Implementer Portrait: Anders Brantnell

Anders Brantnell is a researcher and lecturer at Uppsala University, Sweden. He is part of the Departments of Engineering Science and Women's and Children's Health and specialized in the area of health innovations.

Anders interests are in the fields of innovation and implementation processes in health care, university-based innovations, institutional logics & theory, as well as innovation actors. He is teaching several courses ranging from 'Implementation of Complex Interventions' to 'Innovation Management' and 'Product Development'. His latest research presents an inductive exploration of research funders' implementation knowledge.

In Swedish, Anders says *'implementering'* (Implementation) and *'kunskapsöverföring'* (knowledge translation).

What is one of your favourite articles on implementation?

'Implementation of parent management training at the national level: the case of Norway' by Ogden et al. (2015). This study is a good example of a large scale implementation of an intervention where both the local level and the national level cooperated. The article is a textbook example of what barriers of and facilitators to implementation could be.

What are you currently working on that relates to implementation?

A large part of my work is to study the implementation of Internet-based cognitive behavioural therapy in Swedish primary care. In another project, we are setting up an intervention for people suffering from cognitive memory disorders where we utilize participatory action research and in this way build the intervention for implementation.

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

I would like to meet Terje Ogden to discuss the implementation of PMTO in Norway and hear more of this initiative.

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

Building interventions for implementation by ensuring that if effective they really are acceptable and usable by the focus group. With other words turning the traditional research process upside down. This is important because if researchers continue designing interventions that are not built for implementing, the chances for implementation in routine care are decreased. We can start with people's needs without risking scientific rigour. At the moment a lot of intervention research starts with the scientific rigour and the scientific problem, not with needs.