# Identifying Key Elements of an Effective Implementation Resource

August 29, 2022

# Agenda

- Introductions
  - Shelly Kowalczyk—The MayaTech Corporation, iHiP Project Director
  - Cynthia Quinn—Maricopa County, Ryan White Part A, Jail Project Lead
- About the Integrating HIV Innovative Practices (IHIP) Project
- Learning Objectives
- Capturing Key Elements of an Effective Implementation Resource
- Implementation Resource Checklist
- Case Study—Maricopa County Jail Project

# About the Project

- **Funded By**: The U.S. Department of Health and Human Services, Health Resources and Services Administration's HIV/AIDS Bureau through RWHAP Part F: Special Projects of National Significance.

- **Awarded To:** The MayaTech Corporation
  - ➢ Subcontractor: Impact Marketing + Communications
  - ➢ Contract Period of Performance: September 27, 2021 – September 26, 2023

- **Purpose:** To support the coordination, dissemination, and replication of innovative HIV care strategies in the Ryan White HIV/AIDS Program (RWHAP) through the development and dissemination of implementation tools and resources.

# Key Support to RWHAP Providers

- Implementation tools and resources

- Capacity building TA webinars

- Peer-to-peer TA on the featured interventions

- Support in the development and dissemination of implementation tools and resources
    - ➢Webinars
    - ➢One-on-one TA

- Helpdesk (ihiphelpdesk@mayatech.com)

# Learning Objectives

- Describe the purposes for documenting intervention development/implementation

- Identify key intervention elements of an implementation resource

- Discuss strategies for capturing/documenting key elements of an intervention

# Why Document Implementation?

- To ensure consistent implementation of an intervention within your organization.

- To describe the intervention to potential partners and/or funders

- (for sustainability).

- To support the integration of an intervention within a larger system.

- To prepare for submission to an intervention repository (e.g., HRSA Best Practices Compilation) or a peer-reviewed journal

- To help build the evidence for successful implementation of an intervention and encourage replication.

# Why Document?

**Did we miss any?**

Use the Zoom *chat* feature to tell us about other reasons why you or someone else might want to document intervention implementation.

# Challenges Documenting Implementation

- Interventions consisting of multiple components—some implemented at different levels (i.e., individual, community, system)

- Intervention context—factors that my affect implementation (barriers and facilitators)

- Understanding what is necessary to ensure fidelity (fidelity vs. fit; rigor vs. relevance[1])
  - Tailoring of interventions

[1]Geng EH, Peiris D, Kruk ME. Implementation science: Relevance in the real world without sacrificing rigor. PLoS Med. 2017; 14(4): e1002288. https://doi.org/10.1371/journal.pmed.1002288 PMID: 28441435

# Better Reporting of Implementation

Funders, researchers, public health and clinical practitioners, and other stakeholders are increasingly interested in understanding and improving the intervention implementation process.

- A more systematic, comprehensive and transparent approach to intervention development/implementation reporting is likely to:[2]
  - ➢ Enhance understanding about the intervention development/implementation process
  - ➢ Help providers understand the benefits and challenges of intervention implementation approaches
  - ➢ Help providers select an intervention implementation approach that is relevant to their context
  - ➢ Help ensure implementation fidelity

[2]Duncan E, O'Cathain A, Rousseau N, et al. Guidance for reporting intervention development studies in health research (GUIDED): an evidence-based consensus study. BMJ Open 2020;10:e033516. doi:10.1136/ bmjopen-2019-033516.

# Intervention Reporting Guidance

- ## The Template for Intervention Description and Replication (TIDiER)
  - o Hoffmann TC, Glasziou PP, Boutron I, et al. Better reporting of interventions: template for intervention description and replication (TIDieR) checklist and guide. BMJ 2014;348:g1687.

- ## The Criteria for Reporting the Development and Evaluation of Complex Interventions (CREDECI 2)
  - o Ralph Möhler R, Köpke S, Meyer G. Criteria for Reporting the Development and Evaluation of Complex Interventions in healthcare: revised guideline (CReDECI 2). Trials 2015;16:204. doi:10.1186/s13063-015-0709-y.

- ## GUIDance for the rEporting of intervention Development (GUIDED)
  - o Duncan E, O'Cathain A, Rousseau N, et al. Guidance for reporting intervention development studies in health research (GUIDED): an evidence-based consensus study. BMJ Open 2020;10:e033516. doi:10.1136/ bmjopen-2019-033516.

# HRSA-Specific Sources

- HRSA HIV/AIDS Bureau Implementation Science (HAB IS) approach
  - A framework for systemically addressing the complexities of interventions aimed at improving health outcomes for individuals with HIV
  - Intended to be tailored to meet the needs of each implementation and evaluation project—acclimating to specific contextual factors while producing real-world knowledge of how to successfully implement the intervention.[5]

- Best Practices Compilation (https://targethiv.org/bestpractices)
  - Specific intervention submission criteria—e.g., need addressed, description, impact, core elements

[5]Psihopaidas D, Cohen SM, West T, Avery L, Dempsey A, Brown K, et al. (2020) Implementation science and the Health Resources and Services Administration's Ryan White HIV/ AIDS Program's work towards ending the HIV epidemic in the United States. PLoS Med 17(11): e1003128. https://doi.org/10.1371/journal.pmed.1003128

# Reporting Guidance Comparison

| Intervention Features | TIDieR (Hoffmann et al) | CREDECI 2 (Mohler et al) | GUIDED (Duncan et al) | HAB IS | BPC |
|---|---|---|---|---|---|
| Setting context | ✓ | ✓ | ✓ | ✓ | ✓ |
| Purpose of intervention/need addressed | ✓ | ✓ | ✓ | ✓ | ✓ |
| Existing sources/evidence informing the intervention—guiding principles/theories, other interventions | ✓ | ✓ | ✓ | ✓ | ✓ |
| Intervention key components | ✓ | ✓ | ✓ | ✓ | ✓ |
| Target/priority population | | | ✓ | ✓ | ✓ |
| Stakeholder involvement | | | ✓ | ✓ | ✓ |
| Intervention adaptations/modifications | ✓ | | ✓ | ✓ | ✓ |
| Staff/resource capacity | ✓ | | | ✓ | ✓ |
| Intervention exposure | ✓ | | | ✓ | |
| Who delivered the intervention/how | ✓ | ✓ | | | |
| Fidelity assessment | ✓ | ✓ | | ✓ | |
| Process evaluation/measures | | | | | |
| Outcome measures | | | | ✓ | ✓ |
| Challenges/barriers | | ✓ | | ✓ | ✓ |
| Successes | | ✓ | | ✓ | ✓ |
| Lessons learned | | | ✓ | ✓ | ✓ |
| Sustainability | | | | ✓ | ✓ |
| Resources | ✓ | | | | ✓ |
| Setting context | ✓ | ✓ | ✓ | ✓ | ✓ |

# Implementation Resource Checklist

| INTERVENTION ELEMENTS | INFORMATION CAPTURED? |
|---|---|
| **Purpose** of the Intervention/Need Addressed | |
| Target/Priority **Population** | |
| Intervention **Setting**<br>Where did the intervention occur—e.g., where were clients served; where were systems implemented | |
| **Staff/Resource** Capacity Requirements<br>(e.g., staff expertise, lived experience; incentives, cell phones) | |
| Published Information/**Evidence** that Informed the Intervention<br>(e.g., existing intervention/strategy, existing theory, guiding principles)<br>• Adaptations to original intervention, if applicable<br>(what, why, how) | |
| **Stakeholder** Involvement | |
| Intervention **Key Components**<br>• Key activities<br>• Who provided/delivered intervention<br>• Exposure (dosage, duration)<br>(what, who, when) | |
| **Modifications** to the Intervention During Implementation<br>(what, why, how) | |
| **Barriers/Facilitators** to Implementation and/or Sustainability | |
| **Successes** (improvements, integration, positive findings) | |
| **Sustainability** | |
| **Lessons Learned** | |

# Capturing the Basics

- Describe the intended **purpose** of the intervention (What needs or gaps were being addressed?)

- Define which **populations** or communities were the focus of the intervention. (Gender, race/ethnicity, existing condition or circumstance, geographic location, etc.)

- Describe the intervention **setting** and other relevant social/community context

# Describe the Development & Implementation Process

- Describe the **team members** needed—including expertise, lived experience, etc.—and resources necessary to successfully carry out the work.

- Highlight any **existing evidence**, theories, data, interventions, or other resources that were used to create the intervention.

- Identify **key stakeholders** engaged/involved in development and implementation.

- Describe the **key components** of the intervention—key services/activities, team members who provided services/facilitated activities, exposure (number of sessions/duration).

- Describe **modifications** or course-corrections made during implementation and the reasons for such changes.

# Implementation Considerations

- Discuss **barriers** to implementation and/or sustainability—were these overcome and if so, how?

- Discuss **successes**—process improvements, clinical outcomes, intervention integration—and facilitators of those successes.

- Describe **sustainability** efforts—funding, partners, services, etc.

- Discuss **lessons learned**, considering details that could help others interested in replicating this intervention, and provide context.

# Maricopa County Jail Project

- **Priority Population:** People with HIV residing full-time at a jail

- **Funding Source:** RWHAP Part A, Maricopa Co Correctional Health Services, & Maricopa Co Department of Public Health Administration

- **Intervention Overview:** The Maricopa County Jail Project was implemented by five jails and used a nurse practitioner to manage service access and case management across the jail system.

- **Purpose:** To improve HIV care access for people experiencing incarceration by decreasing the wait time between incarceration and/or diagnosis to the start of treatment and supporting clients in reaching viral suppression through pre-release planning, education, and linkage to community services upon release.

# Implementation Resource Checklist (expanded)

| INTERVENTION ELEMENTS | WHERE TO FIND THE INFORMATION | HOW WOULD YOU HAVE DOCUMENTED IT DIFFERENTLY? |
|---|---|---|
| **Purpose** of the Intervention/Need Addressed | Documentation sent to funder(s) for approval | |
| Target/Priority **Population** | Documentation sent to funder(s) for approval | |
| Intervention **Setting**<br>Where did the intervention occur—e.g., where were clients served; where were systems implemented | Documentation sent to funder(s) for approval | |
| **Staff/Resource** Capacity Requirements<br>(e.g., staff expertise, lived experience; incentives, cell phones) | Documentation sent to funder(s) for approval; meeting documentation | |
| Published Information/**Evidence** that Informed the Intervention<br>(e.g., existing intervention/strategy, existing theory, guiding principles)<br>• Adaptations to original intervention, if applicable<br>(what, why, how) | Documentation sent to funder(s) for approval | |

# Implementation Resource Checklist (expanded) (con't)

| INTERVENTION ELEMENTS | WHERE TO FIND THE INFORMATION | HOW WOULD YOU HAVE DOCUMENTED IT DIFFERENTLY? |
|---|---|---|
| **Stakeholder** Involvement | Meeting Documentation | |
| Intervention **Key Components**<br>• Key activities<br>• Who provided/delivered intervention<br>• Exposure (dosage, duration)<br>(what, who, when) | Clinical Documentation/Data | |
| **Modifications** to the Intervention During Implementation<br>(what, why, how) | Record Keeping | |
| **Barriers/Facilitators** to Implementation and/or Sustainability | Record Keeping | |
| **Successes** (improvements, integration, positive findings) | Record Keeping; Data | |
| **Sustainability** | Record Keeping; Data | |
| **Lessons Learned** | Quality Mgt Mtgs Documentation | |

# Participant Feedback

https://www.surveymonkey.com/r/HNBDMLC

# Sign Up for Our Listserv:

Visit:

[Targethiv.org/ihip](https://targethiv.org/ihip)

For Questions, Email:

[ihiphelpdesk@mayatech.com](mailto:ihiphelpdesk@mayatech.com)

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