



# Rapid Analysis Using the Consolidated Framework for Implementation Research (CFIR): A Methods Cyberseminar

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# Presenters



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# First Poll Question

What is your level of familiarity with rapid qualitative analysis?

- ▶ High
- ▶ Moderate
- ▶ Low
- ▶ None

# Second Poll Question

What is your level of familiarity with the CFIR?

- ▶ High
- ▶ Moderate
- ▶ Low
- ▶ None

# Qualitative Methods & Implementation Science

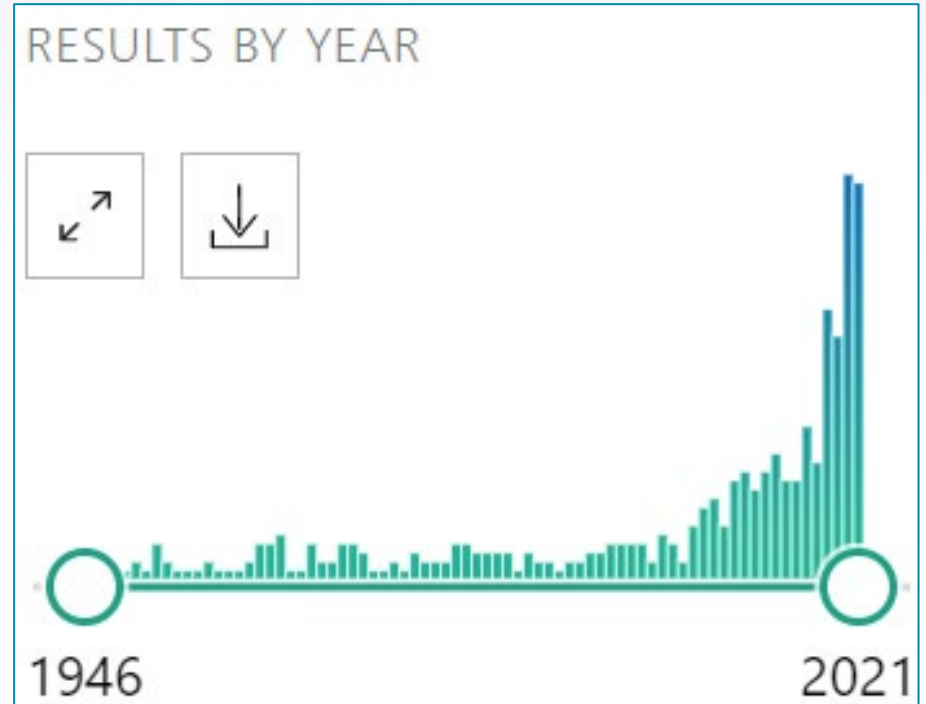
Qualitative approaches:

- ▶ Prominent within implementation science<sup>1-2</sup>
- ▶ Explain implementation failures or successes
- ▶ Common but resource intensive

# Rapid Analysis Approaches

Rapid analysis approaches:

- Becoming more common
- Often use inductive methods and transcripts



# Objectives

One

Develop a rigorous CFIR-informed *deductive* rapid analysis process using *notes and audio* from semi-structured interviews<sup>3</sup>

- ▶ Focus of Cyberseminar

Two

Compare our rapid method to our traditional CFIR approach

- ▶ Decreased time
- ▶ No transcription costs
- ▶ Rigorous and effective

## METHODOLOGY

## Open Access



### Rapid versus traditional qualitative analysis using the Consolidated Framework for Implementation Research (CFIR)

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#### Abstract

**Background:** Qualitative approaches, alone or in mixed methods, are prominent within implementation science. However, traditional qualitative approaches are resource intensive, which has led to the development of rapid qualitative approaches. Published rapid approaches are often inductive in nature and rely on transcripts of interviews. We describe a deductive rapid analysis approach using the Consolidated Framework for Implementation Research (CFIR) that uses notes and audio recordings. This paper compares our rapid versus traditional deductive CFIR approach.

**Methods:** Semi-structured interviews were conducted for two cohorts of the Veterans Health Administration (VHA) Diffusion of Excellence (DoE). The CFIR guided data collection and analysis. In cohort A, we used our traditional CFIR-based deductive analysis approach (directed content analysis), where two analysts completed independent in-depth manual coding of interview transcripts using qualitative software. In cohort B, we used our new rapid CFIR-based deductive analysis approach (directed content analysis), where the primary analyst wrote detailed notes during interviews and immediately “coded” notes into a MS Excel CFIR construct by facility matrix; a secondary analyst then listened to audio recordings and edited the matrix. We tracked time for our traditional and rapid deductive CFIR approaches using a spreadsheet and captured transcription costs from invoices. We retrospectively compared our approaches in terms of effectiveness and rigor.

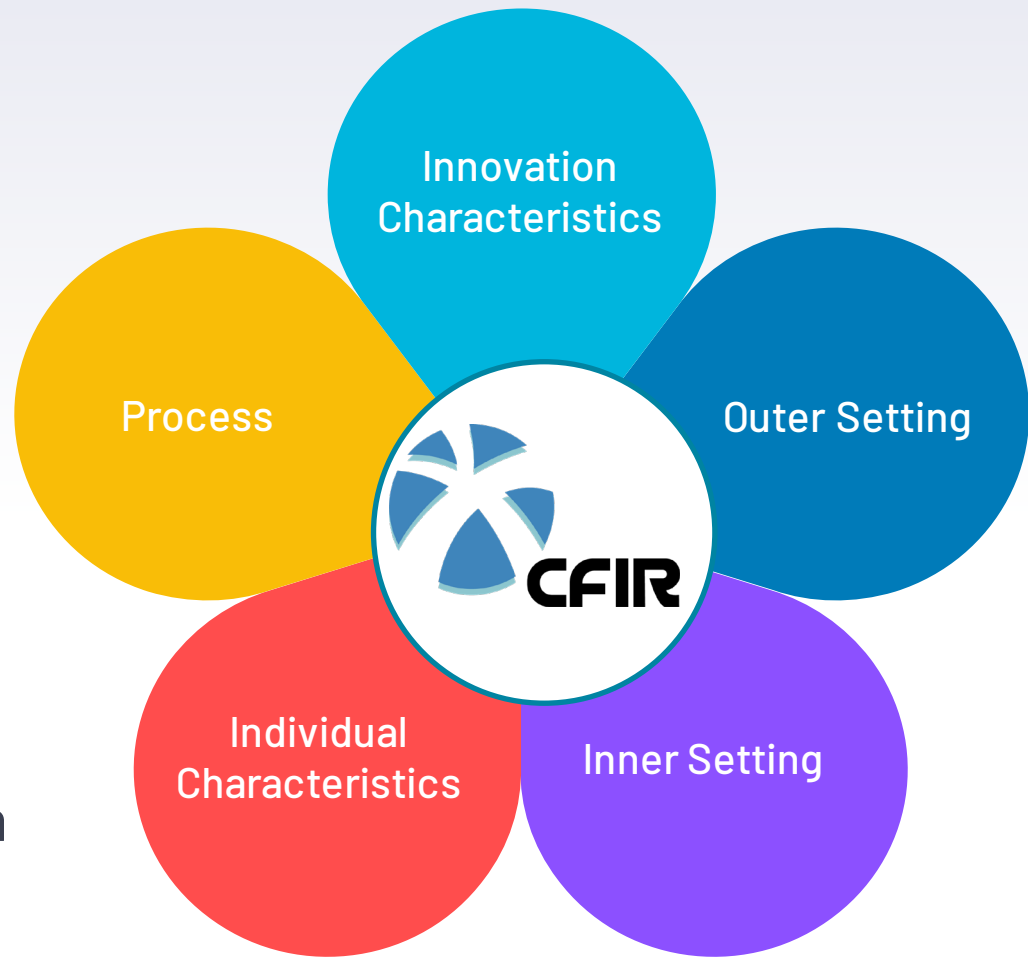
**Results:** Cohorts A and B were similar in terms of the amount of data collected. However, our rapid deductive CFIR approach required 409.5 analyst hours compared to 688 h during the traditional deductive CFIR approach. The rapid deductive approach eliminated \$7250 in transcription costs. The facility-level analysis phase provided the greatest savings: 14 h/facility for the traditional analysis versus 3.92 h/facility for the rapid analysis. Data interpretation required the same number of hours for both approaches.

**Conclusion:** Our rapid deductive CFIR approach was less time intensive and eliminated transcription costs, yet effective in meeting evaluation objectives and establishing rigor. Researchers should consider the following when employing our approach: (1) team expertise in the CFIR and qualitative methods, (2) level of detail needed to meet project aims, (3) model of data to analyze, and (4) advantages and disadvantages of using the CFIR.

**Keywords:** Consolidated Framework for Implementation Research (CFIR), Qualitative methods, Rapid analysis, Implementation science, Veterans

# Consolidated Framework for Implementation Research (CFIR)

The CFIR<sup>4-5</sup> is a determinant framework; it defines constructs across five domains of potential influences on implementation



CFIR technical assistance website: [www.cfirguide.org](http://www.cfirguide.org)



# ▶ Rapid Analysis Considerations

Is a deductive CFIR approach best for your project? If yes, what is the level of team expertise using the CFIR?

What level of detail (and ease of access to raw data) is needed to meet project aims?


Is this a new project or an extension of related work (i.e., have coding and rating guidelines been developed?)



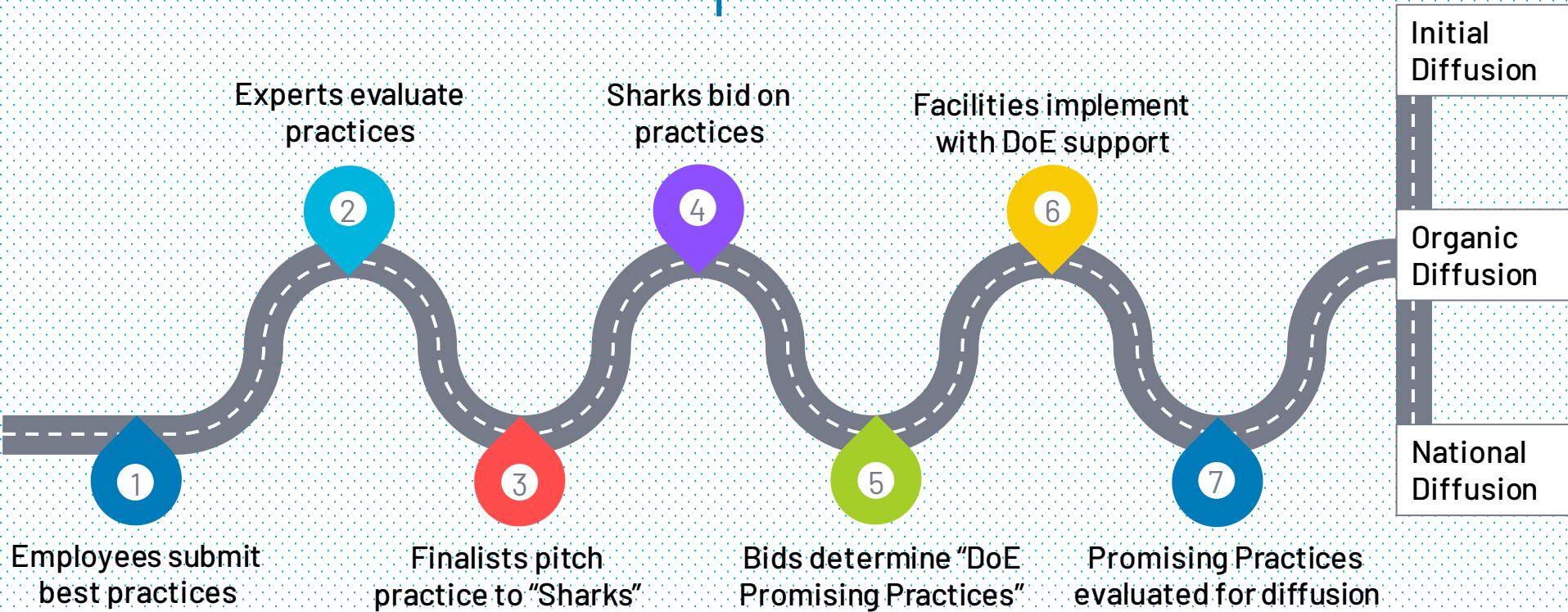
# Diffusion of **EXCELLENCE**

Diffusing Best Practices Across VHA



- ▶ Identifies effective clinical & administrative practices *developed by VA employees*
  - ▶ Disseminates these practices across the VHA system to enhance delivery of Veteran-centered services
- 

# DoE Roadmap



# DoE Evaluation

George Jackson, PI

Heather King, Co-I

Brandolyn White, PM

VA Durham  
Healthcare System

Laura Damschroder, Site-PI

Maria Arasim, PM

Marilla Widerquist, RA

Caitlin Reardon, QA

VA Ann Arbor  
Healthcare System

Gemmae Fix, Site-PI

Allen Gifford, Co-I

Sarah Cutrona, Co-I

Kathryn DeLaughter, PM

VA Boston  
Bedford Healthcare  
System

VA Palo Alto  
Healthcare  
System

Andrea Nevedal, Site-PI

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\*Spreading Healthcare Access, Activities, Research, and Knowledge Partnered Evaluation



# Traditional CFIR Process Overview

## Data Collection

- Develop data collection tools
- Collect data



## Data Analysis

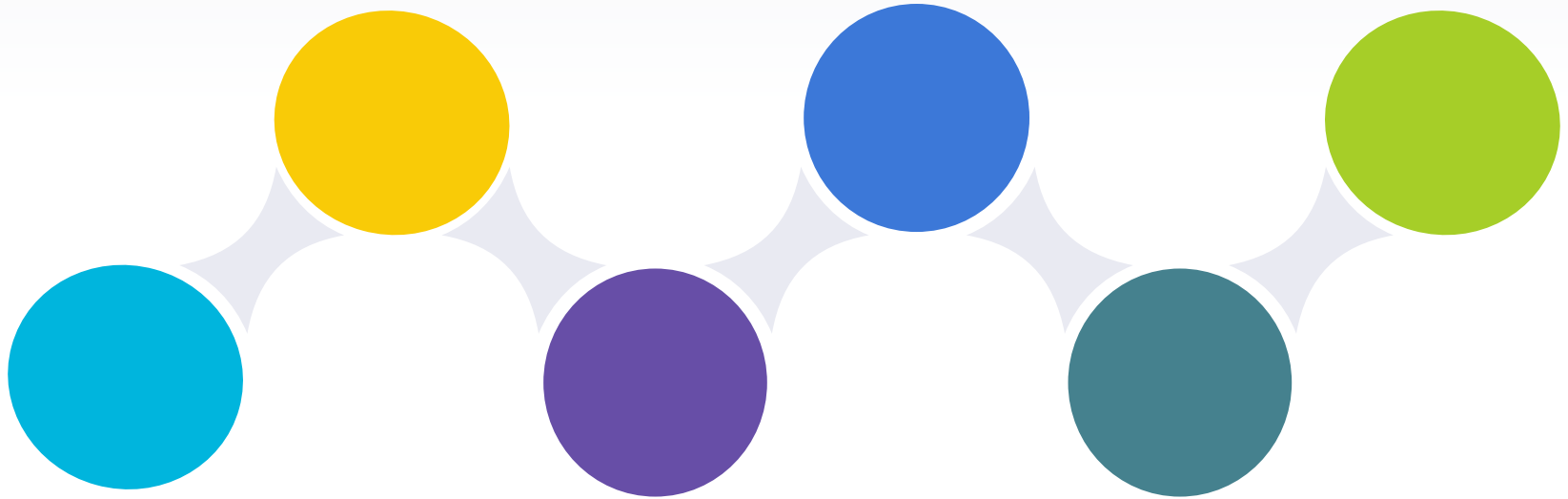
- Develop codebook
- Code data
- Aggregate & summarize data
- Develop rating criteria and rate data



## Data Interpretation

- Determine which CFIR constructs:
  - Facilitate/hinder implementation
  - Distinguish between implementation outcomes

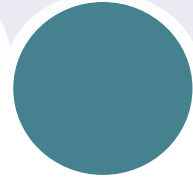
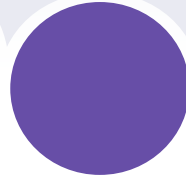
# ► Methods: Coding Data



# Step 1: Primary Analyst: Coding



- Handwrite notes during interview
- “Code” notes into matrix
- Write analytic notes and request additional details from secondary analyst
- Develop summary



# Step 1: CFIR Matrix

Construct	Facility A
<b>Inner Setting</b>	
<b>Leadership Engagement (LE)</b>	<p>Overall Rating:</p> <p><b>Summary:</b> Participant 1: Facility-level leadership was very engaged, including [Participant 2]. [P2] was responsible for "dislodging" [Time-Stamp] barriers up the chain as necessary, e.g., reaching out to facility leadership to support training. P1 states that ultimately facility leadership "mandated" or "deeply inspired" them to set time aside to be trained and <b>CR Note: I missed something here around a competition?</b></p> <p><b>Rationale:</b></p>
<b>Available Resources (AR)</b>	<p>Overall Rating:</p> <p><b>Summary:</b> P1: It was hard for the implementation leaders to have time "carved out"; if there was one "pearl" from her, it's that bids should include time. [Time-Stamp] This delayed implementation and caused undue frustration, but the implementation leads did ultimately receive protected time.</p> <p><b>Rationale:</b></p>



## Step 2: Secondary Analyst: Coding

- Review notes in matrix
- Listen to audio recording
- Verify & revise notes in matrix – use text formatting to highlight changes

# Step 2: CFIR Matrix

Construct	Facility A
<b>Inner Setting</b>	
<b>Leadership Engagement (LE)</b>	<p>Overall Rating:</p> <p><b>Summary:</b>            Participant 1: Facility level AN Note: Mid-level leadership was very engaged, including [Participant 2]. [P2] was responsible for "dislodging" [~15:10] barriers up the chain as necessary, e.g., reaching out to facility leadership to support training AN Note: and eventually securing protected time for the implementation lead [LE &gt; AR]. P1 states that ultimately facility leadership "mandated" or "deeply inspired" them to set time aside to be trained and AN Note: P2 created a "leaderboard" to show how many referrals had come from each team [34:51].</p> <p><b>Rationale:</b></p>
<b>Available Resources (AR)</b>	<p>Overall Rating:</p> <p><b>Summary:</b>            P1: It was hard for the implementation leaders to have time "carved out"; if there was one "pearl" from her, it's that bids should include time [~20:07]. This delayed implementation and caused undue frustration, but the implementation leads did ultimately receive protected time. AN Note: from leadership. See LE.</p> <p><b>Rationale:</b></p>

## ▶ Step 3: Coding Consensus

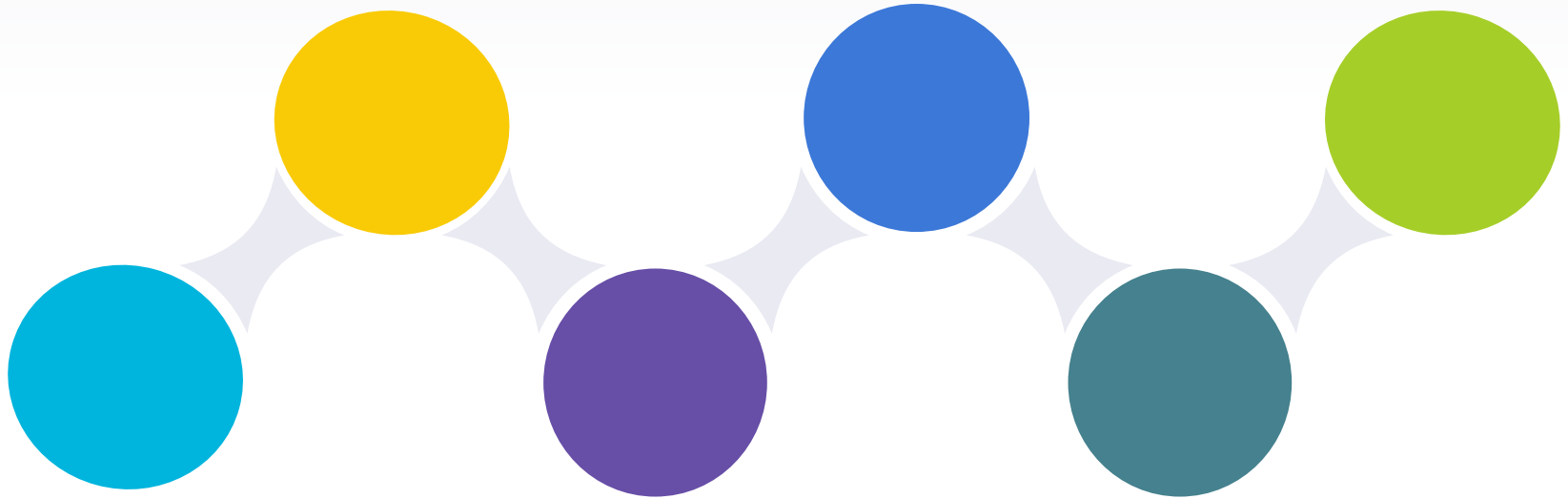


- Primary analyst reviews matrix, accepts agreed upon edits
- Analysts meet, discuss discrepancies, reach consensus
- Update codebook when needed

# Step 3: CFIR Matrix

Construct	Facility A
<b>Inner Setting</b>	
<b>Leadership Engagement (LE)</b>	<p>Overall Rating:</p> <p><b>Summary:</b>            Participant 1: AN Note: Mid-level leadership was very engaged, including [Participant 2]. [P2] was responsible for "dislodging" [~15:10] barriers up the chain as necessary, e.g., reaching out to facility leadership to support training AN Note: and eventually securing protected time for the implementation lead [LE &gt; AR]. P1 states that ultimately facility leadership "mandated" or "deeply inspired" them to set time aside to be trained and AN Note: P2 created a "leaderboard" to show how many referrals had come from each team [34:51].</p> <p><b>Rationale:</b></p>
<b>Available Resources (AR)</b>	<p>Overall Rating:</p> <p><b>Summary:</b>            P1: It was hard for the implementation leaders to have time "carved out"; if there was one "pearl" from her, it's that bids should include time [~20:07]. This delayed implementation and caused undue frustration, but the implementation leads did ultimately receive protected time. AN Note: from leadership. See LE.</p> <p><b>Rationale:</b></p>

# ► Methods: Rating Data



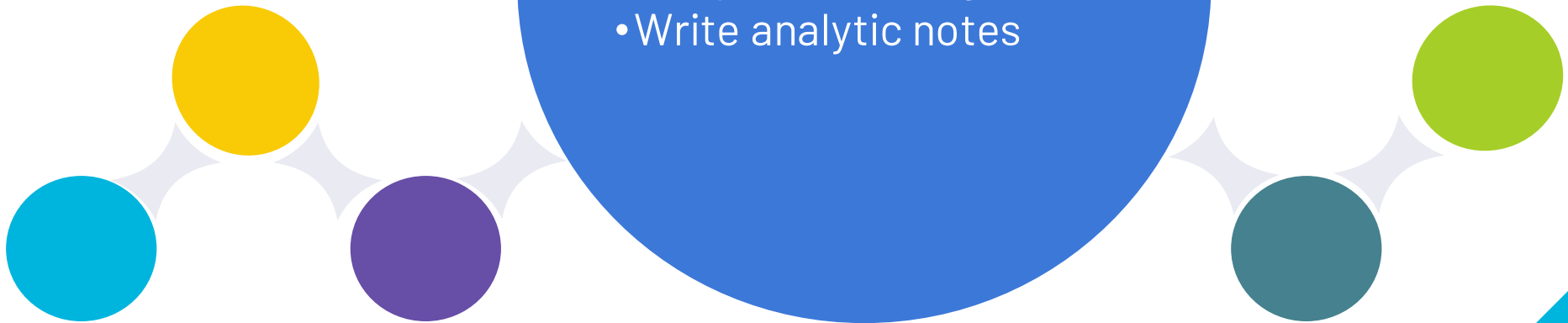
# Ratings: Strength & Valence

Ratings						
M	-2	-1	0	X	+1	+2
Missing: No Data	Strong Barrier: Strong Negative Influence	Weak Barrier: Weak Negative Influence	Neutral: No Influence	Mixed: Mixed Influence	Weak Facilitator: Weak Positive Influence	Strong Facilitator: Strong Positive Influence

# Step 4: Primary Analyst: Rating Data



- Review notes in matrix
- Rate each CFIR construct and provide rating rationale
- Write analytic notes



# Step 4: CFIR Matrix

Construct	Facility A
<b>Inner Setting</b>	
<b>Leadership Engagement (LE)</b>	<p>Overall Rating: +1</p> <p><b>Summary:</b> Participant 1: AN Note: Mid-level leadership was very engaged, including [Participant 2]. [P2] was responsible for "dislodging" [~15:10] barriers up the chain as necessary, e.g., reaching out to facility leadership to support training AN Note: and eventually securing protected time for the implementation lead [LE &gt; AR]. P1 states that ultimately facility leadership "mandated" or "deeply inspired" them to set time aside to be trained and AN Note: P2 created a "leaderboard" to show how many referrals had come from each team [34:51].</p> <p>Participant 2: P2 is the service chief for [service name]. CR Note: This is mid-level leadership. She was the liaison between the implementation lead and facility level leadership; she states it was "super challenging" [45:06] initially to get the tangible support they needed from facility leadership, but that in the end they "really came through" [52:04] by making it known that training was a priority and giving the implementation lead protected time. AN Note: "This pushed it through." [52:07]</p> <p><b>Rationale:</b> P2 is a strong mid-level leadership facilitator of implementation. Facility-level leadership initially was not supportive, which was hindering implementation, but then they provided the necessary support and protected time, which "pushed it through," warranting a +1 rating.</p>



# Step 5: Secondary Analyst: Rating



- Review and revise ratings and rationales in matrix – use text formatting to highlight changes

# Step 5: CFIR Matrix

Construct	Facility A
<b>Inner Setting</b>	
<b>Leadership Engagement (LE)</b>	<p>Overall Rating: +1 AN Note: +1* Agree overall it's positive, but adding * to reflect mixed data</p> <p><b>Summary:</b>            Participant 1: AN Note: Mid-level leadership was very engaged, including [Participant 2]. [P2] was responsible for "dislodging" [~15:10] barriers up the chain as necessary, e.g., reaching out to facility leadership to support training AN Note: and eventually securing protected time for the implementation lead [LE &gt; AR]. P1 states that ultimately facility leadership "mandated" or "deeply inspired" them to set time aside to be trained and AN Note: P2 created a "leaderboard" to show how many referrals had come from each team [34:51].</p> <p>Participant 2: P2 is the service chief for [service name]. CR Note: This is mid-level leadership. She was the liaison between the implementation lead and facility level leadership; she states it was "super challenging" [45:06] initially to get the tangible support they needed from facility leadership, but that in the end they "really came through" [52:04] by making it known that training was a priority and giving the implementation lead protected time. AN Note: "This pushed it through." [52:07]</p> <p><b>Rationale:</b>            P2 is a strong mid-level leadership facilitator of implementation. Facility-level leadership initially was not supportive. AN Note: It was "super challenging" to get the support they needed, which was hindering implementation, but then they provided the necessary support and protected time, which "pushed it through," warranting a +1* rating.</p>

## Step 6: Rating Consensus

- Primary analyst reviews matrix & accepts agreed upon edits
- Analysts meet, discuss discrepancies, reach consensus
- Update rating criteria as needed

# Step 6: Final CFIR Matrix

Construct	Facility A
<b>Inner Setting</b>	
<b>Leadership Engagement (LE)</b>	<p>Overall Rating: +1*</p> <p><b>Summary:</b>            Participant 1: AN Note: Mid-level leadership was very engaged, including [Participant 2]. [P2] was responsible for "dislodging" [~15:10] barriers up the chain as necessary, e.g., reaching out to facility leadership to support training AN Note: and eventually securing protected time for the implementation lead [LE &gt; AR]. P1 states that ultimately facility leadership "mandated" or "deeply inspired" them to set time aside to be trained and AN Note: P2 created a "leaderboard" to show how many referrals had come from each team [34:51].</p> <p>Participant 2: P2 is the service chief for [service name]. CR Note: This is mid-level leadership. She was the liaison between the implementation lead and facility level leadership; she states it was "super challenging" [45:06] initially to get the tangible support they needed from facility leadership, but that in the end they "really came through" [52:04] by making it known that training was a priority and giving the implementation lead protected time. AN Note: "This pushed it through." [52:07]</p> <p><b>Rationale:</b>            P2 is a strong mid-level leadership facilitator of implementation. Facility-level leadership initially was not supportive. AN Note: It was "super challenging" to get the support they needed, which was hindering implementation, but then they provided the necessary support and protected time, which "pushed it through" warranting a +1* rating.</p>

# Adapting CFIR RAP

Reduce  
Secondary  
Analysis

Eliminate secondary analysis on all or some interviews (e.g., only conduct secondary analysis on the first 10 interviews or a random sample)

Limit CFIR  
Constructs

Include only CFIR constructs expected to be most relevant to the research question in the matrix

Use  
Secondary  
Data

Use project artifacts (e.g., meeting minutes) to analyze in place of interviews

Omit  
Ratings

Omit, streamline, or simplify rating process following coding

# Pros and Cons: Rapid CFIR Approach

## Using audio files instead of transcripts:

Allows researchers to conduct data collection & analysis simultaneously (no delay waiting for transcripts)

Increases cognitive load for primary analyst & requires large scheduling blocks

Eliminates cost of transcription & specialized coding software

Decreases ease of access to raw data & quotations

## Streamlining analysis via earlier aggregation of data:

Eliminates each analyst independently reviewing the same pieces of data multiple times

Requires expertise in CFIR

Allows researchers to provide feedback more quickly to operational partners & funders

Decreases level of detailed feedback

# Pros and Cons: Rapid CFIR Approach

## Using a deductive instead of inductive approach:

Reduces risk of overlooking themes  
(framework is comprehensive)

Increases risk of overlooking important  
insights not included in the framework (if it's  
relied on too heavily)

Allows researchers to compare results more  
easily across studies

N/A

# Acknowledgements

Our rapid CFIR approach builds on the work of many researchers, including Dr. Alison Hamilton and Dr. Jennifer Neal.<sup>6-7</sup>

However, our approach is directly based on work by our VHA colleague and friend, Dr. Randy Gale.<sup>8</sup>



Dr. Randall (Randy) C. Gale  
1975 - 2018



# THANK YOU!

## Questions?

You can find us at:

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# References

1. Hamilton AB, Finley EP. Qualitative methods in implementation research: an introduction. Psychiatry Res. 2019;280:112516. <https://doi.org/10.1016/j.psychres.2019.112516>.
2. Cohen D, Crabtree BF, Damschroder L, et al. Qualitative methods in implementation science. National cancer institute. Division of cancer control and population sciences. <https://cancercontrol.cancer.gov/sites/default/files/2020-09/nci-dccps-implementation-science-white-paper.pdf>. Accessed 22 Sep 2021.
3. Nevedal A, Reardon C, Widerquist M, Jackson G, Cutrona, White B, Damschroder L. Rapid versus traditional qualitative analysis using the Consolidated Framework for Implementation Research (CFIR). Implementation Sci. 2021;16(67):1-12. <https://doi.org/10.1186/s13012-021-01111-5>
4. Damschroder L, Aron D, Keith R, Kirsh S, Alexander J, Lowery J. Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation science. Imp Sci. 2009;4(1):50 <https://doi.org/10.1186/1748-5908-4-50>.
5. The Consolidated Framework for Implementation Research (CFIR) technical assistance website. Accessed May 1, 2020. <https://cfirguide.org/>
6. Hamilton AB. Qualitative methods in rapid turn-around health services research. PowerPoint Present 2013 VA HSRD Cyberseminar Spotlight Womens Health. Published online 2013. Accessed November 16, 2020. [www.hsrdr.research.va.gov/for\\_researchers/cyber\\_seminars/archive/video\\_archive.cfm?SessionID=780](http://www.hsrdr.research.va.gov/for_researchers/cyber_seminars/archive/video_archive.cfm?SessionID=780).
7. Neal JW, Neal ZP, VanDyke E, Kornbluh M. Expediting the analysis of qualitative data in evaluation: a procedure for the rapid identification of themes from audio recordings (RITA). Am J Eval. 2015;36(1):118-32. <https://doi.org/10.1177/1098214014536601>.
8. Gale RC, Wu J, Erhardt T, Bounthavong M, Reardon CM, Damschroder LJ, et al. Comparison of rapid vs in-depth qualitative analytic methods from a process evaluation of academic detailing in the Veterans Health Administration. Implement Sci. 2019;14(1):11. <https://doi.org/10.1186/s13012-019-0853-y>.

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