Capturing, Evaluating, and Incorporating Practice-based Evidence

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Dilemma presented for Discussion: This thank tank focused on how to facilitate, collect, and evaluate practice-based evidence or practice-based discovery, or in other words, how can we catalyze the dialogue among people developing or disseminating an intervention with those who are implementing the intervention in the field. Participants represented a diverse set of perspectives: primarily education, social services, justice, clinical care and public health. The majority of participants worked primarily in research, although a number were practitioners as well. Several funding agencies (NIH, AHRQ, CDC) were represented. The majority of participants were from the United States, but several other countries (England, Ireland, the Netherlands) were also represented.

The discussion used the National Center for Chronic Disease Prevention and Health Promotion's (NCCDPHP) Translation Schematic from the Centers for Disease Control and Prevention as the organizing framework. This three phase schematic (Research, Translation, and Institutionalization) highlights essential processes necessary to move from scientific discovery to wide spread public health practice, with emphasis on transforming knowledge into products, active dissemination and engagement, the decision to adopt an intervention and ultimately practice or local implementation resulting in institutionalization and wide-spread use. The schematic includes feedback loops from practice back to the research phase (Practice-based Discovery) and to earlier in the translation phase (Practice-based Evidence).

Participants broke into three small groups, each assigned to explore catalyzing and capturing practitioner feedback for selected elements of the translation schematic. While there was great breath of ideas, there were also a number of common themes that emerged. Highlights of the recurrent themes are summarized below:

- **When to gather input from the field**: Need to solicit feedback from the field before, during, and after intervention development, evaluation and translation occur; frequent check-ins also required to assure feedback is correctly interpreted.
    - Involvement in design of intervention (program, policy, or practice) brings understanding of how to make the intervention meet the implementation demands.
    - True co-development of an intervention or program materials with practitioners from the beginning will assure that the end product has already been heavily shaped by end users and tested within the everyday realities/challenges of the field.
    - Gathering this input from the field also begins the engagement process.

- **Who should input be gathered from?** In soliciting the practitioner feedback, need to clarify who is the practitioner. This is likely not only the person who actually implements the intervention, but organizational decision-makers and others who influence the context the intervention is delivered in.

- **What input would be helpful?** Input on context, facilitators and barriers to adoption and implementation, and supporting structures for effective translation are all essential.
    - Understanding context will allow researchers to tailor intervention to meet the needs of the people who will be implementing it, and understand the diversity of the populations both receiving and implementing the intervention. Need to understand how things are currently done and what is needed to deliver a different intervention. This includes questions such as:
        - What are you doing currently? What's broken, what's frustrating? What will we be building on?
        - Where does the new intervention fit in the current practice?
        - What barriers to change exist? What can and can't be changed?
        - What kind of resources do you have to take it on?
        - What kind of support structures are in place, or needed, not just for implementers, but also decision-makers.
    - Need to understand what organizational incentives exist or can be put in place to facilitate adoption of innovations, and what barriers to adoption need to be removed.
    - One important piece of feedback would be what actually happened in contrast to intended outcomes
    - Need to understand what barriers exist to implementing the intervention with fidelity, so these can be taken into consideration in the future when interventions are designed or replicated in community settings
    - Need input from the field on what sorts of information would be helpful in an implementation manual.
    - If sustainability and institutionalization are the goals, then we need to understand from the beginning what would need to happen to accomplish them.

How could this input be gathered? Methods for gathering this input include:

- Survey potential end-users/practitioners directly
- Use of qualitative methods such as interviews and focus groups
- Use of observational methods also very important to move beyond what people think or think they do toward seeing what they actually do
- Collect data from outside systems or national professional organizations to broaden out the input beyond a local group
- Information from the field can be gathered as a distinct research project (separate from intervention development/evaluation) or incorporated into the intervention design and evaluation processes.

Strategies to Facilitate Incorporation of Input from the field

Funders can facilitate these processes by:

- Being attuned to the need for getting involvement from the field, and allowing the time and money for this kind of involvement

- Accepting responsibility for being prepared for the afterlife of an intervention, just like the researcher should be.
- Writing translation and sustainability into research protocols reiterates the need for upfront planning and intention for translation. For example, a requirement for a funding application could be to describe how the intervention would be "sustained without further intervention for at least 1 year".
- Requiring completion of a training module on designing for translation and involving practitioners in intervention design before receiving funding, similar to how ethics training and certificates are required.
- Funding research that is easily adapted to a variety of settings and workforce contexts/realities.

Questions for Future Research/Need for Other Resources

- Research needed to identify core components or elements in evidence-based programs and practices, so that informed adaptations are possible
- Need to develop tools for the evaluation of translation work
- Need to understand what criteria practitioners use to have confidence in evidence before they will adopt a practice.
- Need tool kit or a resource to help researchers plan for/prepare some of the issues that are going to come up in practice and implementation while they are doing their research
    - AHRQ has developed an adoption guide (Will it Work Here? A Decision-maker's Guide to Adopting Interventions; www.innovations.ahrq.gov/resources) which outlines issues people need to think through that could be useful in the design phase.

Other Key Comments

A number of additional comments were made that seemed important in thinking about translation, but were not closely tied to our primary focus of capturing and incorporating input from the field. These included:

- Need to recognize the tension between staying true to core elements and adaption to fit context. This may mean developing protocols that are easily adaptable across settings and across different levels of staffing or other resources to avoid the mis-match between what is available in practice and what is required to deliver the intervention.
- Evidence-based practice more of a process, not a prerequisite to treating patients
- Practitioners appreciate evidence-based practices, but need to take care of patients now, so need to be able to create practice based evidence.
- Important to match intended outcomes with actual outcomes and data.