

## **PLANNING FOR ADOPTION OF CLINICAL CARE PRACTICES IN GLOBAL HEALTH**

Chair: José Belizán, MD, PhD, Institute for Clinical Effectiveness and Health Policy (IECS), Buenos Aires, Argentina

Facilitator: Marci Campbell, PhD, MPH, RD, University of North Carolina at Chapel Hill

Discussant: Emily Rugel, MPH, Fogarty International Center, NIH

Presenters: James Dearing, PhD, MA, Kaiser Permanente of Colorado

Linda Kupfer, PhD, Fogarty International Center, NIH

Madeleine Wallace, PhD, Division of Program Coordination, Planning, and Strategic Initiatives, NIH

We had a wonderful conversation that included active participation from many of the individuals in attendance. Dr. José Belizán of the Institute for Clinical Effectiveness and Health Policy (IECS) in Buenos Aires presented a case study on which he served as principal investigator, a randomized controlled trial of an evidence-based behavioral intervention aimed at improving obstetrical care at public hospitals in Argentina and Uruguay. He highlighted the use of a staged model for formative research adapted from Haines and Haines, and the importance of relying on opinion leaders (or facilitadores as they were known in this instance). In addition to presenting the short-term impact of this intervention on active management of the third stage of labor, he also discussed the sustained effects at intervention hospitals.

His colleague Dr. Marci Campbell of the University of North Carolina at Chapel Hill's School of Public Health focused primarily on the formative research they conducted, discussing the importance of taking local and cultural context into account when implementing an intervention. She also cited the identification and training of facilitadores as one key to the intervention's success, along with being responsive to changing circumstances on the ground (such as the economic crisis that occurred in Argentina just before the start of the effort). Another benefit of the formative research process utilized in the study was the ability to identify barriers that might arise at various stages of implementation. Finally, she urged other researchers to recognize the need to repeat the formative process whenever a study is carried out in a new setting, as well as to collect detailed process information.

Dr. James Dearing of Kaiser Permanente of Colorado's Center for Health Dissemination and Implementation Research highlighted the case as a seminal report on the field use of dissemination and implementation components. He offered an overview of diffusion of innovations theory and highlighted the three main factors in the spread of new interventions: context, perception, and attention/response. Looking at individual components of individual perception he asserted that evidence is less important than cost, simplicity, and compatibility. Finally, he stressed the importance of understanding the social networks of potential influencers in advance of implementing a study, especially important for international efforts.

Finally, Dr. Madeleine Wallace of the Evaluation Branch at the National Institutes of Health presented a draft model for the adoption and implementation of evidence-based interventions created collaboratively by the members of the Think Tank panel. She described the principal audience for this model as both researchers and implementers/practitioners, and identified conducting a thorough needs assessment/environmental scan in the planning stage and doing comprehensive formative research before fully implementing the research effort as two key components of the model.

During a spirited discussion, a number of suggestions for refining the model arose. Among these was the fact that low-cost interventions may be more appealing in low- and middle-income countries (LMICs), whereas in high-income nations interventions with higher costs may also have more status, and thus spread more rapidly. Another distinction between the two settings is the often strict hierarchical structure in many LMIC institutions, which could impact the selection of opinion leaders or require additional buy-in and support from individuals in leadership positions. The difference between adopting a new intervention and ending a current practice was also discussed, especially in light of the study's findings that the latter can be much more difficult to achieve.

Participants also had a number of insights into possible revisions and refinements of the draft model. In light of the fact that benefits from structural changes may be both larger and more sustainable, there was a recommendation to assess whether to focus on more downstream efforts, systems change, or a blending of the two at the earliest stages of the research process. Making other comparisons as part of the decision-making process – perhaps by integrating environmental assessments, health impact assessments, cost-effectiveness analyses, and health technology assessments – was also recommended. The importance of technology also arose in other ways, and participants thought assessing technological resources and preferences would be important during the needs assessment, formative research component, and final dissemination. Finally, the notion that the model needed to clearly acknowledge the ongoing and multi-directional exchange of information among researchers and community members also arose. These recommendations have been integrated into the refined version of the model, which appears below.

# DRAFT - Translating Research into Clinical Practice

Friday, March 06, 2009



