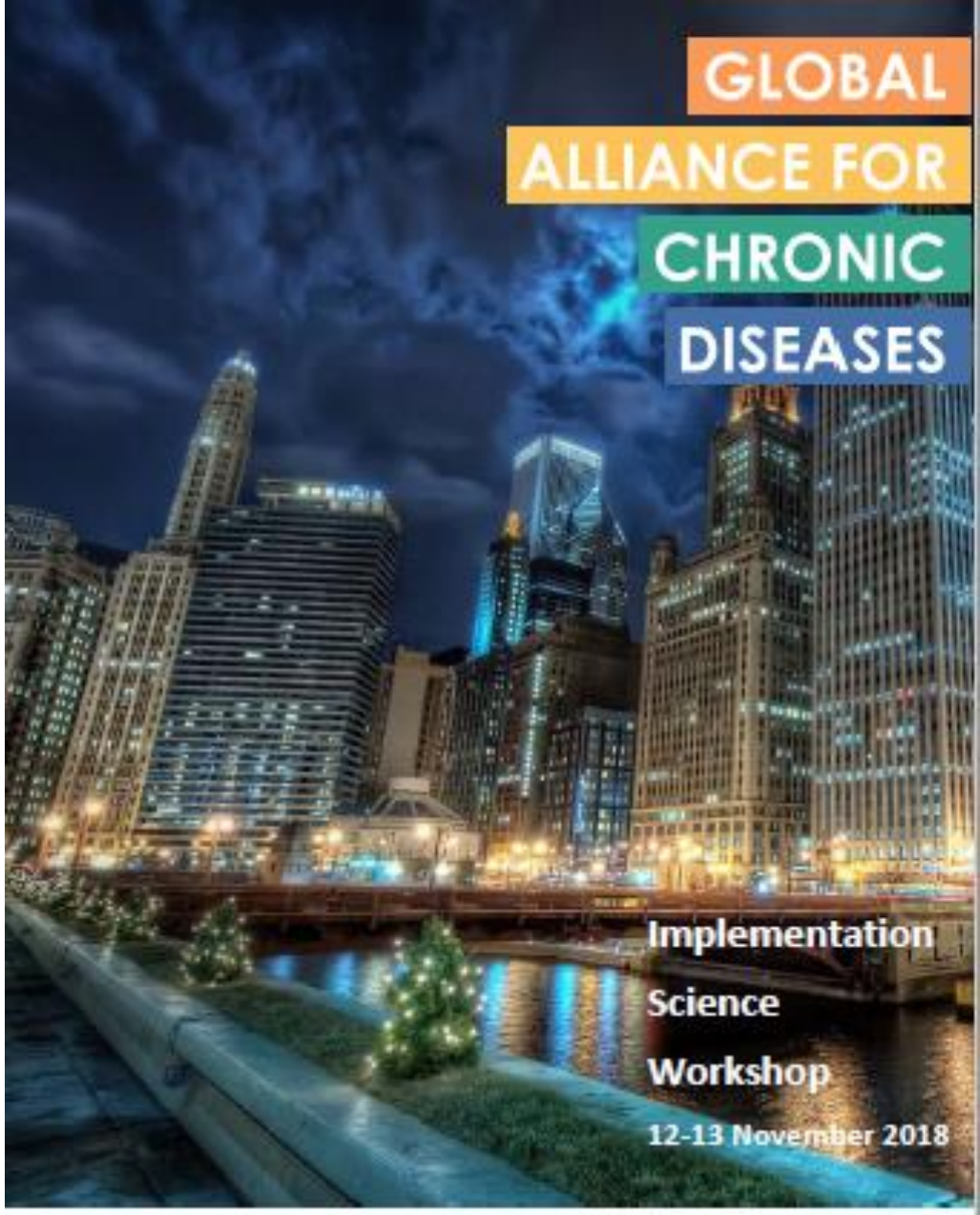
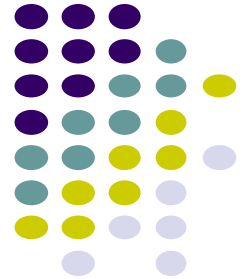
10th Implementation Science Workshop, Brazil, November, 2018




FAPESP
SÃO PAULO RESEARCH FOUNDATION

GACD

# Task for you



- Why are you here for this WORKSHOP?

# Task for you

- Why are you here for this week?

- Write down 2-3 things you most want to get from attending this school (your objectives for this week)

# Task for you

- Write down 2-3 things you most want to get from attending this school (your objectives)
- Then, introduce yourself to the person next to you
- Say your name + where you are from + your work interests + one major interest outside work + your objectives for this School (*Each do this)*
- We'll then ask some of you to introduce your 'new' colleague to all of us

# Task for you

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- We'll then ask some of you to introduce your 'new' colleague to all of us

- Discuss at your table and identify a couple of common objectives

# Overview of Implementation Science

Brian Oldenburg, PhD
Professor of Public Health
The University of Melbourne
&
Director, WHO Global Collaborating Centre on Implementation Research for NCDs

# 1st GACD Implementation Science Workshop was held in Xi'an, CHINA, 2014

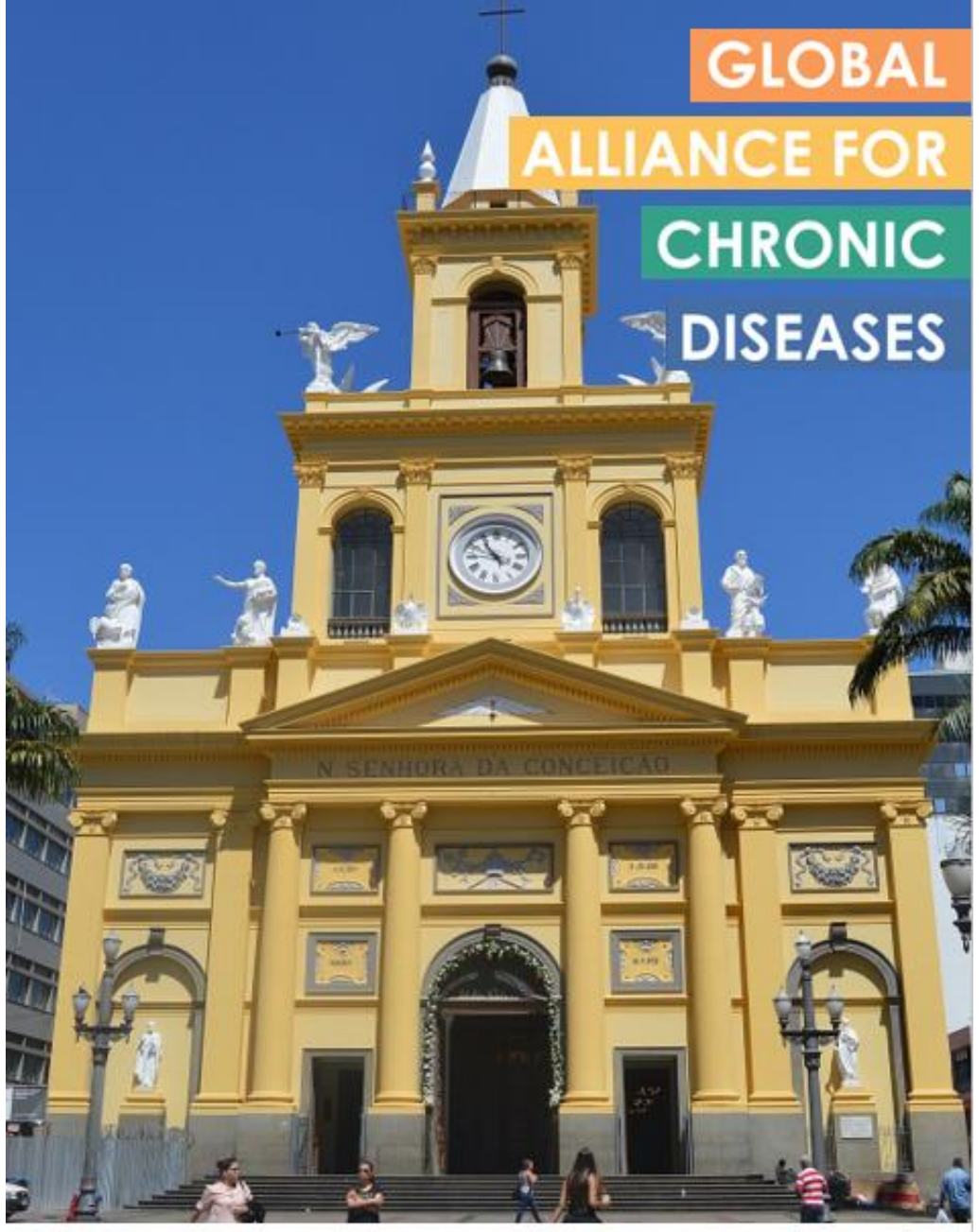
# Mexico, 2015 (2nd GACD Implementation Science Workshop)

| GACD Implementation Science Workshops | | | | | | | |
|---|---|---|---|---|---|---|---|
| | Male (n) | Female (n) | LMIC (n) | HIC (n) | First time (n) | Attended previously (n) | Attendees (n) |
| **2014 - Xi'an** | 12 | 14 | 13 | 13 | 26 | 0 | **26** |
| **2015 - Mexico City** | 28 | 29 | 47 | 10 | 56 | 1 | **57** |
| **2016 - Sydney** | 19 | 22 | 24 | 17 | 31 | 10 | **41** |
| **2017 - Oxford** | 6 | 6 | 12 | 0 | 12 | 0 | **12** |
| **2017 - Cape Town** | 4 | 31 | 33 | 2 | 33 | 2 | **35** |
| **2017 - Buenos Aires** | 21 | 40 | 44 | 17 | 50 | 11 | **61** |
| **2017 - Chandigarh** | 19 | 19 | 38 | 0 | 38 | 0 | **38** |
| **2018 - Tokyo** | 22 | 18 | 8 | 32 | 40 | 0 | **40** |
| **Total** | **131** | **179** | **219** | **91** | **286** | **24** | **310** |

*NB Does not include stats from recent IS workshops in Liverpool (Global Health Systems Conference) and South Africa a fortnight ago*

**Global Alliance for Chronic Diseases**
**9th Implementation Science Workshop**
*22-23 October 2018*
*Cape Town, South Africa*

Inaugural (1st) Global Alliance for Chronic Diseases 5-day Implementation Science Training School



# Faculty for this workshop

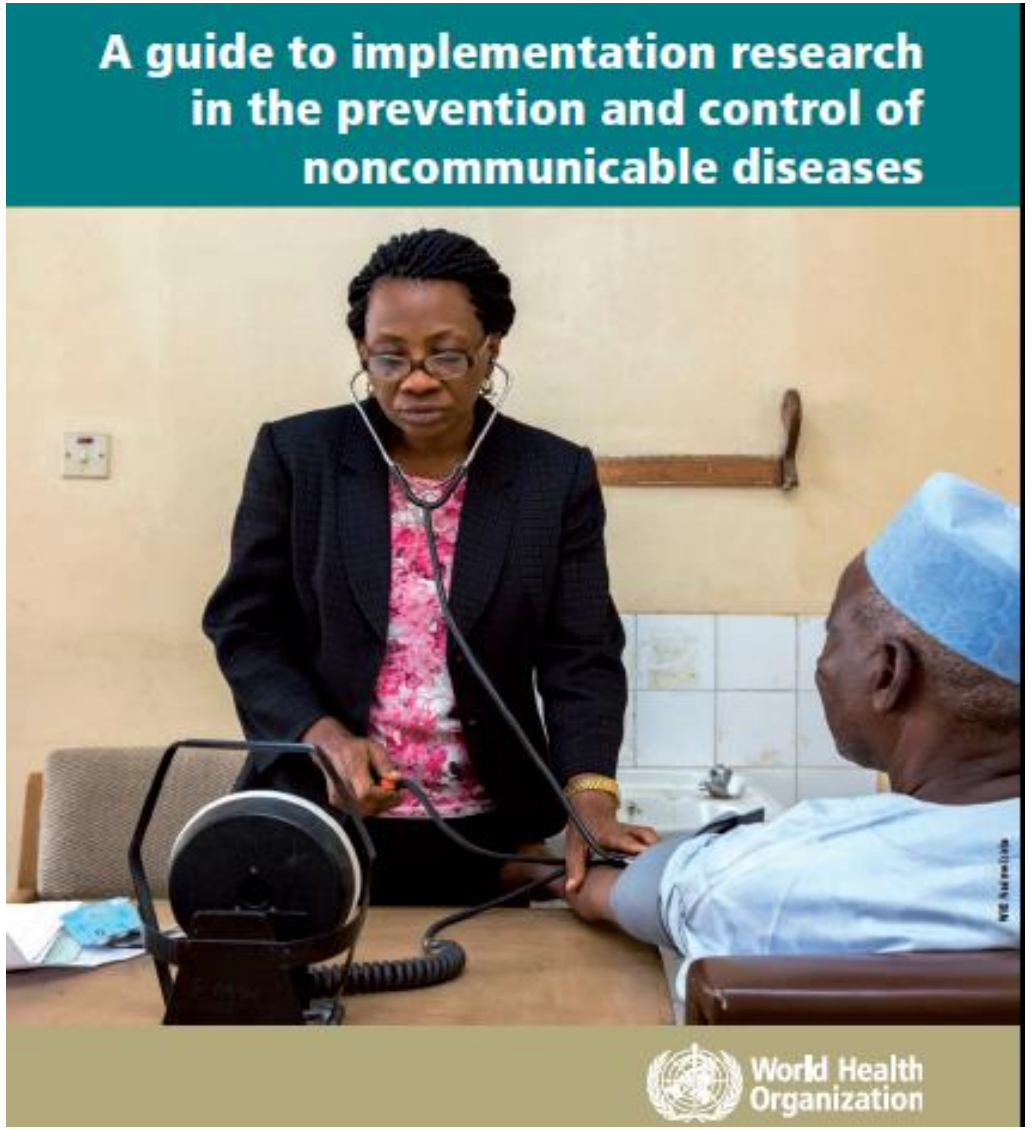
# School Objectives

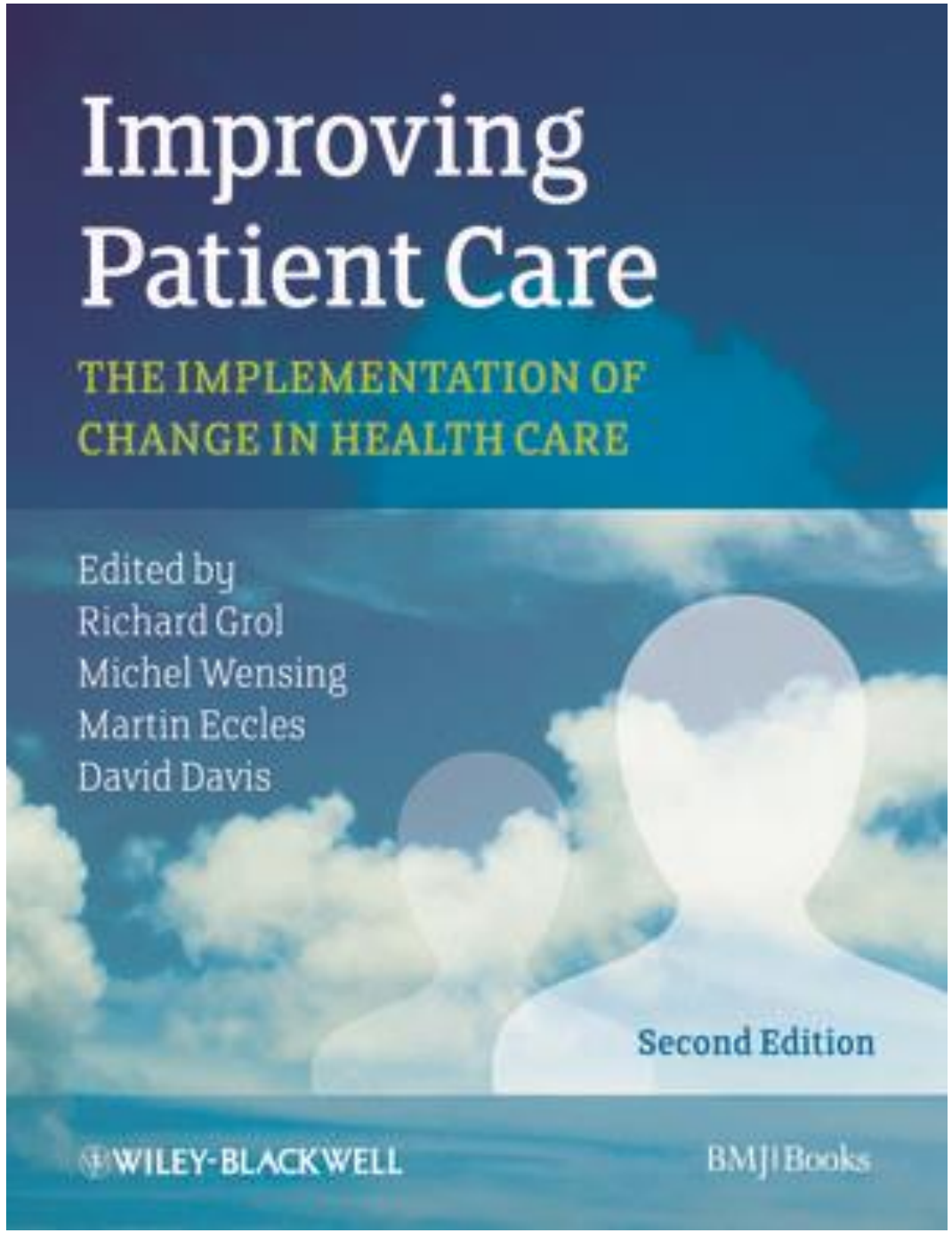
- Introduction to the field of D&I science, particularly in relation to NCDs, LMICs & resource constrained settings.
- How to study and implement research findings into policy & practice?
- Learn about theories, models, study designs and measurement
- Illustrate ways of collaborating and networking more globally
- Showcase exemplars of D&I science

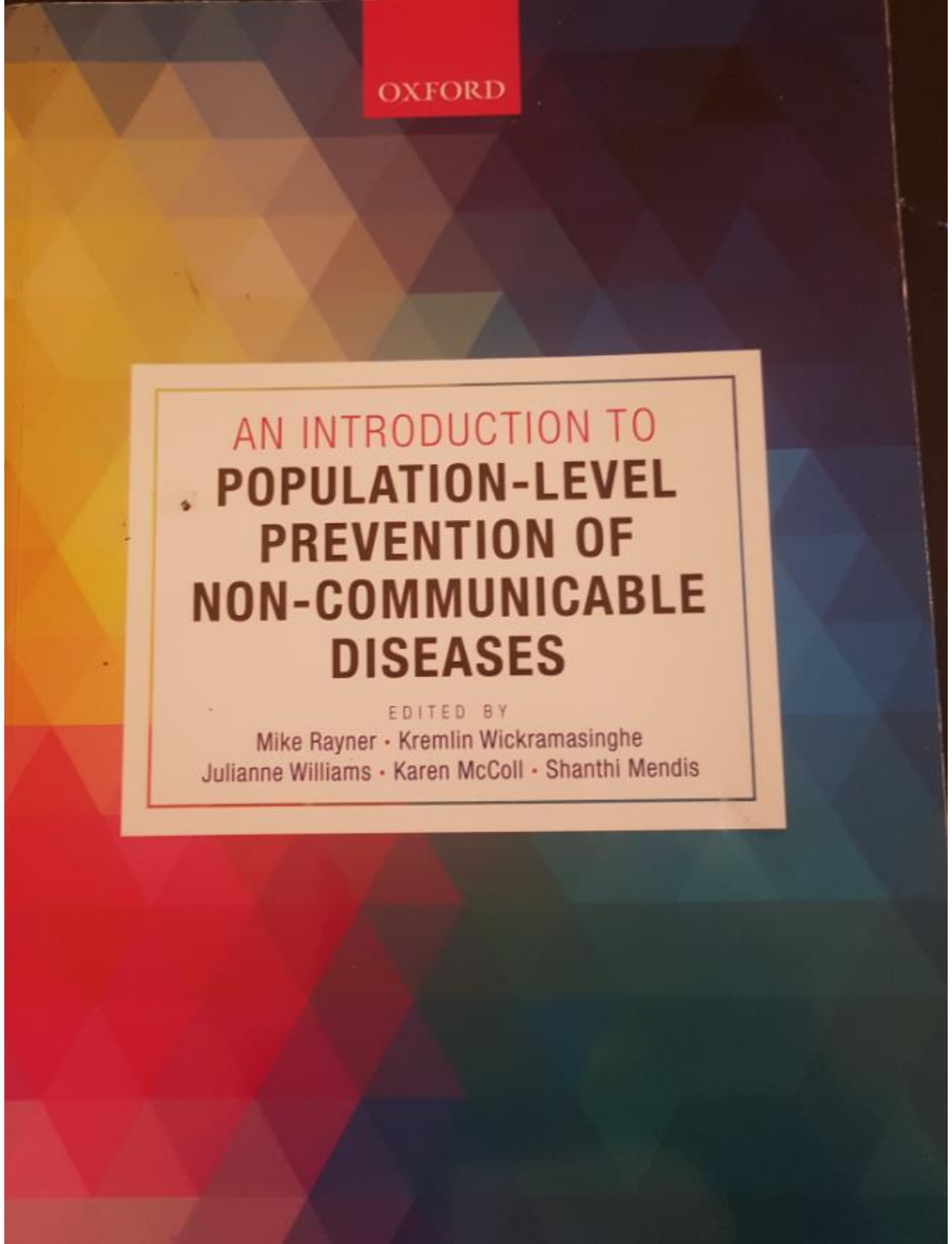
- Program for the week
- Lectures/presentations
- Small group discussion and interaction
- Interactive Q&A and discussion
- Networking and interacting with faculty & one another – learn from one another
- You will receive PDF of all of the talks

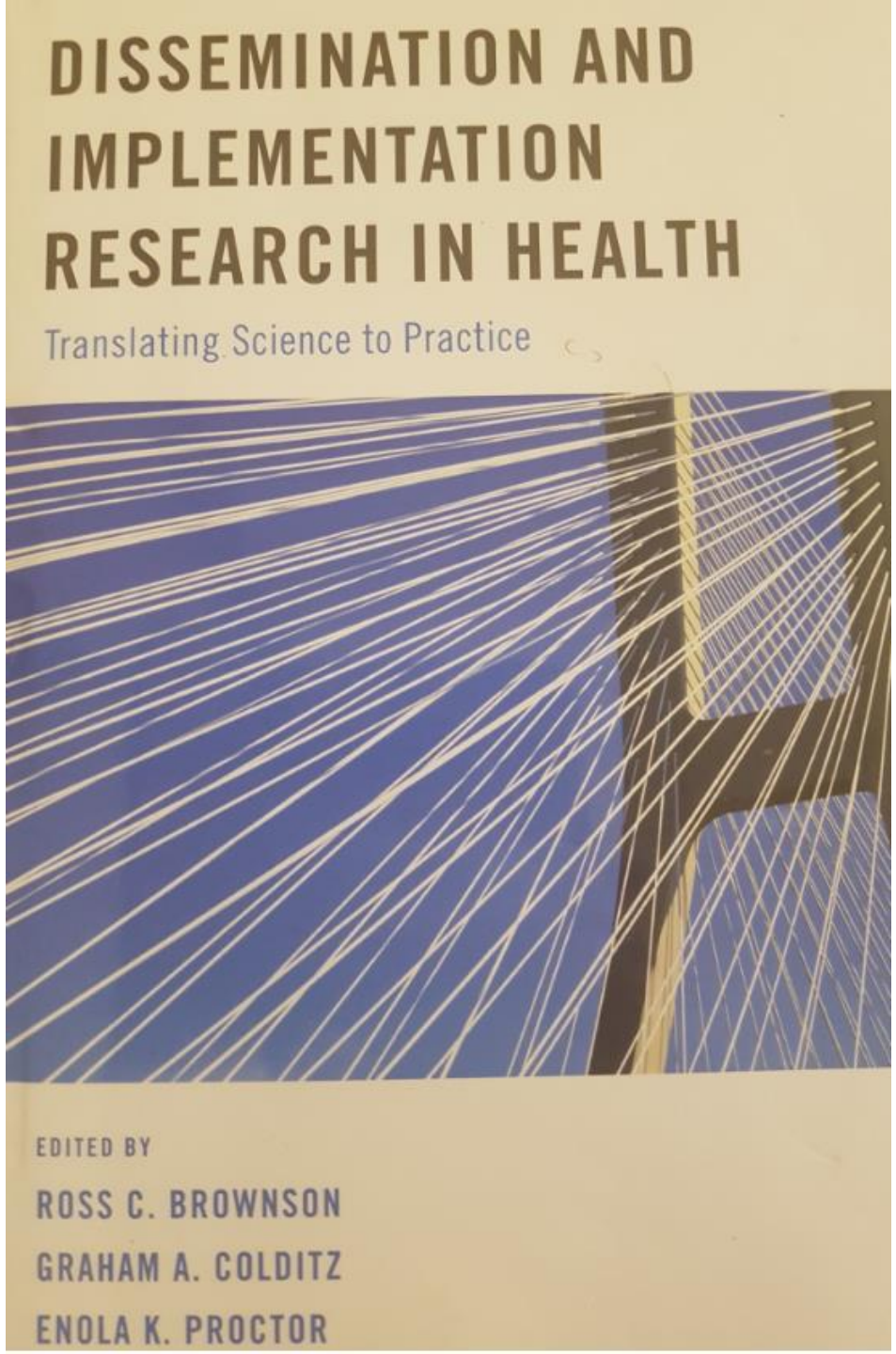
**http://www.who.int/ncds/governance/policies/NCD_MSA_plans/en/**

**Recommended citation**. A guide to implementation research in the prevention and control of noncommunicable diseases. Geneva: World Health Organization; 2016.




Improving
Patient Care
THE IMPLEMENTATION OF
CHANGE IN HEALTH CARE
Edited by
Richard Grol
Michel Wensing
Martin Eccles
David Davis
Second Edition
WILEY-BLACKWELL
BMJ Books


OXFORD
AN INTRODUCTION TO
POPULATION-LEVEL PREVENTION OF NON-COMMUNICABLE DISEASES
EDITED BY
Mike Rayner · Kremlin Wickramasinghe
Julianne Williams · Karen McColl · Shanthi Mendis


DISSEMINATION AND IMPLEMENTATION RESEARCH IN HEALTH
Translating Science to Practice
EDITED BY
ROSS C. BROWNSON
GRAHAM A. COLDITZ
ENOLA K. PROCTOR

Standing ovations and physical activity for the next 2 days!

# NCDs and Implementation Science

Brian Oldenburg, PhD
Professor of Public Health
The University of Melbourne
&
Director, WHO Global Collaborating Centre on Implementation Research for NCDs

Email: boldenburg@unimelb.edu.au

“ Neglecting implementation (science), costs lives and money”

# CHALLENGES TO TRADITIONAL OUTCOMES RESEARCH

It takes an average of *17 years* before *14%* **of research findings** are translated into practice.

Balas, E. *Managing clinical knowledge for health care improvement Yearbook of Medical Informatics.* Stuttgart, Germany: Schattauer; 2000.

Green, L.W. (2006). Public health asks of systems science: to advance our evidence-based practice, can you help us get more practice-based evidence?. *American journal of public health*, 96(3), 406-409.

# CHALLENGES TO TRADITIONAL OUTCOMES RESEARCH

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Green, L.W. (2006). Public health asks of systems science: to advance our evidence-based practice, can you help us get more practice-based evidence?. *American journal of public health*, *96*(3), 406-409.

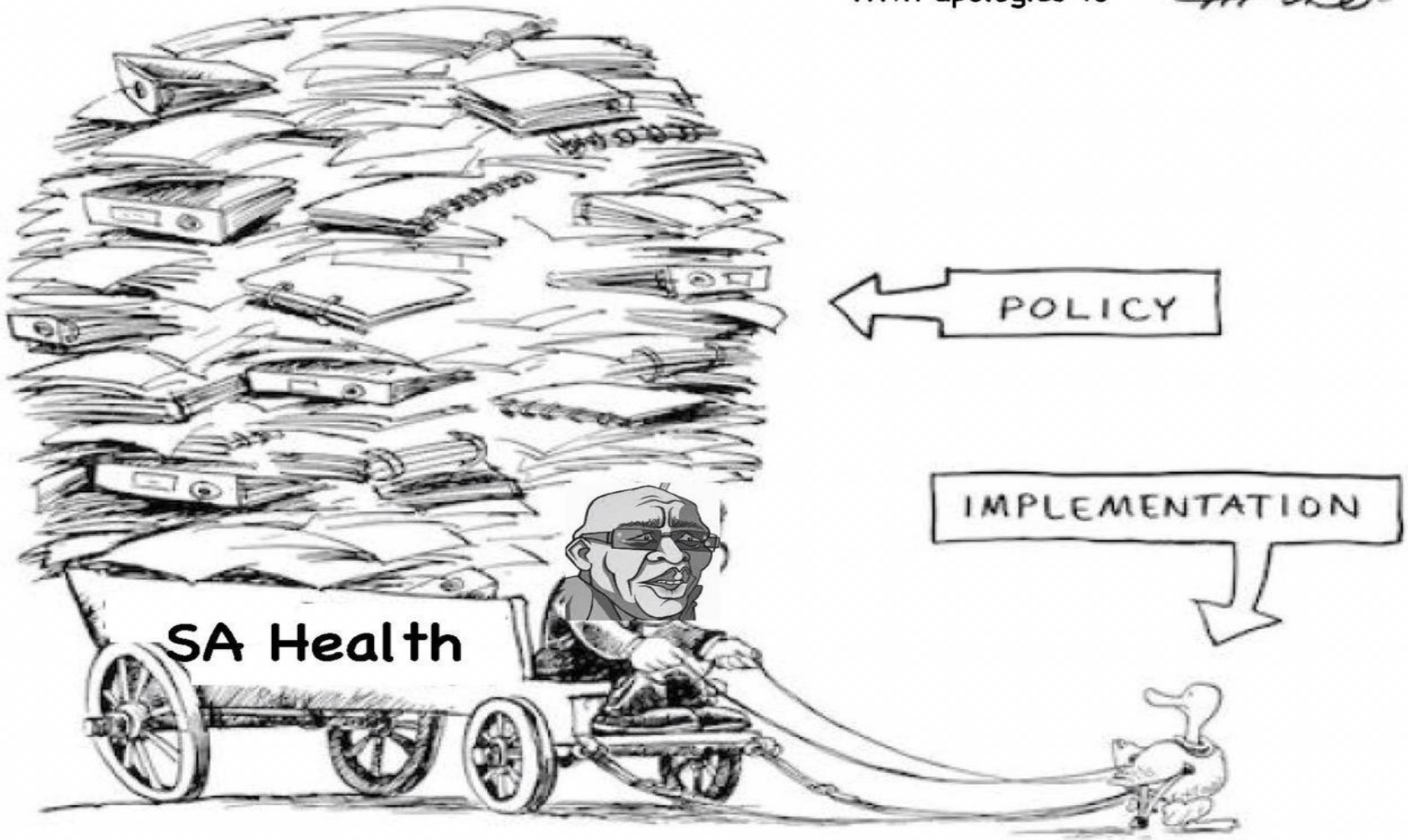
**Why does it take so long and why is the uptake so poor?**

# Some of the reasons???????

# Some of the reasons

- Researchers not asking policy salient questions and/or research is not very important to policymakers/program implementers/professionals
- Findings conflict with vested interests and involve “disruption” with current approaches
- The way we conduct science is very slow and non-responsive to the demands of policymakers/program implementers/professionals
- Researchers not good at knowledge translation into policy and practice
- ETC
- ETC

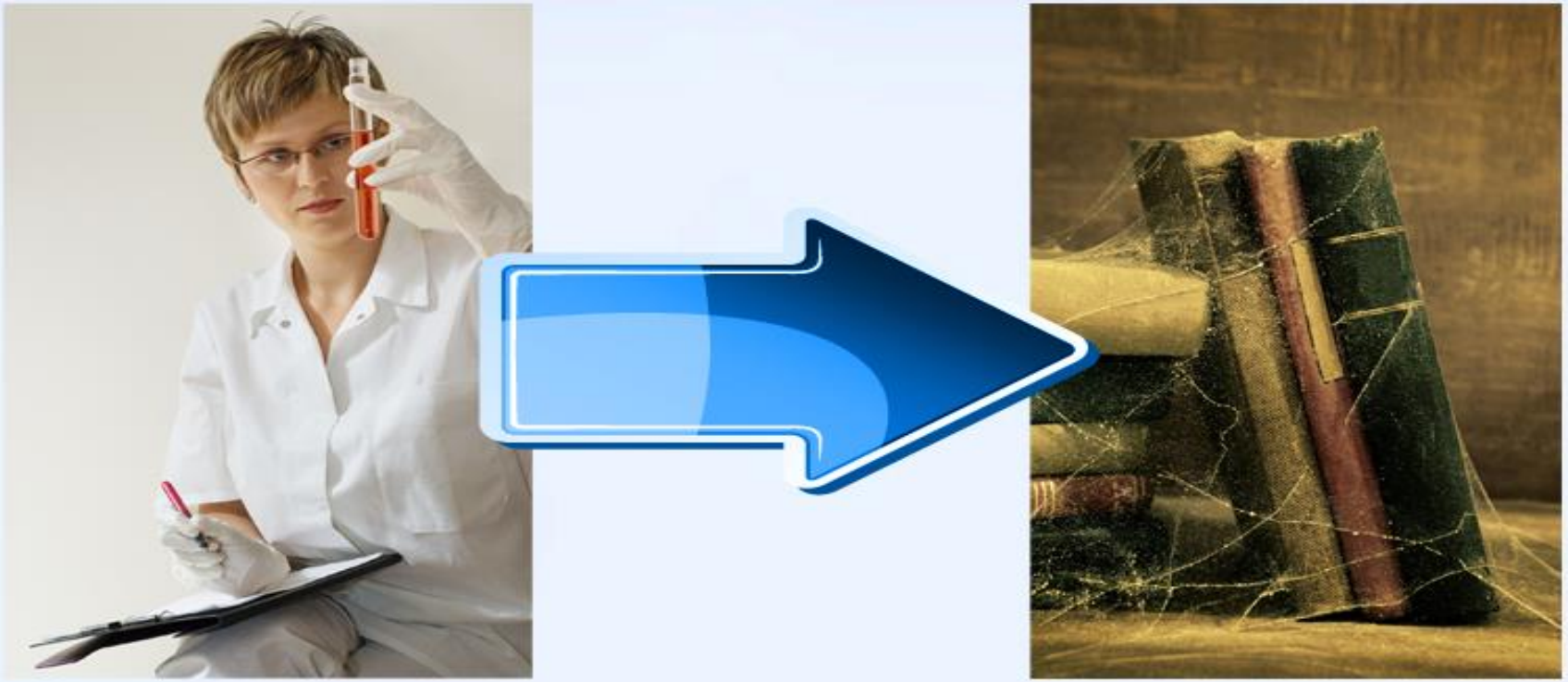
With apologies to ZAPIRO



# What is the most common kind of research dissemination/“translation”?

Most Common Type of Research Translation?

# Bench to Bookshelf



**+ Conferences + Guidelines**

This workshop is all about doing better than this, particularly in LMIC and resource constrained settings

# Implementation Research

***KNOW***

Interventions are effective in clinical & controlled-research settings


***DO***

Proven interventions are not well adapted to and/or implemented in the “real world”

# Translational Research


Basic research & studies in animals

Translation to humans: Case studies (Phase 1 & 2 CTs)

Translation to patients: Efficacy studies

Translation to practice: Effectiveness studies

Translation to population health and communities: Implementation research

# Implementation research: new imperatives and opportunities in global health

*Sally Theobald, Neal Brandes, Margaret Gyapong, Sameh El-Saharty, Enola Proctor, Theresa Diaz, Samuel Wanji, Soraya Elloker, Joanna Raven, Helen Elsey, Sushil Bharal, David Pelletier, David H Peters*

Implementation research is important in global health because it addresses the challenges of the know–do gap in real-world settings and the practicalities of achieving national and global health goals. Implementation research is an integrated concept that links research and practice to accelerate the development and delivery of public health approaches. Implementation research involves the creation and application of knowledge to improve the implementation of health policies, programmes, and practices. This type of research uses multiple disciplines and methods and emphasises partnerships between community members, implementers, researchers, and policy makers. Implementation research focuses on practical approaches to improve implementation and to enhance equity, efficiency, scale-up, and sustainability, and ultimately to improve people's health. There is growing interest in the

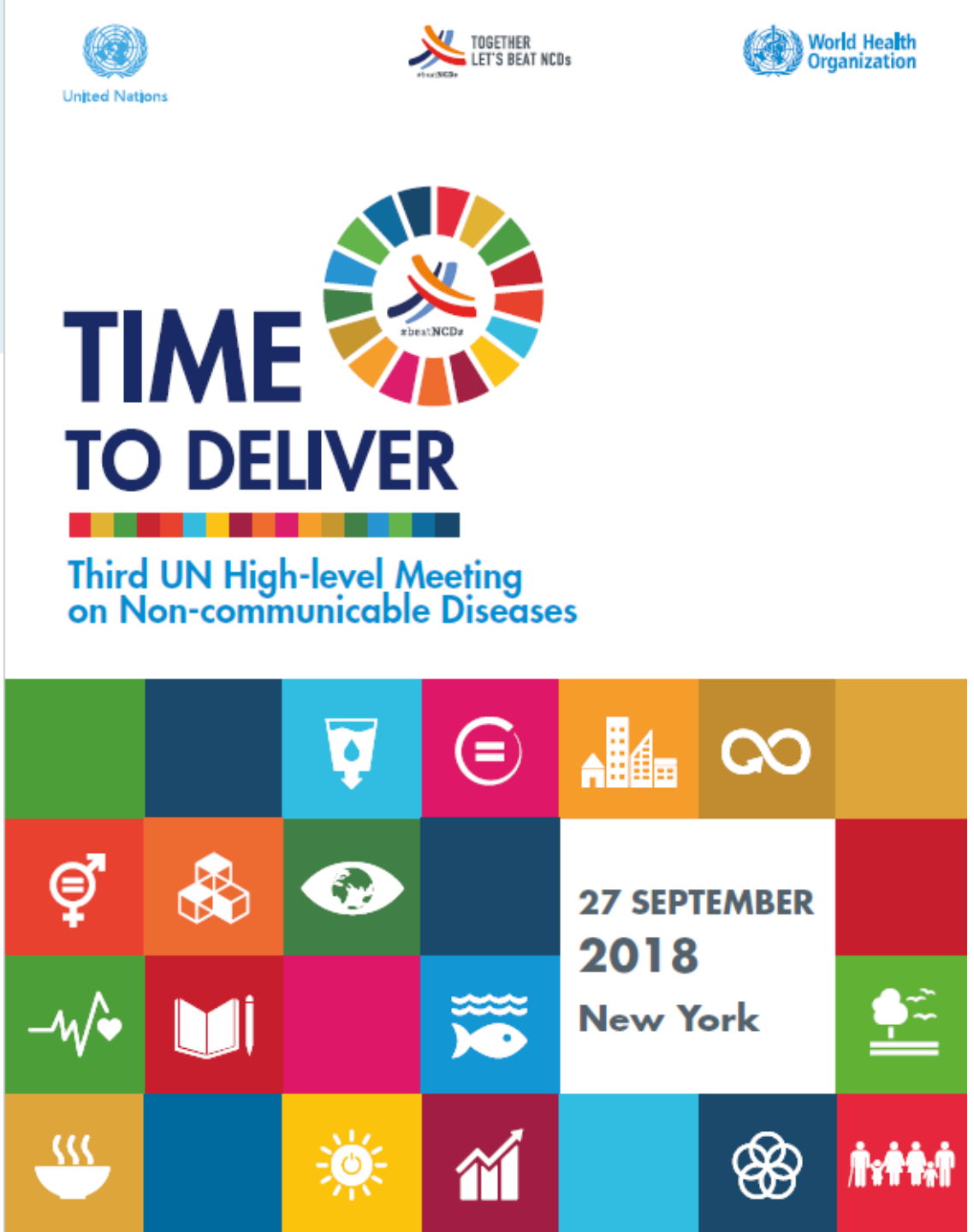
Published Online
October 9, 2018
http://dx.doi.org/10.1016/S0140-6736(18)32205-0

**Department of International Public Health, Liverpool School of Tropical Medicine, Liverpool, UK** (Prof S Theobald PhD, J Raven PhD); **US Agency for International Development,**

# The defining characteristics of implementation research are:

| | | | |
|---|---|---|---|
| Context specific | Relevant and agenda setting | Method fit for purpose | Demand driven |
| Multi-stakeholder and multidisciplinary | Real world | Real Time | Focuses on process and outcomes |

Very big challenge for the world



The *3rd UN High-Level Meeting on Non-Communicable Diseases* (NCDs) met on Sept 27, 2018 to review national and global progress towards the SDG target…..

# UN Sustainable Development Goals – NCDs

Unlike the previous Millennium Development Goals (MDGs), the recent Sustainable Development Goals (SDGs) now formally recognize NCDs (SDG Target 3.4) **by 2030):**

- **Reduce by one third premature mortality from NCDs**
- Strengthen responses to reduce the harmful use of alcohol
- Achieve universal health coverage (UHC)
- Strengthen the implementation of the WHO Framework Convention on Tobacco Control (FCTC)
- Support the research and development of vaccines and medicines for NCDs that primarily affect developing countries
- Provide access to affordable essential medicines and vaccines for NCDs

Are most countries on track to achieve this goal of a 30% reduction in premature mortality by 2030?

Are most countries on track to achieve this goal of a 30% reduction in premature mortality by 2030?

# What do you think?

# www.thelancet.com **Vol 392 September 22, 2018**

- Sustainable Development Goal (SDG) target 3.4— that is, a one-third reduction, relative to 2015 levels, in the probability of dying between 30 years and 70 years of age from diabetes, cancers, cardiovascular diseases and chronic respiratory by 2030—will only be achieved in 35 countries (19%) for women, and 30 (16%) for men, if these countries maintain or surpass their 2010–2016 rate of decline in NCD mortality.
- Most of these achieving countries are already high income countries with already-low NCD mortality.

THE LANCET

Imperial College London

NCD Countdown 2030

NCD Alliance

World Health Organization

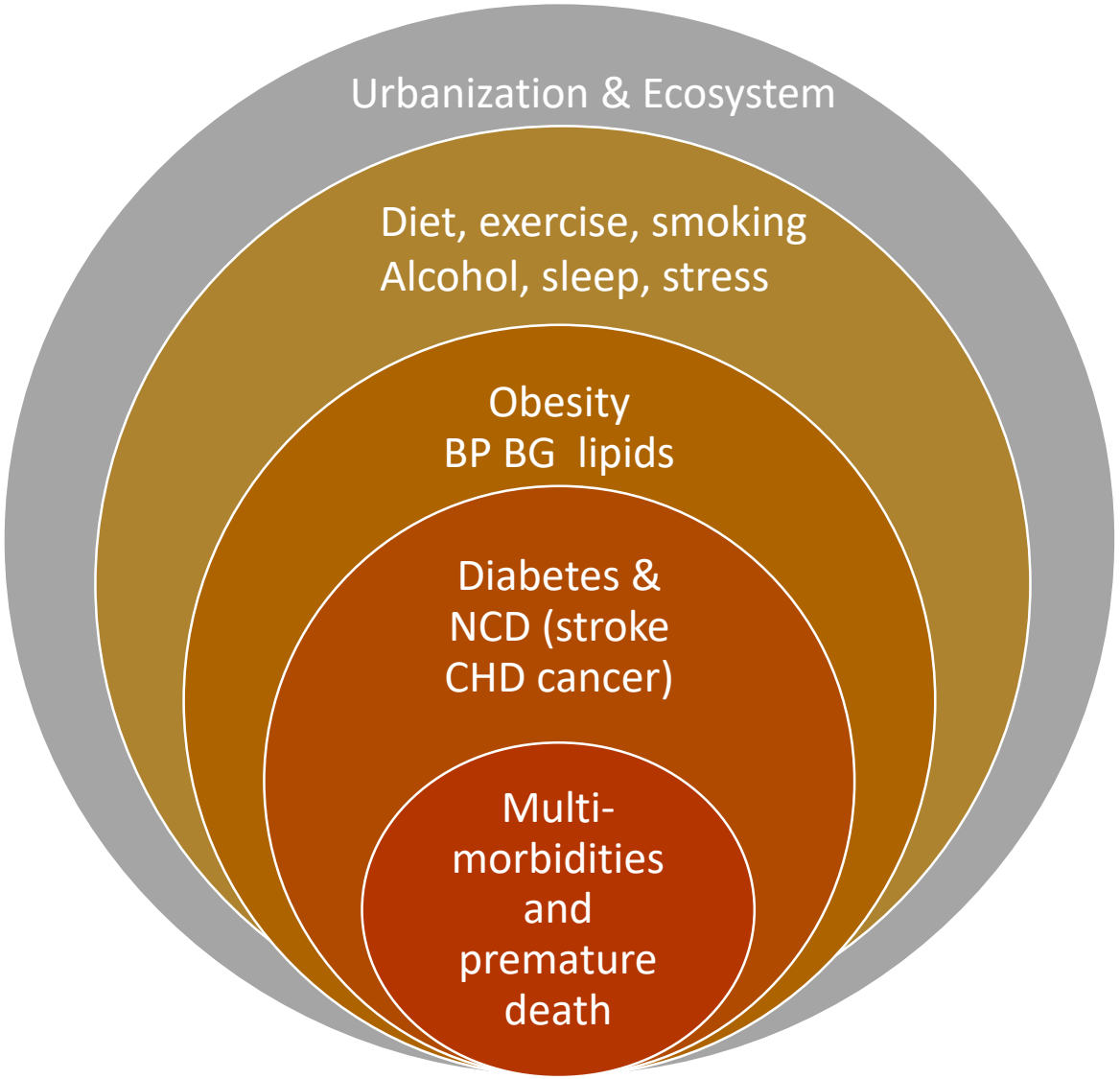
# NCD Countdown 2030: worldwide trends in non-communicable disease mortality and progress towards Sustainable Development Goal target 3.4

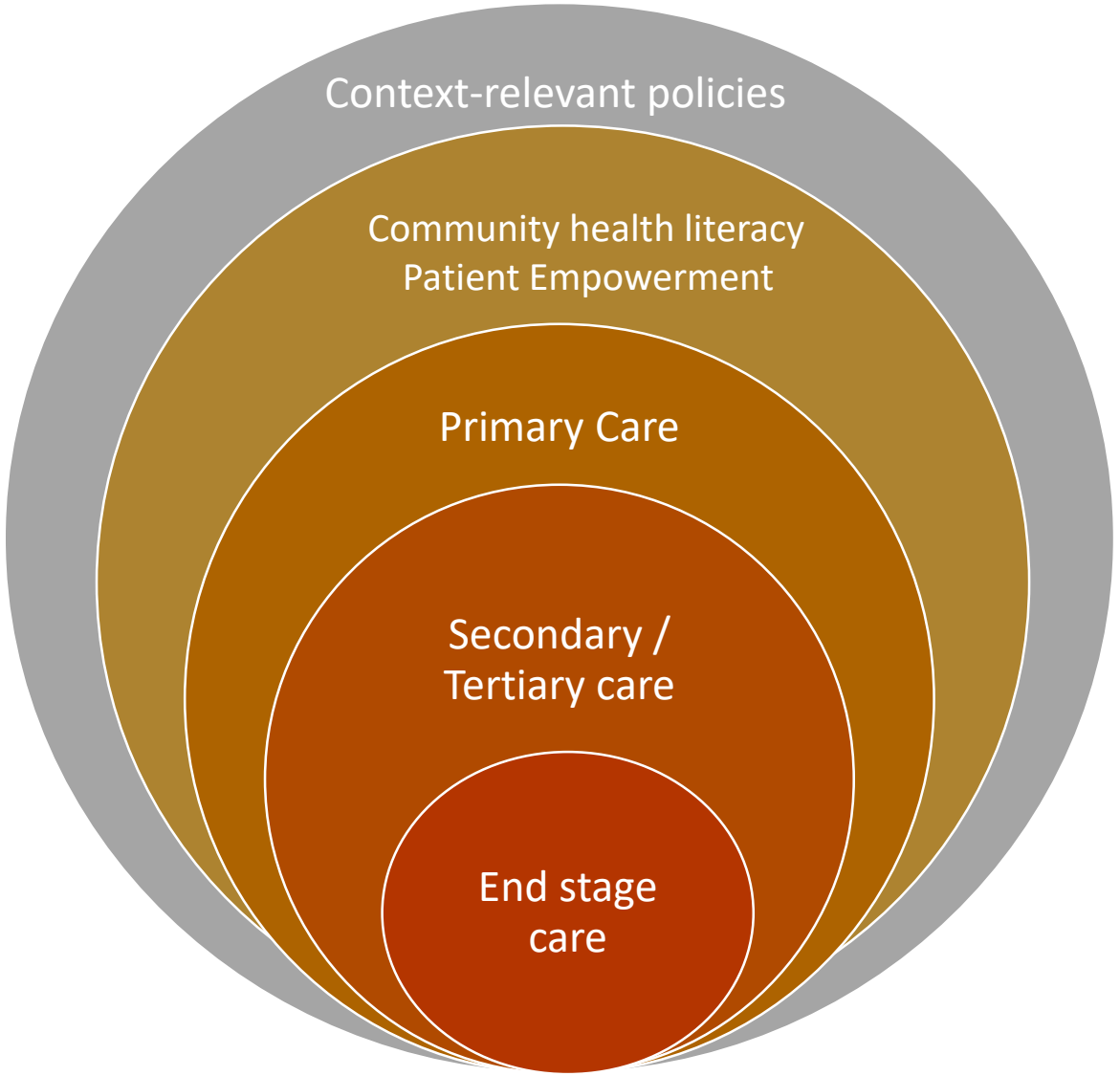
www.thelancet.com **Vol 392 September 22, 2018**

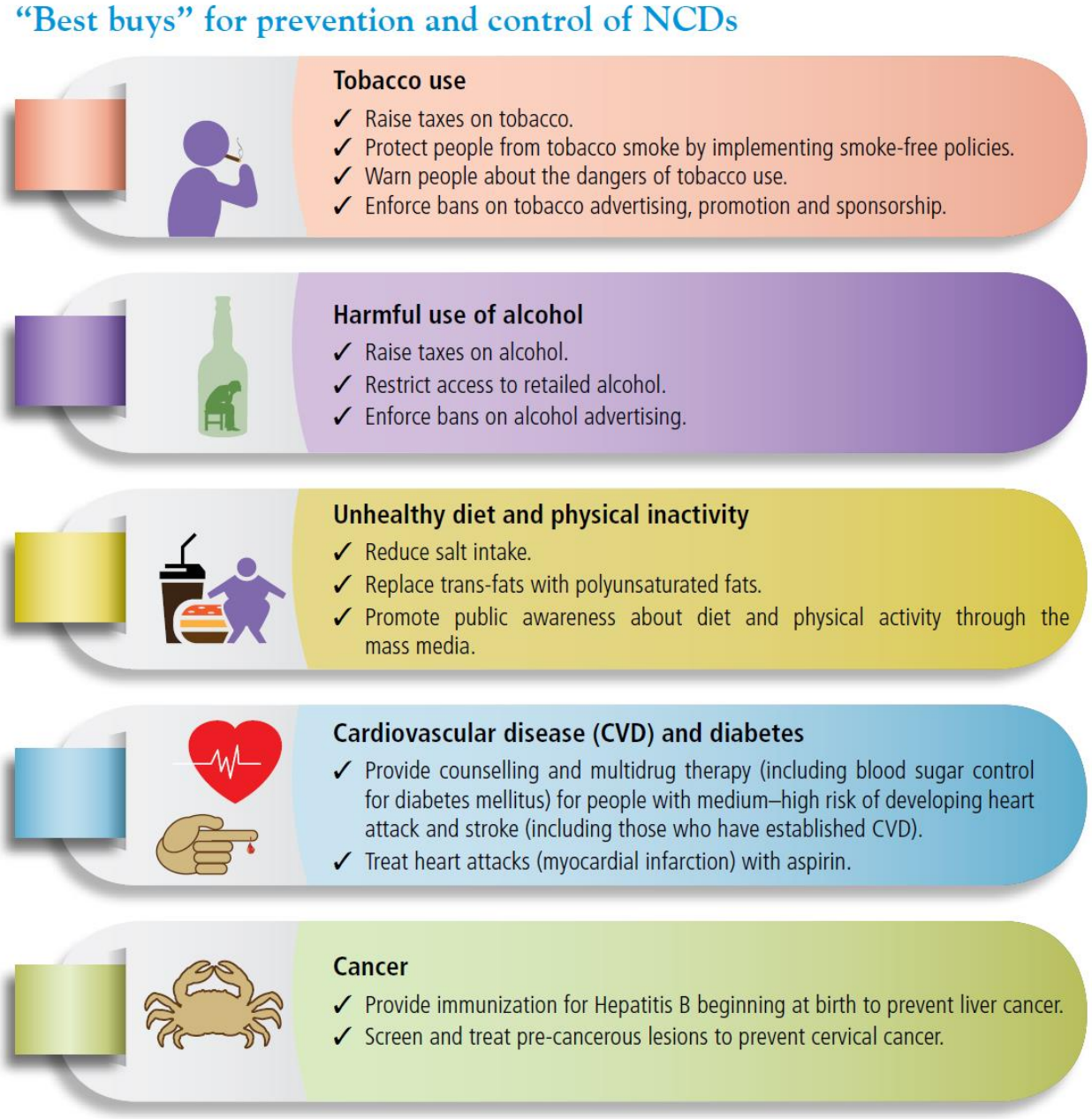
Heads of State and Government made a bold commitment in SDG target 3.4—to reduce, by 2030, premature mortality from non-communicable diseases by one third, through prevention and treatment and the promotion of mental health and well-being.

# So, how can countries do better– both in HICs and LMICs?

# Addressing NCDs at a societal level requires policies and system level interventions and integration






# WHO evidence-based 'Best Buys' for NCD prevention & control

## Little consideration of:

- Costs of implementation
- Adapting to country context
- Capacity to implement and evaluate
- Need to build capacity is long term

# WHO 'Best Buys' for NCDs….

- Good evidence for group interventions in reducing tobacco use.
- Weaker evidence for tobacco interventions targeting individuals.
- Fewer studies on smoking bans, warning labels and mass media campaigns, and no studies on taxes or marketing restrictions.
- Supportive evidence that cervical screening and hepatitis B immunisation prevent cancer in LMICs
- **Fourteen of the 'best buy' interventions did not have ANY good evidence for effectiveness in LMICs, including those related to changing diet, physical activity etc.**
- **Very little evidence about HOW to adapt and implement**

Allen, L. N., et al. (2018). Evaluation of research on interventions aligned to WHO 'Best Buys' for NCDs in low-income and lower-middle-income countries: a systematic review from 1990 to 2015. *BMJ Global Health* 3(1)

Urgent need for more evidence about HOW to implement what we already know (including **Best Buys**), particularly for LMICs

Urgent need for more evidence about HOW to implement what we already know (including **Best Buys**), particularly for LMICs

# Field of Implementation Science

| | | |
|---|---|---|
| **Implementation** | A specified set of activities designed to put into practice a policy or intervention of known dimensions *(15)* | Implementation processes are:<br>■ purposeful<br>■ described in sufficient detail to allow independent observers to detect the presence and quality of the specific set of implementation-related activities *(16)* |
| **Implementation research** | The scientific study of the processes used to implement policies and interventions and the contextual factors that affect these processes *(17)* | Investigates all aspects of implementation, including:<br>■ the uptake of evidence-based policies and interventions<br>■ activities used to put these into practice<br>■ factors that influence these activities<br>■ impact of factors on health outcomes |

*Ref: A guide to implementation research in the prevention and control of noncommunicable diseases. Geneva: World Health Organization; 2016.*

- *Implementation Research is the scientific study of methods to promote the systematic uptake of ~~clinical~~ research findings and other evidence-based practices and into* **public health practice** *and hence to improve the quality (effectiveness, reliability, safety, appropriateness, equity, efficiency) of* **public health interventions.**

  - Eccles et al., An Implementation research agenda, Implementation Science, 2006

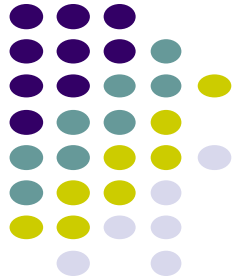
*……The scientific inquiry into questions concerning implementation – the act of carrying an intention into effect, which in health research can be policies, programmes, or individual practices…..*

*- Peters et al., 2013*

- CONTEXT is important
  - "Implementation research studies should not assume that empirically-supported interventions can be transferred into any service setting without attention to local context, nor that a unidirectional flow of information (e.g., publishing a recommendation, trial, or guideline) is sufficient to achieve practice change."

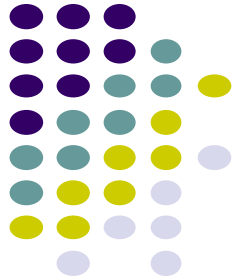
# Lots of different terms and intersecting disciplines/fields

# Implementation Research Traditions



- Quality Improvement Science
- Operational Research
- Policy Implementation and evaluation
- Programme Evaluation
- Dissemination and Implementation of Evidence based medicine
- Participatory Action research

# Implementation Research Traditions



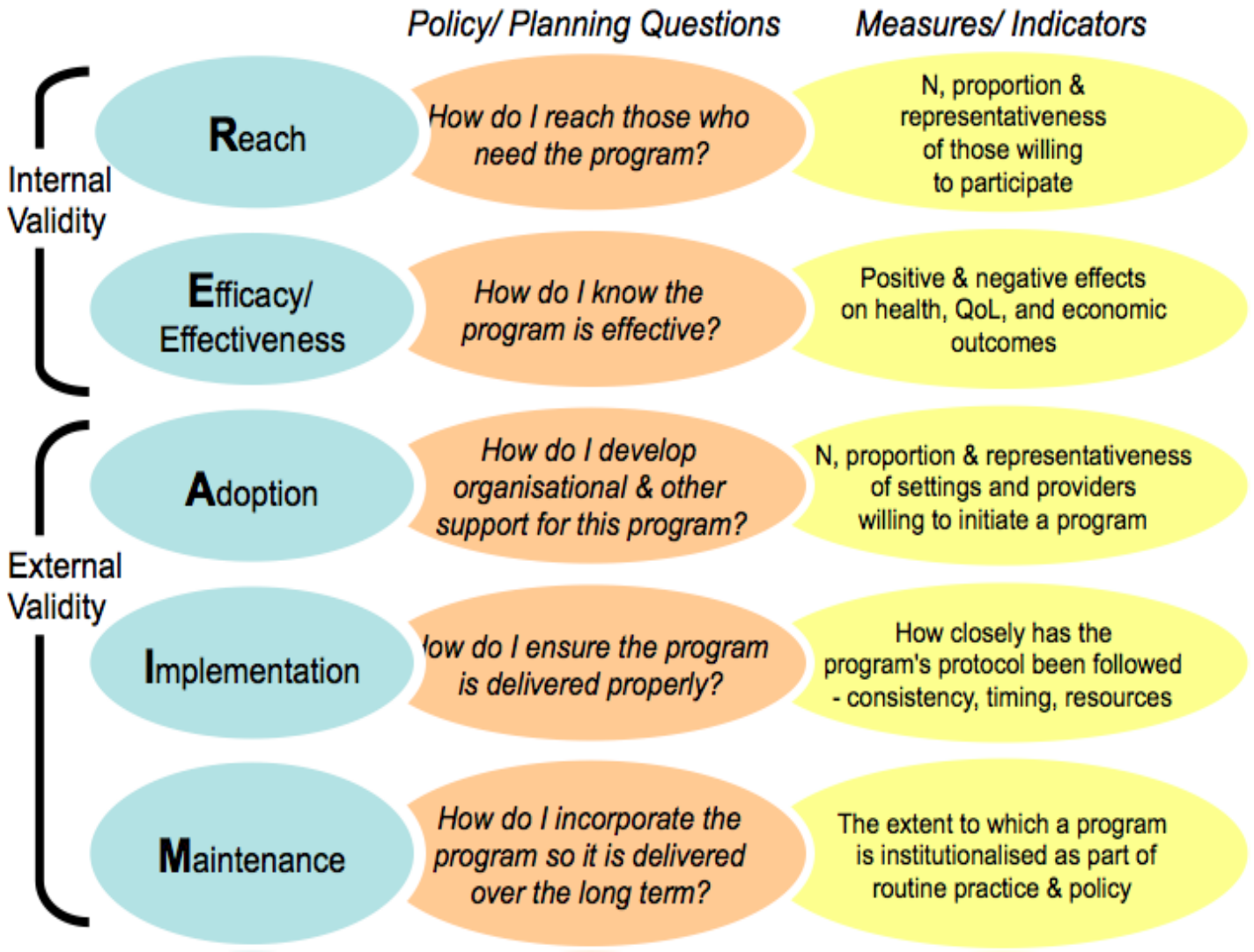
- Quality Improvement Science
- Operational Research
- Policy Implementation and evaluation
- Programme Evaluation
- Dissemination and Implementation of Evidence based medicine
- Participatory Action research
- Intersection of public health sciences + social/behavioral sciences + policy sciences
- Think more explicitly about population impact and benefit

# Public health benefit is not just determined by evidence of efficacy/effectiveness, but also by:

- **Reaching** large numbers of people for most benefit by adapting, refining and translation…
- Being widely **adopted** in many different settings/contexts
- Being consistently **implemented** with moderate levels of training and expertise
- Producing **replicable** and **long-lasting** effects (and minimal negative impacts) at reasonable cost

## Glasgow's REAIM framework

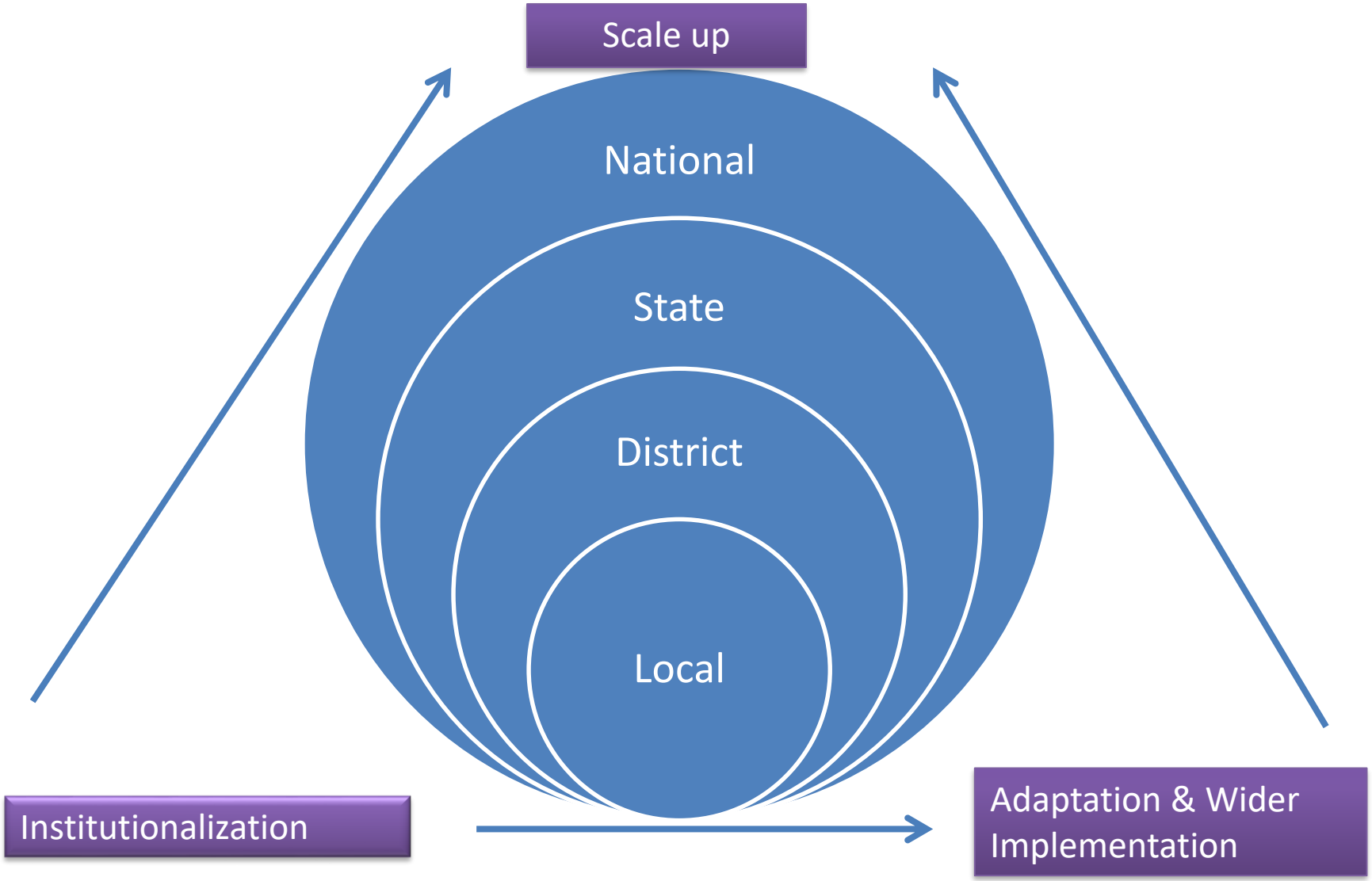
# Glasgow RE-AIM framework



# RE-AIM

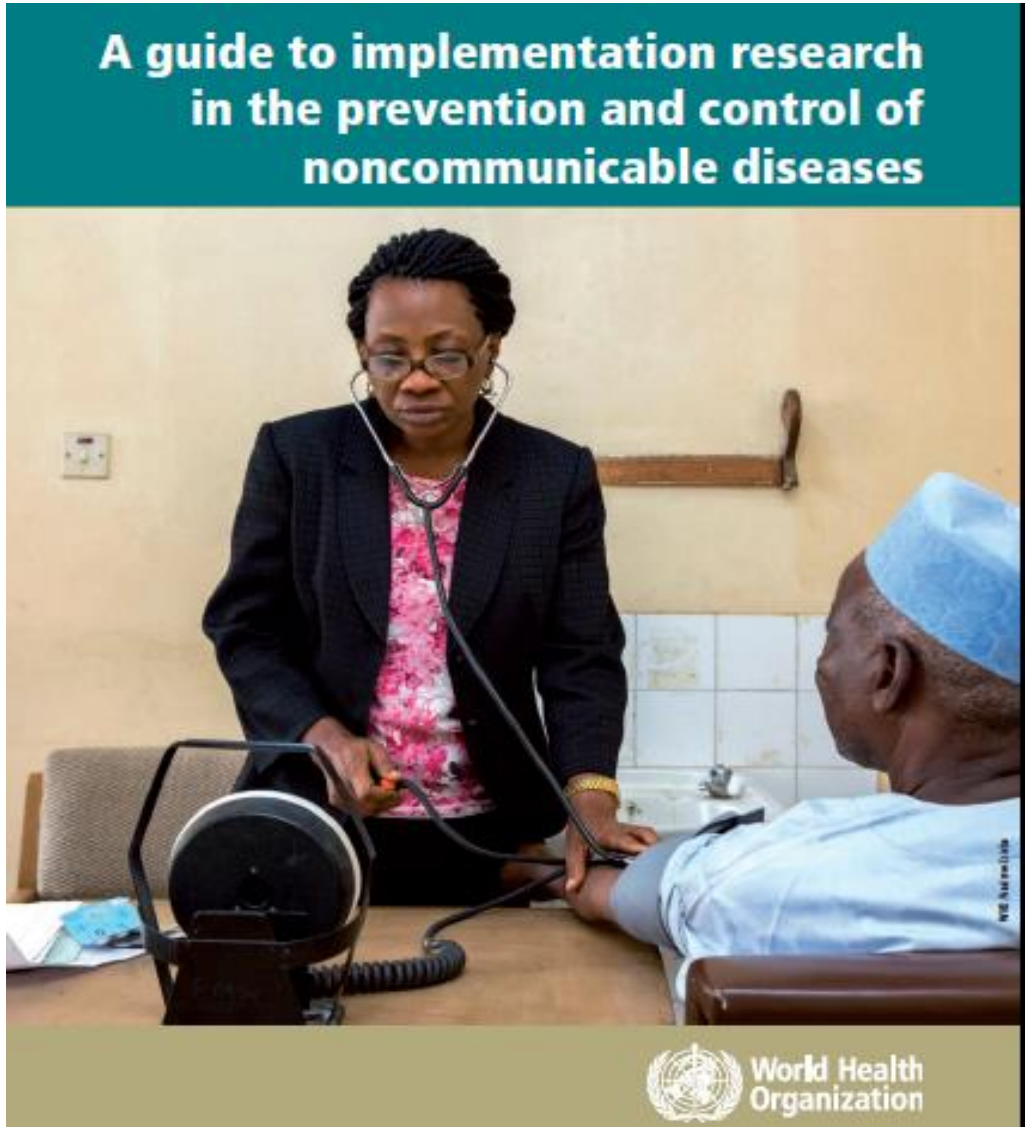
- A systematic way for researchers, practitioners, and policy makers to evaluate health behavior/service/public health interventions.
- It can be used to estimate the potential impact of interventions on public health.

# Scaling up of interventions and programs into policy and widespread practice



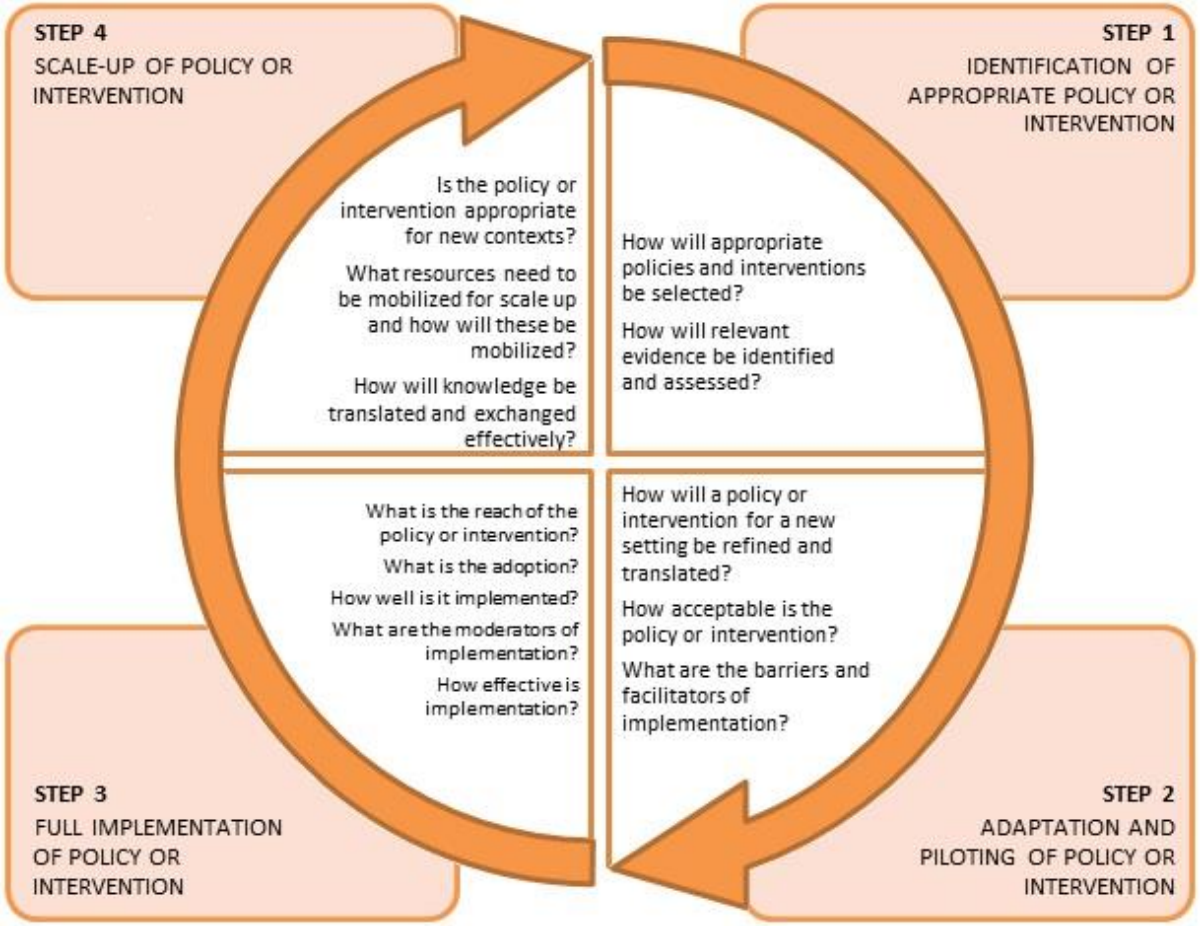
**http://www.who.int/ncds/governance/policies/NCD_MSA_plans/en/**

**Suggested citation**. A guide to implementation research in the prevention and control of noncommunicable diseases. Geneva: World Health Organization; 2016.



# WHO Guide – Framework Model

## Relationship between implementation and the implementation research cycle



# Summary

- WHAT ("Best Buys") we already know about for improving the prevention and management of NCDs needs to be better tailored and adapted to countries, settings and context

- The evidence about HOW to implement policies and programs – particularly in LMICs – is a fraction of what we know about 'what to do'.

- Prioritizing evidence for implementation is also very important

# Summary (2)

Implementation research:

- Involves the scientific study of implementation processes and the contextual factors that affect them.
- Helps identify the most efficient and cost-effective methods of implementation.
- Should be embedded in all stages involving the selection, adaptation and evaluation of policies or interventions

Knowledge generated by implementation research should be shared widely.

# The defining characteristics of implementation research are:

| | | | |
|---|---|---|---|
| Context specific | Relevant and agenda setting | Method fit for purpose | Demand driven |
| Multi-stakeholder and multidisciplinary | Real world | Real Time | Focuses on process and outcomes |

Thank you

NYU Langone Health

# Implementation Research: From Problems to Solutions to Outcomes

**Rajesh Vedanthan, MD MPH**
**Director, Section for Global Health**
**Associate Professor, Departments of Population Health and Medicine**
**New York University School of Medicine**

# Disclosures

I receive financial support from the following company or companies related to the products listed below. These relationships may lead to bias in my presentation.

| Entity | Type(s) of relationship(s) | Product name(s) | Relevant disease(s) or condition(s) |
|---|---|---|---|
| **NONE** | | | |
| | | | |

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R01HL125487
U01HL114200
U01HL138636
U01HL142099
R21HL140474
14SFRN20490315

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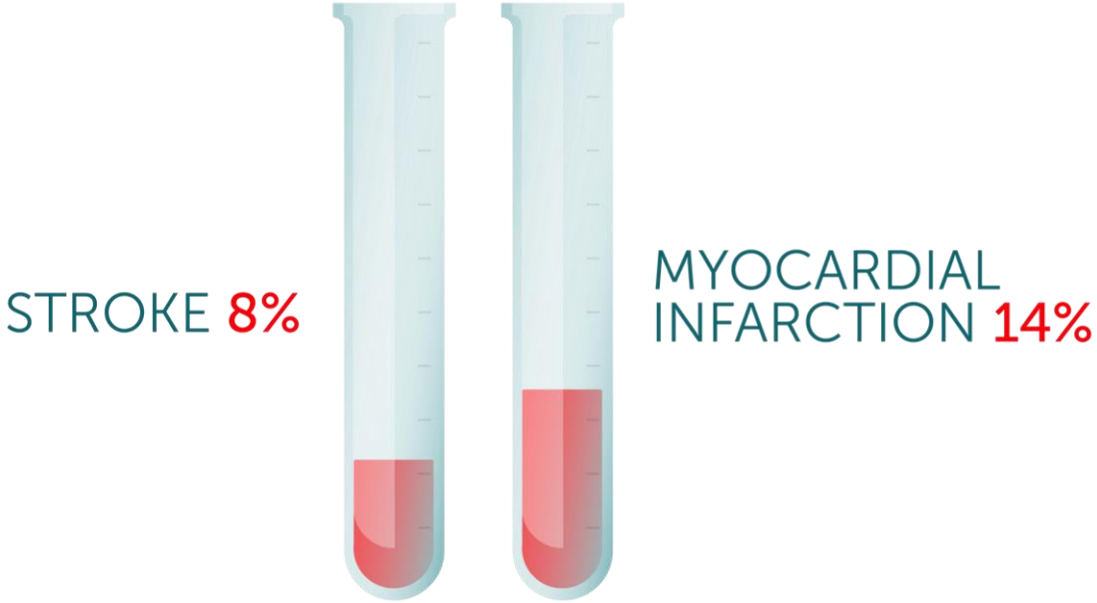
# Implementation research

- Implementation research is the scientific study of **methods to promote the systematic uptake of research findings and other evidence-based practices into routine practice**, and, hence, to improve the quality and effectiveness of health services and public health

- It includes the study of influences on healthcare professional and organizational behaviour.

- (Eccles/Mittman, 2006)

# Knowledge-Practice (Know-Do) Gap



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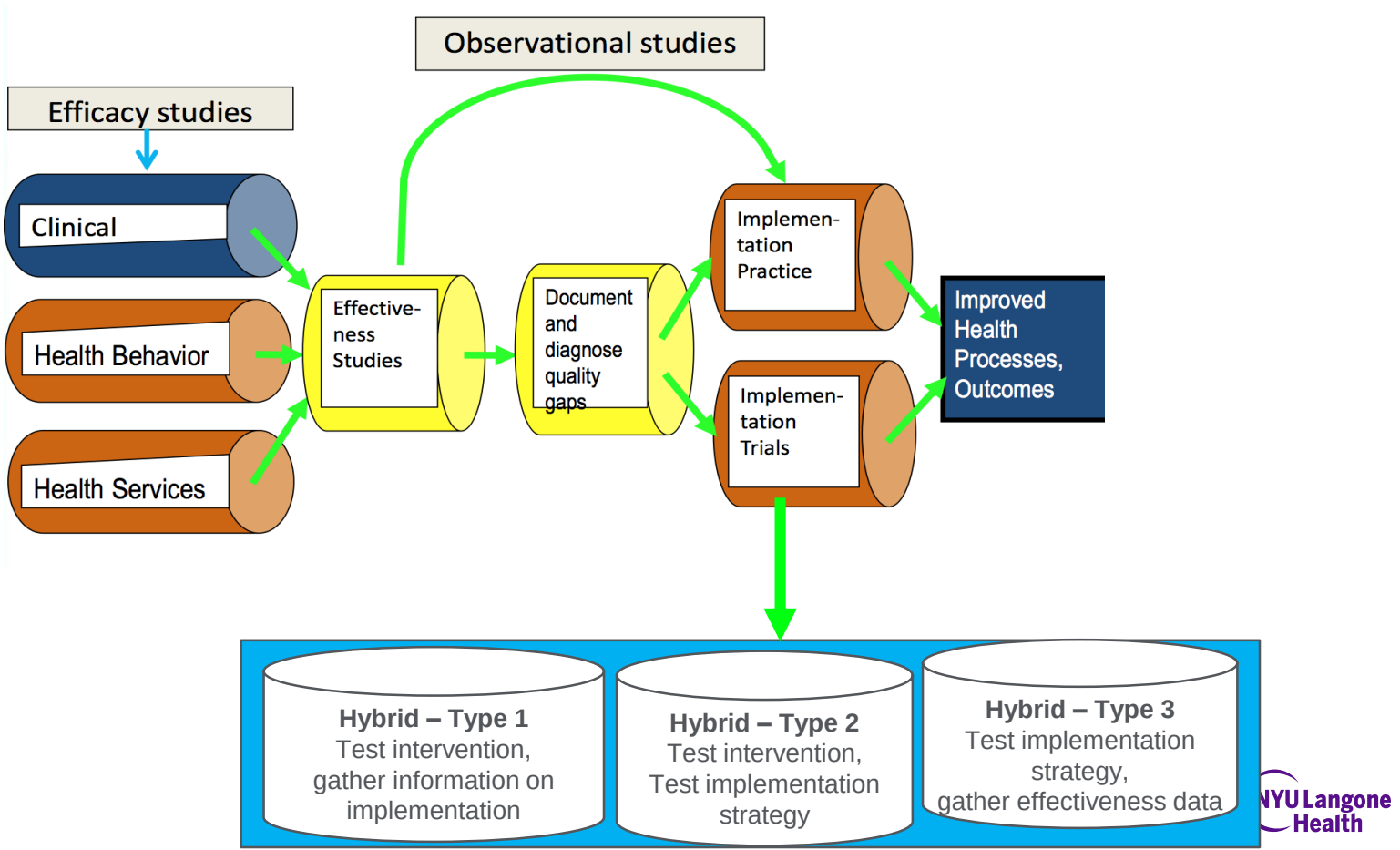
# Implementation pipeline- Mittman & Curran 2012

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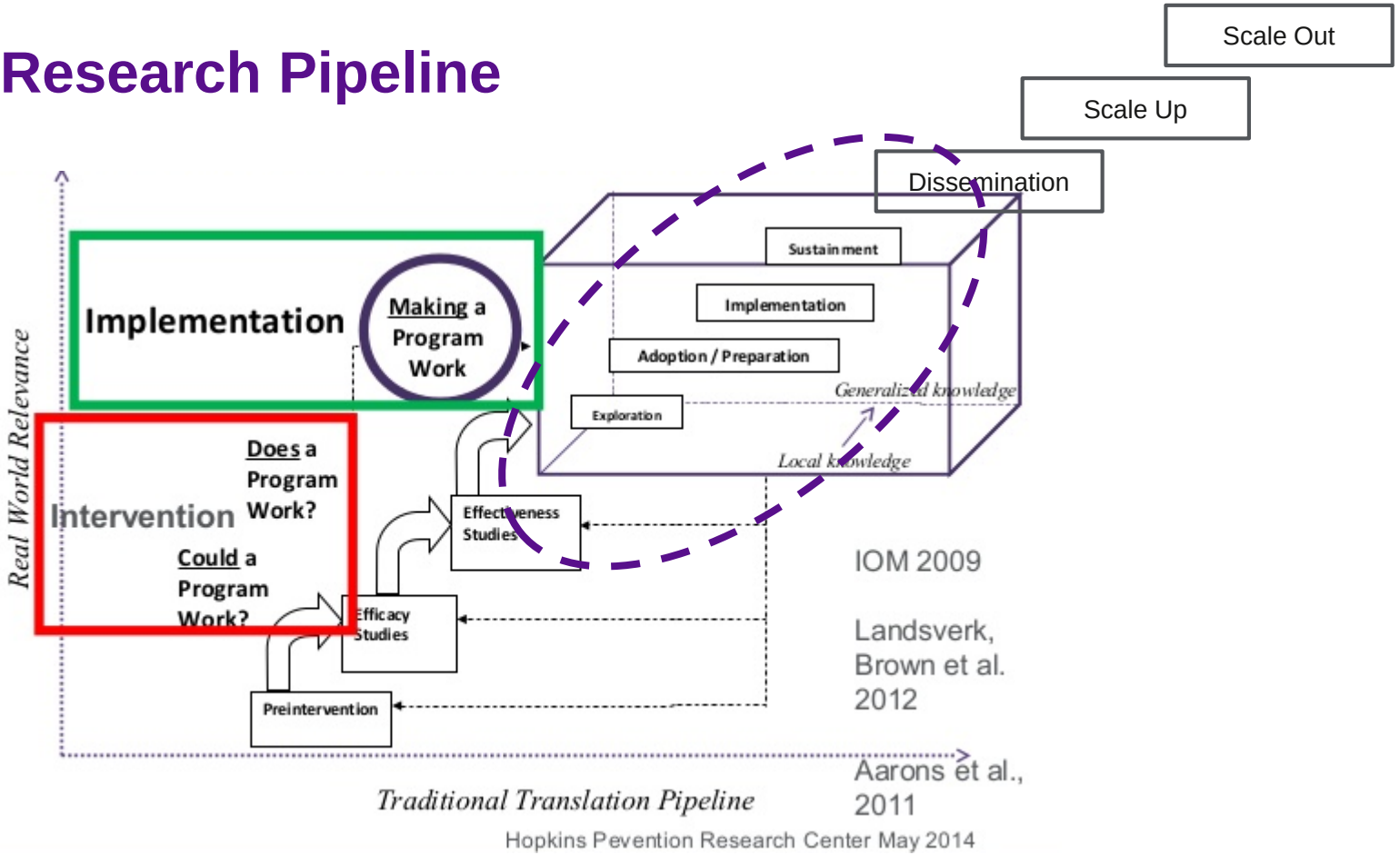
# Research Pipeline



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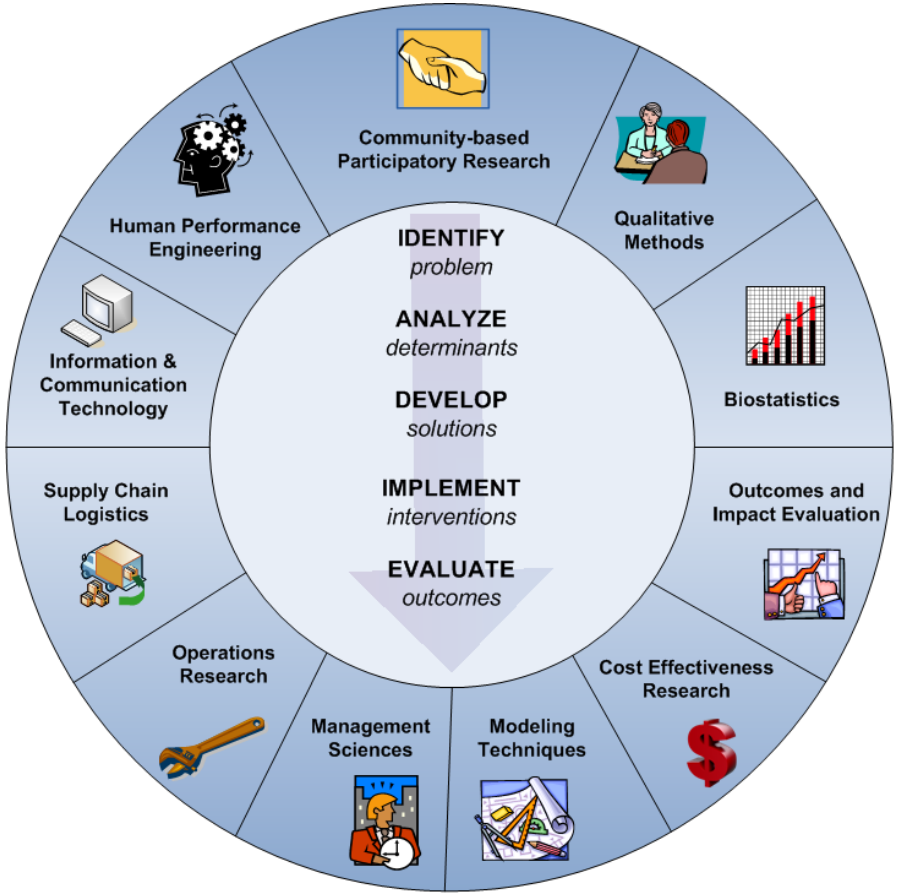
# Implementation Research




Vedanthan (2011) MSJM

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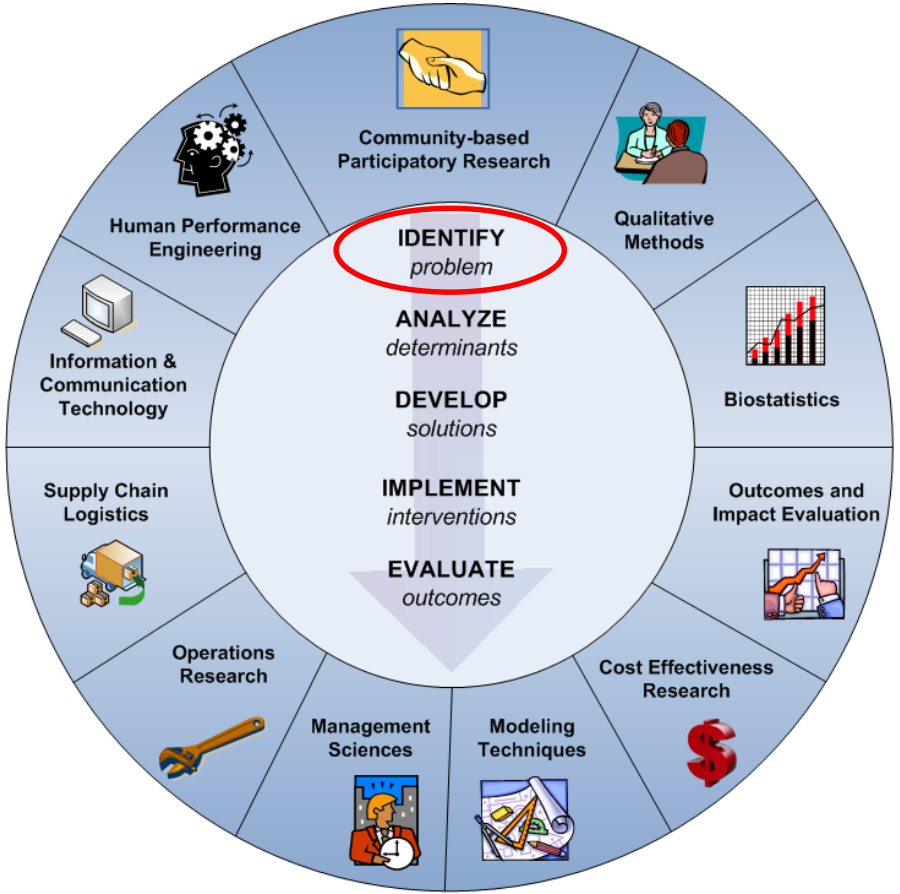
# Implementation Research




Vedanthan (2011) MSJM

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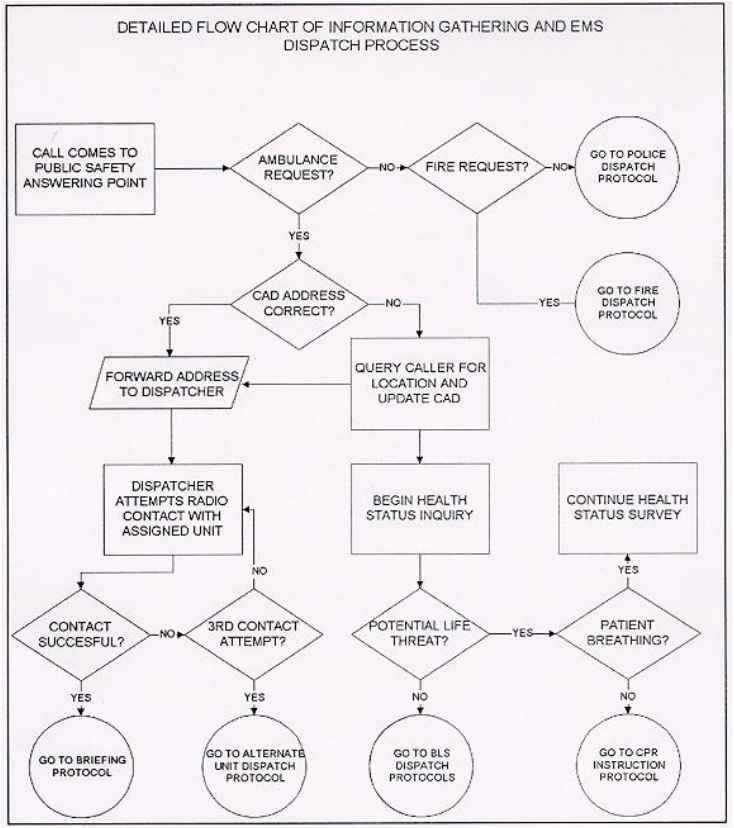
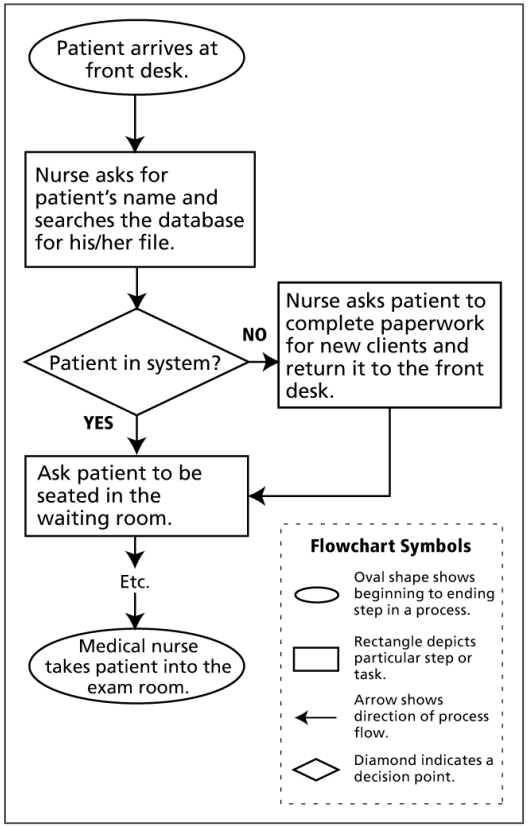
# Problem Analysis—Flow Chart




NHTSA; AETC

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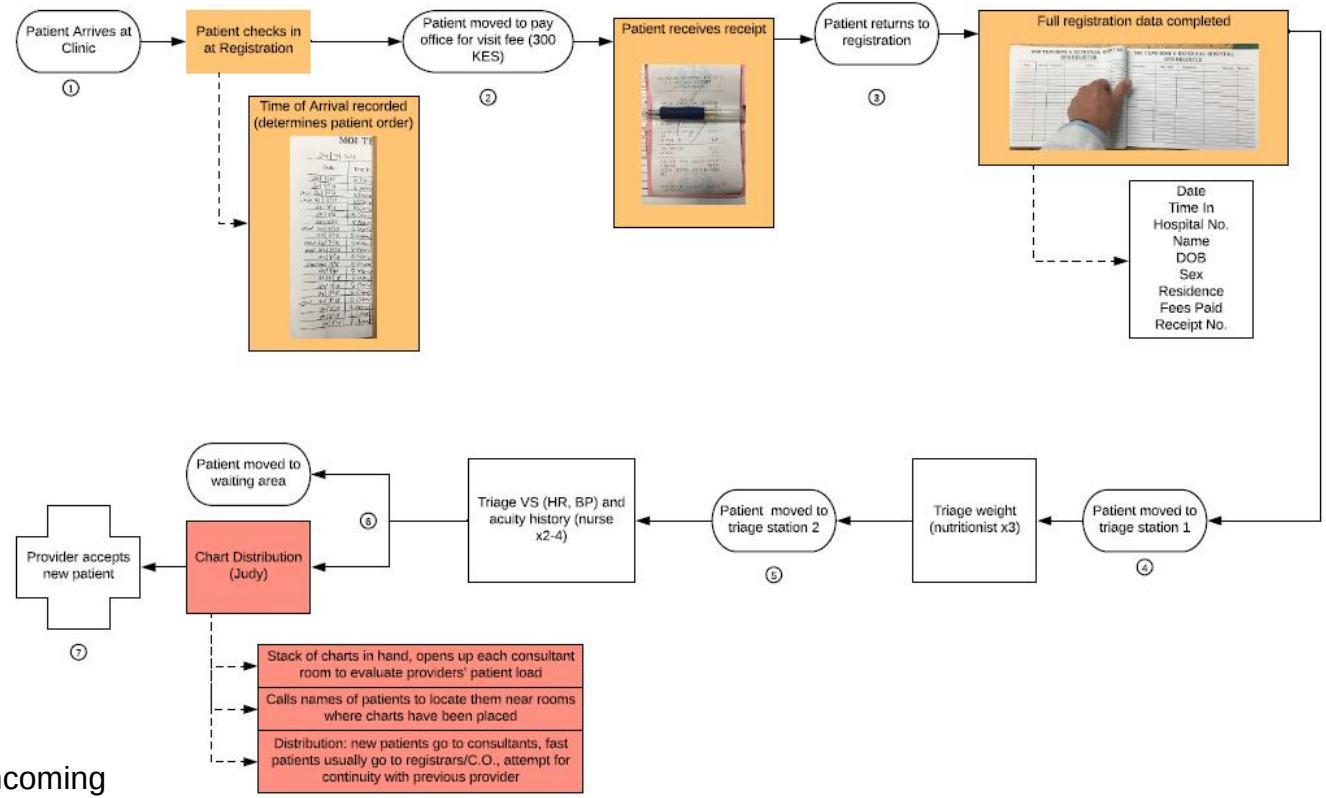
# Process Map – Task Map




Pathak et al. Forthcoming

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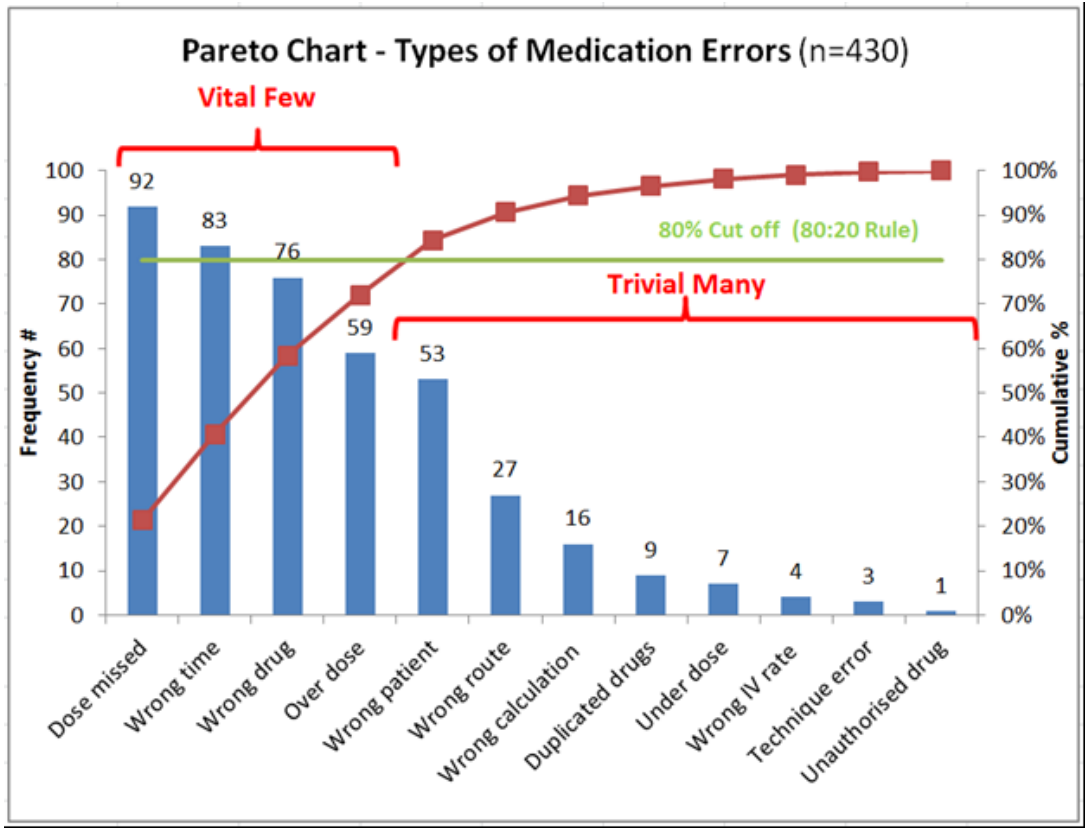
# Problem Analysis—Pareto Chart




Clinical Excellence Commission (Aus)

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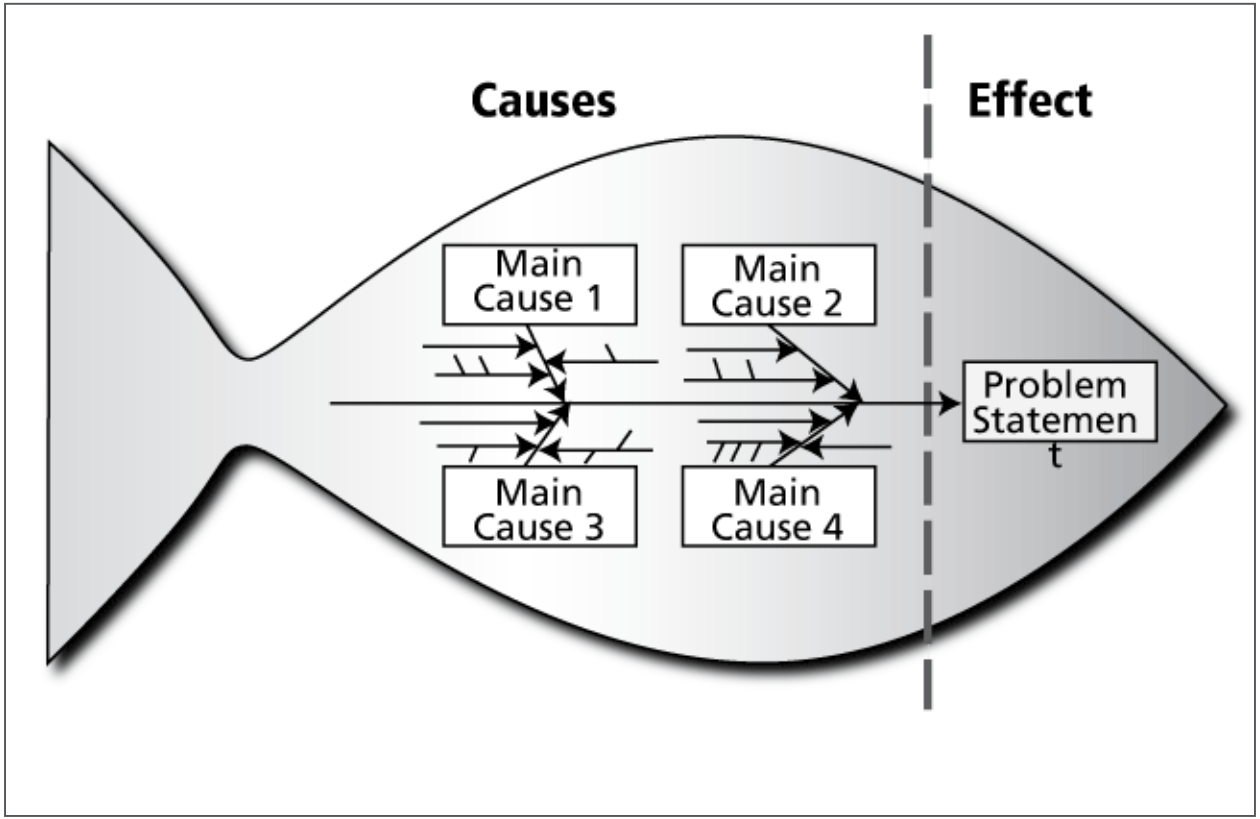
# Problem Analysis—Fishbone/Ishikawa Diagram

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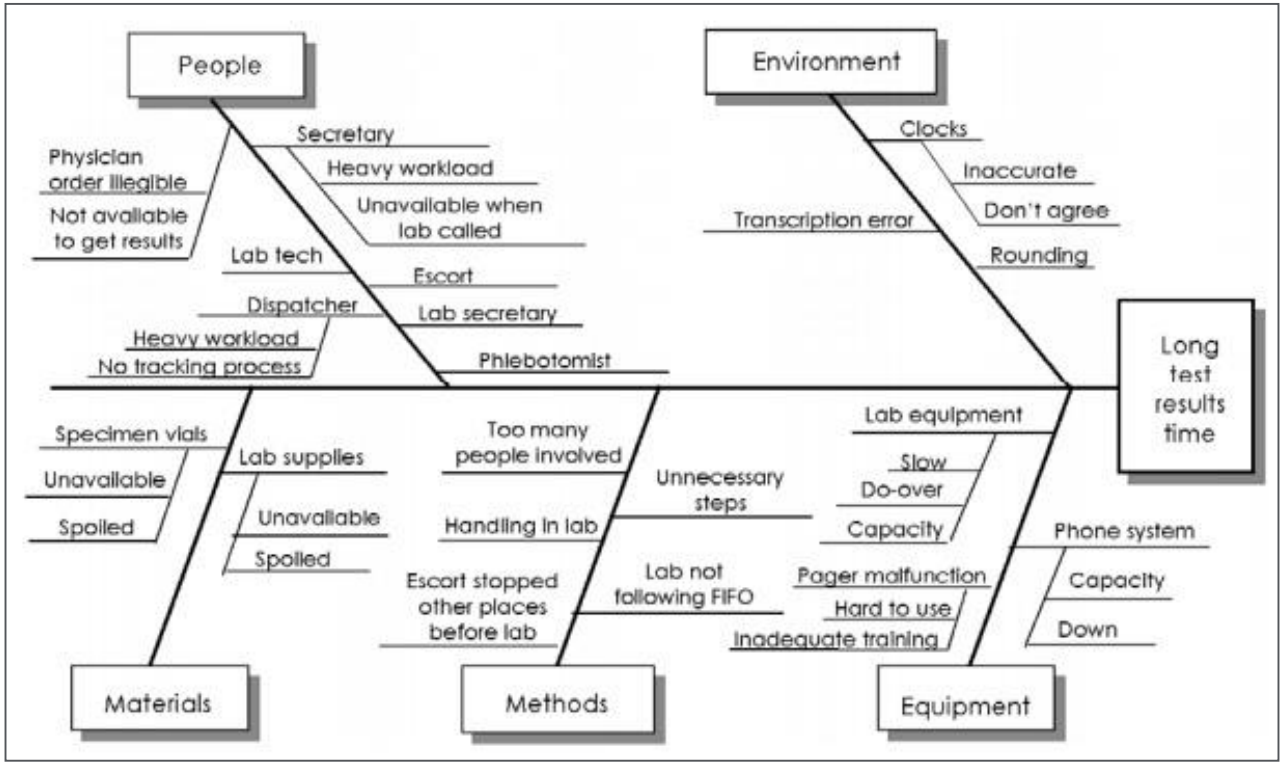
# Problem Analysis—Fishbone/Ishikawa Diagram



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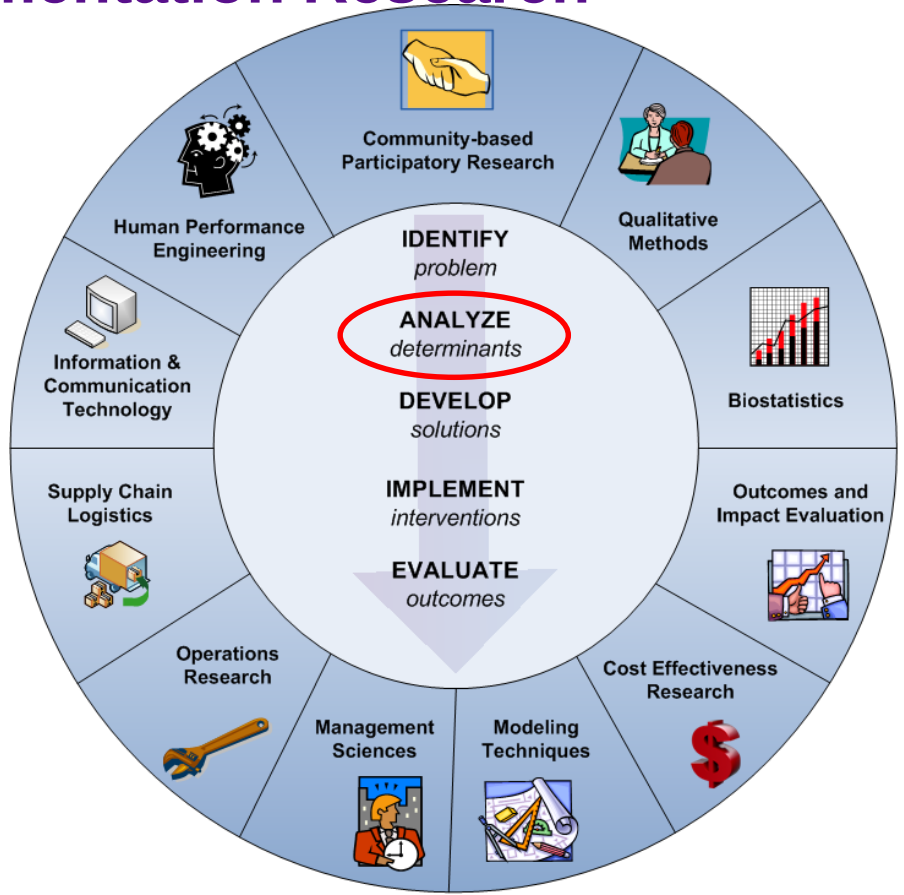
# Implementation Research




Vedanthan (2011) MSJM

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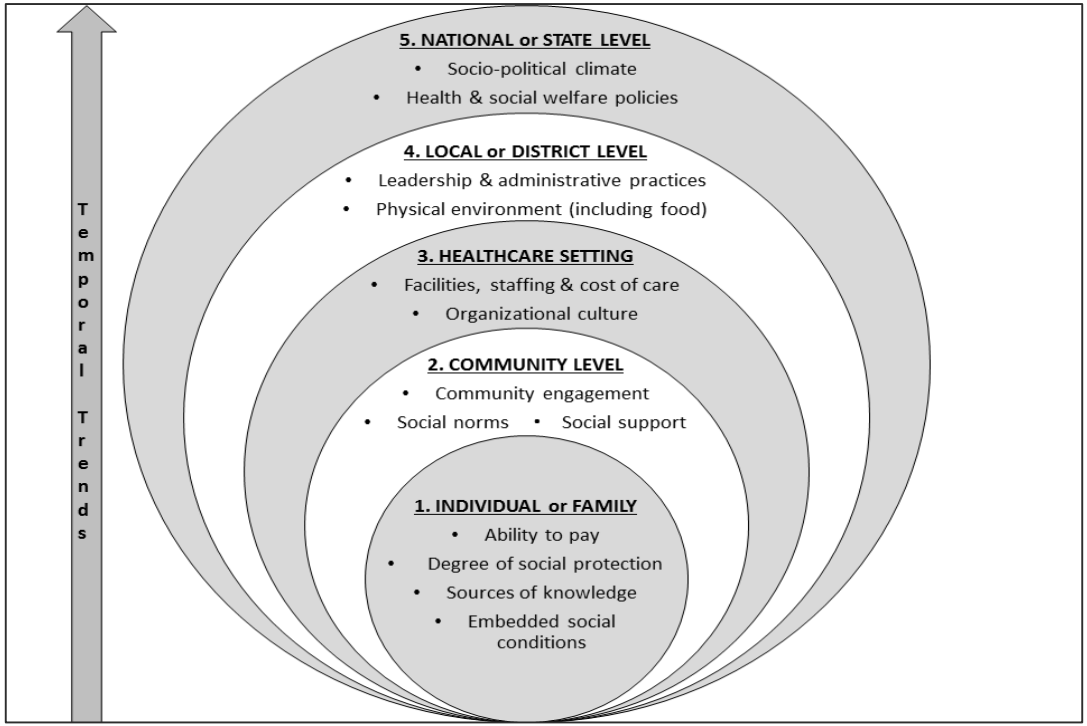
# Analyze Determinants

- Context, Agency, Structure




Daivadanam et al. Forthcoming

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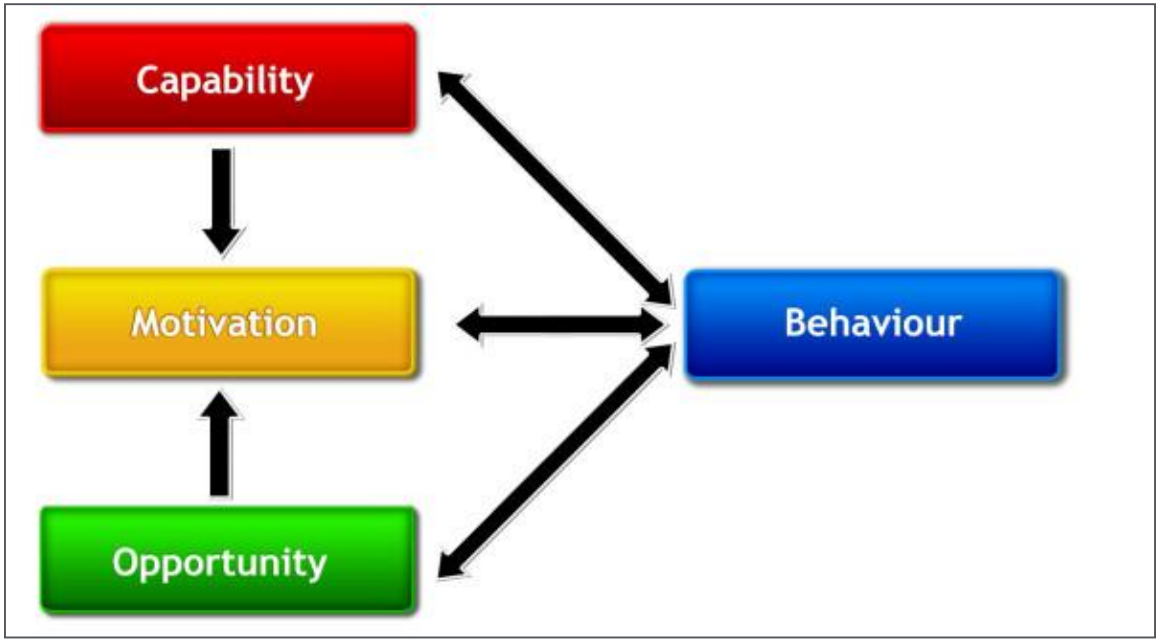
# Determinants

- Behavior




Michie (2011) Imp Sci

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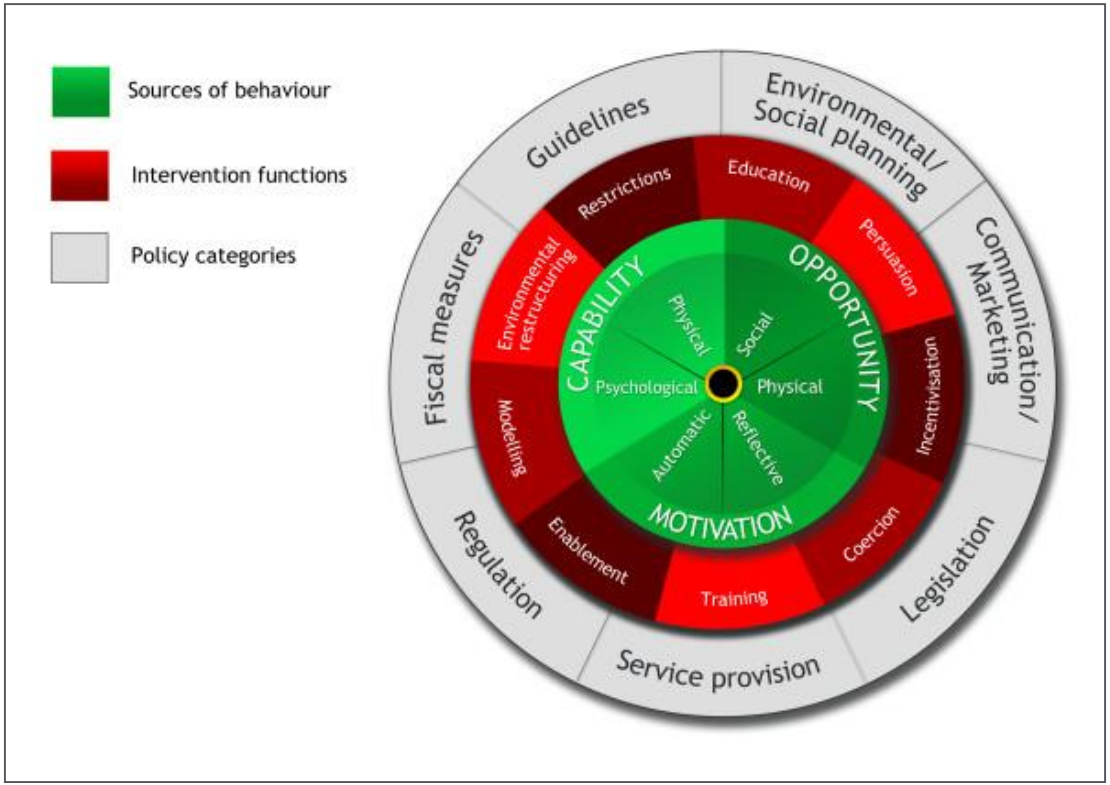
# Behavior Change Wheel




Michie (2011) Imp Sci

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# Other examples…

# (there are MANY)

| SOCIO-ECOLOGICAL LEVEL | THEORY | FOCUS |
|---|---|---|
|  Individual | Health Belief Model | Individuals' perception of the threat of a health problem and the appraisal of recommended behavior(s) for preventing or managing the problem. |
| | Theory of Planned Behavior | Individuals' behavioral intention is the most important determinant of behavior. |
|  Interpersonal | Stages of Change (Transtheoretical Model) | Individuals' readiness to change or attempt to change toward healthy behaviors. |
| | Social Learning Theory | Behavior is explained via a three-way, dynamic reciprocal theory in which personal factors, environmental influences and behavior continually interact. |
|  Community | Diffusion of Innovation Theory | Addresses how new ideas, products and social practices spread within a society or from one society to another. |

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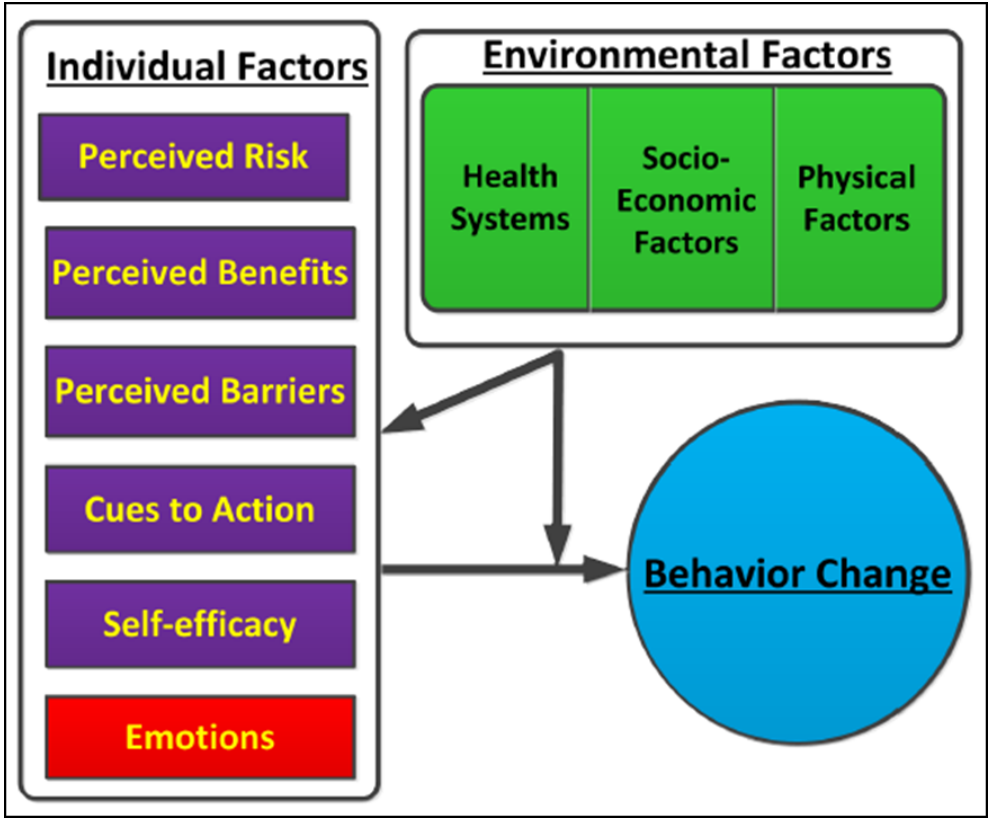
# Modified HBM: LARK




Naanyu, Vedanthan, et al, (2016) JGIM

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# Implementation Research


Vedanthan (2011) MSJM

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# Intervention Selection

- Patient-focused
- Provider-focused
- Education
- Feedback/Reminders
- Patient safety
- Organizational change
- Economic strategies
- Policy/Regulation
- Multifaceted

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# DESIGN THINKING

Designer's **sensibility** and **methods** to match:

- **Desirability** (people's needs)
- **Feasibility** (social, political, technological, cultural)
- **Viability** (economic, sustainable, scalable)

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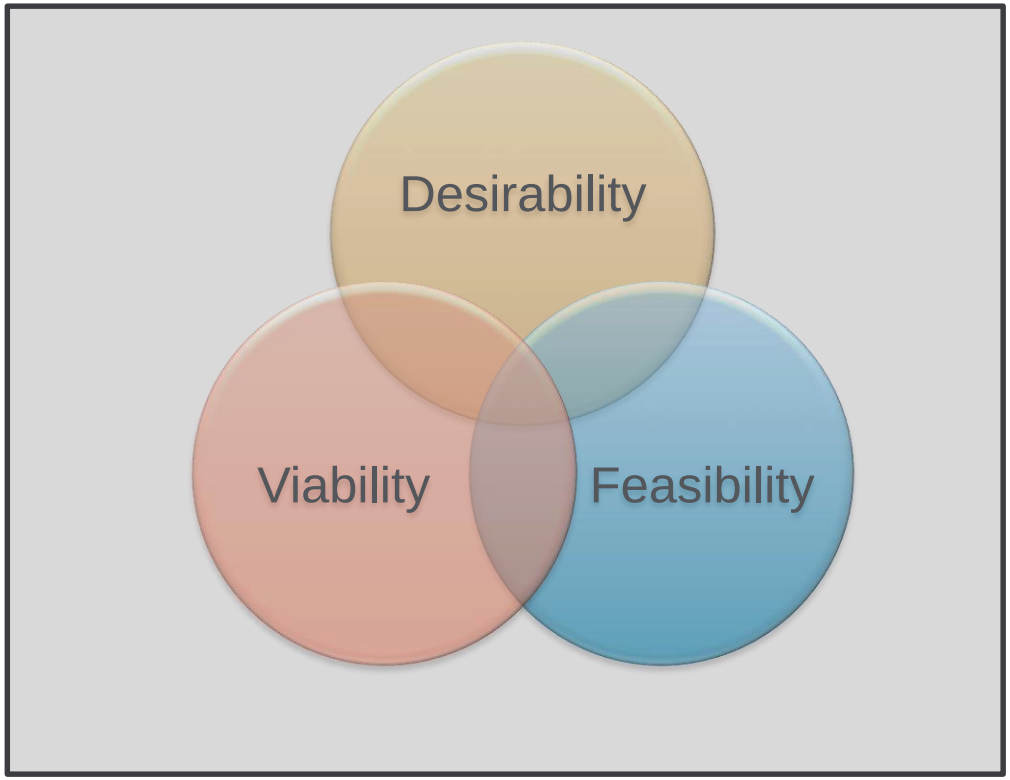
# Designer's Triad

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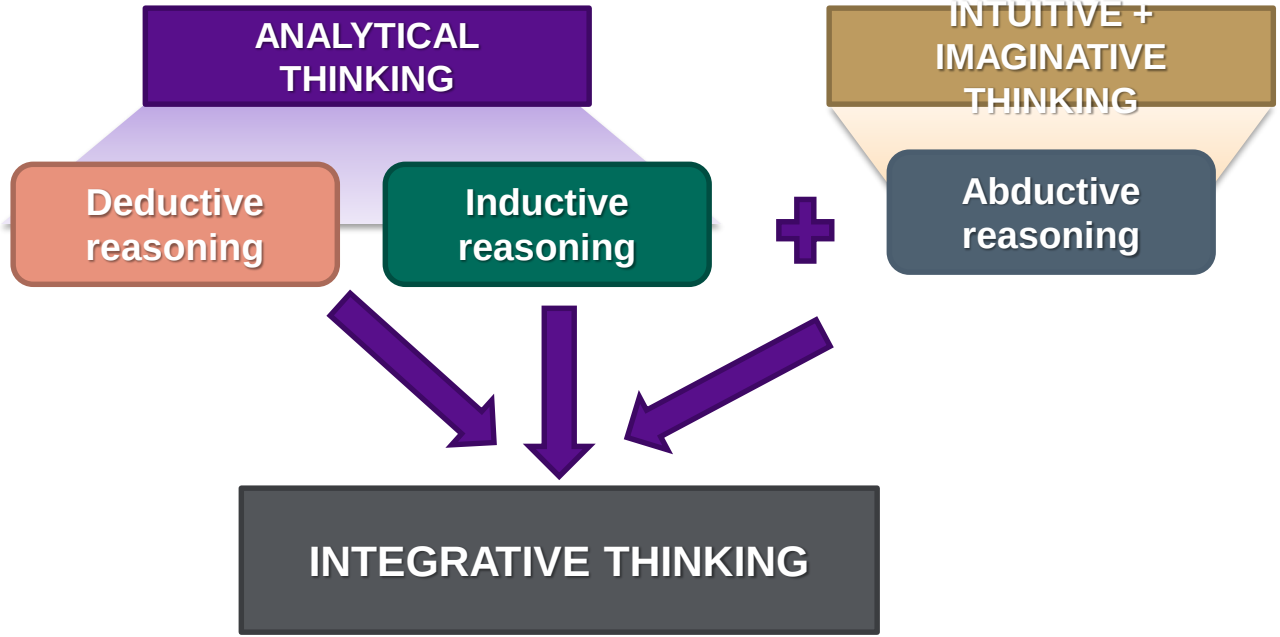
# Designer's Sensibility: Integrative Thinking

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**Reduces spillage by over 80%!**

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# How can we get more people to use stairs?


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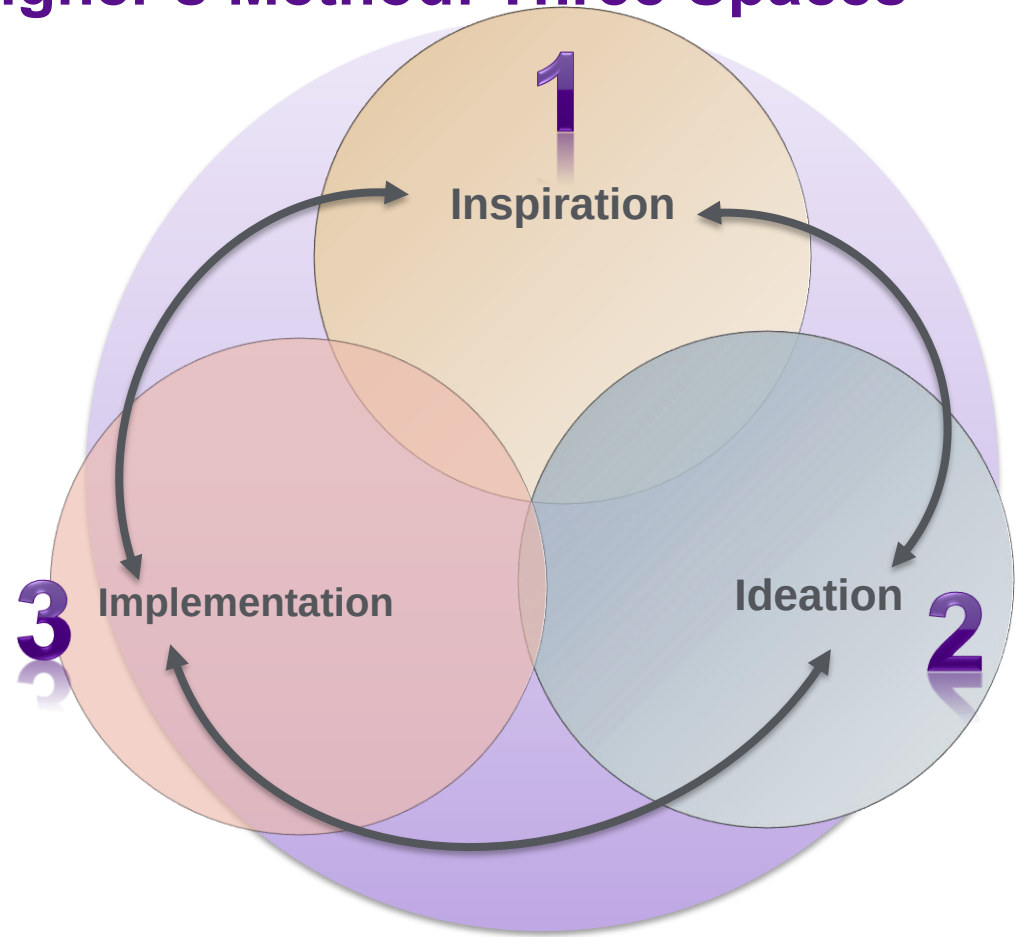
# Designer's Method: Three Spaces

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# **B**ridging **I**ncome **G**eneration with Grou**p** **I**ntegrated **C**are

PI (USA): Rajesh Vedanthan, MD MPH

PI (Kenya): Jemima H. Kamano, MMed

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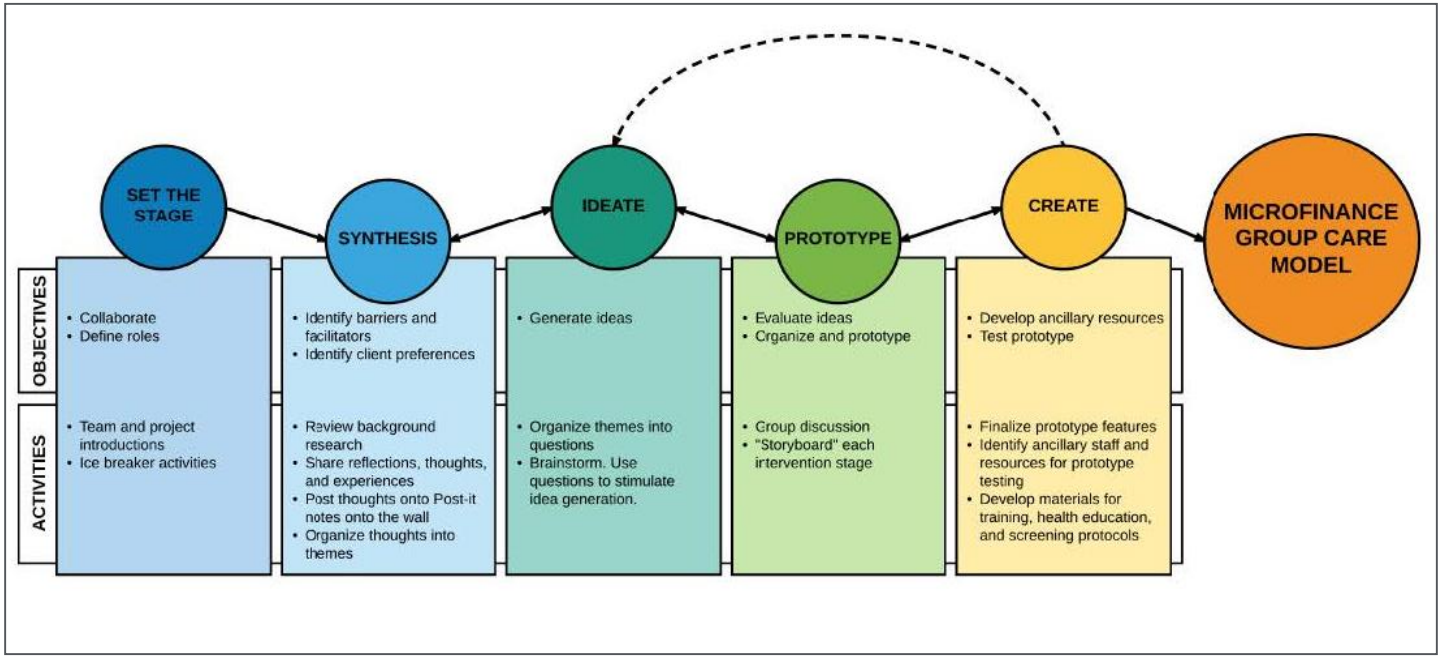


Leung, et al, (2017) AHA Scientific Sessions

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# Design Team

Leung, et al, forthcoming

# Aim 1.1: Prototype

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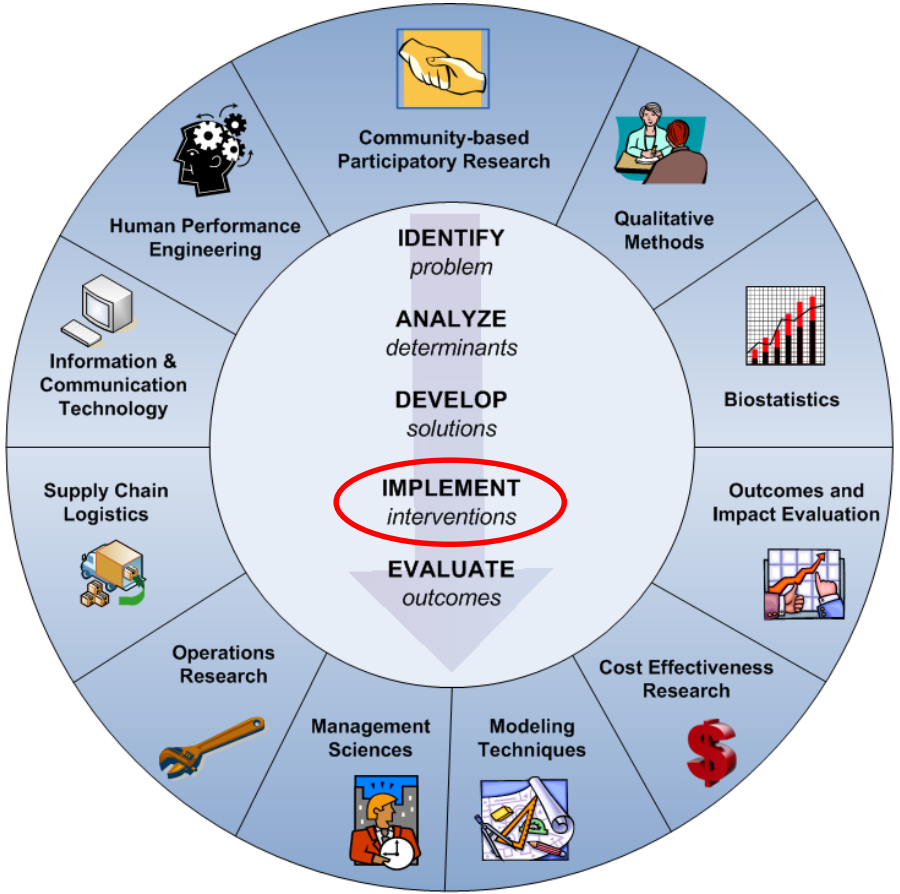
# Implementation Research




Vedanthan (2011) MSJM

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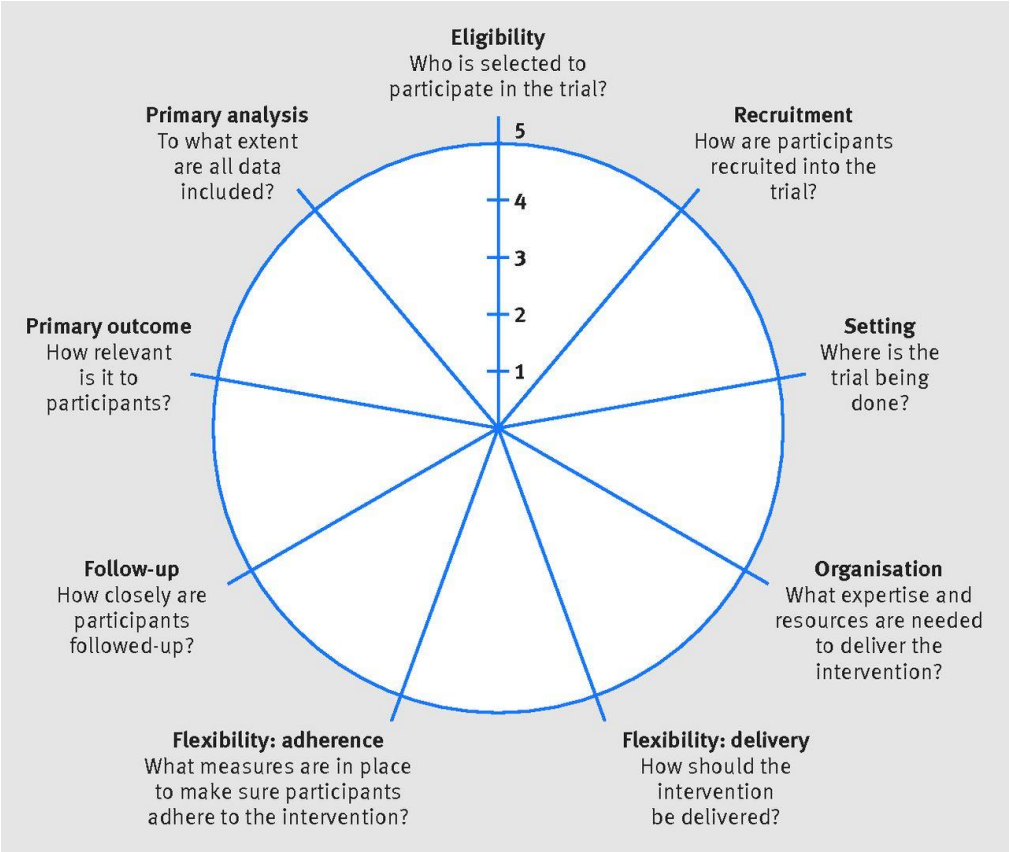
# The PRagmatic-Explanatory Continuum Indicator Summary 2 (PRECIS-2) wheel




Kirsty Loudon et al. BMJ 2015;350:bmj.h2147

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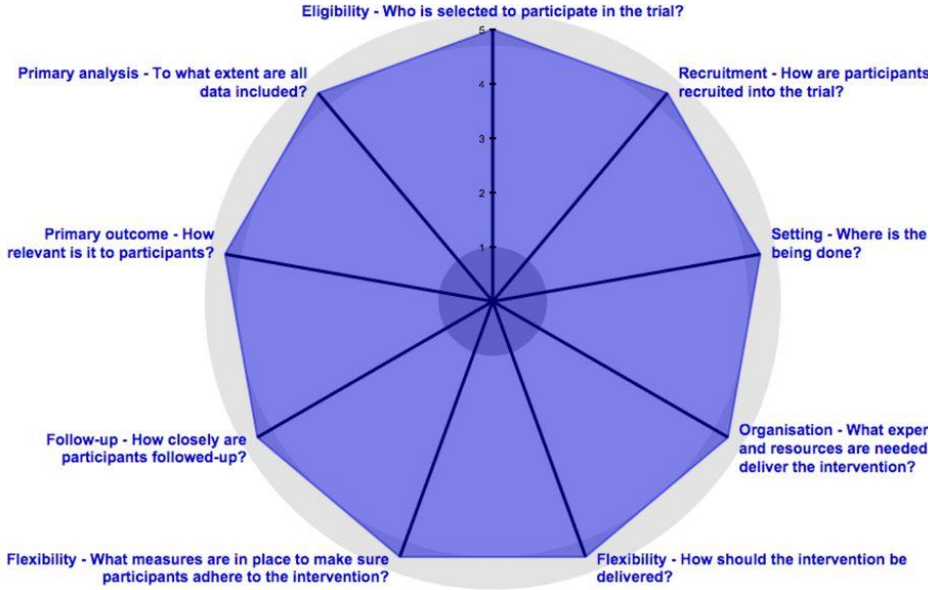
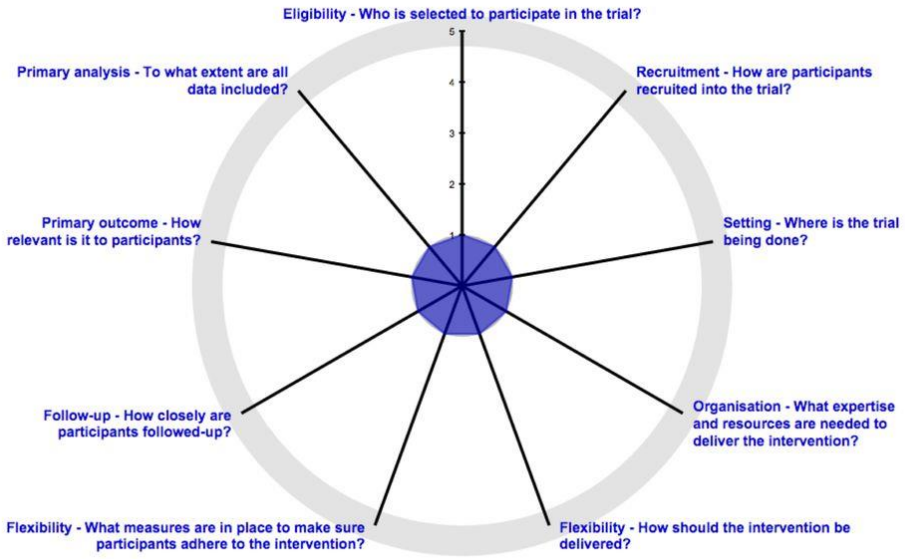
# Pragmatic vs. Explanatory

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# Pragmatic vs. Traditional

| | Pragmatic | Traditional |
|---|---|---|
| Stakeholder Engagement | Engaged in all phases | Limited engagement |
| Research Design | Internal and external validity; design fidelity; local adaptation; real-life settings; context | Limiting threats to internal validity; usually RCT; homogenous participants |
| Outcomes | Reach, effectiveness, adoption, implementation, comparative effectiveness, sustainability | Efficacy, mechanism, component analysis |
| Measures | Brief, valid, actionable, rapid utility, feasible | Validated measures that minimize bias; internal consistency/theory vs. clinical relevance |
| Data Source | Existing data, health records, admin data, patient reports | Data generation and collection part of clinical trial |
| Availability of Findings | Rapid learning and implementation | Delay between trial completion and analytic availability |

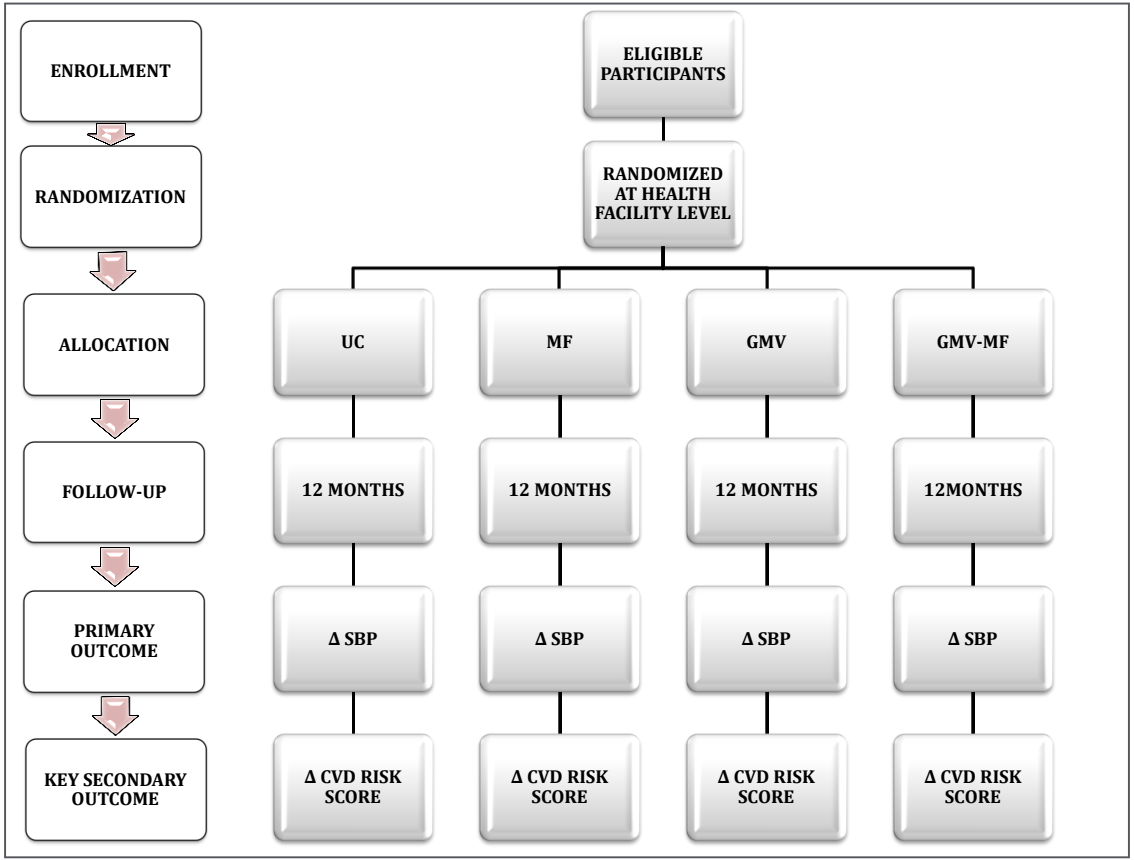


Krist, et al. (2012) Imp Sci

# Pragmatic vs. Traditional

| Pragmatic | Traditional |
|---|---|
| Few exclusion criteria; higher external validity | More exclusion criteria; lower external validity |
| Wide range of patients, providers, and settings | Limited range of patients, providers, and settings |
| Active comparators | Mostly placebo-controlled |
| Patient-centered outcome measures | Clinical or physiological outcome measures |
| Longer follow-up with less intensity | Shorter follow-up with more intensity |
| Often not blinded | Often double-blinded |
| Often cluster-randomized | Often individual-randomized |

# BIGPIC: Cluster RCT




Vedanthan, et al, (2017) Am Heart J

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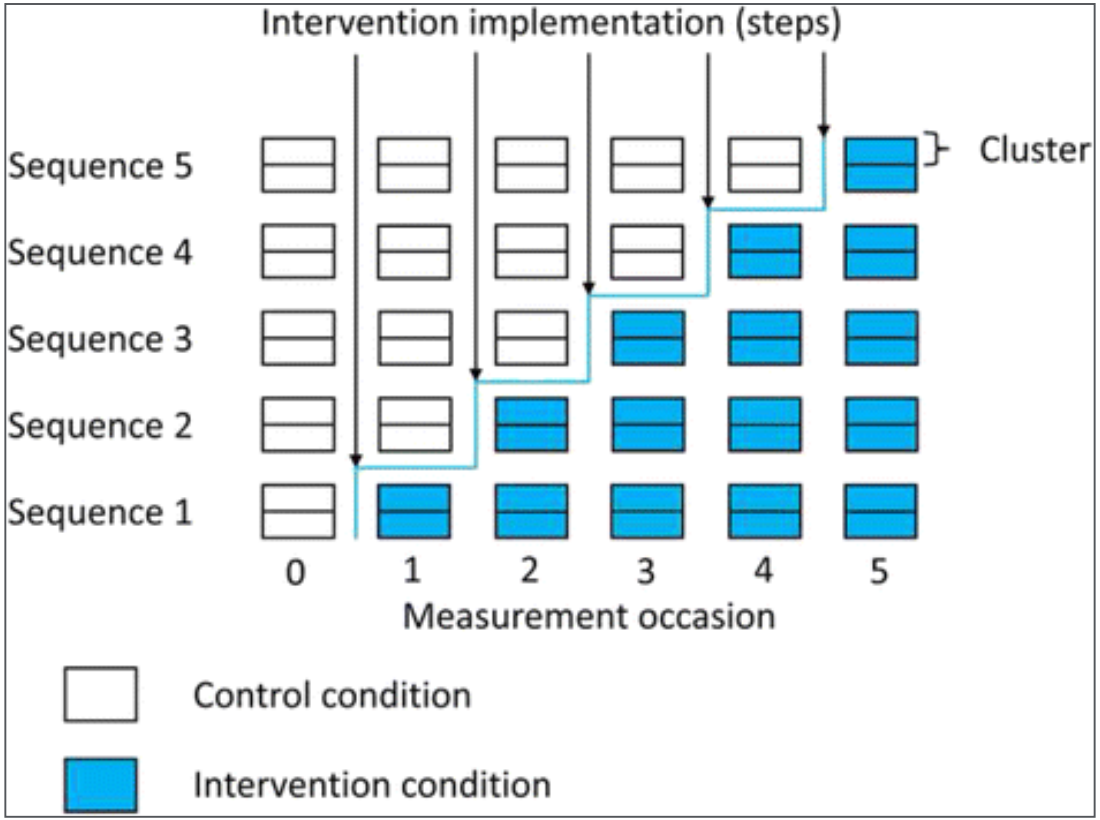
# Stepped-Wedge Design




Barker, et al (2016) BMC Med Res Meth

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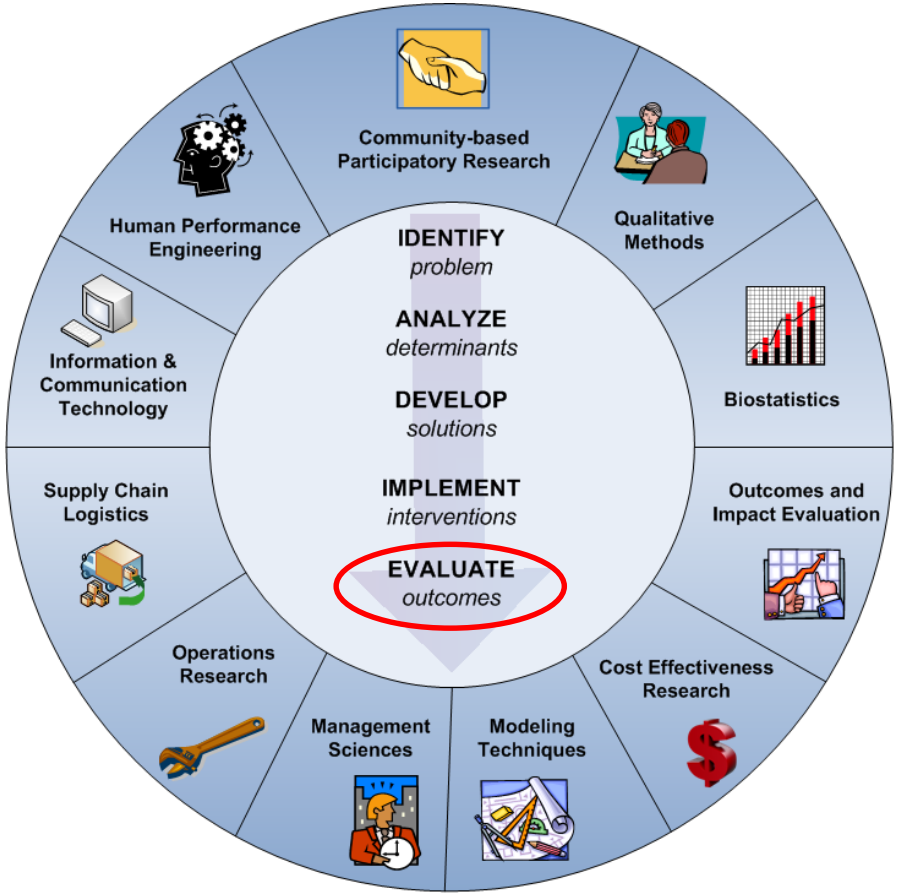
# Implementation Research




Vedanthan (2011) MSJM

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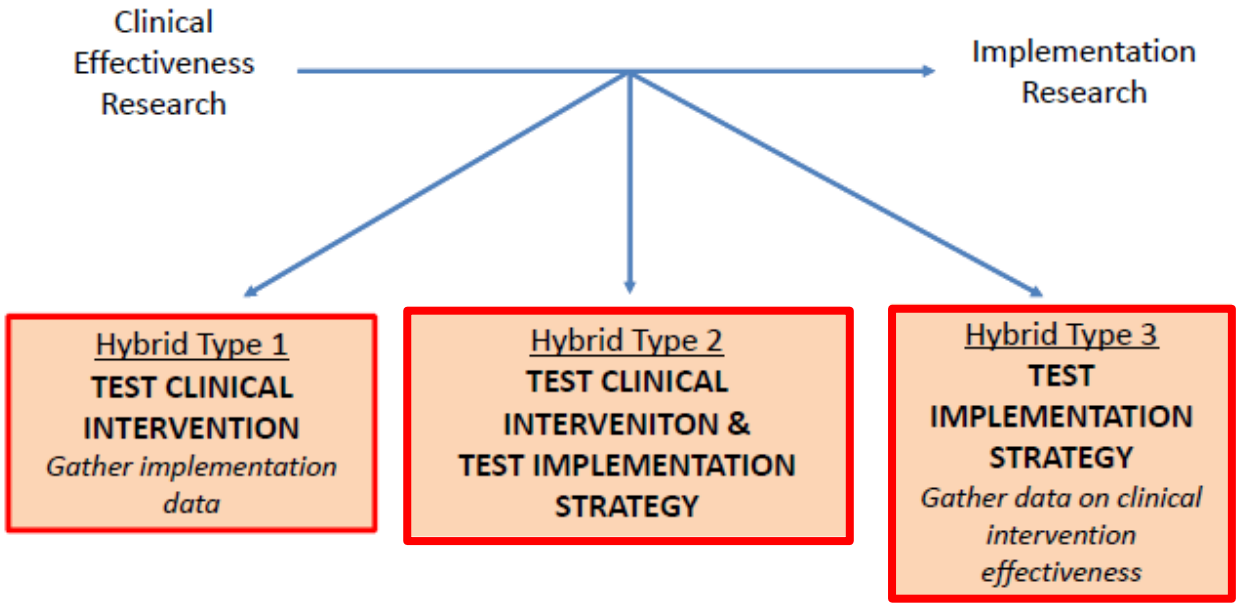
# Differences between hybrid designs 1, 2 and 3

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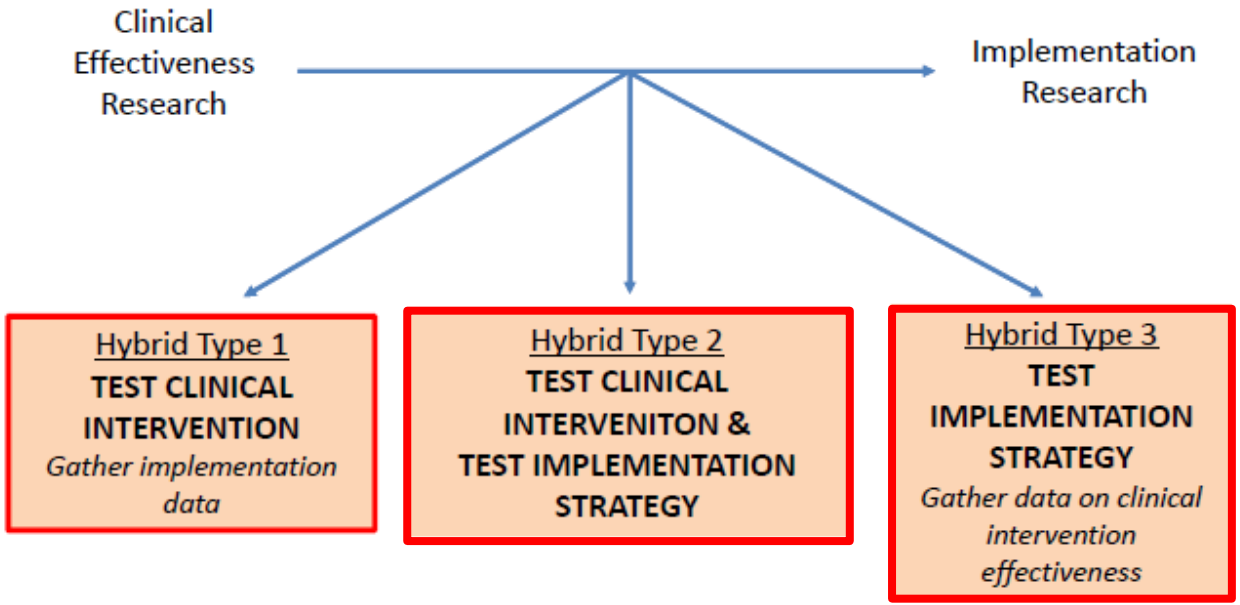
# Hybrid Type 1

- Research Aim:
  - Primary: Effectiveness of intervention
  - Secondary: Better understand context for implementation

- Sample Research Question
  - Primary: Will treatment work in this setting/with these patients
  - Secondary: What are potential barriers/facilitators to widespread implementation

# Differences between hybrid designs 1, 2 and 3

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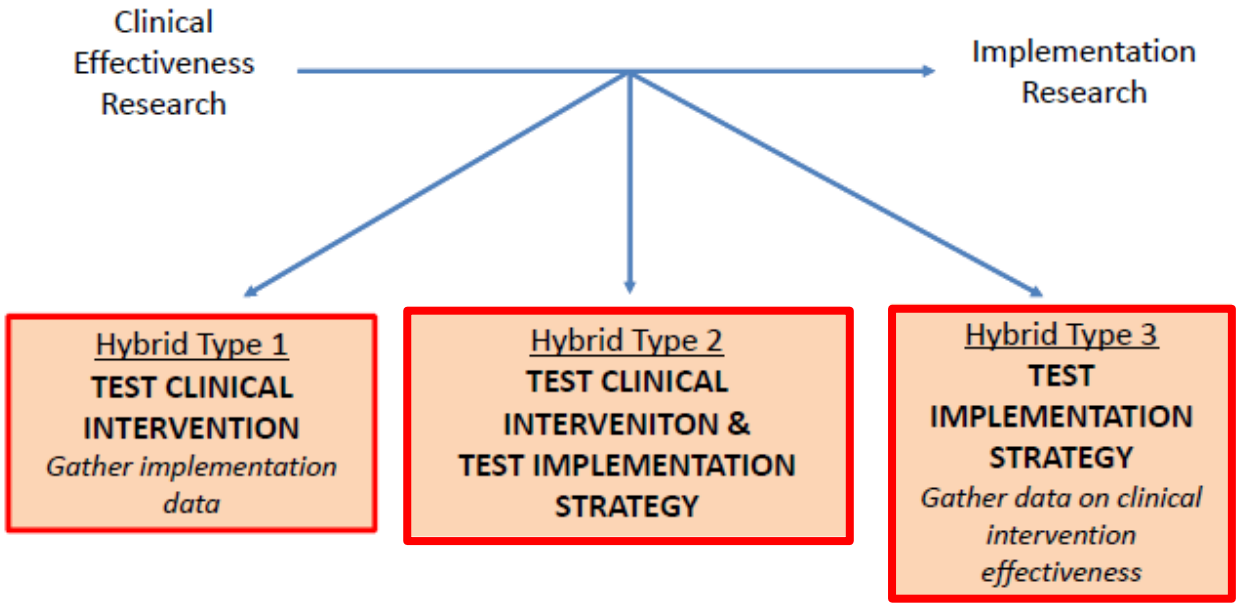
# Hybrid Type 2

- Research Aim:
  - Co-Primary (“clinical”): Effectiveness of intervention
  - Co-Primary (“implementation”): Feasibility and potential utility of an implementation strategy

- Sample Research Question
  - Co-Primary: Will treatment work in this setting/with these patients
  - Co-Primary: Does the implementation method show promise in facilitating implementation of the clinical treatment

# Differences between hybrid designs 1, 2 and 3

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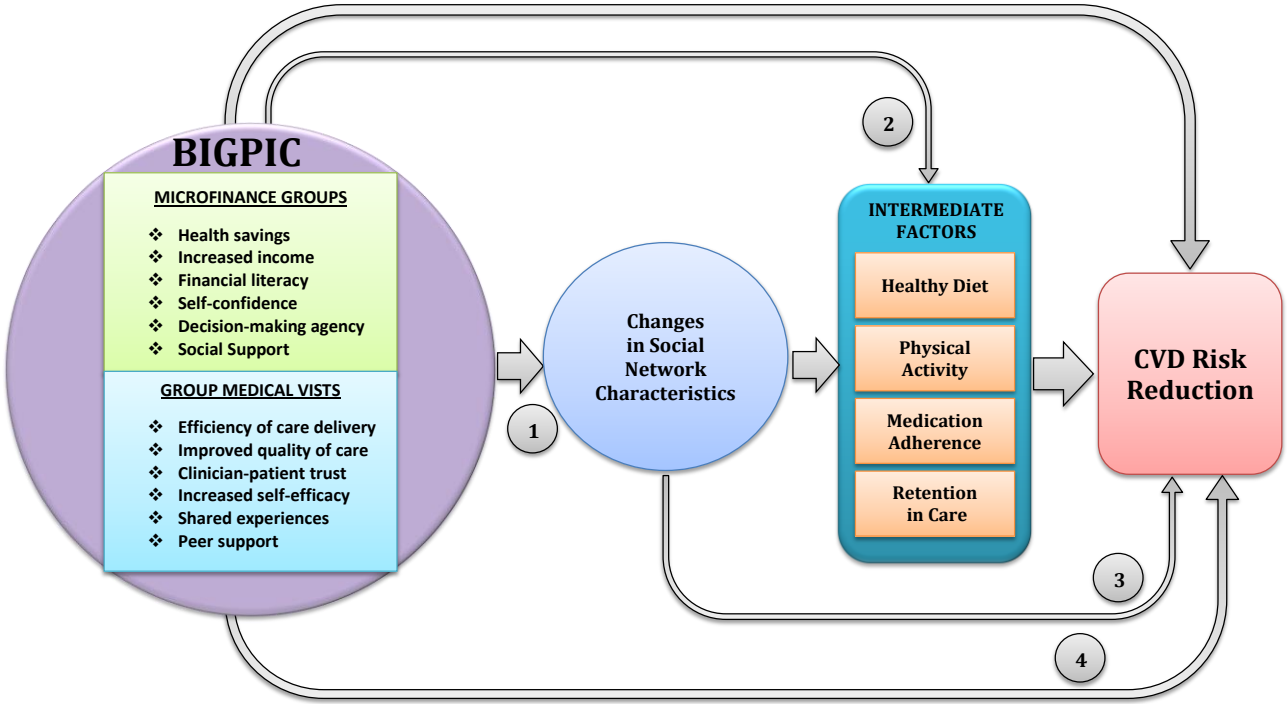
# Hybrid Type 3

- Research Aim:
  - Primary: Determine utility of an implementation strategy
  - Secondary: Assess clinical outcomes associated with implementation trial

- Sample Research Question
  - Primary: Which method works better in facilitating implementation of a clinical treatment
  - Secondary: Are clinical outcomes acceptable?

# BIGPIC—Type 2




Vedanthan, et al, (2017) Am Heart J

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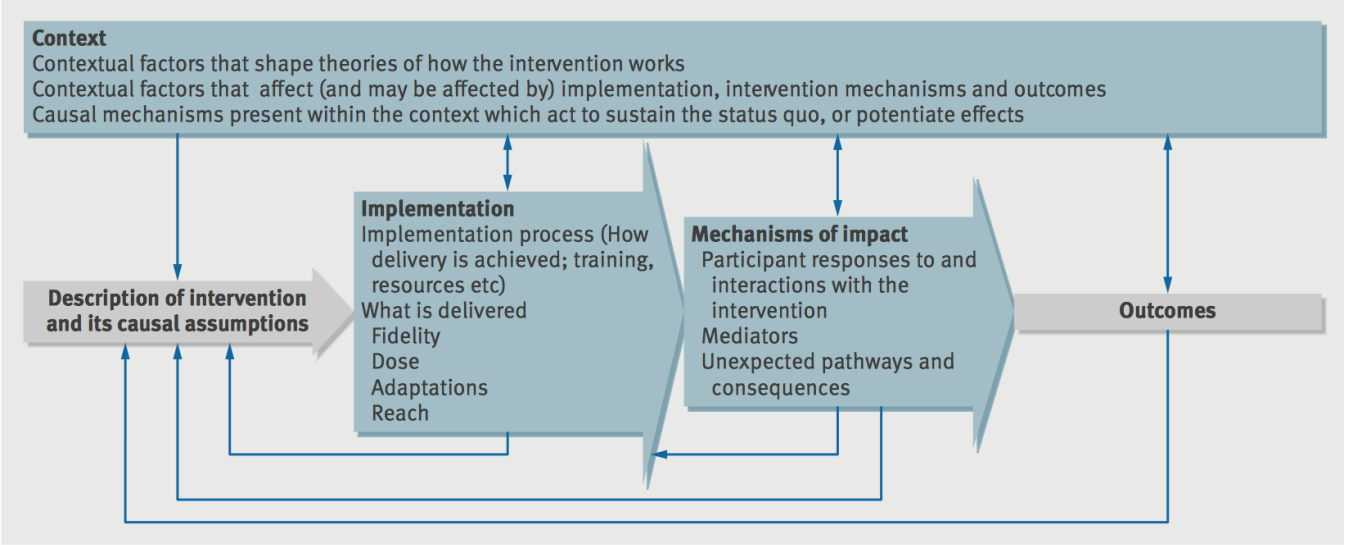
# Process evaluation

thebmj Research Education News & Views Campaigns

Research Methods & Reporting

**Process evaluation of complex interventions: Medical Research Council guidance**

*BMJ* 2015 ; 350 doi: https://doi.org/10.1136/bmj.h1258 (Published 19 March 2015)
Cite this as: *BMJ* 2015;350:h1258

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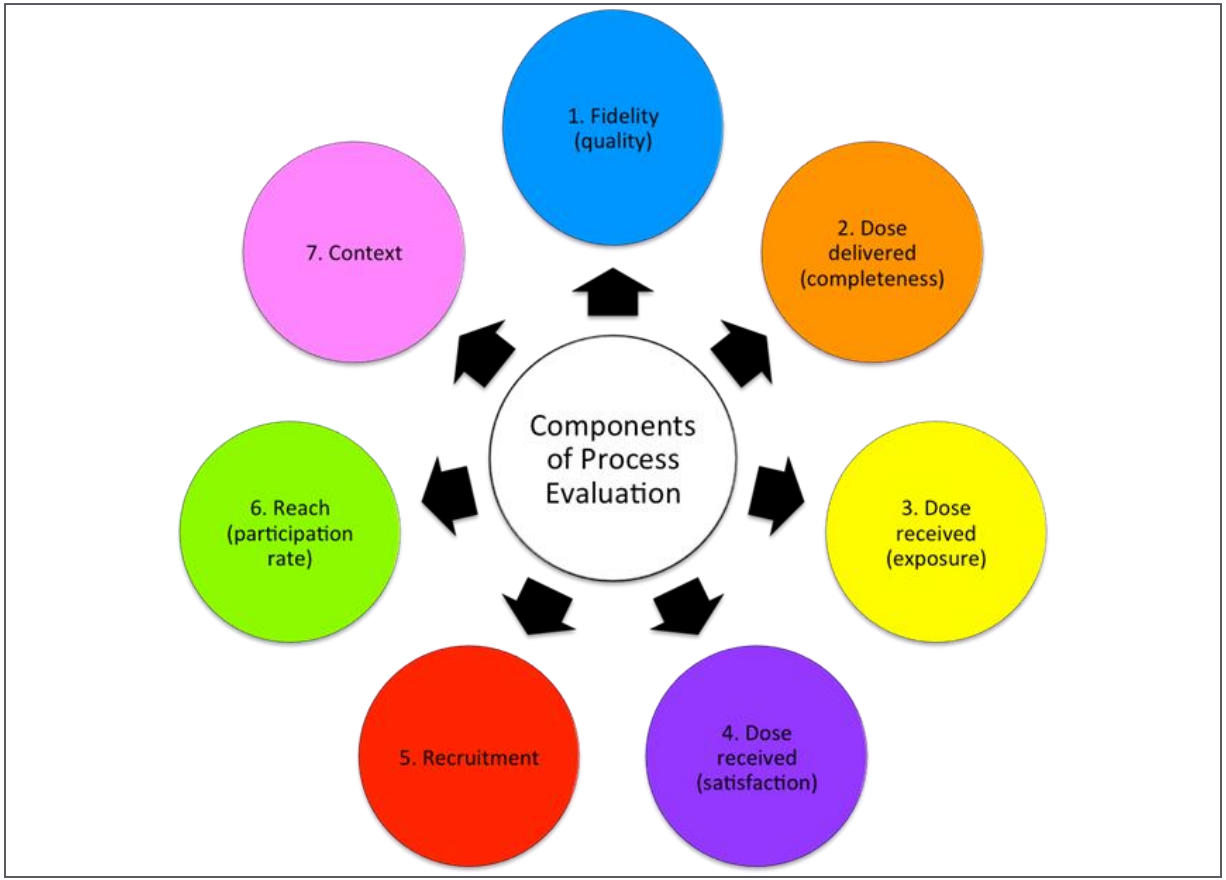
# Process Evaluation: Saunders




Saunders (2005) Health Prom Prac

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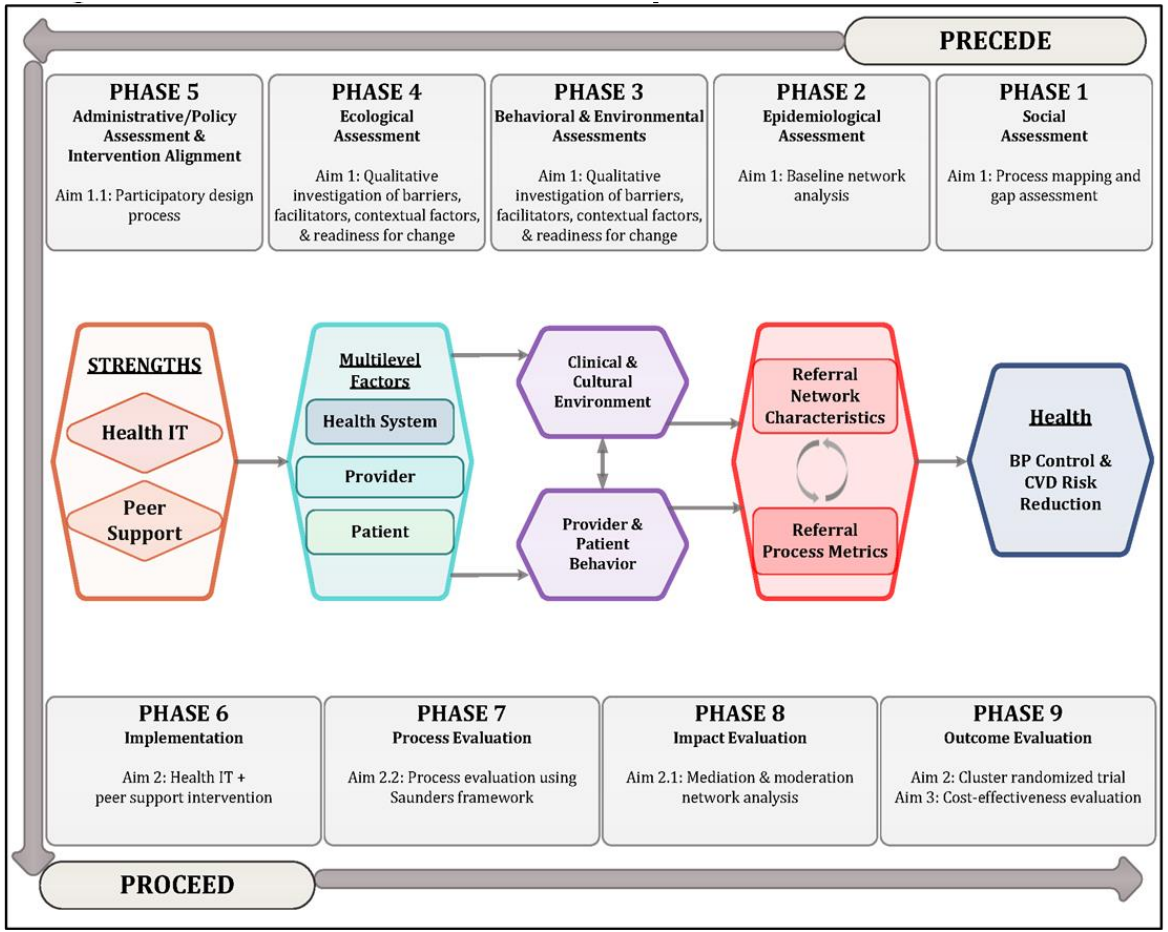
# Putting It All Together




Mercer et al. Forthcoming

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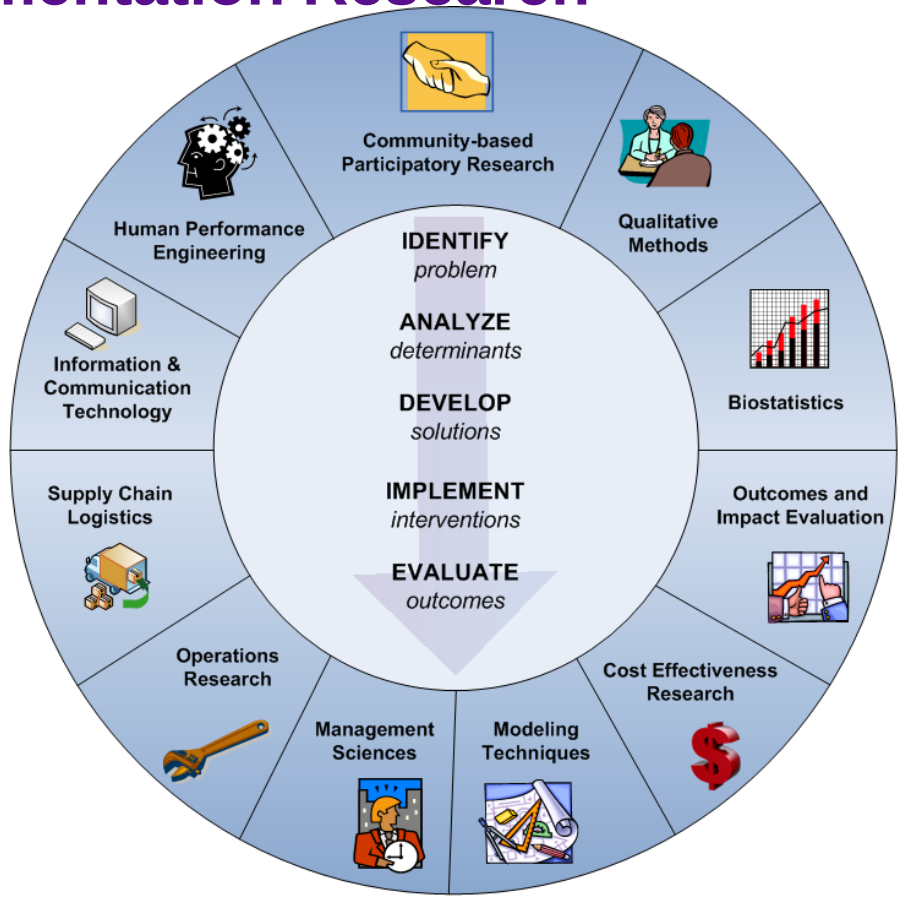
# Implementation Research




Vedanthan (2011) MSJM

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# THANK YOU

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# Small Group Session to Discuss Research Projects

- 60 minutes for group discussion
- 15 minutes feedback & discussion to plenary group

# Tasks in the group

- Choose 1 person to ‘chair’/facilitate the group and 1 person to identify and briefly report back on up to 3 learnings from each group.
- At least one faculty will visit and spend time with your group.
- Many of you have submitted an abstract for an implementation project, so each of you will have approximately 10 minutes to present and discuss your project.
- After each presentation (3 min.), discuss the key questions on the following slide (7 min.)

# Discuss for each project

- What is the implementation problem or gap that is being addressed? How do you know this?
- What are the planned implementation strategies? How do you know this?
- How are/will you evaluate whether your strategies are effective? Measures + Study Design?

# WHO Guide – Framework Model

## Relationship between implementation and the implementation research cycle