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Title

Evaluation of the Aloft Collaborative Behavioral Model

Priority 1 (Research Category)

Screening, prevention, and health promotion

Presenters

Marie Haverfield, PhD, Ashley Duggan, PhD, Asher Cohen, Jessica Lyons, LMFT, MS

Abstract

Context: Collaborative behavioral care models (CBCM) in primary care often struggle to integrate care processes and sustain themselves financially. The Aloft model focuses on brief, short term, evidence-based psychotherapy interventions at varying levels of intensity, making it possible to tailor the intervention based on clinic needs. Following a pilot study, the model appears to be feasible with potential for high impact. Objective: To evaluate the expansion and adoption of the Aloft model. Study Design and Analysis: We developed an interdisciplinary implementation evaluation team, informed by the updated Consolidated Framework for Implementation Research (CFIR), to determine parameters for data collection and the clinical and experiential outcomes needed to establish feasibility, efficacy, and effectiveness across degrees of intervention. Dataset: First, we conducted a literature review to confirm the distinctive and innovative nature of the Aloft model compared to existing CBCM. Second, we identified ways to include recipients of care as both beneficiaries and contributors to the evaluation. A similar step was taken to incorporate and account for the deliverers or providers of care. Third, we embedded our team in the workflow to capture conversations among leadership. These steps enabled assessment of progress, adoption, and roadblocks across sites at various levels of intervention. Population Studied: Adult and pediatric primary care clinics. Intervention/Instrument: Aloft Collaborative Care Model (CoCM). Outcome Measures: Site level measures include number of practices along with a sample of practices within each intervention category. Clinical measures include rate of diagnoses, medication changes, PHQ9. Experience with care is measured in terms of interpersonal communication and satisfaction with care, the feasibility and acceptability of the model in terms of provider experience and costs of care, and fidelity of the intervention across sites. Results: This poster maps out our evaluation assembly process including best practices and lessons learned. Conclusions: We evaluate the implementation of a CoCM that accounts for site level differences, thereby accelerating the

scaling of the Aloft model to multiple sites over time, empowering primary care practices to identify, refer, and co-manage behavioral health care.