been revised and expanded to facilitate the implementation of the DoD/VA guidelines at MTFs across the DoD. It has been prepared to help you implement the DoD guidelines at your MTF by providing you with tested methods and tools for designing and carrying out an effective implementation action strategy.

The guideline implementation work that you are undertaking is part of an extensive, systemwide effort by the Department of Defense (DoD) and the Veterans Health Administration (VA). This section of the guide summarizes these systemwide activities, including the DoD/VA guideline initiative and the Army Medical Department (AMEDD)/RAND guideline implementation project. It then describes the purpose and organization of this guide.
THE DOD/VA GUIDELINE ADAPTATION PROCESS

In early 1998, the DoD and VA began a collaborative project to establish a single standard of care in the military and VA health systems. This project is led by a Working Group consisting of two representatives from each of the three military services and from the VA. The goals of this project are:

- Adaptation of existing clinical practice guidelines for selected conditions;
- Selection of two to four indicators for each guideline to benchmark and monitor implementation;
- Integration of DoD/VA prevention, pharmaceutical and informatics efforts.

The DoD/VA Working Group designates an expert panel for each practice guideline, consisting of representatives from the three military services and the VA, with a mix of clinical backgrounds relevant to the health condition of interest. The expert panel is charged to review existing national guidelines for that condition, examine and update the scientific evidence supporting the guidelines, and adapt one or more of the guidelines to establish one for use in the military and veteran health systems. Each panel is also asked to develop recommendations to the DoD/VA Guideline Working Group for 2 to 4 metrics to be used by the military services and VA to monitor progress in guideline implementation.

THE AMEDD/RAND GUIDELINE IMPLEMENTATION PROJECT

The goal of the AMEDD/RAND project is to establish a system for implementing selected practice guidelines throughout the Army Medical Department and for monitoring the impacts of those guidelines on clinical care and outcomes. Through three sequential demonstrations, AMEDD, RAND, and the participating MTFs have been testing and refining guideline implementation methods in a “continuous improvement” cycle leading up to systemwide adoption.

As a result of the demonstrations, the Army Medical Command (MEDCOM) and RAND have defined a general process for implementing practice guidelines across the AMEDD that can be readily adapted to efforts to implement the guidelines across the DoD. This process (shown in Figure 1.1) includes the following components:

- **Evidence-based practice guideline and metrics.** The official DoD/VA practice guideline and monitoring metrics are provided to the MTFs. These include a summary list of the key elements of the guideline and additional metrics identified by the guideline expert panel as important or useful for monitoring.
• **Guideline toolkit.** MEDCOM and the Center for Health Promotion and Preventive Medicine (CHPPM) collaborate in developing a toolkit of materials (e.g., documentation forms, provider training videos, patient education materials, reminder cards) to support the MTFs' guideline implementation activities.

Toolkits have already been developed for several of the DoD/VA guidelines and MTFs across the DoD are encouraged to use them (see the end of this section for information on how to obtain them).

• **Off-site planning conference.** The MTF’s guideline implementation team holds a one-day planning meeting at a location away from the facility to plan its implementation strategy and develop an action plan.

• **MTF implementation activities.** The MTF teams carry out their action plans. They prepare periodic reports to the Program central office that summarize their recent activities, successes, challenges, and assistance needed to support their work.

• **Information exchange.** The MTF implementation teams are encouraged to share their experiences and build on each others' successes.

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**Figure 1.1—AMEDD/RAND Guideline Implementation Process**
• **Monitoring progress.** Both the Program central office and the participating MTFs monitor implementation progress, using metrics that have been developed in either the DoD/VA guideline process or by the MTFs themselves. The MTFs are encouraged to establish measures for their key action strategies so they can assess their progress in making the clinical process changes they intended.

**HOW THIS GUIDE IS ORGANIZED**

This guide is organized as follows:

• **Section 2: Overview.** Begins with an overview of the stages of guideline use and of the guideline implementation process model that provides the structure for the remaining sections of the guide, and ends with a focus on two keys to success that apply to each stage of the implementation process.

• **Section 3: Building an Effective Team.** Provides guidance on how to organize and lead an effective implementation team.

• **Section 4: The Action Plan.** Takes you through a step by step process for creating an implementation action plan.

• **Section 5: Making Change Happen.** Provides effective strategies for implementing the changes outlined in your implementation action plan.

• **Section 6: Measuring Effects.** Helps you with the important task of monitoring the changes implemented and measuring the effects of your implementation strategies.

The guide incorporates some of the important lessons learned from hands-on field experience at Army MTFs participating in the AMEDD/RAND Guideline Implementation Project. These lessons, called “Field Notes,” are included in Sections 2 through 6.

**ADDITIONAL RESOURCES**

Many of the tools and forms described in this manual, as well as other useful information on practice guidelines in the Army Medical Department, can be found at the quality management directorate Web site:


In addition, staff members at the demonstration sites of the AMEDD/RAND Guideline Implementation Project may be able to answer specific questions and/or provide you with valuable insights based on their hands-on experiences. The demonstration sites are listed below for your convenience.
Low Back Pain Demonstration Sites

- William Beaumont AMC at Fort Bliss
- Evans ACH at Fort Carson
- Darnall ACH at Fort Hood
- Reynolds ACH at Fort Sill

Asthma Demonstration Sites

- Blanchfield AMC at Fort Campbell
- Martin ACH at Fort Benning
- Eisenhower AMC at Fort Gordon
- Moncreif AMC at Fort Jackson

Western Region Demonstration Sites

- Bassett ACH at Fort Wainwright (diabetes)
- Madigan AMC at Fort Lewis (diabetes)
- Weed ACH at Fort Irwin (low back pain)