

Implementer Portraits: Fabiana Lorencatto



Fabiana Lorencatto works as a research lead for the [Centre for Behaviour Change](#). Her focus is on implementation in healthcare. The CBC is part of University College London.

What is one of your favourite articles (or other publications) on implementation?

There are so many, it is difficult to choose!

In terms of 'favourite' publications that I refer to often in my day-to-day implementation research, it would probably be the book, by Susan Michie, Robert West and Louise Atkins, on the '[Behaviour Change Wheel approach to intervention design](#).'

A lot of my research involves designing and evaluating interventions to change healthcare professionals' clinical practice. I am an advocate for taking a systematic, transparent and replicable approach to intervention design, and as a health psychologist by background and behavioural scientist by trade, I am keen on using health psychology theory and behavioural science frameworks as part of intervention design. This book outlines such an approach.

In terms of recent favourite publications that I find interesting for future directions in implementation science, I would pick [Reducing research waste with implementation laboratories](#) by Noah Ivers and Jeremy Grimshaw.

This paper argues that we now have a solid evidence base demonstrating the effectiveness of many common implementation strategies (e.g. audit and feedback, educational outreach), but with substantial unexplained variation in outcomes. Rather than conduct more trials evaluating an implementation strategy against a control, we need more head-to-head trials that test different ways of designing and delivering the same implementation strategy (e.g. Audit and Feedback 'A' vs Audit and Feedback 'B').

What are you currently working on that relates to implementation?

The main programme of research I currently work on is [AFFINITIE](#) ('Audit and Feedback INterventions to Increase evidence-based Transfusion practice'). Blood transfusions are a frequently used, but scarce and costly resource. There is evidence that about one in five blood transfusions are medically unnecessary. Many quality improvement strategies have been used to try and improve blood transfusion practice, one of which is audit and feedback.

In the UK, there is an established national clinical audit programme that monitors and feeds back on blood transfusion practice to hospitals each year. But there have been limited improvements in transfusion practice, and that of course raises questions about the efficacy of this programme's approach to audit and feedback.

In this context, AFFINITIE functions like an implementation laboratory. It's a 5-year research programme, and we are working in direct partnership with this established national audit. We apply the currently available behavioural theory and evidence on effective audit and feedback to enhance the interventions currently delivered by this national audit. Simultaneously we evaluate of two theoretically enhanced audit and feedback interventions at scale, in two national cluster-randomised trials. I am also leading on the parallel theory-based process evaluation to explore how the interventions were implemented and engaged with.



If you were to have lunch with another ‘implementer’, whom would you pick?

One aspect of my research that I enjoy most is meeting with clinicians from different disciplines and specialties who are trying to implement change in their current practice. To hear about and understand the implementation challenges they encounter, and discuss ways in which health psychology and behavioural science can help bridging evidence-practice gaps. And vice-versa, as indeed implementation science has a lot to offer health psychology, in terms of opportunities to test our theories and frameworks in the ‘real world’.

If you had the resources for it, what within implementation science or practice would you want to work with next?

Behaviour change is increasingly recognised as central to human well-being, social cohesion, and sustainability. Changing behaviour is challenging and complex, requiring theories, methods and evidence from many academic disciplines. Our centre aims to harness the breadth and depth of expertise in behaviour change across different disciplines, from psychology to engineering, to address society’s key challenges. To date, I have primarily conducted implementation research in the context of healthcare behaviour change, but I am looking forward to exploring other opportunities for applying our theories, methods and evidence – for example within areas such as transportation or prevention of air pollution.
