

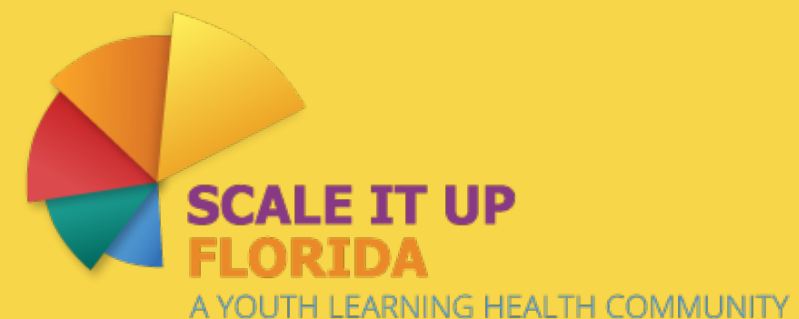
# MECHANISMS OF SUCCESSFUL IMPLEMENTATION OF TAILORED MOTIVATIONAL INTERVIEWING IN A MULTISITE STUDY OF YOUTH HIV CLINICS IN THE UNITED STATES

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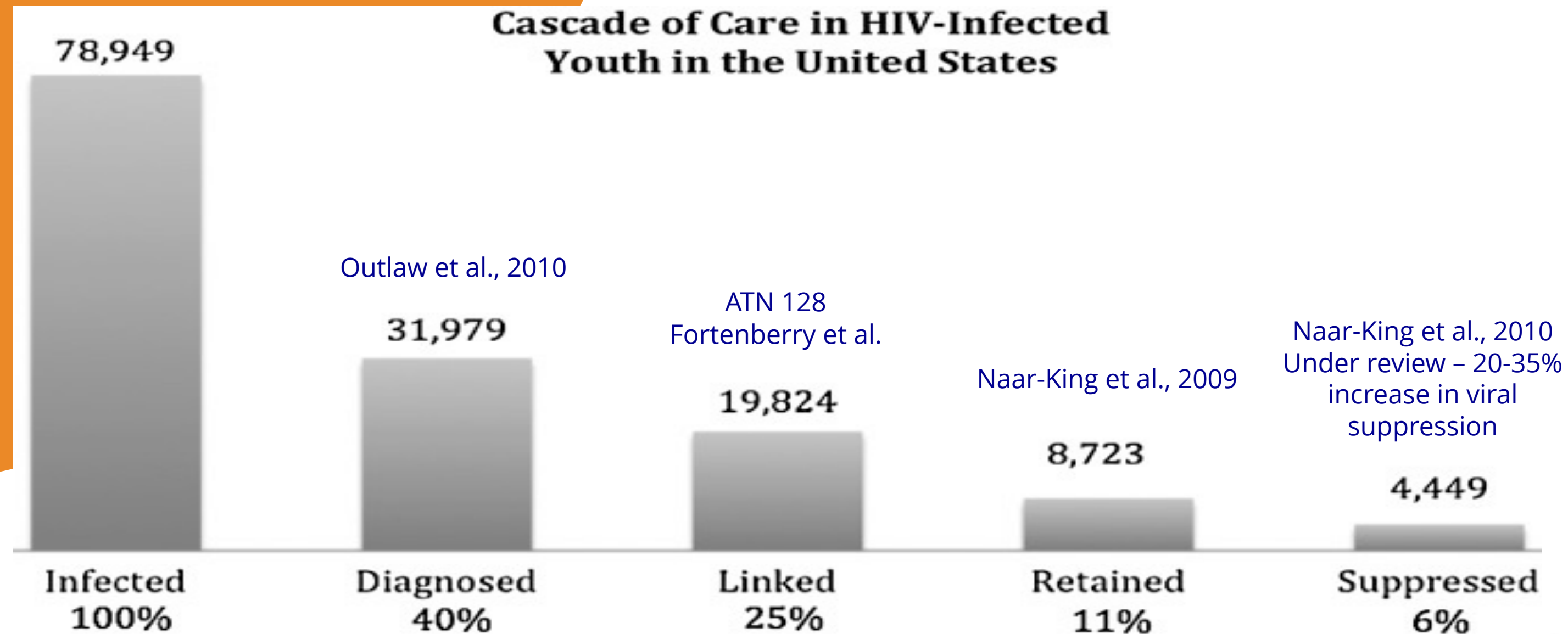
Florida State University

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# Choosing an Evidence-Based Practice

## MI and the Youth HIV Treatment Cascade



Zanoni (2014)

# ...But Fidelity to MI is Hard

	Beginner <2.0	Novice 2.0-2.6	Intermediate 2.61-3.3	Advanced >=3.31
Overall N=151	66% (N = 99)	28% (N = 42)	6% (N = 9)	.7% (N = 1)
Medical Staff N=58	35% (N = 35)	48% (N = 20)	33% (N = 3)	0% (N = 0)
Psych/Social Work* N=26	12% (N = 12)	24% (N = 10)	44% (N = 4)	0% (N = 0)
Other N=67	53% (N = 52)	29% (N = 12)	22% (N = 2)	100% (N = 1)

# Evidence Informed Logic Model Tailored for Each Site

## Determinants

Barriers and facilitators based on EPIS Framework

## Implementation Strategies

Skills training, data driven quality assurance and feedback  
Improve organizational culture through Team meetings  
Community practice and internal facilitation

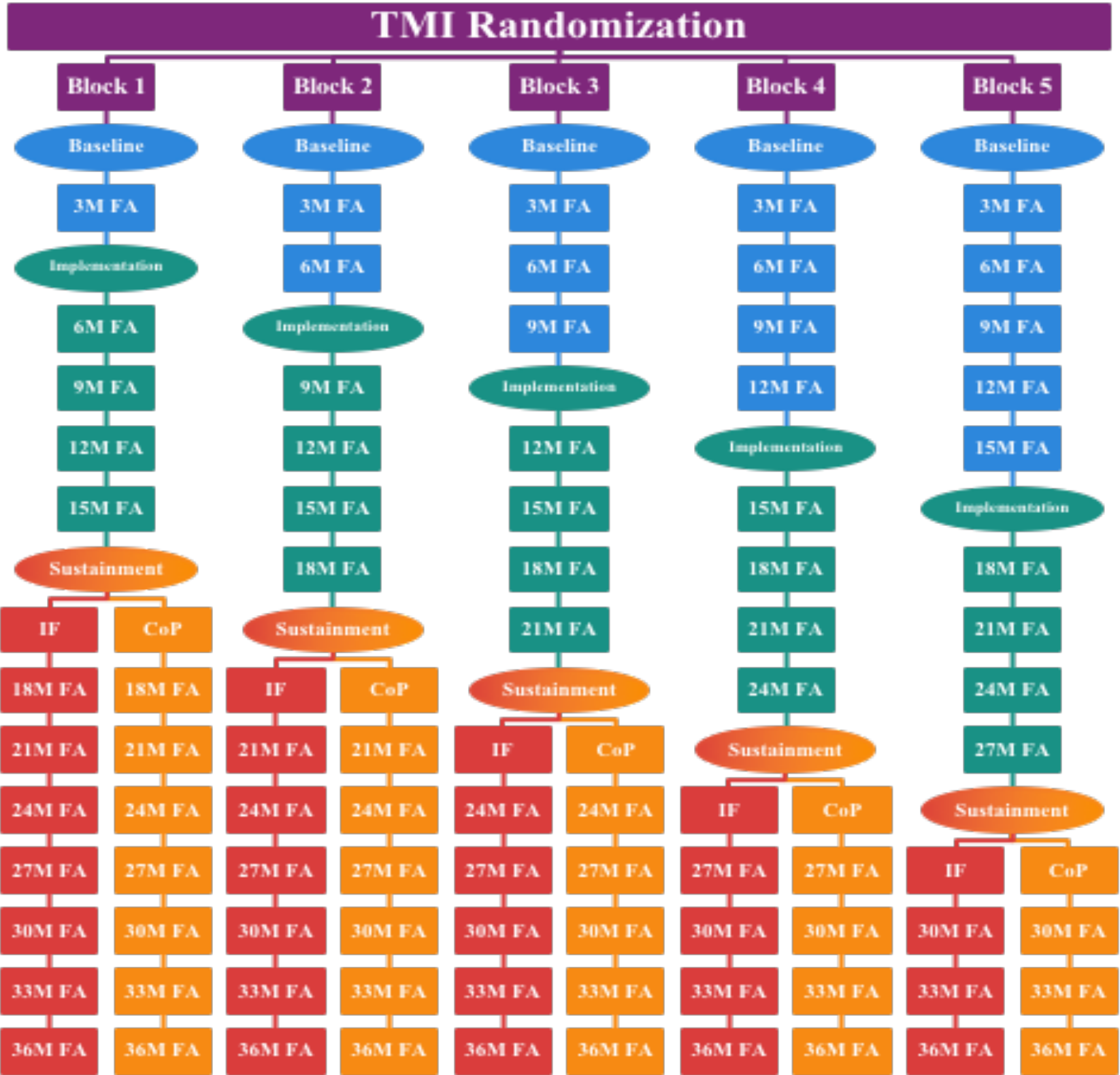
## Mechanisms

Improved provider knowledge and skill  
Reduce stigmatizing communication  
Improve youth-centered communication  
Improved behavior change communication

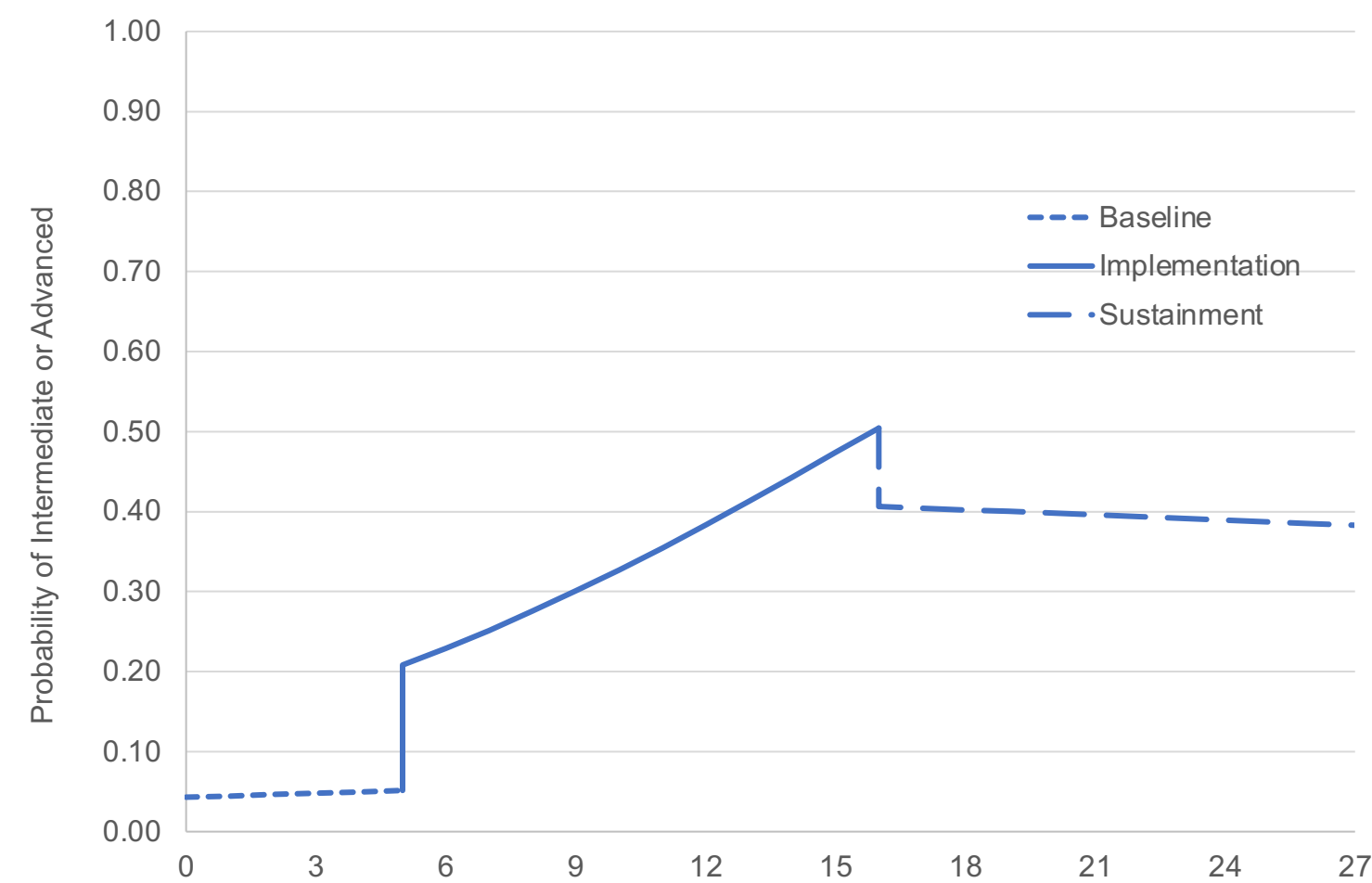
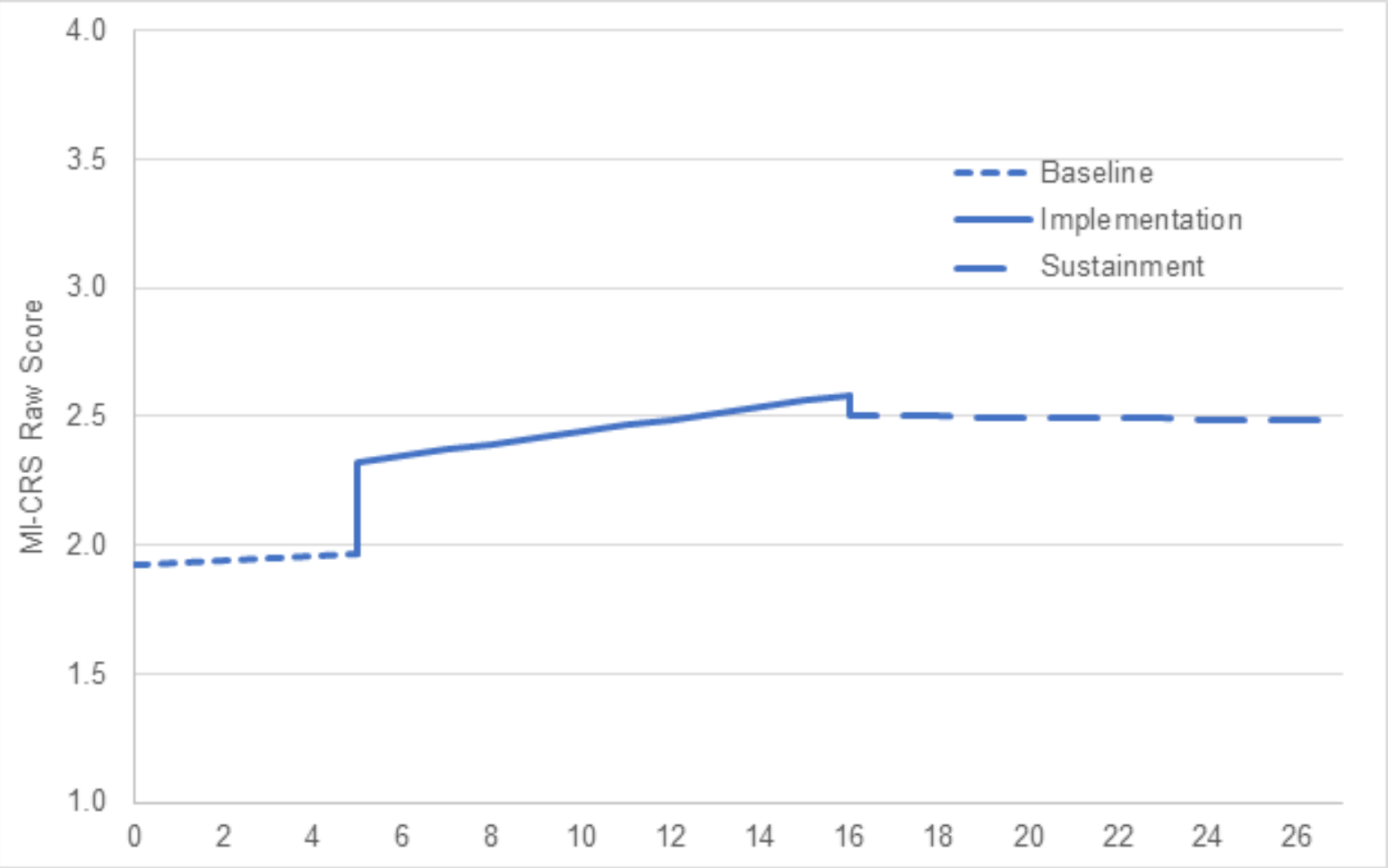
## Outcomes

Fidelity to TMI using Motivational Interviewing Coach Rating Scale (MI-CRS)  
Clinic-level retention in care  
Viral suppression from EHR (Type 3 Hybrid)

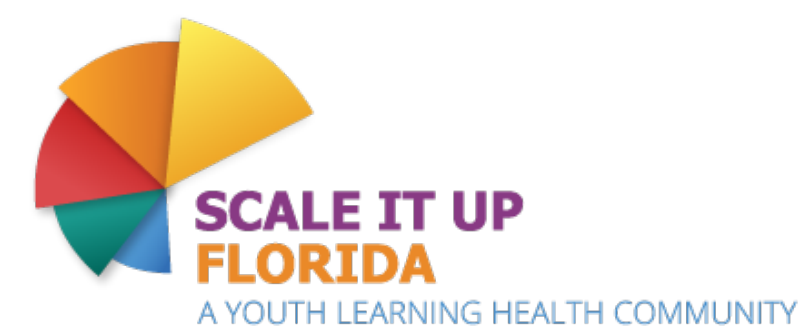
# Stepped Wedge Design



# Change Over Time- MI Competence by Phase



\*No differences between Communities of Practice with or without Internal Facilitator – Journal of AIDS 2022



# Implementation Package

- Initial workshop 10-12 hours by MINT trainer versed in TMI (tailored for youth and HIV)
- Quarterly fidelity assessments with feedback over 12 months (Beginner, Novice, Intermediate, Advanced)
- Individual coaching – two post workshop and then quarterly
  - MI strategies to boost importance and confidence of learning MI
  - Review of fidelity assessment findings and skills practice
  - Goal setting
  - Optional for those with Intermediate or Advanced Competency
- Implementation Team meetings (monthly then quarterly with external facilitator)

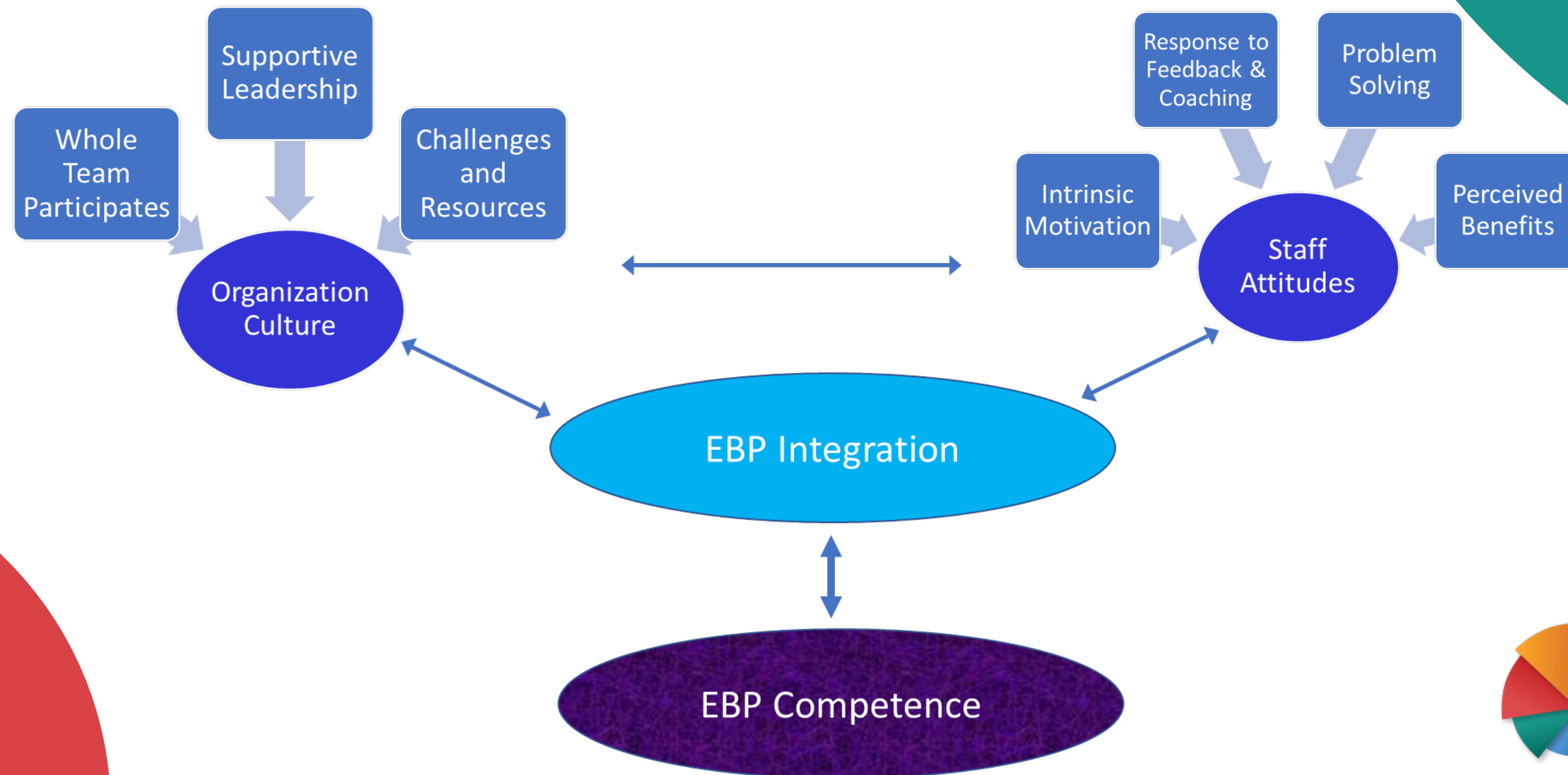


# Mechanisms of Implementation – Post-Implementation Qualitative Interviews

- Based on trajectory analysis, grouped clinics by high, medium and low competence (average of MI-CRS scores across staff)
- Utilized reflexive thematic analysis with deductive (EPIS) and inductive coding to compare the highest and lowest competence clinics (6 clinics, 43 interviews)
- Under review, Journal of AIDS



# Summary of Findings



# Conclusions and Future Directions

- TMI improved competency to promote behavior change along the youth HIV prevention and treatment continua in only 12-15 hours over 12 months
- Next step to analyze secondary outcomes – retention in care, viral suppression, based on electronic health records
- Piloting components in community based settings
- New grant for stepped wedge study of TMI plus technical assistance to improve HIV testing for young sexual minority men in community sites across Florida with Mystery Shopper assessments
- Technical assistance will be based on mechanism findings



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