



## Symposium 4 – 2018 Nordic Implementation Conference

### Usefulness of evidence

#### Adaptation of and adherence to evidence-based methods

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#### *Background*

There are a growing number of evidence-based methods and interventions being developed. For patients and clients to benefit, these need to be implemented and sustained in a manner that leads to effective outcomes. It's well known that this is often not the case. This may result in interventions not being implemented at all. At other times, they are implemented, but adapted to varying degrees. This means that the evidence-based methods that are used in practice seldom fully reflect the intervention as it was designed and tested. In fact, it is well documented that adaptations to evidence-based methods are common in clinical practice. Concurrently, there is an effort towards protecting the integrity of interventions by promoting strict adherence. This deals with finding an optimal balance between replicating interventions that have been proven effective (i.e., adherence), and making changes in content or delivery of the intervention in accordance with possibilities and restraints in the local context (i.e., adaptation) in order to more effectively tailor interventions to specific contexts and achieve the best possible outcome (Chambers, Glasgow, & Stange, 2013; Durlak & DuPre, 2008; Stirman, Kimberly, & Cook, 2012). While some frameworks have been developed to support this process (Aarons, Green, et al., 2009), the role of adherence and adaptations for the use of evidence and evidence-based interventions is seldom evaluated and discussed. Thus, there is limited knowledge concerning the extent to which strict adherence versus adaptation of evidence-based interventions produces the most effective implementation and expected patient or client outcomes in practice.

#### *Aim*

The aim of this panel discussion is to explore the role of adherence and adaptation when using evidence-based methods in clinical practice. In a panel format, we discuss the use of evidence to answer the following questions: i) How does adherence and adaptation affect the usefulness of evidence? ii) what can different stake-holders along the research-to-practice pathway do (researchers, policy-makers, decision makers etc.) to make evidence more useful in practice? iii) how should adaptations be conducted in practice?

#### *Process and content*

This session is set up as an interactive panel discussion. First, a brief state-of-the-art of the field will be given. Second, the audience will be invited to post questions and comments through a web-based service. The presenters will respond to these questions and give their view on the topic. They will also briefly present their empirical work illuminating their viewpoints. The empirical work concerns, for example, how adaptations are viewed by different actors (e.g. researchers, health care professionals and managers in health care and social care), the impact of adaptations on client



outcomes, an implementation framework to support appropriate adaptation, and how different stakeholders deal with the tension between adherence and adaptation (e.g. clinical practice, by decision- and policy makers and researchers).

### *Conclusions/discussion*

Usefulness of evidence matters to everyone along the research-to-practice pathway. Here, the focus is particularly on the role that adherence and adaptation plays in this. Rather than solely presenting empirical findings, we give an overview of the field of adherence and adaptations and facilitate a discussion between the audience and the presenters (i.e. research experts in the area). In this, we invite the audience to join us in the quest to further our understanding of these issues, and our ambition to make evidence more useful.