Dissemination and Implementation Research

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Smoking rates in the US from 1965-2007

Tobacco Timeline: U.S. Smoking Rates Since 1965

In 1964, the U.S. surgeon general released the first report that linked smoking to cancer. Since then, as advertising restrictions became more stringent and public smoking bans more widespread, the overall number of American men and women who smoke has steadily declined.

Roll your mouse over the circles to see smoking milestones in the past half-century.

- Men
- Women
- High School Students
- Mothers During Pregnancy
We made Virginia Slims especially for women because women are dainty and beautiful and sweet and generally different from men.

You've come a long way, baby.
Smoking rates in the US from 1965-2007
Smoking rates are double the average US rate among members of the military.
The Problem:
- State of the health care system in the US today
- Current gap between research and practice

The Big Picture:
- The research & translational spectrum

A Solution:
- Definitions, principles, and characteristics of D&I research

Example:
- D&I research

Design:
- Types of designs for D&I research
- Unique design considerations

The Future:
- Directions and opportunities
Current Health Care Situation in the US

- Underperforming health care system
- Balkanized and silo approaches to care, lack of integration of care
- Expensive, unsustainable cost, increasingly inaccessible
- Inequitable, significant health disparities

Institute of Medicine, 2003.
McGlynn EA et al., 2003.
Health Care Costs are Rising
Projected Health Care Costs by GDP


National health spending is projected to continue to increase as a share of GDP over the next decade.

CMS, Office of the actuary, National Health Statistics Group.
Ideally we would have

- An integrated health care system
- Cost-effective
- Personalized care
- Rapid translation from research to care
The Importance of Personalized Medicine
Many times, we know what to do in ideal settings with “ideal” patients - but not how to translate that into real-world settings.

Until recently, there have been relatively few attempts to translate what we know to practice because ....

there has been little emphasis on later-stage translational research
“it takes 17 years, on average,  
...for 14% of research  
...to translate into practice”  

Research to Practice Pipeline

The 17-year odyssey

Priorities for research funding

Peer review of grants

Publication priorities and peer review

Research synthesis

Guidelines for evidence-based practice

Practice

Funding; population needs, demands; local practice circumstances; professional discretion; credibility and fit of the evidence.

Academic appointments, promotion, and tenure criteria

Evidence-based medicine movement
“To him who devotes his life to science, nothing can give more happiness than increasing the number of discoveries, but his cup of joy is full when the results of his studies immediately find practical applications.”

~Louis Pasteur
The ultimate goal of D&I research is to extend and adapt generally accepted and efficacious interventions that have previously been carried out in well-controlled settings and test in broader populations or settings (i.e., real-world settings like the workplace, schools, community centers and clinics, neighborhoods, etc).

Understand, study and test how to translate Evidence into Practice
The latest research shows that we really should do something with all this research.
Translation Continuum

Bench

Bedside
Translation Continuum

- Bench
- Bedside
- Clinic
- Community
- Population & Policy
What is Evidence to Practice?

- **Bench**
  - Basic Science Research
    - Preclinical Studies
    - Animal Research
  - T1
    - Case Series
    - Phase 1 and 2 Clinical Trials
- **Bedside**
  - Human Clinical Research
    - Controlled Observational Studies
    - Phase 3 Clinical Trials
- **Practice**
  - Clinical Practice
    - Delivery of Recommended Care to the Right Patient at the Right Time
    - Identification of New Clinical Questions and Gaps in Care
- **Translation to Humans**
  - T2
    - Guideline Development
    - Meta-analyses
    - Systematic Reviews
- **Translation to Patients**
  - T2
    - Phase 3 and 4 Clinical Trials
    - Observational Studies
    - Survey Research

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1000 persons

- 800 report symptoms
- 327 consider seeking medical care
- 217 visit a physician’s office (113 visit a primary care physician’s office)
- 65 visit a complementary or alternative medical care provider
- 21 visit a hospital outpatient clinic
- 14 receive home health care
- 13 visit an emergency dept
- 8 are hospitalized
- <1 is hospitalized in an academic medical center

Results of a reanalysis of the monthly prevalence of illness in the community and the roles of various sources of health care. (Green et al., 2001)
Implementation is the use of specific strategies to adopt and integrate evidence-based and guideline-based health interventions for the purpose of changing patterns of care within specific “real world” settings. Interventions developed in efficacy settings typically must be adapted to broader settings. **Implementation research tests these adaptations and other strategies.**
What is Dissemination Research?

- Dissemination is the targeted distribution of information and intervention materials to a specific public health or clinical practice audience. The intention is to spread knowledge and associated evidence-based interventions.

- Dissemination research tests these active process to determine if they result in increased awareness, acceptance, and use of the lessons learned from science.
A rose by any other name…. 

- Diffusion of Innovations
- Knowledge to Action
- Knowledge Transfer
- Knowledge Translation
- Research to Practice
- Research Utilization
- Scale up
- Translational Research
Questions Addressed by D&I Research

- How to achieve widely accepted and adopted efficacious interventions in a variety of real-world settings
- Potentially modify interventions to be consistently accepted and implemented by individuals with varying training and expertise
- Enhance feasibility, provider and patient adherence, and community uptake while producing reliable effects at reasonable cost
- Determine how to reach large numbers of people in real-world settings, especially those who can most benefit
Dissemination and Implementation Research

- Bridges research and practice in real-world settings
- Strikes a balance between rigor and relevance in study designs, methods and outcomes
Dissemination & Implementation Research
Characteristics & Challenges

- Contextual
- Complex (non-linear)
- Multi-component
- Transdisciplinary
- Multi-level

- Timing
- Sequencing of implementation studies
- Study Designs
- Study Methods
Typical Outcomes in D&I Research

- Primary outcomes are related to D&I strategies.
  - Provider acceptance and adherence
  - Patient/community adherence and adoption
  - Uptake into practice
  - Formation of community partnerships
  - Penetration of guidelines more globally/diffusion
  - Actionable measures
- Cost, cost-effectiveness, sensitivity analysis
- Effectiveness of the intervention
- Sustainability
- Evaluation of impact and unintended consequences
Dissemination & Implementation Approaches

- Patients
  - Self-management
  - Behavioral counseling
  - Self-monitoring and feedback
- Health care providers
  - Clinical guidelines
- Technological
  - Home monitoring
  - Internet or phone-based intervention
- Health care system
  - Chart reminders
  - Team approaches
  - Decision support
- Community
  - Community health workers
  - Pharmacy
  - Worksite resources
D & I Research in Smoking....
• The DOD has identified tobacco cessation as a US military priority
• Quit lines and nicotine replacement are both effective in increasing quit rates in well-controlled trials
• Can these strategies be effectively implemented in US military recruits?
• Recruitment is a significant challenge
  • Following chain of command
  • Obtaining appropriate approvals
  • Coordinating with installation
• Establishing a point-of-contact
  • Interventions are known to be efficacious
    • quit lines
    • NRT
• Can these be effective when self-paced?
## Smoking Cessation Among Military (n~1400)

<table>
<thead>
<tr>
<th></th>
<th>All participants</th>
<th>Self-Paced</th>
<th>Counselor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>39.2 ± 13.9</td>
<td>39.1 ± 14.2</td>
<td>39.3 ± 13.7</td>
</tr>
<tr>
<td>Gender</td>
<td>42.3% female</td>
<td>41.0% female</td>
<td>43.6% female</td>
</tr>
<tr>
<td>Air Force</td>
<td>70.0%</td>
<td>70.3%</td>
<td>69.0%</td>
</tr>
<tr>
<td>Years Smoked</td>
<td>18.7 ± 13.2</td>
<td>18.7 ± 13.1</td>
<td>18.6 ± 13.2</td>
</tr>
<tr>
<td>Number of cigarettes</td>
<td>17.8 ± 8.7</td>
<td>17.6 ± 8.2</td>
<td>18.0 ± 9.1</td>
</tr>
<tr>
<td>Number of quit attempts</td>
<td>1.6 ± 2.3</td>
<td>1.4 ± 2.6</td>
<td>1.5 ± 2.1</td>
</tr>
</tbody>
</table>

Richey et al., 2012
## Abstinence Rates by Condition

<table>
<thead>
<tr>
<th>Condition</th>
<th>Post-Test (n= 785)</th>
<th>12-month F/U (n=611)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counselor-Initiated</td>
<td>55.8%</td>
<td>33.1%</td>
</tr>
<tr>
<td>Self-Paced</td>
<td>26.7%</td>
<td>23.5%</td>
</tr>
</tbody>
</table>
Key Findings

- The overall cessation rates are high – about twice that expected.
- Even among the self-paced group, cessation and maintenance of cessation is high after 1 year.
- This is a low-cost, effective strategy for this population.
Design Strategies Used in D&I Research

- RCTs
- Simulations, modeling, dynamic systems science models
- Natural experiments
- Use of EHRs
- Pragmatic trials
- Often utilize cluster randomized designs
- Community Based Participatory Research Approaches (CBPR)*
- Patient-centered care approaches

*Guidelines and Categories for Classifying Participatory Research Projects in Health: [http://lgreen.net/guidelines.html](http://lgreen.net/guidelines.html)
• Questions specific to D&I research:
  • In implementation research, the question is about the implementation strategy of an established (albeit modified) intervention or strategy
  • In dissemination research, the question is focused on the dissemination strategy and outcomes.
• Consider where the state of your science falls on the research continuum
• Utilize team science approaches, multidisciplinary, integrated care
• Often community based (work-sites, schools, community clinics, churches, community hospitals, HMOs), participatory approaches
• Able to incorporate personalized aspects of treatment using patient-centered care approaches
• Incorporates multi-level context: personal, organizational, community, policy, environmental and social contexts
• Conducted with real (non-selected) patients, often with complex co-morbidities – take all comers
Design Considerations in D&I Research – cont.

- Multi-component treatments delivered by real-world health care, community, worksite workers, under real world conditions and settings
- Can be vitally important to measure secular trends and potential confounders
- Designed for broad adaptation and implementation
- Scalable (cost-effective)
- Deliverable by variety of personnel in typical settings
- Can sometimes be evaluated through real-time data (for example, with Electronic Health Records)

Tunis, et al., 2007.
Some Positive Benefits of EHR

"I have no idea how you died, we don't have access to your medical records."
• D&I research is contextual and non-linear
• Successful programs evolve and are about “fit”, acceptance, flexibility
• D&I research is multi-level and complex, and concerns settings, staff, delivery, scale, and sustainability
• D&I research involves multiple conditions, behaviors, complex and multi-component interventions
• Main outcomes are related to dissemination and implementation processes
• This is essential work for successfully bridging research to practice.
D&I Opportunities

- NIH-sponsored “State of the D&I Science” venue
- Annual meeting in Bethesda, typically in March
- Free and open to the public
- Training Institute for Dissemination and Implementation Research in Health (http://conferences.thehillgroup.com/OBSSRinstitutes/TIDIRH2012/index.html)
- Several NIH funding initiatives