



# The QUERI Implementation Roadmap

## A Framework to Guide Partnered Implementation and Quality Improvement Efforts in a Learning Health System

**Nicholas W. Bowersox, PhD, ABBP**  
Director, CEIR

**Amy M. Kilbourne, PhD, MPH**  
Director, QUERI

**David E. Goodrich, EdD, MA, MS**  
CEIR Implementation Scientist



**U.S. Department of Veterans Affairs**  
Veterans Health Administration  
Quality Enhancement Research Initiative

**CEIR**

VA QUERI Center for Evaluation  
and Implementation Resources



**VA HEALTH CARE** | Defining **EXCELLENCE**  
in the 21st Century

# Poll Question #1

- What is your primary role in VA?
  - HSRD/QUERI Investigator, Coordinator, Analyst
  - Clinician
  - ACOS, AO, or other research leadership
  - Operations leadership/staff
  - Other

## Poll Question #2

- Have you considered using the QUERI Roadmap for an upcoming proposal? (Select all that apply.)
  - Yes, for a QUERI Program
  - Yes, for a QUERI Partnered Evaluation or VISN Partnered Implementation Initiative
  - Yes, for another project (e.g., HSR&D, Operations project, etc.)
  - No, I am new to QUERI and/or unfamiliar with the Roadmap

# Overview

- An Brief Overview of the QUERI Center for Evaluation and Implementation Resources (CEIR)
- The Rationale for an updated QUERI implementation framework
- Overview of the QUERI Implementation Roadmap
  - Key points of emphasis
  - Recommendations for application across the 3 Roadmap phases
- Plans for use of the Roadmap across the VA research pipeline

# Acknowledgements

- **Isomi Miake-Lye** GLA HCS/ESP
- **Natalya Wawrin** Ann Arbor VA
- Melissa Braganza QUERI
- Austin Frakt PEPRcC
- JoAnn Kirchner Little Rock VA
- Steve Pizer PEPRcC
- Shari Rogal Pittsburgh VA
- Anne Sales Ann Arbor VA
- Todd Wagner HERC
- **Veronica Williams** CEIR
- Becky Yano GLA HCS
- Vera Yakovchenko Boston VA
- VA Research to Real World Workgroup-**R2R**
- Gregory Aaronson UCSD
- Rinad Beidas Penn
- Margaret Ferrell NCI
- Erin Finley South Texas VAHCS
- Russ Glasgow Denver VA
- Diane Hanks Boston VA/CIDER
- Samantha Harden VA Tech
- Leslie Hausmann Pittsburgh VA
- Blake Henderson VA DoE
- Lauren Korshak VA OHE
- Borsika Rabin Denver VA
- Ryan Vega VA DoE
- Shannon Wiltsey-Stirman Palo Alto VA

# CENTER FOR EVALUATION & IMPLEMENTATION RESOURCES

---

A QUERI Resource Center



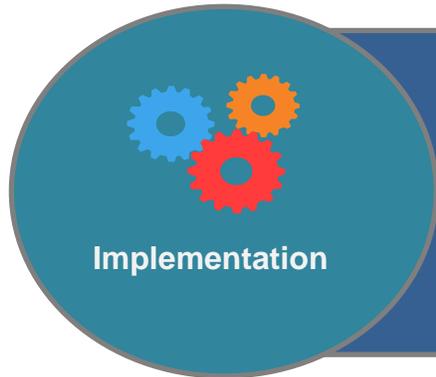
# CEIR – About Us

- **Our Mission:** to be VA's centralized resource for implementation science, quality improvement and program evaluation methods to enable managers, policymakers, and researchers to:
  - Receive **rapid consultation** regarding best practices in quality improvement, implementation science, and program evaluation
  - Develop **partnerships** between researchers and operations staff
  - Support **training opportunities** in implementation science and program evaluation
  - Provide access to **resources and tools** to support all of the above

To learn more about our services:

<https://www.queri.research.va.gov/ceir/default.cfm>

# QUERI: Accelerating Evidence into Practice



**QUERI Programs** comprise a national network of clinicians and experts in health services research that are implementing EBPs and developing quality improvement strategies to scale up and spread best practices across various VA healthcare settings.

**60+ complex effective practices** implemented across VA



**QUERI Partnered Evaluations** work closely with operations leaders across VA to provide clinical level expertise and conduct time sensitive national evaluations of policies & programs, enhancing program design and rollout for continuous innovation and improvement.

**25+ rigorous evaluations** of national policies, e.g., caregiver, suicide prevention & opioid misuse



**The Center for Evaluation and Implementation Resources (CEIR)** provides rapid consultation and support to VA operational leaders to enable scale up and spread of effective policies and clinical practices.

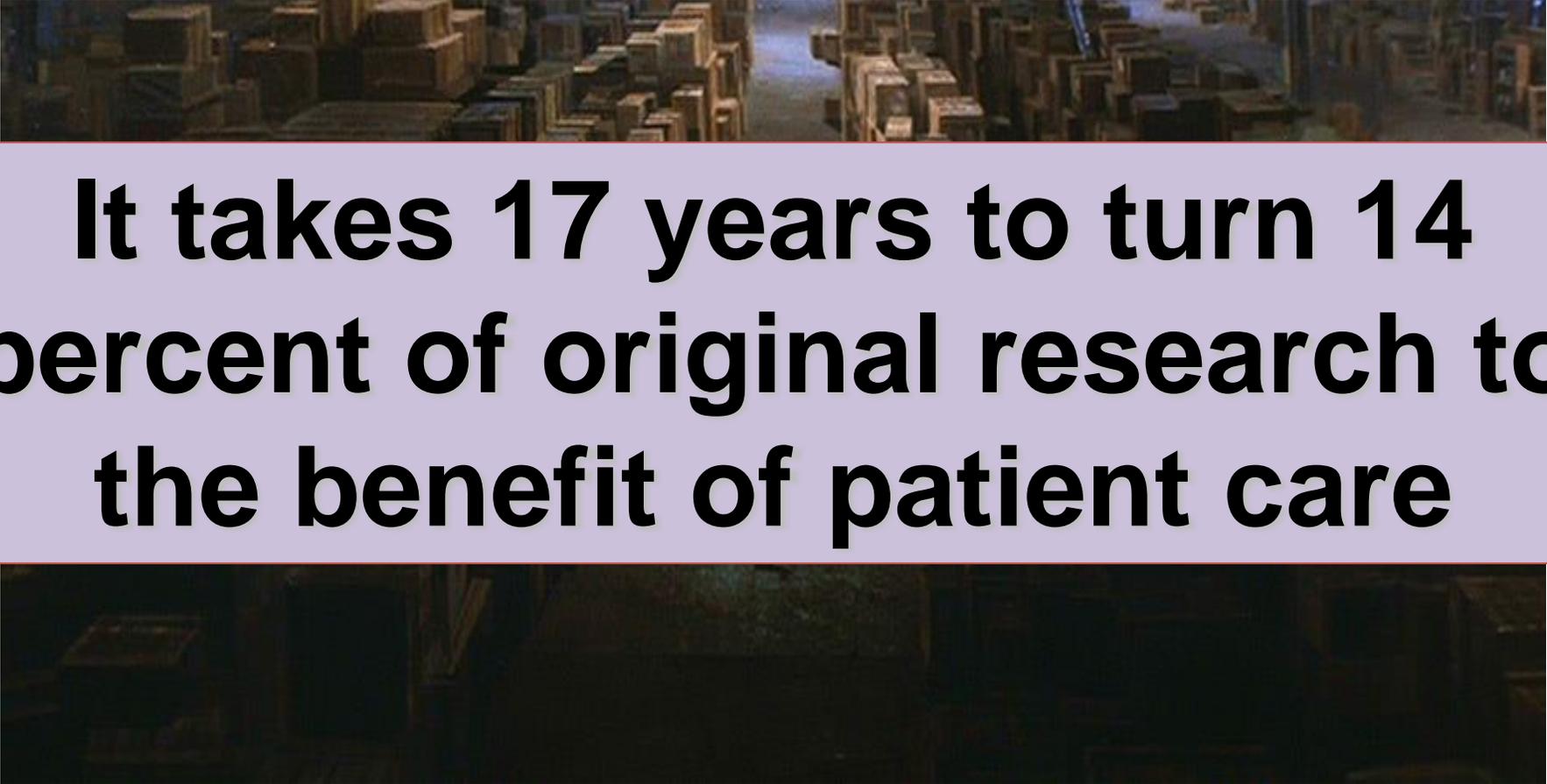
**CEIR partnered evaluation toolkit, implementation consultation**

# **Rationale for a New QUERI Implementation Framework**

# Setting the Stage

- **Quality Improvement** → analysis of healthcare performance, and the **systematic efforts** to improve it
- **Implementation research** → scientific study of **methods or strategies** to promote evidence-based practice (**EBPs**) uptake in health care → improve outcomes
- **Implementation strategy** → An integrated **set, bundle, or package** of tools, methods, consultation, etc. to enhance adoption of EBPs
- **Learning Health System** → Using **health system data** to inform practice and **generate new questions** for further study

# Why Implementation?



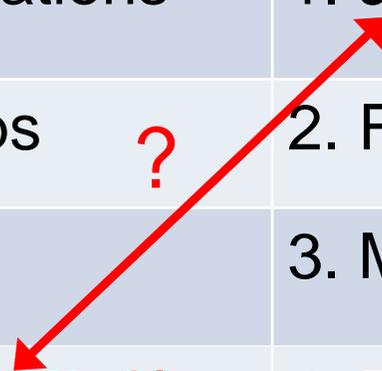
**It takes 17 years to turn 14 percent of original research to the benefit of patient care**

**often, we have assumed...**  
**“If you build it...”**



# The Disconnect: Research and Practice

How practitioners find out about research findings	How researchers communicate findings
1. Professional associations	1. Journal articles
2. Seminars/workshops ?	2. Face-to-face meetings
3. Email alerts	3. Media interviews
4. Journal articles ( <i>Really?</i> )	4. Press releases



# Implementation: Why Should We Care?

An intervention or treatment (EBP) is only as good as how and whether...

1. *It is adopted?*
2. *Practitioners are trained to use it?*
3. *Trained practitioners choose to use it?*
4. *Eligible populations/patients benefit from it?*

If we assume 50% threshold for each step... even with perfect access, adherence, dosage, and maintenance....

**Clinical Impact:**  $50\% \times 50\% \times 50\% \times 50\% = 6\% \text{ benefit}$

# The Foundation: QUERI Implementation Framework 1.0 \*

1. Identify high-risk/high volume diseases or problems
2. Identify best practices
3. Define existing practice patterns and outcomes across the VA and current variation from best practices
4. Document that best practices improve outcomes
5. Document that outcomes are associated with improve health-related quality of life

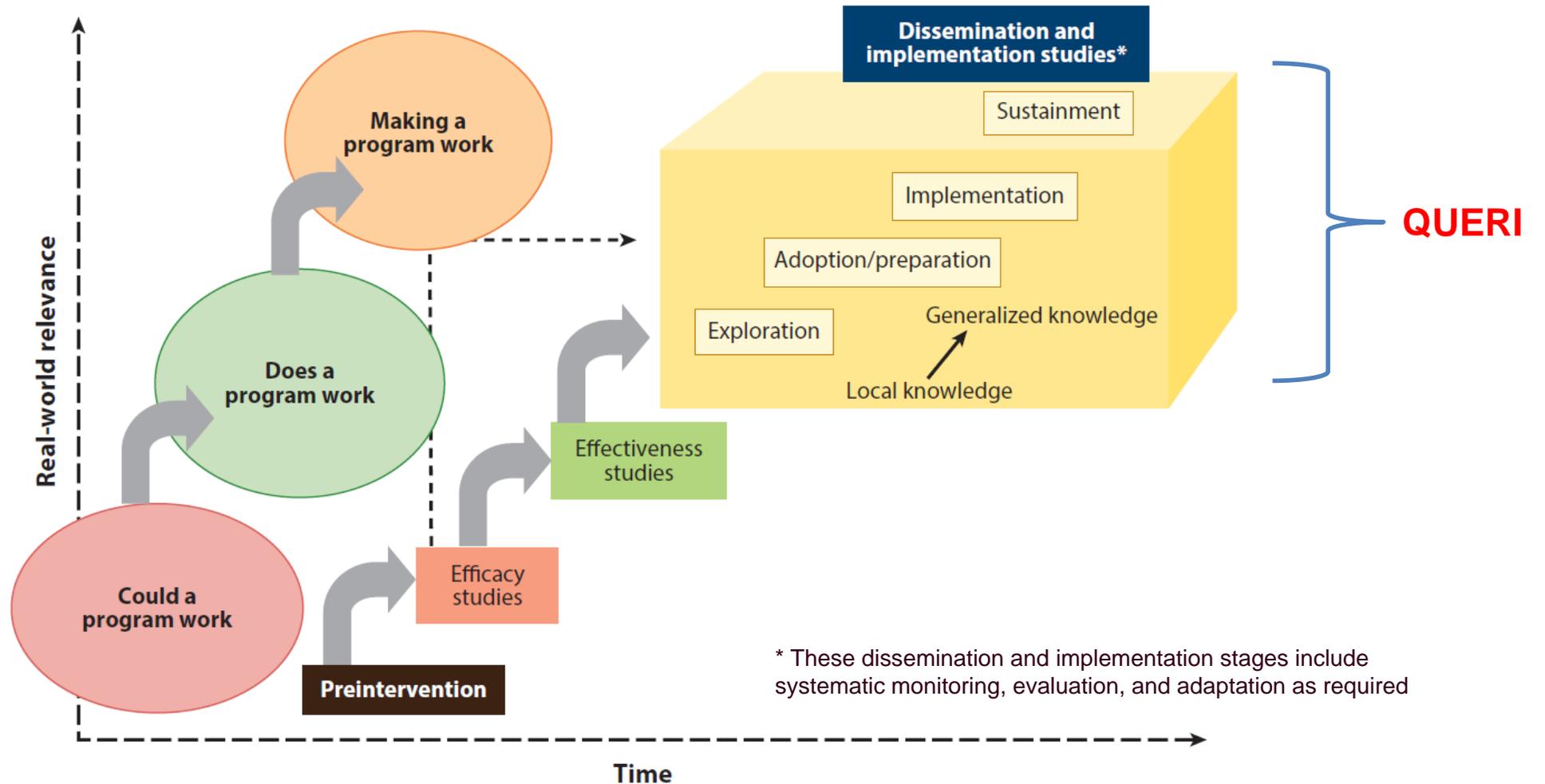
**Within Step 4**, a sequence of 4 phases enabled refinement and spread of effective and implementable programs.

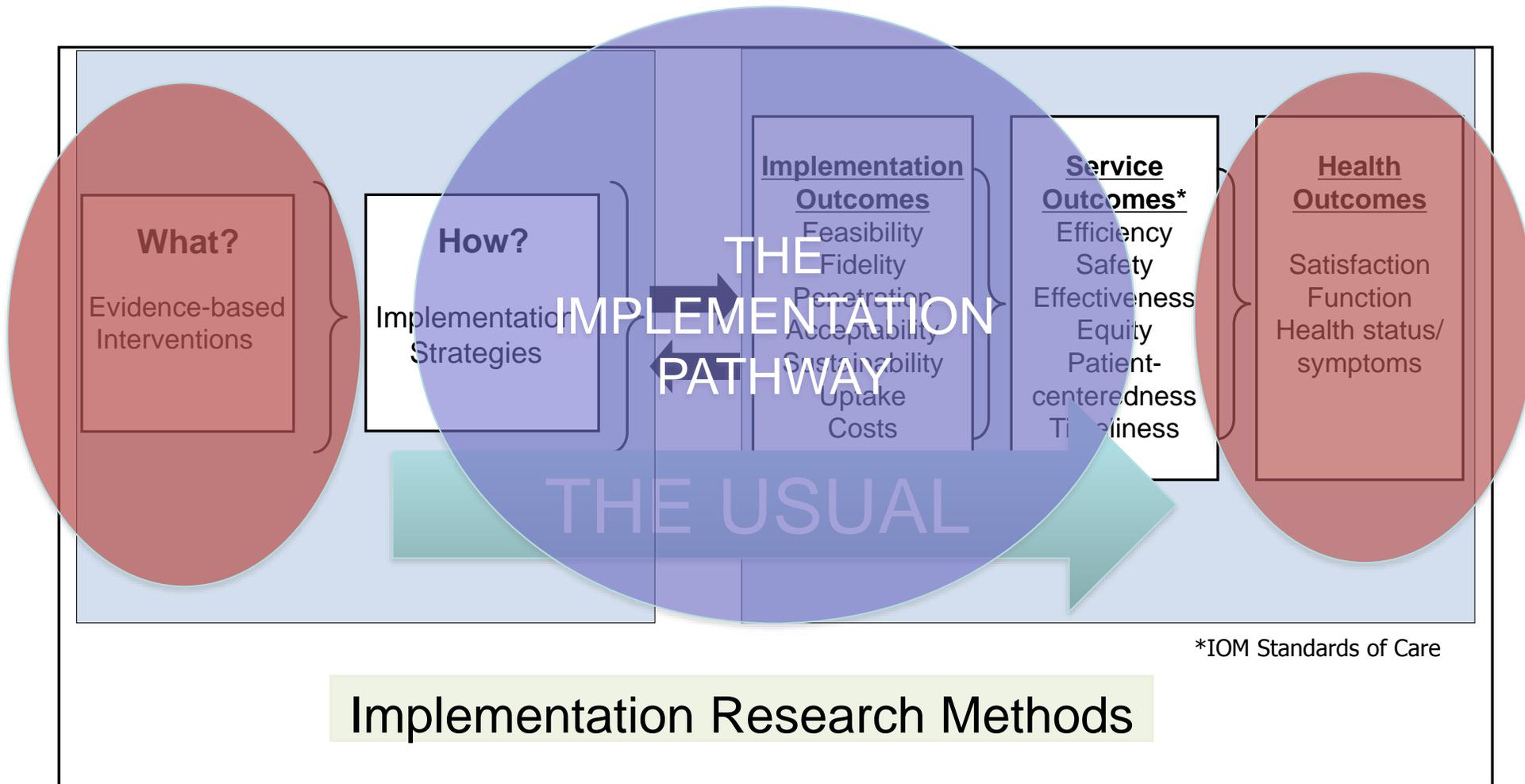
The phases included:

1. Single site pilot
2. Small scale, multi-site implementation trial
3. Large scale, multi-region implementation trial
4. System-wide rollout

\* To learn more see past QUERI journal supplements:  
*Medical Care*, 2000; 38(6).  
*Journal of General Internal Medicine*. 2006; vol. 21.  
*Implementation Science*, 2008; vol. 3.

# Traditional Translational Research Pipeline (linear, sequential, but slow!)





# Implementation is Context Dependent, Multi-level Factors



From David Chambers, DPhil, NCI

# Lessons Learned: Overcoming the Research-to-Practice Gap

Existing providers don't have the *resources* or *training* to implement evidence-based practices once the research dollars go away

- Research **not aligned** with clinical operations priorities
- Practices and measures **not designed** with frontline providers in mind
- **Variation** in organizational capacity, commitment
- **Top down** strategies do not engage middle managers, frontline stakeholders
- Effective implementation strategies needed at all levels for consumers, providers, managers to **innovate and own** process
- Implementation is **iterative**, not always linear

# Trends Underscoring the Need for a Roadmap

- Pragmatic and learning emphasis – less linear approach to research
  - *Rapid, responsive, and iterative experimentation with the goal of learning and innovation*
  - *More opportunities for local input and ownership*
- **Plan for sustainability beyond the initial funding, among existing providers**
  - Management/leadership practice consideration for ongoing practice delivery
  - Use of strategies to engage, empower, and motivate frontline employees over time
- Value of a **common set of terms and principles** to guide researchers AND operational personnel in implementing, spreading and sustaining EBPs
  - Learning from **adaptation**; planning for **de-implementation**/deintensification
- Guidelines to foster **effective use of data and metrics** to benchmark impact
  - Increased data fluency and available of timely, meaningful measures
  - Understanding comparative effectiveness of implementation strategies (\$\$, effectiveness)
  - Increased expectation of clear demonstration of impact (e.g. VHA Evidence Act)

# Trends Underscoring the Need for a Roadmap

- Empowering **frontline providers** can lead performance improvement
  - High-Performing, high reliability health system\*
  - Learning Health System
- Learning and innovation occurs in **collaborative, interdisciplinary teams of frontline** providers and managers
- Greater diversity of partnered implementation efforts
  - Increased **demand for expertise** in implementation and evaluation beyond one-offs
  - Guidance on **how to partner** effectively and agree on common objectives
- The imperative for clear communication between researchers and operations
  - **Reduce jargon** – traditional QI terminology vs implementation science language

\*Karl Weick and Kathleen Sutcliffe, 2015

# THE VA QUERI IMPLEMENTATION ROADMAP

---

Accelerating Knowledge to Practice



# Roadmap Guiding Principles

- Implementation as a **dynamic, multi-phase process**
- Requires a combination of skill sets
  - Technical – content expertise, capacity-building, fidelity
  - Adaptive – user-centered design, addressing variation in diffusion across settings over time
  - Relational – motivational and psychological skills to effect organizational change
- Learning health system principles (teaming, psychological safety, etc.)
  - **Transactional Leadership** to create top down “*push*” for an EBP (vision, accountability)
  - **Transformational Leadership** creates bottom-up “*pull*” to own EBP (meaningful, engaging)
- Address **multi-level** barriers and solutions
  - Use theory to design behavior interventions to address individual and organizational determinants (barriers) to implementation
  - Use of tailored but well-specified implementation strategies
- **Rigorous evaluation** methods, designs, analyses

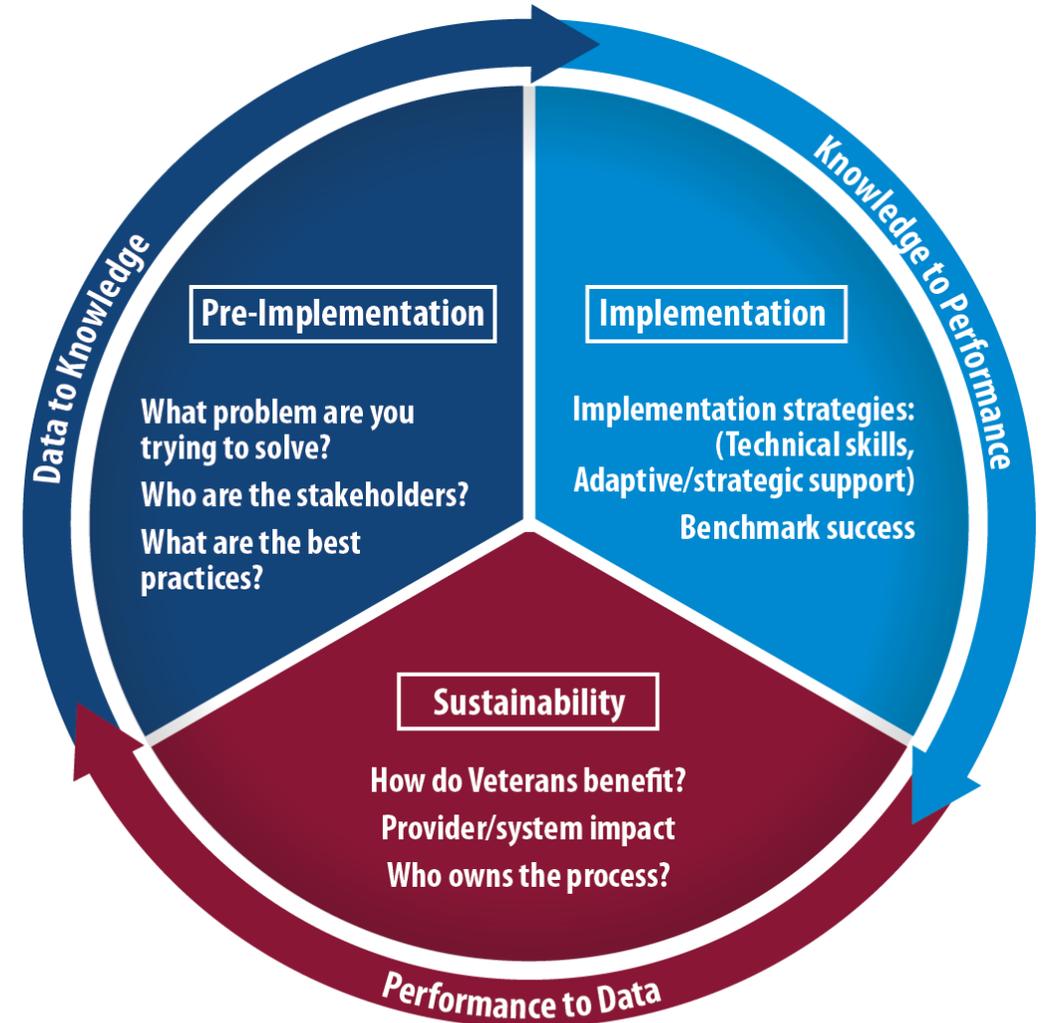
# The Roadmap is Based on D&I Theoretical Frameworks

Concept	Underlying theory and frameworks
Implementation Process Frameworks	Diffusion of Innovations, EPIS, ISF/EBSIS, KTA, REP
Contextual Assessment	CFIR, TDF, DAP/EPIS, TICD, EBSIS, Lean
Balance of fidelity with need for adaptation	Adaptome, DSF, DAP, FRAME, REP
Systematic development of EBP package	Intervention mapping, REP, EPIS, EBSIS
Multi-level engagement of stakeholders to ensure EBP and implementation user friendly strategies	Intervention mapping, REP, DAP/EPIS, DSF, user center design/participatory design principles
Match theory-based implementation strategies to contextual determinants	DSF, DAP, ERIC Project, Leeman et 2015, 2017, Lean
Management/leadership practices	Transformational & Transactional Leadership, Psychological Safety, Learning Organizations
Design for Sustainability	RE-AIM, Scheier et 2005, 2013, DSF, ISF (Shelton et)
De-Implementation continuum	Prasad et, Wang et 2018, Norton et 2018, Kerr et 2019
Prominence of formative evaluation, PDSAs	Stetler et 2006, QuaLRIS 2018, IHI; Deming, Shewhart
Measure Implementation Outcomes/Strategies	RE-AIM, Proctor et 2009, 2011, 2013

# QUERI Roadmap Overview

## QUERI's mission is three-fold:

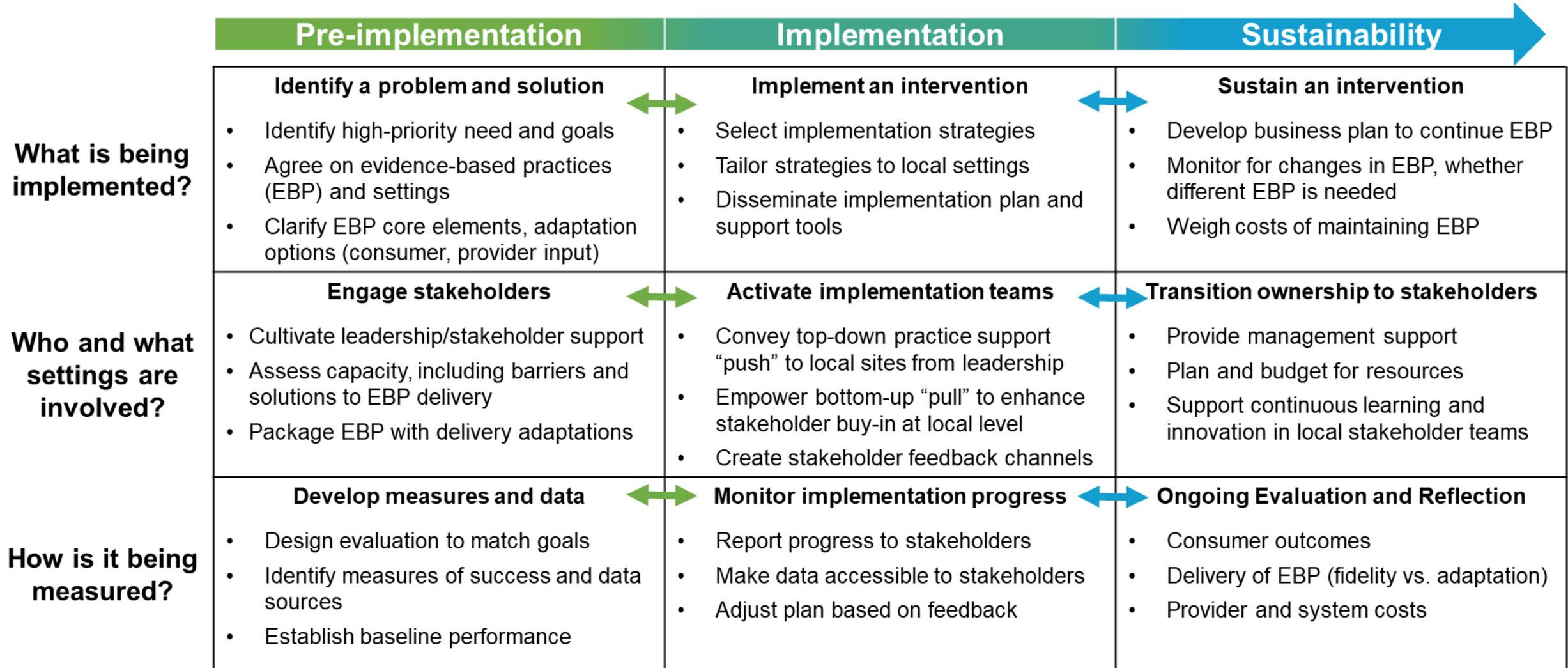
- 1** Implement effective practices rapidly into routine care
- 2** Conduct rigorous evaluations, in partnership with VA operations, to inform VA policies and programs
- 3** Promote the application of implementation science to real-world practice



# QUERI Implementation Roadmap Components

- **3 Phases:** Pre-implementation, Implementation, and Sustainability
- **3 levels** within each phase describing activities to:
  - Support the uptake and sustainment of the EBP
  - Activate stakeholders or local delivery capability
  - Optimize use of data and measurement to assess progress/refine plan
- Phases are viewed of iterative cycles of planning, experimenting, reflecting and refining – expect to pilot & pivot (and sometimes, *lather, rinse, repeat*)
- Ongoing adjustments to optimize fit to local contexts and patient populations
- Flexible application – planning & evaluation of national program deployments or supporting scale-up and evaluation of local promising practices
  - Easily incorporates frameworks from D&I grant proposals

# The QUERI Implementation Roadmap



# QUERI Implementation Resource Guide

- Designed as much for frontline practitioners as researchers
- Now in editing/production stage
- Will be published in pdf, Kindle and e-pub formats
- Organized by each phase, case studies, VA and non-VA resources, and references



## Embedded Resource Centers To Support Implementation Efforts

The QUERI Roadmap Resource Guide seeks to link investigators and operational partners to resources that help ensure national priorities work at the clinic level:

- [Evidence Synthesis Program](#) identifies evidence syntheses to identify EBPs
- [Center for Evaluation and Implementation Resources](#) provides implementation consultation on design, methods, and evaluation
- [Health Economics Resource Center](#) provides consultation, tools, and resources to conduct evaluation of implementation and quality improvement projects
- [Office of Health Equity](#) provides information on Veteran characteristics and social environments that can help tailor or adapt EBPs to address health disparities in care
- [National network of QUERI Programs](#) supports implementation of EBPs tailored to local needs
- [Partnered evaluations](#) assess scale up and spread of EBPs especially in lower-resourced sites
- [VA Information Resource Center](#) helps support use of VA data for research and analytics



# Navigation in the Resource Guide

## Pre-implementation



Identify a problem and solution



Engage stakeholders



Develop measures and data

## Implementation



Implement an intervention



Activate implementation teams



Monitor implementation progress

## Sustainability



Sustain an intervention



Transition ownership to stakeholders



Ongoing evaluation and reflection

# Pre-Implementation



What is being implemented?

**Identify a problem and a solution**



Who and what settings are involved?

**Engage stakeholders**



How is it being measured?

**Develop measures and data**



# Pre-Implementation

## Identify a problem and solution

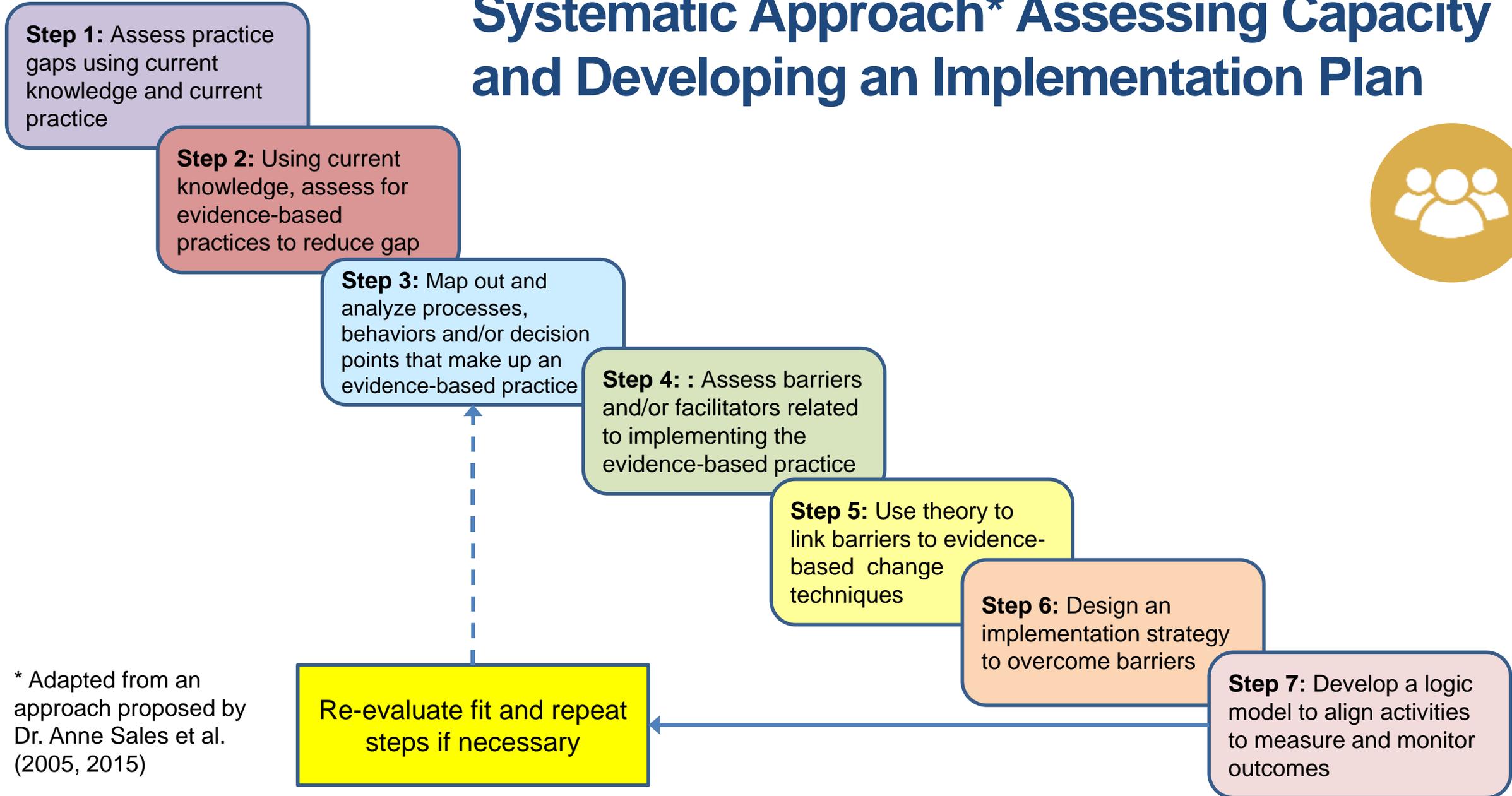
- Establish a shared understanding of the problem to be solved by the EBP
- Use **HSR&D Evidence-Based Synthesis Program** systematic reviews to identify and employ best EBPs
- Understand *core elements* of the innovation:
  - Establish fidelity measures to ensure program effectiveness
  - Work with end users (frontline stakeholders) to begin exploring adaptations to fit improve fit with local context/patients (based on population, language, culture)
  - Explore adaptations to reduce health disparities (See **VA Office of Health Equity**)
  - Apply user-centered design principles to adapt to end-user needs (Veterans, providers)
- Pilot and track adaptations to ensure effectiveness (e.g., Stirman frameworks)



# Pre-Implementation Engage Stakeholders

- Cultivate support from leaders, mid-managers, and frontline stakeholders by seeking their input early and often in key decisions
- Develop distributed leadership networks to support “*top-down*” accountability (“*push*”) while empowering frontline stakeholders to adapt EBPs to fit local context (*bottom-up pull*)
  - Align vision for innovation with frontline stakeholders’ personal and professional values
  - Involve mid-managers and frontline stakeholders in decision-making
- Researchers should engage partners early and often; identify stable point people
  - See CEIR **Partnered Evaluation Toolkit**
- Systematically assess variation in delivery capacity (barriers & facilitators) to implementing EBP (e.g., *Implementation Mapping, process frameworks*)
  - **Aims:** 1) cultivate general capacity for implementing future EBPs while 2) building innovation-specific capacity to integrate the EBP into local workflows for sustainability
- Use theory/D&I frameworks to match implementation strategies to salient barriers
- Package EBP in an implementation toolkit with menu of delivery of adaptations

# Systematic Approach\* Assessing Capacity and Developing an Implementation Plan



\* Adapted from an approach proposed by Dr. Anne Sales et al. (2005, 2015)



# Pre-Implementation Develop Measures and Data

- Select an evaluation design that is feasible and answers operational questions
  - Randomization is preferable but quasi-experimental designs have their place
  - Consider using an **evaluability assessment** and/or **logic model** to select design and measures
- Select a limited number of meaningful and relevant measures to frontline stakeholders
  - Patient/health outcomes, implementation outcomes, and service outcomes
  - Measure unintended consequences, economic evaluation of implementation activities, and burden on providers (burnout, turnover, satisfaction)
- Use qualitative/mixed methods formative evaluation methods strategically
- Develop data collection/monitoring plan to use accessible data to provide frontline stakeholders with timely, usable data to monitor performance/make course changes
- Establish baseline performance on key measures and set realistic target benchmark
- Identify pragmatic measures to monitor implementation efforts (consult **HSR&D VIREC** and **HERC** resource centers)

# Implementation



What is being implemented?  
**Implement an intervention**



Who and what settings are involved?  
**Activate implementation teams**



How is it being measured?  
**Monitor implementation progress**



# Implement An Intervention

- Operationalize and select 80+ **discrete or bundled implementation strategies** to target individual stakeholder and organizational behavior change (9 ERIC Project strategy categories)
- Tailor strategies to local settings and patient contexts based on:
  - **Theoretical mechanism of behavior change** with barriers (T-Cast tool-Birken et al. 2007; Sales et al.,2006; *Implementation Mapping*)
  - **EBP complexity** (Powell et al., 2017; Scheirer, 2013)
  - **Setting variation** in general innovation capacity, resources, leadership structures, etc. (Leeman et al., 2017)
  - **Phase of implementation**, local innovation capacity (Rogal et al., 2017, 2019)
  - Alternative categories of implementation **strategy action** → dissemination, implementation process, capacity-building, integration, scale-up (Leeman et al. 2015, 2017)
- Requires a combination of skill sets
  - Technical – content expertise, capacity-building, fidelity
  - Adaptive – user-centered design, addressing variation in diffusion across settings over time
  - Relational – motivational and psychological skills to effect organizational change
- Systematically track “tailoring” (adaptions) of implementation strategies (Proctor et al. 2013)
- Create a playbook for frontline providers and interventionists supporting/delivering implementation strategies of EBP from local uptake to regional scale & spread

# Deploy Implementation Strategies to Promote Uptake of EBPs



Highly specified, theory-based methods used at the clinic or system level to help providers implement EBPs

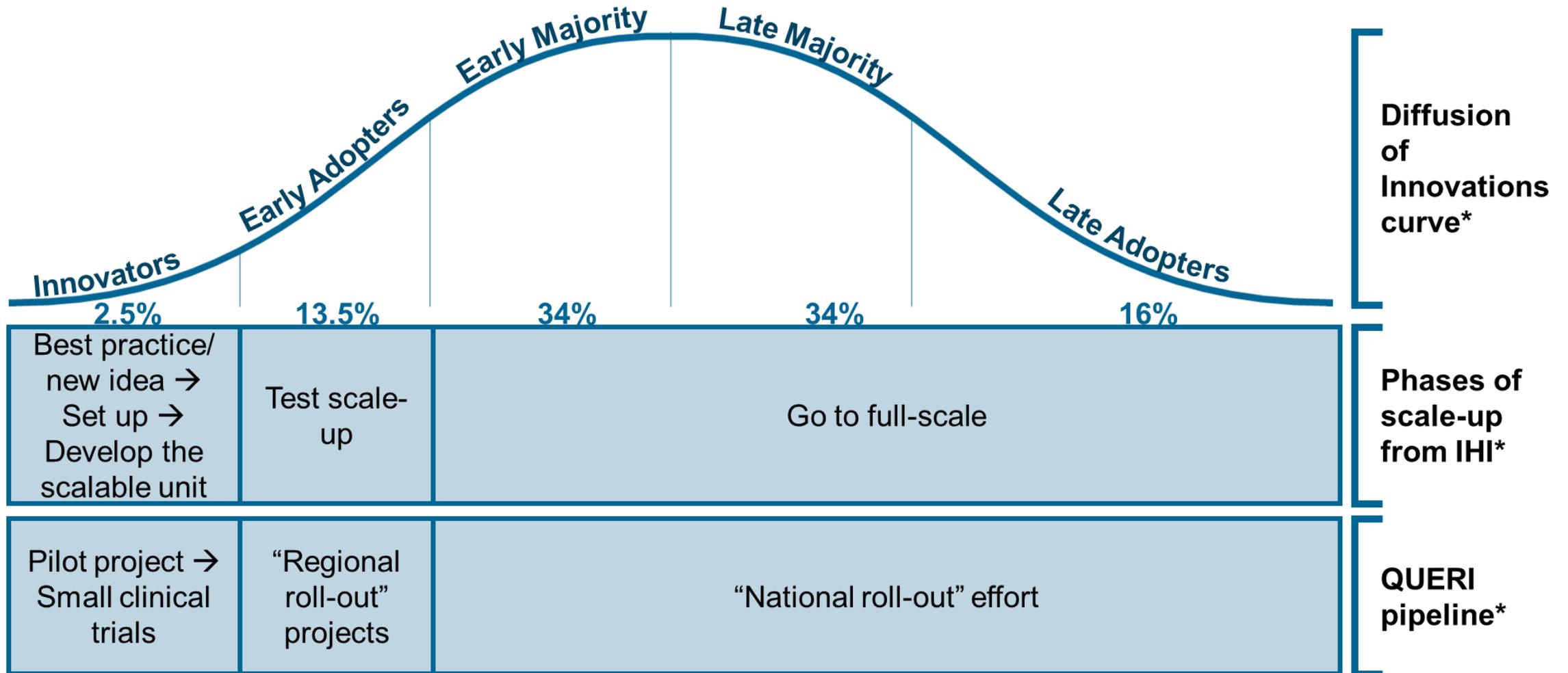
***Focus on improving provider technical and strategic skills***

Like clinical interventions, implementation strategies are protocolized in research

Waltz, Powell, Mattieu et al. [Implement Sci 2015](#).

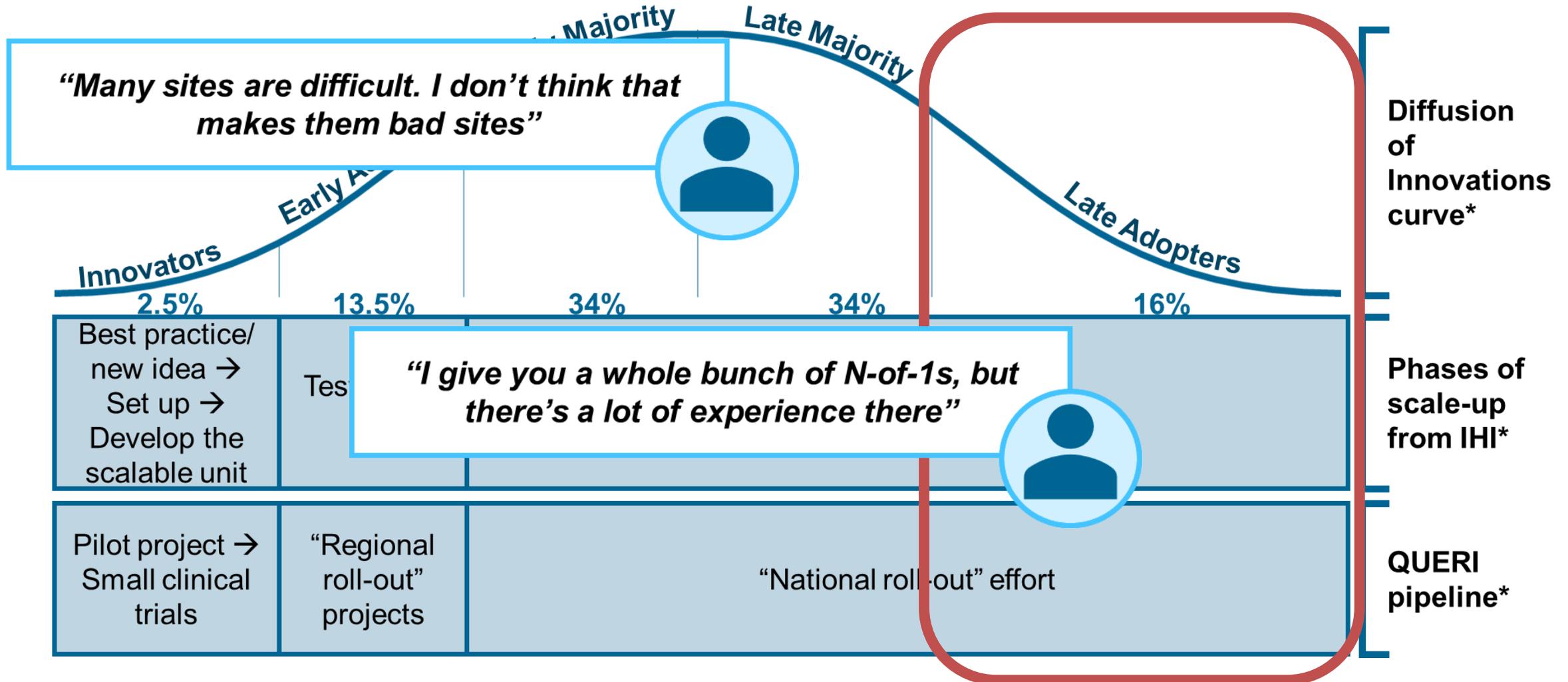
Slide from Gila Neta, PhD, NCI

# QUERI Systematic Review\* of Implementation Strategies to Use Beyond “Early Adopters”



\* Miake-Lye et al. VA ESP Report Scaling Beyond Early Adopters, 2019

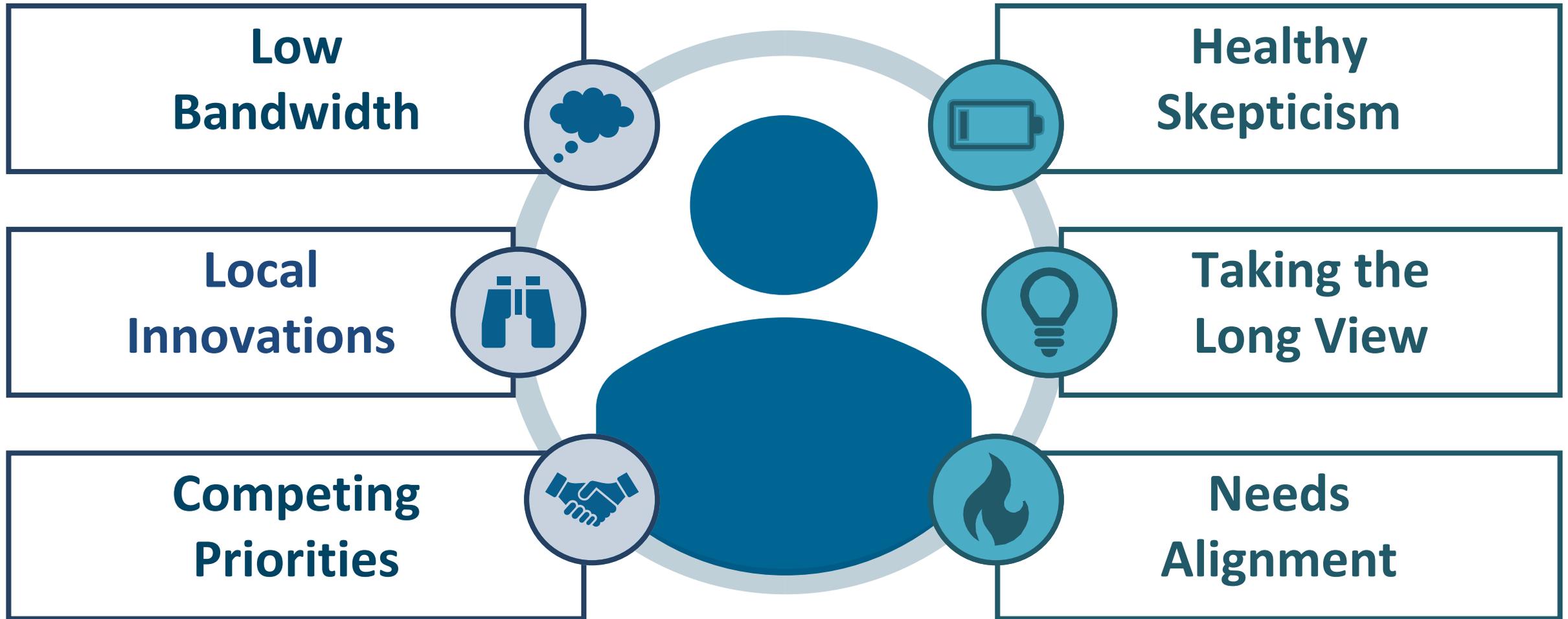
# Focus on Hard-to-Engage Sites



# Common Challenges & Potential Benefits

## Challenges

## Potential



# Strategies for Hard-to-Engage Sites

## Common Challenges

## Strategies Used

Low Bandwidth



External facilitation

Web of support

Local Innovations



Peer to peer communication

Kick the tires

Competing Priorities



Tackling upstream issues

Visibility with multi-level leadership

## Potential Benefits

## Strategies Used

Active Resistors



Hard core/ soft periphery

Taking the Long View



Engagement → Adoption

Needs Alignment



Framing the pitch

*“they kind of stole from each other, which was great”*



*“we’ll go fight the battles for you”*



*“It’s not one size fits all. They have room to adapt”*





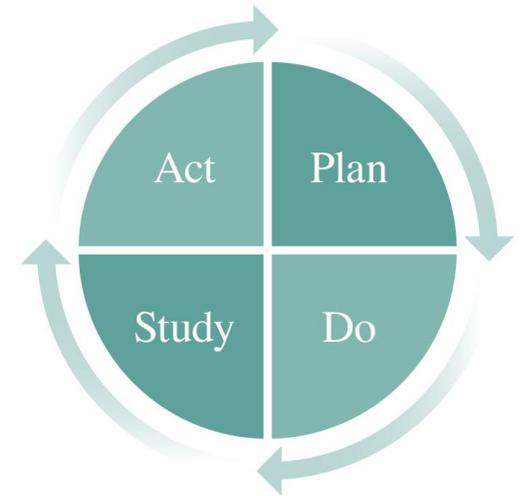
# Activate Implementation Teams

- Develop leadership/management practices that help “*push*” an EBP into use
  - **Transactional-focused strategies** – process driven changes that promote accountability (goals, performance plans, incentives) and technical skill building (training, resources)
- Emphasize leadership/management practices that create “*pull*” from the local level to drive practice change and innovation
  - **Transformational-focused strategies** – relationship-driven changes that empower individual stakeholders to develop skills, strengths, and motivation to “own” the change process
- Support leaders’ use of organizational practices that foster learning climates/ cultures that motivate providers/build local delivery capacity for future EBPs
- Foster **psychologically safe** feedback channels to share successes/failures to iteratively solve challenges and achieve desired results by engaging all levels of health system



# Monitor Implementation Progress

- Use performance monitoring and reporting systems to provide feedback on goal attainment to multi-level stakeholders
- Effective use of data helps foster learning and monitoring of clinical impact
  - Data must be accessible/timely to both managers and frontline providers/users who are implementing the EBP into routine care
  - Learning happens best in environments that support candid conversations of failures/successes
- Local interdisciplinary stakeholder teams should review and reflect on performance feedback and problem-solve failures, employing rapid cycle (PDSA) experimentation to iteratively refine implementation efforts to optimize local fit and uptake



# Sustainability



What is being implemented?  
**Sustain an intervention**



Who and what settings are involved?  
**Transition ownership to stakeholders**



How is it being measured?  
**Ongoing evaluation and reflection**



# Sustain An Intervention

- **Sustainability** describes the extent to which an evidence-based practice can continue to be delivered, especially if external support or funding ends outcomes
  - Sustainability is not an outcome but a process
- Local leaders should create a business case plan to consider sources of funding, local fit, value to local organization (impact metrics), and means to analyze the costs, benefits, and return on investment of supporting EBP
- **Goals** in Sustainability are to:
  - Integrate the EBP into care such that it is viewed as routine practice or habit
  - Continue to fully deliver the core components of the evidence-practice over time
- Keep abreast of needed changes, adaptations, or
  - Consider de-implementation/de-intensification (reduce unintended harms, system failures)



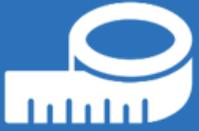
	Reduction or partial Reversal of EBP	Related Replacement	Unrelated Replacement	Full Reversal or Discontinuation
Description	Reducing the frequency, breadth, intensity, or scale of an existing practice so that it is provided to only a subgroup of patients who have been proved to receive the most benefit	Replacing an existing practice with a closely related and more effective practice	Replacing an existing EBP with a more effective intervention unrelated to current care	Universally stopping an ineffective or contraindicated practice

- **De-implementation** is a situation when an established evidence-based practice should be reduced, replaced, or stopped because it has been found ineffective, harmful, inefficient, or no longer necessary even in the absence of a specific superior alternative practice
- De-implementation is **NOT** an implementation strategy; it is a change in the implementation status of the EBP
- De-implementation requires a systematic process to assess barriers/facilitators and match theory-based strategies to mitigate clinical inertia (healthcare encourages overuse/high resistance to reducing care)
- New methods have been developed to monitor the de-implementation/de-intensification of many PC services, medications, and procedures and guide de-implementation efforts



# Transition Ownership to Stakeholders

- **Provide management support** through an implementation playbook that clarifies how to support the EBP through program monitoring, resourcing, staff training/hiring, SOPs, interdisciplinary stakeholder engagement/coordination, and acceptable practices for adaptation
- Leaders should use the business case analysis to plan and budget for local and shared operating resources (budget impact analysis, break-even analysis)
  - Link to national and local initiatives
  - Look for shared costs across services/facilities
  - Negotiate shared service costs with health system leaders (technical assistance, training, resource development)
- Understand how to use the EBP to support continuous learning and process improvement through ongoing analysis, sharing best practices/lessons learned across the system, and through relevant practitioner/staff development



# Ongoing Evaluation and Reflection

- Ensure EBPs continue to yield an effect that has a population effect on a priority group(s) of patients
- Maintain ongoing periodic monitoring of fidelity to core components and iteratively test adaptations to improve fit with context/patients as time goes on
- Monitor impact on system outcomes (mortality, equity, access, etc.) as well as impact on providers and staff (burnout, turnover, provider satisfaction)

# THE VA QUERI IMPLEMENTATION ROADMAP

---

Next Steps



# QUERI Roadmap – Next Steps

- Roadmap with case examples in October supplement of *Medical Care*
- [QUERI Implementation Roadmap Resource Guide](#) to be posted on **CEIR** website in November 2019
- Application of the Roadmap in new Operational and Research projects
  - Winter RFA proposals are encouraged to align implementation efforts to be consistent with Roadmap components
  - Integration with QUERI Evaluation Toolkit for partnered evaluations
  - Innovators Network/Diffusion of Excellence
  - Implementation capacity-building/QUERI Training Hubs
  - Cooperative Studies Program (CSP)
  - Inclusion of Roadmap into CEIR/QUERI methods consultations
- Dissemination of our process framework to non-VA settings

# QUERI Evaluation Toolkit

- Created to provide guidance on best practices in conducting evaluations under VA Office of Research & Development (e.g., for QUERI Partnered Evaluation Initiatives, HSR&D Randomized Program Evaluations)
- Many components applicable to VA operations-funded evaluation projects
- Distinguishes between HSR&D- and QUERI-funded evaluations
  - HSR&D evaluations center on research and producing generalizable knowledge
  - QUERI evaluations are non-research and quality improvement focused
- Includes forms relevant to conducting an HSR&D/QUERI program or operations-sponsored evaluation
- Updated regularly to reflect current HSR&D/QUERI policies, procedures, and best practices
- [Planned update available in coming weeks](#)

# Roadmap: Scaling Up Effective Innovations in Real-World Practices



**Innovators  
Network**

- The **Innovators Network** helps employees implement, disseminate and sustain innovative programs to serve Veterans.
- Each site (33 total) led by an Innovation Specialist provides employee training and guidance in the innovation development
- Within sites, there funding opportunities for "Spark-Seed-Spread" projects



- The **Diffusion of Excellence Initiative (DEI)** aims to identify and spread promising clinical and administrative practices from employees
- Facility directors bid on the most promising practices (Gold Status Practices) via a "Shark Tank" for further spread at their sites
- QUERI provides implementation and evaluation support to Shark Tank winners

# Diffusion of Excellence Process & Goals



**Empower the Front Line**



**Minimize Negative Variation**



**Foster a Commitment to Excellence**

Acknowledgements: Ryan Vega

# QUERI Implementation Strategy Learning Hubs

- Train providers in specific implementation strategies
- Most interventions never get implemented because the original research pays for the providers, and facilities may not sustain when funding goes away
- Strategies range from training, toolkit development, to engaging opinion leaders, mentoring champions
- QUERI Learning Hub Sites use evidence-based implementation strategies coordinated by Center for Evaluation & Implementation Resources
- Hubs all structure training around Roadmap



# Building Implementation Evaluation into CSP Trials

CEIR is working with the **Cooperative Studies Program (CSP)** to coordinate development of **CSP Implementation Plans** using QUERI experts/training CSP staff

- The CSP Implementation Plans will support core functions that will enhance the substantial real-world impact of research
- The plans require components based on the QUERI Implementation Roadmap
  - 1. Pre-implementation:*
    - Identify the key stakeholders who will be the likely clinical end users of trial results
    - Plan formative assessment methods of contextual factors influencing clinical and implementation outcomes
  - 2. Implementation:*
    - Ascertain contextual factors affecting the use of the CSP intervention/treatment at the routine practice level
    - Collect information on provider and patient acceptance, feasibility, implementation costs, treatment fidelity
  - 3. Sustainability:*
    - For effective interventions, develop a plan for VA leadership and other national stakeholders to support spread and uptake of the intervention or treatment using implementation strategies

# Inclusion of Roadmap into other CEIR services

- Consultation on project methods to support the use of implementation science and program evaluation best practices within partnered evaluations
- Coordination of VA placements and mentorship within health service training programs (TIDIRH, Academy Health DSSF)
- Consultation with program offices related to priority areas and methods to build internal quality improvement evaluation capacity
- Development of training materials designed to provide initial exposure to implementation science (“Implementation Science 101”)

# Consolidation of Implementation Training Resources

- In FY20, CEIR will increase access to and awareness of implementation training resources by providing linkages to resources via CEIR/QUERI website
- Training resources will be organized based on level of desired expertise:
  - **Implementation beginner**: awareness of value of implementation science basic concepts
  - **Implementation practitioner**: ability to apply implementation science methods to QI projects
  - **Implementation scientist**: ability to conduct research comparing different theoretical models
- Resources will also be organized based on desire for self-directed versus mentored training approaches. The [Roadmap](#) will help frame many of these resources.
- This organization will allow CEIR to more effectively advertise training options, identify resources in need of development or expansion, and allow for more self-directed engagement by the field in choosing implementation training options

# Contacts

- Please feel free to contact us if you have questions about the Roadmap or would like to discuss QUERI CEIR!
- Nick Bowersox, PhD, ABPP
- Email: [Nicholas.Bowersox@va.gov](mailto:Nicholas.Bowersox@va.gov)
- David Goodrich, EdD, MA, MS
- Email: [David.Goodrich2@va.gov](mailto:David.Goodrich2@va.gov)