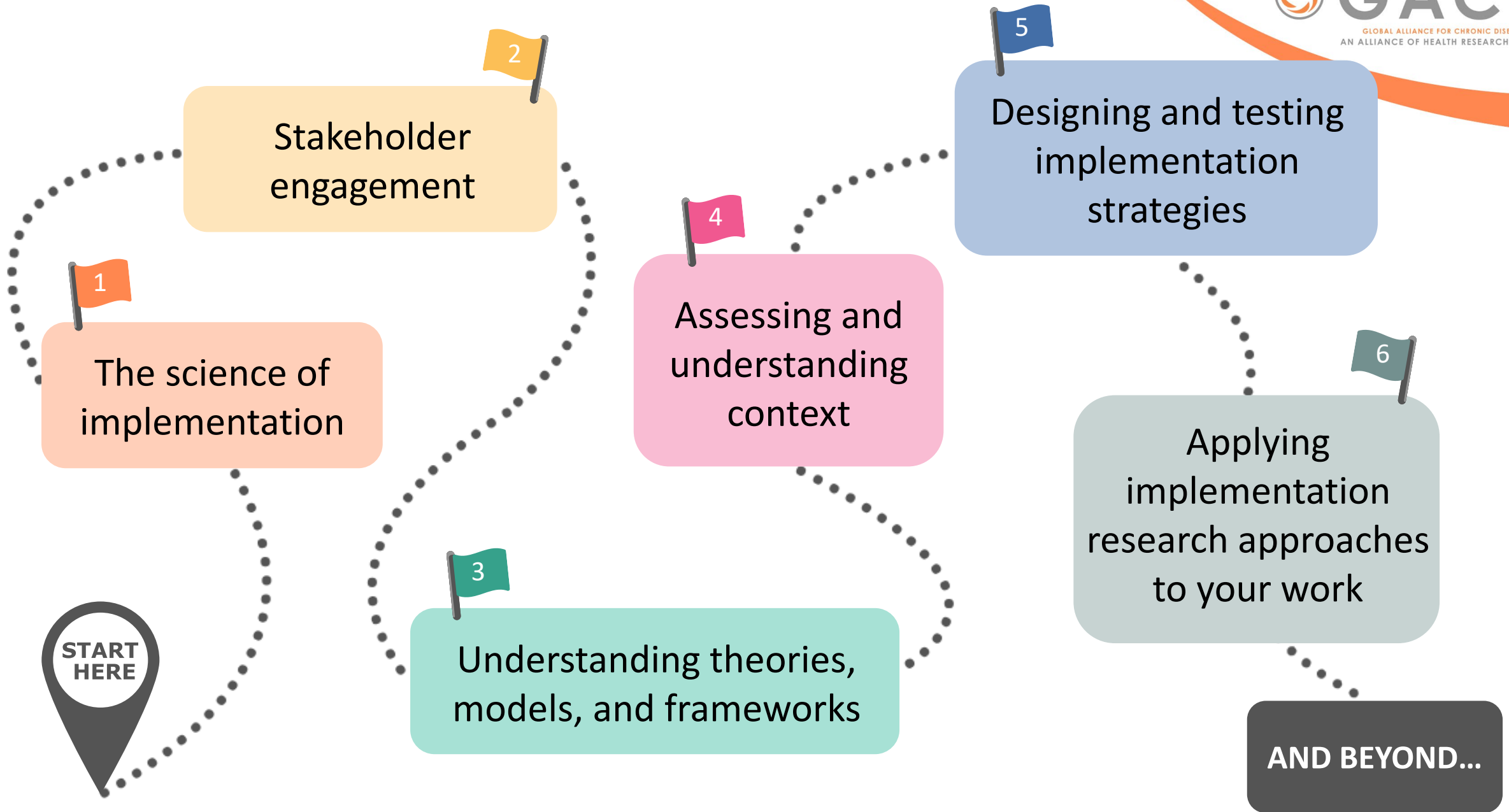


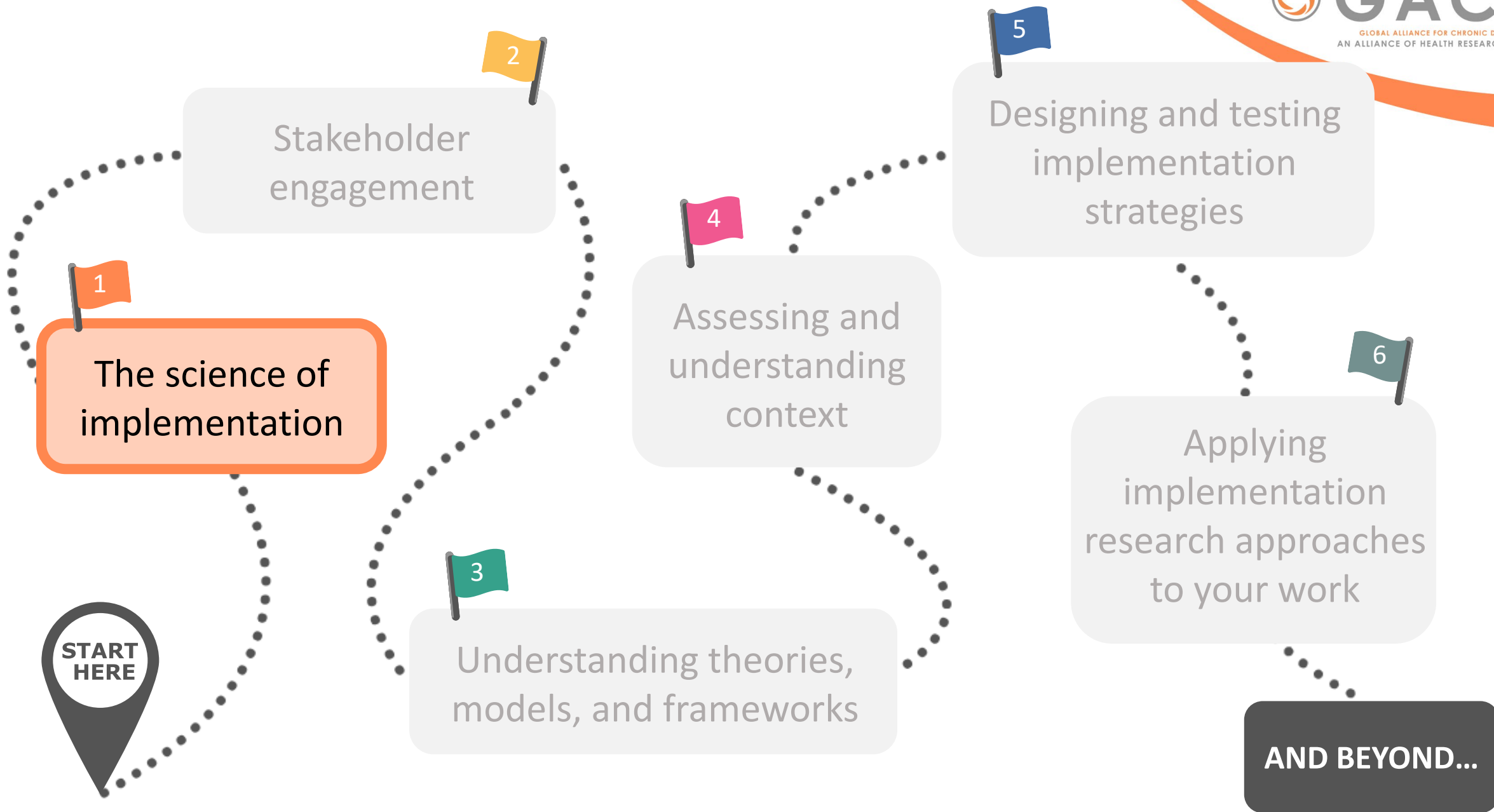
MODULE 1 | LECTURE 1A

Implementation as a science: key concepts, ideas, and issues

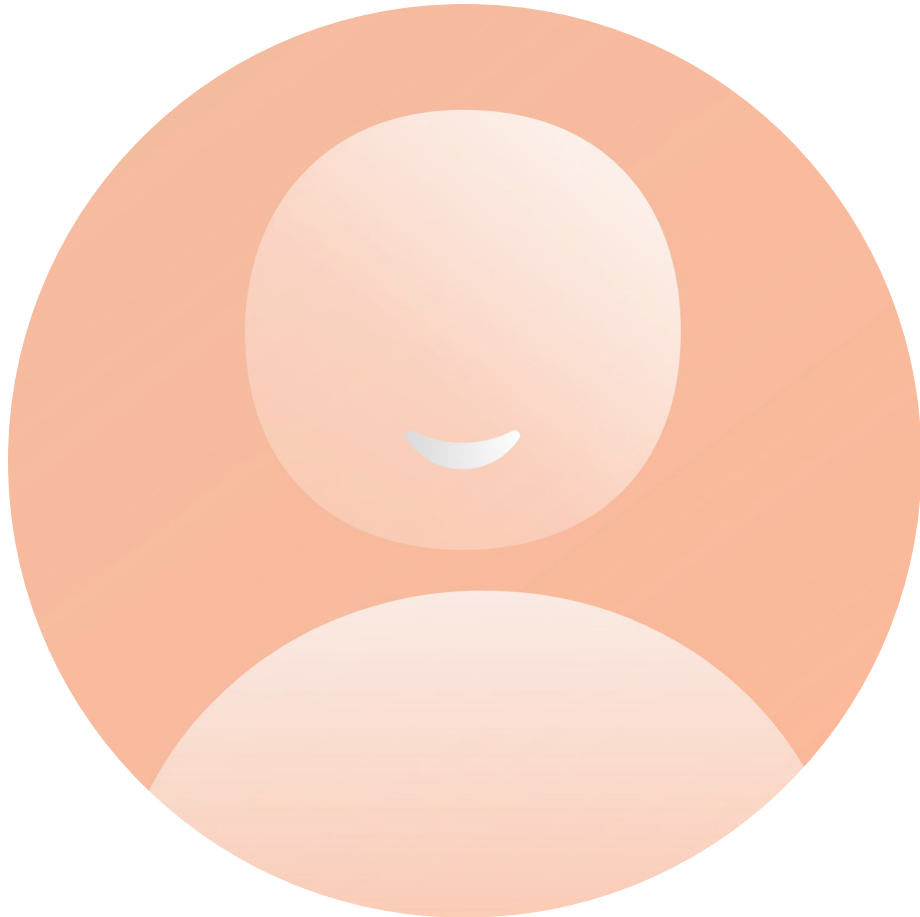
Brian Oldenburg

Baker Heart and Diabetes Institute – Australia



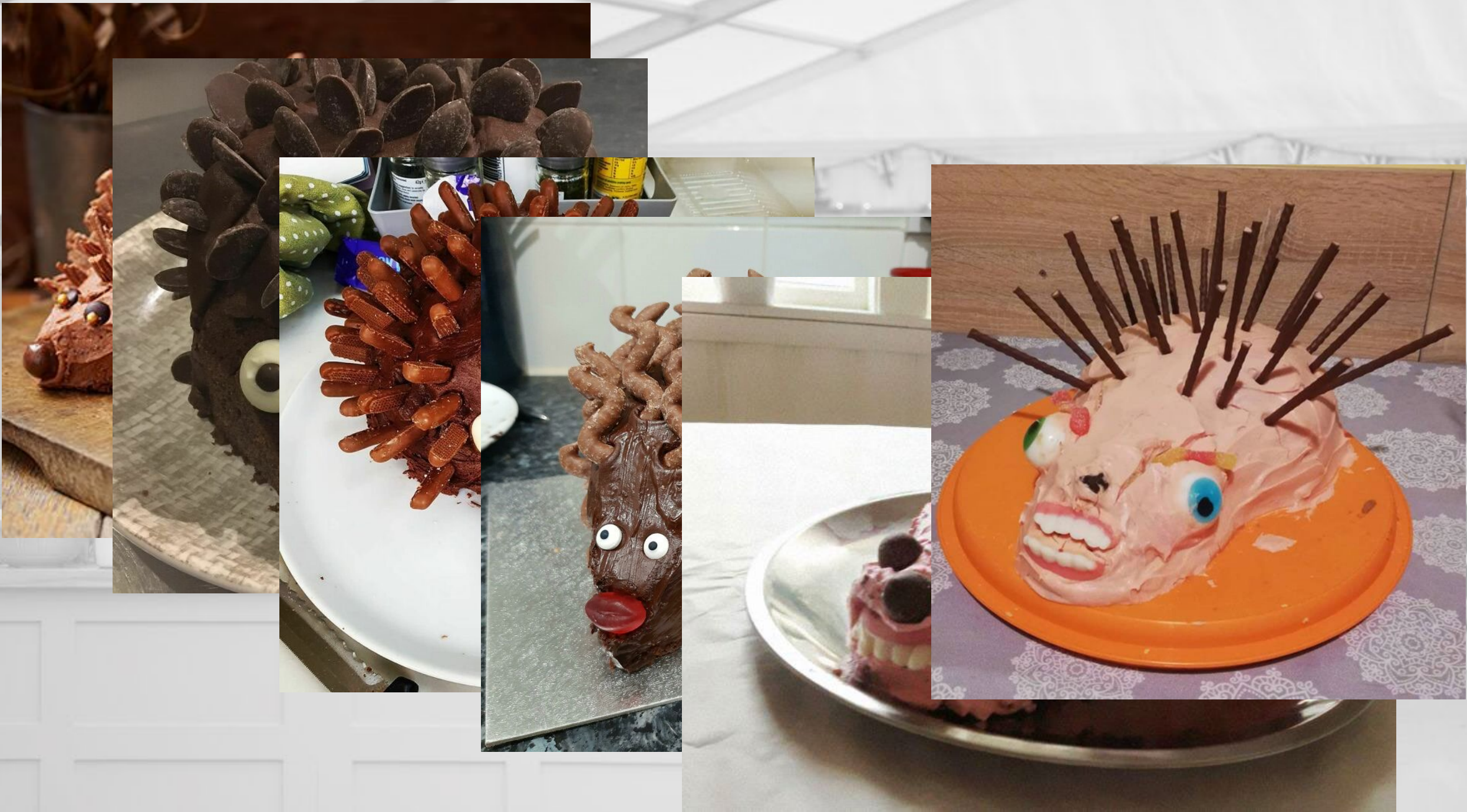


Lecture overview



- Understanding the ‘know-do’ gap in healthcare
- Exploring how implementation as a science can help to bridge the ‘know-do’ gap
- Comparing implementation science with efficacy and effectiveness research
- Defining characteristics and core components of implementation research





KNOW

DO



KNOW

Ingredients

150g [unsalted butter](#), plus extra for greasing

150g [plain chocolate](#), broken into pieces

150g [plain flour](#)

½ tsp [baking powder](#)

¼ tsp [bicarbonate of soda](#)

200g [light muscovado sugar](#)

2 [large eggs](#)

150g soured cream

1 tsp [vanilla extract](#)

For the icing and decoration

2 tbsp cocoa powder

2 tbsp hot water

150g [unsalted butter](#), softened

300g [icing sugar](#), sieved

2 x 134g boxes chocolate Flake bars

2 [chocolate chips](#)

2 gold or silver balls

1 [round chocolate](#)

Method

STEP 1

Heat the oven to 160C/140C fan/gas 3. Grease and base line a 1 litre heatproof glass pudding basin and a 450g loaf tin with baking parchment.

STEP 2

Put the butter and chocolate into a saucepan and melt over a low heat, stirring. When the chocolate has all melted remove from the heat.

STEP 3

In a large bowl mix together the flour, baking powder, bicarbonate of soda and muscovado sugar. In another bowl beat together the eggs, soured cream and vanilla extract. Pour the egg and chocolate mixtures into the flour and mix thoroughly together.

STEP 4

Weigh 250g into the loaf tin, then spoon the rest of the mixture into the pudding basin.



DO



KNOW



PROCEDURES



PROGRAMS



POLICIES



PRINCIPLES



PRACTICES



PRODUCTS



PILLS



DO

Patient and
public health
outcomes

Longer,
healthier lives,
for all

KNOW

DO

**17
YEARS**



KNOW



DO

Implementation science
advances **what works** to
what works where and why

Examples of **implementation gaps** addressed by implementation research



Inequitable access to
essential medicines for NCDs



Ineffective integration of
NCD services



Low awareness and
prevention efforts



Insufficient human resources
for NCD care



Weak health information
systems for NCDs



PROCEDURES



PROGRAMS



POLICIES



PRINCIPLES



PRACTICES



PRODUCTS



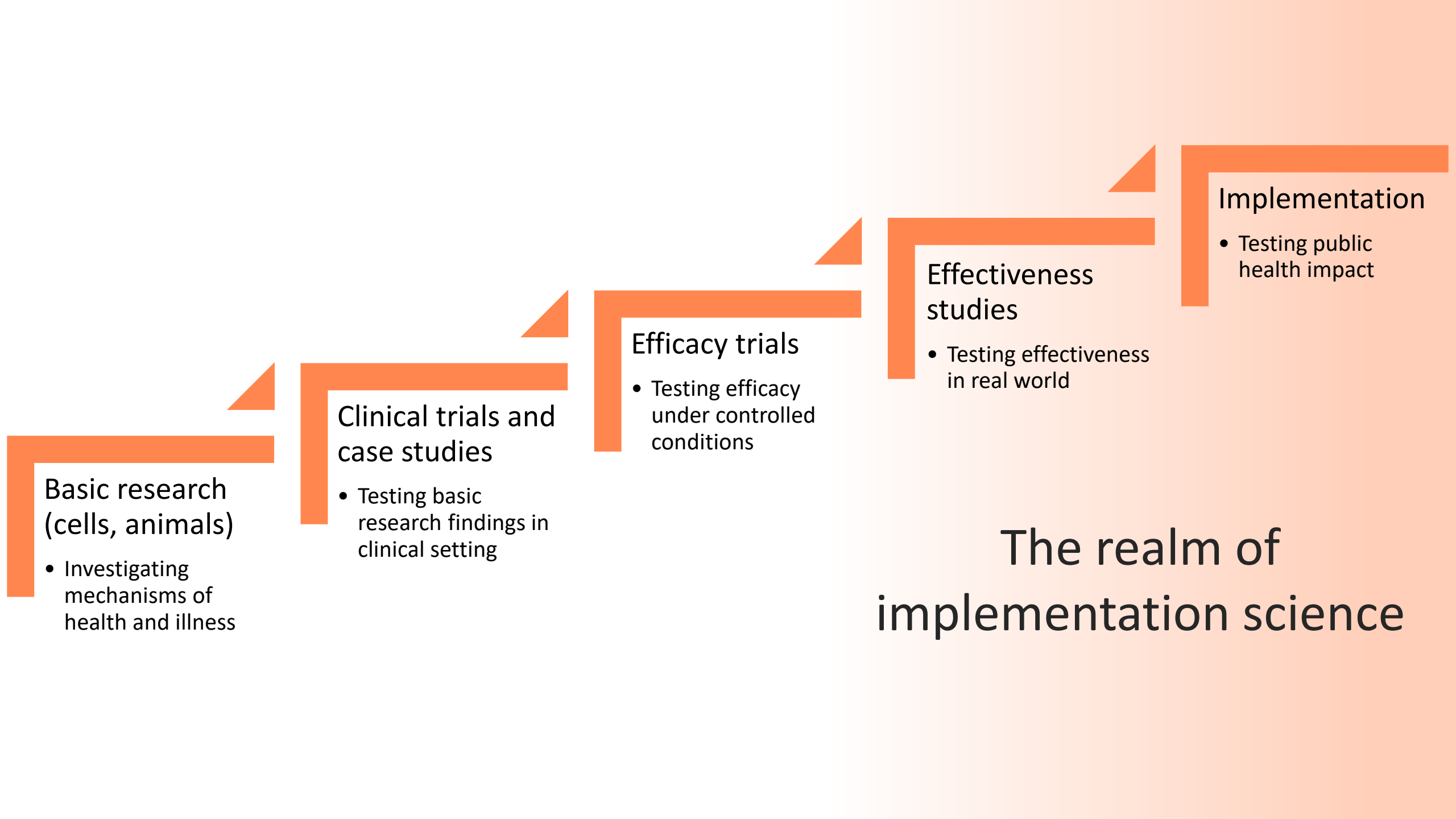
PILLS

Does THE THING *work*?

How can we best help people
and places to *do* THE THING?

Implementation strategies are the *stuff we do*
to help people and places do THE THING

Implementation outcomes are *how much* and
how well they do THE THING



Basic research (cells, animals)

- Investigating mechanisms of health and illness

Clinical trials and case studies

- Testing basic research findings in clinical setting

Efficacy trials

- Testing efficacy under controlled conditions

Effectiveness studies

- Testing effectiveness in real world

Implementation

- Testing public health impact

The realm of
implementation science

Study aim	Efficacy	Effectiveness	Implementation
Hypothesis	Innovation beats control	Innovation beats control	A multifaceted implementation strategy increases use of the innovation, compared to availability alone
Setting	Usually academic centres or closely affiliated sites	More typical clinical sites, similar to those in which the innovation would be used	More typical clinical sites, similar to those where the intervention would be used
Population	Exclude many participants, strict inclusion criteria	Include most comorbidities, minimise exclusion criteria	Unit of observation may be patients, providers, or clinical sites; patient population is broad
Clinical intervention	Clinicians are hired and trained by research study	Clinicians provided by sites, typically paid for by research study	Clinicians provided by the sites and typically paid for by the site
Intervention fidelity	Trained to criterion, monitored closely for fidelity	Trained to criterion, quality improvement monitoring as would be used in usual practice	Monitor and intervene to improve fidelity; accommodate adaptations to delivery
Outcome measures	Health outcomes are extensive in order not to miss unexpected positive or negative effects	Health outcomes focused, often due to lower research tolerance of more typical participants	Innovation usage measures; may also include health outcomes
Healthcare context	Control the context to achieve study goals	Work within 'typical' healthcare conditions	Work within typical health conditions and intervene to make them more favourable to the innovation
Research infrastructure	Intense subject engagement and follow-up to maximise retention	Some research support but aim to prevent intense engagement	Research support only for implementation tasks
Validity emphasis	Internal >> external	External > internal	During the study, the implementation strategy may be changed to maximise usage, while maintaining the innovation's core characteristics

Defining characteristics of implementation research

- ✓ Context specific
- ✓ Relevant agenda setting
- ✓ Methods fit for purpose
 - ✓ Demand-driven
- ✓ Multi-stakeholder and multi-sectoral
 - ✓ Real world
 - ✓ Real time
- ✓ Focus equally on process and outcomes

Typical implementation research foci

Aim

To evaluate implementation strategies

Intervention

Often directed at clinician behaviour and/or organisational practice change

Outcomes

Acceptability, adoption, appropriateness, feasibility, fidelity, reach, cost, sustainability

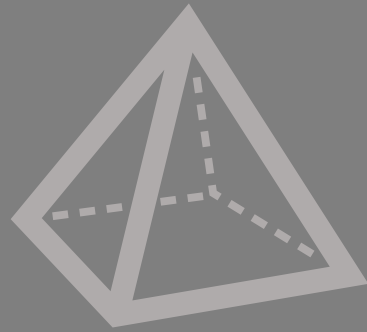
Unit of analysis and randomisation

The clinician, team, facility, or organisation

Core components



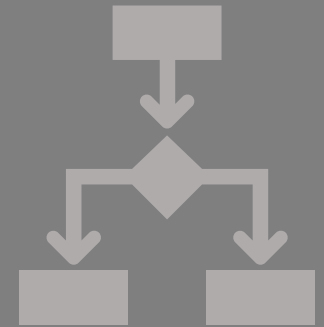
**Meaningful
stakeholder
engagement**



Using theories,
models, and
frameworks



Assessing and
understanding
context

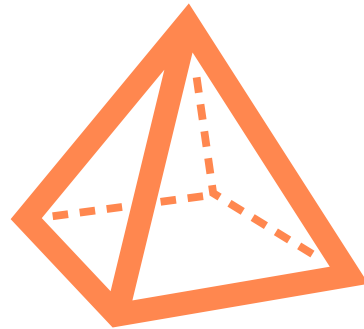


Testing
implementation
strategies

Core components



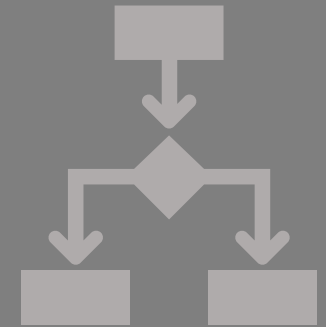
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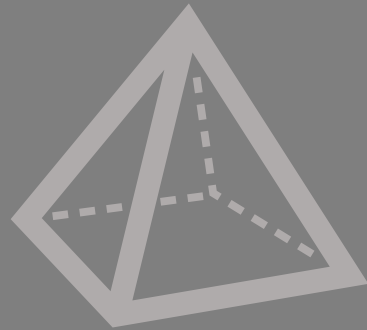


Testing
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strategies

Core components



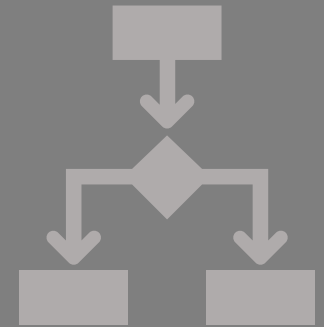
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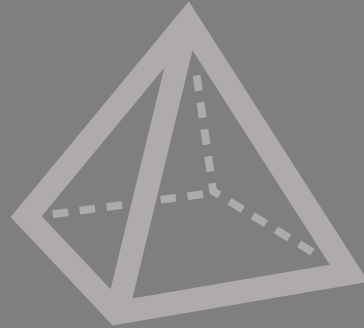


Testing
implementation
strategies

Core components



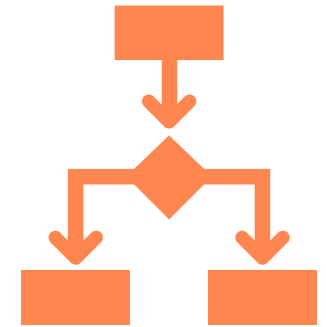
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Testing
implementation
strategies

Key messages

1

Evidence alone is insufficient to combat NCDs; a significant gap exists between knowledge and action in healthcare

2

Implementation science focuses on how to apply evidence-based interventions

3

Unlike efficacy and effectiveness research, implementation science actively considers the real-world environment when introducing new interventions and practices

4

Implementation science is not just new empirical research, it is “the science of implementation”

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