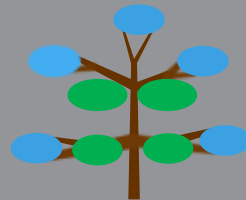


The rationale and challenges of developing an implementation taxonomy: A workshop for guideline implementers and researchers

Mazza D, Kunnamo I, Buchan H,
Bairstow P, Van Hecke O,
Grech C
29 August 2011



Workshop outline

1. The rationale for developing a guideline implementation taxonomy
 - Current problems in guideline implementation reporting
 - What is a taxonomy and why develop one?
 - What currently exists?
2. The challenges of developing a guideline implementation taxonomy
 - What we did.....
3. Activity
 - Classifying implementation strategies using our draft taxonomy
4. Issues arising
5. Suggestions for improvement

The rationale



Current problems in guideline implementation and reporting

- Low compliance with guidelines
- Only 5-30% of studies describe implementation
(Michie et al 2009)
- Insufficient detail about implementation strategies



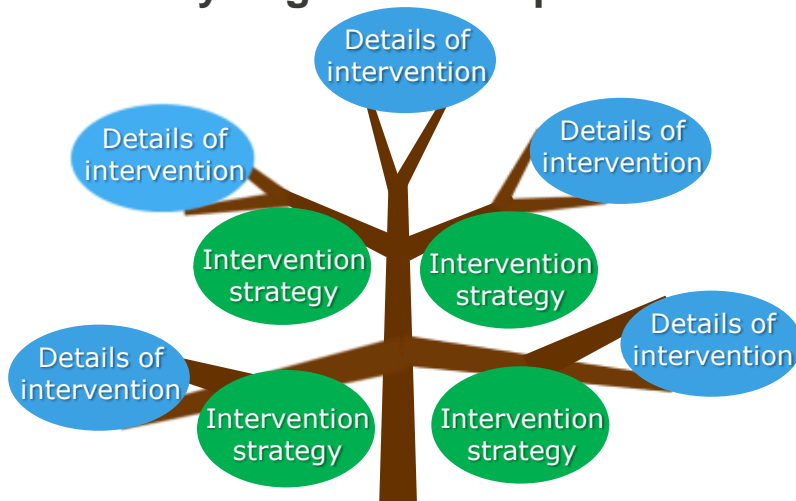
“If we want more evidence-based practice, we need more practice-based evidence.” *Dr Lawrence W Green*

Why develop a Guideline Implementation Taxonomy?

- Improve the definition of implementation activities
- Improve the quality of research publications description and reporting of guideline implementation strategies
- Improve the ability to search and assess effectiveness of implementation strategies



Taxonomy of guideline implementation



Current standards for reporting research

- Consolidated Standards Of Reporting Trials **(CONSORT)** statement (Schulz, Altman, Moher 2010)
- Transparent Reporting of Evaluations with Nonrandomized Designs **(TREND)** statement (Des Jarlais DC, Lyles C, Crepaz N; TREND Group 2004)
- STrengthening the Reporting of OBservational studies in Epidemiology **(STROBE)** statement
- Standards for Quality Improvement Reporting Excellence **(SQUIRE)** guidelines

CONSORT

- Tool for reporting and assessing randomised controlled trials
- Does not provide descriptions of interventions



TREND

- Tool for reporting and assessing non-randomised controlled trials
- Does not provide descriptions of interventions

*Transparent Reporting of Evaluations
with Nonrandomized Designs*



STROBE

- Checklist for reporting cohort, case-control and cross-sectional studies
- Not intended for evaluating the quality of research



SQUIRE

- Tool to assist authors to report studies on quality improvement
- 19 item checklist

SQUIRE Standards for Quality Improvement Reporting Excellence

Problems with these Standards/Checklists

- They do not give descriptions of interventions.
- They rely on the authors to be specific, detailed, and use terminology consistent with other researchers.

RE-AIM Framework

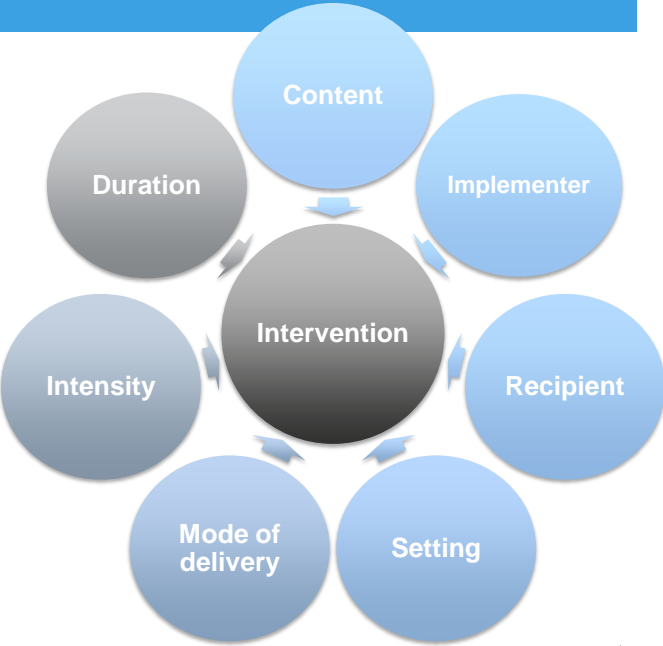


Tool to assist planning of an intervention

- Reach
- Effectiveness
- Adoption
- Implementation
- Maintenance

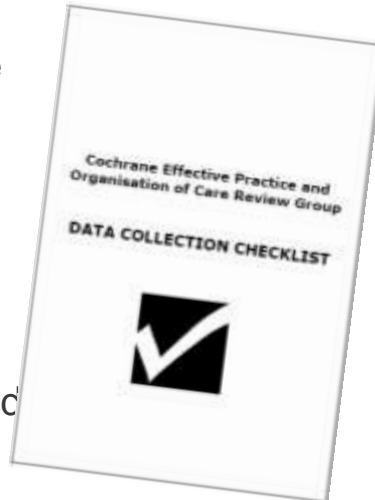
Framework for describing elements of interventions

Michie S, Fixen D, Grimshaw JM, & Eccles M. Specifying and reporting complex behaviour change interventions: the need for a scientific method. *Implementation Science* 2009, 4:10



Cochrane EPOC data collection checklist

- Tool for reviewers to gauge suitability for inclusion in a systematic literature review
- Includes detailed list of interventions
- Well known
- Interventions are designated within a suitable structure



Constraints with using the EPOC checklist

- Suitability of language used in the checklist
- Some components not appropriate for guideline implementation (e.g. “Prepaid”, “Capitation”)
- Items can be applicable to more than one category
- Missing categories

The Challenge



Revising the checklist

Professional



Organisational



Financial



Regulatory



Professional strategies

- Aimed at informing or educating health professionals (15 strategies)

e.g. Identify barriers to guideline implementation (including any activity aimed at identifying reasons why compliance with a guideline might not be achieved, to assist in planning tactics)

Financial strategies

- Incentives and penalties aimed at changing the behaviour of:
 - Health care professionals (8 strategies)
 - Patients (4 strategies)

e.g. Incentive applicable to a health care professional (a health care professional may receive a direct or indirect financial reward or benefit for complying with a guideline)

Organisational

- Aimed at changing the way research is generated and used.
- Health care professionals (6 strategies)
- Patients (3 strategies)
- Structural (9 strategies)

***e.g. Consumer participation in governance
(including any change in governance that
enables patients to recommend the
implementation of a guideline)***

Regulatory

- Changes in governance (4 strategies)

***e.g. Change in legislation or regulation
(include any change which enforces or
mandates implementation)***

The Activity



Activity

- Divide into groups
- Elect a spokesperson and a scribe
- Use the coding template to classify the 6 abstracts
- Return to large group to present results

Results & Suggestions?

