

COMMENTARY ON SIMPSON

Lasting change: sustaining improvements in oral health care

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Simpson has provided us with a model for the stages of implementing innovative changes, from the preparation phase through maintenance. His findings from a series of research studies in addiction treatment programs support key relationships among model components, particularly for the processes associated with the implementation. Simpson makes an essential point: the translation of evidence-based innovations will not impact the public's oral health if the implementation of new and effective protocols is not sustained in routine patient care.

Simpson's model has not yet been applied to implementing innovations in dental practices, but the challenges associated with making sustainable changes in dental practice suggest the need for such a systematic approach. Within the competing demands of typical dental office routines, implementation of an innovation often requires a trade-off, with another activity being eliminated or minimized. Newly instituted protocols tend to be more fragile, succumbing more easily to time and economic pressures, particularly if the cost-benefit is unmeasured or unfavorable. Given that dental practices are small, relatively autonomous organizations that need to be self-sustaining, behavioral interventions in dentistry need to be at least revenue-neutral as many are not directly reimbursable.

The barriers to sustaining a specific innovative practice may not be fully appreciated at the outset of an innovation. Downstream barriers that exist or evolve as implementation

progresses may interfere with permanence. For example, sufficient fidelity to a social or behavioral protocol may erode, sometimes quickly, because office personnel adapt protocols in response to time and financial pressures or are simply unwilling to comply. Erosion of fidelity can dampen effectiveness, eventually resulting in a behavior that no longer appears effective, thus jeopardizing sustainability. Dental offices may not have the experience to systematically address the challenges to maintaining the innovation as they arise.

Recent findings from studies on improving depression care in primary practice suggest that a potential strategy to enhance sustainability includes addressing both clinical content and systemic change processes through participation in a practice improvement collaborative (1,2). This approach advocates partnering the implementation of a specific clinical change with more general system change methods; the learning collaborative environment exposes participants to evidence-based protocols and change management processes that can facilitate "institutionalizing" the innovation (3). Such a strategy may improve the "internal functionality" referred to by Simpson. This hybrid approach may contribute to sustainability as it empowers offices to respond to dynamic and unanticipated barriers such as consequences from the innovation that reverberate to other areas of care, time use, or revenue.

To enhance sustainability, innovations require integration into the system by planning for and monitoring their relationship with and consequences to other services in the practice. In addition to the measurement of the system's characteristics, which is well represented in Simpson's model, intervening to strengthen those influential characteristics may be necessary to enhance sustainability. Further long-term research in dental care settings will be required to extend our understanding of maintenance and sustainability, especially when dealing with behavioral and social science interventions.

Conflict of interest

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