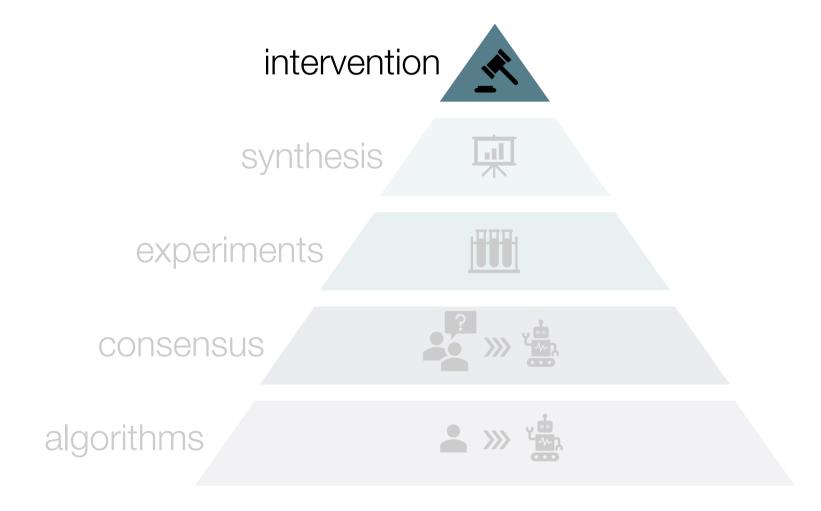
Evidence-based Decision Making

Interventions: Implementation

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Goals for today

- Gain an overview of implementation science
- Discuss limits of the evidence-based approach
- Course evaluation

Human papillomavirus (HPV) is the most common sexually transmitted infection worldwide and a major cause of cervical cancer.

A life-course approach to cervical cancer prevention includes HPV vaccination in early adolescence, screening and treatment of precancerous lesions in adulthood, and access to cancer care as needed.

Implementation science is essential to ensure these interventions are effectively delivered, equitably scaled, and sustained in real-world settings.



The development and use of checklists (e.g., WHO Surgical Safety Checklist), exemplify how implementation science transforms evidence into routine clinical practice through structured, repeatable tools. The content of checklists is the product of a laborious, evidence-based process involving clinical trials, expert consensus, and iterative testing but are put into a relatively simple, easy-to-use format to ensure they address real-world barriers.



Implementation science can be defined as "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"

By focusing on strategies to enhance the adoption and sustainable use of evidence-based practices, implementation science aims to close the research-practice gap, ensuring that investments in healthcare research translate into real-world benefits.

Table 1 Characteristics of Efficacy vs. Effectiveness Trial Designs (after [8])

	Efficacy Trial	Effectiveness Trial
Validity Priority	Internal > External	External ≥ Internal
Population and Sample	Highly selected for condition of interest, narrowly defined	 Selected for condition of interest, reflecting presentation in source population
	Few comorbidities	 Comorbidities resemble those in population to which results w be applied; only those who cannot practically or ethically participate are excluded
	Willing and motivated participants	
Intervention	 Intervention staff are highly qualified 	 Staff selection, training, and fidelity monitoring resemble those likely to be feasible in target sites outside of the protocol prope
	Training may be intensive	
	 Fidelity monitoring may be similarly intensive 	
Outcome Measures and Data Collection	 Outcome measurements can be extensive, casting a wide net for potential secondary effects, moderators and mediators, or adverse effects 	 Outcome batteries minimize respondent burden (in terms of both frequency and length of assessments) since subjects are heterogeneous in their willingness and capability to participate
	 Since subjects are motivated, respondent burden less of a concern 	 Accordingly, outcome measures chosen carefully to target fewer outcomes, and must be simple to complete
Data Analysis	 Standard statistical approaches suffice, and data-intensive analyses may be feasible 	 Analyses to account for greater sample heterogeneity
		 Analyses account for more missing data and data not missing at random

Table 2 Types of Studies to Address Blockages in the Implementation Process

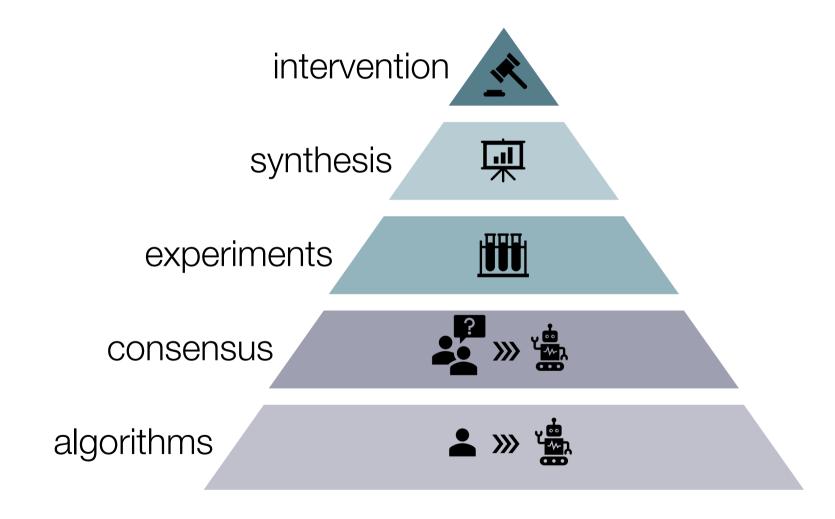
Implementation Process Gap	Types of Studies
Limited external validity of efficacy/effectiveness studies	 Design clinical interventions ready for implementation earlier in the research pipeline, emphasizing tools, products, and strategies that mitigate variations in uptake across consumer, provider, and or organizational contexts
Quality gaps across systems due to variations in organizational capacity (e.g., resources, leadership)	 Assess variations and customize implementation strategies based on organizational context
	 Data infrastructure development to routinely capture or assess implementation fidelity, patient-level processes/outcomes of care, and value/return-on-investment measures
	 Further refinement of implementation strategies involving organizational and/or provider behavior change
	 Development of provider/practice networks to conduct implementation studies or evaluation of national programs
Frontline provider competing demands (e.g., multiple clinical reminders)	 Refinement of implementation strategies using cross-disciplinary methods that address provide behavior/organizational change (e.g., business, economics, policy, operations research. etc.)
	 Positive deviation or adaptation studies especially to improve implementation at lower- resourced, later-adopter sites
Misalignment with national or regional priorities	National policy/practice roll-outs
	Randomized evaluations of national programs or policies

Bauer, M. S., Damschroder, L., Hagedorn, H., Smith, J., & Kilbourne, A. M. (2015). An introduction to implementation science for the non-specialist. BMC Psychology, 3(1), 65–12. http://doi.org/10.1186/S40359-015-0089-9

Relevance	To what extent are the programme objectives justified in relation to needs?
Efficiency	Have the objectives been achieved at the lowest cost?
Effectiveness	To what extent has the outcome been achieved?
Sustainability	Are the results and impacts, including institutional changes, durable over time?
Impact	Are the results still evident after the intervention is completed?

World Health Organization (2013). WHO evaluation practice handbook.

Evidence-based decision making – **FTW**!!!



Cautionary tales: Type III errors

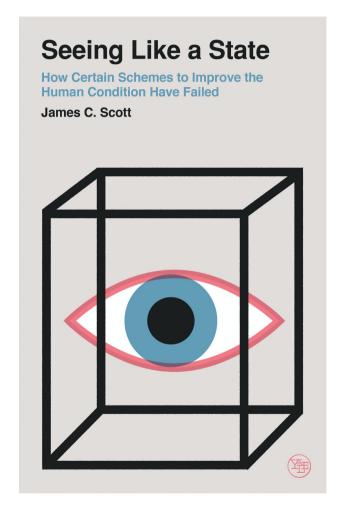
Type	Definition
Type I	False positive: detecting an effect that is not present
Type II	False negative: failing to detect an effect that is present

Tupo III	not a standard term in statistics, used informally to
Type III	describe errors in the interpretation of statistical tests



finding the right answer to the wrong question!

Cautionary tales: Seeing like a state



Legibility

Legibility (making something visible) often leads to simplifications that strip away local knowledge and context, leading to flawed decision-making

Metis

Importance of metis (practical local knowledge) in decision-making

processes

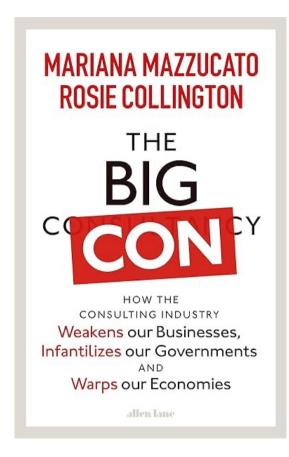
High-modernism

High-modernist ideology combined with authoritarian state power can lead to disastrous social engineering projects (colonialization; Soviet collectivization of agriculture; design of Brasília)



Evidence-based approaches should integrate both quantitative data and qualitative insights from local contexts

Cautionary tales: The big con



Over-reliance on outside expertise

Public sectors have become overly dependent on consulting, leading to a lack of in-house expertise and reliance on advice that not aligned with the best interests of the public (tax law consultancy, healthcare.gov rollout)

Standardization

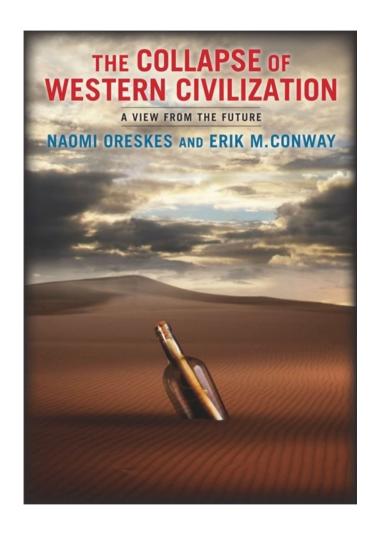
The advice offered by consulting firms often lead to a standardization of strategies and policies across different sectors and regions resulting in homogenized approaches not suitable for local contexts

Lack of longterm focus Consulting firms promote efficiency and cost-cutting, often at the expense of long-term sustainability, equity, and investment in public goods



Evidence-based approaches need to integrate the values and needs of local contexts

Cautionary tales: The collapse of western civilization



Work of fiction - a speculative history of the 21st century from the perspective of a future historian

Scientific failure

Climate change was both predictable and predicted, reductionism reigned, technological solutions were available but not always implementable at scale.

Political failure

Short political cycles, influence of vested interests, and beliefs in market fundamentalism led to ignoring evidence and lack of coordinated action



Evidence is not enough!

Summary

- Implementation science: Efficacy of interventions (nudges or otherwise) is not the only criterion on how to decide about their use/implementation. Considerations of effectiveness, including long-term impact, but also cost—benefit, etc. are key!
- Limits of evidence-based approach: evidence-based approaches favor legible evidence but available evidence may not be the best or bear on the "right" question; one must remain humble and ensure that evidence is understood by those that need to/should put it into practice...

Course evaluation

We only received feedback from 9 students (so far), so quantitative results are not very informative. The main points made by students in open commentary:

Positive Aspects

Interesting topics and little repetition
Critical approach
Instructor motivation

Suggestions for Improvement

Less required readings

More real-world/practical examples

Provide example exam questions

Course evaluation



https://evasys.unibas.ch/evasys/online.php?pswd=JYAN8