Synthesizing Mixed-methods Findings from Studies of Primary Care-based Interventions:

Preliminary Insights from the Prescription for Health Evaluation

Deborah Cohen, PhD
Department of Family Medicine
UMDNJ-RWJ Medical School

Introduction

Multi-Method Synthesis

Objectives

- To describe the design of a mixed method cross project synthesis
- To articulate some preliminary findings
- To discuss the benefits and drawbacks of this approach

Introduction

Qualitative and Mixed-Method Meta-Synthesis

Definition

Qualitative Meta-synthesis

Interpretive synthesis of data across studies using qualitative methods

Mixed-method meta-synthesis

Interpretive synthesis of data across studies using mixed methods

Introduction

Background on Prescription for Health

The Prescription for Health initiative sought to develop and pilot new models for promoting and integrating health behavior change into routine primary care

Methodology

Background on Prescription for Health

Evaluation Goals

- To understand project and practice characteristics that supports the successful implementation and adherence to interventions in the primary care setting
- To conduct comparative case analysis of the overall initiative, summarizing new insights and patterns that transcend individual models

Methodology

Focus of the Analysis Team's Evaluation

- Conceptualization
  - Studying implementation as way to evaluate what 'works' in real-life setting (i.e. effectiveness)
- Mixed-Method, Nested Case study Design
  - Practice Surveys
  - Site Visits/Interviews
  - Online diary
  - Patient Outcomes

Analysis

Focus of the Analysis Team's Evaluation

Data Analysis – Qualitative Data

First Iteration: Read diaries aloud in 'real time' as a group. This informed site visits and interaction with grantees

Second Iteration: Re-read full dataset for each individual project tagging relevant text

Third Iteration: Read tagged data, discerning themes and sub-themes and investigating new ideas across projects

Analysis

Focus of the Analysis Team's Evaluation

Data Analysis – Quantitative Data

First Iteration: Cleaning process to ascertain missing data, followed by request to fill gaps

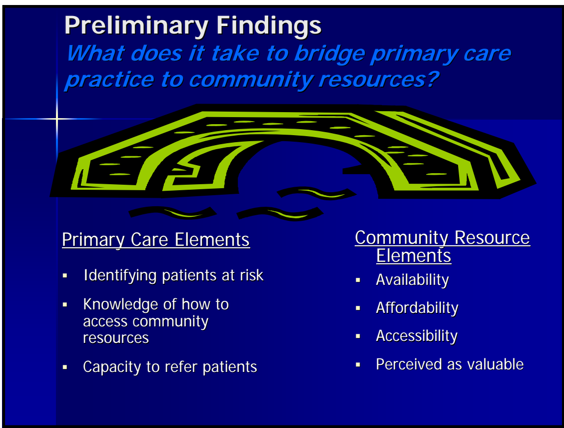
Second Iteration: Looked for consistency within data across different variables; rectified inconsistencies

Third Iteration: Created PIF and PAT narratives; integrated into qualitative database

Analysis

Integrating Data Sources

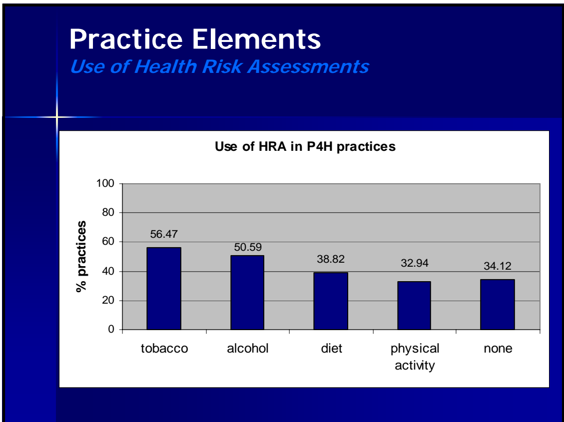
- Translating data sources
  - Qualitative → Quantitative
  - Quantitative → Qualitative
- Interpretive integrative analysis
  - Developing within project insights
  - Developing cross-project insights
  - Using common data to foster cross project learning



Primary Care Elements

Identifying Patients at Risk

As our survey data show, practices did not necessarily have the processes in place for identifying patients with health behavior risk



Primary Care Elements
Identifying Patients at Risk

Limited time was another barrier to identifying at risk patients.

The discussion between clinician and patient is designed to support patient interest in the behavioral change and enhance patient engagement with the intervention. We believe it should take 2 minutes or less to complete this discussion

Primary Care Elements
Making the Referral

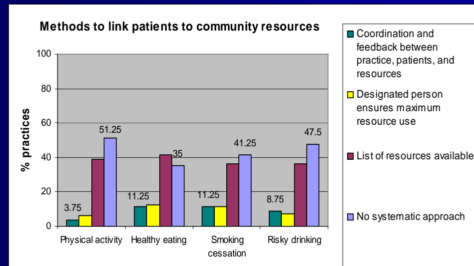
Practices also had limited capacity to make a referral:

If we need to print referrals for faxing to the community resource maybe someone in the research team's office could do it (some concern about stressing the referral person, although one doctor thought it was okay)

Community Resource Elements
Availability

To attempt to bridge to community resources assumes that there are resources in the community

Community Resource Elements
Availability



Community Resource Elements
Affordability

When resources did exist in communities, they were often not affordable:

A barrier for counseling is patients affording it - many would be interested in group visits if free, this is the reason for interest in the study…

Currently they will refer to some nutritionists, but this is sporadic and dependant on what insurance will cover, more often for diabetic patients

Community Resource Elements
Accessibility

Distance and transportation can be barriers

…He also had another story of how one woman came to the clinic and explained that she had tried to go to a healthy diet meeting at a different clinic, but had problems with transportation.

Scheduling can be a barrier for people who work:

One last concern that has come up is that, because some of the nutrition classes are limited to weekdays, patients' jobs preclude them from attending. We'll continue to work on adding a web-based option…

Community Resource Elements
Perceived Value

Branded, well-known resources were well-received:

State Quit lines or AA

He also said, "I want to send a lot of my patients to Weight Watchers or something like telephone counseling, but they just cannot afford it. Now they can!"

Community Resource Elements
Perceived Value

Lesser known resources were more difficult to convincingly sell to patients

For the telephone counseling they needed someone in the practice who was knowledgeable to explain the program before the patient connected to the counselors or patients would get connected who had no idea what the program was or what to expect.

Thematic Implications
Bridging to community resources

Structural holes between primary care practice and community resources need to be filled

- Infrastructure is needed to support health risk assessment and brief counseling and referral
- Community resources need to be accessible, affordable and desirable

Conducting Mixed Methods Meta-Synthesis
Summary Points – Things to Consider

- Collection of common data across projects
- Develop strategies for integrating qualitative and quantitative data
- Importance of multi-disciplinary teams
- Integrate quantitative and qualitative methodologists

Conducting Mixed Methods Meta-Synthesis
Summary Points – Some analytical thoughts

- Iterate between cross project and within project analysis
- Identify project specific themes using language that references cross project experiences or insights
- When analyzing a theme in more depth, consider all of the data sources that might contain some evidence or provide insights
- Openness to having both quantitative and qualitative data 'lead' the analysis

Conducting Mixed Methods Meta-Synthesis
Summary Points – Benefits

The sum of the cross project insights can be greater than the insights of any individual project

Conducting Mixed Methods Meta-Synthesis

Summary Points – Potential Limitations

- Variable data quality: data are only as good as that collected by each project
- Themes will not manifest themselves evenly across projects
- The analyst is telling a cross project story -- each project highlights complementary insights
- The presence and absence of a theme across different projects can be analytically important