Introducing the Implementation Planning Assessment Tool—a newly published tool to help trialists and researchers to implement or scale-up and spread effective interventions

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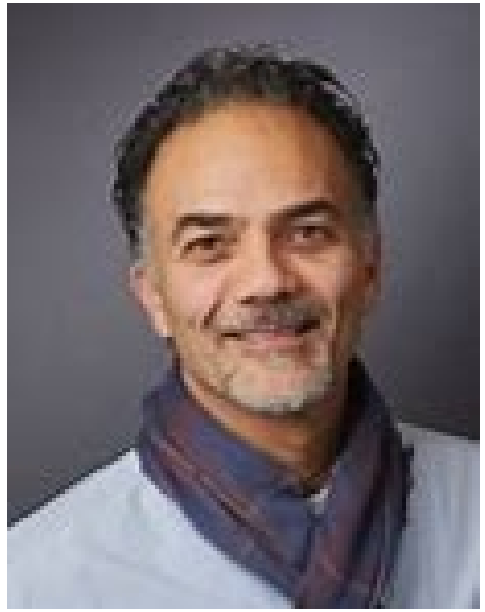

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• Introduce the Implementation Planning Assessment (IPA) Tool

- Any clinical trialist may use the IPA Tool to facilitate post-trial implementation of interventions found to be effective.

- The tool can ALSO be used by:
  - health services researchers,
  - practitioners, and
  - clinicians …

    …to understand the steps involved in implementation of effective interventions and

    … **to facilitate grant writing** and **guide implementation work throughout the life of your projects**

Why is implementation planning necessary for clinical trials?

- Without a proactive plan, research shows that **it takes decades for < 20% of effective interventions to be adopted into routine care settings**
- Key reasons why clinical trial outcomes **fail to translate into practice include:**
  - lack of relevance to patient quality of life and treatment preferences,
  - provider lack of time, tools, or training,
  - cost of implementation,
  - lack of a purveyor,
  - and healthcare organizational barriers such as lack of incentives, processes, or technologies to facilitate treatment use by frontline providers over time

Veterans Health Administration ORD transformation

- **The Veterans Health Administration Office of Research and Development** is undergoing a systematic transformation to embed implementation planning in research protocols through the **Cooperative Studies Program**

How was the IPA tool developed?



- The tool was developed by Christine Kowalski, Linda Kawentel, and Andrea Nevedal
- Informed by:
  - **principles from the Implementation Roadmap developed by QUERI**
  - the main components and **principles** of the **field of implementation science**
- The tool was revised through several iterations over more than a year by an interdisciplinary team with expertise in implementation science, clinical trials, program evaluation, and qualitative methods
- The tool was also presented for critiques and reflections to a national group of implementation experts led by Dr. Borsika Rabin and Dr. Russell Glasgow, prior to publication.

What is the Implementation Planning Assessment Tool?

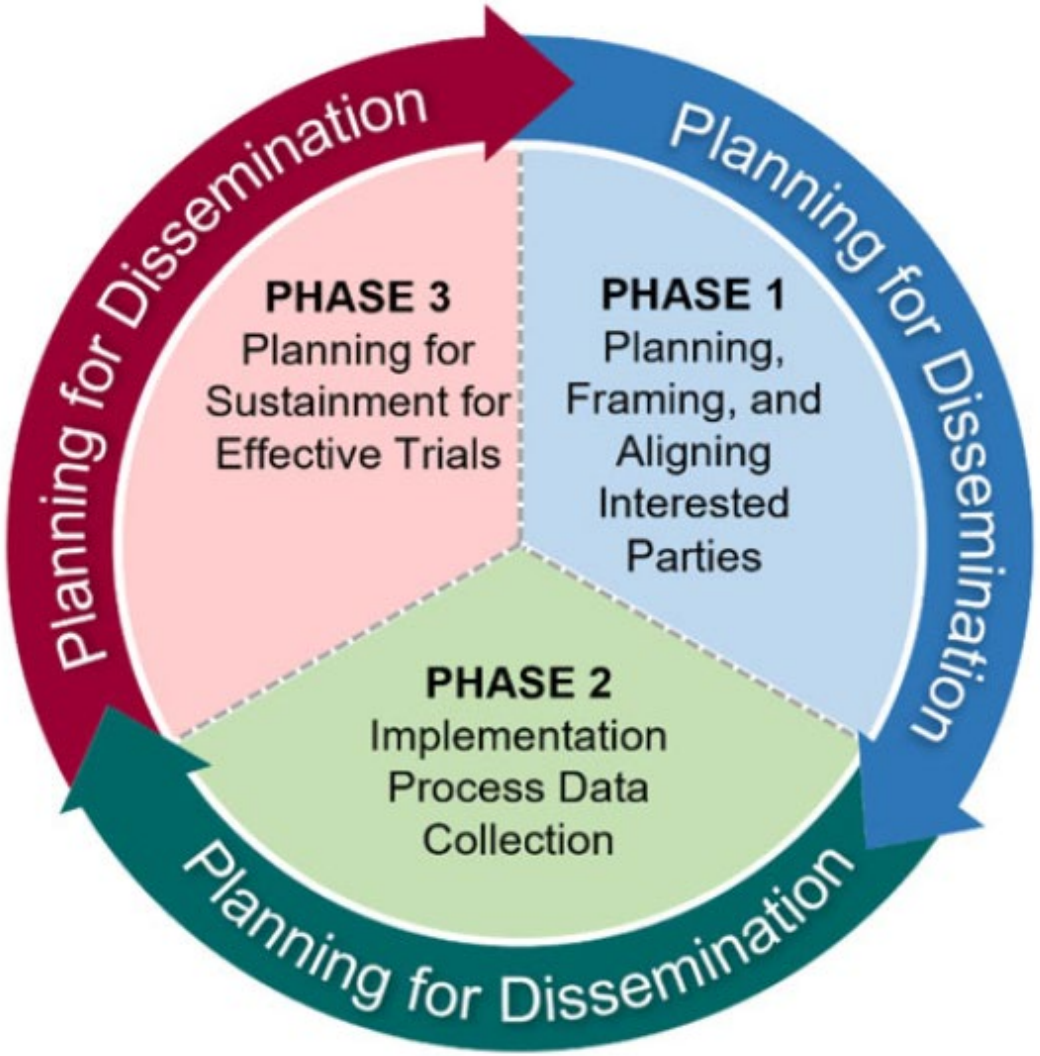

Fig. 1. Framing for the Implementation Planning Assessment Tool.

Phase 1, Planning, Framing, and Aligning Interested Parties

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Phase 1- Planning, Framing, and Aligning Interested Parties

Table 1. *The Implementation Planning Assessment Tool*[1]

Implementation Planning Assessment Tool for the Veterans Health Administration (VHA) Cooperative Studies Program (CSP) and Other Clinical Trials
Guidance: As a team, review and document responses to the overarching questions. The intention is for this tool to be completed as an iterative process and the teams and individuals can and should refer to the tool at different points in time throughout the trial.
Phase 1. Planning, Framing, and Aligning Interested Parties: How do CSP trial programs identify and align interested parties? Planning, framing, and aligning interested parties helps inform the design of the intervention to be implemented (e.g., design-for implementation, user-centered design). Clinical trial programs often include national interested parties upfront on their Executive Committees, such as national program office leads (e.g., Pharmacy Benefits Management, National Pathology & Laboratory Medicine, Patient Care Services, Clinical Services program offices). However, these programs should also consider identifying and collecting input from potential end-users at the regional (e.g., Veterans Integrated Service Network (VISN), Chief Medical officers (CMOs)) and local levels (e.g., facility Chiefs of Staff and Service Line Chiefs), and Veteran or patient users throughout the trial process. Involving interested parties at multiple levels will also help enhance equity and diversity in implementation planning and garner buy-in, at the local clinic (e.g., frontline provider, facility service line) and regional managerial levels (e.g., VISN Director, CMO).
1. What is the intervention/treatment and what are its core elements that are hypothesized to achieve its desired effect on health? Intervention: Core Elements: Desired Effect on Health:
2. What clinical issue or public health problem is the intervention trying to solve? Clinical Issue: Intervention:

Phase 1- Planning, Framing, and Aligning Interested Parties

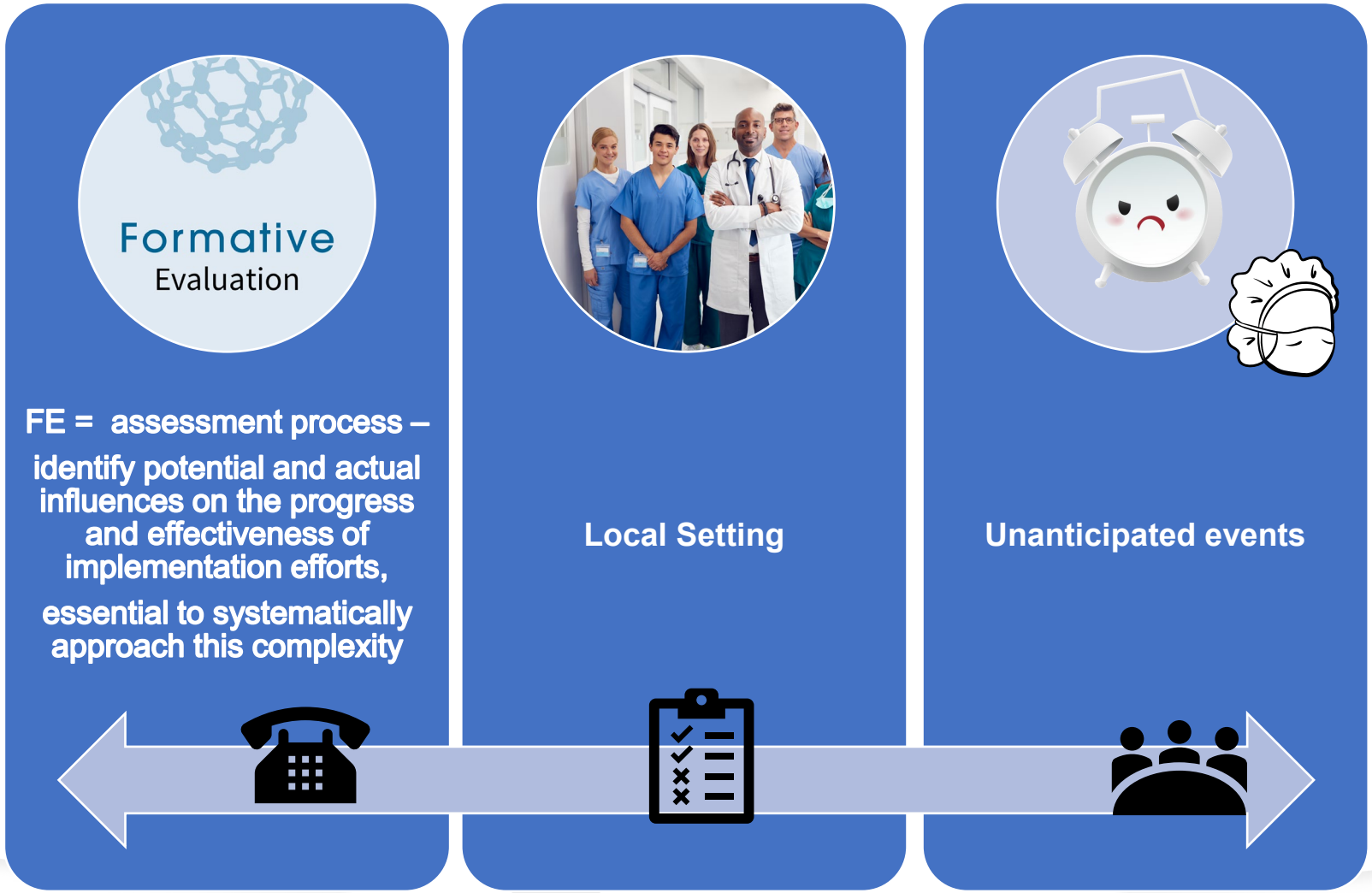
- What is the **challenge** or **issue** that the **treatment or intervention is trying to solve**?
- What are the **core elements** that are **hypothesized to achieve** its **desired effect on health**?

These need to be explicitly mapped out and the interested parties involved in the intervention need to be identified

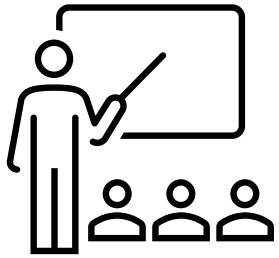
If you cannot answer these at onset, there is no way to ascertain whether you have made an impact and in which areas.

These questions are also important to enable other clinics and systems to implement the intervention understanding what is at the core that needs to be done/replicated to achieve the desired impact

Phase 1- Assesses the many complex factors that influence implementation or uptake of new programs, in addition to their success or failure.



Phase 1- Planning, Framing, and Aligning Interested Parties



<u>Contextual factors, such as:</u>

- competing demands,
- belief or lack of belief in evidence,
- loyalty to usual care modalities,
- available resources,
- leadership support level,
- clinical and/or operational policy,
- and front-line buy-in will be assessed and documented

Barriers and facilitators to implementing the intervention **will be assessed through mainly qualitative data** including **interviews, focus groups**, **conversations**, and **advisory call** or **meeting notes**

Phase 1- Planning, Framing, and Aligning Interested Parties

- Preliminary plans for the intervention's **sustainment** (once the trial ends, if found effective) should begin

- The plan should take into consideration any administrative or policy changes needed at the national and regional levels; such as:
  - formularies,
  - labs,
  - electronic-health record fields,
  - national directives or other services policies,
  - budgeting,
  - time,
  - tools,
  - training required by clinicians at the front line to deliver the intervention,
  - location for new service delivery (e.g., primary care, specialty care clinics, Community-Based Outpatient Clinics), and
  - Veteran level of interest, time and burden required to participate in the evidence-based intervention (e.g., visits, required lab tests, medications

Phase 2: Implementation Process Data Collection

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Phase 2: Implementation Process Data Collection

Phase 2. Implementation Process Data Collection: How will the implementation process be studied, measured, and assessed?

The Implementation Process Data Collection Phase involves ascertainment of factors affecting the use of the CSP intervention or treatment at the routine practice level, notably through information on provider and patient perspectives and acceptance, implementation and intervention costs and organizational factors, and where relevant fidelity to the implementation of the intervention or treatment. This phase also involves enacting an implementation assessment plan and should include equity and diversity considerations throughout.

1. Who is part of your assessment team?

Describe the amount and type of time set-aside for the assessment team, implementation lead, or others (e.g., FTE, protected time, donated).

2. Have you finalized your assessment plan (#11 in planning) to address the following?

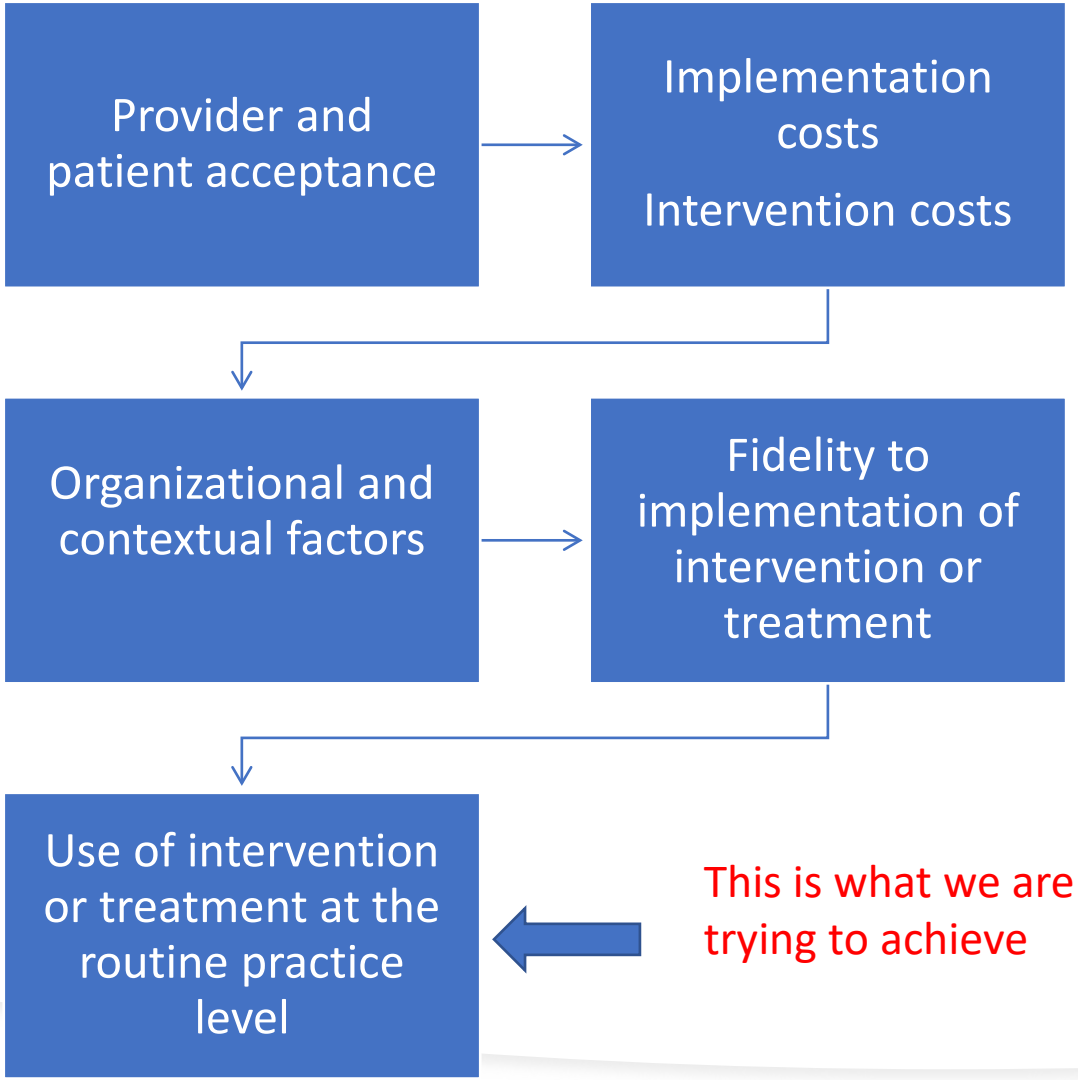
a. The rationale for the selection of appropriate implementation science theories or frameworks.

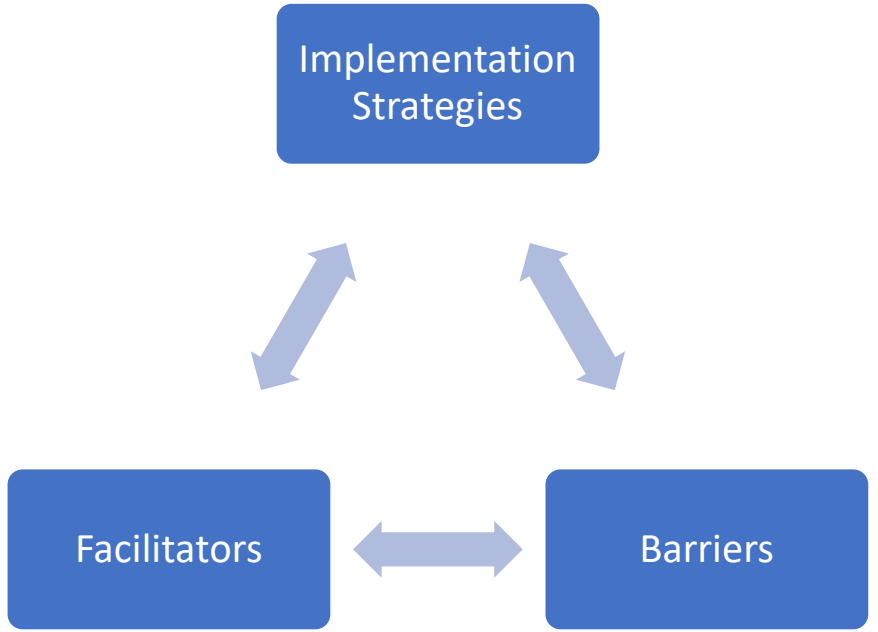
b. Methods for quantitative, qualitative, or mixed methods data collections and analyses. If using mixed methods, how will the methods be integrated?

c. Quantitative sampling plan for control and comparison groups for describing the implementation process and intervention uptake and use. If not applicable, describe the rationale.

(*Continued*)

Phase 2: Implementation Process Data Collection





Phase 2: Implementation Process Data Collection

- How may the intervention need to be adapted to better fit real-world contexts?
- Identification of strategies to support the people and clinical interested parties delivering the intervention (i.e., which implementation strategies will help overcome barriers and improve implementation of the intervention?
- Determination and planning for evaluation of the **benchmarks of successful implementation**

Phase 3: Planning for Sustainment for Effective Trials

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Phase 3: Planning for Sustainment

- Your assessment team can now use all that data to make **a summative judgment** regarding the **influence of context on study outcomes**.

- Identify how sustainment and further dissemination (**scale-up and spread beyond the original study sites**) **can be tracked over time** through surveys or **dashboards**.

- If Phase 1 and Phase 2 data have shown that certain implementation strategies will be more effective at sustaining intervention, then those strategies should be utilized at this point.

Phases 1-3, Planning for Dissemination

Phase 1-3 Planning for Dissemination

- Identify various "**passive**" opportunities (peer-reviewed journals)
- Identify "**active**" strategies (briefings, workshops, meetings, program office meetings)
- Determine local or national opportunities to present (professional conferences, seminars)
- Disseminate to diverse parties (patient groups, family councils, clinical audiences)
- Develop websites, toolkits

The Implementation Planning Assessment Tool (IPA):

- Is anchored in implementation science principles,
- Provides a much-needed, practical guide for those aiming to scale-up and spread effective, clinical-trial-tested interventions that would ultimately improve the healthcare of patients
- Provides a **ready-made list of necessary steps for trialists and researchers aiming to improve implementation.**
- Can also be utilized by clinicians and health services researchers who are learning about the field of implementation science.

Journal of Clinical and Translational Science

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Translational Research, Design and Analysis Special Communication

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Facilitating future implementation and translation to clinical practice: The Implementation Planning Assessment Tool for clinical trials

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Abstract

Implementation assessment plans are crucial for clinical trials to achieve their full potential. Without a proactive plan to implement trial results, it can take decades for one-fifth of effective interventions to be adopted into routine care settings. The Veterans Health Administration Office of Research and Development is undergoing a systematic transformation to embed implementation planning in research protocols through the Cooperative Studies Program, its flagship clinical research program. This manuscript has two objectives: 1) to introduce an Implementation Planning Assessment (IPA) Tool that any clinical trialist may use to facilitate post-trial implementation of interventions found to be effective and 2) to provide a case study demonstrating the IPA Tool's use. The IPA Tool encourages study designers to initially consider rigorous data collection to maximize acceptability of the intervention by end-users. It also helps identify and prepare potential interested parties at local and national leadership levels to ensure, upon trial completion, interventions can be integrated into programs, technologies, and policies in a sustainable way. The IPA Tool can alleviate some of the overwhelming nature of implementation science by providing a practical guide based on implementation science principles for researchers desiring to scale up and spread effective, clinical trial-tested interventions to benefit patients.

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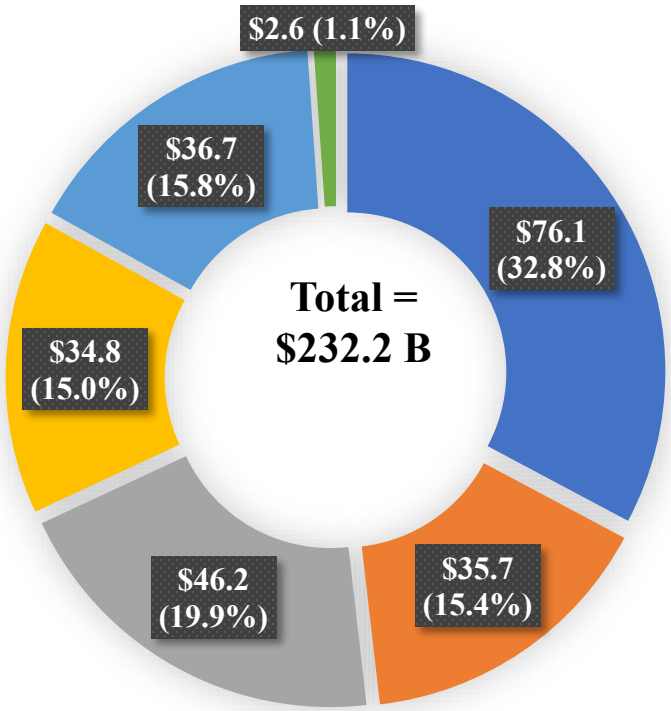
Learning from missed opportunities through retrospective application of the implementation planning assessment (IPA) tool in a VA clinical trial

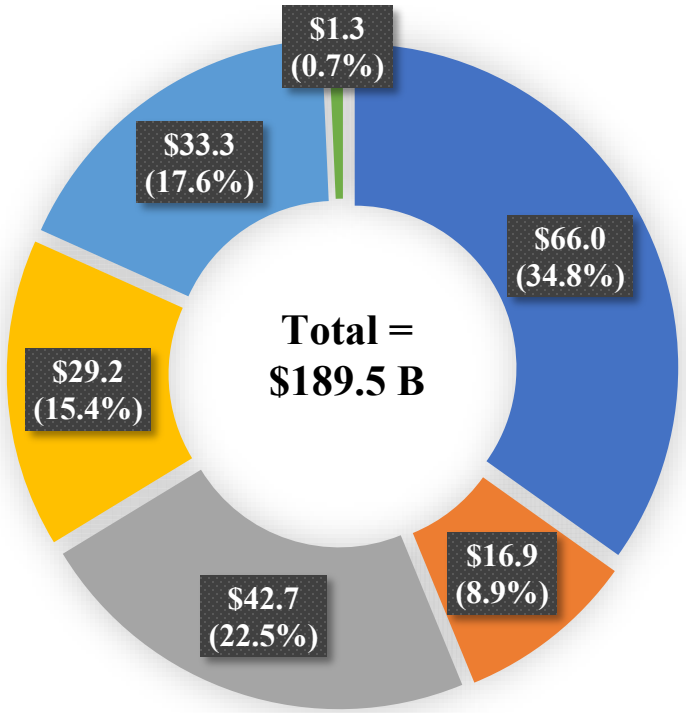
VA | U.S. Department of Veterans Affairs
Veterans Health Administration
Office of Research & Development

Economic Burden of PTSD in U.S.
$232 Billion Annually (2018)

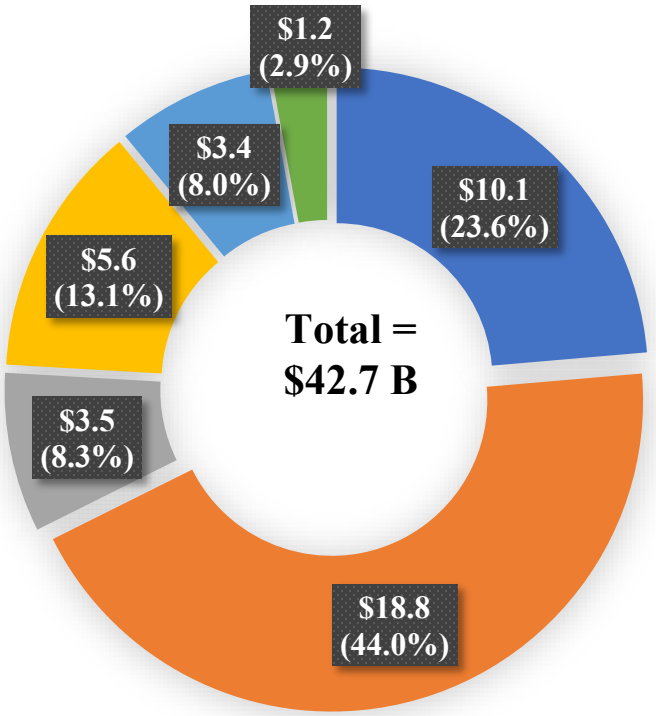
Total Population



- Excess direct healthcare costs (32.8%)
- Excess direct non-healthcare costs (15.4%)
- Excess costs of unemployment (19.9%)
- Excess costs of productivity loss (15.0%)
- Excess costs due to caregiving (15.8%)
- Excess costs of premature mortality (1.1%)



Civilians



Veterans

Davis L. et al, J Clinical Psychiatry 2022

Posttraumatic Stress Disorder

Intrusive memories & nightmares

Avoidant Behaviors & Isolation

Fear, Guilt, & Shame

Hypervigilant & Over-reactive

Individual Placement and Support
Supported Employment

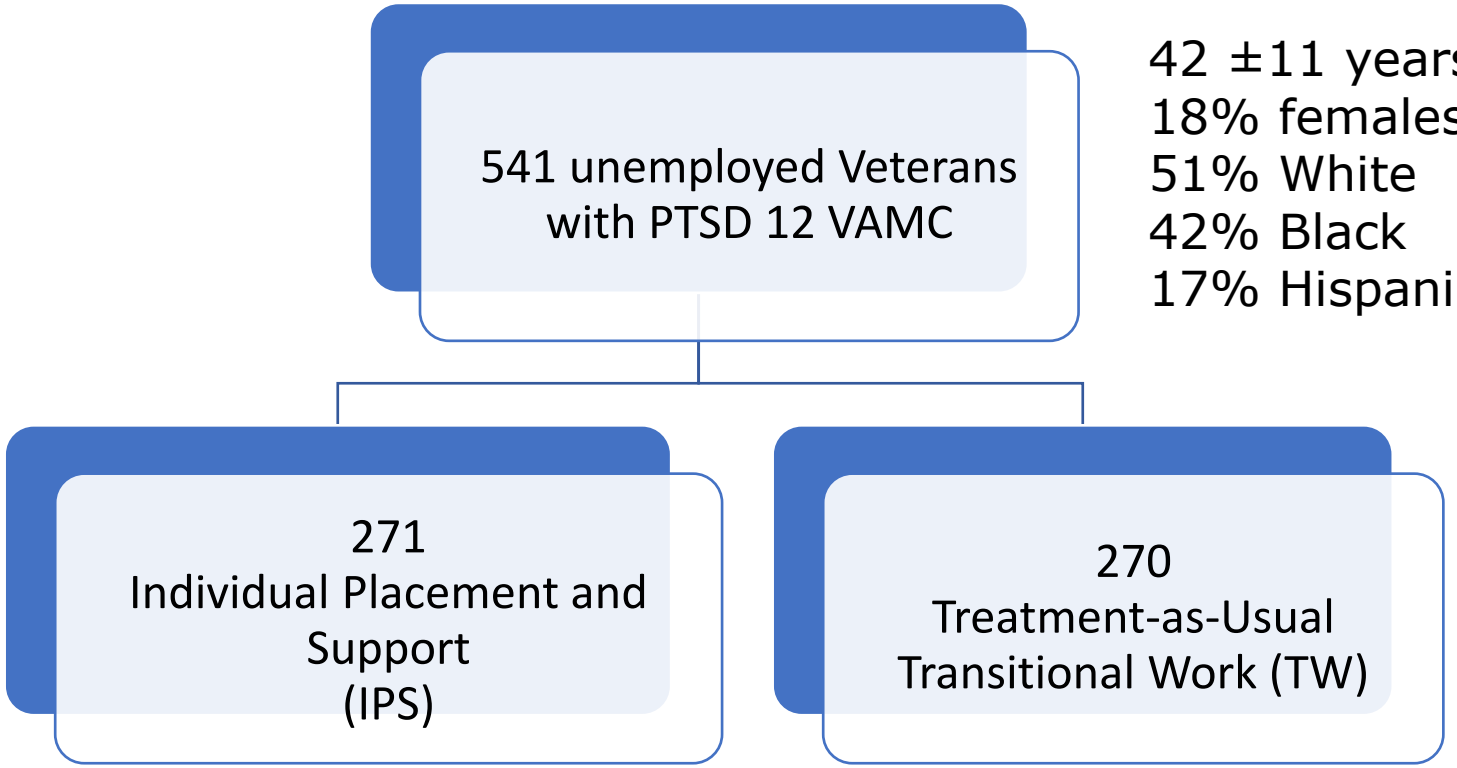
Person-Centered

Rapid job search

Integrated

Open-ended

Veterans Individual Placement and Support Toward Advancing Recovery

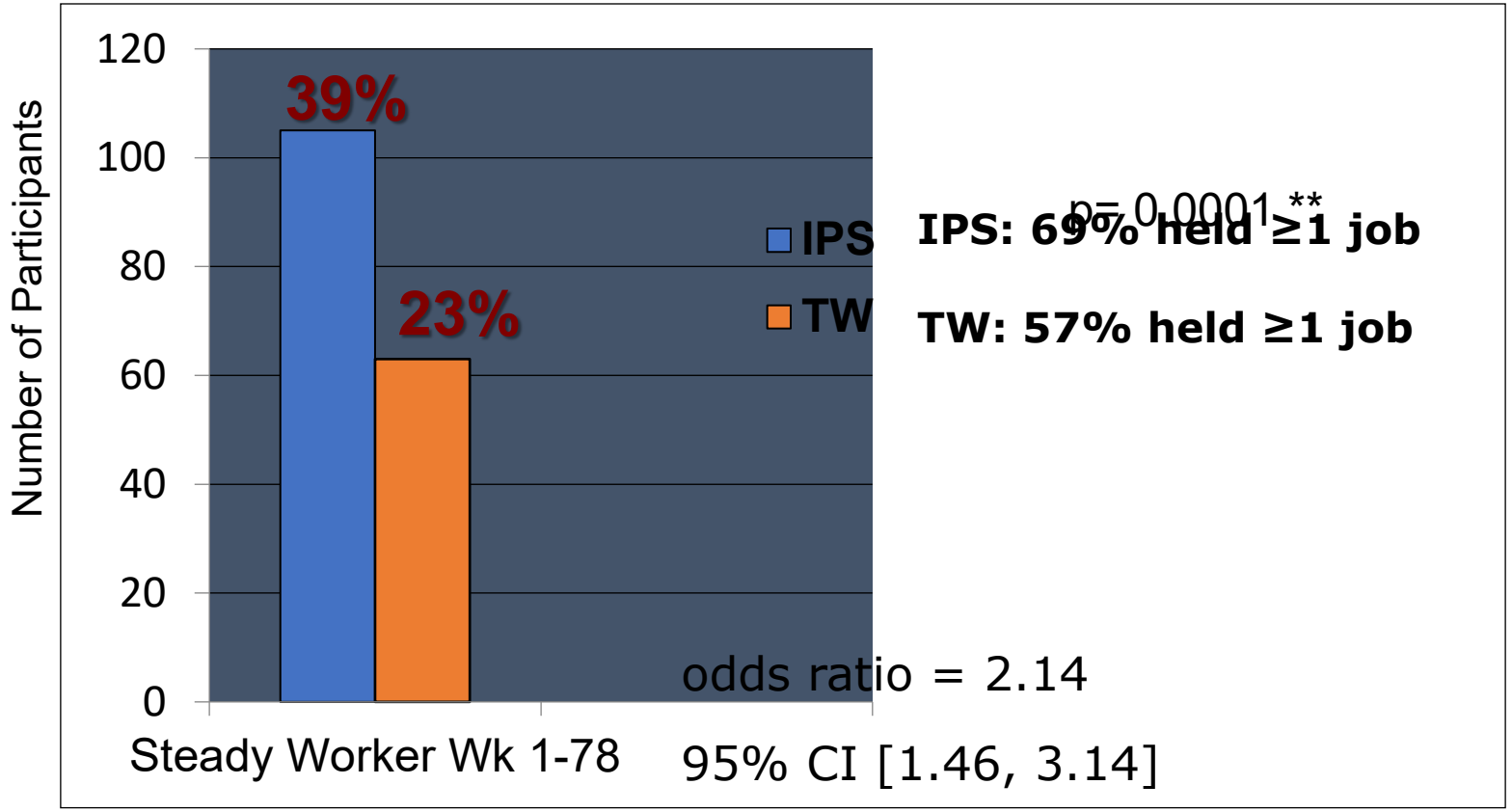


42 ±11 years old
18% females
51% White
42% Black
17% Hispanic

Followed for 18 months

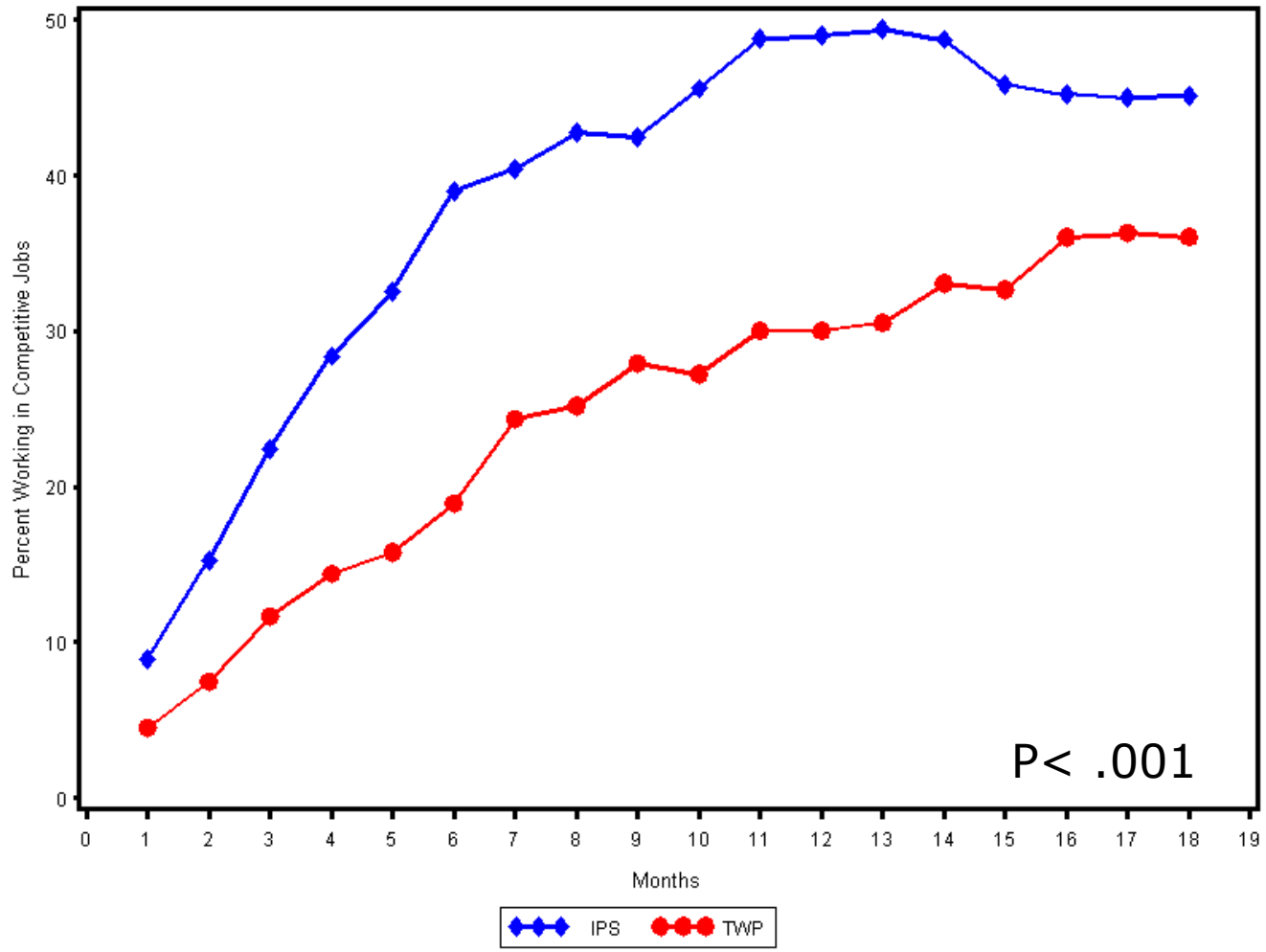
Davis et al. JAMA Psychiatry
April 2018; 75:4:309-409.

Steady Worker Outcome

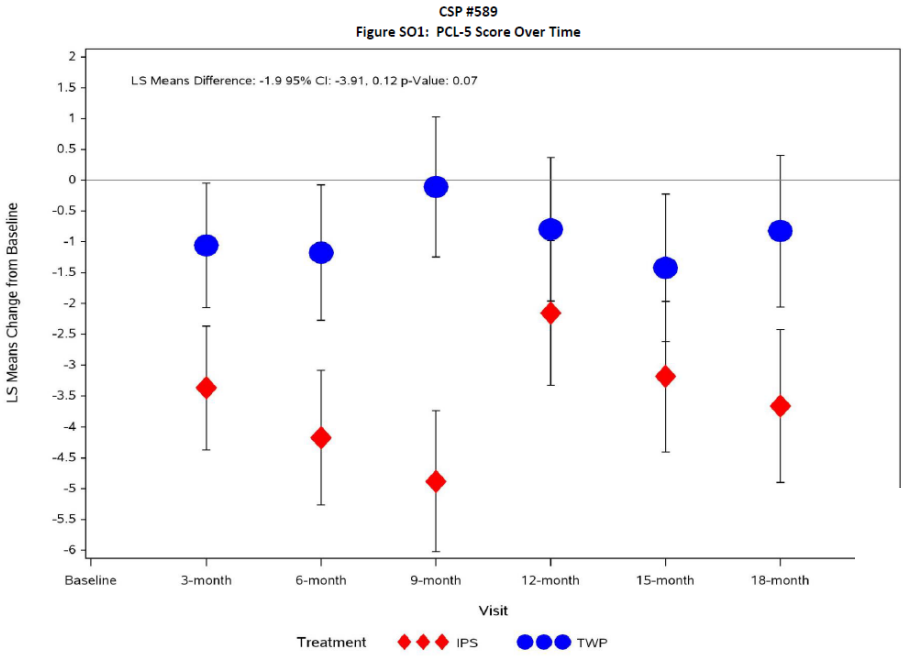


Steady Worker = Held a competitive job ≥50% of 18-month follow-up

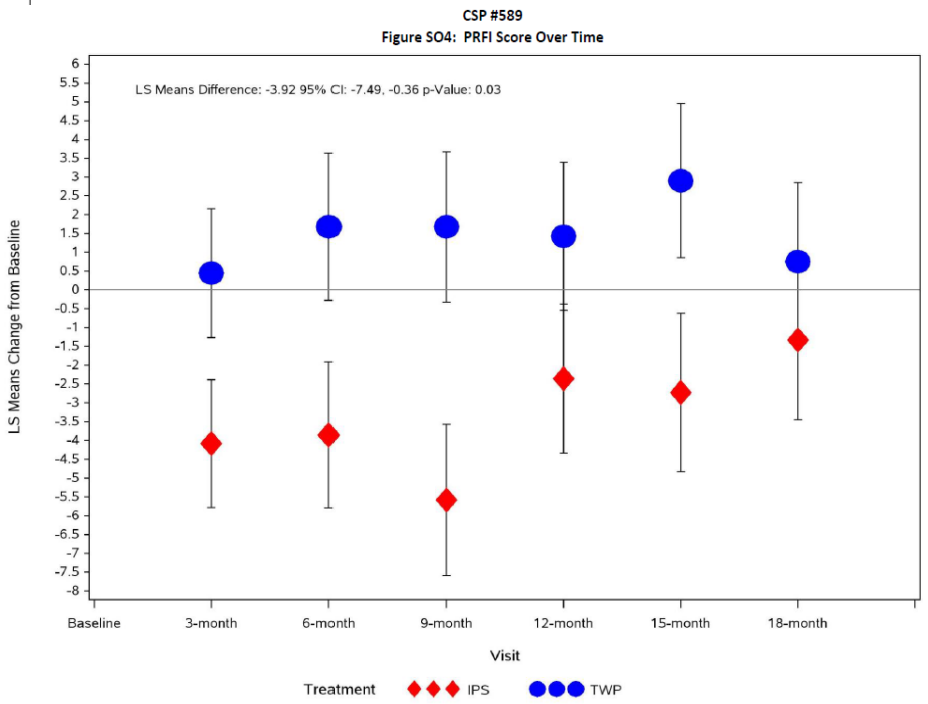
Participants (%) Holding a Competitive Job over 18 months



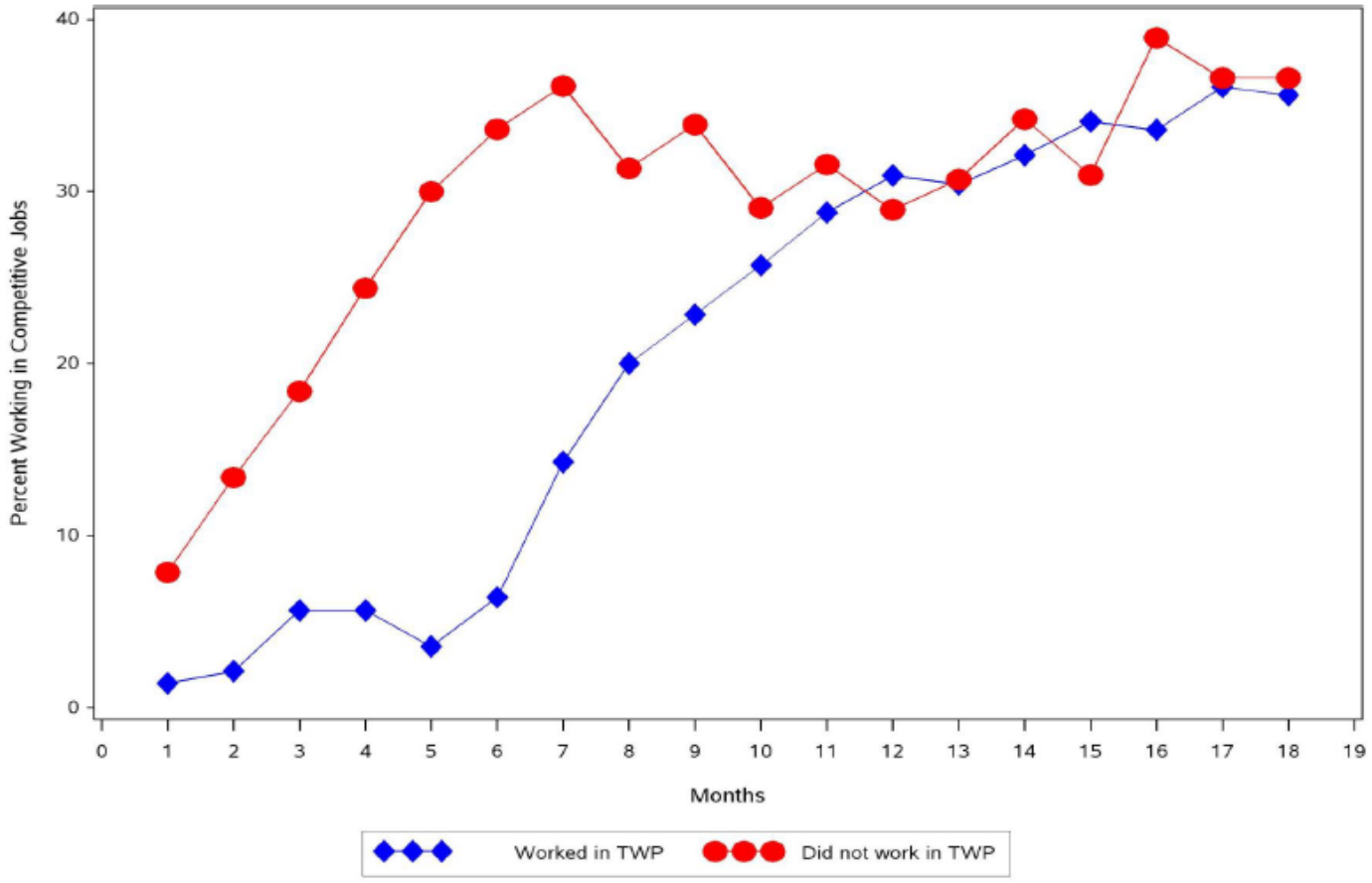
PTSD Symptoms



PTSD-Related Functional Inventory



Post-hoc comparison of competitive work in control group for those who engaged in TW versus those who did not engage in TW

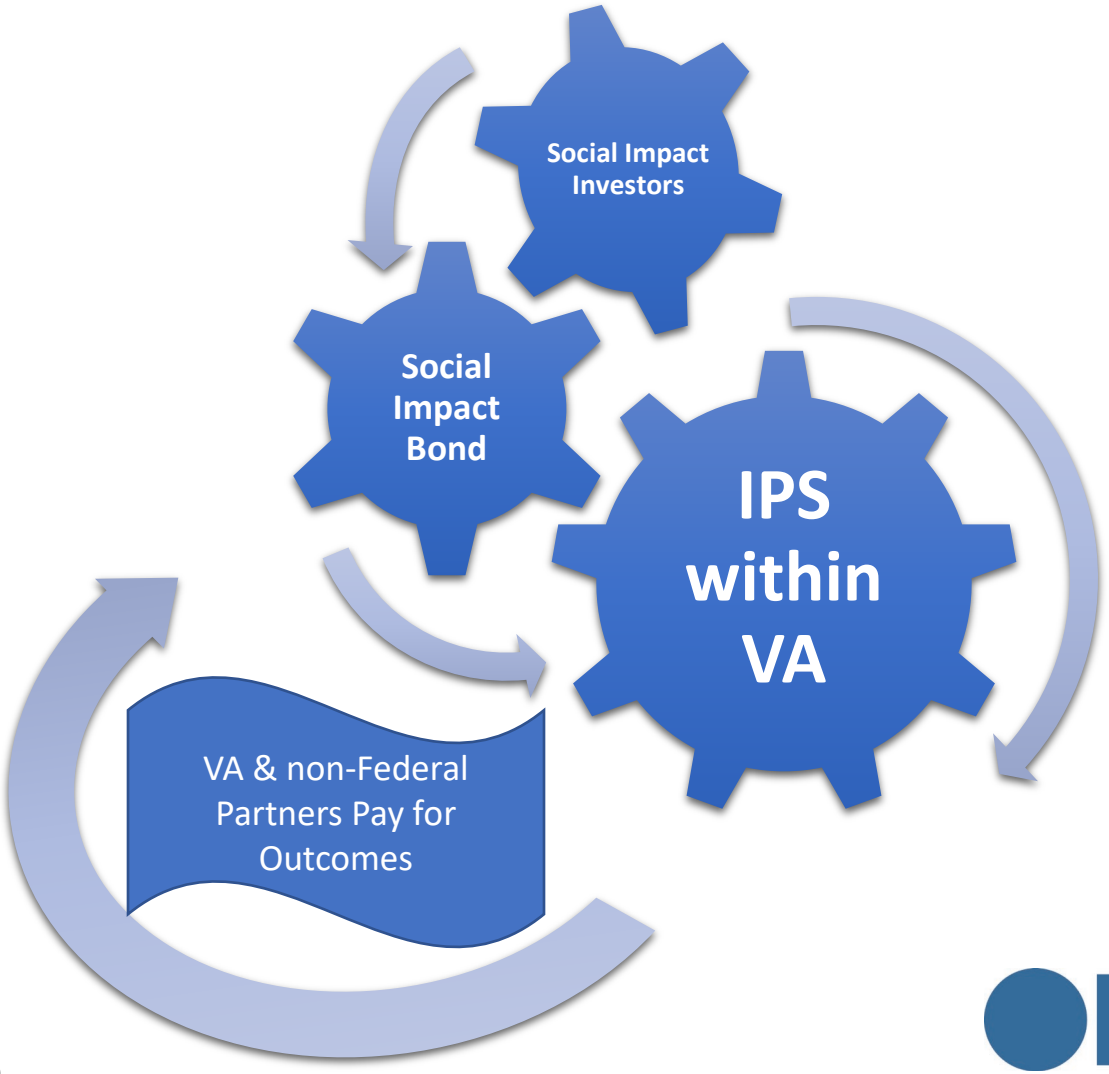


Cost and Cost Efficacy of IPS (VA CSP 589)

- **A difference of $4,910 per person** annual mean total costs:
  - per person $29,691 for IPS and $24,781 for usual care (20% higher annual cost for IPS).
- **A difference of $3,839 per person** annual mean cost for vocational services
  - per person $6,388 for IPS and $2,549 for usual care.
- IPS had more vocational services utilization and incurred higher costs than usual care.
- No between-group differences in inpatient, ER, urgent care, or non-vocational outpatient service use or costs.
- The annual per person cost of IPS for veterans with PTSD is well within the range of annual per person cost of IPS reported in other studies.
- Because of stronger employment outcomes, IPS showed good social return on investment and significant cost efficacy.

Veterans CARE
Individual Placement and Support

iEx



SOCIAL FINANCE

Federal Registry August 2016

VA Boston Jobs

Once you Prove It, How Do you Move It?

What We Did in CSP-589

- Diverse Planning and Executive Committee
- Included Some Stakeholders
- National Competition for Site Selection
- Budget Paid for IPS Supported Employment Specialist
- Implementation of IPS Services in 1st Year of Study
- Individualized Site Training and Launch
- Fidelity Monitoring that included Executive Leadership De-Briefing
- Proactively Addressing Barriers to Implementation
- Publications and Presentations
- Open to Innovative Partnerships

What We Did Not Do

- Although the CSP Planning Committee and Executive Committee did include IPS trainers, fidelity monitors, program evaluators, PTSD clinicians and vocational rehabilitation experts, we did not include an implementation scientist.

Missed Opportunities

Stakeholder Input:

- National Mental Health Director for Psychosocial Rehabilitation and Recovery Services (a.k.a. Compensated Work Therapy) was involved but retired during the study rollout.
- Northeast Program Evaluation Center were stakeholders involved in the planning for the intervention, but this level was not adequate.
- National Center for PTSD was informed but consumed with evidence-based psychotherapy rollout.

In hindsight, we would have benefited from more formal input from the VHA's Office of Mental Health and Suicide Prevention (OMHSP) regarding sustained post-study implementation of IPS.

Missed Opportunities

- Dissemination Plan: No such plans were defined a priori. At semiannual fidelity debrief sessions, significant efforts were made to present the case for effectiveness of IPS to the sites' leadership and encourage the sites to adopt the IPS model for their PTSD population after the study ended.
- Resource management priorities were often raised as a core challenge by the facility leadership.
- Leadership valued the IPS model, but resource constraints made it impossible to hire the IPS specialist post-study.

What we did not take into consideration

- A major policy change would be needed at national level.
- Wording change in VHA Directive language for IPS service provision for PTSD population was made finally, but reimbursement rate has not changed.
- The tenacity of the treatment-as-usual vocational services that possibly will require reallocation or re-training.
- Resource Allocation $$$$$$$$$$$$

Advantages of IPA Tool at the Outset

- Roadmap: The IPA Tool would have provided the clinical trial planning committee with a roadmap to formulate a comprehensive inventory and strategic involvement of VHA policy and clinical program leaders.
- Accelerated Pace: Proactive implementation science tools may have accelerated the pace of real-world service delivery of the most efficacious treatment.
- Spread: Stakeholders and end-users should be provided with an opportunity to give input into the trial design and the structure of the treatment conditions so that end results could be trusted and embraced by all rather than elicit a threat to the status quo at the conclusion of the study. Doing so may have better ensured that the positive results from the trial would more efficiently transform future service delivery.

Proactive Application of the Implementation Planning Assessment Tool in a Multi-Site VA Trial

VA | U.S. Department of Veterans Affairs
Veterans Health Administration
Office of Research & Development

GOURMET-VA (CSP #2025) Team

- Principal Proponent:
  - Scott Hummel, MD (Ann Arbor VA)
- Biostatisticians:
  - Yuan Huang, PhD (West Haven VA)
  - Michael Wininger, PhD (West Haven VA)
- Implementation Evaluation
  - Whitney Mills, PhD (Providence VA)
  - Kali Thomas, PhD (Providence VA)

CSP #2025: GOURMET-VA

Geriatric OUt-of-hospital Randomized MEal Trial in heart failure – Veterans Affairs

GOURMET-VA Overview

- "Geriatric OUt-of-hospital Randomized MEal Trial in heart failure – Veterans Affairs" (GOURMET-VA; CSP #2025)
- Randomized, single-blind, multi-center, clinical trial
  - 1400 participants
  - 35 study sites
- Effects of home-delivered meals and enhanced dietary education in Veterans discharged from hospitalization for heart failure.

GOURMET-VA Overview

- Primary composite outcome:
  - Days alive and out of the hospital
  - Change in Kansas City Cardiomyopathy Questionnaire
    - Quality of life measure focused on symptoms and physical limitations related to heart failure

- Trial has been selected for funding, but has not yet started

IPA Phase 1

Planning, Framing, and Aligning Interested Parties

Phase 1

- Key goals:
  - Identify all of the important partners and stakeholders for the study
  - Use feedback to inform study design
  - Develop preliminary plans for dissemination

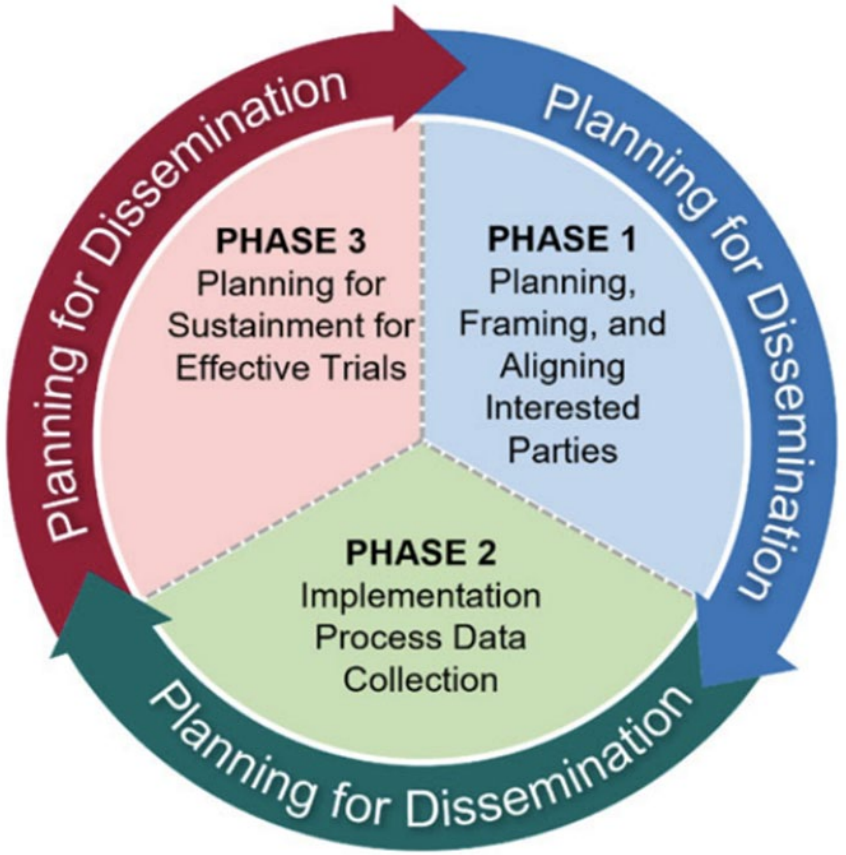


Fig. 1. Framing for the Implementation Planning Assessment Tool.

Phase 1

- Identified critical operations partners and facilitated meetings with relevant VA national leadership including the Office of Geriatrics and Extended Care, Office of Nutrition and Food Services, Patient Care Services
- Identified key stakeholders to include in evaluation interviews
  - Local, regional, and VA central office leadership
  - Clinicians
  - Vendors
  - Veterans and Caregivers
  - Trial Site Coordinators

IPA Phase 2

Implementation Process Data Collection

Phase 2

- Key goals:
  - Finalize the assessment plan
    - Guiding frameworks
    - Methods
    - Sampling plans
    - Data sources
  - Define benchmarks of success for implementation of intervention

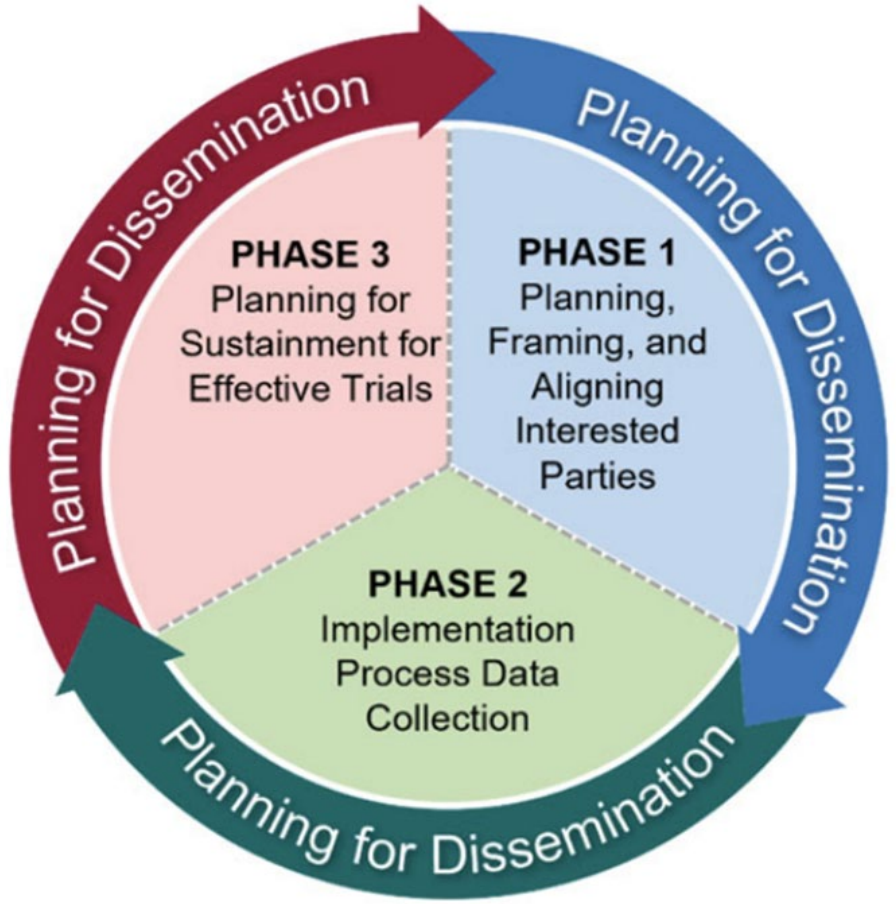


Fig. 1. Framing for the Implementation Planning Assessment Tool.

Phase 2

- Guided by IPA, the GOURMET-VA we identified three goals for implementation evaluation:

1. Understand the context into which the intervention is being implemented
2. Learn about the experiences of Veterans and clinicians with the intervention
3. Identify barriers and facilitators to implementation at the patient, healthcare provider, and leadership levels

Guiding Frameworks

Consolidated Framework for Implementation Research (CFIR)

- Characteristics of the intervention (e.g., evidence strength, complexity)
- Characteristics of individuals involved (e.g., knowledge and attitudes)
- Outer setting (e.g., patient resources and needs)
- Inner setting (e.g., compatibility of intervention with existing programs/infrastructure)
- Strategies to implement intervention (e.g., planning, facilitation, stakeholder engagement)

RE-AIM

- **Reach:** Number of potential participants approached, exclusion and participation rates, dropouts, and representativeness of the sample
- **Effectiveness:** Trial outcomes - both positive (anticipated) and negative (unanticipated) outcomes
- **Adoption:** Assess willingness of stakeholders to adopt and adapt program; Representativeness of settings, participation rate, and reasons for declining
- **Implementation:** Delivery of the intervention protocol by the study site coordinators; Demands on time and resources
- **Maintenance:** Proportion of patients who remained in the study

  Engage VA Central Office operations partners in strategic planning efforts

Data Sources: Interviews (n=150)

- Veterans (Intervention Arm n=30, Control Arm n=30)
- VA Leadership (n=25)
- Clinicians/Staff (n=45)
- Study Site Coordinators (n=15)
- Vendor Staff (n=5)

- Topics:
  - Experience with intervention, barriers/facilitators, recommendations for improvement, etc.

Data Sources: Primary Document Review

Study Site Recruitment Log	Research team documentation of site recruitment (e.g., number of sites approached, agreed to participate, did not agree to participate)
Veteran Recruitment Logs	Site coordinator documentation of Veteran recruitment (e.g., number of Veterans approached, agreed to participate, refused to participate, dropped out)
Vendor Contact Logs	Documentation of vendor contacts with Veterans (will work with the vendor directly to ensure that relevant and important information is being systematically collected)
Veteran Discharge Summaries	Veteran discharge summary from electronic medical record to document instructions provided by VAMC related to diet (if feasible)
Site Coordinator Facilitation Journals	Site coordinators will maintain a facilitation journal to document their experiences, challenges, time devoted to implementation activities, other staff they coordinated with, and adaptations to the implementation plan over time
Study Team Meeting Notes	During study team meetings, use template to document implementation-related decisions, rationale for decisions, adaptations to the implementation plan, and any challenges encountered

Analysis: Concurrent Triangulation Mixed Methods Strategy

Phase 3

Planning for Sustainment for Effective Trials

Phase 3

- Key goals:
- Planning for understanding
  - How to deliver the intervention protocol more effectively
  - Make appropriate adaptations
  - Sustain intervention over time

Fig. 1. Framing for the Implementation Planning Assessment Tool.

Phase 3

- A preliminary dissemination and sustainability plan was drafted, guided by the conversations with our VA leadership partners.
- If intervention is effective, findings will be used to create a dissemination plan
  - Recommendations for strategies, partnerships, and protocols to aid new sites in implementation
- If intervention is not effective, findings will help identify aspects of the intervention that did not work well
  - Recommendations for modifications to the intervention and/or the implementation strategy to improve effectiveness

Challenges and Value of IPA

- IPA provided structured guidance for integrating dissemination and sustainment into trial protocols
- Sstructured guides that comprise IPA allowed the implementation scientists and the trial team to find common ground in terms of rationale, methods, and language
- IPA is valuable for both new and experienced implementation scientists

Developing an organizational structure to support consistent implementation evaluation capacity within clinical trials in the VA

The VA Research Enterprise

What is the VA Research Enterprise?

VA Research Enterprise is the entire set of **people, tools, and processes** committed to a **whole-of-VA approach** for improving **Veteran health and well-being** through **scientific endeavors**.

Unique Value Proposition: addresses the VA's research needs by leveraging its unique capabilities and resources

Real-World Outcomes: improves Veterans' health and well-being to solve the problems they face

Engaged People: involves a diverse research community that aims to improve Veterans' well-being

Integration: cultivates relationships and partnerships to achieve the VA's mission

Organizational Excellence: operates with streamlined processes, effective collaboration, high-quality customer service, and appropriate resources

Implementation Science (IS) Concept in VACSP Clinical Trials

BLUF: Assessment and determination of methods for timely and efficient adoption of clinical trial results in clinical practice

CONTEXT AND STATUS:

- Treatments/treatment strategies often do not find their way into common clinical practice for years after they are proven to be effective/efficacious
- Usually, barriers to efficient and timely adoption are unexplored system/infrastructure and/or personal barriers.
- Efforts undertaken to facilitate an implementation science-based plan for system adoption in Cooperative Study Program (CSP) research studies; this plan is to be developed at the same time researchers are testing the treatment innovation
- Priorities rest within the context of the VHA Learning Healthcare System, with clinical and research entities working collaboratively and synergistically towards improving the health and care of Veterans

Implementation Science (IS) Concept in VACSP Clinical Trials

RISKS AND ROADBLOCKS

- No current/systematic coordination between RCT Research and Implementation, and in extension Clinical Domain
- Multiple stakeholders with different funding/support infrastructure
  - IS research support primarily grant-based vs RCT support through CSP infrastructure
- Differing paradigms and processes of research across diverse stakeholders
- QUERI/HSRD and Implementation Scientists engaged

SUPPORT / ACTIONS NEEDED and TAKEN

- Pilot Phase I: IS in five CSP trials in planning
- Support of IS through CSP Study budget
- Other trial requests for IS support/guidance on an 1-on-1 consultation basis with QUERI researchers
- Long-term objective: establishment of an Implementation Science 'Coordinating Center' within CSP for CSP/VA Research Enterprise

Implementation Science (IS) Plan in VACSP Clinical Trials

CSP Trial Planning Phase Components:

- Description of how the intervention/treatment aligns with the national priority goals of the VA, the goals in the VHA Performance Plan for medical center (MCD) and network directors (ND)
- Identification of VHA Program Office(s) of clinical operations leaders that might potentially "own" the subsequent implementation process, if treatment/ intervention proves effective.
- Nomination, where applicable and in partnership with the VA national operations partner, of the topic of the trial for an ORD Evidence-based Synthesis Program (ESP) systematic review to provide additional information on implementation and treatment gaps.
- Assessment of alignment of VA priorities and selection of key VHA national program office stakeholders at the first CSP planning meeting. National VHA Program Office leaders and other key operations partners to be invited to study planning meetings to identify how the treatment aligns with the larger VA goals and objectives.

Implementation Science (IS) Plan in VACSP Clinical Trials

CSP Trial Protocol Implementation Component:

- Specification and collection of information about the treatment/intervention implementation during trial conduct:
  - Qualitative and/or quantitative data on the organizational context at trial participating sites
  - Potential barriers and facilitators at the patient, provider, and health care facility levels.

- Specification of the implementation framework used to help guide the ascertainment of such information

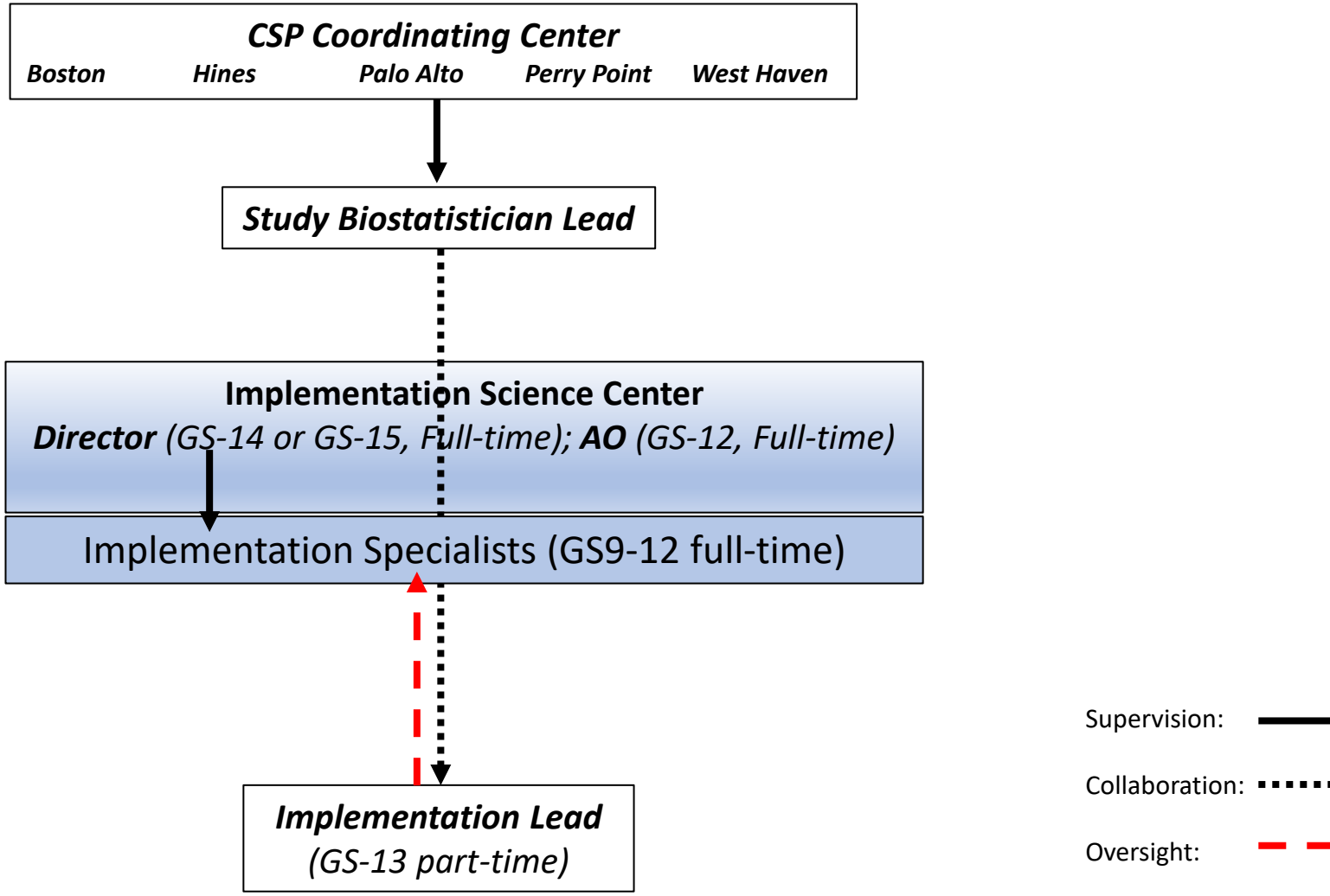
- Description how treatment/intervention uptake, beyond patient-level adherence, will be assessed. Specific focus on:
  - Anticipated barriers/facilitators to real world implementation of the intervention, at the clinic, provider, system, and patient levels, and how will you measure these factors
  - Potential challenges associated with delivering the intervention during the CSP trial and how might they be overcome when further implementing the treatment in practices or clinics beyond the initial trial sites
  - Assessment of how the treatment/intervention designed would be scalable in routine practice, if proven effective/efficacious.
  - Assess and evaluate potential modifications to the treatment/intervention that can/will be made in light of identified barriers and facilitators to optimize further implementation

Implementation Science (IS) Plan in VACSP Clinical Trials

Future Directions

- Description of plans for further dissemination or implementation of the effective/efficacious treatment to clinical settings beyond the trial participating sites
- Description of how findings from the CSP trial implementation component will be utilized in subsequent research
- Identification of VA national program office(s) that can help support further implementation
- Further and continuing consultation with CEIR
- Description of how existing providers will be able to implement the treatment/intervention post-trial, assuming effectiveness/efficacy (e.g., development of a manual and training to support initial implementation, VA policy or practice change, etc.).
- Identification of potential implementation strategies that would be promising for the treatment's further uptake, if proven effective/efficacious

CSP Implementation Science Center – Proposed Model



Thank you!

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