GACD Implementation Science e-Hub





Outcomes to evaluate scale up success

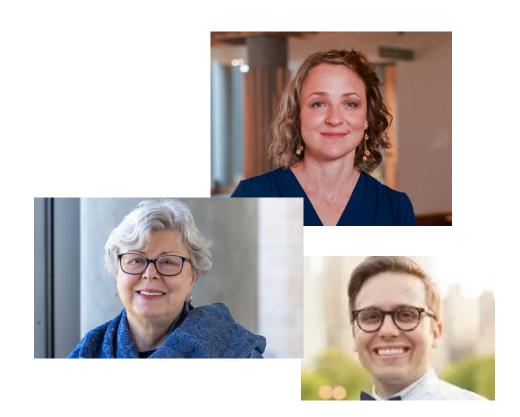
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Lecture overview

Implementation outcomes: importance and role

- Sustainment: Conceptualizing, Models, and Measures
- Scale up: Frameworks, Factors, and Metrics



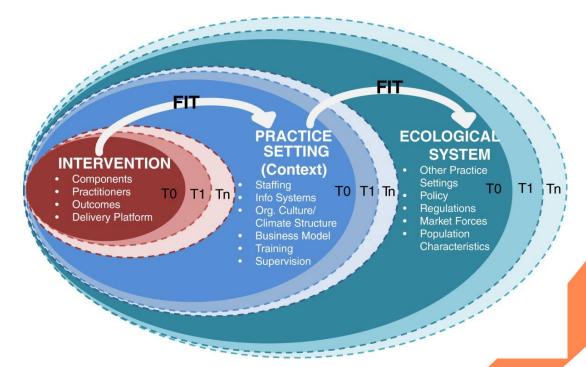


IMPLEMENTATION OUTCOMES

- Signals of implementation success
- Contribute to such outcomes as
 - Service effectiveness, efficiency
 - Health service user's clinical improvement and improvements to population health
- As "outcomes," we can pursue them by employing implementation strategies

Conceptualizing

- **Sustainment** a program or policy that *has been* sustained and continues to provide benefit for target communities, often after external support has ended
- Sustainability the ability to maintain programming and its benefits over time -
 - In other words are the right factors in place to sustain over time?



Dynamic Sustainability Framework - Taken from Chambers, Glasgow, and Stange (2013)



Determinants & Strategies

- Similar to adoption and implementation, a mix of factors at multiple levels
 - not just money
- Strategies should align with determinants

Taken from Shelton, Cooper, and Wiltsey-Stirman (2018)



Models for Operationalizing and Research Design

General Models

- Adjusting a general model to fit your sustainability research question
 - e.g., Consolidated Framework for Implementation Research (CFIR)

Sustainability-Specific Models

- Selecting a sustainability-focused model
 - e.g., Practical, Robust Implementation and Sustainability Model (PRISM)



Measures

Sustainability (determinants)

- A number of general measures that can be adjusted to specific context, e.g.,
 - Clinical sustainability assessment tool (CSAT)
 - Sustainability implementation scale (SIS)

Sustainment (intervention)

- General measures e.g., Provider Report of Sustainment Scale (PRESS)
- Intervention-specific measures
 - Binary (yes/no?)
 - Categorical (are you continuing elements of _____ intervention (check all that apply?)
 - Continuous Has the intervention been delivered consistently?





Measurement – Special Considerations

- Time is a major factor
 - How long would you expect before interventions move from an implementation phase into a sustainment phase?
 - How long would would you expect the intervention to be sustained?
 - How often do you suspect that significant changes in sustainment might occur?
- The interaction between adaptation and context as part of sustainment
 - Is it appropriate to adapt the intervention during implementation and/or sustainment?
 - If so, are you able to evaluate that?



How do you capture population-level impact?

Effective coverage

Contact coverage

Acceptability coverage

Accessibility coverage

Availability coverage



Operationalizing scale-up outcomes

Contact coverage = proportion of target population served

Effective coverage = proportion of the target population who improve

Equity = demographics/other indicators of population served and improved compared to target population



How do you calculate contact coverage?

Calculation		<u>Data</u>	
People who used the service	Program	Claims	Survey
Total population in need of service	Survey	Registries	Literature



How do you calculate contact coverage?

Step	Description					
1	Initial denominator (youth population)	35,247				
2	Medi-Cal eligible	35,247	X	45.3%	=	15,967
3	Any mental disorder prevalence	15,967	X	32.8%	=	5,237
4	Non-severe impairment	5,237	X	92%	=	4,818
5	Likely to seek services	4,818	X	50.6%	=	2,438
	Specified denominator	2,438				



How do you calculate effective coverage?

Calculation	Data		
	Clinical outcome +		ne
People who received benefit	Program	Claims	Survey
Total population in need of service	Survey	Registries	Literature



How do you calculate equity?

Calculation	Data			
	Clinical outcome +			
People who received benefit	Program	Claims	Survey	
Total population in need of service	Survey	Registries	Literature	

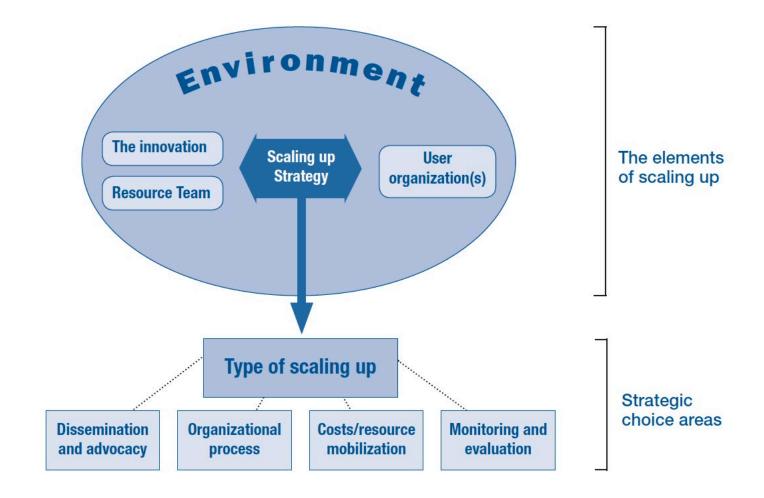
Analyze coverage rates by different groups



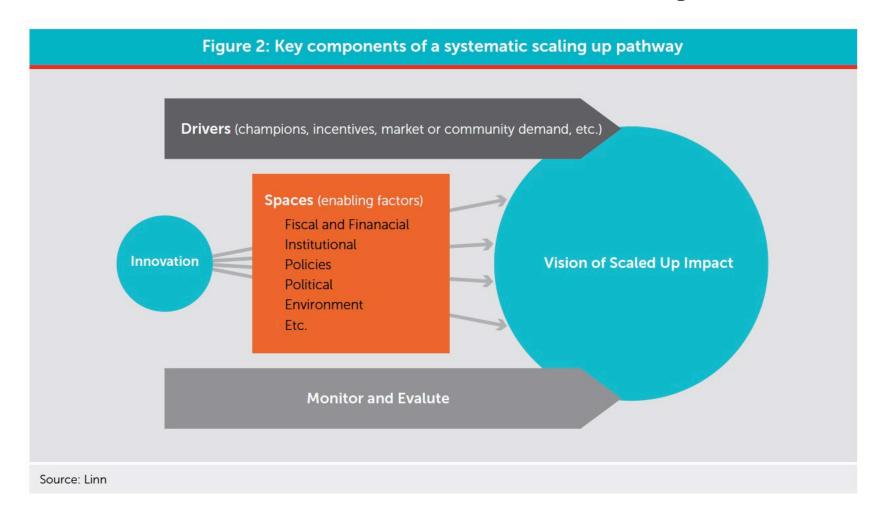
Unit of analysis

Scalable unit = the smallest representative facsimile of the system targeted for full-scale implementation











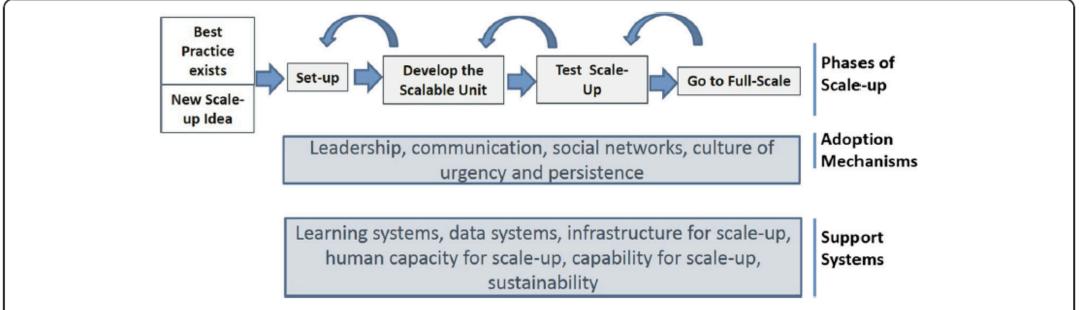
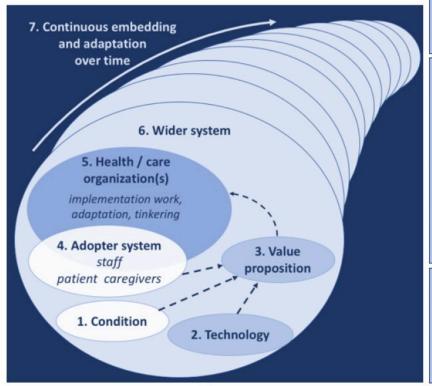


Fig. 3 IHI Framework for Going to Full Scale. The IHI Framework for Going to Full Scale addresses the phases of going to full scale and the adoption mechanisms and support systems needed to achieve large-scale programming. The elements of the framework include the phases of going to full scale (i.e., Set-up, Develop the Scalable Unit, Test of Scale-up, and Go to Full Scale); adoption mechanisms (i.e., leadership engagement, communication methods, leveraging social networks, and building a culture of urgency and persistence); and support systems needed to achieve large-scale programming (i.e., a learning system that connects adopters and experts, a data system to support measurement for improvement, infrastructure such as IT, equipment, etc.), building capability through training and support, and building reliable process that support sustainability



- 7. EMBEDDING AND ADAPTATION OVER TIME
- 7A Scope for adaptation over time 7B Organisational resilience



- 6. WIDER SYSTEM
- 6A Political / policy
- 6B Regulatory / legal
- 6C Professional
- 6D Socio-cultural
- 5. ORGANISATION
- 5A Capacity to innovate (leadership etc)
- 5B Readiness for this technology / change
- 5C Nature of adoption / funding decision
- 5D Extent of change needed to routines
- 5E Work needed to implement change
- 4. ADOPTERS
- 4A Staff (role, identity)
- 4B Patient (simple v complex input)
- 4C Carers (available, nature of input)

- 1. CONDITION
- 1A Nature of condition or illness
- 1B Comorbidities, sociocultural influences
- 2. TECHNOLOGY
- 2A Material features
- 2B Type of data generated
- 2C Knowledge needed to use
- 2D Technology supply model
- 3. VALUE PROPOSITION
- 3A Supply-side value (to developer)
- 3B Demand-side value (to patient)



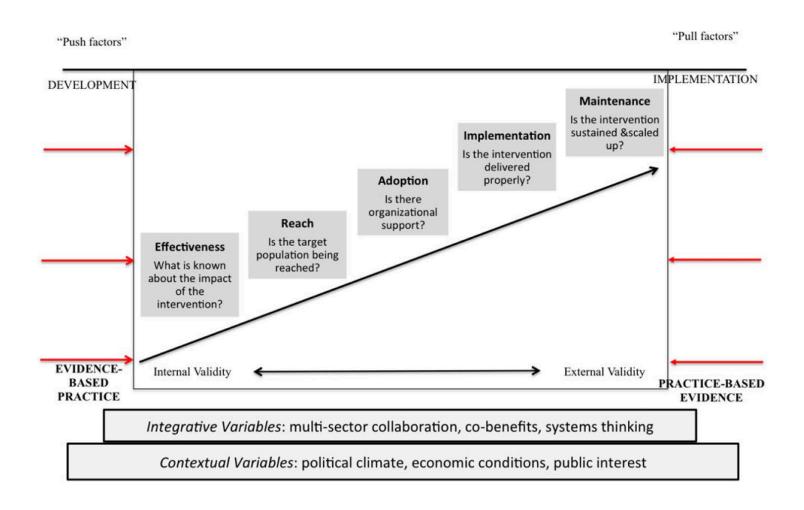
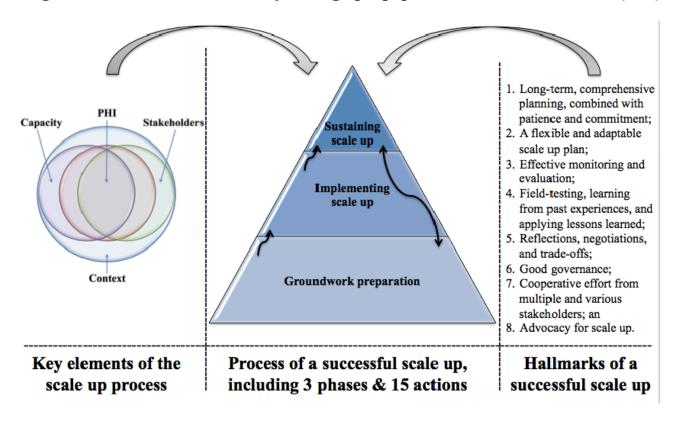
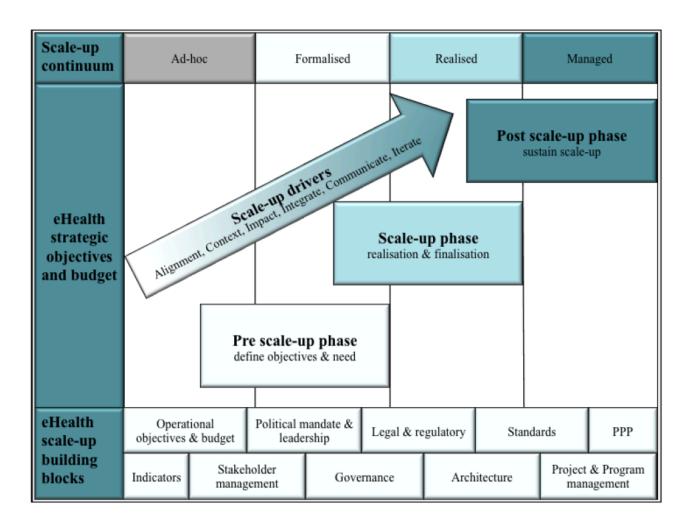




Figure 5.1: Process of successfully scaling up a population health intervention (PHI)









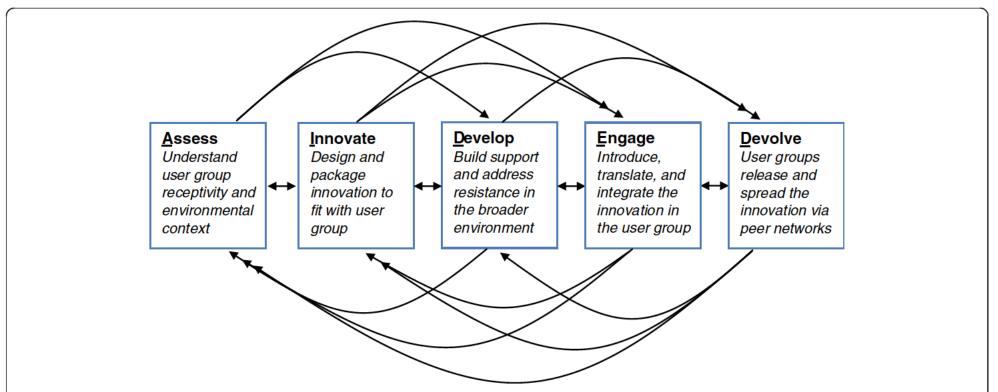


Figure 1 Schematic of the AIDED model for scaling up family health innovations. Legend: The figure presents the five non-linear, interrelated actions of the AIDED model: 1) assess the landscape, 2) innovate to fit user receptivity, 3) develop support, 4) engage user groups, and 5) devolve efforts for spreading innovation. The model suggests that successful scale up occurs within a complex adaptive system, characterized by interdependent parts, multiple feedback loops, and several potential paths to achieve intended outcomes. Source: Bradley et al. [9]. Copyright is held by the authors under the Creative Commons License and permission is granted for reproduction in this manuscript.

Sociopolitical context

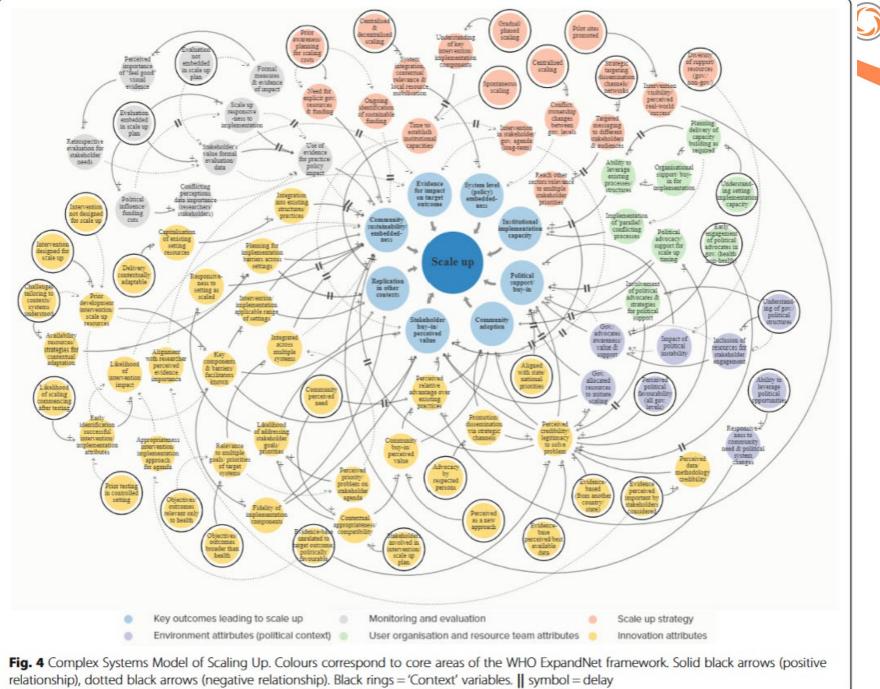
Push/Pull

Cost

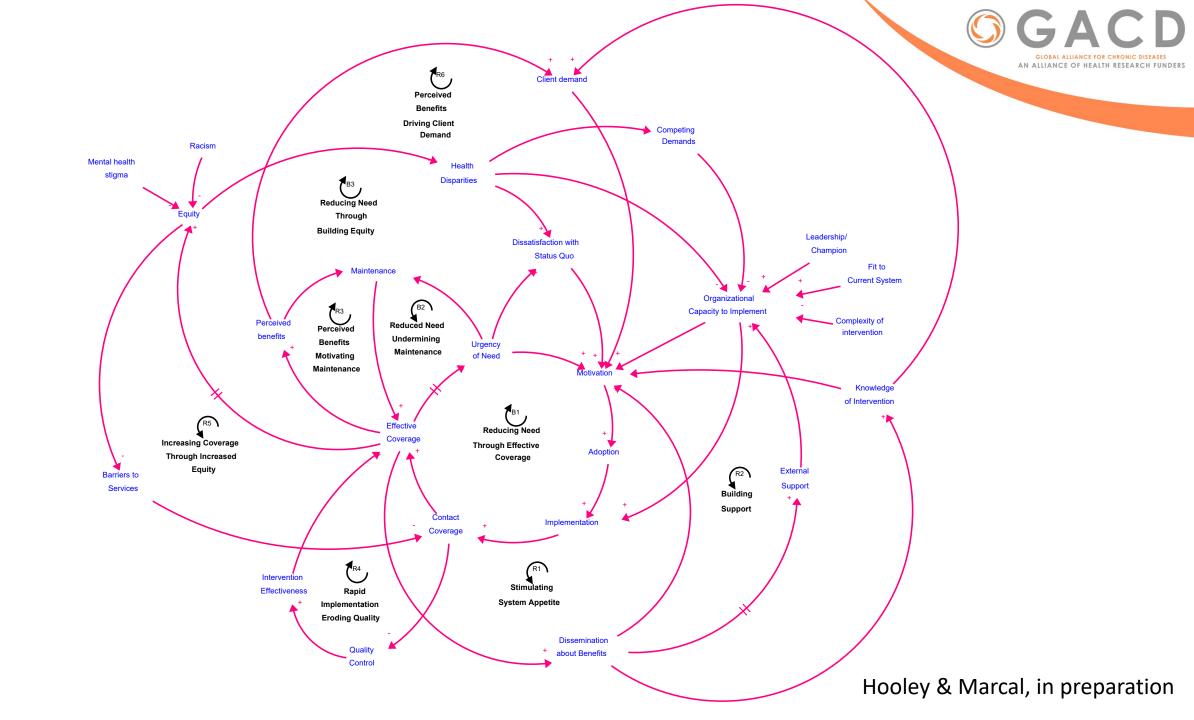
Research



Recipients



AN ALLIANCE OF HEALTH RESEARCH FUNDERS





What else should we be measuring?

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Effective
Coverage
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■ Intervention + Resource team + Adopters + Recipients + Cost + Research

Sociopolitical context + Scale-up approach + Scale-up strategies + Push/pull



Key messages

Sustainment and scale up are implementation outcomes

Critical for impact

Multiple factors and implementation strategies contribute to their attainment

Metrics for sustainment measurement—time is important!

Metrics for scale up measuremen--denominator is important!

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