Lecture Transcript

Module Name	Mental Health in the Community
Week 5	Implementation in Health Care
Topic	Implementation Strategies (Part 4 of 4)

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In the final part of this lecture, we will look in further detail at research into how experts match implementation strategies to implementation barriers. The learning outcome will be to develop an awareness of the key steps and factors to consider when developing an implementation strategy.

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Recent research has explored how experts match implementation strategies to implementation barriers. A team of researchers recruited over 150 expert implementation stakeholders, including researchers and practitioners, to complete a series of tasks involving identifying discrete implementation strategies that would best address specific implementation barriers. Considerable diversity in opinions regarding which strategies best addressed individual implementation barriers, was found. Again, highlighting the complexity of developing and tailoring an implementation strategy.

Despite the diversity in matching discrete implementation strategies to implementation barriers, the authors developed an implementation strategy matching tool available on the CFIR website. Aggregating endorsements across multiple barriers that can be used to support and consider a broad range of discrete implementation strategies to mitigate implementation barriers.

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In addition to the recently developed implementation strategy matching tool, in another attempt to address the lack of guidance available to researchers and practitioners, Powell proposed four methods that can be used to improve the selection and tailoring of implementation strategies. The four methods

suggested include concept mapping, group model-building, conjoint analysis and intervention mapping. Although different, each method proposed provides a step-by-step and systematic process for selecting and tailoring implementation strategies. And places emphasis on engaging and involving stakeholders in the process of selecting and tailoring implementation strategies.

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Selecting implementation strategies based on their effectiveness is another approach that researchers and practitioners can use to guide the selection of discrete implementation strategies. The Cochrane Effective Practice and Organisation of Care group conducts, supports and publishes systematic reviews on the global evidence to guide health system decision-making to improve health services and population health outcomes, including reviews on implementation strategies.

They've published reviews providing evidence for the effectiveness of a number of implementation strategies, including: printed educational materials, educational meetings, educational outreach, local opinion leaders, audit and feedback, computerised reminders and tailored implementation strategies. It is important to note, however, that this approach is limited by the fact that the evidence-base is currently incomplete.

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As previously noted, no implementation effort could feasibly utilise all 73 discrete implementation strategies, nor would it be appropriate to do so. And whilst it might seem intuitive that the more implementation strategies used would lead to improved adoption and implementation, little research has been conducted to explore the relationship between adoption and implementation and the number of discrete implementation strategies used.

Rogal developed a survey and sent it to all sites implementing a hepatitis C treatment intervention to assess whether or not a site used each of the 73 ERIC-defined implementation strategies. Based on the survey results, they were able to explore the association between implementation and the number of discrete implementation strategies used.

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Implementation sites reported a large variation in the number of discrete implementation strategies used, ranging from 1-59 discrete implementation strategies. Implementation was positively correlated with the number of strategies used. Meaning that the sites that use a greater number of implementation strategies were more likely to implement the evidence-based treatment. However, it's important

to note that the correlation was only moderate and does not explain all variants in implementation success.

Furthermore, how strategies were selected was not clear. Were strategies appropriately matched to implementation barriers and facilitators? Sequencing intensity and fidelity to each implementation strategy is also unknown. Therefore, the results of this study should be interpreted with caution. On the right-hand side, you'll see an example of correlations from Cohen. A correlation of less than 0.3 would indicate a weak correlation, while a moderate correlation would be between 0.3 and 0.5 as the r value is positive and not minus and equal to 0.43, that would indicate a moderate positive correlation.

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Now referring back to Waltz's paper, selection of implementation strategies based on their importance and feasibility is another approach that researchers and practitioners can use to guide the selection of discrete implementation strategies. As part of the ERIC project, experts were asked to rate each of the 73 discrete implementation strategies on importance and feasibility. The study authors suggests that the strategy ratings of importance and feasibility may facilitate the search for and selection of strategies that are best suited for implementation efforts in a particular setting.

A strong positive correlation between importance and feasibility was found. Meaning that most strategies were either deemed to be highly important and highly feasible, or were deemed to be of low importance and not feasible. However, it's important to note that a number of strategies were viewed as important but not feasible. And a number of strategies were viewed as feasible but less important. If you'd like more details on how they calculated this correlation, please see Table 1 in their paper.

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This diagram displays the three most and least important discrete implementation strategies, as well as the three least and most feasible implementation strategies, as rated by experts from Waltz's paper. The three most important implementation strategies were, assessing readiness and identifying barriers and facilitators, audit and provide feedback, and purposely re-examine implementation.

The three least important implementation strategies were, changing liability laws using capitated payments and start a dissemination organisation. The three most feasible implementation strategies were, 'develop educational materials', 'distribute educational materials', and 'assess for readiness and identifying barriers and facilitators'. The three least feasible implementation strategies were, 'changing liability laws', 'change or create credentialing and/or licensure standards', and 'make billing easier'.

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To summarise Part 4, there are a number of factors that should be considered when developing and tailoring an implementation strategy including the evidence for the effectiveness of the strategy, the number of strategies and strategy importance and feasibility.

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