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← Training Institute for
← Dissemination and
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← Research in Health

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Scale-up and Spread

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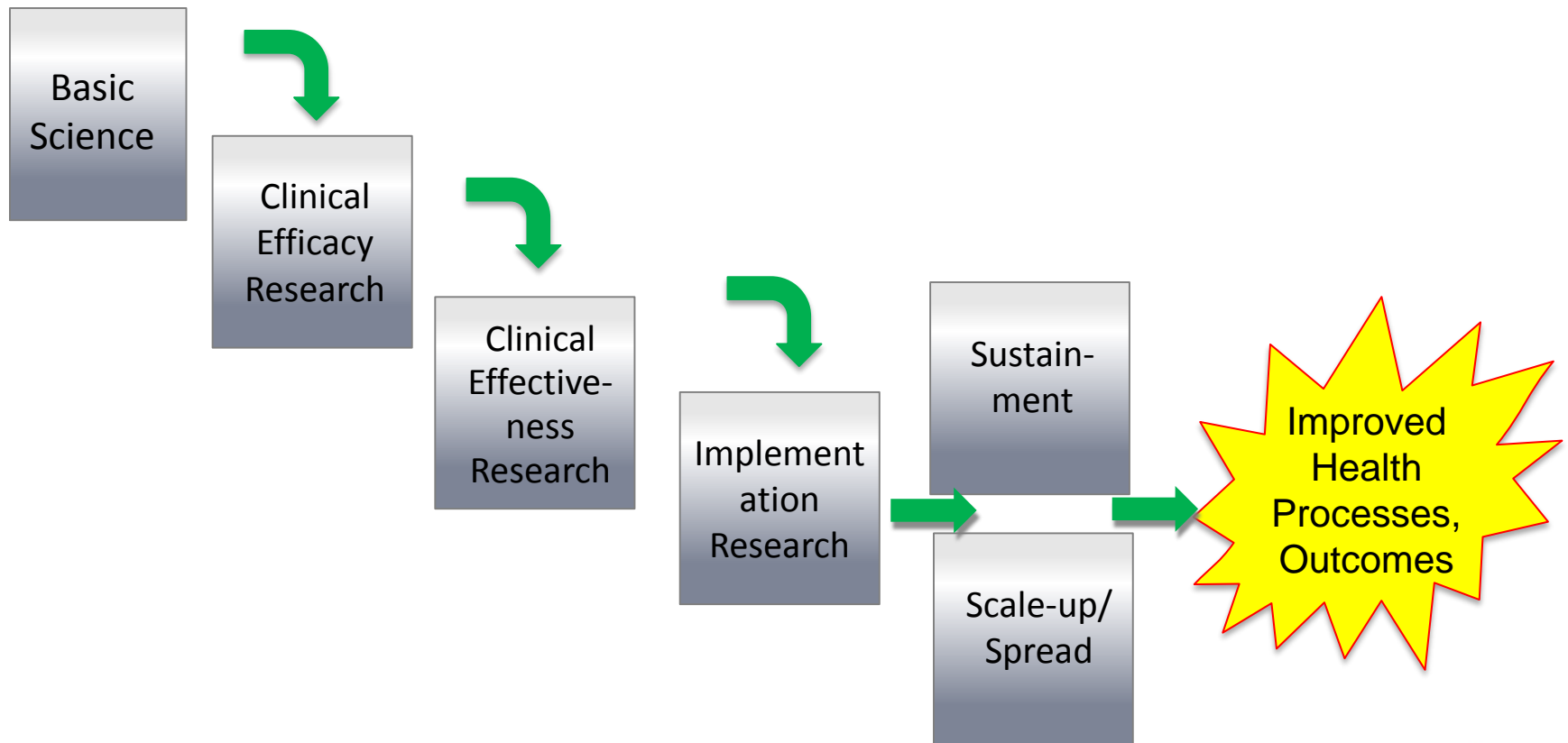
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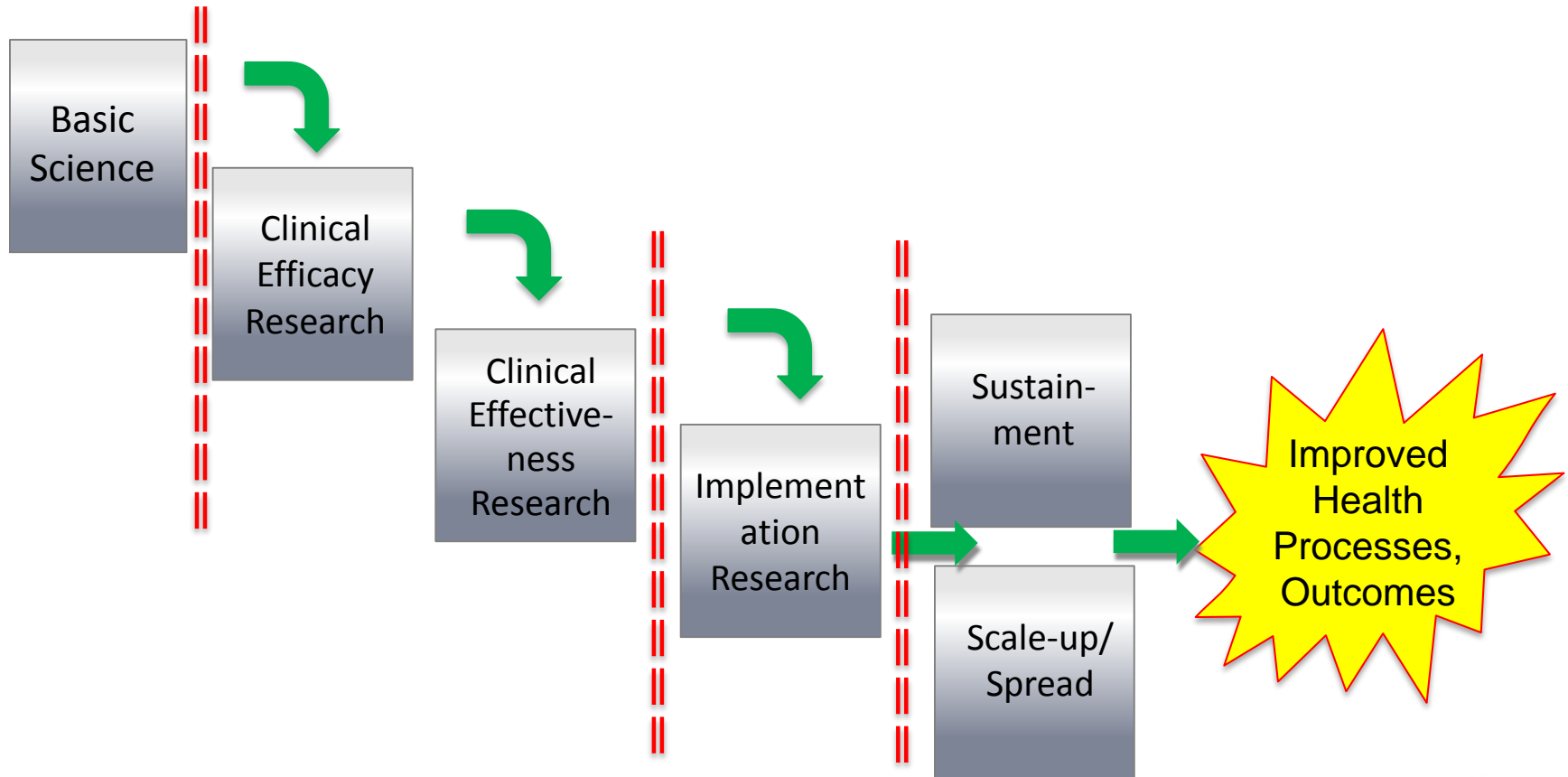
*Researchers who live in glass houses
shouldn't throw stones*



Phases of research and implementation



“Translational roadblocks”



Societal benefits of NIH-funded research

- What proportion of NIH-funded **clinical studies** showing high levels of effectiveness (leading to FDA approval) have led to sustained practice change at scale (i.e., large-scale implementation)?
 - a) 70%
 - b) 17%
 - c) 7%
 - d) .7%



Societal benefits of NIH-funded research

- What proportion of NIH-funded **behavioral/social science studies** (health promotion/prevention innovations; health services, care delivery, health system interventions) showing high levels of effectiveness have produced sustained practice change at scale (i.e., large-scale implementation)?
 - a) 70%
 - b) 17%
 - c) 7%
 - d) .7%
- Studies funded by DOE, DOJ, DOL, USAID?



Factors influencing implementation

What factors influence adoption, sustainment and spread of **clinical research** findings during efficacy studies, effectiveness studies, and post-marketing studies/periods?



Factors influencing implementation

*What factors influence adoption, sustainment and spread of **clinical research** findings during efficacy studies, effectiveness studies, and post-marketing studies/periods?*

- Study nurses (*adherence support*)
- Study measurement (*Hawthorne effect*)
- Clinician and patient expectations (*belief, hope*)
- Grant funding (*incentives, staff, training, supv*)
- Seeding trial momentum
- Industry activities (*detailing, DTC marketing*)



Factors influencing implementation

What factors influence adoption, sustainment and spread of **behavioral research** findings during efficacy studies?

- Study nurses (*adherence support*)
- Study measurement (*Hawthorne effect*)
- Clinician **and patient** expectations (*belief, hope*)
- Grant funding (*incentives, staff, training, supv*)
- **Seeding trial momentum**
- **Industry activities (detailing, DTC marketing)**



Factors influencing implementation

What factors influence adoption, sustainment and spread of **behavioral research** findings during effectiveness studies?

- Study nurses (*adherence support*)
- Study measurement (*Hawthorne effect*)
- Clinician and patient expectations (*belief, hope*)
- Grant funding (*incentives, staff, training, supv*)
- Seeding trial momentum
- Industry activities (detailing, DTC marketing)



Factors influencing implementation

What factors influence adoption, sustainment and spread of **behavioral research** findings following completion of research?

- **Study nurses (*adherence support*)**
- **Study measurement (*Hawthorne effect*)**
- **Clinician and patient expectations (*belief, hope*)**
- **Grant funding (*incentives, staff, training, supv*)**
- **Seeding trial momentum**
- **Industry activities (detailing, DTC marketing)**



Some definitions

- **Diffusion:** unplanned, uncontrolled, passive flow of information and innovations
- **Dissemination:** intentional, active communication and distribution of information regarding innovations to increase awareness (and, we hope, adoption), often targeting and tailoring the communication to specific audiences
- **Implementation:** actions to supplement information dissemination in order to overcome practice change barriers and achieve adoption and use of innovations
- **Scale-up, spread:** deliberate efforts to expand adoption of innovations (a) successfully tested in pilot or experimental projects and (b) implemented locally to more settings



Factors influencing implementation during research

- Exceptional (*non-routine, unsustainable, non-scalable*) resources and support from project team:
 - site-level individualized technical assistance
 - funding for new staff, services
 - staff recruitment, hiring, training, supervision, support
 - Hawthorne effect (enhanced attention from monitoring, evaluation, external/internal interest)
- These factors provide considerable push for implementation



Challenges to planned scale-up and spread

Lack of exceptional resources coupled with:

1. Features of innovations
2. Features of target adopters
3. Features of the environment
4. Features of innovation champions
5. Features of scale-up/spread strategies

Source: WHO and ExpandNet, *Practical Guidance for Scaling Up Health Innovations*, 2009.

http://expandnet.net/PDFs/WHO_ExpandNet_Practical_Guide_published.pdf



Challenges and strategies: push vs. pull

Lack of exceptional resources coupled with:

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Requirements for practice change

1. Valid, legitimate, accepted evidence
2. Clinician/staff knowledge, skill
3. Supportive professional norms
4. External expectations, monitoring, pressure/incentives
5. Patient acceptance
6. Evidence of quality gaps
7. Etiology of practices, quality gaps
8. Feasible methods/systems



Understanding scale-up and spread

- (How) did the innovation champions create, enhance or leverage demand and supportive environmental conditions – across multiple stakeholders?
- (How) did they communicate to achieve desired understanding and beliefs regarding the innovation?
- (How) did they provide technical assistance? Did they provide *self-serve* tools, guidance?
- (How) did they address heterogeneity of target adopters?



Pipeline phases and sub-phases

Clinical Research
(Clinical, behavioral, services)

Efficacy
Studies



Effectiveness
Studies



Implementation
Research



Improved
Health
Processes,
Outcomes

Phase 1
Pilot
Projects

Phase 2
Efficacy
Trials

Phase 3
Effective-
ness Trials

Phase 4
"Post-
Marketing"

