WHY?

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

Winston Churchill

NOT CHURCHILL

A step towards evidence-informed implementation

Christiaan Vis
Research Associate / Ph.D. candidate
Dept. of Clinical Psychology VU Amsterdam

- Background in Innovation management, Ethics, and other things
- Implementation Science
- Scientific coordinator MasterMind (CIP) and ImpleMentAll (H2020)
- Project manager E-COMPARED (FP7)
- Work package leader Long Term – eMEN (INTERREG NW)

p.d.c.vis@vu.nl

PROBLEM

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
  (Grol, et al., 2013; Westfal, et al. 2007; Balas, et al. 2000)

TO HAVE IMPACT

$$impact = effectiveness \times implementation$$

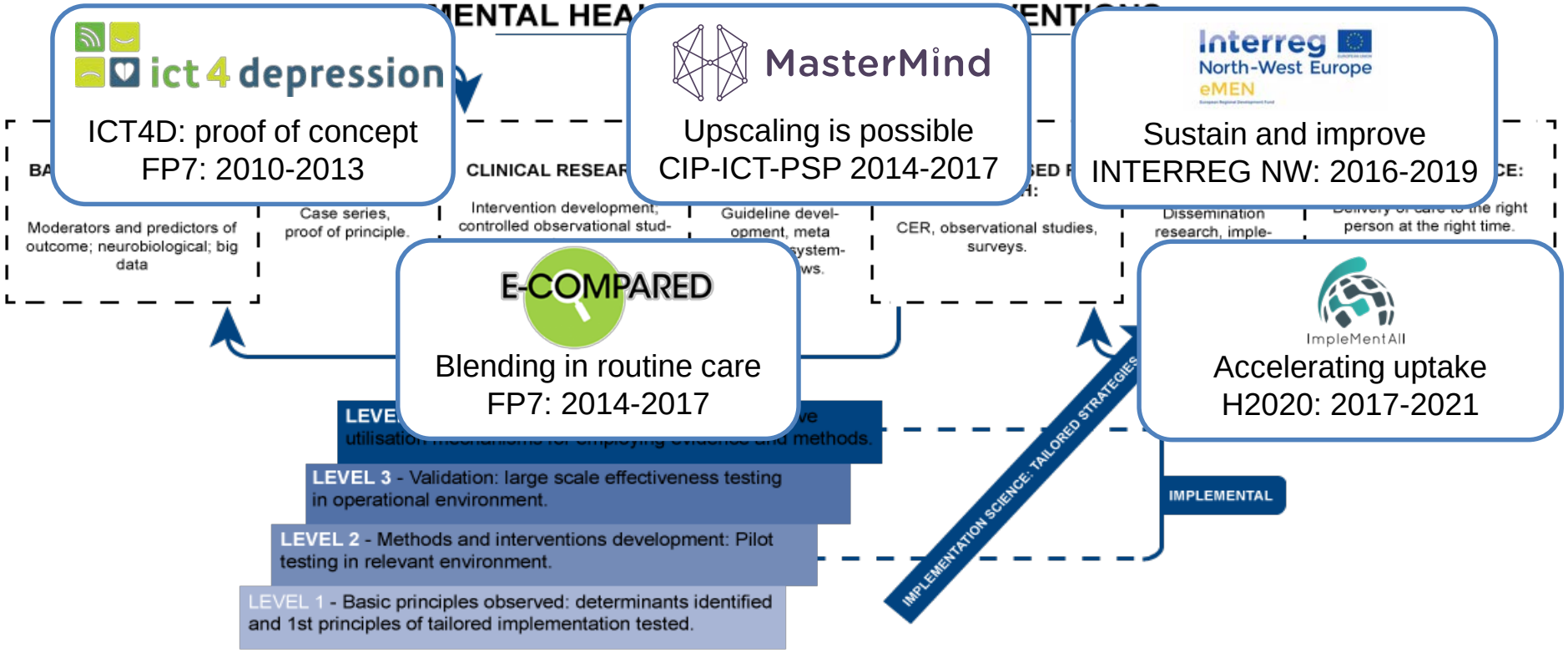
where

$$effectiveness = (efficacy + efficiency) \times fidelity$$

and

$$implementation = a\ deliberate\ and\ planned\ \boldsymbol{process}\ whereby\ an\ innovation\ becomes\ \boldsymbol{normal}$$

PROGRAMMATIC APPROACH



BEYOND BARRIERS AND FACILITATORS

ImpleMentAll
Getting eHealth implementation right

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

Funded by the European Union's Horizon 2020 research and innovation program under grant agreement No. 733025.

IMPLEMENTATION OBJECT

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

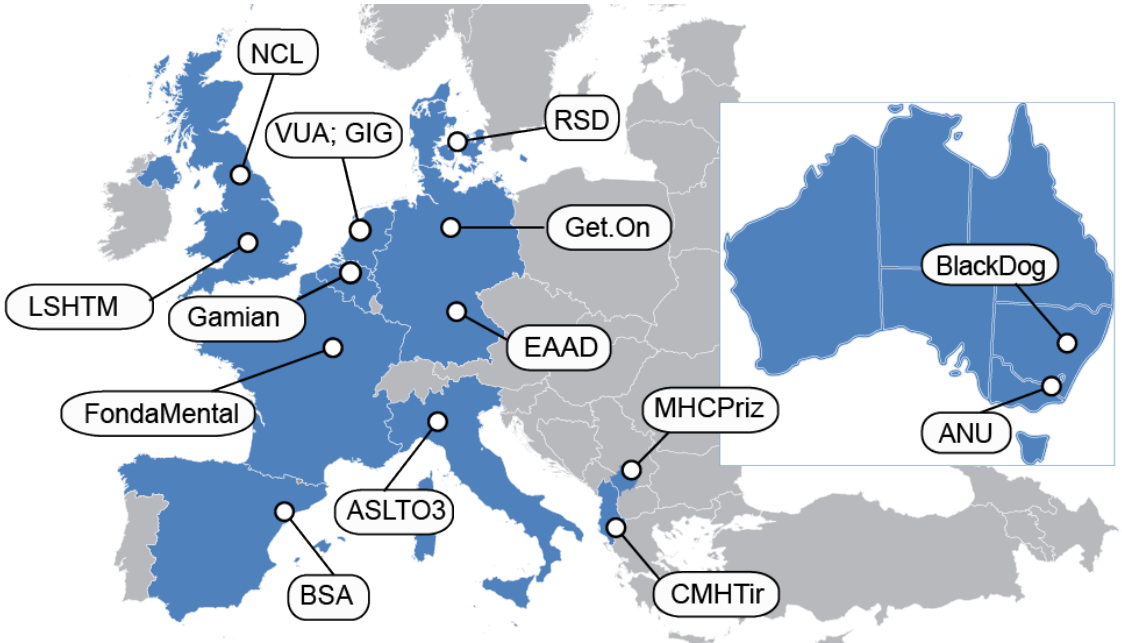
MoodBuster (ICT4D); iFightDepression (EAAD); Get.On; NoDep & Fearfighter; Super@tuDepresión (MasterMind);

IMPLEMENTERS & CLINICAL CONTEXT

9 countries, 12 sites leading implementation, 18 partners

AL	4 Community MH clinics, Tirana area
AU	2 MH clinics reaching south-east Australia
DK	Region of South Denmark, nation wide
FR	11 MH clinics, Paris area
DE	2 MH clinics, nation wide

IT	1 MH clinic, Torino area
Kos	4 Community MH clinics, Prizren area
NL	2 MH clinics, Amsterdam + Groningen
SP	1 MH clinic, Barcelona area



IMPLEMENTATION SCIENCE

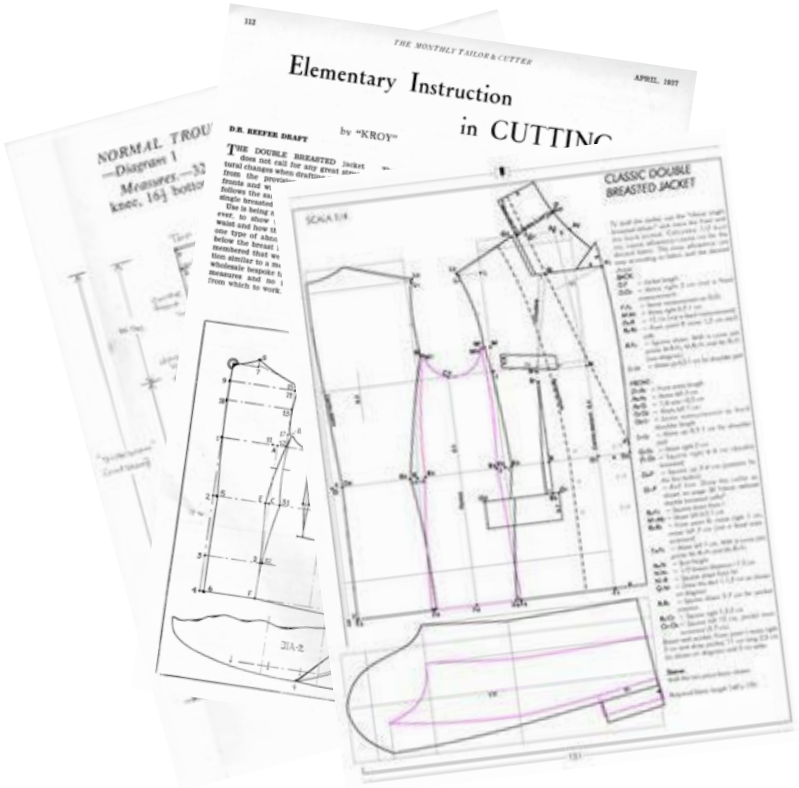
- Barriers on patient, staff, organisation, and system level
- One-size-fits-all implementation does not exist
- Implementation takes place in a context and face barriers that vary considerably from setting to setting
- Therefore, tailored implementation

Does tailored implementation for iCBT lead to better implementation outcomes than implementation-as-usual does?

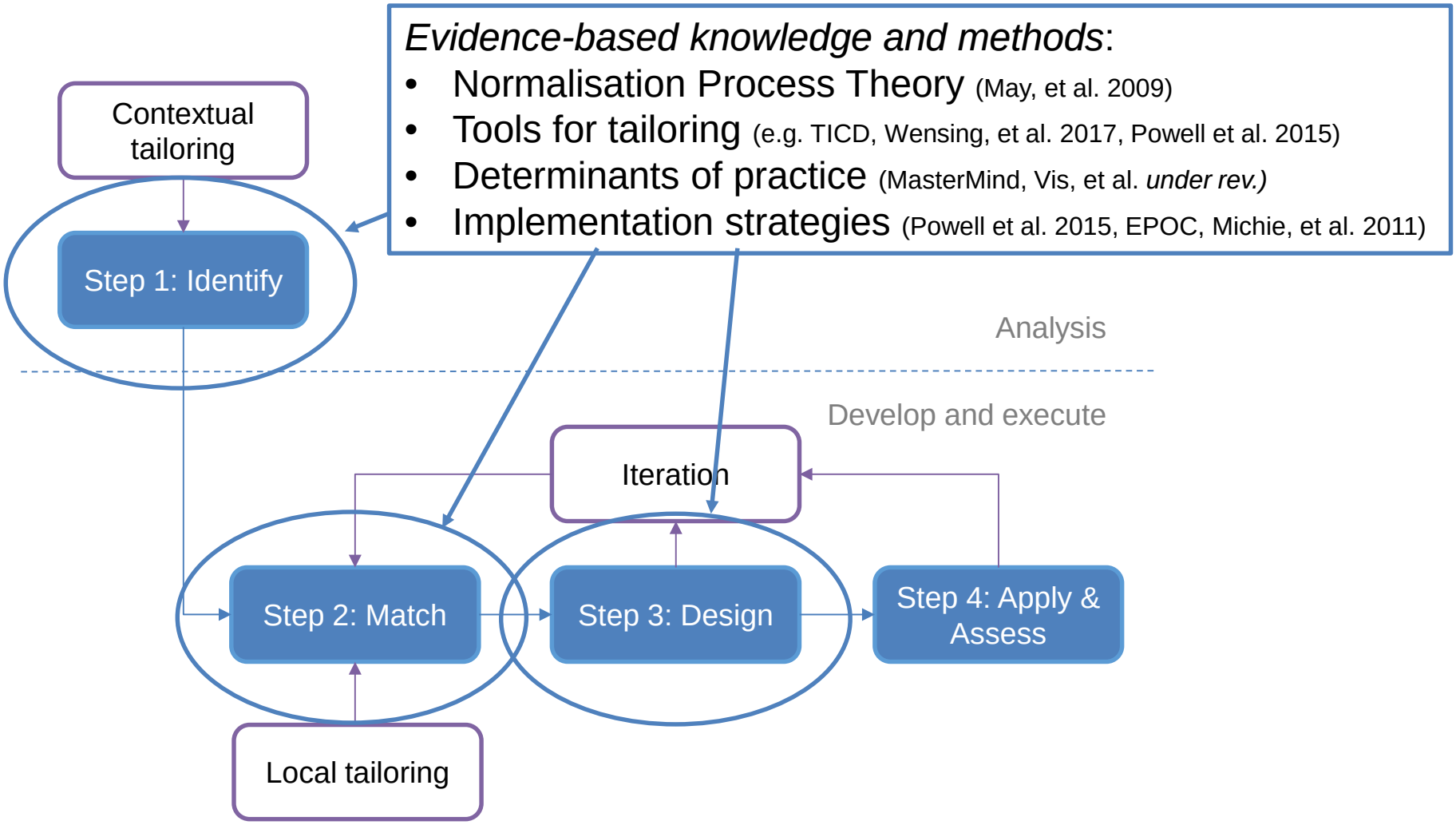
INTEGRATED THEORY-BASED FRAMEWORK FOR INTERVENTION TAILORING STRATEGIES

ItFits-toolkit – an iterative stepped approach to:

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



EVIDENCE-INFORMED IMPLEMENTATION



MAKING THE COMPARISON

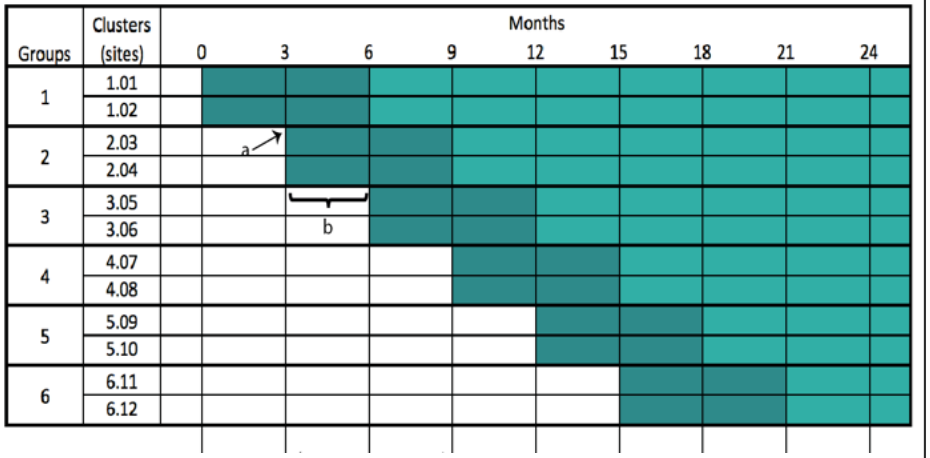
ItFits-toolkit compared to Implementation-as-Usual

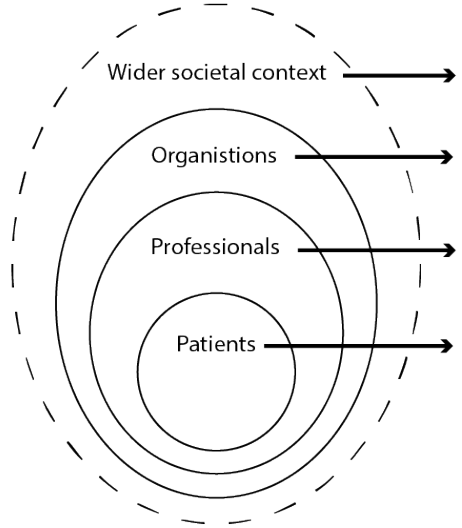
- Uptake
- Normalisation
- Implementation costs

Multilevel

- Organisation
- Staff
- (Patients)

Repeated measures forllowing a stepped wedge random allocation design measuring implementation effectiveness





Process evaluation and Outcomes: MAST

Ehical and legal aspects; Embedding in health systems

Implementation Intervention: Level of normalisation; service utilisation; implementation costs.

Site specific:
eMH intervention: clinical effectiveness; quality of life; safety; work and employment; social functioning; satisfaction; costs

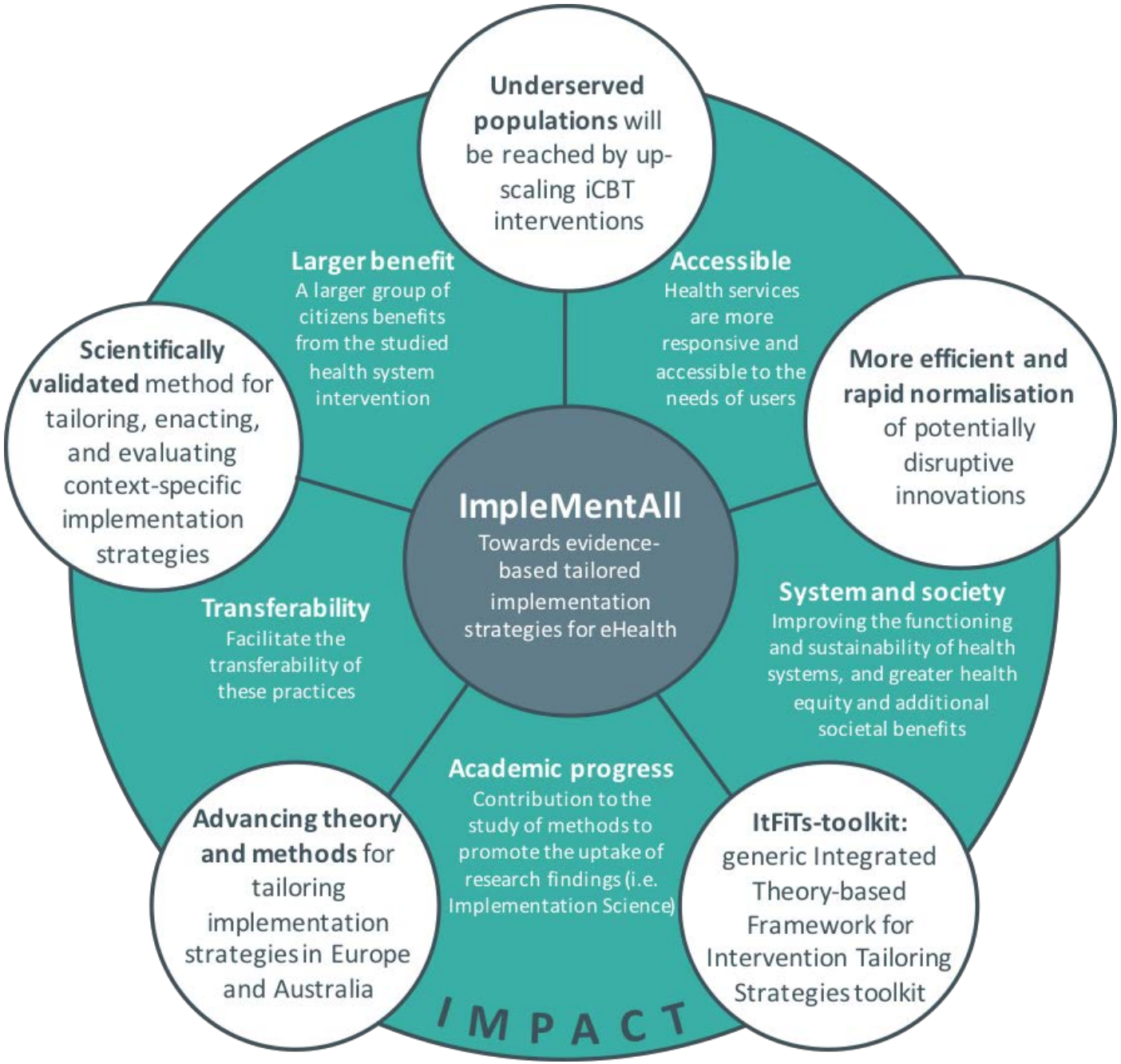
OUTPUT

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


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
Scientifically validated method for tailoring, enacting, and evaluating context-specific implementation strategies
More efficient and rapid normalisation of potentially disruptive innovations
ImpleMentAll
Towards evidence-based tailored implementation strategies for eHealth
Transferability
Facilitate the transferability of these practices
System and society
Improving the functioning and sustainability of health systems, and greater health equity and additional societal benefits
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
ItFiTs-toolkit: generic Integrated Theory-based Framework for Intervention Tailoring Strategies toolkit
IMPACT

POLICY IMPLEMENTATION RESEARCH

- 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