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Finding what works: selecting the right implementation strategy for an intervention and its context

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Overview

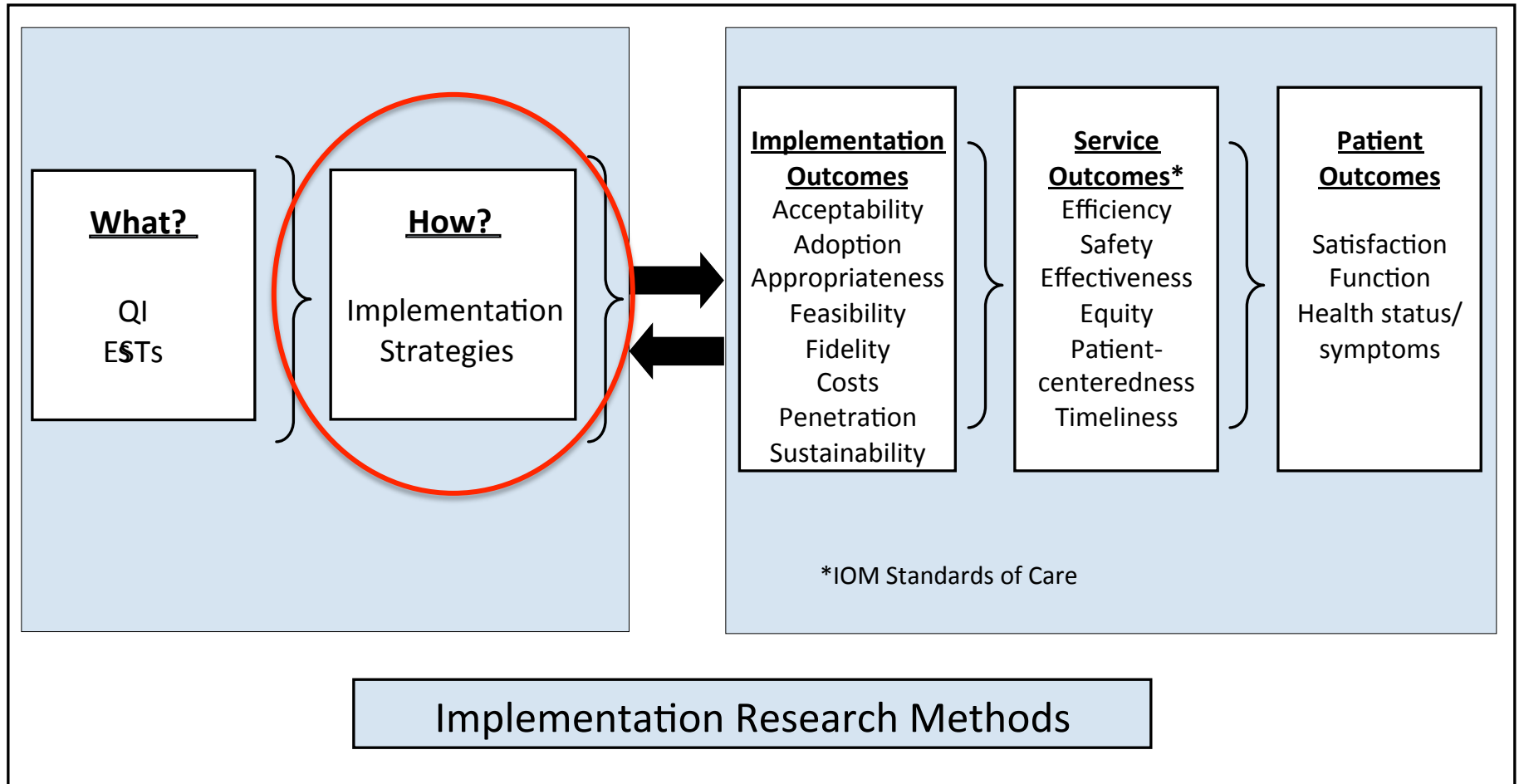
- Definitions
- Categories of strategies
- Selecting and tailoring strategies
- Experience with setting, treatment and strategy



Definitions



Conceptual Model of IR



Range of Strategies

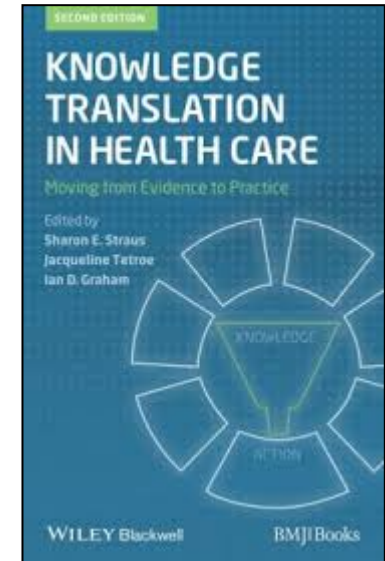
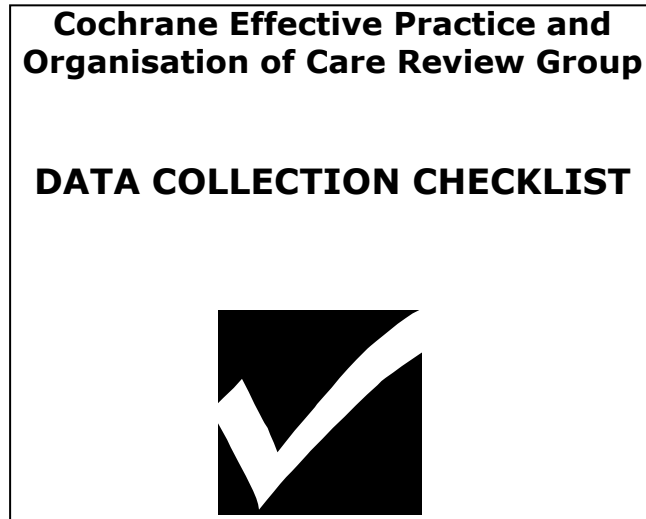
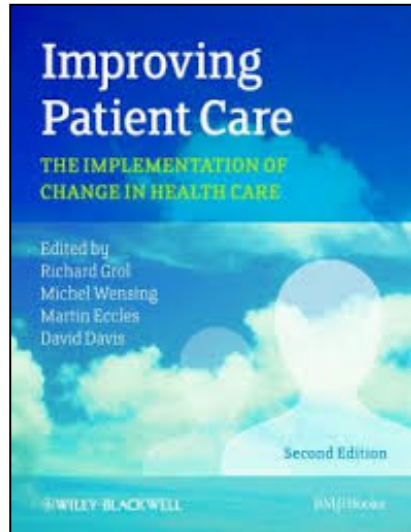


Sources

- Reviews & compilations
- Textbooks
- Literature reviews
- Treatment & strategy manuals



Examples of Existing Resources



Mazza et al. *Implementation Science* 2013, **8**:32
<http://www.implementationscience.com/content/8/1/32>



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RESEARCH

Open Access

Refining a taxonomy for guideline implementation: results of an exercise in abstract classification

Danielle Mazza^{1*}, Phillip Bairstow², Heather Buchan³, Samantha Paubrey Chakraborty¹, Oliver Van Hecke¹, Cathy Grech¹ and Ilkka Kunnamo⁴



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Compilation of Strategies

Review

A Compilation of Strategies for Implementing Clinical Innovations in Health and Mental Health

Medical Care Research and Review

69(2) 123–157

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DOI: 10.1177/1077558711430690

<http://mcr.sagepub.com>



**Byron J. Powell¹, J. Curtis McMillen², Enola K. Proctor¹,
Christopher R. Carpenter³, Richard T. Griffey³,
Alicia C. Bunger⁴, Joseph E. Glass¹, and Jennifer L. York³**



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Implementation strategies should be...

- Multi-faceted and multi-level
- Robust or readily adaptable
- Feasible & acceptable
- Triable, observable
- Sustainable & cost effective
- Scalable

Mittman, 2010, 2012



Categories of Strategies

1. Plan
2. Educate
3. Financial
4. Restructure
5. Quality management
6. Policy



Plan Strategies

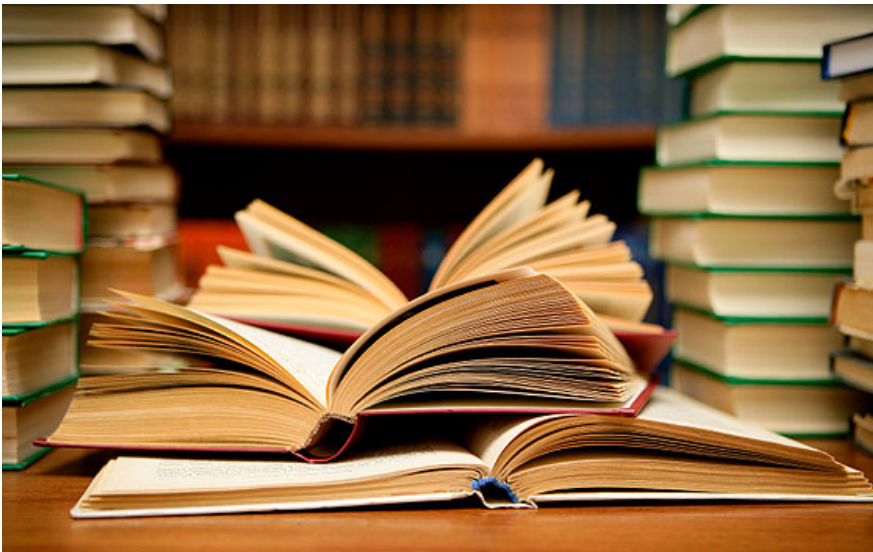
- Gather Information
- Build Buy-In
- Initiate Leadership
- Develop Relationships



**Why are we doing this?
What problem are we solving?
Is this actually useful?
Are we adding value?
Will this change behavior?
Is there an easier way?
What's the opportunity cost?
Is it really worth it?**



Educate Strategies



- Develop materials
- Educate
- Educate through peers
- Inform and influence stakeholders



Finance Strategies

- Modify incentives for clinicians, consumers, reduce perverse incentives
- Facilitate financial support



Restructure Strategies



- Revise roles
- Create new teams
- Change service sites
- Change record systems
- Facilitate relay of clinical data to providers



Quality Management Strategies

- Develop systems
- Audit and provide feedback
- Remind clinicians
- Develop T.A. systems
- Use experts
- Conduct cyclical small tests of change



Attend to Policy Context Strategies

- Licensure, accreditation, certification, liability

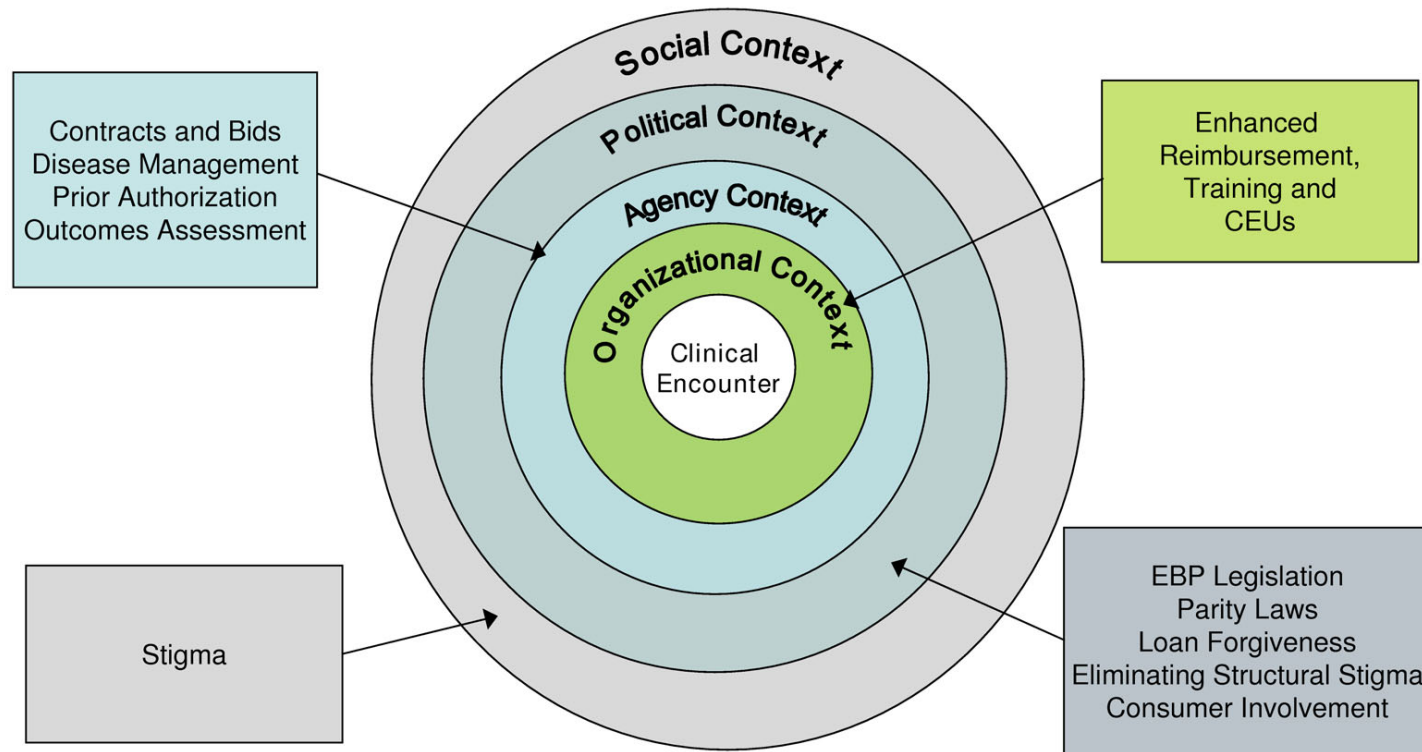


Figure 1
A Policy Ecology of Implementation.



Selecting & Tailoring Implementation Strategies



A Process Too Often Haphazard



**ISLAGIATT
principle**



**“It Seemed
Like A Good
Idea At The
Time”**



Tailoring Strategies to Implementation Barriers

Step 1: Assessing context to identify barriers and facilitators of program implementation

Step 2: Matching strategies to the barriers

Step 3: Implementing and evaluating the strategies



Step 1: Assessing the Barriers

Methods

- Literature Search
- Informal Consultation
- Surveys
- Interviews, Focus Groups, Ethnographic Methods
- Mixed Methods Approaches

Helpful Resources

- CFIR (Damshroder et al., 2009)
- TDF (Michie et al., 2005, Cane et al., 2012)
- Flottorp et al. (2013)



Consolidated Framework for IR

- 1) Intervention Characteristics
- 2) Outer Setting
- 3) Inner Setting
- 4) Characteristics of Individuals
- 5) Process of Implementation

Barriers and facilitators could be assessed in each of these domains



STEP 2: Matching Strategies to Barriers

Identified Barriers:	Specific Strategies:
Provider lack of knowledge	Interactive education sessions
Perception/reality mismatch	Audit and feedback
Lack of motivation	Incentives/sanctions
Provider beliefs/attitudes	Peer influence/opinion leaders
Systems of care	Process redesign



Expert Recommendations for Implementing Change (ERIC)

Waltz et al. *Implementation Science* 2014, **9**:39
<http://www.implementationscience.com/content/9/1/39>



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STUDY PROTOCOL

Open Access

Expert recommendations for implementing change (ERIC): protocol for a mixed methods study

Thomas J Waltz^{1,2*}, Byron J Powell^{3,4}, Matthew J Chinman^{5,6}, Jeffrey L Smith¹, Monica M Matthieu⁷, Enola K Proctor³, Laura J Damschroder⁸ and JoAnn E Kirchner^{1,9}



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Adapting ERIC to Vietnam

Go et al. *Implementation Science* (2016) 11:54
DOI 10.1186/s13012-016-0420-8

Implementation Science

RESEARCH

Open Access



Finding what works: identification of implementation strategies for the integration of methadone maintenance therapy and HIV services in Vietnam

Vivian F. Go^{1*}, Giuliana J. Morales¹, Nguyen Tuyet Mai¹, Ross C. Brownson^{2,3}, Tran Viet Ha¹ and William C. Miller^{4,5,6}



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HIV in Vietnam

- 1990: First case of HIV/AIDS diagnosed in a PWID in Vietnam
- 2014: 256,000 PLWH
- After 20 years: HIV in Vietnam is considered a “megaepidemic” among PWIDs
- 45% attributed to injecting drug use

Sources: Ivker R. *Lancet*. 1996;348(9035):1162; Wolfe D. *Lancet*. 2010;376(9738):355-366; Ministry of Health of Vietnam, June 2009; UNAIDS. *Optimizing Viet Nam's HIV Response: An Investment Case*. 2014; Nguyen Minh Tam, presentation, VAAC, 2012.

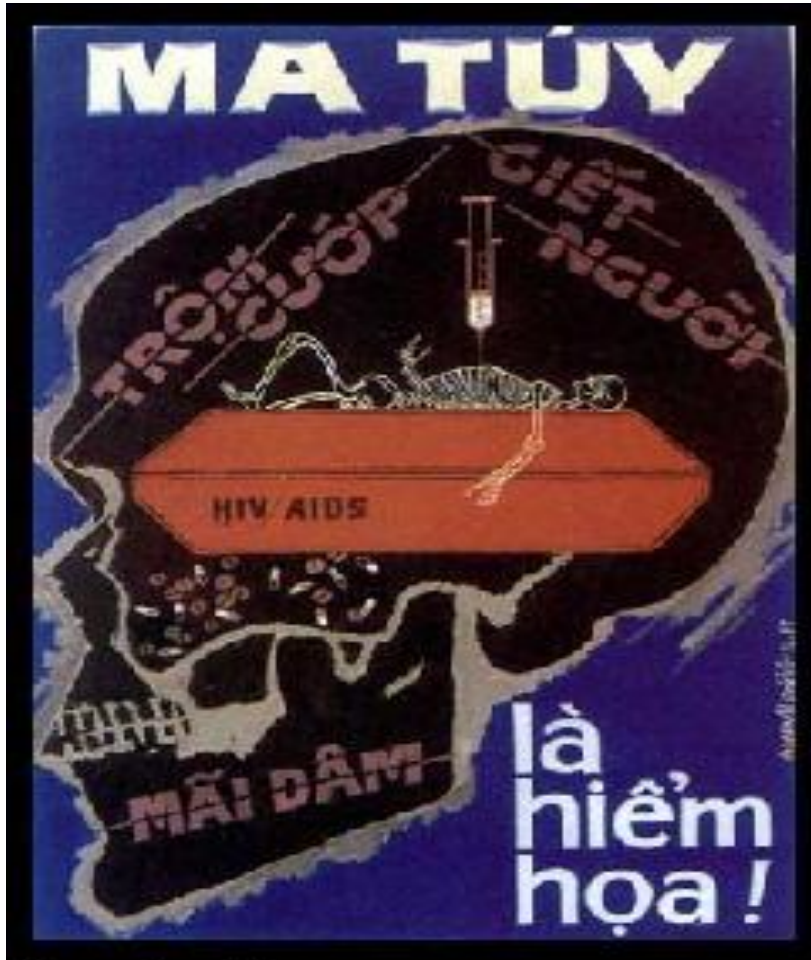


Complex Socio-political Context of PWID in Vietnam

- Golden Triangle has fueled Asia's drug epidemic
- Shift from smoking opium to injecting heroin
- *Doi Moi* has led to growth and development
- Drug users increased 70% between 2000-2004
- Drug use is labeled a “social evil”
- Historically, government has used crackdowns, mass arrests and forced detoxification to discourage drug use



Government “Social Evils” Campaign



Drugs Are Scourge



Drugs Kills Your Family

Socio-Political Environment Means PWID are Difficult to Reach

- 45% of prevalent HIV cases attributed to injecting drug use
- 6.3% of those receiving antiretroviral therapy (ART) are PWID
- 33% of PWID know their HIV status
- Among those who knew their status and were eligible (CD4<250), 27% were on ART
- High mortality rate in our cohort of PWID, 6.3%

Sources: Wolfe D. *Lancet*, 2010;376(9738):355-366; Nguyen Minh Tam, presentation, VAAC, 2012; UNAIDS. *Optimizing Viet Nam's HIV Response: An Investment Case*. 2014; Quan VM. *Addiction*, 2011 106(3):583



Integration of substance use treatment and HIV services in Vietnam

Efficacy:

- Improves uptake of services by patients
- Reduces costs and improves efficiencies in care
- PWID hard to reach
- External funding stream drying up
- Pilot studies of integrated services completed



Step 1: Identify barriers and facilitators

A. Qualitative interviews with stakeholders to identify barriers

- Central level stakeholders (n = 4)
- Department of Health and Clinic Directors (n = 5)
- Clinic staff (n = 7)

B. Matrix categories

- Barriers required for scale-up
- Barriers only modifiable by the government
- Barriers modifiable by external intervention
 1. Technical assistance
 2. Staff accountability
 3. Local commitment



Step 2: Matrix of barriers & strategies

1. Reviewed compilation of implementation strategies (Powell, et al, 2015)
2. Identified strategies that aligned with 3 domains
3. Identified overlapping strategies and combined strategies
4. Develop matrix



Level	Domain	Barriers	Facilitators	Implementation Strategies
Central	Technical Assistance	<ul style="list-style-type: none"> None reported 	<ul style="list-style-type: none"> Human resource training and certification Technical assistance to facilitate process 	<ul style="list-style-type: none"> Conduct ongoing and dynamic training Centralize external technical assistance including ongoing consultation
	Staff Accountability	<ul style="list-style-type: none"> None reported 	<ul style="list-style-type: none"> Measures to monitor and evaluate performance within clinics 	<ul style="list-style-type: none"> Develop and implement tools for quality monitoring
	Local Commitment	<ul style="list-style-type: none"> None reported 	<ul style="list-style-type: none"> Local leadership buy-in informed by project evidence 	<ul style="list-style-type: none"> Identify and prepare champion or “spark plug” individual Involve executive boards
DoH & Clinic Directors	Technical assistance	<ul style="list-style-type: none"> Lack of human resource training Lack of integration model description Patient discomfort sharing facilities with IDUs 	<ul style="list-style-type: none"> Human resource training and certification 	<ul style="list-style-type: none"> Conduct ongoing and dynamic training
	Staff Accountability	<ul style="list-style-type: none"> Lack of monitoring and evaluation reporting criteria 	<ul style="list-style-type: none"> Support from medical director and other medical departments Social support network for clinic staff 	<ul style="list-style-type: none"> Develop and implement tools for quality monitoring Provide clinical supervision Organize clinical implementation team meetings
	Local Commitment	<ul style="list-style-type: none"> Lack of province-to-province learning opportunities 	<ul style="list-style-type: none"> None reported 	<ul style="list-style-type: none"> Capture and share local knowledge
Clinic Providers	Technical Assistance	<ul style="list-style-type: none"> Limited knowledge of integrated services Lengthy time lapse between training and clinic start-up Disruptive IDU patient or drug seller behavior 	<ul style="list-style-type: none"> Human resource training and practice Educational materials Coaching support Proactive information sharing between departments 	<ul style="list-style-type: none"> Conduct ongoing and dynamic training Develop educational materials Centralize external technical assistance including ongoing consultation Technical assistance provided within the clinic
	Staff Accountability	<ul style="list-style-type: none"> None reported 	<ul style="list-style-type: none"> Knowledge of clinic staff responsibilities Proactive information sharing between departments Collaborative work environment 	<ul style="list-style-type: none"> Provide reminders to clinicians Organize clinical implementation team meetings
	Local Commitment	<ul style="list-style-type: none"> Lack of clinic staff buy-in 	<ul style="list-style-type: none"> Clinic engagement with community 	<ul style="list-style-type: none"> Build a coalition Engage advisory boards and workgroups Select and prepare a champion

Step 3: Vote and consensus building

- Panel of experts (n=9)
 - Vietnamese stakeholders
 - Implementation science experts
- Scored each strategy (1-10) in terms of feasibility and importance
- Discussed results with panel-1-2 strategies per domain



Domain	Strategy	Median	Range
Technical assistance	External technical assistance and ongoing consultation	9	7 - 10
	Technical assistance within the clinic	8	7 - 10
	Educational outreach visit	7	5 - 9
	Ongoing and dynamic training	7.5	4 - 10
	Educational materials	6.5	4 - 10
Accountability	Audit and provide feedback	8	7 - 10
	Real time relay of clinical data	8	7 - 10
	Quality monitoring tools	7.5	5 - 9
	Clinical implementation team meetings	7.5	5 - 9
	Clinical supervision	6.5	4 - 10
	Reminders to clinicians	6	5 - 10
Local commitment	Identify champions	9	5 - 9
	Capture local knowledge	8.5	7 - 10
	Build coalition	7.5	7 - 10
	Advisory boards/workgroups	6	4 - 10
	Executive boards	6	4 - 10



Summary

- Implementation strategies are the “**how**” of implementation
- Wide range of strategies
- Identify & prioritize barriers
- Match strategies to barriers
- Ensure strategies have evidence base & are appropriate to context
- Implement & evaluate strategy





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Thank you!

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