



Workshop 12 – 2018 Nordic Implementation Conference

Shepherding Implementation by Strategy

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Presentation 1: Implementation Strategies used in the implementation of e-health interventions (Cecilie Varsi)

Background

There is growing evidence of the positive effects of e-health interventions, but their implementation into practice is a challenge. A number of implementation strategies that can possibly affect implementation success are known. Which strategies are actually used in the implementation of e-health interventions and which ones are the most effective for implementation success is however unclear.

Project aim

The aim of this project was to conduct a systematic literature review examining 1) what types of implementation strategies (i.e. methods or techniques used to enhance the adoption, implementation, and sustainability of a clinical program/practice) are used when implementing various types of e-health interventions/programs, and 2) what are the strategies' relative importance for implementation success.

Project methods

A systematic literature search was performed in the electronic databases MEDLINE, EMBASE, PsycINFO, SCOPUS and Cochrane. Studies were included if they described the implementation strategies used and/or evaluated the effectiveness of implementation strategies used to support the integration of e-health interventions into practice. Empirical studies (last 10 years) in English/Scandinavian languages were screened. All study designs were included. Theoretical papers, book-chapters, editorials, study protocols, dissertations, studies published in abstract form only and duplicates were excluded.

Project results

A range of e-health interventions and programs were represented, including self-help interventions, electronic communication and web support. The importance of the identified implementation strategies was assessed and considered according to nine categories defined by Waltz et al (2015): 1) Engage consumers, 2) Use evaluative and iterative strategies, 3) Change infrastructure, 4) Adapt and tailor to the context, 5) Develop stakeholder interrelationships, 6) Utilize financial strategies, 7) Support clinicians, 8) Provide interactive assistance, and 9) Train and educate stakeholders.

Preliminary or final conclusions/discussion

While there is substantial knowledge about the many implementation strategies that possibly can enhance implementation success, most studies do not distinguish the relative importance of the different strategies. This systematic review of the literature provides important insight into which implementation strategies can be useful for the implementation of different e-health interventions into clinical practice.



Presentation 2: Health Promotion in Basque Local Health Centers: Implementation Strategy Optimization and Evaluation (Heather L. Rogers)

Background

Healthcare systems (HCS) must shift focus from curative, or “sick”, care to preventive approaches intended to keep people well. Professionals working in primary health care (PHC) in local community healthcare centres develop long-term relationships with their patients, with numerous opportunities over time to counsel and potentially influence healthy lifestyle behaviours.

Project aim

In January 2006, the Primary Care Research Unit of Bizkaia (in Bilbao, Spain) began a systematic action research program to investigate the effective integration of healthy lifestyle promotion targeting multiple risk factors into the real life, day-to-day PHC setting. The primary aim is the optimization of health promotion in PHC. Both quantitative and qualitative indicators are evaluated after each phase of the project in order to be able to effectively scale-up the intervention across the local HCS, and later generalize to other HCSs, in a cost-efficient and valid fashion.

Project methods

The clinical intervention based on social learning and planned behaviour theories and the 5 A's (Ask, Advise, Agree, Assist, and Arrange follow-up) intervention framework. The implementation strategy phases are based on the Medical Research Council's evaluation framework. In the modelling phase, 4 PHC centres followed an implementation strategy based on a collaborative and facilitated process, planned and designed intervention programs adapted to their specific contexts and resources, and identified strategies for change and, via RE-AIM, mechanisms through which interventions should operate.

Project results

RE-AIM Framework process indicators varied by centre, lifestyle habit, and patient characteristics ($p < 0.001$). Half of the patients who visited a health centre ($n=11,650$; 51.9%) had lifestyle habits assessed; a third (33.7%; $n=7,433$) received Advice; almost 10% ($n=2175$) received a printed prescription for at least one lifestyle change. Focus groups were conducted with centre staff and 11 constructs from The Consolidated Framework for Implementation Research (CFIR) were associated with the centre's level of implementation performance (defined as high, medium, or low).

Preliminary or final conclusions/discussion

Now we are in the optimization phase - a quasi-experimental non-randomized hybrid effectiveness-implementation type II trial. Three PHC centres willing to adopt health promotion form the experimental group (EG), while the reference group is 3 other centres. Both groups receive clinical training, educational materials, and feedback, but only the EG receives the collaborative modelling component of the implementation strategy. Preliminary results from this phase are becoming available.



Presentation 3: Outer and inner context of community pharmacies in a medication management services network (Kea Turner)

Background

Community pharmacies in the US are expanding their medication management services. Implementing these services requires partnerships across multiple healthcare sectors—primary care, social services, and pharmacy—and support from innovation developers. Change is also required within community pharmacies to create a climate that is supportive of implementing new services.

Project aim

Implementation is affected by an organization's inner context such as organizational culture and structure and outer context such as external policies and relationships with other organizations. Given the impact of both the outer and inner context, the aims of this study are to: (1) identify the multi-level (environmental, organizational, individual) determinants of implementation effectiveness in community pharmacies participating in a medication management services network, and (2) compare these multi-level determinants among high- and low-performing community pharmacies.

Project methods

This study uses a mixed methods approach where quantitative and qualitative data will be analysed concurrently. We administered surveys to 268 pharmacies about determinants of implementation effectiveness. We also conducted in-depth, 45-minute interviews with community pharmacy staff responsible for implementation in 40 pharmacies using a semi-structured interview guide. We selected pharmacies based on their performance in patient outcomes. Interviews were recorded, transcribed verbatim, and analysed to identify themes around the Consolidated Framework for Implementation Research.

Project results

Within the outer context, findings suggest that higher performing pharmacies have stronger relationships with external organizations (e.g., primary care providers, social service agencies, and innovation developers) and are better able to prioritize the needs of high-risk patients than low performing pharmacies. In the inner context, high performing pharmacies used more implementation strategies to foster an implementation climate (e.g., reward systems) for medication management services compared to low-performing pharmacies. We did not observe differences in individual-level characteristics.

Preliminary or final conclusions/discussion

Implementing medication management services in community pharmacies requires multiple partners—primary care and social service agencies, and innovation developers. Future research should examine implementation strategies that strengthen partnerships across these sectors. The results also suggest that implementation barriers may differ between high- and low-performing pharmacies, highlighting a need to evaluate implementation support interventions that tailor support based on these differences.