## SUPPLEMENTAL APPENDIX

## FIGURE S1: Survey Instructions for Best-Worst Scaling Experiment

Implementation strategies are techniques designed to help clinicians use a new evidence-based practice with their clients in an effective way. In the following questions, we will show you implementation strategies that could be provided to you after you receive training in a new evidence-based practice and we will ask you which ones you like best and worst. These ideas came directly from Philly clinicians. Some different types of implementation strategies are:

- <u>Pay-for-performance strategies</u> Financial compensation you receive in addition to your regular pay for meeting a specific performance benchmark for using EBP.
- Client support strategies Activities directed at your client to help make it easier for you to use the EBP.
- Consultation strategies Monthly, 1-hour supervision sessions conducted via web conference or telephone with an EBP trainer and other Philly clinicians.
- **<u>Clinician social support strategies</u>** Activities that connect Philly clinicians who are implementing an EBP.
- **<u>Clinician toolkit strategies</u>** Tools that are made available to clinicians to help them use the EBP.
- <u>Performance feedback strategies</u> Activities that assess how a clinician is doing and give her/ him feedback on whether she/ he is implementing the EBP in a helpful way.

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In the following questions, we will show you a set of four different implementation strategies from one or more of these categories and ask you which of the strategies on that list you believe is the **BEST (i.e., most useful for helping you use EBPs in your practice)** and which is the **WORST (i.e., least useful)**.

In answering these questions please imagine the following:

- Your organization has committed to implementing an EBP that is <u>new to you</u>. This EBP was selected because it is <u>effective with your clients</u>.
- <u>All clinicians will receive an initial two-day training</u> in the EBP that includes live demonstration and practice, skill-building, and addressing challenges of using the EBP with real clients.
- In addition, after the training, <u>all clinicians will receive one</u> <u>of the strategies</u> that you see on the list to help them use the new EBP with their clients.
- There are **funds available to cover** the cost of the training and implementation strategies.

Remember that some of the strategies will not be currently available or may not seem feasible to you. Please base your choices on what **you would truly prefer**, not on what you think is realistic or feasible.

Also, although we've done our best to describe the strategies, it is impossible to describe every detail in a brief summary. For this survey, we are interested in your general opinions about the types of strategies that you think are the most (and least) useful.

## Please choose the most useful and least useful implementation strategies below:

Most Useful	Least Useful	
0	$\bigcirc$	Web-based Resource Center/ Mobile App - Includes: (a) video examples of how to use specific techniques for the EBP, (b) "session checklists" with steps outlined for using the EBP techniques in session, and (c) downloadable worksheets and measures needed to use the EBP.
0	$\bigcirc$	<u>Peer-led</u> EBP Consultation - 1-hour, monthly phone- or web-based conference, with up to 5 other clinicians, for one year led by a clinician with experience implementing the EBP in Philly.
0	$\bigcirc$	<b>Electronic Evidence-based Screening Instrument Inventory -</b> Evidence-based screening instruments included in an electronic medical record, completed electronically by clients in the waiting room (e.g., tablet); results are automatically scored and immediately available so clinicians can assess treatment needs and track client progress.
0	$\bigcirc$	<b>Compensated Prep Time -</b> Ability to bill for any verified time clinicians spend preparing to use the EBP (e.g., reviewing the protocol, preparing materials for session, reviewing client homework, etc.), up to a specified amount per year.

*Note:* This is an example Best-Worst Scaling question. In the experiment, respondents were shown 11 questions which used this format. As is shown here, each question showed 4 of the 14 implementation strategies and asked the respondent to indicate which of those 4 was most useful and which was least useful. The randomization sequence ensured that all respondents viewed all 14 implementation strategies at least 3 times and that the randomization was balanced in terms of (a) position (i.e., which strategy appeared at the top of the list versus at the bottom of the list), and (b) the extent to which each strategy appeared with each of the other strategies.

Implementation Strategy	Clinicians n=240		Supervisors n=74		Agency Executives n=29		Payers n=14		-
					Performance I	Feedback			
Performance leaderboard	1.6	(1.3-1.9)	1.6	(1.2-2.1)	2.2	(1.0-3.4)	3.2	(1.0-5.4)	0.055
Customized email	1.8	(1.5-2.1)	2.1	(1.6-2.7)	2.8	(1.6-3.9)	3.4	(1.3-5.4)	0.029
		•		Clinical Cons	sultation				
Peer supervision	5.8	(5.3-6.4)	6.1	(4.9-7.3)	5.4	(3.7-7.0)	6.2	(3.6-8.8)	0.874
Expert supervision	9.0	(8.3-9.6)	9.7	(8.5-11.0)	11.7	(9.7-13.6)	10.8	(7.2-14.4)	0.047
On-call consultation	6.1	(5.5-6.7)	6.5	(5.4-7.5)	4.3	(3.1-5.5)	6.3	(2.7-9.9)	0.176
				Clinical Socia	l Support		•		
Community mentorship	8.3	(7.7-9.0)	6.6	(5.5-7.8)	5.4	(3.9-6.9)	7.4	(4.2-10.5)	0.006
Online forum	5.9	(5.3-6.4)	5.5	(4.5-6.4)	3.4	(2.4-4.5)	3.8	(1.8-5.9)	0.011
		· · · ·		Clinical Supp	ort Tools	· · · ·		· · · · · · · · · · · · · · · · · · ·	
Web-based resource center	10.3	(9.6-11.0)	9.9	(8.7-11.1)	7.8	(5.9-9.8)	4.5	(1.8-7.2)	< 0.001
Electronic screening	8.5	(7.8-9.2)	8.4	(7.1-9.6)	8.5	(6.5-10.3)	10.6	(7.7-13.6)	0.550
				Client Sup	ports				
Mobile app	6.9	(6.3-7.6)	6.0	(4.8-7.2)	6.3	(4.7-7.9)	4.0	(2.0-6.0)	0.104
Improved waiting room	3.9	(3.4-4.4)	3.2	(2.3-4.1)	3.4	(1.8-5.1)	1.0	(0.4-1.7)	0.041
				Financial Ind	centives				
Certification bonus	8.6	(7.9-9.3)	8.9	(7.6-10.3)	12.2	(10.1-14.4)	10.9	(7.9-13.9)	0.005
Compensation for EBP preparation	11.7	(11.0-12.4)	12.7	(11.3-14.2)	12.2	(10.0-14.5)	10.3	(6.8-13.9)	0.413
Compensation for EBP delivery	11.6	(10.9-12.3)	12.7	(11.3-14.1)	14.5	(12.3-16.6)	17.5	(15.3-19.8)	< 0.001

**TABLE S1.** Average Preference Weights for Individual Implementation Strategies for Evidence-Based Practices across Stakeholder Groups