

Minutes – EIC General Assembly

25 October 2023 – Online (Zoom)

Time:

14.00 – 15.30 / 2.00 – 3.30 pm *Reykjavik*

16.00 – 17.30 / 4.00 – 5.30 pm *Berlin/Rome*

15.00 – 16.30 / 3.00 – 4.30 pm *London/Lisbon*

17.00 – 18.30 / 5.00 – 6.30 pm *Helsinki/Istanbul*

Minutes

Sixty-six (66) EIC members attended the General Assembly on October 25, 2023.

1. Activity and financial report 2022/2023

The activities, membership, and resources provided by the EIC through 2022/2023 were presented to the General Assembly, including a financial report for 2022/2023 (see Appendix A).

2. EIC Board Elections

The following individuals were elected as EIC Board Members for 2023 – 2026 by the General Assembly:

Name	Country
Andy Bray	Ireland
Thekla Brunkert	Switzerland
Lauren Clack	Switzerland
Jacque Dwane	Ireland
Barbara van der Linden	Netherlands
Nadina Peters	Norway
Heather Roger	Spain

Cecilie Varsi, Katie Burke, Alexandra Ziemann, and Anne Etzelmüller are leaving the EIC Board after completing their terms.

3. Presentation by **Dr. Ties Hoomans**, London School of Economics and Political Science, Care Policy and Evaluation Centre, London, UK

Please see Appendix 2 for the slides of this presentation.

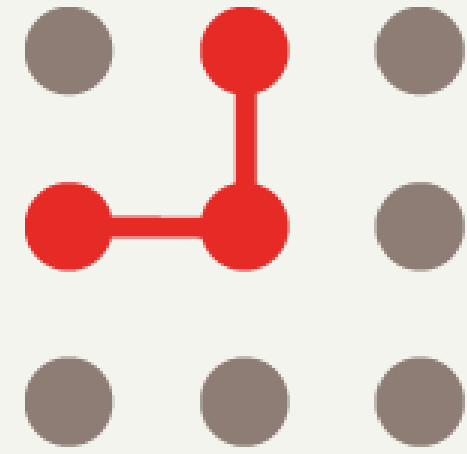
4. New business invited from the floor

Bianca Albers presented the idea of a new EIC working group on qualitative implementation research (EIC - QIR) and explored the interest of EIC members in this initiative.



Appendix A: Slide deck EIC General Assembly 2023 (including the activity and financial report 2022/2023)

GENERAL ASSEMBLY 2023



e i c

EUROPEAN
IMPLEMENTATION
COLLABORATIVE

Inspire Implement Improve

The EIC Board



Cecilie Varsi
University of South-Eastern Norway, Norway
Chair of the EIC



Katie Burke
The Corporate Governance Institute, Ireland
Treasurer of the EIC, EIC Board Member



Alexandra Ziemann
University of Bath, UK
EIC Board Member



Heather Rogers
Biocruces Bizkaia Health Research Institute, Spain
EIC Board Member



Barbara van der Linden
ZonMw, The Netherlands
EIC Board Member



Thekla Brunkert
University Basel & University Department of
Geriatric Medicine FELIX PLATTER, Switzerland
EIC Board Member



Anne Etzelmüller
HelloBetter, Germany
EIC Board Member



Leah Bührmann
Northumbria University, UK
Scientific Secretary

AGENDA

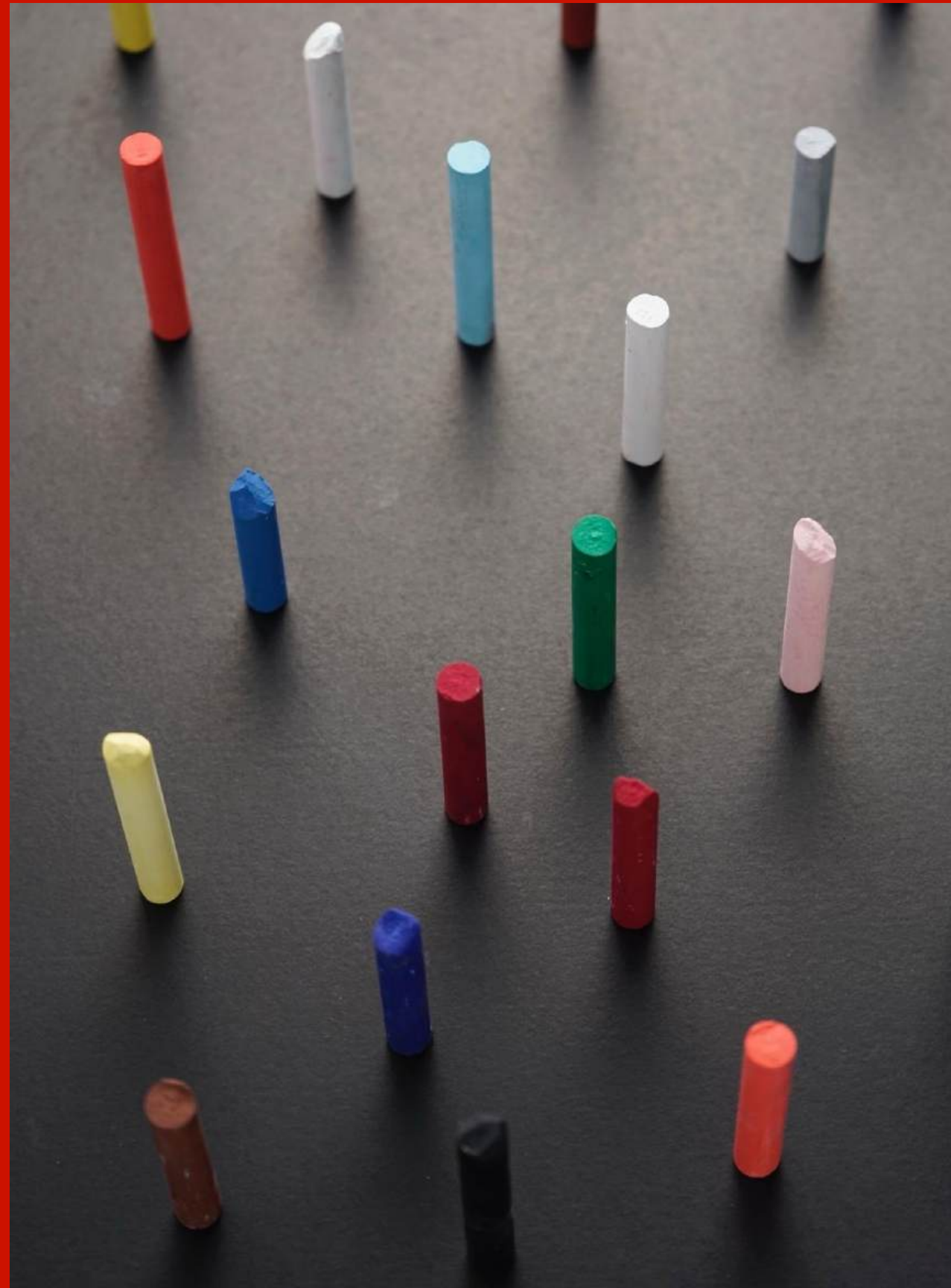
- Approval of the record of the last GA
- Activity and financial report 2022/2023
- Election of an independent auditor
- EIC Board Elections
- Presentation by Dr Ties Hoomans:



Implementation and economic evaluation.

- Get-together of the new EIC board members

Activity and financial report 2022/2023





EIC Vision and Strategy

A connected European community of practitioners, researchers, and policy makers with contemporary implementation skills and expertise, improving the quality of life for all people.

OFFER EXPERTISE

... be the “go to” network for knowledge and resources on European implementation science and practice

CONNECT WITHIN

... connect individuals, groups, networks, and organizations, reducing the implementation science – practice gap

PROMOTE EQUITY

... actively promote equity in implementation science and practice

COLLABORATE EXTERNALLY

... collaborate with organizations, networks, and groups outside the EIC to push forward implementation science and practice

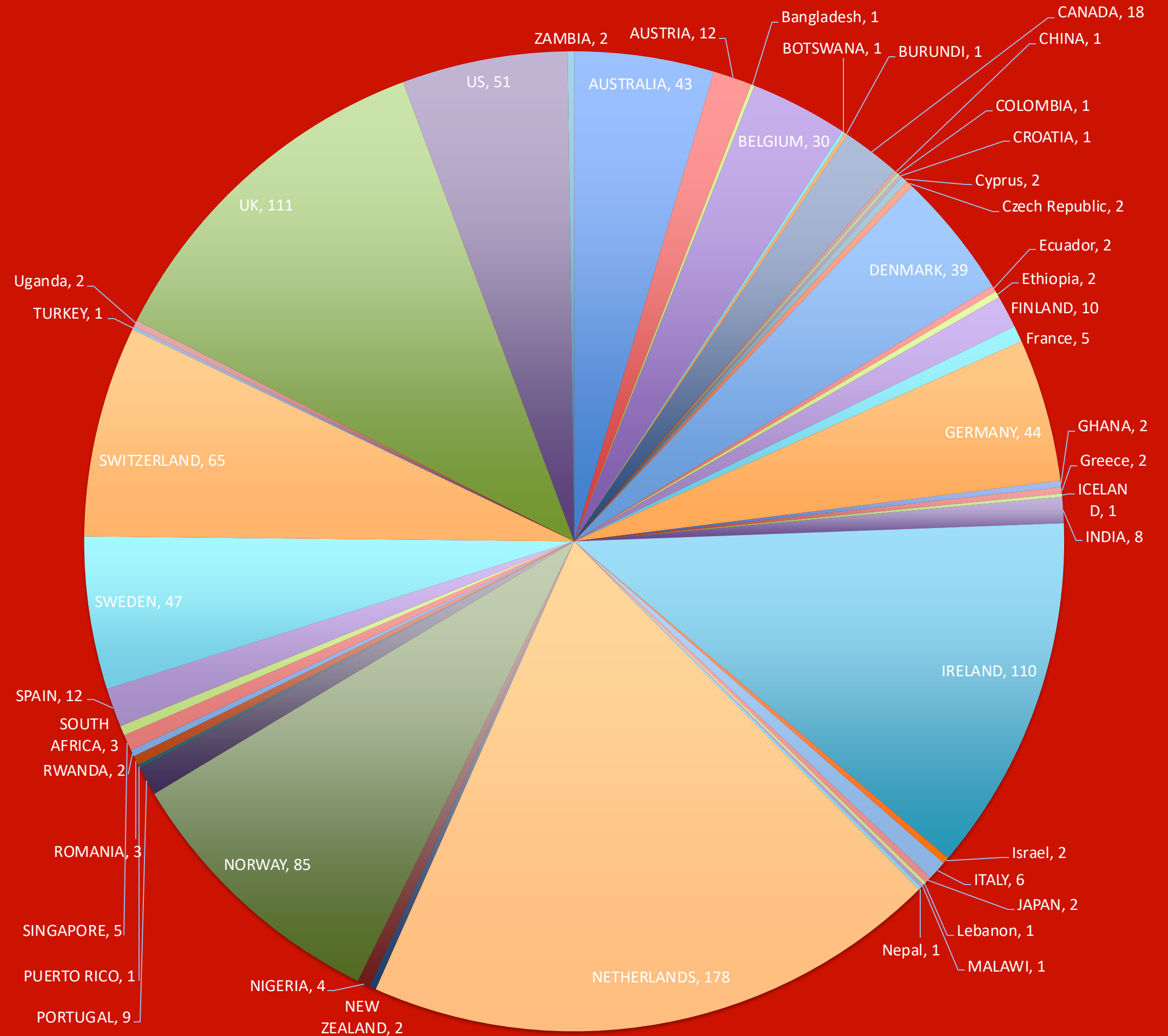
DEVELOP THE EIC

... Sustain, manage, and develop the EIC optimizing available resources

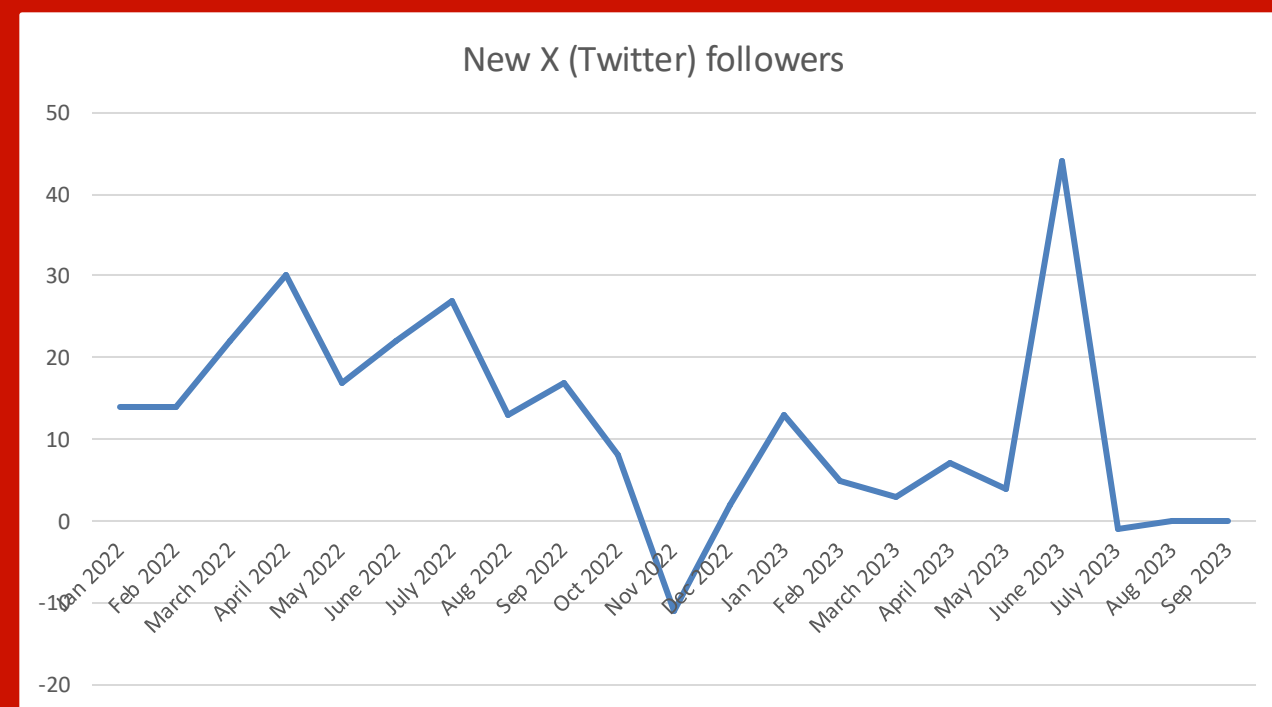
MEMBERSHIP

The EIC counts **943 members** from **48 countries** with an average growth of 12 members per month.

EIC membership is free of charge and open to anyone with an interest in implementation.



OUTPUT AND ENGAGEMENT



Newsletter:

- 2022: 11 Newsletters, 2023: 5 Newsletters
- Currently **1187 subscribers**

X (Twitter):

- Currently **2543 followers**, 112 own Tweets in 2022/23

Implementer portraits:

- 29 portraits on the EIC website

Blogposts:

- 6 blogposts on EIC website

Publications:

- Bührmann, L., Driessen, P., Metz, A., Burke, K., Bartley, L., Varsi, C. & Albers, B. (2022). Knowledge and Attitudes of Implementation Support Practitioners: Findings from a systematic integrative review.

KEY EIC ACTIVITIES 2022 March* – now

2022 MAR - now

- Three-monthly Board meetings
- Launch and implementation of the EIC Strategy 2021 – 2026
- EIC Member engagement
- Support EIC Working Groups and research projects

2022 JULY - OCT

- Teaching at Barcelona Technology School

2022 SEP - now

- Co-PI of the European Implementation Mapping Project

2022 OCT

- Contribution to the resubmission of the COST Action application

2022 OCT

- UNC Scholarships

2022 NOV

- Meeting with the 8 national implementation networks: update & input for EIC Strategy, EIE2023 contribution

2023 MAR - APRIL

- Teaching at Barcelona Technology School

2023 JUNE

- Annual meeting of the European Implementation Networks
- **EIE2023: 2-day conference, 350 attendees**

2023 AUG

- Finalization of the registration of EIC in the Swiss Handelsregister

* The activities since the last General Assembly in March 2022 are presented.

RESEARCH PROJECTS

2022/23



THE COMPETENCIES PROJECT

- Collaboration between Centre for Implementation Practice at University of North Carolina, the EIC, and the Centre for Effective Services (Ireland)
- Bührmann, L., Driessen, P., Metz, A., Burke, K., Bartley, L., Varsi, C. & Albers, B. (2022). Knowledge and Attitudes of Implementation Support Practitioners: Findings from a systematic integrative review.

REVERSE EU-PROJECT

- EIC as project partner (supports communications of project)

EUROPEAN IMPLEMENTATION MAPPING (EIM)

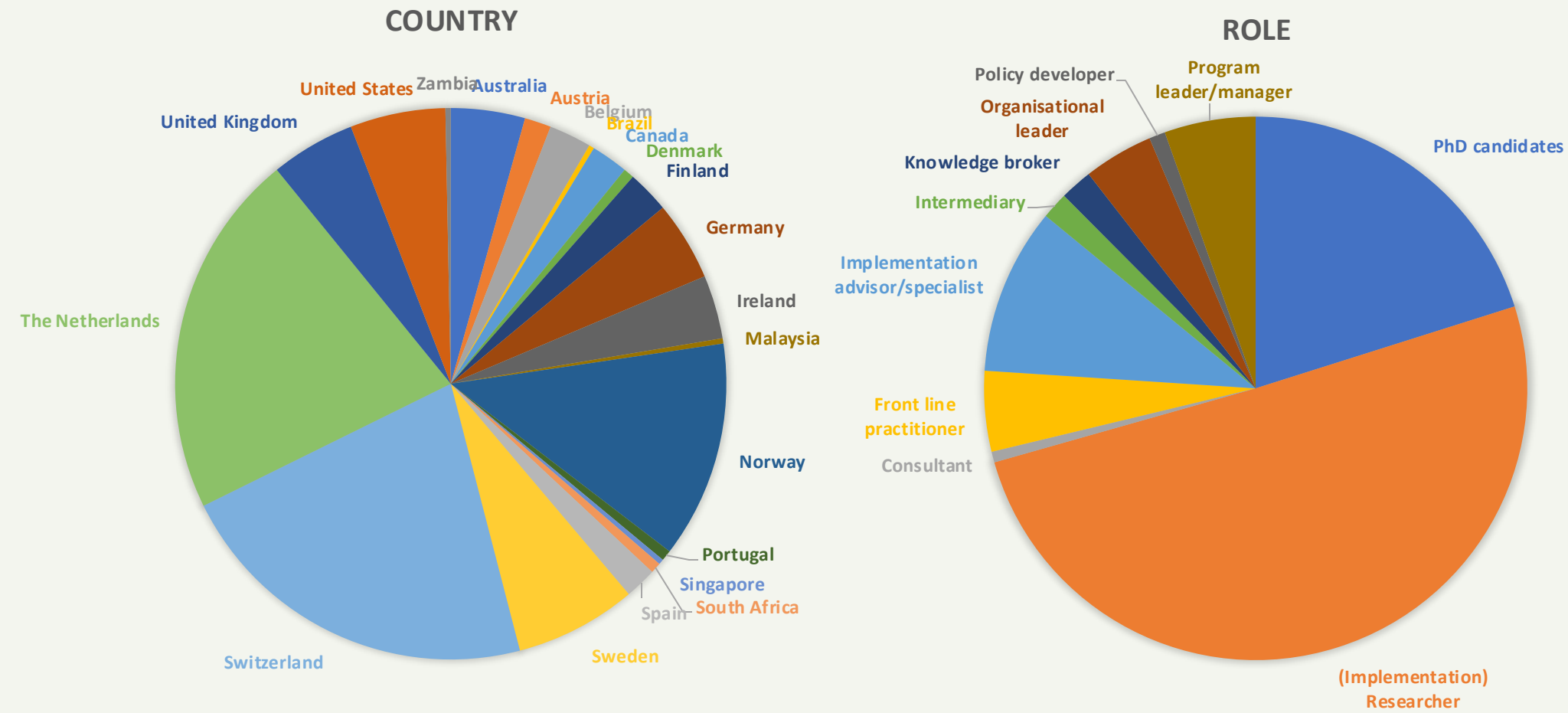
- Led by IfIS, EIC as project partner (Co-PI & part of research team)

EIE2023 in Basel, CH

Creating a new normal:
Enhancing the relevance of
implementation science for society



OUR AUDIENCE – 350 attendees



EIC WORKING GROUPS

The EIC focuses on creating links between the individuals and groups working in implementation science and practice across Europe by establishing **open working groups**

➤ **EARLY CAREER IMPLEMENTATION PROFESSIONAL (ECIP)**

77 members, regular WG meetings, involvement in the EIE2023 programme planning, EIE2023 activities, involvement in research project, weekly “Writing Hour”

Working Groups in preparation:

➤ **IMPLEMENTATION IN SOCIAL WORK**

➤ **IMPLEMENTATION EDUCATION AND TRAINING**

➤ **EIC BOARD ALUMNIS**

Working Group idea:

➤ **QUALITATIVE IMPLEMENTATION RESEARCH (EIC – QIR)**

EUROPE'S IMPLEMENTATION NETWORKS



Denmark



German-speaking countries



Ireland & Northern Ireland



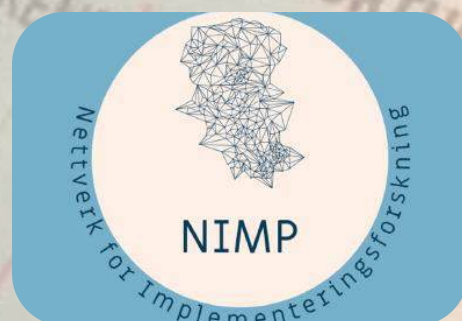
Netherlands



Nordic Implementation Interest Group



Italy



Norway



Switzerland



UK

- **Annual meetings of the European implementation networks organised by EIC**
 - Past meetings: November 2022, June 2023 (at EIE2023)
 - Updates from networks / EIC
 - Networking / Collaboration
- **Involvement of networks in EIE2023**
 - Planning
 - Facilitation of session at EIE2023
- **Representation of networks in EIC communications**
- **Outreach to colleagues in new countries:**
 - Portugal, South Africa, Belgium, Poland, Sweden

EIC FINANCIAL REPORT - financial governance

- In 2022, EIC moved its legal 'home' from Denmark to Switzerland and updated our by-laws.
- EIC is now hosted by *The Institute for Implementation Science in Health Care* (IfIS) at the University of Zurich. In September 2023, EIC was officially registered in Switzerland.
- The EIC bank account was with Danske Bank in Denmark (2015 - 2022). Closed the Danish bank account in December 2022.
- EIC will be opening a bank account in Switzerland once the new EIC Board is elected, and a new Chair and Treasurer appointed.

EIC FINANCES 2022 - 2023

- **2022** was a quiet year for EIC on the financial front, as there was no EIE/Conference
- In **2023**, the European Implementation Event (EIE2023) generated income of €31,000 for EIC. The conference is EIC's main source of income
- As a result in September 2023, EIC is in a relatively strong financial position, with a balance of €49,799

Month	Income (€)	Expenses (€)	Explanation	Balance (€)
January - December 2022				
Jan 2022			Opening balance	39,062
March 2022	993		Imp Science teaching, Barcelona Technology School	
April 2022		2,625	Scientific secretary services (late 2021 - Feb 2022) & teaching Imp Science module at Barcelona Technology School	
June- Sept 2022		30	EIC operational running costs	
			Closing balance	37,400
January - September 2023				
Sept 2023	31,142		Net income to EIC from EIE (EIE was held in Basel in June 2023)	
Sept 2023	5,275		Imp Science teaching, Barcelona Technology School	
Jan - July 2023		1,131	Costs for EIC registration in Switzerland	
Jan 2023		2,288	EIC Board meeting in person in Amsterdam	
Sept 2023		11,615	Scientific secretary services (March 2022 - Feb 2023) & teaching Imp Science module at Barcelona Technology School	
Sept 2023		8,270	Scientific secretary services (March 2023 - July 2023) & teaching Imp Science module at Barcelona Technology School	
		714	EIC operational running costs, Jan - Sept 2023	
			Closing balance (end Sept 2023)	49,799
Notes:				
1. The EIC finances are presented in Euros. The EIC bank accounts were in Danish Krone (Danske Bank - until Dec 2022) and Swiss francs (2023)				
2. Exchange rates (Danish Krone and Swiss Francs to Euro rates) calculated on 08.10.23. Figures have been rounded.				
3. EIC operational running costs include subscriptions to Dropbox, G-Suite, Zoom and website hosting				

THANK YOU !!!



KATIE BURKE

The Corporate Governance Institute, Ireland
BM since 2017, EIC Treasurer



ALEXANDRA ZIEMANN

University of Bath, UK
BM since 2017



ANNE ETZELMÜLLER

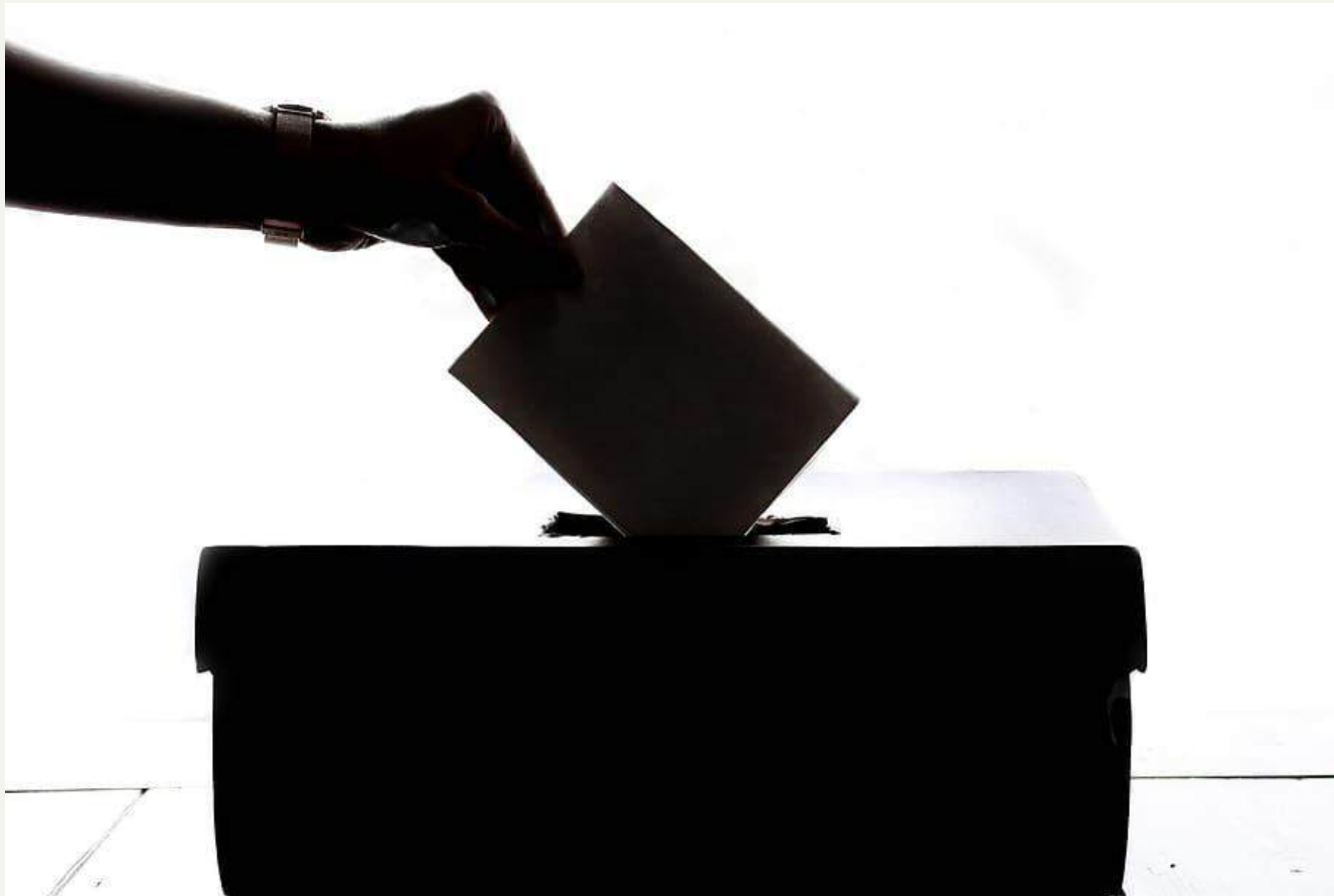
HelloBetter, DE
BM since 2020



CECILIE VARSI

University of South-Eastern Norway, Norway
BM since 2017, EIC Chair 2020-2023

Board Elections



BOARD TERM

Nov 2023 – Oct 2026

BOARD MEMBERS

- Available **SEATS**: 7
- Available **CANDIDATES**: 8

THE PROCEDURE

Ranked voting

- You cast your Nr. 1 vote for your top candidate
- You rank the remaining candidates by **preference** (2 (*most preferred*) – 8 (*least preferred*))

Counting: STV = Single Transferable Vote



Andy Bray (IRE)



Lauren Clack (CH)



**Barbara v.d. Linden
(NL)**



**Heather Rogers
(SP)**



**Thekla Brunkert
(CH)**



Jackie Dwane (IRE)



**Nadina Peters
(NOR)**



Tim Rapley (UK)

Board 2023-2026: Election Results

CONGRATULATIONS TO:

Heather Rogers, ES
Thekla Brunkert, CH
Barbara van der Linden, NL
Nadina Peters, NOR
Andy Bray, IRE
Lauren Clack, CH
Jackie Dwane, IRE



Thank you!

WWW.IMPLEMENTATION.EU

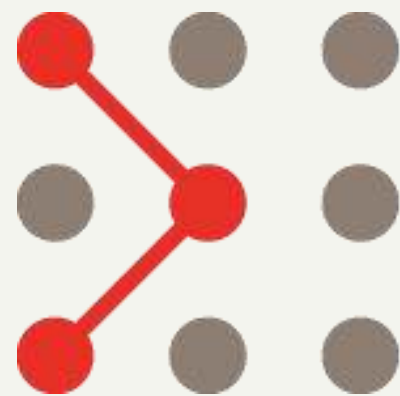
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Send us an email!



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EUROPEAN
IMPLEMENTATION
COLLABORATIVE

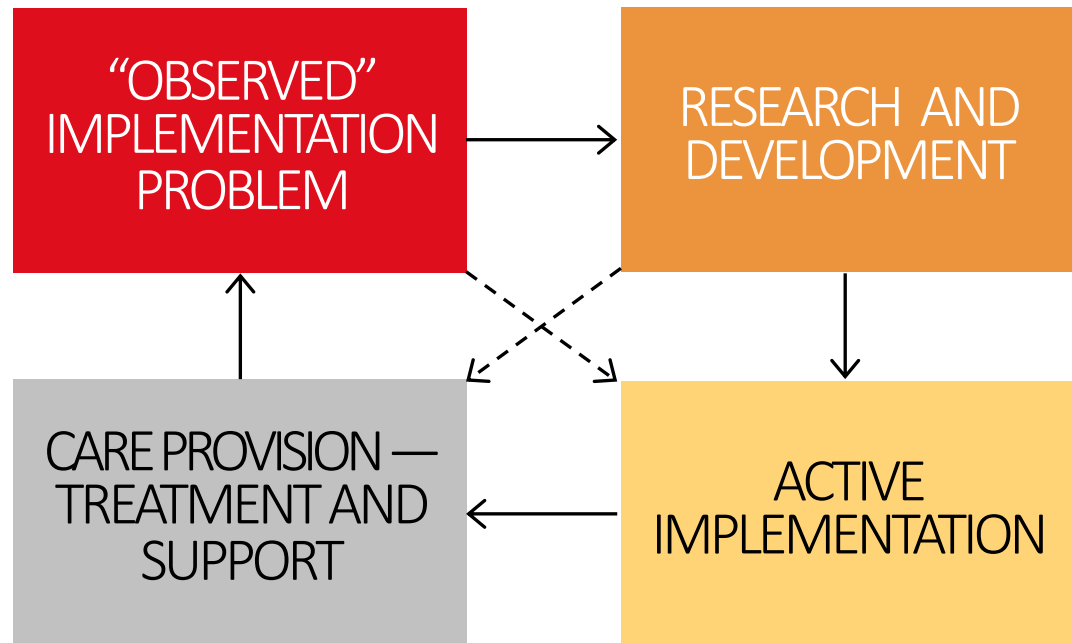


Appendix B: Slide deck of presentation Dr Ties Hoomans

IMPLEMENTATION AND ECONOMIC EVALUATION

methodology, origins in:
economics, operations
research, management science

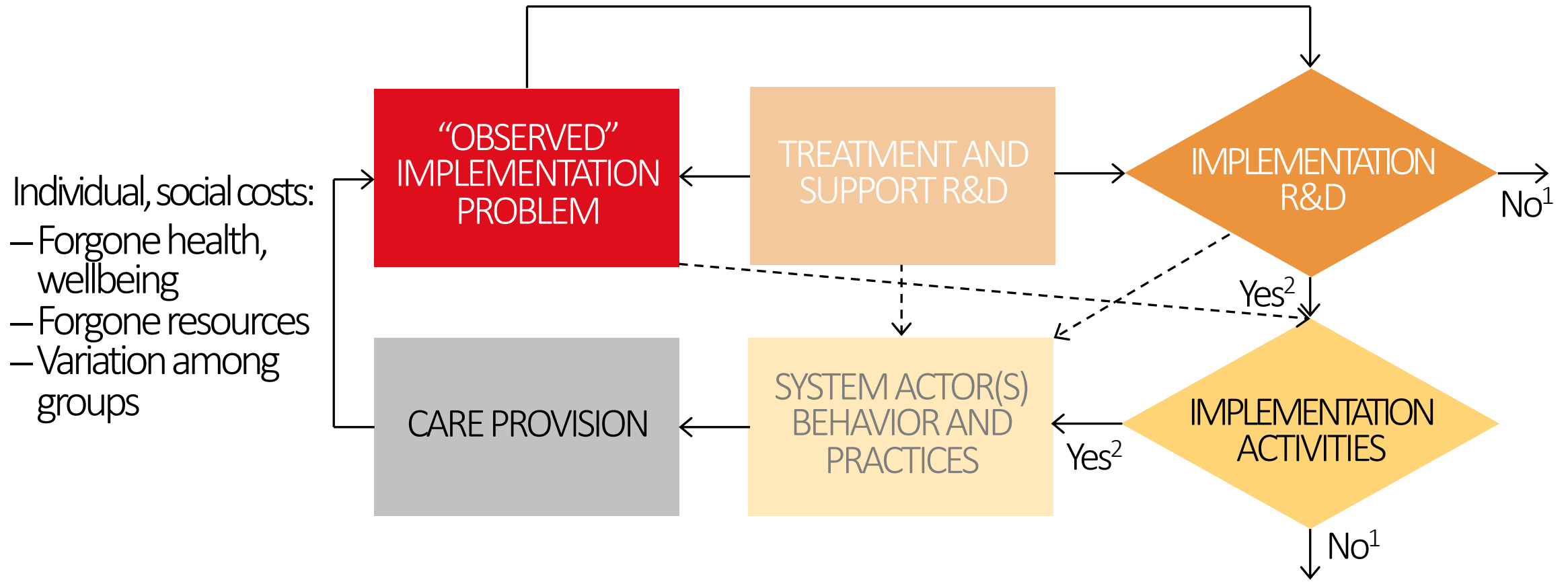
Ties Hoomans, PhD, MSc
London School of Economics
EIC, 25 October 2023



IMPLEMENTATION PROCESS

Economic Evaluation Aids:

- | Systematic analysis of economic aspects of implementation
- | Review of choices and uncertainties in real life
- | Careful consideration if “interventions” produce better outcomes for people and society



Individual, social costs:
 - Forgone health, wellbeing
 - Forgone resources
 - Variation among groups

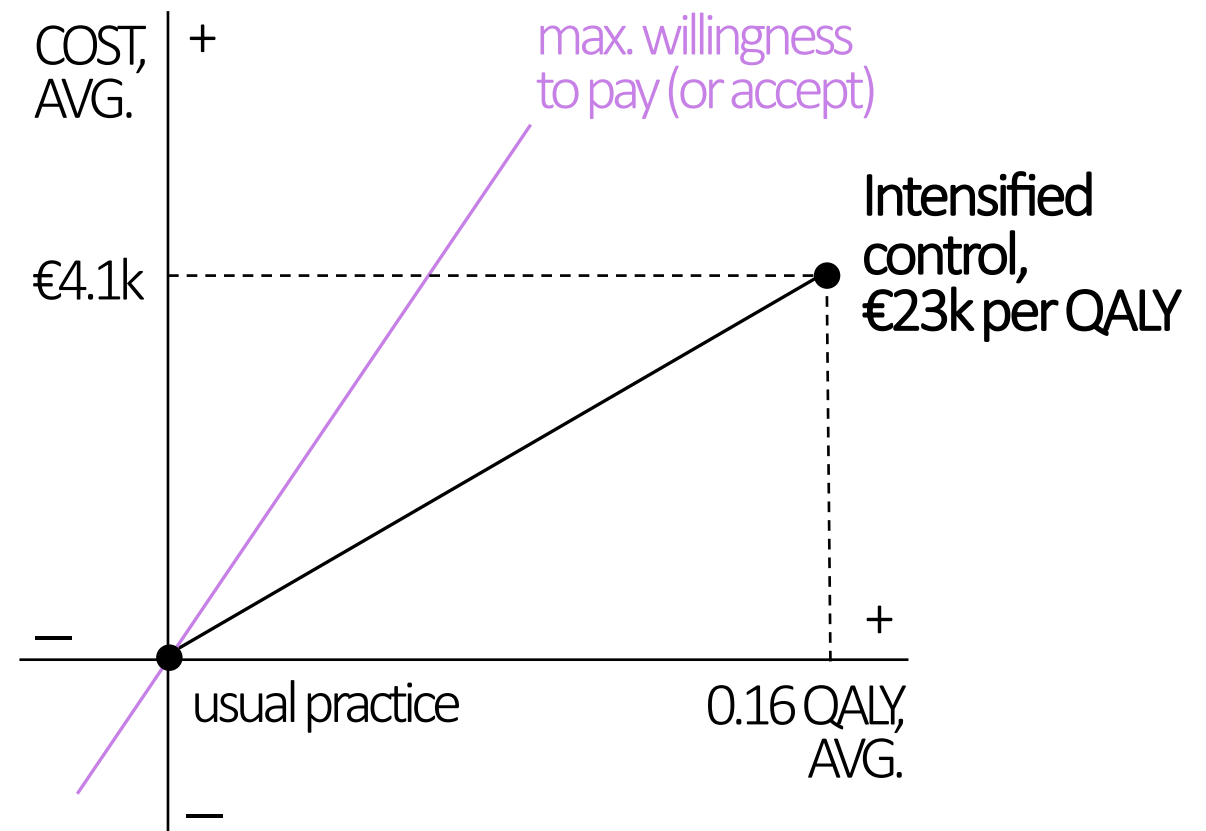
¹ care provision may not change

² various actors may incur resource costs

DOES AUDIT & FEEDBACK ENCOURAGE GPs TO INTENSIFY GLYCEMIC CONTROL IN TYPE 2 DIABETES*?

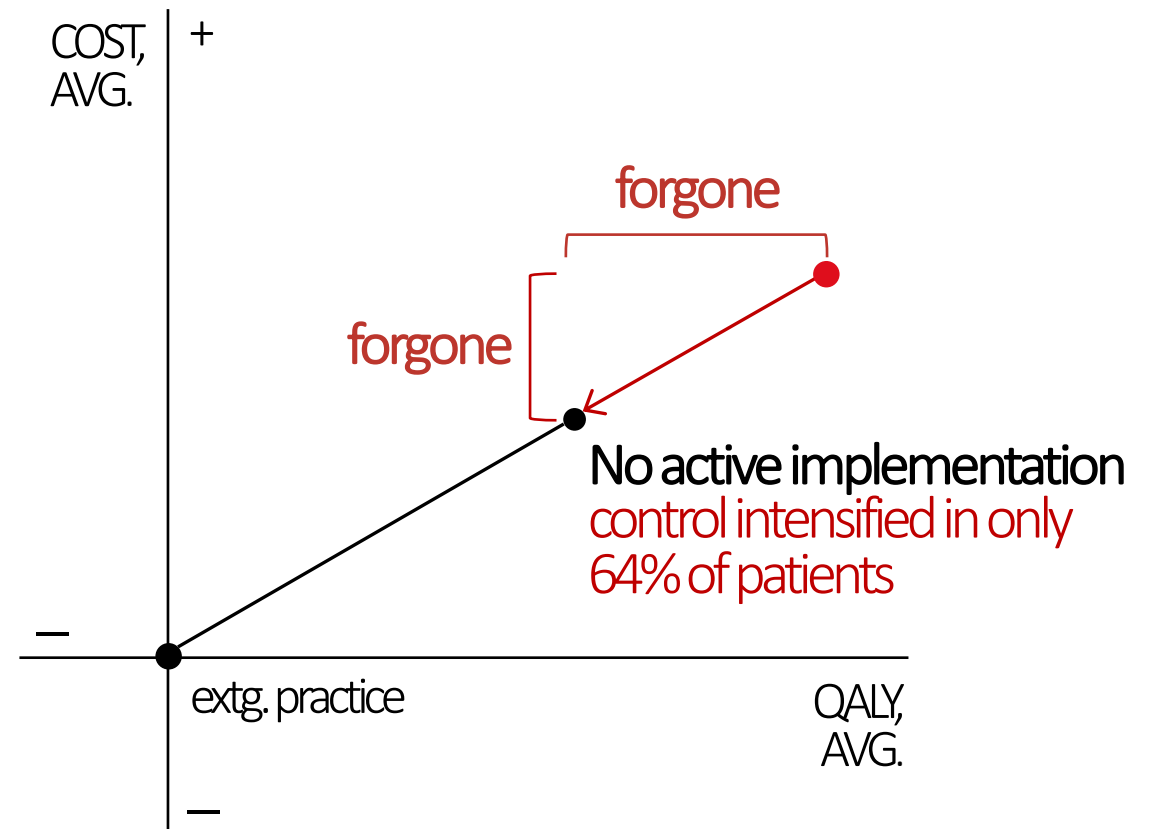
- Studies: intensification improves patient outcomes
- Additional care costs covered by Dutch health insurance
- Control intensification recommended in clinical practice guidelines

* Hoomans et al., 2009



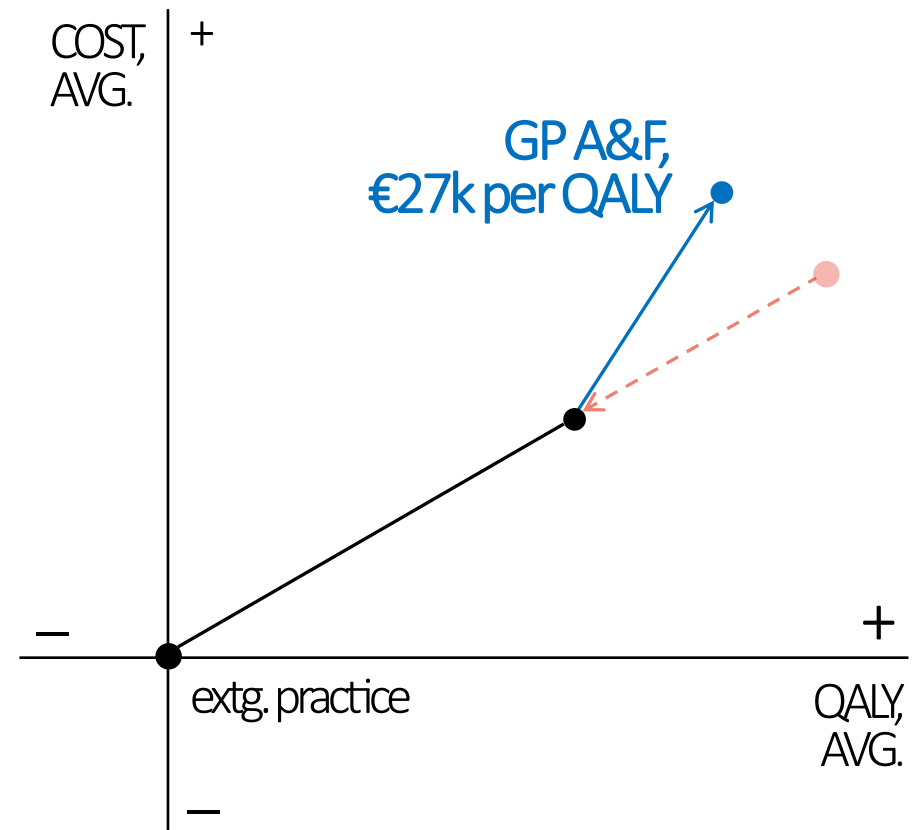
DOES AUDIT & FEEDBACK ENCOURAGE GPs TO INTENSIFY GLYCEMIC CONTROL IN TYPE 2 DIABETES?

- Survey: Dutch GPs not immediately adjusted their practices
- Patients lose quality of life and life years; inefficient resources use
- Forgone care potential = “value of implementation”



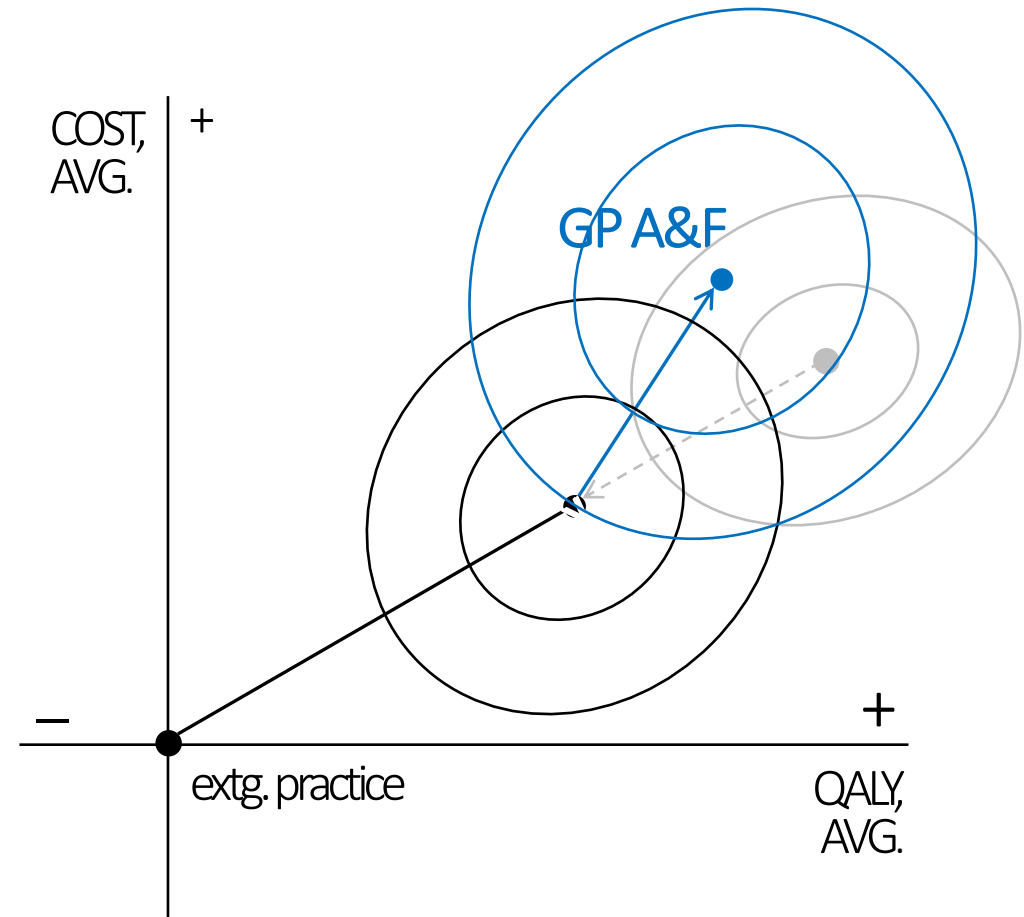
DOES AUDIT & FEEDBACK ENCOURAGE GPs TO INTENSIFY GLYCEMIC CONTROL IN TYPE 2 DIABETES?

- Studies: GP practices could be altered through audit & feedback
- This would add to the cost of care for the patient population



DOES AUDIT & FEEDBACK ENCOURAGE GPs TO INTENSIFY GLYCEMIC CONTROL IN TYPE 2 DIABETES?

- Evidence synthesis and decision analysis: returns in actively implementing glycemic control intensification remain uncertain
- Among uncertain factors: patient outcomes, GP behavior, implementation costs



EVALUATION METHOD	MEASUREMENT OF BENEFITS	RELATION TO COSTS	PRACTICAL APPLICATION
Cost-consequences analysis ¹	Can vary and be qualitative	Alternatives' outcomes measured separately and listed	Decision maker is to assess and compare outcome measures
Cost-effectiveness analysis ¹	In a single "natural" outcome measure	Difference in costs divided by benefits difference	Resulting ratio to be compared to a decision maker's threshold
Cost-utility analysis ³	Weighted overtime by utility (quality of life)	"	Diverse interventions in any number can be compared
Cost-benefit analysis ⁴	In monetary terms	Monetary values added to costs	Net benefit applies across studies and interventions
Cost-minimization analysis ⁵	—	—	Evidence is to suggest that options are equally effective

^{1,2} e.g. Szewczyk et al., 2022; ³ e.g. Hoomans et al., 2009; ⁴ e.g. Dopp et al., 2018; ⁵ e.g. Hoeft et al., 2019

DOES COMPREHENSIVE SUPPORT IMPROVE ASSESSMENT AND CARE FOR ANTENATAL ALCOHOL USE*?

Cost-consequences Analysis

* Szewczyk et al., 2022

	Compared to usual services ¹
R&D of support program — academic detailing, e-reminders, local opinion leaders, i.a.	+\$40.9k
Program execution	+\$326.8k
Practitioner guidelines knowledge	Higher
Practitioner productivity	Higher
Practitioner satisfaction with care	Higher
Women receiving guided care	+9.3%
Women's alcohol use while pregnant	Lower

¹ over 12 months

DOES COMPREHENSIVE SUPPORT IMPROVE ASSESSMENT AND CARE FOR ANTENATAL ALCOHOL USE*?

Cost-effectiveness Analysis

* Szewczyk et al., 2022

	Incremental cost per % increase in women receiving guided care (95% CI), relative to usual services ^{1,2}
Support program, all sectors	+AU\$32.6k (32.6k–36.3k)
Sector 1	+AU\$16.0k (13.1k-20.4k)
Sector 2	+AU\$5.6k (4.3k-8,3k)
Sector 3	+AU\$7.7k (4.7k-21.1k)

¹ over 12 months

² self-reported receipt of all guideline elements

DO ENHANCED CARE COORDINATION, STAFF TRAINING AND QUALITY ASSURANCE REDUCE JUVENILE DELINQUENCY*?

Cost-benefit Analysis

* Dopp et al., 2018

	Compared to care as usual
Multisystemic therapy enhancement program	+US\$14.7k ^{1,2}
Behavioral health services	-US\$19.3k ^{1,2}
Juvenile court petitions	-US\$29.7k ^{1,2}
Net benefit	-\$34.3k ^{1,2}

¹ over 36 months

² per youth

DOES COMMUNITY-BASED TEAM CARE IMPROVE MANAGEMENT OF OLDER ADULTS WITH DEPRESSION?

Cost-minimization Analysis

* Hoefl et al., 2019

	For 7 intervention sites
One-off facilitation of team care — case managers employment, care staff training, IT, a.i.	US\$40k-61k ^{1,2}
Ongoing facilitation	US\$300-2300 ^{1,2,3}
Treatment and support	US\$154-544 ^{1,3,4}

¹ min-max

² per community/region

³ per month

⁴ per patient

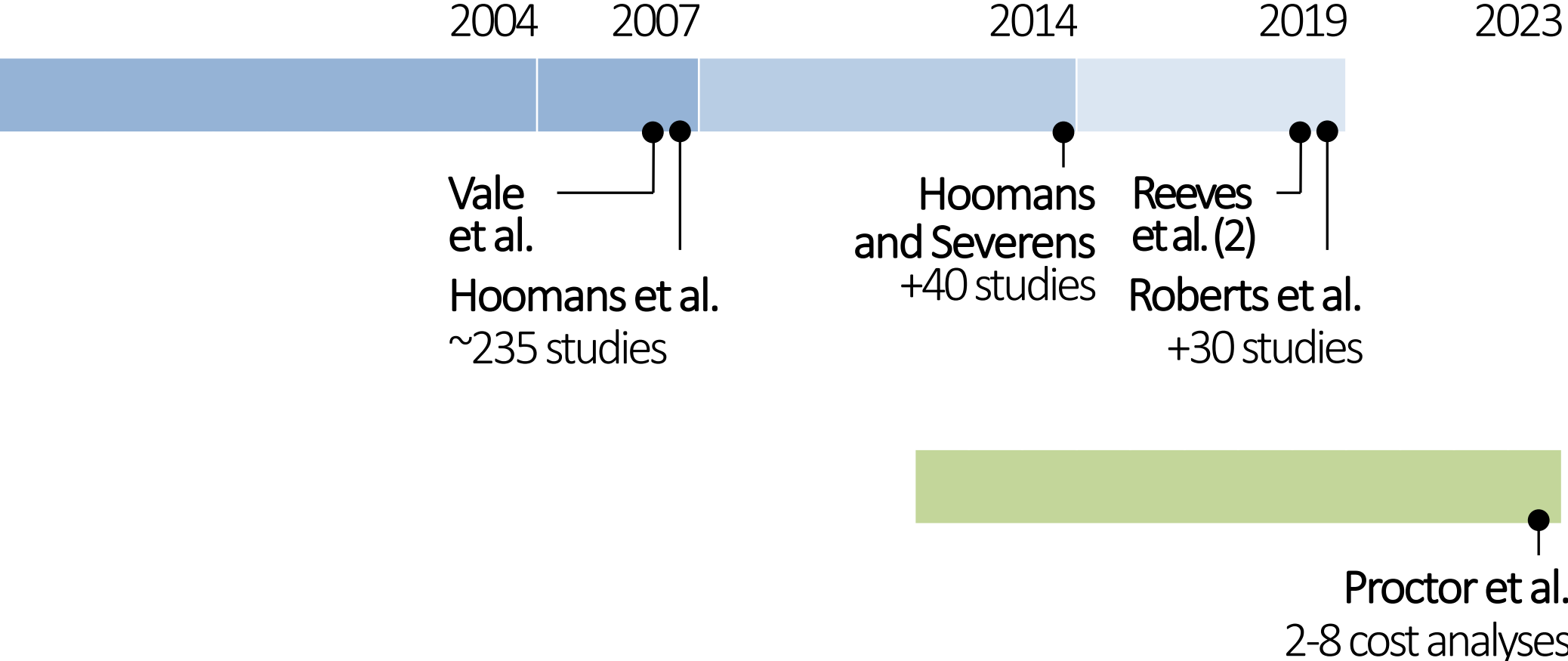
ECONOMIC EVALUATION CAN BE
TO TAILORED TO DECISION PROBLEM, BY:

- choice of perspective of study
- covering period during which relevant (intended, unintended) costs and effects occur
- qualitative research and contextualization

RESULTS RELEVANT FOR:

- Government, advisory body
- Insurance plan, business
- Care provider or team
- Individual frontline worker
- Health care reformer, advocacy group
- Individual patient or carer

ECONOMIC EVALUATIONS REMAIN UNCOMMON



“ECONOMIC EVALUATION” ACTIVITIES COMMONLY CARRIED OUT AS PART OF IMPLEMENTATION STUDIES	ADDITIONAL REQUIRED PURSUITS
Research into care system actor(s) behavior and practices	Assessment of relevant costs
Research into implementation processes and mechanisms	Establishment of “final” measures of outcomes — i.e. health, wellbeing, equality
Research into care provision	Development of competing alternatives
Broader contextualization of implementation problem	Production of quantitative evidence relevant for real-world decision-making

ASSESSMENT OF RELEVANT COSTS Hoomans et al., 2023

	Local govt., health authority	Insurance plan	Care organization	Frontline worker	Patient, carer
R&D	M, L, K, O	M, L, K, O	M, L, K, O	T, (H, W)	T, H, W
ACTIVE IMPLEMENTATION	C, M, L, K, O	C, M, L, K, O	C, M, L, K, O	“	“
CARE PROVISION	C, L	C, L	C, L	H, W	H, W
“DOWNSTREAM” SERVICES	C, M, L, K, O	—	—	—	H, W

Care system or society

M: Material; L: Labour; K: Knowledge; O: Organisation; C: Capital T: Time; H: Health; W: Welfare

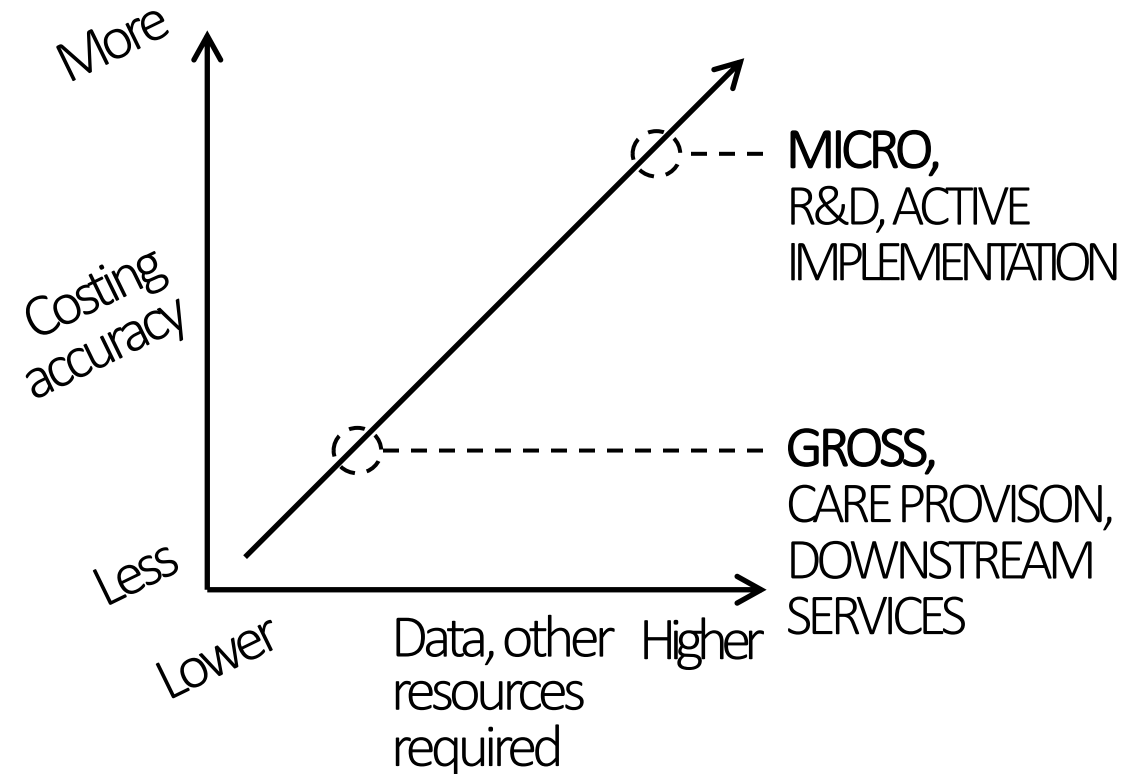
$$\text{TOTAL COSTS} = \sum \text{RESOURCE QUANTITIES} \times \text{UNIT COST}$$

MICRO-COSTING

- Detailed inventory and measurement or resource uses, breaking down implementation activities and care into "cost-drivers"
- Unit cost determined locally

GROSS-COSTING

- Aggregative method, using resource use quantities and unit cost data from external sources
- E. g. : NHS national cost collection; National Tariff Pay System



ImPACT: TIME-DRIVEN ACTIVITY-BASED COSTING*

STAKEHOLDER ENGAGEMENT AND R&D	Clinic meetings	Clinician training and education	Ongoing consultation	Total hours	2168
CLINICIAN FIDELITY ASSESSMENT	ImPACT direct delivery	Goal setting	Caregiver coaching	Total costs	US\$174k
IMPLEMENTATION COORDINATION AND MONITORING	Virtual meetings	Adhoc phone calls	Emails and texts	personnel	US\$174k
				non-personnel	—
				per site	US\$43.5k
				per clinician	US\$14.5k

*Cidav et al., 2020; 2023

ImPACT: TIME-DRIVEN ACTIVITY-BASED COSTING*

STAKEHOLDER ENGAGEMENT AND R&D	Clinic meetings	Clinician training and education	Ongoing consultation	Total hours		2168
				Hours	Wage	Total costs
CLINICIAN FIDELITY ASSESSMENT	ImPACT direct delivery	Meet with clinics, individually	Clinic leader	8	US\$82	US\$174k
			Project manager	4	US\$81	—
			Project coordinator	8	US\$31	US\$43.5k
IMPLEMENTATION COORDINATION AND MONITORING	Virtual meet	Meet with clinics, as group	Clinic leader	8	US\$82	US\$14.5k
			Project manager	1	US\$81	
			Project coordinator	2	US\$31	

*Cidav et al., 2020; 2023

COSTING FRONTLINE WORKER, PATIENT AND CARER TIME

MEASUREMENT?

Questionnaires
Diaries
Case notes
Observations
Consultation
Literature
...

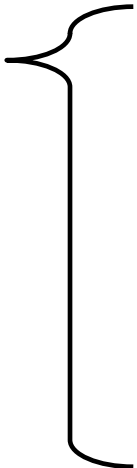
ALLOCATION?

(Self-) report bias
Activity driver
Over-exclusion
Over-inclusion
Expert attribution
...

VALUATION?

Market price
Reservation wage
Lost productivity
Social security benefits
Leisure time
Benefits
...

DEVELOPMENT OF COMPETING ALTERNATIVES

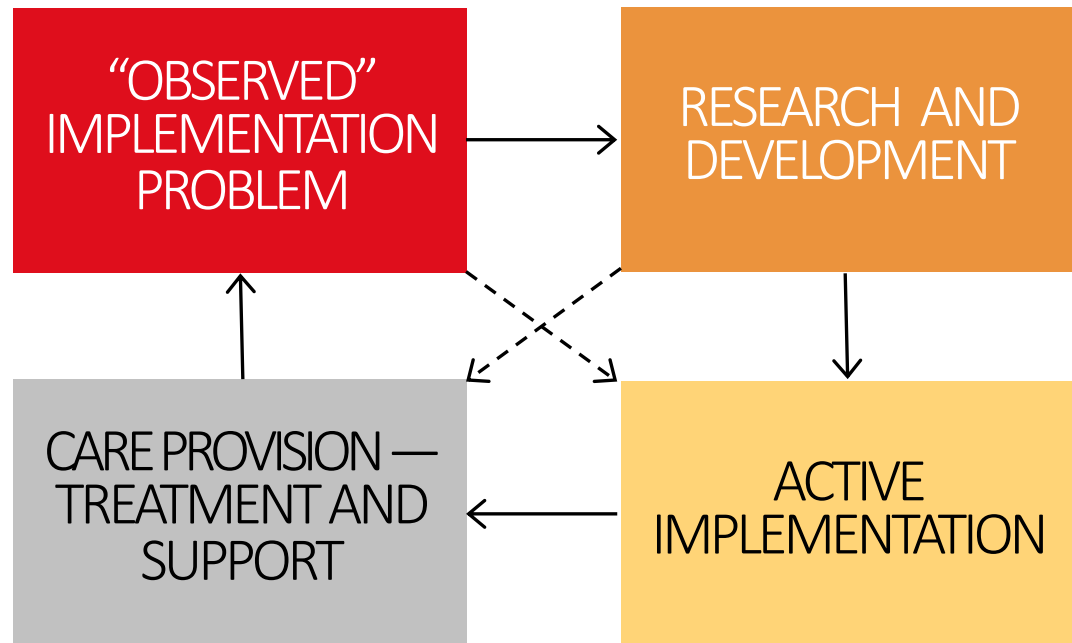
- New implementation strategy or activities set: feasible, researchable and replicable
- Next best 
 - (Common) local practice; “do nothing” If aim = local care improvement
 - Proven typological modular decrement of new activities set If aim = science advancement
 - Combinations of implementation activities and treatment and support options*
(Some are easier to implement than others) If aim = efficient resource uses

* Hoomans et al., 2009

ALTERNATIVE ECONOMIC EVALUATION DESIGNS

If RCT for
comparison(s) is
impractical

		ALLOWANCE FOR UNCERTAINTY IN STUDY, INCL. CHOICE SET	
		LOW	HIGH
RELEVANCE TO IMPLEMENTATION PROBLEM	HIGH	"NATURAL EXPERIMENT" Practical situations "randomize" competing alternatives	DECISION ANALYSIS Evidence synthesis; modelling and simulation
	LOW	OBSERVATIONAL DATA Case-series, before- and-after, case- control studies	EXPERT KNOWLEDGE Interviews, focus groups, surveys such techniques Cooke's and Delphi



IMPLEMENTATION PROCESS

Economic Evaluation Aids:

- | Systematic analysis of economic aspects of implementation
- | Review of choices and uncertainties in real life
- | Careful consideration if “interventions” produce better outcomes for people and society

FURTHER READINGS

- Hoomans T, Adang E, Severens J. Economische evaluaties van implementatiestrategieën. In: Grol R, Wensing M. Implementatie. Effectieve verbetering van de patiëntenzorg [in Dutch]. Elsevier Gezondheidszorg, Maarssen, The Netherlands, 2023
- Cidav Z, Mandell D, et al. Programmatic Costs of Project ImPACT for Children with Autism: A Time-Driven Activity Based Costing Study. *Adm Policy Ment Health* 2023;50(3):402-416
- Gold T, McDermott C, Hoomans T, Wagner T. Cost data in implementation science: categories and approaches to costing. *Implement Sci* 2022;17;(1):11
- Hoomans T, Severens J. Economic evaluation of implementation strategies in health care. *Implement Sci* 2014; 18(9):168
- Hoomans T, Severens J, Evers S, Ament A. Value for money in changing clinical practice: should decisions about guidelines and implementation strategies be made sequentially or simultaneously? *Med Decis Making* 2009;29(2):207-16

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