

Implementation Network of Ireland and Northern Ireland

Trinity Biomedical Sciences Institute

30th November 2018

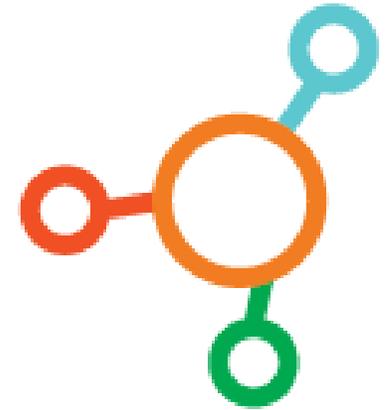
Welcome and Introduction

Katie Burke, CES



Implementation Network

- **16th Meeting** of the Implementation Network
 - Established in 2011
 - Steering Group which advises on future development and sustaining of the Network
 - Coordinated and supported by CES
- **Purpose** of the Implementation Network:
 - Promote and **share learning about effective implementation** of policy and practice
 - **Across** health, education, social care and justice **sectors** in Ireland and Northern Ireland
 - **Connect** to **international learning**
- **Members** from government departments, public bodies, community and voluntary, research and academia in Ireland and Northern Ireland
 - Approx. 75 members of the Network (on the Network members list) - 2/3 from Ireland, 1/3 from N. Ireland
 - Typically 30-40 members attend the Network meetings - mix of regular and new/occasional attenders)



Chatham House Rules

Chatham House Rules apply

i.e. participants are free to use information received at these meetings, but neither the identity nor the affiliation of the speaker(s) may be revealed

- Encourage openness, sharing of information
- Create 'a safe space' for honest dialogue and learning

Membership of the Implementation Network of Ireland and Northern Ireland – *Join us!*

What does membership involve?

- ✓ Opportunities to connect with implementation colleagues by attending Network meetings and events which feature leading local and international experts in implementation and Implementation Science
- ✓ 2 Network meetings a year (Spring, Autumn), plus other events
- ✓ Implementation Learning Communities – Schools Based Implementation + ...
- ✓ 3-4 '*Implementation Update*' emails a year
- ✓ Access to up-to-date resources and publications on Implementation Science
- ✓ Sharing your name, job title, and organisation, as part of a members list, with other members at Network meetings
- ✓ No fee/charge

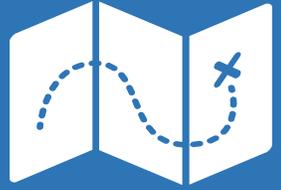
How to become a member

- **Sign up** at the 'membership' desk/area at lunchtime or after the meeting today
- **Email** cdevlin@effectiveservices.org



Agenda

1. Welcome and Introduction.....10.30-10.40
2. **Keynote Presentation Byron Powell:** Implementation strategies in complex settings and systems.....10.40-11.30
3. Q&A.....11.30-12.15
- Lunch Break*.....12.15-13.00
4. **European Learning in Implementation Science:** Themes from the 2018 Nordic Implementation Conference.....13.00-13.25
5. **Group discussion: Applying this learning** to your work in the Irish and Northern Irish Context.....13.25-14.30
6. **Network Updates:**.....14.30-14.45
- Close*.....14.50

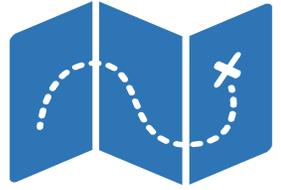


Optimizing Strategies to Improve the Implementation of Children's Mental Health Services: Priorities for Research and Practice

Byron J. Powell, PhD, LCSW
University of North Carolina at Chapel Hill

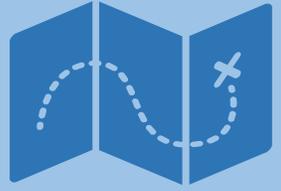
November 30, 2018

Presented to the Implementation Network of Ireland and Northern Ireland at Trinity College Dublin



Overview

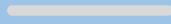
1. Introduction
2. Implementation Barriers & Facilitators
3. Implementation Strategies
4. Discussion



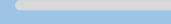
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Optimizing Strategies to Improve the Implementation of Children's Mental Health Services

Introduction



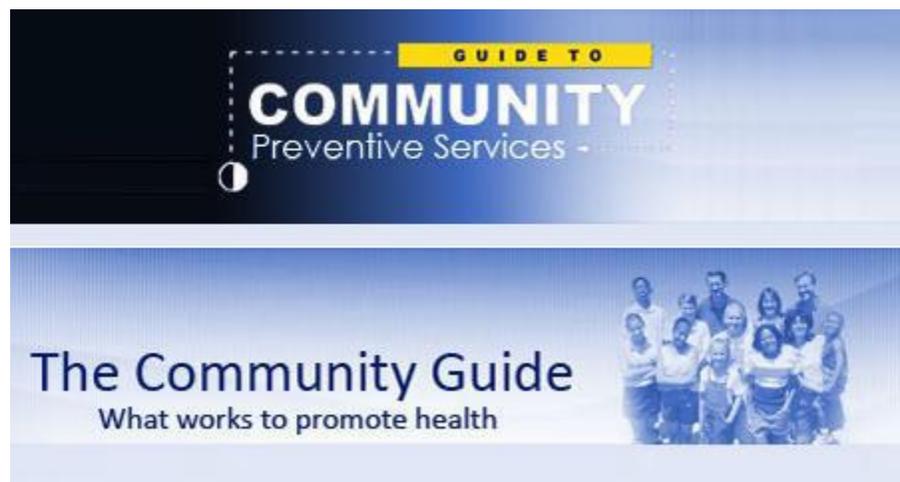
Growing Body of Evidence

- Programs (e.g., cognitive behavioral therapy)
- Practices (e.g., “catch them being good”)
- Principles (e.g., prevention before treatment)
- Procedures (e.g., screening for depression)
- Products (e.g., mHealth app for exercise)
- Pills (e.g., PrEP to prevent HIV infection)
- Policies (e.g., limit prescriptions for narcotics)

Brown et al. (2017)



Growing Body of Evidence





And yet...



“

Evidence-based medicine should be complemented by evidence-based implementation.

Grol & Grimshaw (1999)



Prioritization of D&I Science

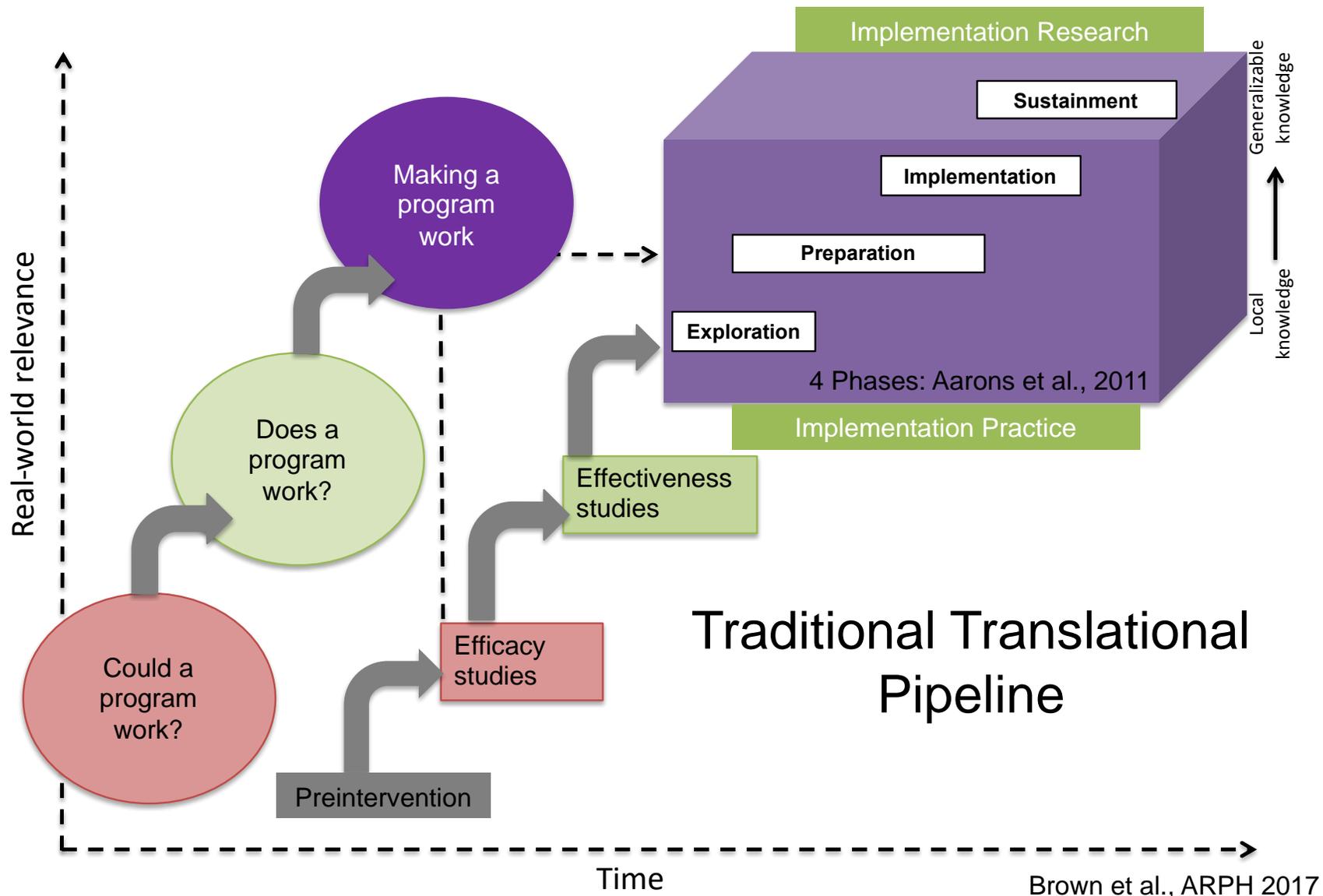


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The scientific study of methods to promote the systematic uptake of research findings and other evidence-based practices into routine practice...It includes the study of influences on professional and organizational behavior.

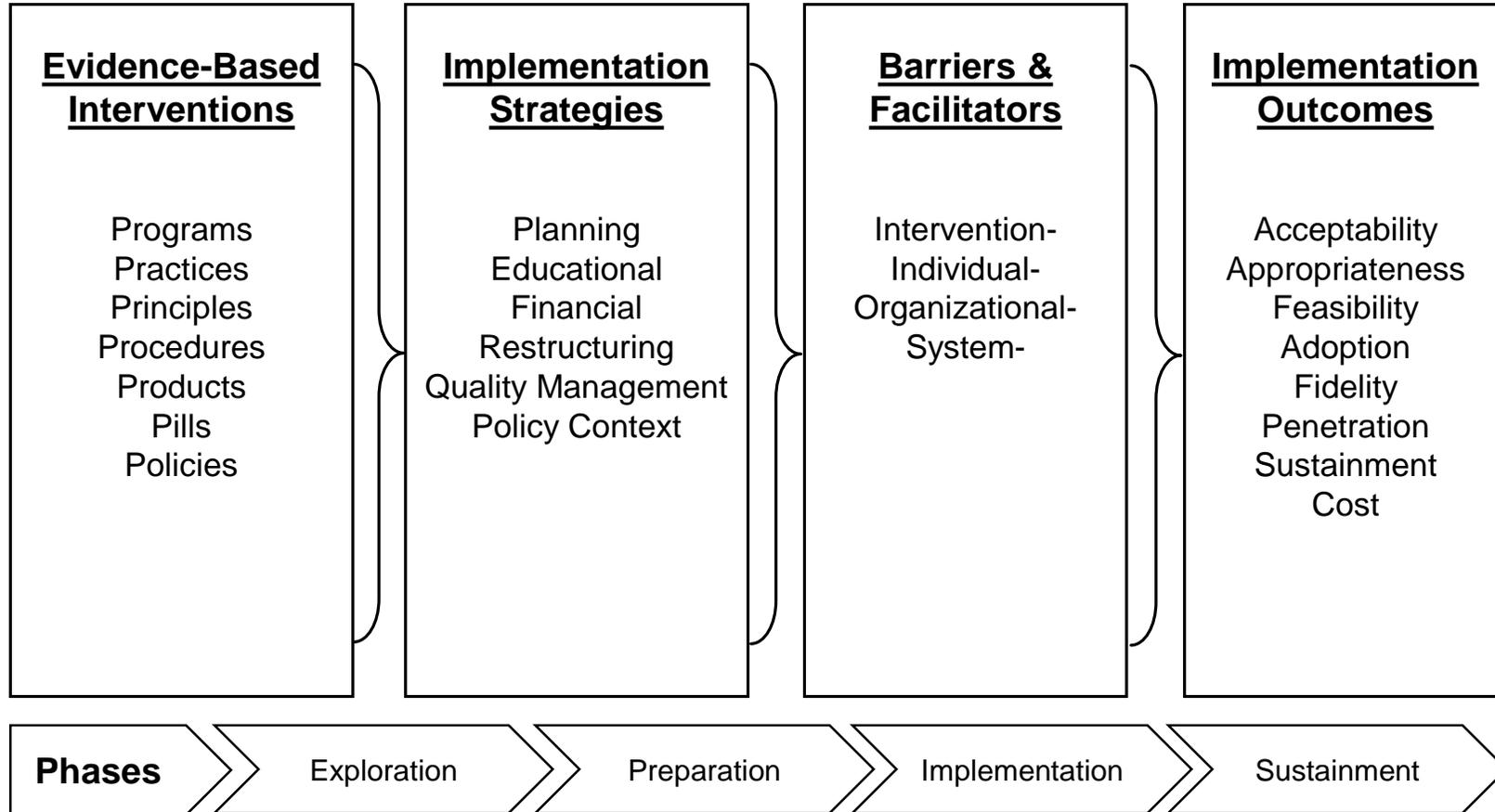
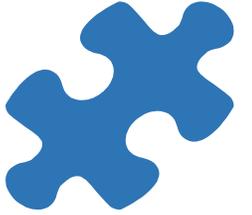
***Barriers/Facilitators &
Implementation Strategies***

Eccles & Mittman (2006)

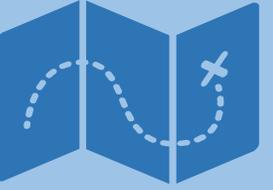


Traditional Translational Pipeline

Brown et al., ARPH 2017

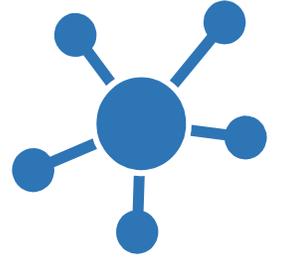


Aarons et al. (2011); Brown et al. (2017); Powell et al. (2012); Proctor et al. (2009 & 2011)



Optimizing Strategies to Improve the Implementation of Children's Mental Health Services

Implementation Barriers and Facilitators



Assessing Barriers/Facilitators

Methods

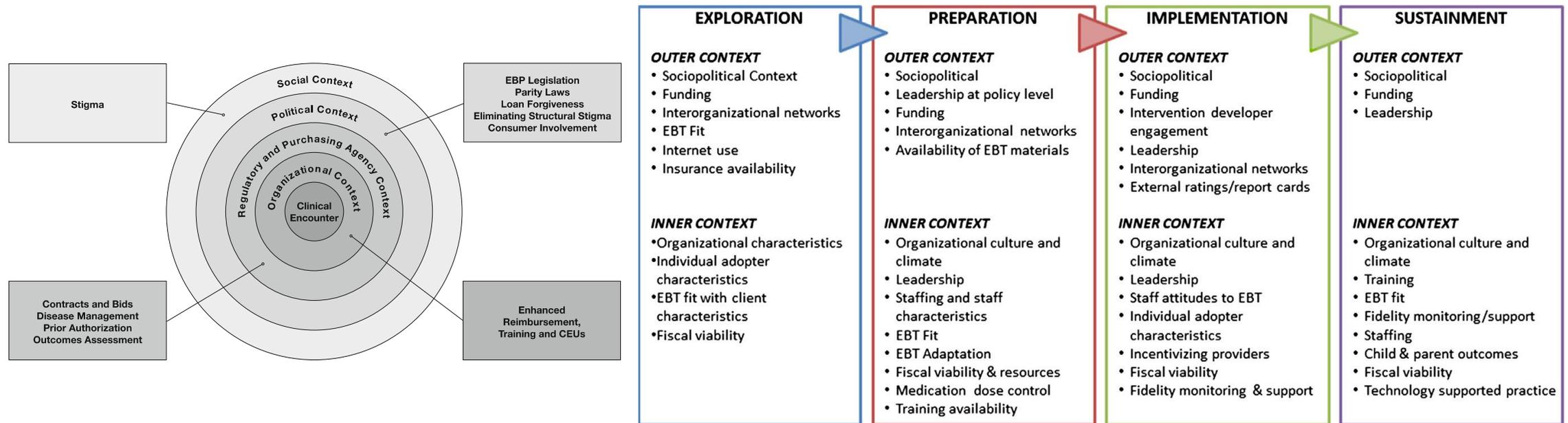
- Literature search
- Informal consultation
- Surveys
- Interviews, focus groups, ethnographic methods
- Mixed methods approaches
- Participatory methods

Helpful Resources

- Conceptual frameworks (e.g., **CFIR**, **TDF**, **TICD Checklist**, etc.)
- Specific measures – e.g., ILS (Aarons), OSC (Glisson et al., 2008), etc.



Multi-Level/Multi-Phase Barriers & Facilitators



Raghavan et al. (2008); Powell et al. (2016); Aarons et al. (2011); Novins et al. (2013)

“

A total of **601 plausible determinants** were identified (an additional 609 determinants were deemed unlikely to influence strategy development).

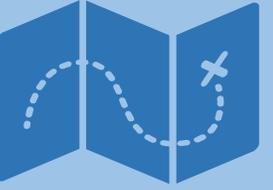
...the process for selecting the most important determinants to address require developing and testing in future work.

Krause et al. (2014)



Priorities Moving Forward

- Identifying and developing psychometrically and pragmatically strong measures (*see SIRC Measures Repository for Helpful Resource*)
- Moving from lists of constructs to causal theory
- Developing methods for prioritizing barriers and facilitators to be addressed
- Identifying and addressing barriers throughout implementation process



Optimizing Strategies to Improve the Implementation of Children's Mental Health Services

Implementation Strategies

“

Implementation Strategies -

Methods or techniques used to enhance the adoption, implementation, sustainment, and scale-up of a program or practice.

Proctor, Powell, & McMillen (2013); Powell, Garcia, & Fernandez (2018)



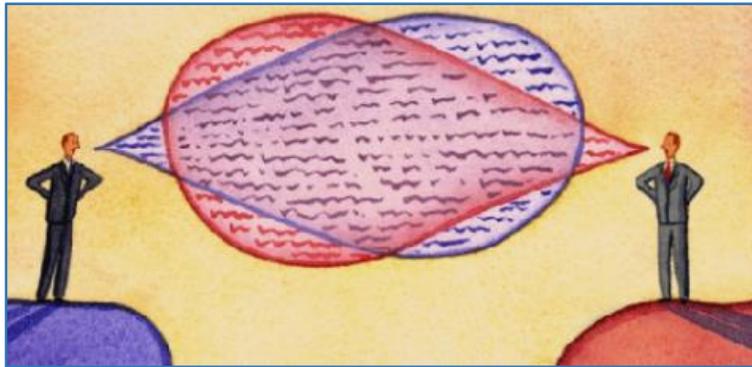
Types of Strategies

- **Discrete** – Single action or process (e.g., reminders, audit and feedback, supervision)
- **Multifaceted** – Combination of multiple discrete strategies (e.g., training + consultation), some of which have been protocolized and branded (e.g., Glisson’s ARC, Aarons’ LOCI)

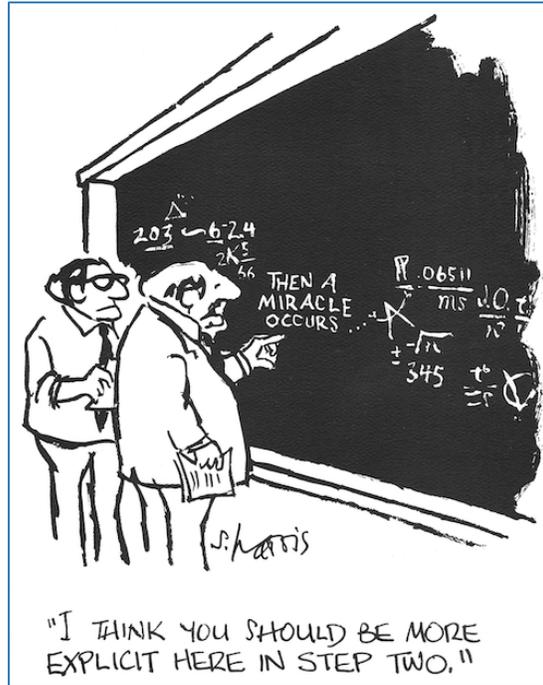
Powell et al. (2012, 2015)



Literature Reveals Problems



“Tower of Babel”



Poor Reporting



Limited “Menu”

McKibbon et al. (2010); Michie et al. (2009); Powell et al. (2012); Proctor et al. (2013)

IMPLEMENTATION STRATEGIES



PLAN

Gather data, build buy-in, and develop relationships



EDUCATE

Inform stakeholders



FINANCE

Incentive, train and support



RESTRUCTURE

Alter staffing, physical structures and data tracking



QUALITY MANAGEMENT

Incentive, train and support



ATTEND TO THE POLICY CONTENT

To encourage the promotion of programs and practices through accrediting bodies, licensing boards, and legal systems

Powell et al. (2012)

Updated Compilation



Powell et al. *Implementation Science* (2015) 10:21
DOI 10.1186/s13012-015-0209-1



RESEARCH

Open Access

A refined compilation of implementation strategies: results from the Expert Recommendations for Implementing Change (ERIC) project

Byron J Powell^{1*}, Thomas J Waltz², Matthew J Chinman^{3,4}, Laura J Damschroder⁵, Jeffrey L Smith⁶, Monica M Matthieu^{6,7}, Enola K Proctor⁸ and JoAnn E Kirchner^{6,9}

Waltz et al. *Implementation Science* (2015) 10:109
DOI 10.1186/s13012-015-0295-0



SHORT REPORT

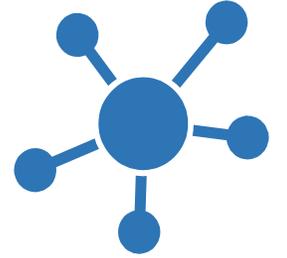
Open Access



Use of concept mapping to characterize relationships among implementation strategies and assess their feasibility and importance: results from the Expert Recommendations for Implementing Change (ERIC) study

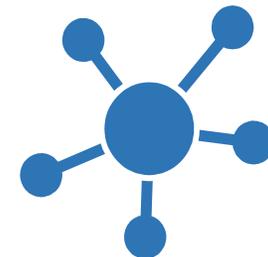
Thomas J. Waltz^{1,2*}, Byron J. Powell³, Monica M. Matthieu^{4,5,10}, Laura J. Damschroder², Matthew J. Chinman^{6,7}, Jeffrey L. Smith^{5,10}, Enola K. Proctor⁸ and JoAnn E. Kirchner^{5,9,10}

*See Additional File 6 of Powell et al. (2015) for most comprehensive version of the compilation



Utility of Compilation

- Identifying “building blocks” of multi-level, multi-faceted strategies for research *and* practice
- Promoting a common language and improving reporting
- Tracking strategy use and assessing fidelity
- Highlighting under-researched strategies



Application & Impact



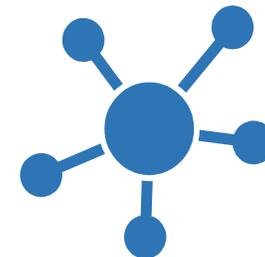
U.S. Department
of Veterans Affairs



School mental health settings (Cook et al., In Press; Lyon et al., Revise & Resubmit)

Child maltreatment prevention programs in LMICs (Martin, PI, DDCF)

Technical assistance in child welfare (Metz, Boaz, Powell, Co-PIs; WTG Foundation)



Complementary Resources

ann. behav. med. (2013) 46:81–95
DOI 10.1007/s12160-013-9486-6

ORIGINAL ARTICLE

The Behavior Change Technique Taxonomy (v1) of 93 Hierarchically Clustered Techniques: Building an International Consensus for the Reporting of Behavior Change Interventions

Susan Michie, DPhil, CPsychol · Michelle Richardson, PhD · Marie Johnston, PhD, CPsychol · Charles Abraham, DPhil, CPsychol · Jill Francis, PhD, CPsychol · Wendy Hardeman, PhD · Martin P. Eccles, MD · James Cane, PhD · Caroline E. Wood, PhD

HEALTH PSYCHOLOGY REVIEW, 2016
VOL. 10, NO. 3, 297–312
<http://dx.doi.org/10.1080/17437199.2015.1077155>

 **Routledge**
Taylor & Francis Group

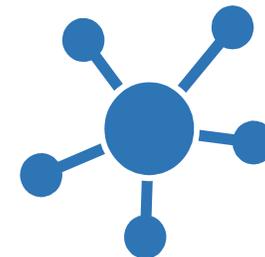
 OPEN ACCESS

A taxonomy of behaviour change methods: an Intervention Mapping approach

Gerjo Kok^a, Nell H. Gottlieb^b, Gjalte-Jorn Y. Peters^{a,c}, Patricia Dolan Mullen^b, Guy S. Parcel^b, Robert A.C. Ruiters^a, María E. Fernández^b, Christine Markham^b and L. Kay Bartholomew^b

^aSchool of Psychology & Neuroscience, Maastricht University, Maastricht, MD, The Netherlands; ^bSchool of Public Health, University of Texas, Houston, TX, USA; ^cSchool of Psychology, Open University, Heerlen, DL, The Netherlands

McHugh, Pesseau, Luecking, & Powell (In Prep)

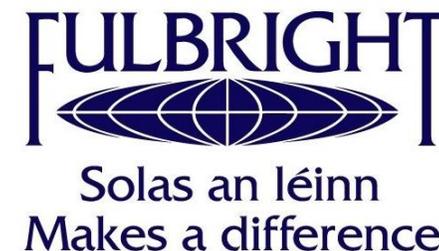


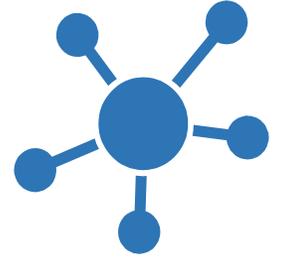
Linking Strategies & BCTs

Strategy	BCT Identified	Overlap Between Strategy & BCT
Change physical structure and equipment	12.1. Restructuring the physical environment	Direct 1:1 overlap
Obtain formal commitments	1.9. Commitment 1.1. Goal setting (behavior)	Clear BCTs subsumed under ERIC strategy
Change liability laws		No clear BCTs



McHugh, Presseau, Luecking, & Powell (In Prep)





Evidence for Strategies

- Some strategies have systematic reviews assessing their effectiveness (e.g., audit and feedback, opinion leaders, facilitation), whereas others are unlikely to be tested as stand-alone strategies (e.g., obtain formal commitments, shadowing clinicians)
- Increasingly, focus is not on whether or not they work, but how does it work? Why? Where? For whom? How can we enhance effectiveness?

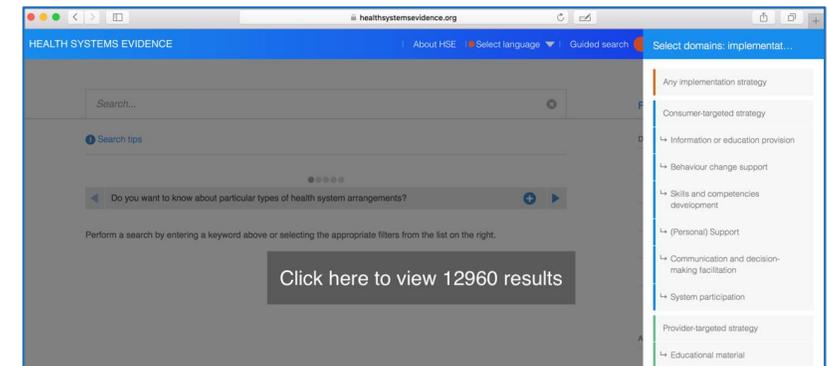
Strategy Review	Number of Trials	Effect Sizes
Printed Educational Materials	14 Randomized Trials 31 ITS	Median absolute improvement 2.0% (range 0% to 11%)
Educational Meetings	81 Randomized Trials	Median absolute improvement 6% (IQR 1.8% to 15.3%)
Educational Outreach	69 Randomized Trials	Median absolute improvement in prescribing behaviors 4.8% (IQR 3% to 6.6%), other behaviors 6% (IQR 3.6% to 16%)
Local Opinion Leaders	18 Randomized Trials	Median absolute improvement 12% (6% to 14.5%)
Audit and Feedback	140 Randomized Trials	Median absolute improvement 4.3% (IQR .5 to 16%)
Computerized Reminders	28 Randomized Trials	Median absolute improvement 4.2% (IQR .8 to 18.8%)
Tailored Interventions	26 Randomized Trials	Meta-Regression using 15 trials. Pooled odds ratio of 1.56 (95% CI, 1.27 to 1.93, $p < .001$)

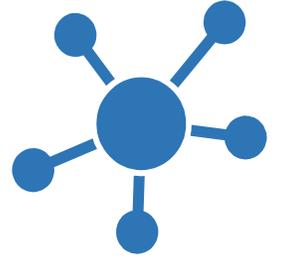
Examples of Cochrane EPOC reviews updated from Grimshaw et al. (2012)



Resources to Assess Evidence

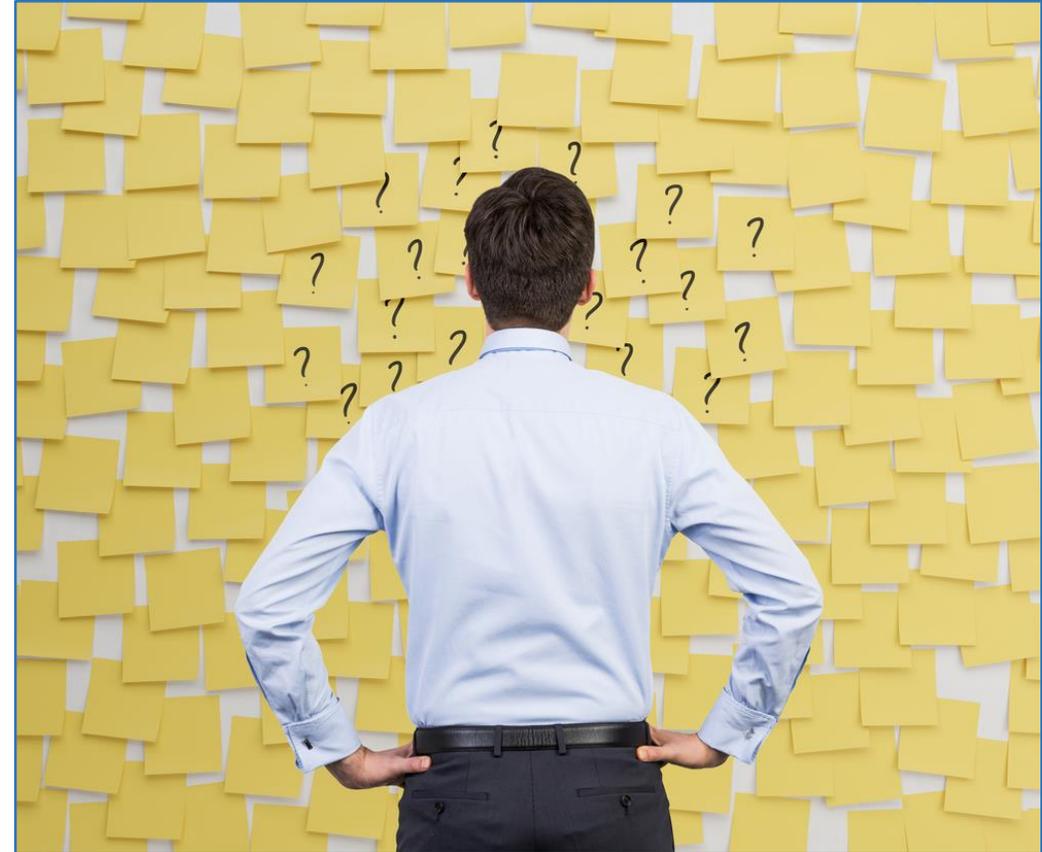
- Cochrane EPOC (epoc.cochrane.org)
- Campbell Collaboration (campbellcollaboration.org)
- Health Systems Evidence (healthsystemsevidence.org)





Now what?

How do we design and tailor strategies?





Designing, Selecting, & Tailoring Implementation Strategies

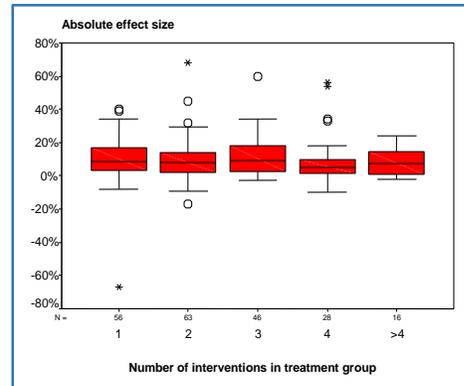
Identified barrier	Relevant implementation strategies
Lack of knowledge	Interactive education sessions
Perception/reality mismatch	Audit and feedback
Lack of motivation	Incentives/sanctions
Beliefs/attitudes	Peer influence/opinion leaders
Systems of care	Process redesign



Unfortunately, we far too often...



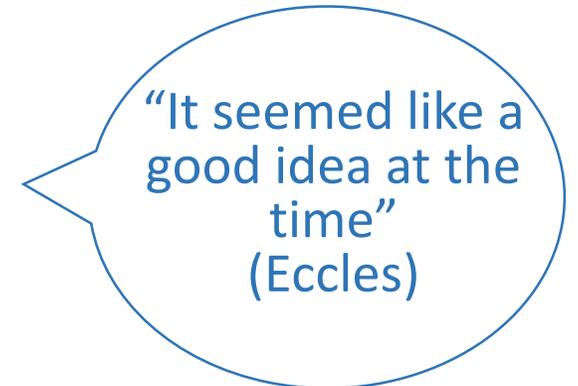
“Train and Pray”
Approach



“Kitchen
Sink”
Approach



“One Size Fits
All” Approach



“ISLAGIATT”
Approach

Grimshaw et al. (2004); Henggeler et al. (2002); Squires et al. (2014)



Examples of Missing the Mark

Powell et al. *Implementation Science* 2013, **8**:92
<http://www.implementationscience.com/content/8/1/92>



STUDY PROTOCOL

Open Access

A mixed methods multiple case study of implementation as usual in children's social service organizations: study protocol

Byron J Powell^{1*}, Enola K Proctor¹, Charles A Glisson², Patricia L Kohl¹, Ramesh Raghavan^{1,3}, Ross C Brownson^{1,4}, Bradley P Stoner^{5,6}, Christopher R Carpenter⁷ and Lawrence A Palinkas⁸



Decision making not driven by evidence, theory, or “best practices”

Strategies not used with frequency, intensity, and fidelity required

“...results suggest a mismatch between identified barriers and the quality improvement interventions selected for use.”

Powell et al. (2013); Powell (2014); Powell & Proctor (2016); Bosch et al. (2007)

Need to Enhance Methods for Designing and Tailoring

Methods to Improve the Selection and Tailoring of Implementation Strategies

Byron J. Powell, PhD

Rinad S. Beidas, PhD

Cara C. Lewis, PhD

Gregory A. Aarons, PhD

J. Curtis McMillen, PhD

Enola K. Proctor, PhD

David S. Mandell, ScD

- Group Model Building
- Conjoint Analysis
- Concept Mapping
- **Intervention Mapping**

Baker et al. (2015); Bosch et al. (2007); Colquhoun et al. (2017); Grol et al. (2013); Powell et al. (2017)

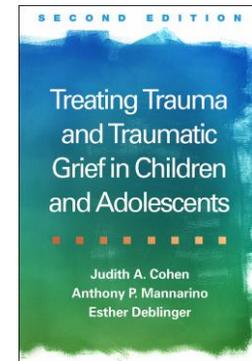


COAST-IS (K01MH113806)



A PARTNER IN
NCTSN

The National Child
Traumatic Stress Network

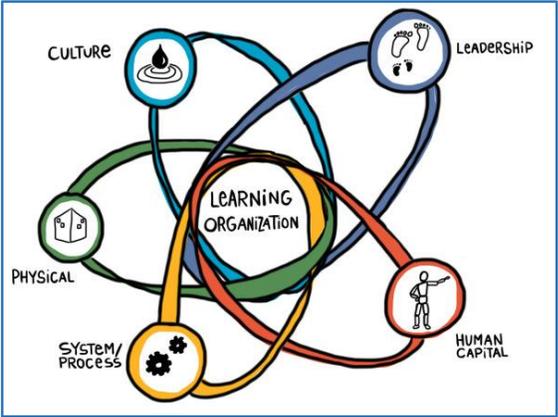
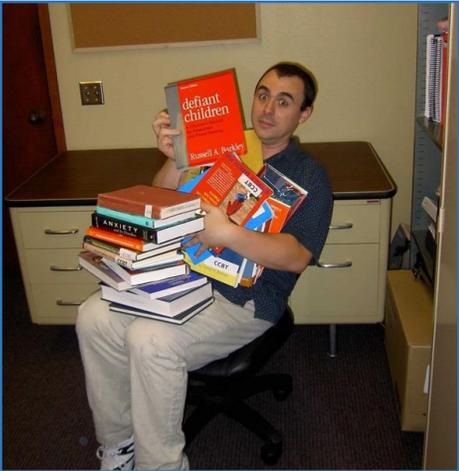
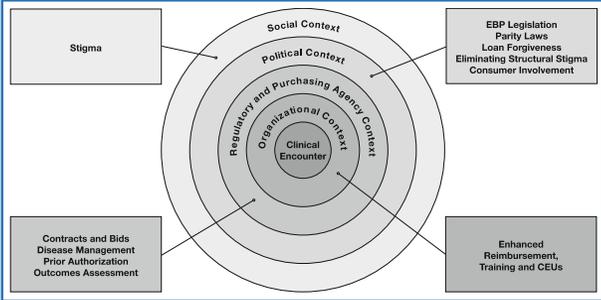


Collaborative Organizational Approach for Selecting and Tailoring Implementation Strategies

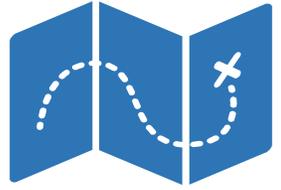
- Develop and pilot COAST-IS, which will involve coaching organizational leaders and clinicians to use Intervention Mapping to select and tailor implementation strategies.
- COAST-IS will be piloted using a mixed methods, randomized matched-pair design within the context of an NC CTP learning collaborative.



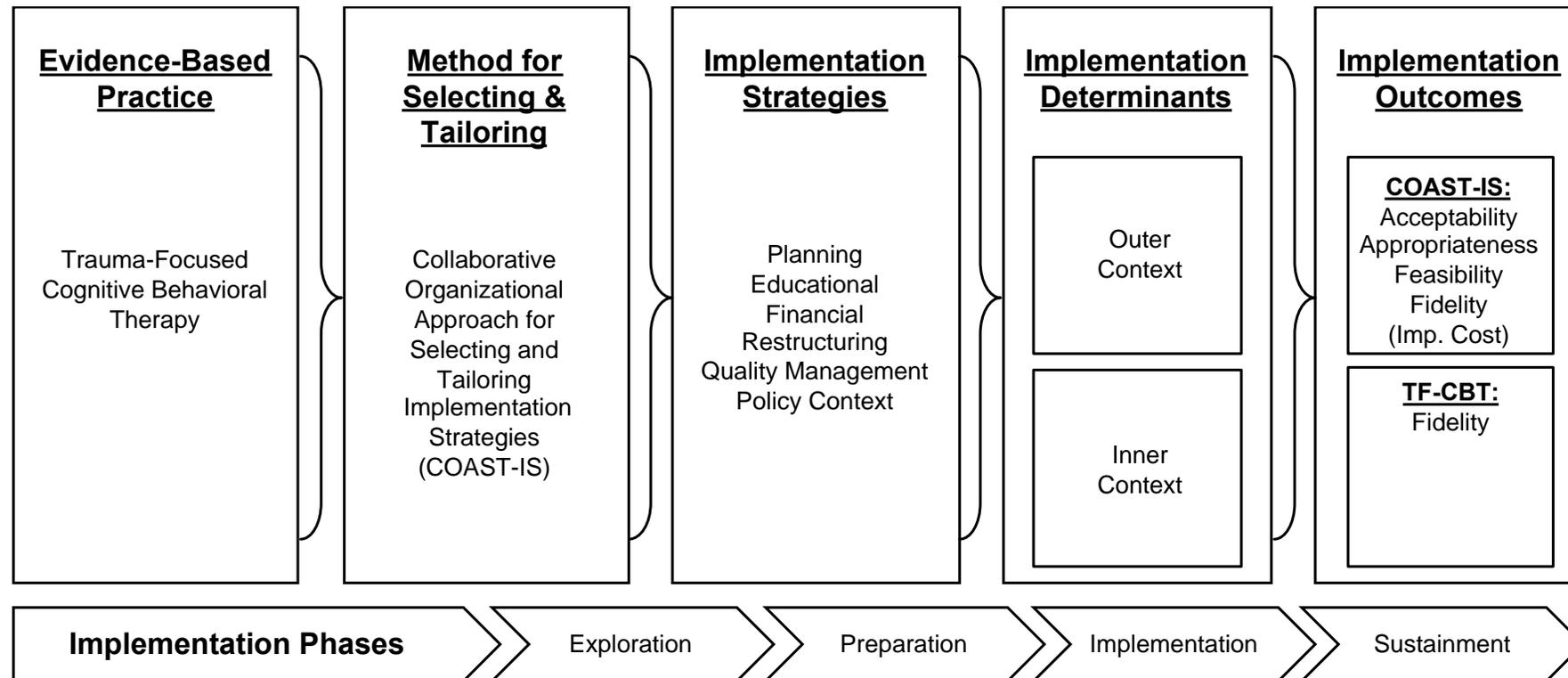
Guiding Rationale



EBP Photo Credit: Chorpita & Daleiden (2007)



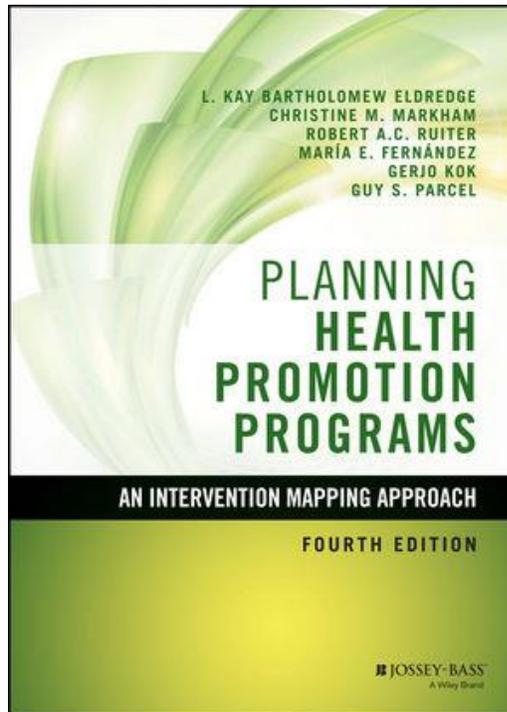
Conceptual Framework



Proctor et al. (2009); Aarons et al. (2011); Powell et al. (2012)



Intervention Mapping



- 1) Assess implementation determinants
- 2) Identifying outcomes and performance objectives
- 3) Construct matrices of change objectives for TF-CBT use
- 4) Identify change methods and implementation strategies



A Simple Example

- 1) **Identified determinant** = “perceptions of TF-CBT”
- 2) **Relevant outcome** = “adoption”
Performance objective = “agree to adopt TF-CBT”
- 3) **Change objective** = “Therapists acknowledge the value of and agree to adopt TF-CBT”
- 4) **Theoretical change methods** = “persuasion”
Implementation strategy = “opinion leader”



Other Studies on Tailoring

Lewis et al. *Implementation Science* (2015) 10:127
DOI 10.1186/s13012-015-0313-2



STUDY PROTOCOL

Open Access



Implementing measurement-based care (iMBC) for depression in community mental health: a dynamic cluster randomized trial study protocol

Cara C. Lewis^{1,2*}, Kelli Scott¹, C. Nathan Marti³, Brigid R. Marriott¹, Kurt Kroenke⁴, John W. Putz⁵, Peter Mendel⁶ and David Rutkowski⁷

Adoption of Social Determinants of Health EHR Tools by Community Health Centers

Rachael Gold, PhD, MPH^{1,2}
Arwen Burns, MA¹
Stuart Conburn, MPH¹
Katie Danbrun, MPH¹
Marla Darling
Mary Middendorf
Neil Morrison, MPH¹
Celine Holcombe, MPH¹
Peter Mahr, MD³
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James Davis
Laura Cottlieb, MD, MPH⁶
Erika Cottrill, PhD, MPP²

¹Kaiser Permanente Center for Health Research, Portland, Oregon
²OCHIN, Inc, Portland, Oregon
³Multnomah County Health Department, Portland, Oregon
⁴Cowlitz Family Health Center, Longview, Washington
⁵University of California, San Francisco, California

ABSTRACT

PURPOSE This pilot study assessed the feasibility of implementing electronic health record (EHR) tools for collecting, reviewing, and acting on patient-reported social determinants of health (SDH) data in community health centers (CHCs). We believe it is the first such US study.

METHODS We implemented a suite of SDH data tools in 3 Pacific Northwest CHCs in June 2016, and used mixed methods to assess their adoption through July 2017. We modified the tools at clinic request; for example, we added questions that ask if the patient wanted assistance with SDH needs.

RESULTS Social determinants of health data were collected on 1,130 patients during the study period; 97% to 99% of screened patients (n = 1,098) had ≥1 SDH need documented in the EHR, of whom 211 (19%) had an EHR-documented SDH referral. Only 15% to 21% of patients with a documented SDH need indicated wanting help. Examples of lessons learned on adoption of EHR SDH tools indicate that clinics should: consider how to best integrate tools into existing workflow processes; ensure that staff tasked with SDH efforts receive adequate tool training and access; and consider that timing of data entry impacts how and when SDH data can be used.

CONCLUSIONS Our results indicate that adoption of systematic EHR-based SDH documentation may be feasible, but substantial barriers to adoption exist. Lessons from this study may inform primary care providers seeking to implement SDH-related efforts, and related health policies. Far more research is needed to address implementation barriers related to SDH documentation in EHRs.

Ann Fam Med 2018;16:399-407. <https://doi.org/10.1370/afm.2275>.

A scalable, integrated intervention to engage people who inject drugs in HIV care and medication-assisted treatment (HPTN 074): a randomised, controlled phase 3 feasibility and efficacy study



William C Miller, Irving F Hoffman, Brett S Hanscom, Tran V Ha, Kostyantyn Dumchev, Zubairi Djerban, Scott M Rose, Carl A Latkin, David S Metzger, Kathryn E Lancaster, Vivian F Go, Sergii Dvoriak, Katie R Mullan, Sarah A Reifeis, Estelle M Piiwowar-Manning, Paul Richardson, Michael G Hudgens, Erica L Hamilton, Jeremy Sugarman, Susan H Eshleman, Hepa Susami, Viet Anh Chu, Samsundaj Djaoui, Tetiana Kiriazova, Duong D Bui, Steffanie A Strathdee, David N Burns

Summary

Background People who inject drugs (PWID) have a high incidence of HIV, little access to antiretroviral therapy (ART) and medication-assisted treatment (MAT), and high mortality. We aimed to assess the feasibility of a future controlled

Lancet 2018; 392: 747-59
See Comment page 714

R01DA047876 (Go, PI; Powell, Co-I); R01MH103310 (Lewis, PI; Powell, Consultant); R18DK114701 (Gold, PI; Powell, Consultant)

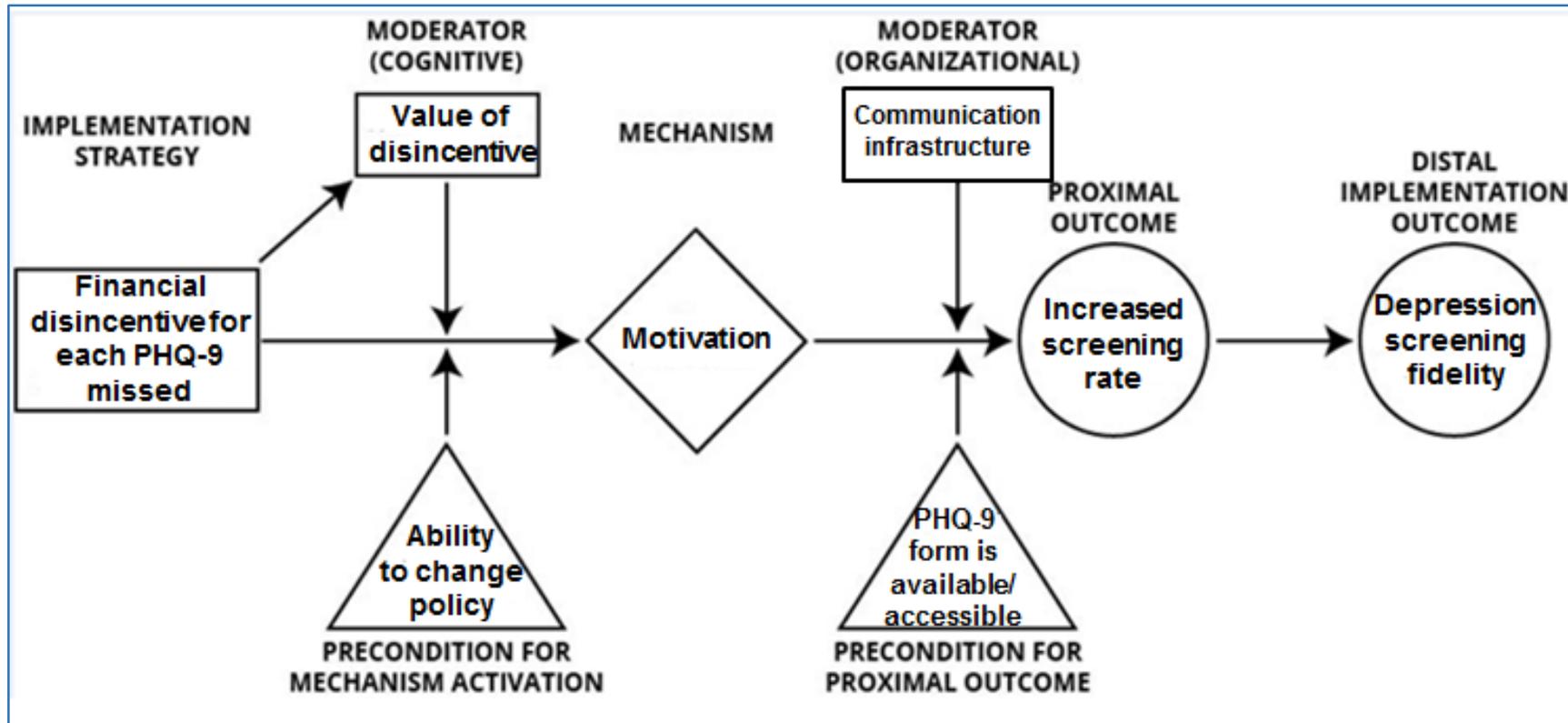
Specify Mechanisms

- Focus on establishing mechanisms of change
- Identify mediators, moderators, and pre-conditions
- Increase use of causal theory and model proposed causal pathways

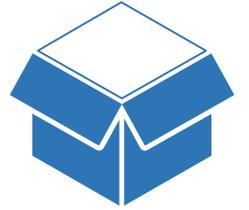
Lewis et al. (2017); National Institutes of Health (2016); Weiner et al. (2012); Williams et al. (2016)



Specifying Causal Pathways



Lewis et al. (2018)



Specify & Test Mechanisms



Workgroup Co-Leads & Key Issues	
Strategy → Mechanism → Outcome Brian Mittman & Byron Powell	Causal Theory & Context Rinad Beidas & Nate Williams
Measurement Bryan Weiner & Cara Lewis	Design & Analysis Greg Aarons & Aaron Lyon

R13 HS025632 (Lewis, PI; Powell, Co-I); R01 (Under Review; Lewis & Weiner, PIs; Powell, Co-I);
 P50 (Under Review; Lewis & Dorsey, PIs; Powell, Consultant)

Improve Description, Tracking, and Reporting

- Poor description, tracking, and reporting:
 - Limits replication in science and practice
 - Precludes answers to how and why strategies work
- Numerous reporting guidelines exist
- Need pragmatic approaches for tracking strategies

Albrecht et al. (2013); Boyd et al. (2018); Bungler et al. (2017); Hoffman et al. (2014); Proctor et al. (2013)



Poor Reporting Limits Evidence

Understanding the Components of Quality Improvement Collaboratives: A Systematic Literature Review

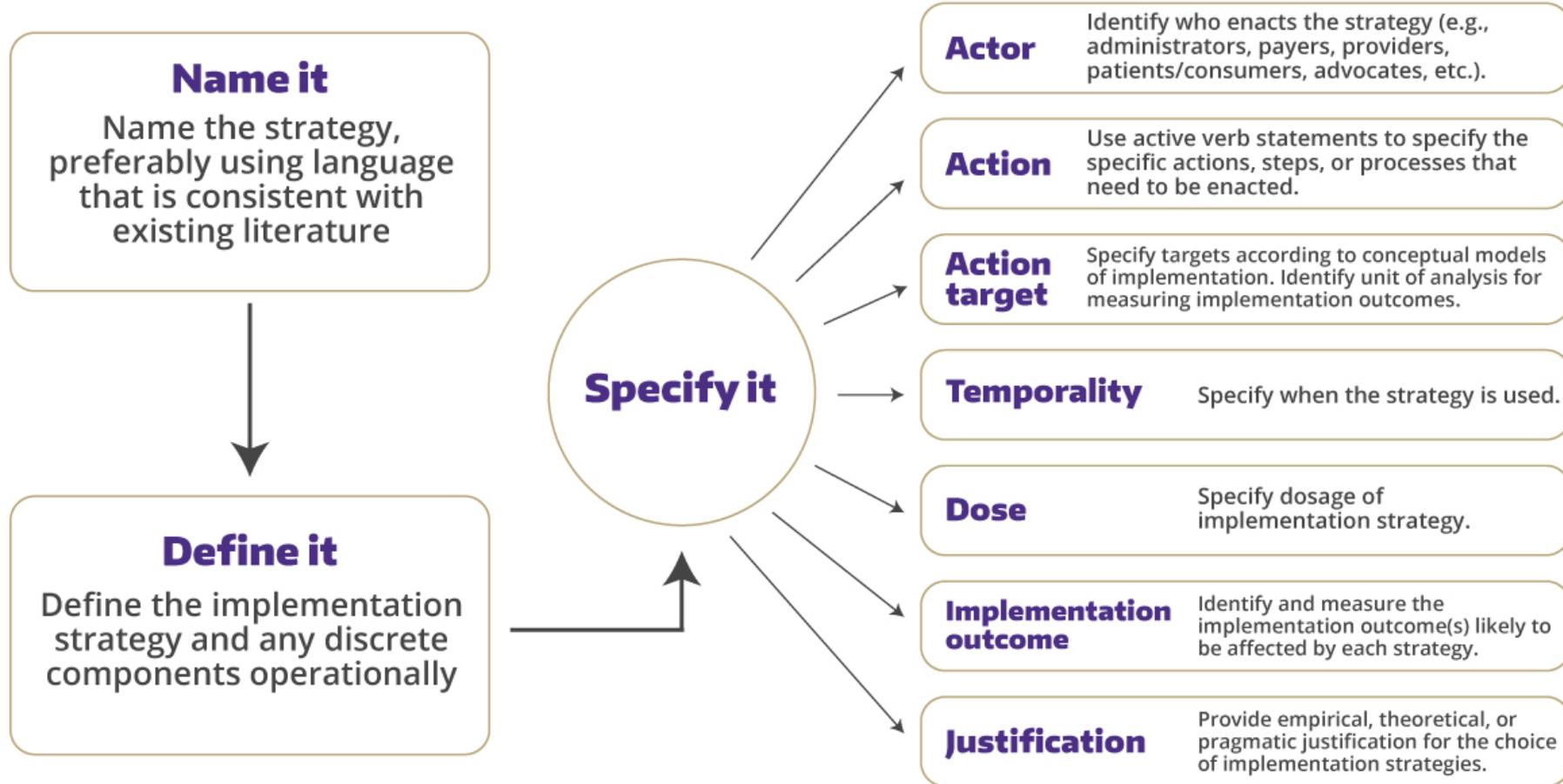
ERUM NADEEM,¹ S. SERENE OLIN,¹
LAURA CAMPBELL HILL,²
KIMBERLY EATON HOAGWOOD,¹
and SARAH McCUE HORWITZ¹

¹New York University; ²Columbia University

“Reporting on specific components of the collaborative was imprecise across articles, rendering it impossible to identify active QIC ingredients linked to improved care.”



Name it, Define it, Specify it!



Proctor, Powell, & McMillen (2013); <https://impsciuw.org/implementation-strategies/>



Applied Example

TF-CBT Learning Collaborative (11 component strategies*)

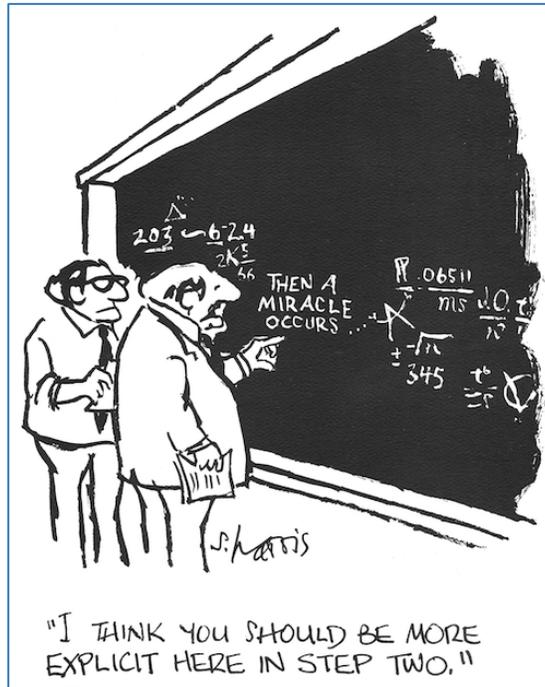
- Prepare change package
- Commitment
- Learning sessions
- PDSA cycles
- Conference calls
- Web support
- Quality improvement technique training
- Metrics reporting
- Coaching calls
- Onsite visits
- Rostering

**Each specified according to Proctor et al. (2013) standards*

Bunger et al. (2014)



Tracking Strategy Use



Bunger et al. *Health Research Policy and Systems* (2017) 15:15
DOI 10.1186/s12961-017-0175-y

Health Research Policy and Systems

RESEARCH Open Access

Tracking implementation strategies: a description of a practical approach and early findings

Alicia C. Bunger^{1*}, Byron J. Powell², Hillary A. Robertson³, Hannah MacDowell¹, Sarah A. Birken² and Christopher Shea²

CrossMark

Available online at www.sciencedirect.com
ScienceDirect
Behavior Therapy xx (2018) xxx–xxx
www.elsevier.com/locate/behavior

A Method for Tracking Implementation Strategies: An Exemplar Implementing Measurement-Based Care in Community Behavioral Health Clinics

Meredith R. Boyd
Indiana University
Byron J. Powell
University of North Carolina at Chapel Hill
David Endicott
Indiana Statistical Consulting and Department of Political Sciences Indiana University
Cara C. Lewis
Indiana University, Kaiser Permanente Washington Health Research Institute, and University of Washington School of Medicine

How did we get from point A to point B?

Boyd et al. (2017); Bunger et al. (2017); Walsh-Bailey et al. (2018)

Conduct More Effectiveness Research

- Diversify the strategies tested
- Need for more comparative studies of discrete, multifaceted, and tailored strategies
- Utilize a wider range of designs and methods

Brown et al. (2017); Institute of Medicine (2009); Lau et al. (2015); Mazucca et al. (2018); Powell et al. (2014)



Assess Effectiveness of Implementation Strategies

Lewis et al. *Implementation Science* (2015) 10:127
DOI 10.1186/s13012-015-0313-2



STUDY PROTOCOL Open Access

 CrossMark

Implementing measurement-based care (iMBC) for depression in community mental health: a dynamic cluster randomized trial study protocol

Cara C. Lewis^{1,2*}, Kelli Scott¹, C. Nathan Marti³, Brigid R. Marriott¹, Kurt Kroenke⁴, John W. Putz⁵, Peter Mendel⁶ and David Rutkowski⁷



Adoption of Social Determinants of Health EHR Tools by Community Health Centers

Rachid Gold, PhD, MPH^{1,2}
Anwen Burns, MA¹
Stuart Coxburn, MPH²
Katie Danbrun, MPH²
Marla Dearing²
Mary Middendorf²
Nad Mosman, MPH²
Celine Hollibaugh, MPH²
Peter Mahr, MD³
Garab Molygo, MD⁴
James Davis⁵
Laura Cottrell, MD, MPH⁶
Erika Cottrell, PhD, MPP⁷

¹Kaiser Permanente Center for Health Research, Portland, Oregon
²OCHIN, Inc, Portland, Oregon
³Multnomah County Health Department, Portland, Oregon
⁴Cowlitz Family Health Center, Longview, Washington
⁵University of California, San Francisco, California

ABSTRACT

PURPOSE This pilot study assessed the feasibility of implementing electronic health record (EHR) tools for collecting, reviewing, and acting on patient-reported social determinants of health (SDH) data in community health centers (CHCs). We believe it is the first such US study.

METHODS We implemented a suite of SDH data tools in 3 Pacific Northwest CHCs in June 2016, and used mixed methods to assess their adoption through July 2017. We modified the tools at clinic request; for example, we added questions that ask if the patient wanted assistance with SDH needs.

RESULTS Social determinants of health data were collected on 1,130 patients during the study period; 97% to 99% of screened patients (n = 1,098) had at least one SDH need documented in the EHR, of whom 211 (19%) had an EHR-documented SDH referral. Only 15% to 21% of patients with a documented SDH need indicated wanting help. Examples of lessons learned on adoption of EHR SDH tools indicate that clinics should: consider how to best integrate tools into existing workflow processes; ensure that staff tasked with SDH efforts receive adequate tool training and access; and consider that timing of data entry impacts how and when SDH data can be used.

CONCLUSIONS Our results indicate that adoption of systematic EHR-based SDH documentation may be feasible, but substantial barriers to adoption exist. Lessons from this study may inform primary care providers seeking to implement SDH-related efforts, and related health policies. Far more research is needed to address implementation barriers related to SDH documentation in EHRs.

Ann Fam Med 2018;16:399-407. <https://doi.org/10.1370/afm.2275>

A scalable, integrated intervention to engage people who inject drugs in HIV care and medication-assisted treatment (HPTN 074): a randomised, controlled phase 3 feasibility and efficacy study

 CrossMark

William C Miller, Irving F Hoffman, Brett S Hanscom, Tran V Ha, Kostyantyn Dumchev, Zubairi Djoerban, Scott M Rose, Carl A Latkin, David S Metzger, Kathryn E Lancaster, Vivian F Go, Sergii Dvoriak, Katie R Mollan, Sarah A Reifeis, Estelle M Piwowar-Manning, Paul Richardson, Michael G Hudgens, Erica L Hamilton, Jeremy Sugarman, Susan H Eshleman, Hepa Susami, Viet Anh Chu, Samsuridjal Djauz, Tetiana Kiriazova, Duong D Bui, Steffanie A Strathdee, David N Burns

Summary
Background People who inject drugs (PWID) have a high incidence of HIV, little access to antiretroviral therapy (ART) and medication-assisted treatment (MAT), and high mortality. We aimed to assess the feasibility of a future controlled

Lancet 2018; 392: 747-59
See Comment page 714

The Substance-Treatment-Strategies for HIV Care (STS4HIV) Project

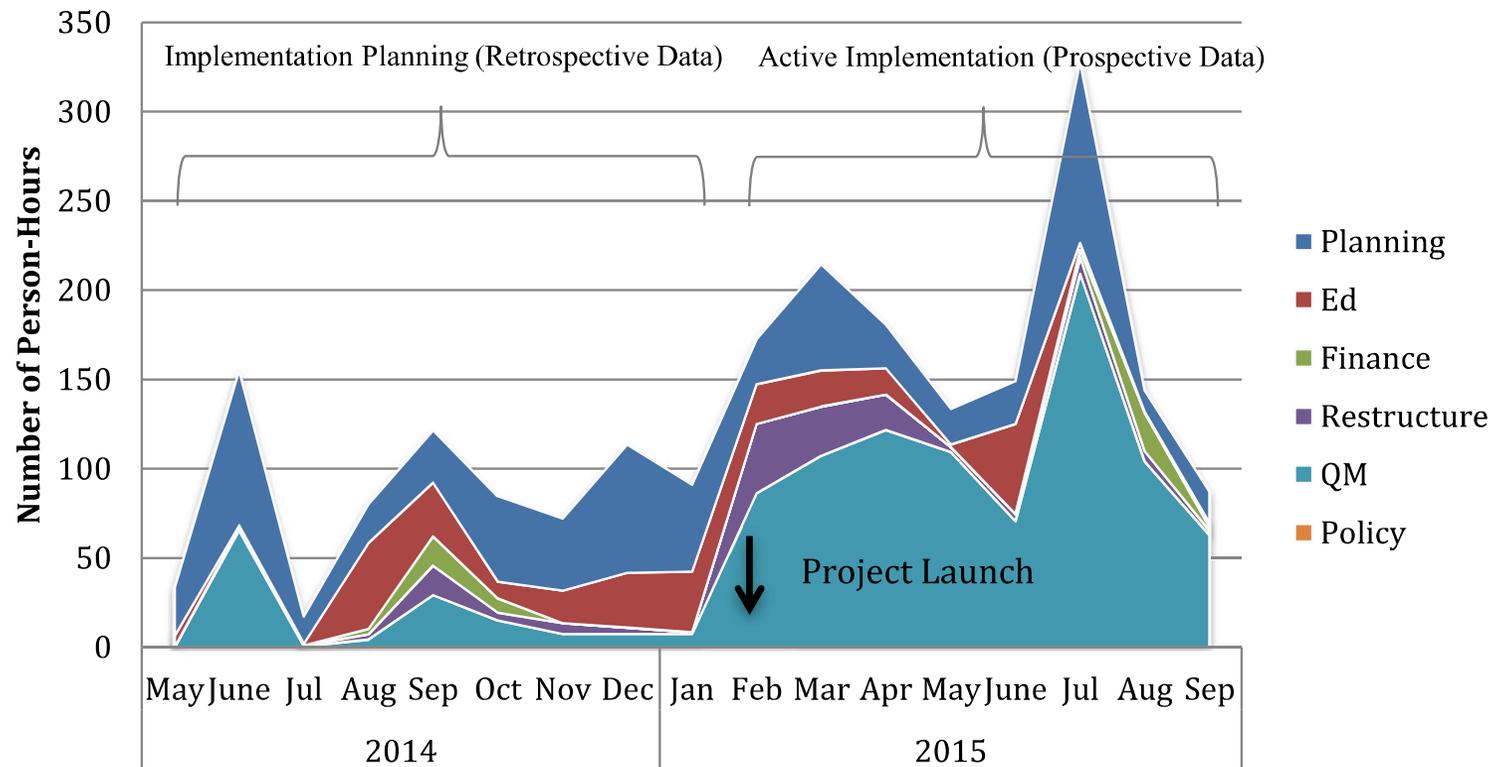
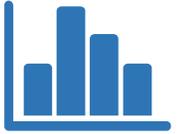
R01DA047876 (Go, PI; Powell, Co-I); R01DA044051 (Garner, PI; Powell, Co-I); R01HL137929 (Ward, PI; Powell, Co-I); R01MH103310 (Lewis, PI; Powell, Consultant); R18DK114701 (Gold, PI; Powell, Consultant)

Increase Economic Evaluations

- In a review of 235 implementation studies, only 10% provided information about implementation costs
- Severely inhibits decision making regarding strategies
- Practical tools have been developed (e.g., COINS)
- Common framework facilitating comparability is needed

Raghavan et al. (2018); Saldana et al. (2014); Vale et al. (2007)

Example: Tracking Person Hours and Strategy Use



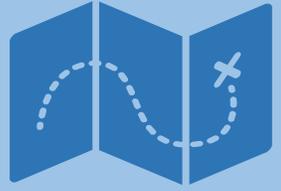
Bunger et al. (2017)



Come to SIRC 2019! 9/12 - 9/14



societyforimplementationresearchcollaboration.org



Optimizing Strategies to Improve the Implementation of Children's Mental Health Services

Discussion



Acknowledgments

Department of Veterans Affairs

Doris Duke Charitable Foundation

Fahs-Beck Fund for Research & Experimentation

IBM Junior Faculty Development Award

National Child Traumatic Stress Network

National Institutes of Health

- NIMH T32MH19960 (Proctor, PI)
- NCRR TL1RR024995 (Piccirillo, PI)
- NIMH F31MH098478 (Powell, PI)
- NIMH LRP (Powell, PI)
- NIMH K01MH113806 (Powell, PI)
- NIMH R01MH106510 (Lewis, PI)

- NIMH R01MH103310 (Lewis, PI)
- NIH UL1TR001111 (Buse, PI)
- NIAID P30A1050410 (Golin, PI)
- NIMH R25MH080916 (Proctor, PI)
- NIMH R25MH104660 (Gallo, PI)
- NIDA R01DA044051 (Garner, PI)
- NIDDK R18DK114701 (Gold, PI)
- AHRQ R13HS025632 (Lewis, PI)
- NIDA R01DA047876 (GO, PI)
- NHLBI R01HL137929 (Ward, PI)

North Carolina Child Treatment Program

William T. Grant Foundation



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Twitter: [@byron_powell](https://twitter.com/byron_powell)

Q&A



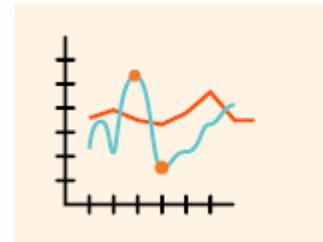
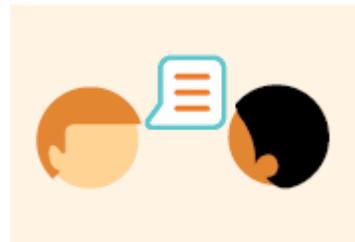
Lunch

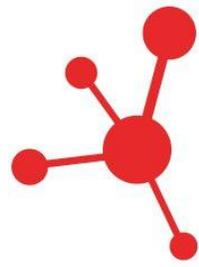
Reconvene at 13.00

Learning from the 3rd Nordic Implementation Conference

May 28th - 30th 2018 Copenhagen, Denmark

Chris Minch, CES





nordic
IMPLEMENTATION CONFERENCE

‘Joining the Forces of Implementation’

Aim: to advance the field of implementation science and practice, with a focus on effectively integrating research into practice and policy (education, social welfare or health)

Objective: to provide a platform for knowledge exchange and critical debate among implementers from practice, research and policy.

Scope: multidisciplinary with professionals from all human service sectors (health, social welfare, and education).

Pre-Conference Workshops

‘There is nothing as practical as a good theory’ – Implementation Theory in Practice

Per Nilsen, Linköping University

‘The Application of Murphy’s law in Implementation... If Anything Can Go Wrong – It Will!’ – Learning from Implementation Failure

European Implementation Collaborative

‘Making an Impact’ Using Integrated Knowledge Translation to build Knowledge Translation plans

IKT Research Network, Canada

Programme and slides: nordicimplementation.net

Time	PROGRAMME - DAY 1 (29 MAY, 2018)						
9:00 - 9:30	WELCOME & OPENING						
9:30 - 10:30	<p style="text-align: center;"><i>Keynote Presentation</i></p> <p style="text-align: center;">BUILDING BRIDGES ACROSS GROUPS WHOSE WORK CAN SUPPORT IMPLEMENTATION</p> <p style="text-align: center;">Dr John Lavis, McMaster University, Canada</p>						
10:30 - 11:00	<i>Coffee Break</i>						
11:00 - 12:30	<p>WS1: SUPPORTING IMPLEMENTATION THROUGH GUIDELINES; Chair: Signe Flottorp, Norwegian Institute of Public Health, Norway</p>	<p>WS2: JOINING FORCES - PROCESSES OF CO-DESIGN IN IMPLEMENTATION; Chair: Allison Metz, National Implementation Research Network, U.S.</p>	<p>S1: PREPARING, IMPROVING AND EVALUATING IMPLEMENTATION: EXAMPLES FROM DENMARK; Chair: Rikke Fredenslund Krølner, The Danish National Institute for Public Health, Denmark</p>	<p>WS3: ORGANISATIONAL FACTORS INFLUENCING IMPLEMENTATION; Chair: Petra Dannapfel, Linköping University, Sweden</p>	<p>WS4: IMPLEMENTATION IN EDUCATION; Chair: Charlotte Holm, Ministry of Education, Denmark</p>	<p>WS5: THE NEXUS BETWEEN RESEARCH, PRACTICE AND POLICY - INTERMEDIARIES IN IMPLEMENTATION; Chair: Bianca Albers; Centre for Evidence and Implementation, Germany</p>	<p>S2: LEAD FOR CHANGE - TRAINING LEADERS IN AND FOR IMPLEMENTATION; Chair: Anne Richter, Karolinska Institute, Sweden</p>

Key Note Speeches

Building Bridges across groups whose work can support implementation: *Getting Evidence into Policy making*

John Levis, McMaster Health Forum, McMaster University, Canada

Theory, Research, and Practice of Routine Outcome Monitoring

Dr. Kim de Jong, University of Leiden, Netherlands

Lessons from the Incredible Years parenting programme in Wales: making programmes work in everyday services

Prof. Judy Hutchings. Centre for Evidence Based Early Intervention, Bangor University.

Implementation Dilemma Panel

Implementation Dilemma Panel



Barbara van der Linden is a Senior Consultant at ZonMW, the Netherlands' Organisation for Health Research and Development. ZonMW funds and commissions health research and promotes the actual use of the knowledge this research produces. Barbara is part of ZonMW's implementation team which aids those working in the field to translate research and use it in practice. As a panelist, she will share her experience with providing this support at the interface between policy, practice and research.



An experimental psychologist by training, **Nick Sevdalis** is a Professor of Implementation Science and Patient Safety at King's College London. He has made substantial contributions to capacity building in the field of implementation science – among others by forming and developing the King's Centre for Implementation Science, and establishing annual Implementation Science Masterclasses for health professionals, researchers, patients and service users. He will contribute with a true 'intermediary' perspective to this panel.



Anette Sogaard Nielsen currently works at the Institute of Clinical Research, University of Southern Denmark, where she heads the RESCueH Research Program, a series of alcohol treatment research studies. Next to this research expertise, she also brings extensive experience in implementation leadership to this panel. For years, she has led implementation processes in Danish public sector organisations and created change based on high levels of staff and team engagement. She also is a highly skilled implementer of and trainer in Motivational Interviewing.

Implementation Dilemma Panel



Barbara van der Linden is a Senior Consultant at ZonMW, the Netherlands' Organisation for Health Research and Development. ZonMW funds health research and promotes the implementation of research findings into practice. A Senior Consultant, Barbara is part of ZonMW's implementation research and use it in practice. A Senior Consultant, Barbara is part of ZonMW's implementation research and use it in practice. A Senior Consultant, Barbara is part of ZonMW's implementation research and use it in practice.

Senior Consultant at ZonMW, the Netherlands Organisation for Health Research and Development



An experimental psychologist by training, **Nick Sevdalis** is a Professor of Implementation Science at Kings College London. He has made substantial contributions to the field of implementation science – among others, he is the co-director of the Centre for Implementation Science and Patient Safety. He has also delivered a number of Science Masterclasses for health professionals. He will contribute with a true 'intermediary' perspective to this panel.

Professor of Implementation Science and Patient Safety at Kings College London



Anette Sogaard Nielsen currently works at the Institute of Clinical Research, University of Southern Denmark, where she heads the RESCueH Research Program, a series of alcohol treatment programs. She also brings extensive experience in implementation science. Over the years, she has led implementation processes in a number of settings, change based on high levels of staff and patient engagement. She is a center of and trainer in Motivational Interviewing.

Head of RESCueH at the Institute of Clinical Research, University of Southern Denmark

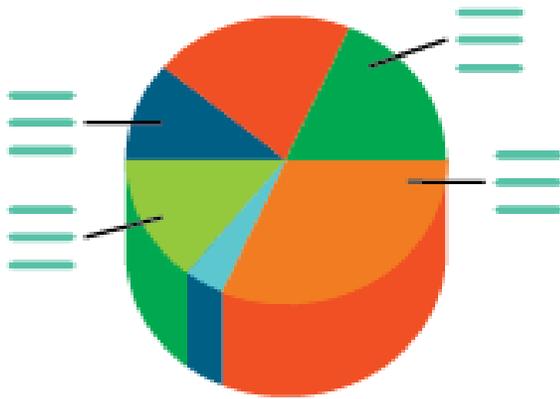


Key Take-Aways from NIC 2018

1. There is a huge amount of evidence at our fingertips
2. We need to better support practitioners to use evidence
3. Involve knowledge users through Integrated Knowledge Translation
4. It's not just about giving feedback, but the way we give it
5. Keep working with people over time to overcome resistance to change
6. The proliferation of new frameworks and theories continues
7. Fidelity vs Adaptation – an old debate, but a good one
8. Implementation may be difficult, but there is cause for optimism!

There is a huge amount of evidence at our fingertips

Implementation research and evidence is being produced rapidly



The importance of using this evidence to inform decisions can't be overstated

McMaster University are working on a couple of really useful (and free!) evidence repositories:

- www.healthsystemevidence.org
- www.socialsystemevidence.org

We need to better support practitioners to use evidence



The following were suggested as ways to increase frontline engagement with evidence-based practice:

- Increase practitioners' capacity and skills to find and engage with evidence
- Use the power of positive peer pressure and social norms
- Develop the right incentives ('implementation climate') to support use of evidence
- Create spaces to support and share learning among practitioners
- Allow for some degree of professional autonomy and tailoring to context

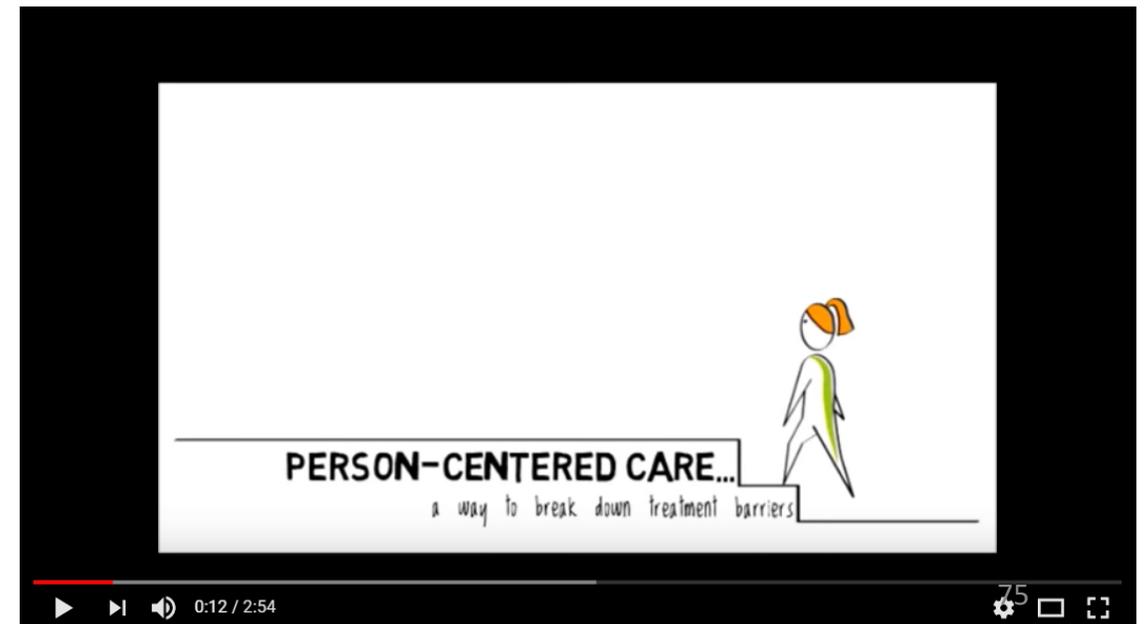
Involvement of knowledge users through IKT

Integrated Knowledge Translation (IKT) is a method for getting knowledge users involved in the research process.

It involves collaborating and partnering with people to make research outputs:

- More relevant,
- More confidence-inspiring
- More impactful.

A great example of IKT in practice:

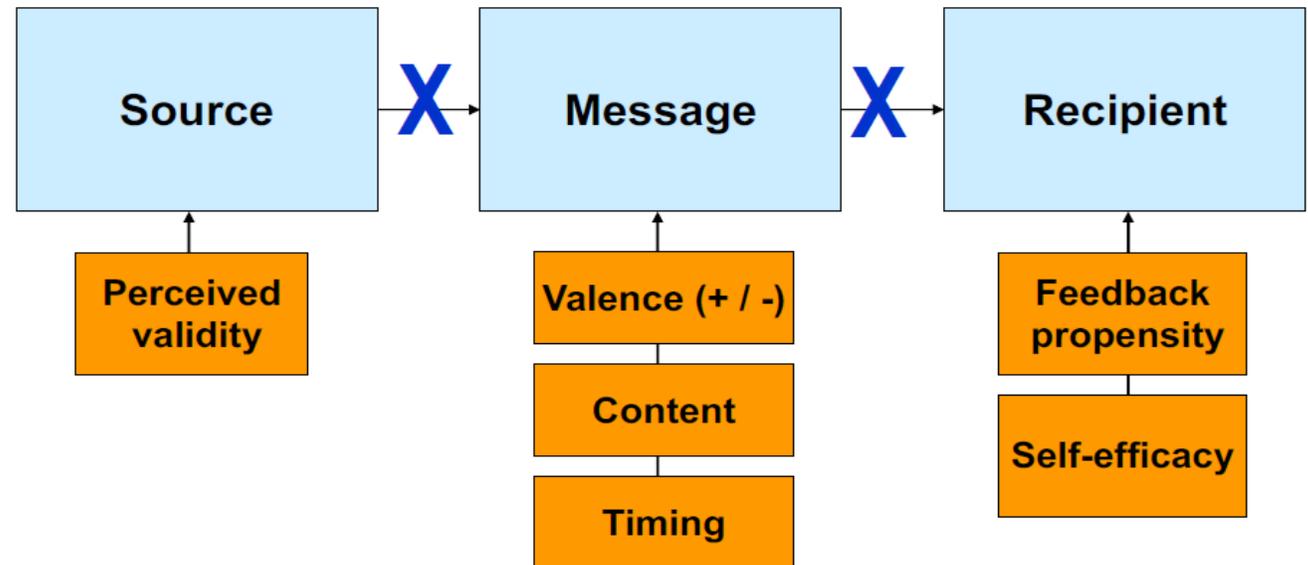


It's not just about giving feedback, but the way we give it

Feeding information back to practitioners can improve end results for clients

BUT feedback is not equally effective under all circumstances

Feedback: three elements



Link to Dr. Kim de Jong's slides: <http://nordicimplementation.net/wp-content/uploads/2018/06/Kim-de-Jong-Slides.pdf>

Keep working with people over time to overcome resistance to change

-  Find out the reason for resistance
-  Recognise that change can often involve loss
-  Keep talking to people
-  Resistance can be a numbers game
-  Consider the need to de-implement

The proliferation of new frameworks and theories continues

>100 frameworks, models and theories in Implementation Science



Delegates at NIC argued convincingly that theory continues to contribute to:

- Explaining how and why certain results are achieved
- Identifying ‘active ingredients’ that improve the likelihood implementation success
- Developing improved implementation strategies and methods.

Example:

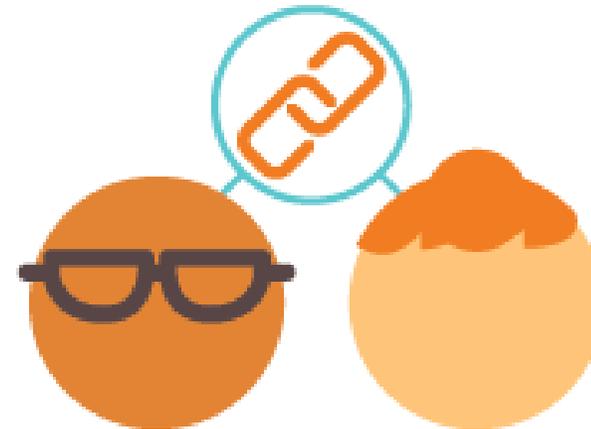
The Context and Implementation of Complex Interventions (CICI) Framework ([Pfadenhauer et al., 2017](#))

Fidelity vs Adaptation: An old debate, but a good one

Evidence available to support both points of view

How to reconcile the differences and help fidelity and adaptation co-exist?

- ✓ Be careful and systematic
- ✓ Avoid adapting 'core components'
- ✓ Decision-making authority
- ✓ Change the context too
- ✓ Record and measure
- ✓ Involve all stakeholders



**Implementation
may be difficult,
but there is
cause for
optimism!**

Positive results are anticipated if we:

- View implementation as a series of co-occurring events, not a linear process with a defined end point
- Anticipate potential problems before/early in implementation
- Allow adequate time for implementation
- Get the right people in place
- Plan for succession
- Make 'small p' political contingencies
- Learn from both implementation successes and failures

Group Discussion

Applying this learning to your work in Ireland and Northern Ireland

Aisling Sheehan, CES



Group Discussion



Join a group **discussing one** (or two) **of the 8 take-aways**

1. How does what you've heard resonate with your own experience of implementation?
2. What, if any, learning do you think you could apply in your own work, and how?
3. What do you have to add from your own work and experience?

Please spread out and sit with people you haven't met before

As a group, decide the **3 most important insights** to feed back

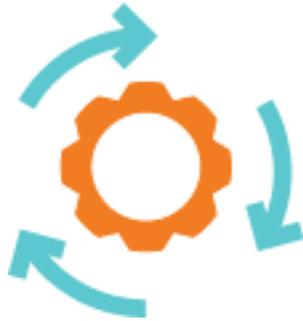
You will have **30 minutes** to discuss as a group, and then we will take feedback (3 insights) from the groups, in plenary session



Key Take-Aways from NIC 2018

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Implementation Network Updates



- Implementation Network **Steering Group**
- Implementation **Network meetings** 2019
- **International** implementation events 2019
- **Updates from members** -
Implementation events and resources
- Feedback form

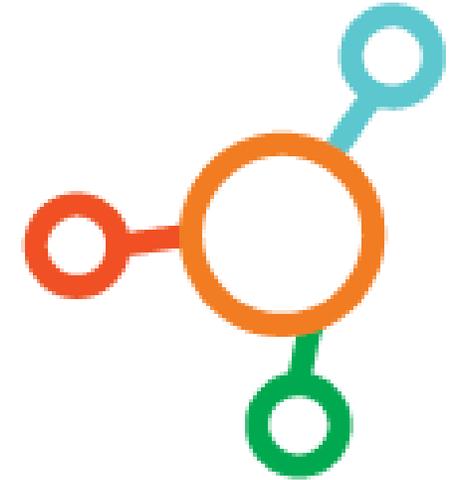
Implementation Network Steering Group

- Steering Group for the Network **established** in **2012**
 - Role – to advise on the future development of the Implementation Network
 - Meets 2-3 times a year, chaired and supported by CES
- Membership of the Steering Group **renewed in summer 2017**
 - Mix of new and founding members
 - Reflects the make-up of the Network: policy makers, service providers, practitioners and researchers; from Ireland and Northern Ireland
- A **big thank you** to the members of the founding/first Steering Group:
 - Joe Barry, Trinity College
 - Rodd Bond, Netwell Centre
 - Kate O’Flaherty, Department of Health, Irl
 - Aileen O’Donoghue, Archways
 - Julie Healy, Barnardo’s NI
 - Siobhan Fitzpatrick, Early Years NI
 - Eilis McDaniel, Department of Health, NI
 - Nuala Doherty, CES (chair)



Implementation Network Steering Group

- Renewed / **current members** of the Steering Group:
 - Rodd Bond (Netwell, Dundalk Institute of Technology)
 - Julie Healy (Barnardo's Northern Ireland)
 - Helen Johnston (NESC)
 - Cathy Galway (Department of Education, Northern Ireland)
 - Colma NicLughadha (Tusla)
 - Niamh O'Rourke (Department of Education, Ireland)
 - Nuala Doherty (CES) – chair
- 1st meeting of the renewed Steering Group on 21st September 2018
 - Reviewed 'Action Plan for the Implementation Network 2018-2020'
 - Agreed to set up 2 membership committees to grow Network membership in NI and Irl
 - Planned upcoming Network meetings and Steering Group meetings
- 3 Steering Group meetings in 2019 : End Jan, June, September



Implementation Network meetings 2019

- **17th January 2019 - After work *networking* social event** for the Implementation Network in Belfast
 - Welcome new/potential members to the Implementation Network in an informal setting – the Ormeau Baths
 - Launch of updated CES '*Introductory Guide to Implementation*'
- **Spring Network meeting – Friday, 3 May 2019, Belfast**
- **Autumn Network meeting – October/November 2019, Dublin**

International implementation events 2019



Other updates from Network members?

- **TIDIRH-Ireland** - training course run by UCC School of Public Health in collaboration with the US based TIDIRH - to equip participants with the knowledge and skills required to undertake high quality dissemination and implementation (D&I) research
- **Implementation events ?**
- **Useful resources ?**



Please complete the feedback form!

Thank you!

To **join the Implementation Network** of Ireland and Northern Ireland

- Sign up today
- Email cdevlin@effectiveservices.org

