Implementation Science in practice
Focus on Scalable Unit & Process Evaluations

RECage

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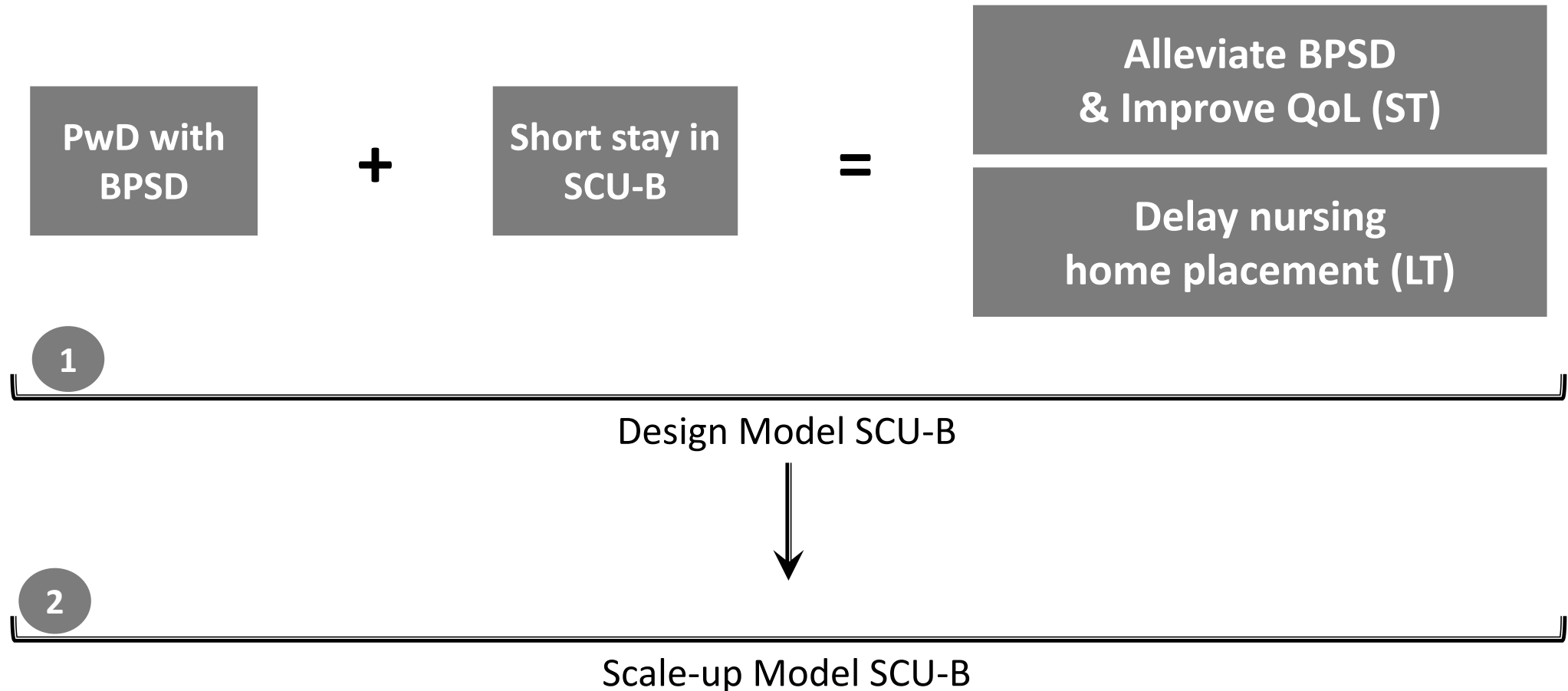
Email: meena.daivadanam@ikv.uu.se; Website: http//ki.se/en/phs/smart2d

RECAGE International Meeting 8th November 2019, Bergamo

UPPSALA UNIVERSITET

Karolinska Institutet

The know-do gap

RECage working hypothesis

PwD with BPSD + **Short stay in SCU-B** = **Alleviate BPSD & Improve QoL (ST)** / **Delay nursing home placement (LT)**

1 Design Model SCU-B

2 Scale-up Model SCU-B

Phases of RECage

PHASE I Observation Prove hypothesis	→	PHASE II Consensus Model SCU-B	→	PHASE III Implementation Scale-up

Best Practice exists

New Scale-up idea

→ Set-up → Develop the Scalable Unit → Test Scale-up → Go to Full-scale

Reference: Barker PM, Reid A, Schall MW. A framework for scaling up health interventions: lessons from large-scale improvement initiatives in Africa. Implement Sci. 2016 Jan 29;11:12. doi: 10.1186/s13012-016-0374-x.

PHASE II
Developing a scalable unit

1

Design Model SCU-B ➔ core components + core processes

Components of SCU-B

Temporary residential medical structure

Combination pharm. + non-pharm therapy

Appropriate environment

Experienced specialist doctors & nurses

SMART2D:
Aims & objectives

Overall aim: To strengthen the capacity of health systems in Type 2 diabetes prevention and care for adults with or at high-risk for diabetes in Uganda, South Africa and Sweden
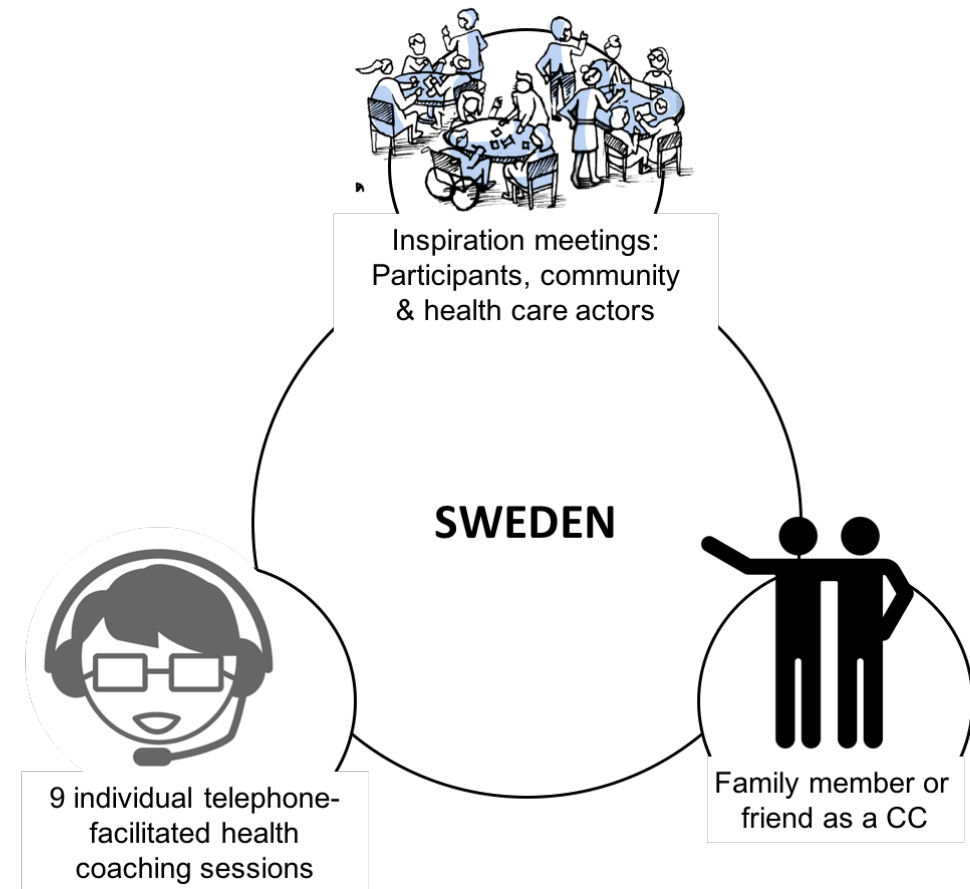
Specific objective: To develop & implement contextually appropriate self-management strategies focusing on facility and community

Specific objective: To evaluate the added benefit of a community component to improve self-management
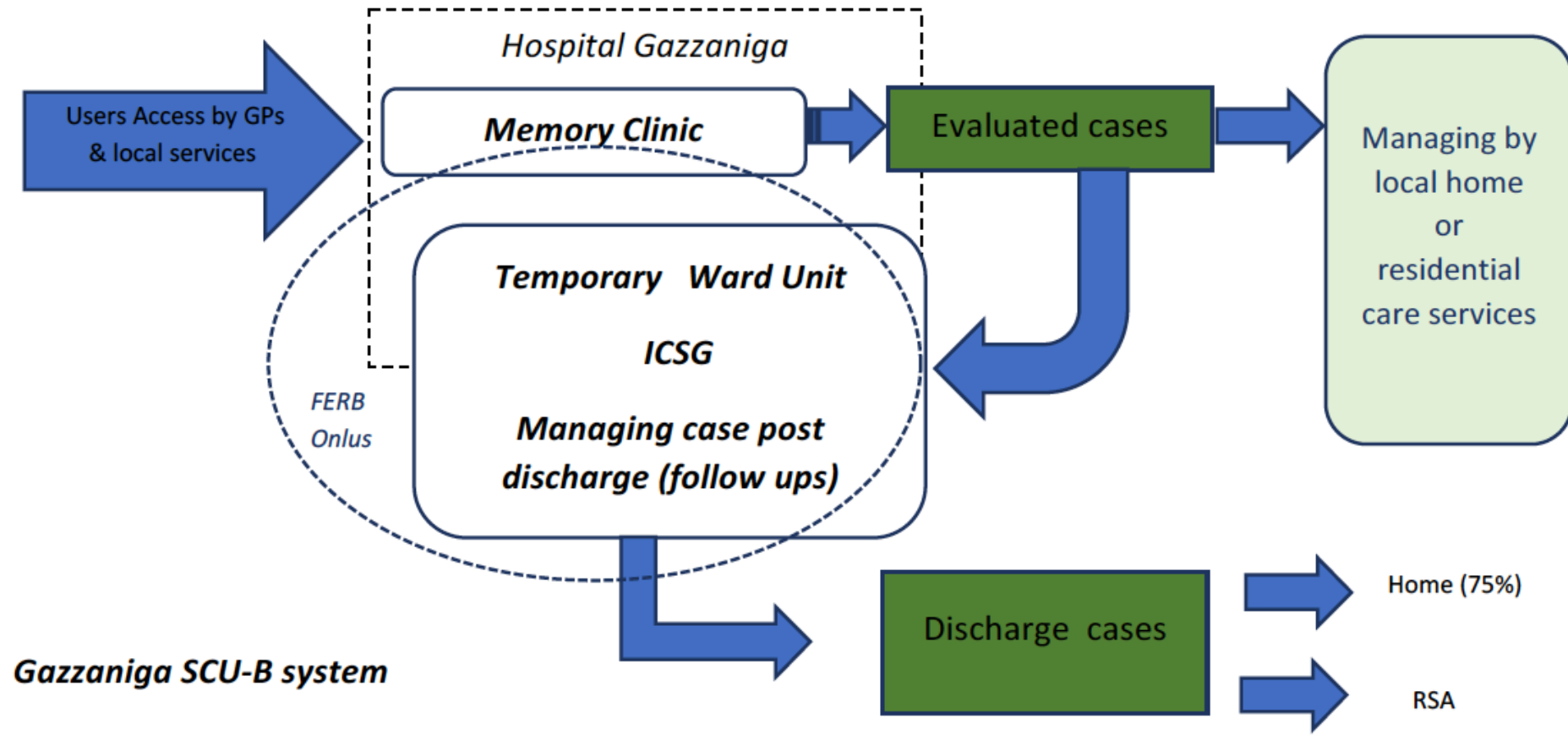
The SMART2D consortium: University of Western Cape School of Public Health, South Africa; Makerere University School of Public Health, Uganda; Collaborative Care Systems Finland; Institute of Tropical Medicine, Belgium; Uppsala University and Karolinska Institutet, Sweden

Example of SMART2D Sweden

1. Peer coaching

2. Social support

3. Community link

Inspiration meetings:
Participants, community
& health care actors

SWEDEN

9 individual telephone-
facilitated health
coaching sessions

Family member or
friend as a CC

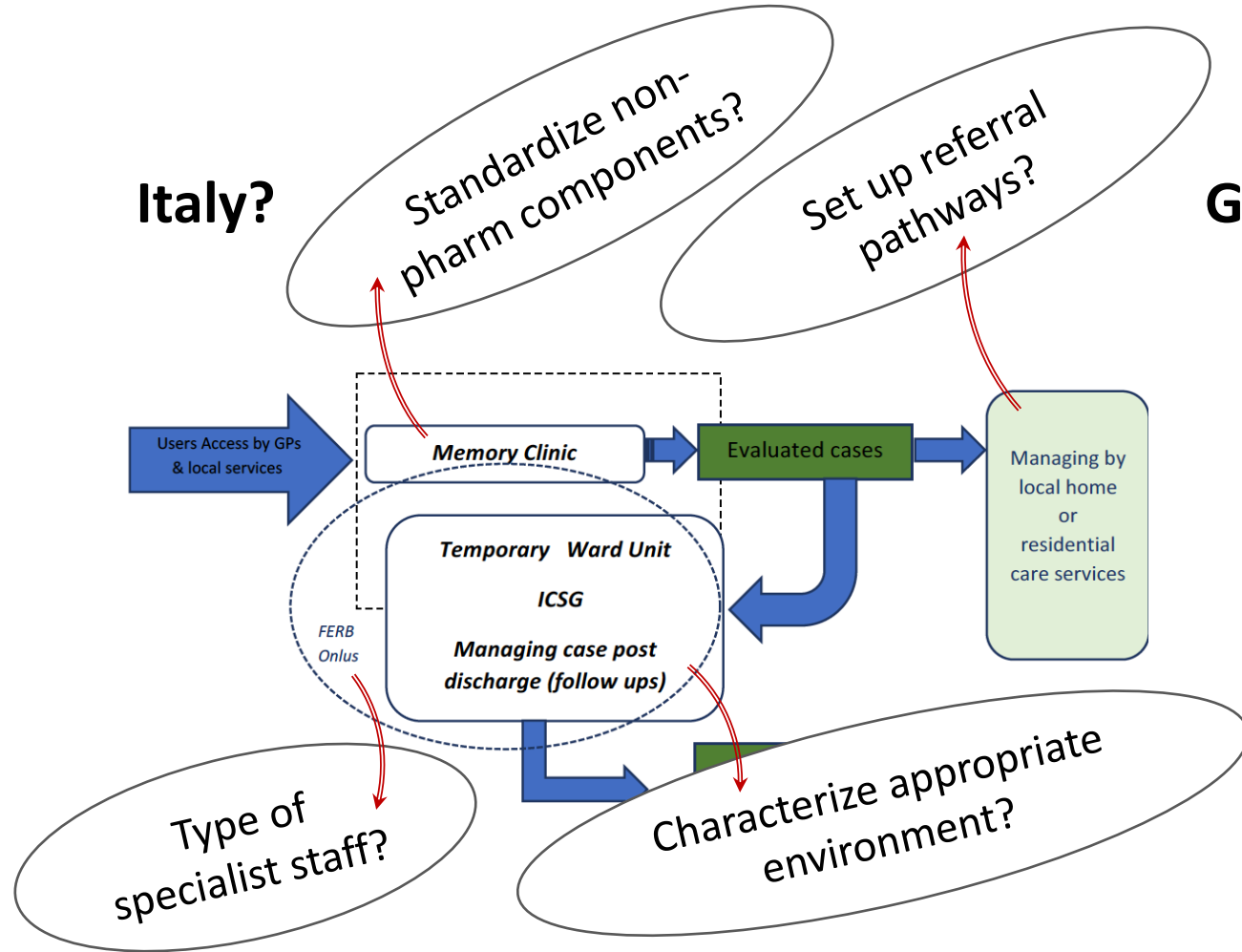**Reference:** SMART2D: https://ki.se/en/phs/smart2d (unpublished).

Scalable SCU-B model for Italy?

Source: Georgia Casanova, Golgi Cenci Foundation, Abbiategrasso (MI), Italy

Contextualized scalable units

Italy?

Standardize non-pharm components?

Set up referral pathways?

Greece?

Users Access by GPs & local services

Memory Clinic

Evaluated cases

Managing by local home or residential care services

FERB Onlus

Temporary Ward Unit

ICSG

Managing case post discharge (follow ups)

Type of specialist staff?

Characterize appropriate environment?

Source: Georgia Casanova, Golgi Cenci Foundation, Abbiategrasso (MI), Italy
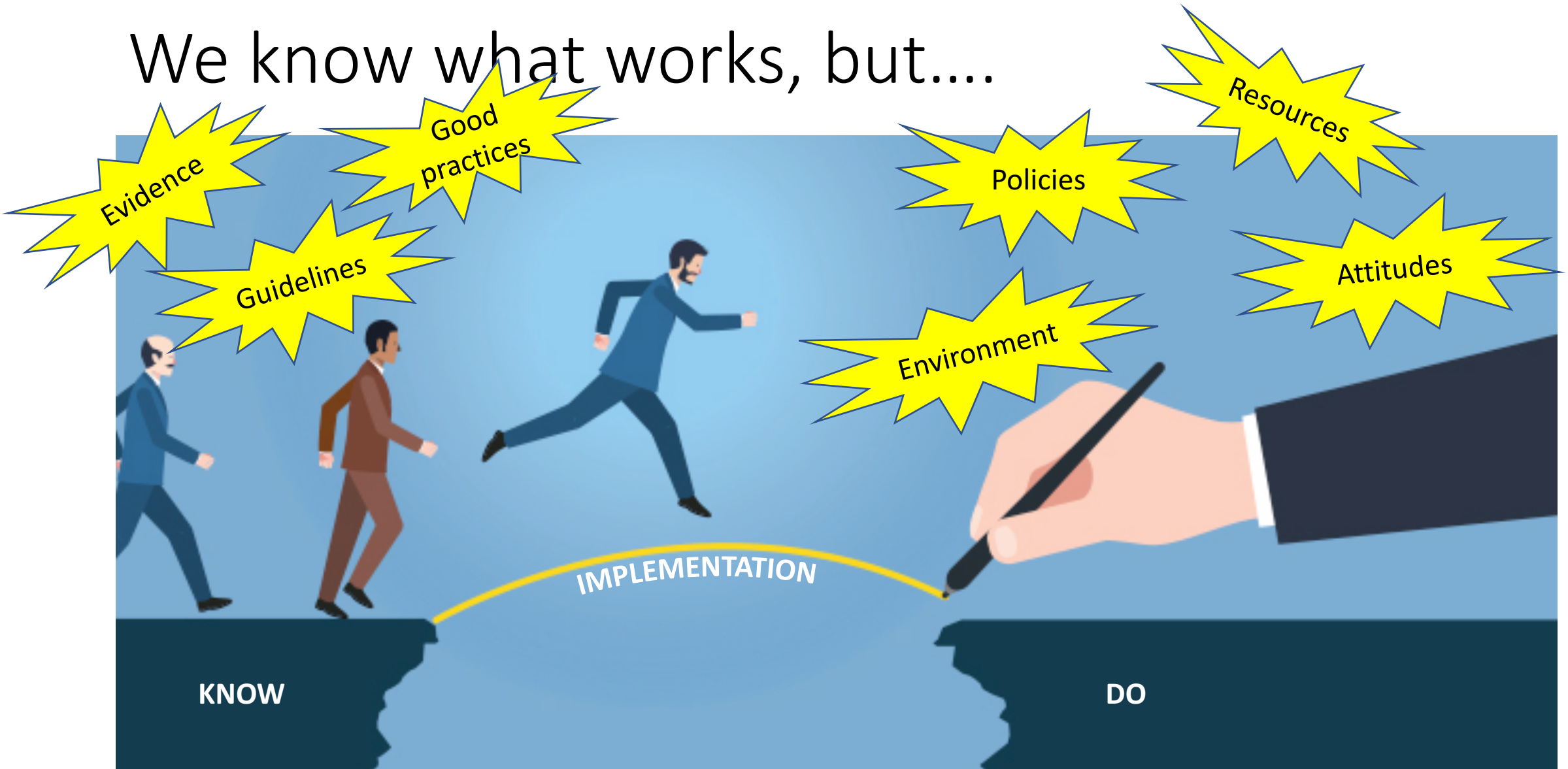
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PHASE III
Implementing the scalable unit

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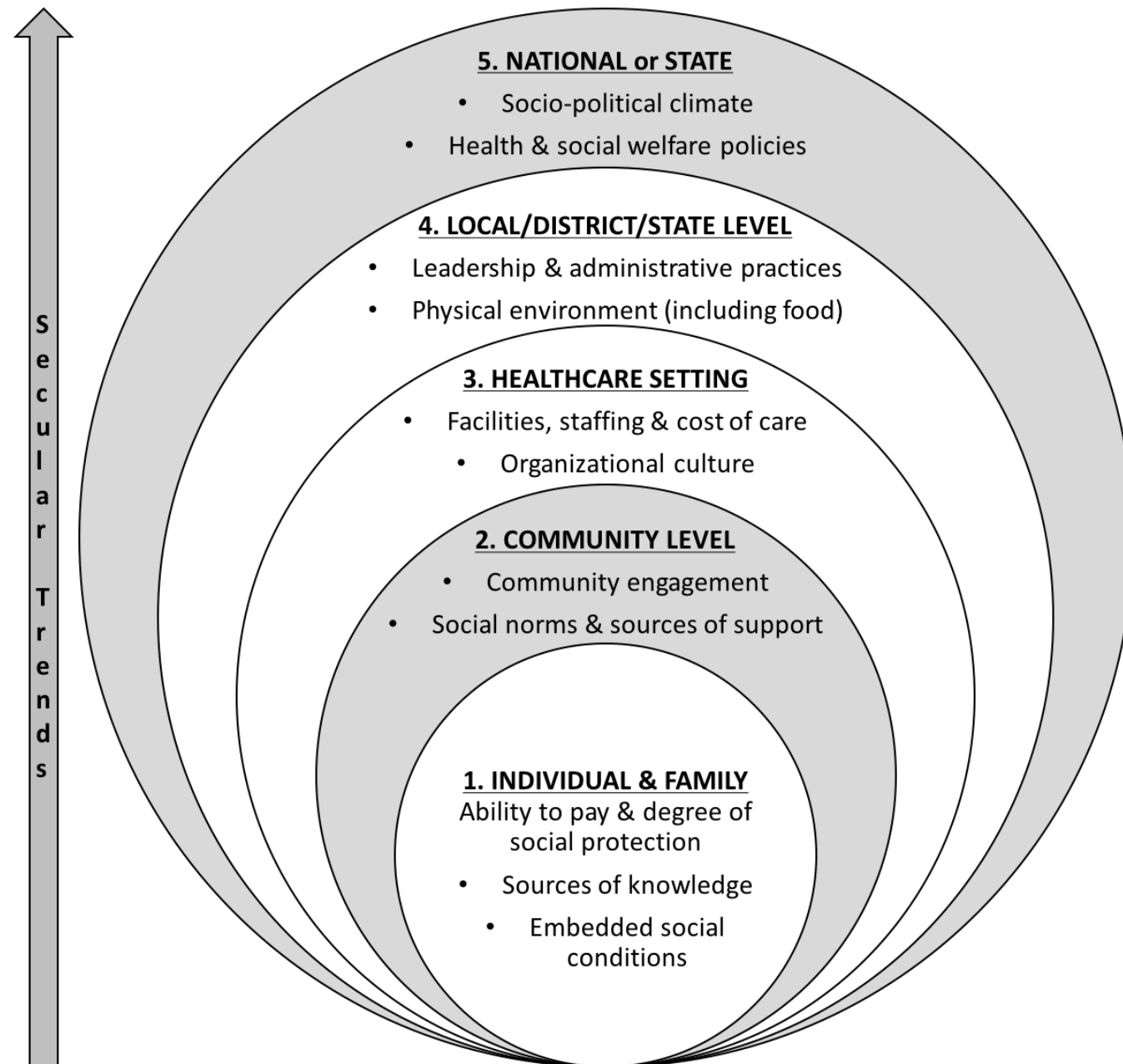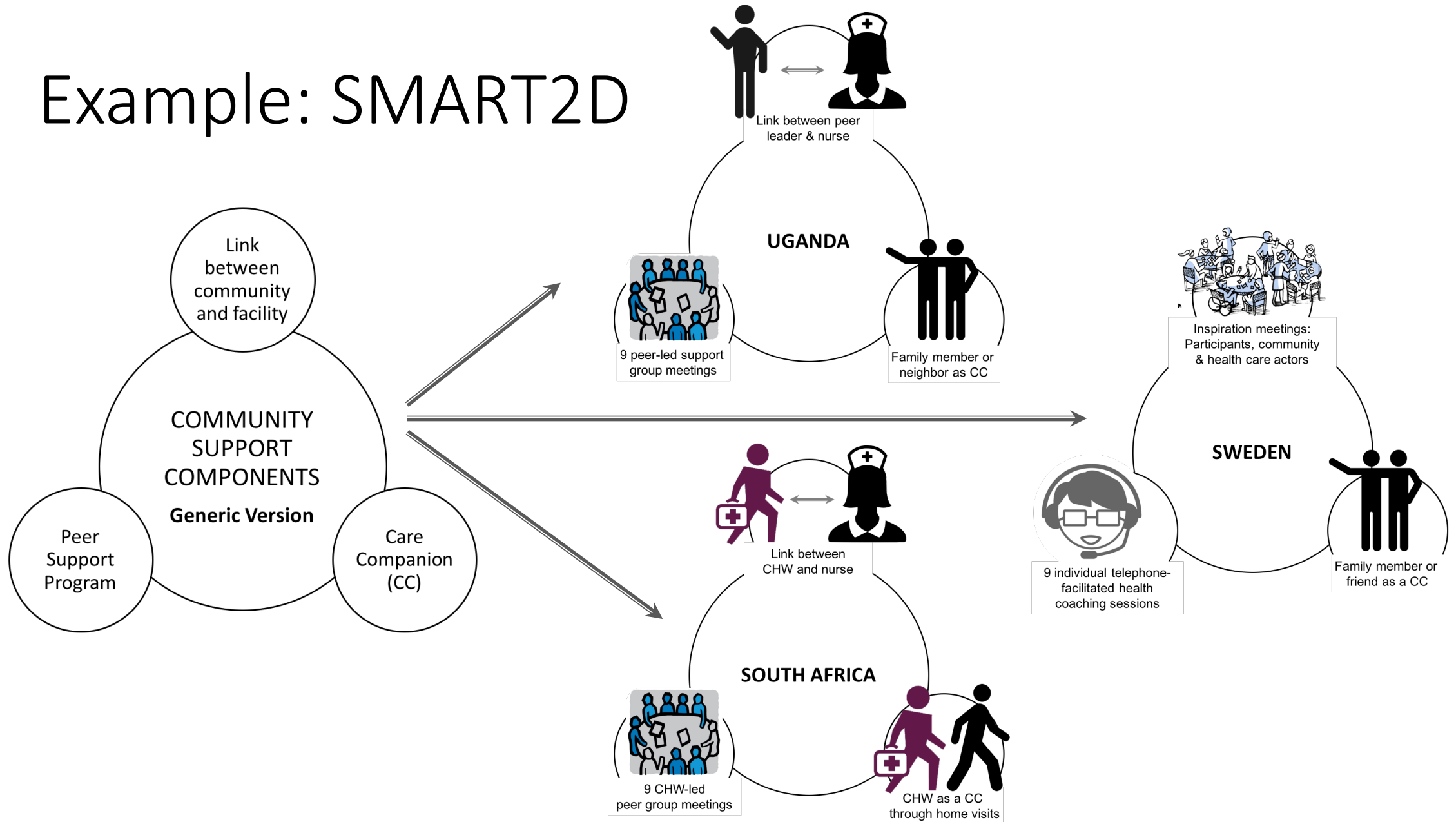Scale-up Model SCU-B ➜ Standardize SCU-B + Implement process in 'n' contexts

We know what works, but….

Standardization by function rather than by program content [Ed Fisher, Peers for Progress]

Multi-level implementation context

5. NATIONAL or STATE
- Socio-political climate
- Health & social welfare policies

4. LOCAL/DISTRICT/STATE LEVEL
- Leadership & administrative practices
- Physical environment (including food)

3. HEALTHCARE SETTING
- Facilities, staffing & cost of care
- Organizational culture

2. COMMUNITY LEVEL
- Community engagement
- Social norms & sources of support

1. INDIVIDUAL & FAMILY
Ability to pay & degree of social protection
- Sources of knowledge
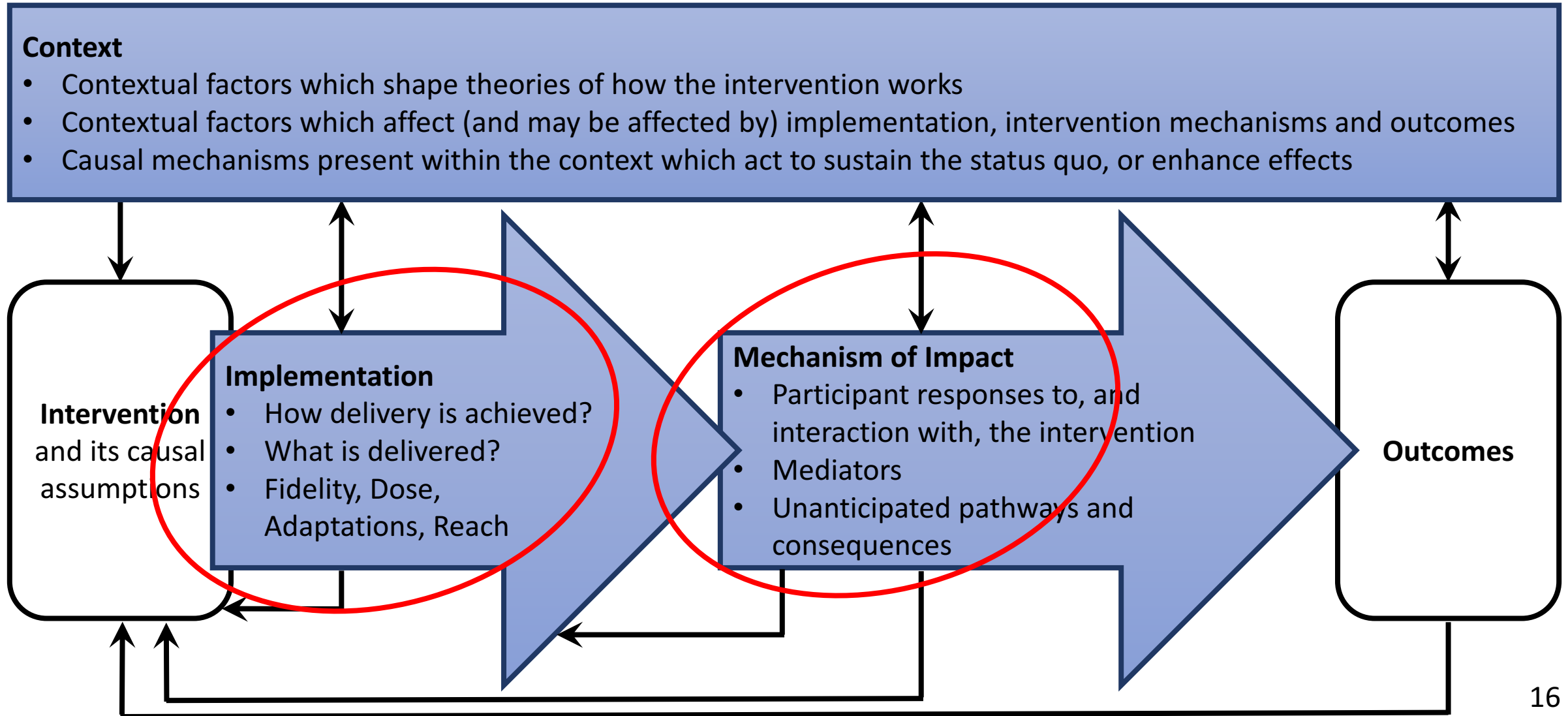- Embedded social conditions

Secular Trends

Modified from: Taplin et al. *Figure 1: The multi-level context of cancer care*. Cancer Epidemiol Biomarkers Prev 2012;21(10): 1709–15 & dimensions used in the COACH tool (Bergström et al. Implementation Science 2015; 10:120.
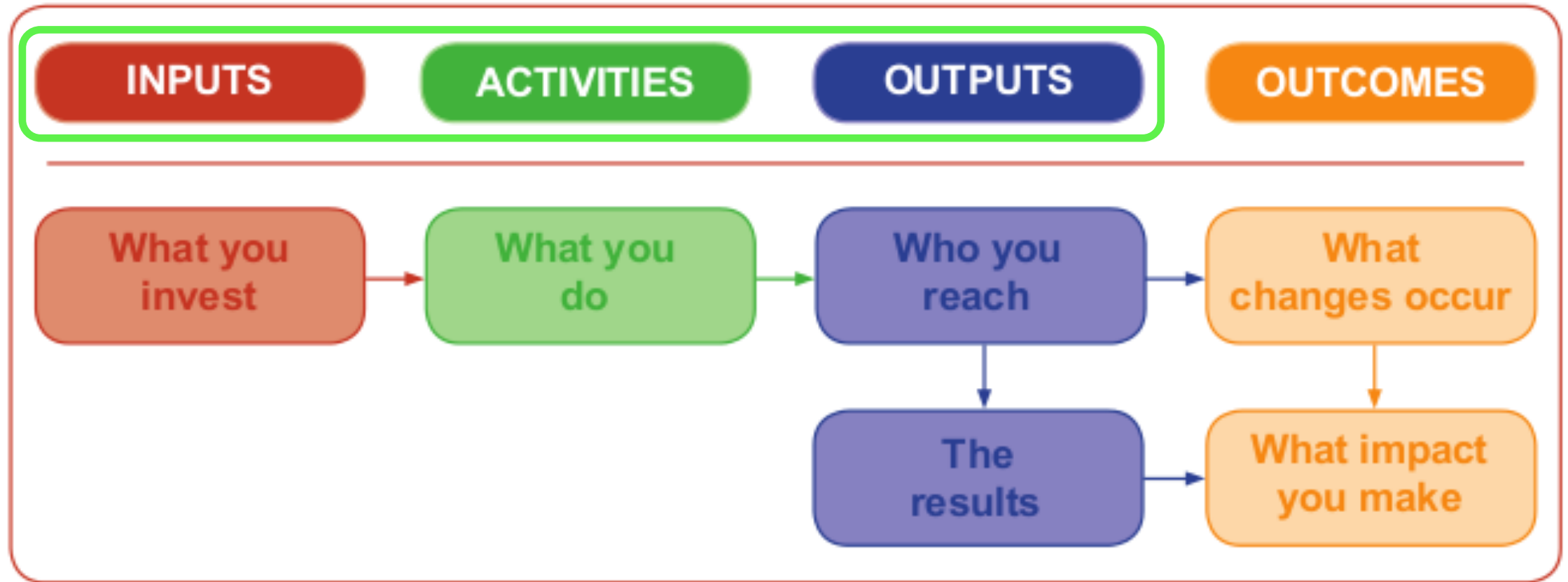
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Example: SMART2D

Link between peer leader & nurse
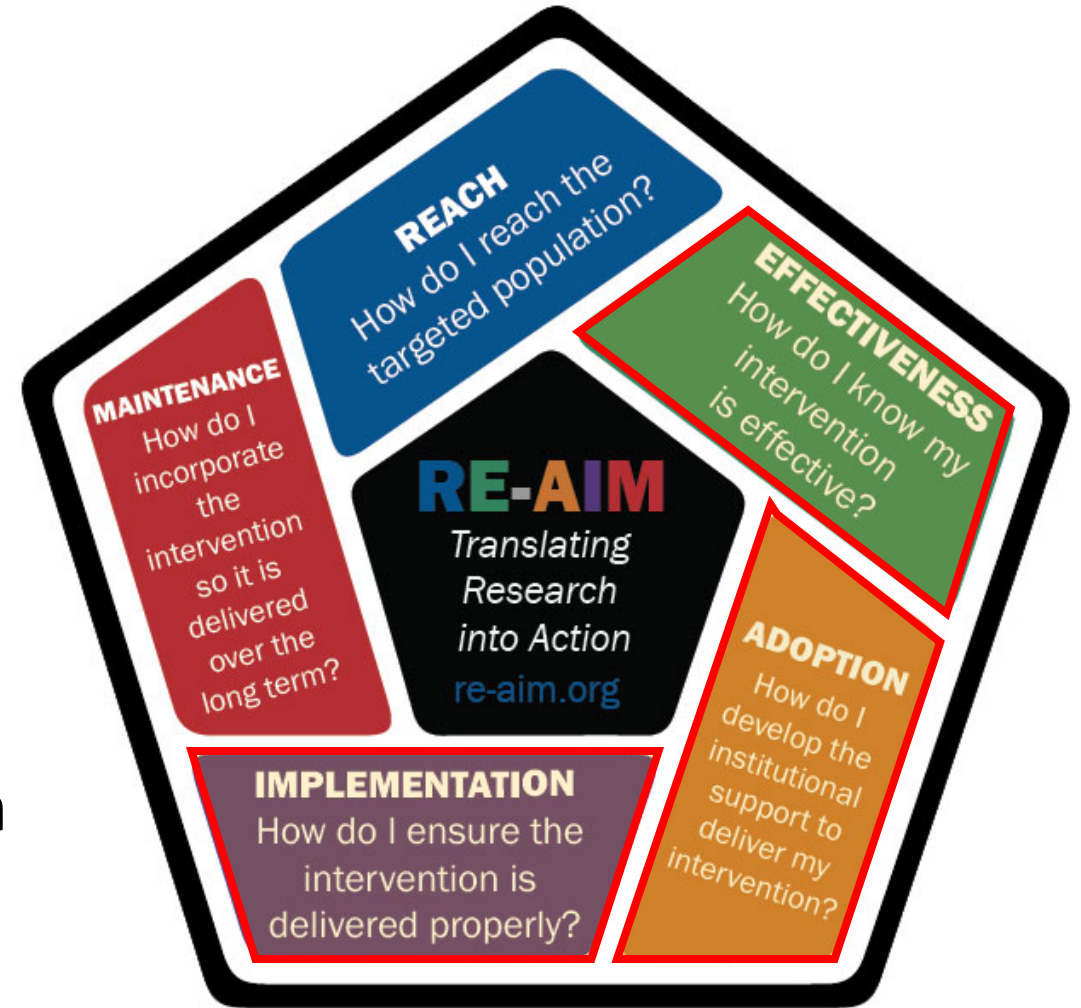
UGANDA

9 peer-led support group meetings

Family member or neighbor as CC

Link between community and facility

COMMUNITY SUPPORT COMPONENTS

Generic Version

Peer Support Program

Care Companion (CC)

Link between CHW and nurse

SOUTH AFRICA

9 CHW-led peer group meetings

CHW as a CC through home visits

Inspiration meetings: Participants, community & health care actors

SWEDEN

9 individual telephone-facilitated health coaching sessions

Family member or friend as a CC

Reference: Absetz et al. 2019 (unpublished).

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Process evaluation: key functions

Context
- Contextual factors which shape theories of how the intervention works
- Contextual factors which affect (and may be affected by) implementation, intervention mechanisms and outcomes
- Causal mechanisms present within the context which act to sustain the status quo, or enhance effects

Intervention and its causal assumptions

Implementation
- How delivery is achieved?
- What is delivered?
- Fidelity, Dose, Adaptations, Reach

Mechanism of Impact
- Participant responses to, and interaction with, the intervention
- Mediators
- Unanticipated pathways and consequences

Outcomes

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UK MRC 2013. Process evaluations of complex interventions. https://mrc.ukri.org/documents/pdf/mrc-phsrn-process-evaluation-guidance-final/

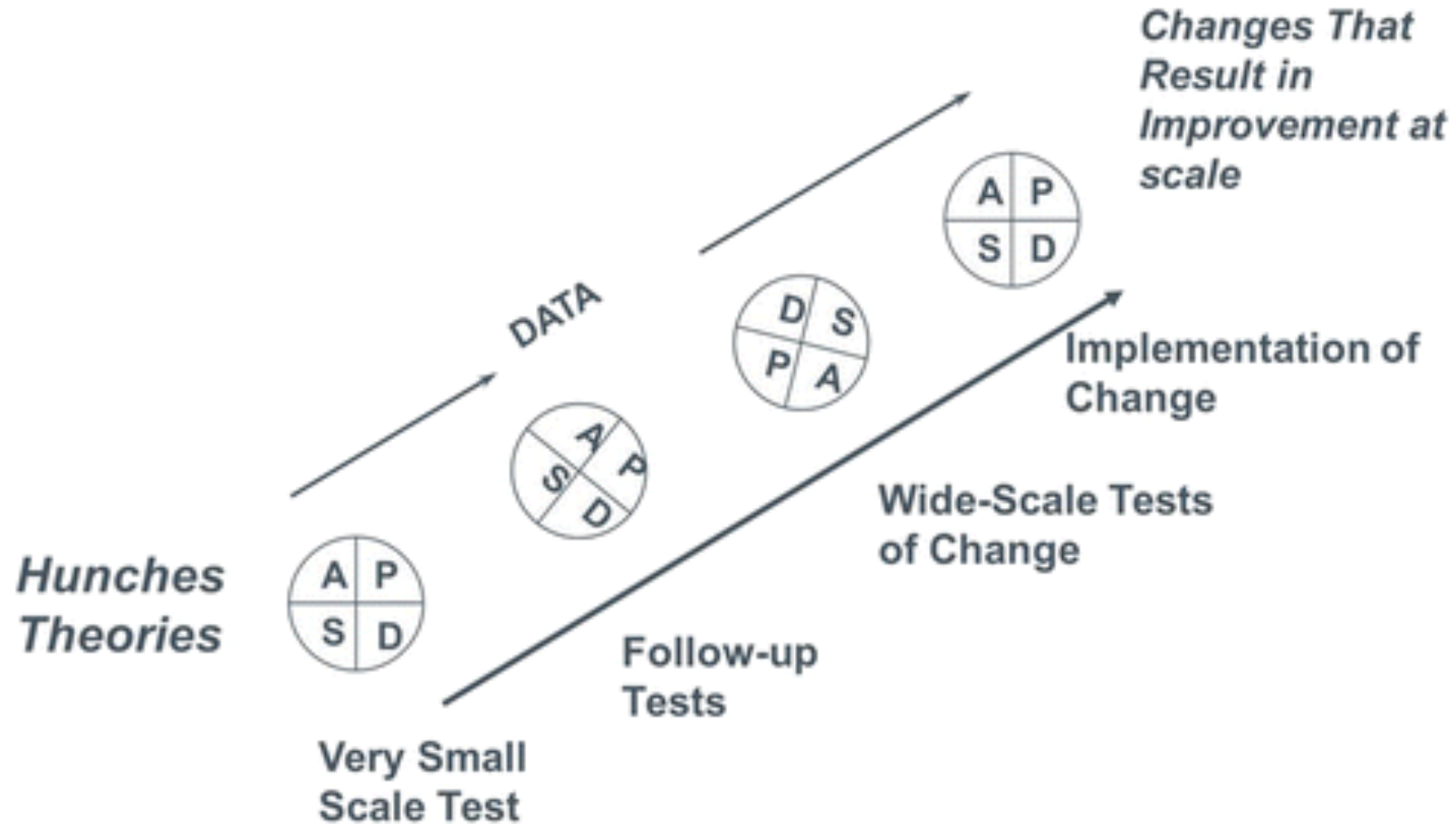# Focus of process evaluations

RE-AIM framework

- Five main areas of focus

- Which areas should we prioritise to achieve our outcomes?

- What activities are necessary in each area to achieve our outcomes?

Rapid cycle improvement

A windy road….

For RECage....

1 What are the **CORE** components of SCU-B?

2 How is Non-pharmocologic therapy **PERCEIVED**?

3 Which **CONTEXT** characteristics are important to consider for SCU-B scale-up?

4 Who are **KEY STAKEHOLDERS** to facilitate SCU-B?

5 How will **SCU-B process** differ in Italy & Greece?
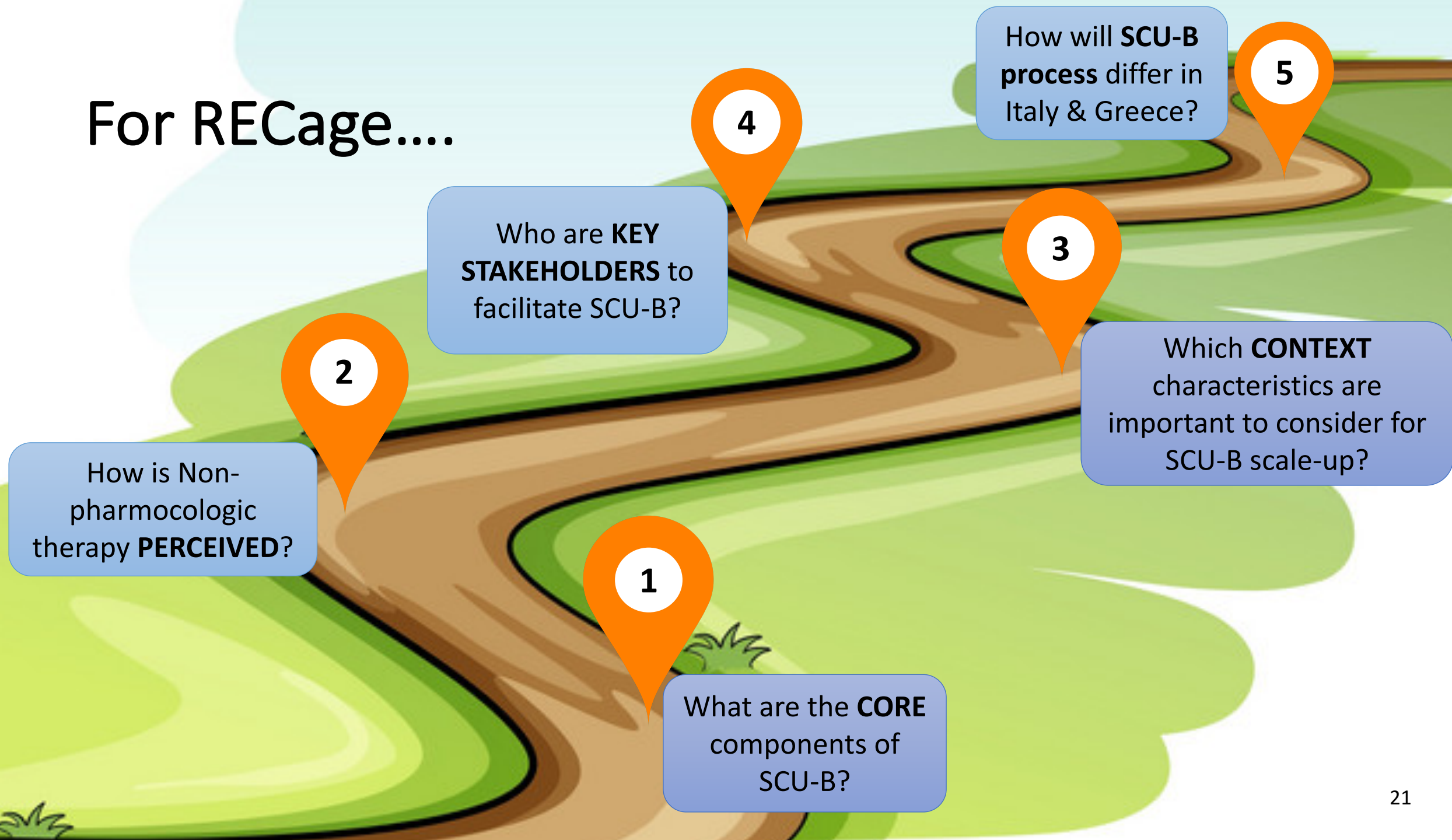
Additional resources & information

Standards for reporting

- Standards for Reporting Implementation Studies (StaRI) checklist
- Informed by a systematic review and e-Delphi exercise
- 27-item checklist applicable to study designs employed in implementation science
- Key concept is the dual strands, (2 columns in the checklist)
  - The implementation strategy
  - The clinical, healthcare or public health intervention
- Statement explains the rationale and provides examples of good reporting practice

Consolidated framework for imp. research

- Classifies 39 implementation constructs across five domains
- Provides a structure to systematically assess context within which implementation occurs
- Provides a framework to improve methodological rigour
  - Consistent use of constructs across studies → allows more efficient syntheses through comparative analyses techniques (Qualitative)
  - Explicit operationalization of theoretical constructs → development of robust quantitative measures

Reference: http://www.cfirguide.org/#basicstext