

# What is the potential "implementability" of your research proposal or existing project?

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## What Implementation Science Appears to Offer

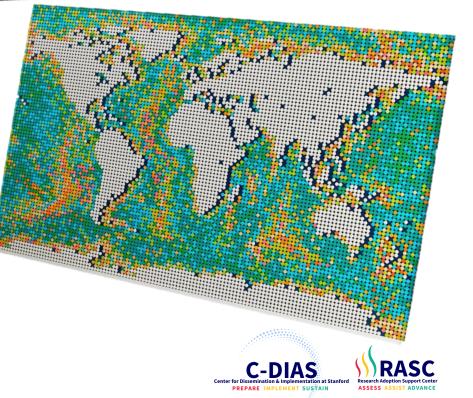




## What Implementation Science Appears to Offer







## What the Field Needs



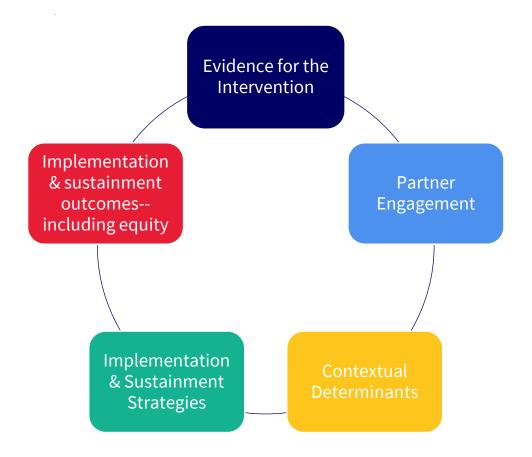




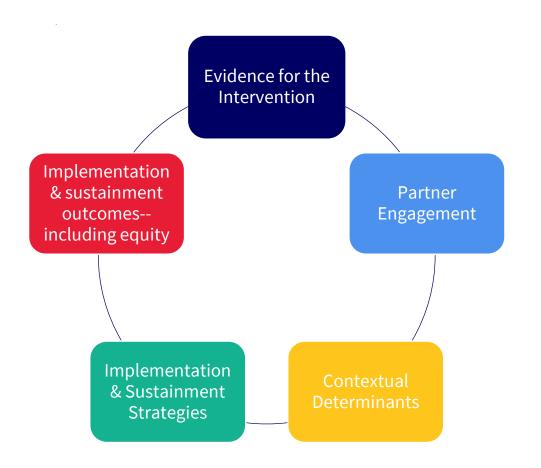
### Researchers want...

- To increase the potential for translation and true public health impact
- To understand the potential real world "implementability" of their interventions
- To do more than qualitative interviews about barriers and facilitators
- Pragmatic guidance from the field of implementation science....not theories, models, and frameworks



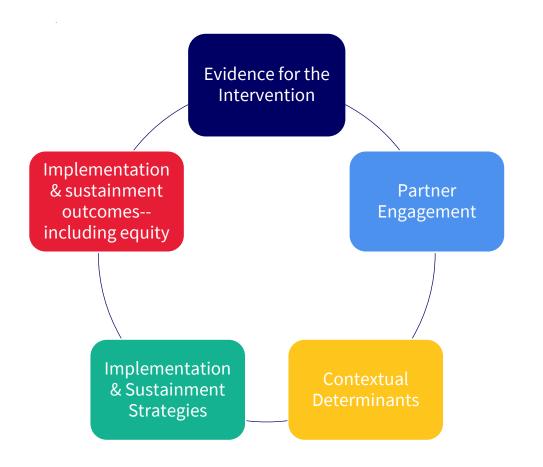






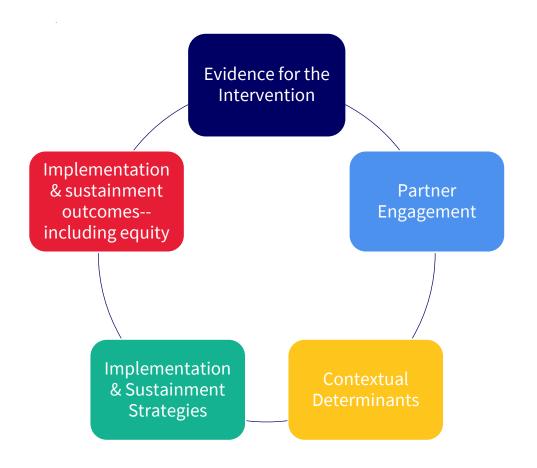
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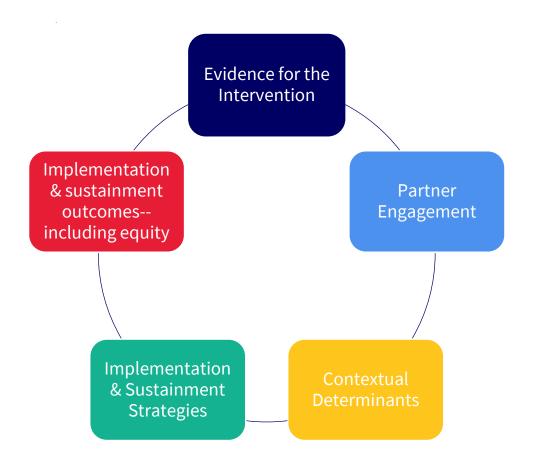
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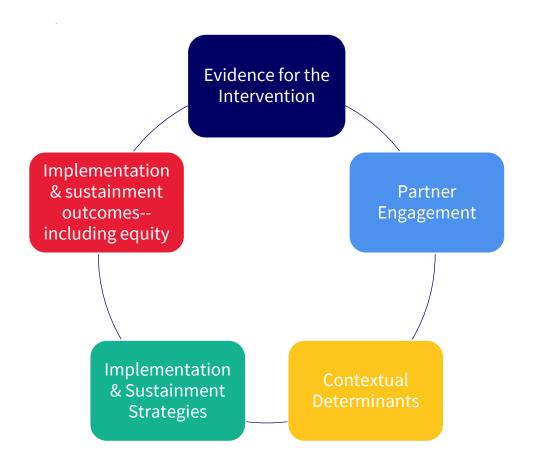
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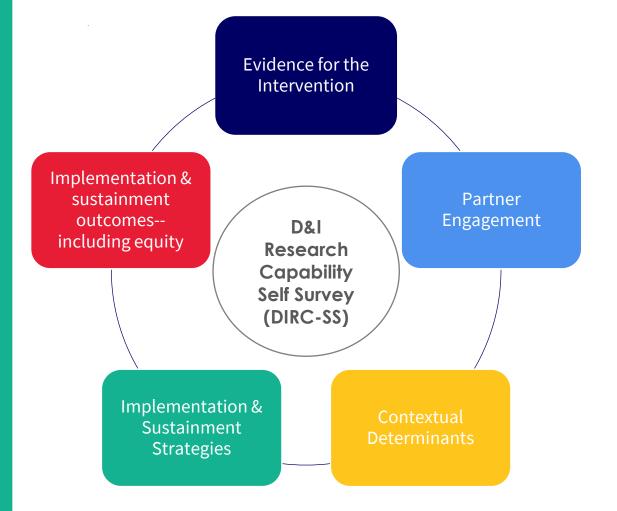


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- Implementation & Sustainment Outcomes: Effects of actions to implement the intervention including extent of use by the deliverers (adoption) and receivers (reach)



# Dissemination and Implementation Research Capability – Self-Survey (DIRC-SS)

A pragmatic measure of "implementability" considerations in your research



- Concrete, practical value
- Can be used to enhance your project at the proposal stage or to modify or augment your project if underway
- "Diagnostic & treatment planning"- Used to self assess, guide, and enhance
   D&I capability in any project at any stage



## What is the DIRC-SS?

- Team-based self-assessment (1 hour)
- No value judgement, consensus based, no implementation science expertise necessary
- 5 dimensions, 3-benchmarks per dimension (15 items total)
- Global ratings on a 5-point scale from
  - 1- None
  - 3- Partial/Moderate
  - 5- Full/Comprehensive/Complete
- Honest ratings are best, using DIRC-SS to get to "5" is transparent
- Sometimes zero, sometimes significant budget impact



#### Evidentiary support for the intervention/program/service

1

Key Component/Activity	Rating	Description
A. The intervention itself	Select -	
B. Our approach to delivering the intervention, the intervention delivery platform	Select -	
C. Our adaptation of the intervention or delivery approach (for increased effectiveness or accessibility)	Select -	
Comments:		



-

## DIRC-SS Applied: NIH HEAL Data2Action

- 10 NIH-funded Research Projects
- Method:
  - 1. DIRC-SS review by Project PI and research team
  - 2. DIRC-SS review by Research Adoption Support Center (RASC) Expert Dyads
  - Shared decision-making approach to develop "Implementation Support Plans"
  - 4. Technical assistance to achieve revised project goals
- Annual reviews



## **DIRC-SS Applied:** Reliability

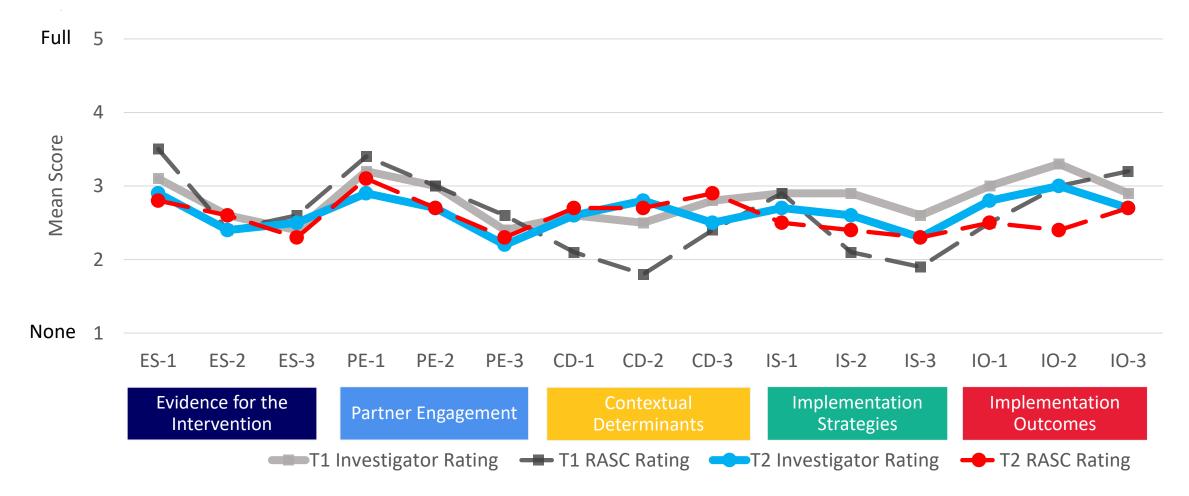
Kappa's reflect the agreement between the expert dyads and project teams

- T1 (baseline)
  - Mean = 0.12, range = -0.20 0.82; None to slight agreement
- T2 (one year later)
  - Mean = 0.41, range = 0.20 0.90; Moderate agreement



## **DIRC-SS Applied: Findings**

### T1 (n=10) and T2 (n=6) mean scores across the projects and dyads



## DIRC-SS Applied: Change Over Time

### Changes in dyad ratings from T1 to T2 (n=6)

DIRC-SS	T1 <i>M</i>	T2 <i>M</i>	t	p	Cohen's d	Effect size
Total Score	2.84	3.66	3.14	0.026	2.12	Large
Evidentiary Support	3.11	3.61	1.38	0.226	0.73	Medium
Partner Engagement	3.11	3.83	2.01	0.101	0.62	Medium
Contextual Determinants	2.28	3.94	6.85	0.001	2.39	Large
Implementation Strategies	2.72	3.33	1.81	0.130	1.12	Large
Implementation Outcomes	3.00	3.56	1.27	0.259	0.67	Medium

## DIRC-SS Applied: Key Takeaways

- The DIRC-SS gathered systematic information from 10 research projects
- The DIRC-SS stimulated ideas about potential pragmatic opportunities to enhance the implementation aspects of the project

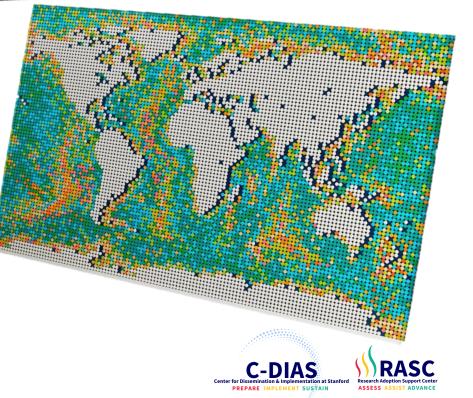
T1 Contextual Determinants Rating		T2 Contextual Determinants Rating	T2 Contextual Determinants Rating			
Key Component/Activity	Rating	Description	Key Component/Activity	Rating	Description	
<ul> <li>B. We have methods to assess the barriers to implementing our intervention/program/service in our study site organizations—such as factors related to leadership, workflow, workforce, readiness, resources, and overall fit with patients (or consumers).</li> </ul>	2	Not formally planned	<ul> <li>B. We have methods to assess the barriers to implementing our intervention/program/service in our study site organizations—such as factors related to leadership, workflow, workforce, readiness, resources, and overall fit with patients (or consumers).</li> </ul>	4	We have significant experience with quantitative measures of CDS acceptance rates and provider actions. We are well experienced in methods to make iterative adjustments to our CDS tools based on user feedback.	
	2	Not formally planned		4	Team has done significant qual data collection on context which has informed current modifications in implementation (i.e., firing logic, etc.)	

Note: Dyad ratings and comments are in red.

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### Available Now!



#### Download here:

www.hd2arasc.org/implementation-guides-and-measures







### **Questions? Feel free to reach out!**

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