TAKING ISSUE

Gary Bond and Fidelity Assessment: The Work Continues

This issue highlights an important innovation in the development and implementation of high-quality health services: fidelity measurement. In the field of mental health services, it could be argued that no one has contributed more to this topic than my mentor, Gary Bond. In 2009, Indiana University–Purdue University Indianapolis (IUPUI) celebrated his career with a Festschrift, a small conference where we presented and discussed some of the latest developments in fidelity measurement. This issue features four of the papers presented at the conference.

Fidelity assessment has improved both science and practice in mental health, operationalizing constructs for research and facilitating practical translation of evidence-based science into real-world settings. Fidelity to evidence-based practices is now common terminology in public health policy circles. In the age of accountable care, fidelity to practices that improve critical consumer outcomes should play a central role. Consumers, families, and policy makers should demand high-quality services that get results. Organizations should be paid for providing these services, especially to populations that represent a profound illness burden in terms of both personal suffering and societal costs. Finally, researchers should develop and test tools that can help achieve this vision in a sustainable manner.

For those of us who have worked with Bond as protégés and colleagues, we need to continue his work by addressing challenges in fidelity measurement that lie ahead. Two of the key challenges include how to find more economical ways to measure fidelity in times of fiscal austerity and how to adapt measures to keep pace with an evolving service system. For example, providers and health authorities could leverage the booming procurement of electronic health record systems to contribute meaningful data for monitoring fidelity to targeted practices and other measures of quality, with minimal burden on programs, clinicians, and consumers. Fidelity measures have been modified to reflect ongoing changes in our mental health workforce, such as the increased use of peer specialists and nurse practitioners. This adaptive work will likely continue as our workforce evolves. Organizations providing care are also changing in fundamental ways—for example, with increased emphasis on integration of mental health and primary care in person-centered medical homes, which requires us to think differently about evidence-based practices and how they "fit" within our service system context. Further, in our ongoing pursuit of a recovery-oriented service system, the consumer's perspective also needs to have a more direct and central role in fidelity measurement. Caregiver and consumer ratings are currently being used in child services and fidelity measurement in "talk therapy," but many of us working in program-level fidelity have yet to adequately address this challenge.—ANGELA L. ROLLINS, PH.D., *Center of Excellence on Implementing Evidence-Based Practices, Richard L. Roudebush VA Medical Center, Indianapolis; Department of Psychology, IUPUI, Indianapolis*

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