CHRODIS+ Implementation strategy

CHRODIS+ Kick-off event

Kronikgune
Role of Kronikgune in Chrodis +
Role of Kronikgune

Define a **common methodology and process** for cross-national implementation of innovative practices.
Implementation strategy

Methods and techniques to enhance the adoption, implementation and sustainability of an under-utilized intervention.

Implementation strategy for Chrodis +
HOW? Implementation strategy. Phases

- Pre-implementation
  - Situation analysis
  - Feasibility assessment
  - Context analysis
  - etc

- During implementation
  - Monitoring
  - Data collection

- Post-implementation
  - Evaluation of intervention and implementation outcomes
  - Reporting implementation
HOW? Implementation strategy. Phases

Pre-implementation

During implementation

Post-implementation

Methods and techniques to enhance the adoption, implementation and sustainability of an under-utilized intervention
Implementation strategy proposal

PRE-IMPLEMENTATION (M1-M12)
Identify, specify and analyze determinants which act as barriers and enablers that influence implementation outcomes.

- Situation analysis: SWOT
- Context analysis: B3 Maturity Model
- Change management: collaborative methodology
A SWOT analysis guides users to identify organization’s strengths and weaknesses, as well as broader opportunities and threats. Developing a fuller awareness of the situation helps with both strategic planning and decision-making.
B3 Maturity Model for integrated care. SCIROCCO tool

It is an online tool that identifies, analyses and facilitates knowledge transfer of the multidimensional maturity requirements of good practices and health and care systems

- Recognising the context maturity requirements of good practices and health systems
- Facilitating the process of scaling-up and knowledge transfer
- 12 dimensions, with an explanatory narrative
- Rating scale from 0 to 5
- Output: Spider diagram

www.scirocco-Project.eu
Collaborative methodology. Baseline phase

1. **Topic selection**: identify a particular issue
2. Set up the **multidisciplinary team**
3. Identification of **improvement areas**
4. Definition of collaborative **objectives**
5. Development of “**change package**”
6. Definition of **performance key indicators**
Example of SWOT analysis

<table>
<thead>
<tr>
<th>STRENGTHS</th>
<th>WEAKNESSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Existence of effective pilot experiences in integrated care</td>
<td>Need to overcome resistance to change, in professionals and managers</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OPPORTUNITIES</th>
<th>THREATS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Political will and existence of strategic plans to promote integrated care</td>
<td>Economic crisis</td>
</tr>
</tbody>
</table>
Example of Maturity Model

Context= Basque Health System where the corporative integrated care pathway for multimorbid patients will be implemented
Example of collaborative methodology (baseline phase)

1. **Topic selection**: implementation of the integrated care pathway for multimorbid patients
2. **Multidisciplinary team**: managers, internists, hospital nurses, GPs, GP practice nurses, Healthcare Directorate of Osakidetza and methodological team
3. **Improvement area**: blurred definition of professionals’ roles and responsibilities in the care provision to multimorbid patients
4. **Objective**: deploy a corporative integrated care pathway for all organizations
5. **Change**: develop, validate and deploy an unified and sustainable integrated care pathway for multimorbid patients agreed by all relevant stakeholders (who, what, when, where, how)
6. **Indicators**: percentage of the multimorbid patients included in the integrated care pathway
DURING IMPLEMENTATION (M13-M30)
Specify and describe steps in the process of translating research into practice.

- Execution of implementation process
- Document observations
- Analysis and interpretation of results

Collaborative methodology
PDSA cycles
Collaborative methodology: PDSA cycles

Refine the changes based on learning and determine the modifications.

Plan the actions and develop a framework to test the change (who, what, when, where).

Test the action and document any problem or unexpected observation.

Analyze the results, compare the data obtained to predictions and summarize what has been learned.

Systematic and rigorous reporting.
## Example of PLAN phase

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Which change is going to be implemented?</td>
<td>Develop, validate and deploy an integrated sustainable pathway for patients with multiple comorbidities centred on the patients for all organisations (who, what, where, when and how).</td>
</tr>
<tr>
<td>When is it going to be implemented?</td>
<td>Early 2017</td>
</tr>
<tr>
<td>Where is it going to be implemented?</td>
<td>In all Integrated Care Organizations of the Basque Country.</td>
</tr>
<tr>
<td>How long will it take to implement the change?</td>
<td>12 months</td>
</tr>
<tr>
<td>What resources are needed for implementation?</td>
<td>Managers, internists, hospital nurses, GPs, GP practice nurses of all organizations.</td>
</tr>
<tr>
<td>What is the expected outcome? Change aims</td>
<td>Define the minimum requirements and characteristics which must be included in the integrated pathway of multimorbid patients to be implemented by all organisations without renouncing their singularities.</td>
</tr>
</tbody>
</table>
## Example of DO phase

<table>
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<tr>
<th>Question</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Where the changes implemented?</td>
<td>The corporative integrated pathway for multimorbid patients has been developed and deployed in all organisations. The core pathway has been adapted to the context of each organization.</td>
</tr>
<tr>
<td>Was the implementation done according to the scheduled time?</td>
<td>The implementation started in January 2017 as planned.</td>
</tr>
<tr>
<td>Was the implementation area respected?</td>
<td>All the organization implementing the pathway have been actively involved.</td>
</tr>
<tr>
<td>How long did the change take to implement?</td>
<td>15 months, longer than expected. Reaching consensus among different organizations took more time than planned.</td>
</tr>
<tr>
<td>Were the resources implemented accordingly with need?</td>
<td>Managers, internists, hospital nurses, GPs, GP practice nurses of all organizations were involved in the pathway definition.</td>
</tr>
<tr>
<td>Were the objectives of the changes respected?</td>
<td>The minimum requirements and characteristics that must be included in the integrated pathway for patients with multiple comorbidities have been defined.</td>
</tr>
</tbody>
</table>
Implementation strategy proposal

POST-IMPLEMENTATION (M30-M36)
Specify, evaluate and report aspects of the implementation that could determine implementation success.

• Impact: intervention specific outcomes
• Implementation success: CFIR framework
• Reporting implementation studies: SQUIRE 2.0/StaRI
CFIR. Consolidated framework for implementation research

CFIR specifies a list of constructs within general domains that are believed to influence (positively or negatively) implementation.

- 37 constructs across five domains
  1. Intervention characteristics
  2. Outer settings
  3. Inner settings
  4. Characteristics of individuals
  5. Process

- To assess potential barriers and facilitators in preparation for implementing an innovation
- Can be applied at any phases of the implementation
- Easily customized to diverse settings and scenarios
CFIR. Consolidated framework for implementation research

- **CONTEXT**
  - Political environment
  - Economic situation
  - Social pressure
  - Organizational changes
  - Priority
  - Group pressure
  - Alignment

- **INTERVENTION**
  - Driving level
  - Deployment
  - Scientific evidence
  - Relative advantage
  - Complexity
  - Adaptability
  - Sustainability

- **FUNDING**
  - Viability analysis
  - Incentives
  - Conditioned payment
  - Additional resources

- **COMMUNICATION**
  - Communicators
  - Target audience
  - Message
  - Media
  - Info & knowledge
  - Period
  - Impact
  - Feedback

- **LEADERSHIP**
  - Distribution
  - Types
  - Leadership level
  - Commitment

- **ORGANIZATION**
  - Characteristics
  - Culture

- **ACTORS**
  - Working team
  - Roles
  - Adequacy
  - External alliances
Example of factors influencing the implementation

14 semi-structured interviews to stakeholders involved in the implementation process

1
- Context: alignment
- Context: priority
- Intervention: evidence
- Leadership: distribution
- Actors: working team

2
- Context: social pressure
- Intervention: advantage
- Communication: message
- Communication: feedback
- Actors: roles

3
- Intervention: adaptability
- Intervention: sustainability
- Communication: comunicadores
- Leadership: types
Example of factors influencing the implementation

- Alignment with strategy
- Priority
- Promoter

Facilitator

- Scientific evidence
- Relative advantage

- Adaptability
- Sustainability

- Leadership distribution
- Types of leadership
- Working team
- Roles of actors

Communicators
Message
Feedback

Not manageable

Barrier

Manageable
SQUIRE 2.0

- Provide a framework for reporting new knowledge about how to improve healthcare.
- Intended for reports that describe system level work to improve the quality, safety, and value of healthcare.
- Used to establish that observed outcomes were due to the interventions.

18 items

Why did you start?
What did you do?
What did you find?
What does it mean?
StaRI Checklist. Standards for Reporting Implementation Studies

- Guidelines for transparent and accurate reporting of implementation studies.
- It prompts researchers to describe both the implementation strategy (techniques used to promote implementation) and the effectiveness of the intervention that has been implemented.

3 main components:
- Hypothesis: how the implementation strategy is expected to work and how the intervention is expected to improve healthcare
- Balance between fidelity and adaptation
- Rich description of the context enables comparing situations and possibilities of transferability.
Example of factors influencing the implementation

14 semi-structured interviews to stakeholders involved in the implementation process

1
Context: alignment
Context: priority
Intervention: evidence
Leadership: distribution
Actors: working team

2
Context: social pressure
Intervention: advantage
Communication: message
Communication: feedback
Actors: roles

3
Intervention: adaptability
Intervention: sustainability
Communication: comunicadores
Leadership: types
Example of factors influencing the implementation

- Alignment with strategy
- Priority
- Promoter
- Scientific evidence
- Relative advantage
- Adaptability
- Sustainability
- Leadership distribution
- Types of leadership
- Working team
- Roles of actors
- Communicators
- Message
- Feedback

Not manageable → Manageable
Communication and support activities

- Chrodis-Plus Intranet
- Monthly teleconferences
- Regular information exchange by emailing
- Dedicated webinar(s)
Future steps

1. Define the final implementation strategy (M1-M4):
   – Agreed with partners in WP5, WP6 and WP7
   – Aligned with the evaluation framework of WP3
   – Ensuring appropriateness, applicability and feasibility

2. Implementation process:
   – Preparatory phase (M4-M12)
   – Execution, monitoring and data collection (M13-M30)
   – Evaluation of both intervention and implementation process outcomes (M30-M36)
Timeline for the preparatory phase (M1-M12)

- **Kick off Meeting**: 18-20/09/2017
- **LIG Creation**
  - Oct 2017
- **Implementation strategy definition**
  - Sep 2017
- **Baseline and context analysis**
  - May 2018
- **Pilot action plan definition**
  - Jul 2018

**2017**
- Implementation strategy proposal

**2018**
- Draft Pilot action plan
- Pilot action plan
The Joint Action on Implementing good practices for chronic diseases (CHRODIS PLUS)

* This presentation arises from the Joint Action CHRODIS+ addressing chronic diseases through cross-national initiatives identified in JA-CHRODIS to reduce the burden of chronic diseases while assuring health system sustainability and responsiveness, under the framework of the Health Programme (2014-2020). Sole responsibility lies with the author and the Consumers, Health, Agriculture and Food Executive Agency is not responsible for any use that may be made of in the information contained therein.