“To improve is to change; to be perfect is to change often.”

Winston Churchill
A step towards evidence-informed implementation

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• Background in Innovation management, Ethics, and other things
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Common mental disorders – major burden on societies

- 1/3 of EU population is affected (Wittchen, et al., 2011)
- Annual costs: 324 mln. Euro / 1 mln. inhabitants (Smit, et al., 2006)

Potential of eMental Health: iCBT

- Safe and effective (Lindefors, et al., 2016)
- Increasing access to care (Titov, et al., 2015)

Uptake is slow, and costly

- 14% of evidence-based interventions enter routine practice...after 17 years
impact = effectiveness × implementation

where

effectiveness = (efficacy + efficiency) × fidelity

and

implementation = a deliberate and planned process whereby an innovation becomes normal
PROGRAMMATIC APPROACH

**ICT4D:** proof of concept
FP7: 2010-2013

**Upscaling is possible**
CIP-ICT-PSP 2014-2017

**Sustain and improve**
INTERREG NW: 2016-2019

**E-COMPARED**
Blending in routine care
FP7: 2014-2017

**MasterMind**
Guideline development, meta-analyses, systematic reviews.
CER, observational studies, surveys.

**Interreg eMen**
Delivery of care to the right person at the right time.
Dissemination research, implementation.

**ImplementAll**
H2020: 2017-2021
BEYOND BARRIERS AND FACILITATORS

- Implementation Effectiveness
- Tailored implementation strategies
- Theory and evidence-based toolkit – ItFits
- Runs from 2017 – 2021
- 9 countries
- Budget: 7 million Euro

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Mood disorders:
> Depression, anxiety, eating disorder, psychosomatic
> Prevention and treatment

Evidence-based Cognitive Behavior Therapy (CBT):
> Psycho-education
> Behavioural change techniques
> Cognitive restructuring
> Relapse prevention

Delivered via ICT:
> Online treatment platform (website, app) and/or
> Videoconferencing and/or
> Blended with face-to-face sessions

MoodBuster (ICT4D); iFightDepression (EAAD); Get.On; NoDep & Fearfighter; Super@tuDepresión (MasterMind);
IMPLEMENTERS & CLINICAL CONTEXT

9 countries, 12 sites leading implementation, 18 partners

<table>
<thead>
<tr>
<th>Country</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AL</td>
<td>4 Community MH clinics, Tirana area</td>
</tr>
<tr>
<td>AU</td>
<td>2 MH clinics reaching south-east Australia</td>
</tr>
<tr>
<td>DK</td>
<td>Region of South Denmark, nation wide</td>
</tr>
<tr>
<td>FR</td>
<td>11 MH clinics, Paris area</td>
</tr>
<tr>
<td>DE</td>
<td>2 MH clinics, nation wide</td>
</tr>
<tr>
<td>IT</td>
<td>1 MH clinic, Torino area</td>
</tr>
<tr>
<td>Kos</td>
<td>4 Community MH clinics, Prizren area</td>
</tr>
<tr>
<td>NL</td>
<td>2 MH clinics, Amsterdam + Groningen</td>
</tr>
<tr>
<td>SP</td>
<td>1 MH clinic, Barcelona area</td>
</tr>
</tbody>
</table>
Barriers on patient, staff, organisation, and system level
One-size-fits-all implementation does not exist
Implementation takes place in a context and face barriers that vary considerably from setting to setting
Therefore, tailored implementation

Does tailored implementation for iCBT lead to better implementation outcomes than implementation-as-usual does?
ItFits-toolkit – an iterative stepped approach to:

- Identifying and prioritizing objectives and barriers
- Designing appropriate implementation interventions
- Execute and evaluate strategy
Evidence-informed implementation

Step 1: Identify

Step 2: Match

Step 3: Design

Step 4: Apply & Assess

Iteration

Analysis

Evidence-based knowledge and methods:
- Tools for tailoring (e.g. TICD, Wensing, et al. 2017, Powell et al. 2015)
- Determinants of practice (MasterMind, Vis, et al. under rev.)
- Implementation strategies (Powell et al. 2015, EPOC, Michie, et al. 2011)

Contextual tailoring

Local tailoring
MAKING THE COMPARISON

ItFits-toolkit compared to Implementation-as-Usual

- Uptake
- Normalisation
- Implementation costs

Multilevel

- Organisation
- Staff
- (Patients)
ItFits-toolkit:
- Automated online implementation toolkit
- Lessons learned and case examples
- Training materials

Scientific publications:
- Effectiveness (and efficiency) of ItFits
- Implementation outcomes and instruments
- Tailoring methods and process
- Comparative case studies
ImplementAll
Towards evidence-based tailored implementation strategies for eHealth

- **Underserved populations** will be reached by up-scaling iCBT interventions
- **Larger benefit**
  A larger group of citizens benefits from the studied health system intervention
- **Accessible**
  Health services are more responsive and accessible to the needs of users
- **More efficient and rapid normalisation** of potentially disruptive innovations
- **Transferability**
  Facilitate the transferability of these practices
- **Academic progress**
  Contribution to the study of methods to promote the uptake of research findings (i.e. Implementation Science)
- **Advancing theory and methods for tailoring implementation strategies in Europe and Australia**
- **iFitTs-toolkit:**
  generic Integrated Theory-based Framework for Intervention Tailoring Strategies toolkit
- **System and society**
  Improving the functioning and sustainability of health systems, and greater health equity and additional societal benefits

**IMPACT**
Focus on staff and service organisation

Context matters

Evidence driven implementation
  > Normalisation Process Theory
  > Barriers and facilitators
  > Implementation strategies
  > Methods and tools

Comparative (e)Health Technology Assessment: MAST