

Ride the Knowledge Wave 2 – #EIE2021

Implementation contexts: Conjunctions of chances and constraints

Presenters:

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Presentation 2: *Barbara van der Linden (ZonMw); Kelly Dunham, Joanna Siegel, Emily Lazowick (PCORI); Michael Bowdery (Health and Care Research Wales) – **Netherlands / U.S.A. / U.K.***

Presentation 3: *Steph Garfield, Prof. Jo Rycroft-Malone, Prof. Hywel Williams, Elaine Williams, Susannah Hopper, Charles Dukes, & Avril Lloyd (National Institute for Health Research) – **U.K.***

Presentation 4: *Kirsten Gutter, Mirjam Stuij, Dorine Collard, Vicky Dellas, Corry Floor & Jorien Slot-Heijs (Mulier Instituut) – **Netherlands***



Presentation 1: Get to know your context – The Basel Approach for coNtextual ANALysis (BANANA) in implementation science

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Research Aim

Although the importance of context for successful translation of evidence into practice has been widely emphasized, context is an understudied and often poorly described aspect in implementation science (IS). Since the concept of context is not well developed and methods to assess context are still in development, contextual analysis (CA) remains a weak part in the IS methodology. We therefore aim to report the **B**asel **A**pproach for **c**o**N**textual **A**NALysis (BANANA) in IS using the SMILe project as an example. SMILe is an ongoing IS project, aiming to develop, implement and evaluate an integrated model of care in allogeneic hematopoietic **S**te**M** cell transplantation facilitated by **e**Health.

Methods

BANANA entails six steps, building on the work of the Agency for Healthcare Research and Quality: 1) choice of theory, model or framework, 2) use of available empirical evidence, 3) stakeholder involvement, 4) data collection & analysis, 5) relevance of contextual factors for implementation strategies / outcomes & intervention co-design, and 6) reporting of CA. BANANA is embedded in the Context and Implementation of Complex Interventions (CICI) framework which differentiates between setting and context. Setting is the physical location within a context, in which the intervention is implemented. We propose to use higher granularity to map setting and to use a specific theoretical framework for setting that fits the intervention to be implemented. In SMILe, we therefore complemented the CICI with the eHealth enhanced Chronic-Care Model to assess the setting. Stakeholders were involved and methodological approaches based on mixed-methods were applied (technology acceptance analysis & patient's and clinician's needs-assessment) in order to map practice patterns relevant to chronic illness management (CIM).

Key Findings

Findings of the CA (e.g., low level of CIM, gaps in self-management support), informed the SMILe prototype development consisting of a care-coordinator and SMILe-technology, and choice of behavioural intervention modules provided (e.g., medication adherence). Facilitators and barriers identified in interviews and focus groups with stakeholders, such as physicians limited time resources, or patients' need for an easily reachable person, guided choice of implementation strategies (e.g., creating new clinical teams by introducing a care-coordinator).

Discussion

What opportunities and challenges do the participants see in the BANANA approach for their own research? How to best consider interactions between contextual factors?

Presentation 2: Implementation and implementation science: What do, and should funders do?

Barbara van der Linden (ZonMw); Kelly Dunham, Joanna Siegel, Emily Lazowick (PCORI); Michael Bowdery (Health and Care Research Wales) – **Netherlands / U.S.A. / U.K.**

Research Aim

The aim of this project was to explore the role(s) that health research funders play in promoting implementation of research findings and funding implementation science, including to categorise the range of practices funders carry out; describe examples of good practices in each category; and to use findings for exchange and further collaborative development within an international funders' forum.

Methods

An online survey was conducted within members of the Ensuring Value in Research Funders Forum (EViR) enquiring into the range and extent of dissemination and implementation practices, their investments therein and the challenges they experience regarding these. The survey consisted of a mix of 15 open-ended and closed questions. The response rate was 31/53 funders (58%). The EViR survey used a standardised format to elicit and describe up to two good implementation practices per respondent

Key Findings

Although models of implementation and challenges differ across organizations, the majority of funders regard dissemination and implementation of research findings as a high priority. Funders' activities range from 1. release of findings, 2. active dissemination, 3. knowledge exchange/partnering activities, 4. active implementation, 5. building capacity for implementation and 6. funding implementation research. Over half of respondents reported that they have at least some activities in all of the six (D&I) practice areas. The vast majority indicated some or significant activity in release of findings (97%) and dissemination (90%). Over one fifth of funders indicated that implementation (23%) and implementation research (26%) are outside their remit. Survey respondents shared a broad range of examples of activities in each practice area. In total 33 examples including information on purpose, resources, effectiveness and lessons learned were captured. They are useful for exchange between funders and to inform the wider audience of implementation practitioners and researchers. Lack of evidence for successful approaches and measuring impact were named frequently as challenges and as potential areas for collaboration.

Discussion

What roles do funders play in promoting implementation and implementation science and do these practices correspond with experiences and needs of audience members?

Presentation 3: A national research funder as catalyst to implementation

Steph Garfield, Prof. Jo Rycroft-Malone, Prof. Hywel Williams, Elaine Williams, Susannah Hopper, Charles Dukes, & Avril Lloyd (National Institute for Health Research) – **U.K.**

Research Aim

To develop and test how national funders can play a role in bringing research findings closer to practicable implementation.

Methods

We piloted a research funder-led enhanced dissemination intervention with case reported evaluation (2016–2020). 258 draft final reports submitted to the HTA and HS&DR programmes were screened by the programme directors and head of programme secretariat. Screening was based on whether findings indicated an intervention had a clear benefit, or an activity in health or social care should be stopped. 23 selected study teams were asked to submit a plan for enhanced dissemination to reach target audiences in novel ways, which was reviewed by the same senior selectors. 11 studies received funding (<£20k) to run additional activities with target evidence users. Nine have completed and are, or will be, submitting reviews of the activity. One has not yet completed. The pilot has been evaluated and is being rolled out to other NIHR research programmes.

Key Findings

Enhanced dissemination enables research teams to bridge the gap to support effective use of research in practice. Face to face/online events providing opportunity for sharing experience and context for implementation of research findings, seem to have longer lasting effect, building communities of interest between researchers and implementers. This, coupled with additional on-line tailored resources, seems to provide the broadest potential reach and support for implementing change. Recognising other skills are needed to bring research to life is crucial and the additional funding has been used to collaborate with organisations specialised in knowledge sharing. Enhanced dissemination has helped dispel worries about the media and demonstrated they play an important part in the continuum from research to implementation. Involving service commissioners as change agents in enhanced dissemination activity, lends credibility to events and materials, and ensures the audience's needs are at the forefront of the activity. The requirements of enhanced dissemination have developed skills and understanding of researchers, to communicate better with the end user of research, which should improve the chances of future implementation work. Identifying projects which would benefit from enhanced dissemination support is feasible. Researchers need to have their assumptions challenged as to what constitutes "making a difference activity".

Discussion

What is your experience of pushing research findings closer to implementation? Do you think the way research findings are presented to service leaders gives more confidence to act, especially if it means stopping something?

Presentation 4: Chances for implementation of physical activity interventions in a post-Covid reality

Kirsten Gutter, Mirjam Stuij, Dorine Collard, Vicky Dellas, Corry Floor & Jorien Slot-Heijs (Mulier Instituut) – *Netherlands*

Research Aim

Dutch measures against COVID-19 have had great impact on the ability to participate in organized physical activities. Physical activity interventions cannot or can only partly continue. At the same time physical activity benefits the immune system against COVID-19, especially for people with health issues (at-risk groups). The aim of this research is to explore the experiences of sports and healthcare professionals implementing and of participants participating in an adapted team sports intervention for the elderly and a walking intervention for patients with (an increased risk of) type 2 diabetes in the context of the Dutch COVID-19 measures.

Methods

We conducted six focus groups and two individual interviews with a total of 25 sports and healthcare professionals in September and October 2020. Participants' experiences were obtained in 16 individual interviews.

Key Findings

Professionals stated that they were more willing to adopt and implement the interventions because of the importance of physical activity for the elderly and people with chronic illnesses, especially in times of the pandemic. Taking into account the varying COVID-19 measures, both interventions were implemented in an adapted form. In the adapted form, participants were able to keep their distance from each other. However, professionals and participants stated that this was difficult to implement in practice because participants were naturally drawn to each other during the activities, the distance was too big for hearing-impaired participants and because some participants did not want to follow the social distancing rules. Professionals were happy to share their experiences with each other. The focus groups facilitated an exchange of implementation strategies. Moreover, according to the professionals, not all former participants returned after restarting the intervention after the lockdown. The most vulnerable participants seemed to have withdrawn from the interventions. However, there was great enthusiasm to participate among the less vulnerable participants.

Discussion

How can professionals share their experiences with each other (national and worldwide) and learn from each other to implement physical activity interventions influenced by COVID-19 measures? Should policies allow the implementation of physical activity interventions in an adapted form because of the importance of exercise for physical and social health (for at-risk groups), despite the risks?