

BRIDGES OVER TROUBLED WATERS:
ADVANCES IN THE
INTERACTIVE SYSTEMS FRAMEWORK FOR
DISSEMINATION AND IMPLEMENTATION

CONGRESSIONAL BRIEFING
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OVERVIEW

- Troubled Waters
- Gap between research and practice
- Accountability and Getting To Outcomes
- The Bridges of the Interactive Systems Framework for Dissemination and Implementation
- Quality evidence-based support to practitioners (Tools, Training, TA, QA/QI)

Investing in What Works: Supporting the Implementation and Evaluation of Evidence-based Programs for Children, Youth and Families

- Sponsored by the Assistant Secretary for Planning and Evaluation at Health and Human Services (HHS)
- Furthers an interagency conversation and learning from one another about the federal role in promoting evidence-based programs for children, youth and families

- **The topic has wide relevance.** “The quest to fund “what works” and to better use evidence in making funding decisions and implementing federal programs are issues that are relevant to a wide range of agencies and programs. Though we’re working diligently, many of our agencies are struggling to figure out how to do this well.”

- **It’s hard work.**

- Not just picking programs from an approved list of EBPs
- Issues of fit, fidelity, organizational capacity etc
- Some of the communities with highest needs and where effective programming is most needed have less capacity and infrastructure to implement EBPs with quality.
- This is really hard work, it takes time, and there isn’t always a straight path of progression.
- The timelines and constraints of demonstration grants, formula grants, and other aspects of federal program structures often don’t lend themselves to sustained focus on continuous improvement toward well-defined outcomes.

Troubled Waters

*The major gap between
research and practice*



If evidence-based programs are not implemented with quality, they are not likely to result in the same outcomes that were observed in efficacy and effectiveness studies

(e.g., Dubois et al. 2002; Durlak and DuPre 2008; Gottfredson and Gottfredson 2002; Smith et al. 2004)

EVIDENCE BASED SUBSTANCE ABUSE AND CRIME PREVENTION PROGRAMS IN SCHOOLS



In 2011, nationally representative surveys of 2,500 public school districts and 5,847 public schools found that:

- Schools reported implementing a large number of prevention programs, but only a small proportion (about 7.8%) were supported by research
- Of these, only about 44.3% met minimal standards for fidelity of implementation

This means that only 3.5% of programs were both research-based *and* implemented with fidelity

(U.S. Department of Education, Office of Planning, Evaluation and Policy Development, Policy and Program Studies Service (2011). Prevalence and Implementation Fidelity of Research-Based Prevention Programs in Public Schools: Final Report, Washington, D.C.)

Do Electronic Medical Records (EMRs) Save Money?



"Of course, it will help doctors to reduce the number of redundant or inappropriate tests they order."

BUT...

- Doctors who could call up electronic images of a patient's previous imaging tests ordered more new imaging tests than physician without such access (18% vs. 12.9%). The rate was 70 % higher for the most advanced and expensive images.
- The study's authors argue that previous research that showed savings were done at leading medical centers with sophisticated technology. Many doctors' offices buy off-the-shelf systems, primarily for billing purposes, that may not be able to track down redundancies or lack software to help doctors decide if a test is appropriate.

We still believe that widespread adoption of EMR will improve care and reduce costs. It is also clear that many office-based physicians will need help in making the transition.

BRIDGING RESEARCH AND PRACTICE

- Where do Evidence-Based Practices come from and where do they go?
- Research to Practice Models
- The Interactive Systems Framework from Dissemination and Implementation (ISF)



A Challenge

RESEARCH TO PRACTICE MODELS ARE
NECESSARY BUT NOT SUFFICIENT!

The Public Health Model

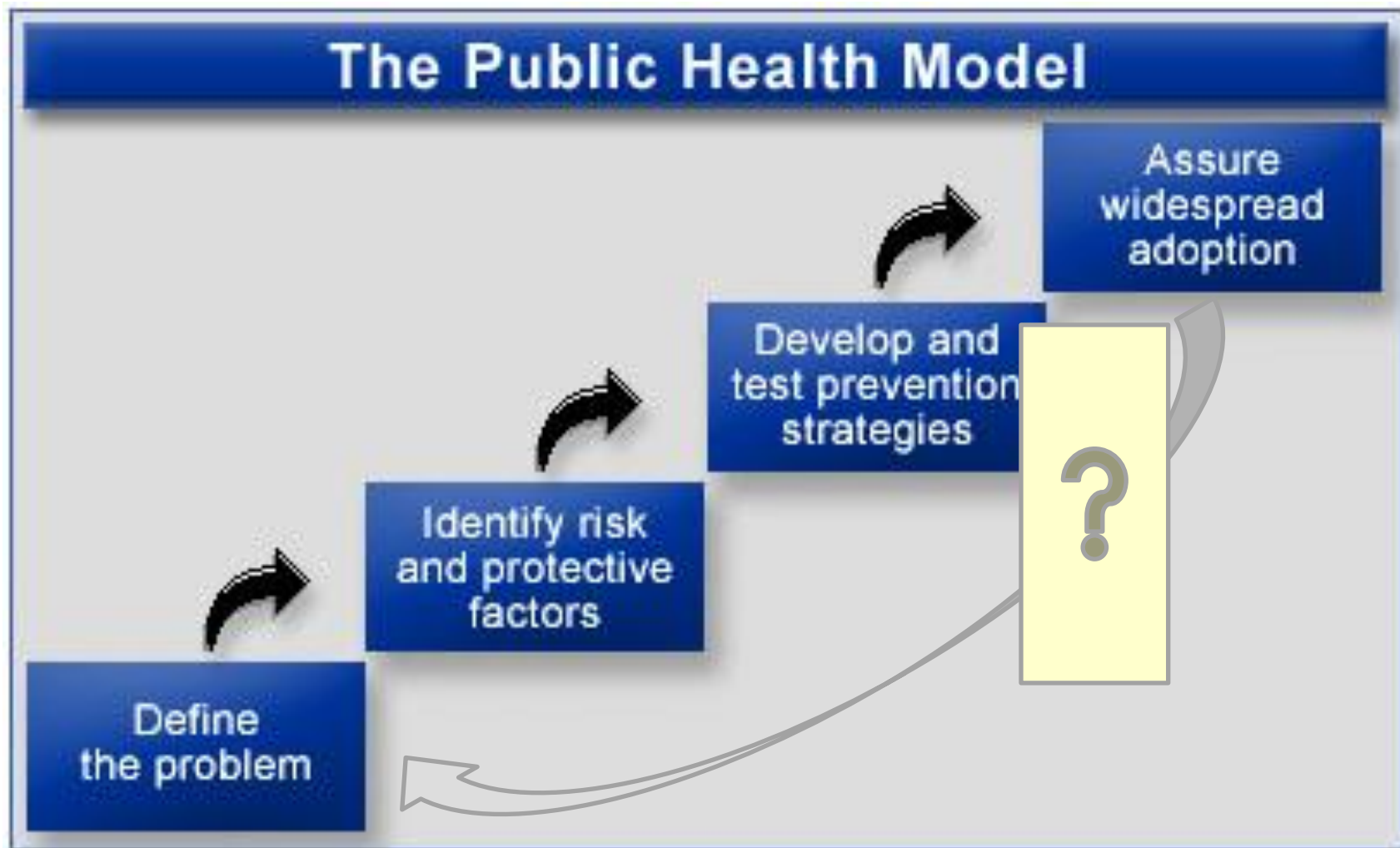
Define
the problem

Identify risk
and protective
factors

Develop and
test prevention
strategies

Assure
widespread
adoption

?

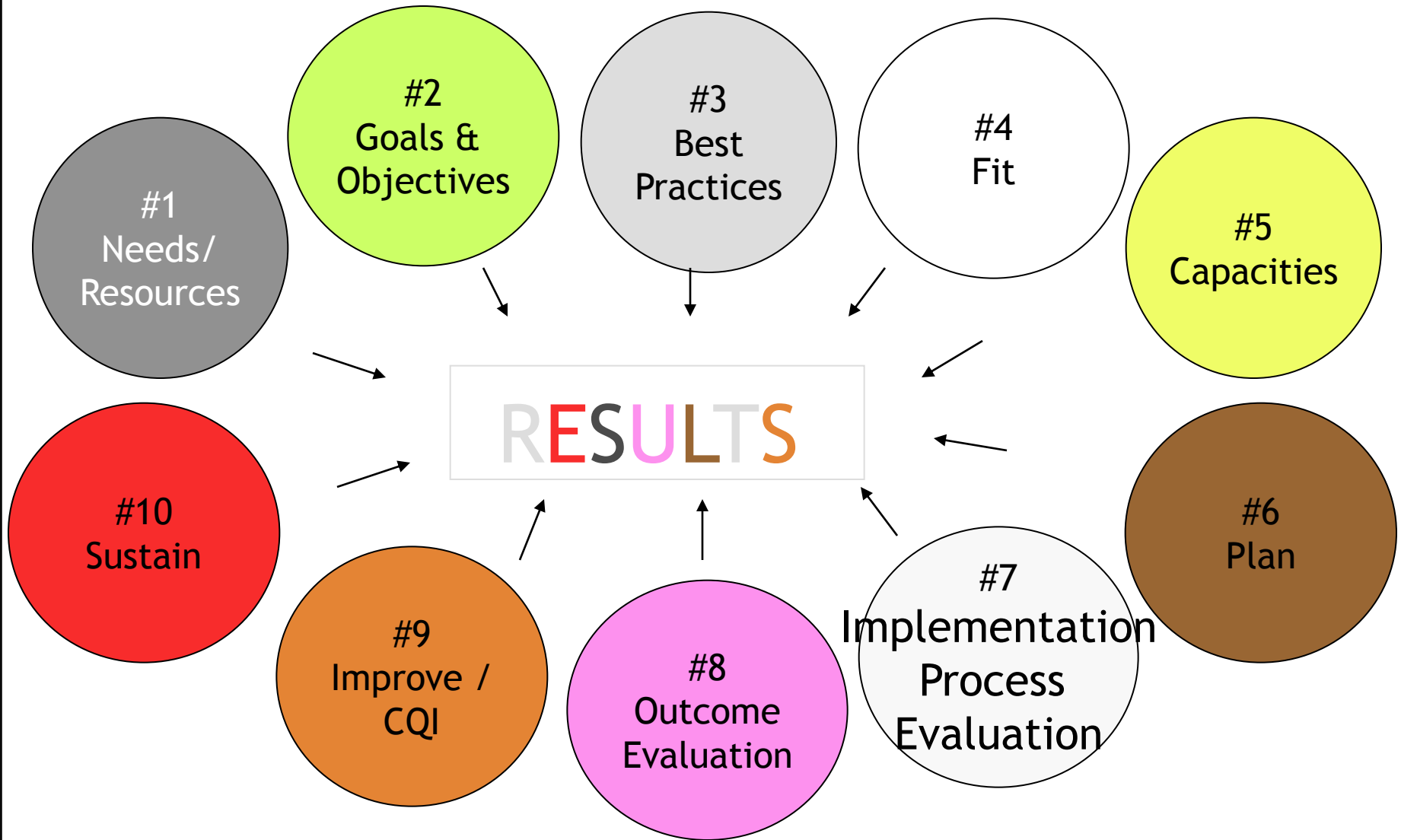


THE
SCIENCE



1. Needs/Resources
2. Goals
3. Best Practice
4. Fit
5. Capacities
6. Plan
7. Implementation/Process Evaluation
8. Outcome Evaluation
9. Continuous Quality Improvement
10. Sustain

GTO[®] as a Painter's Palette



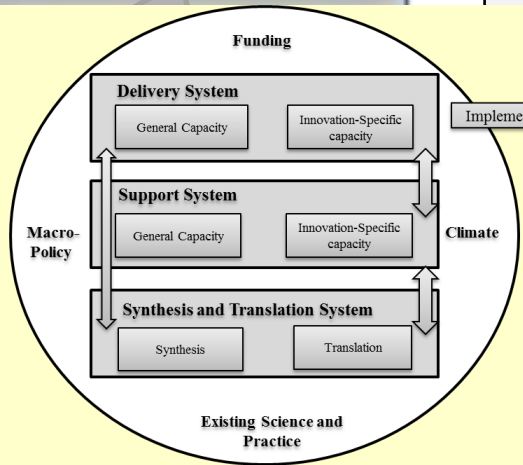
The Public Health Model

Define the problem

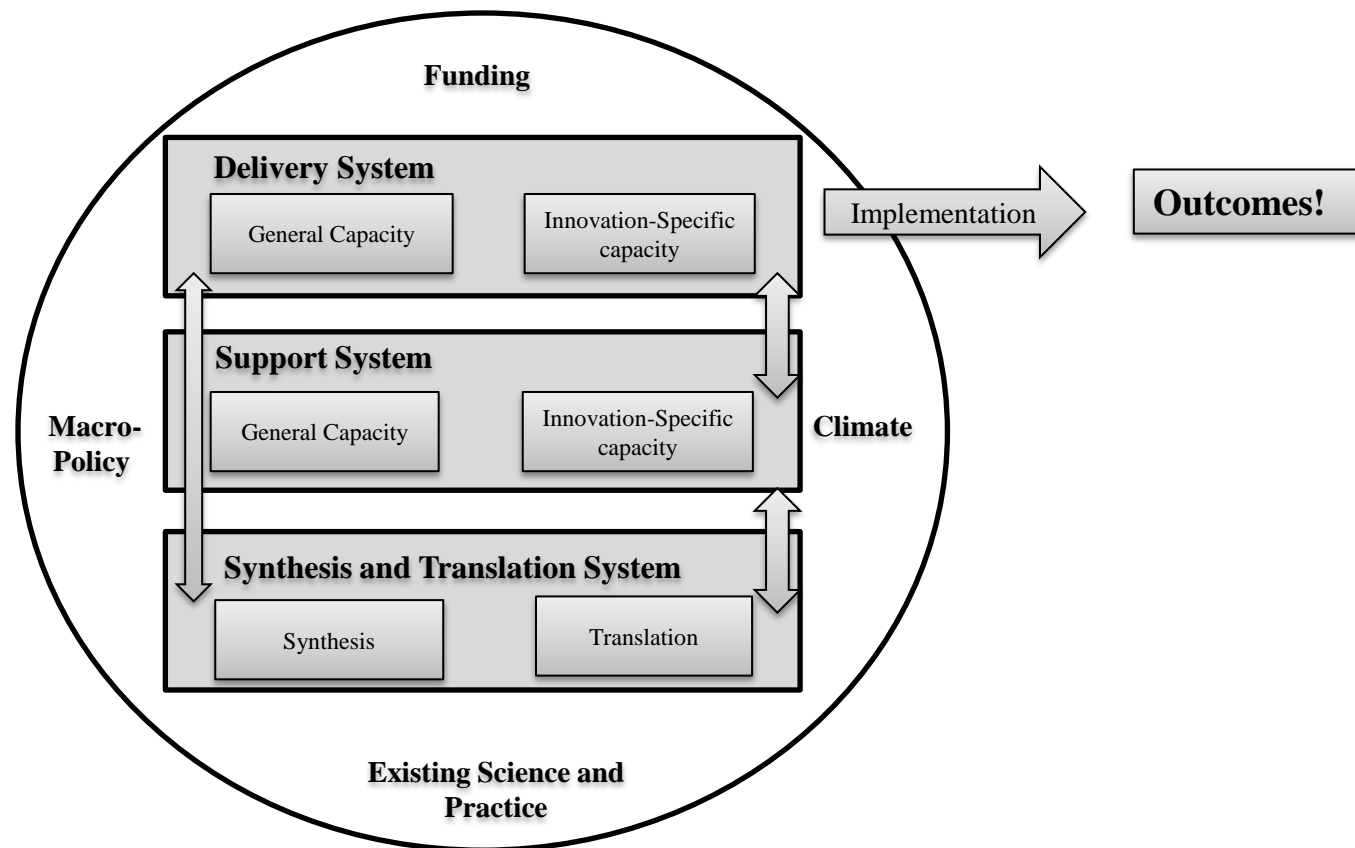
Identify risk and protective factors

Develop and test prevention strategies

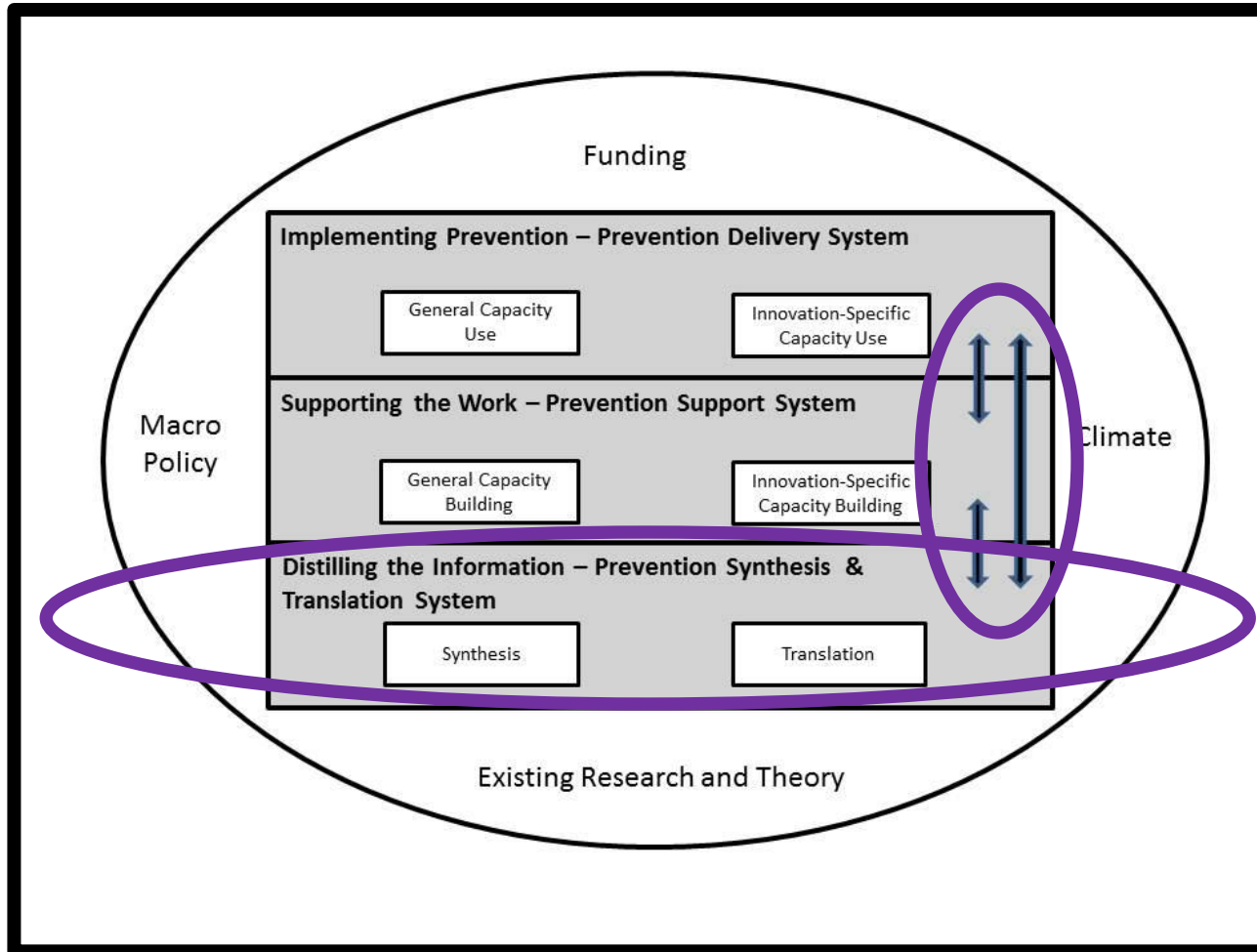
Assure widespread adoption



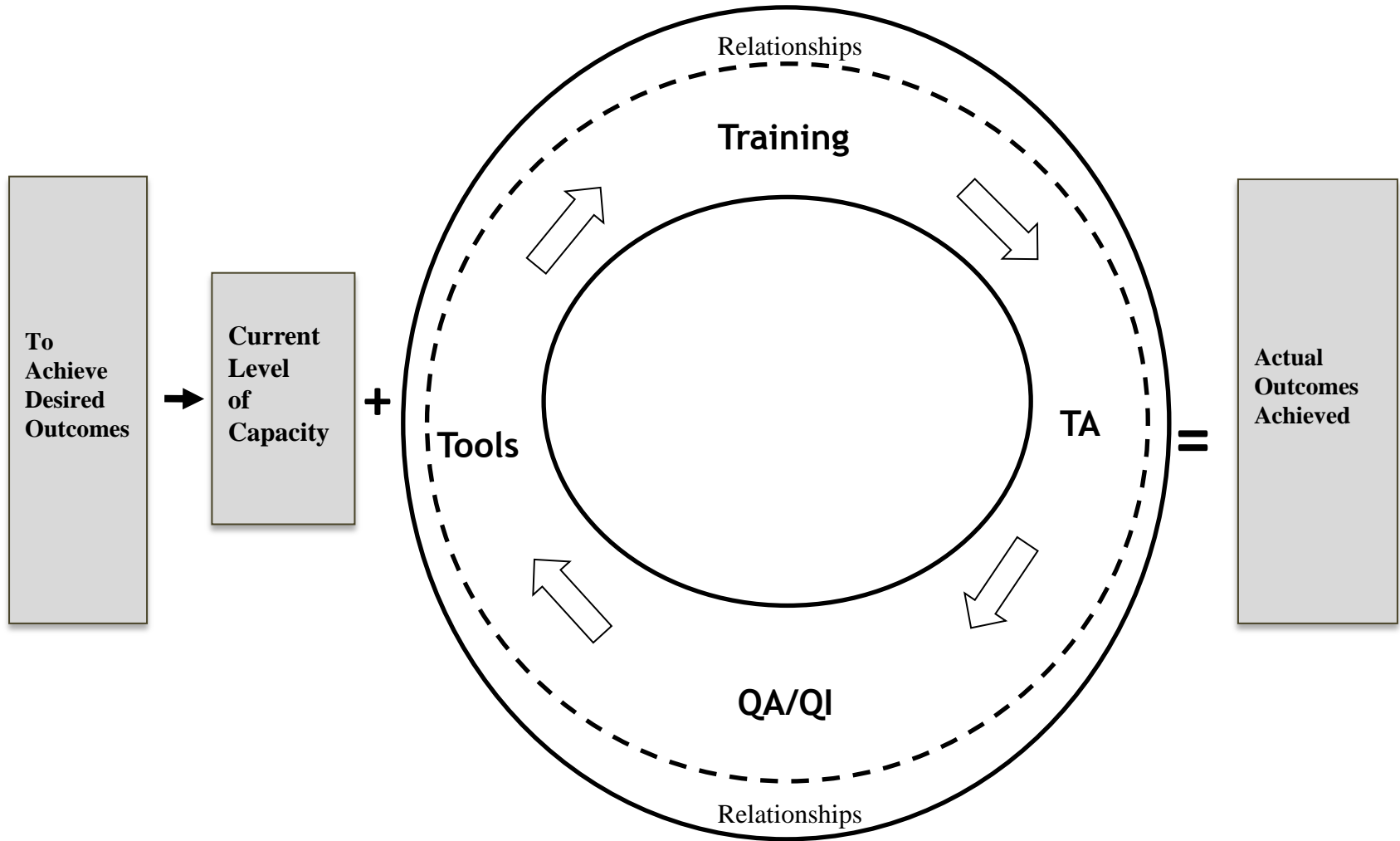
The Interactive Systems Framework for Dissemination and Implementation (ISF)



Rapid Synthesis and Translation Process (RSTP)



An Evidence-based System for Innovation Support



TAKE AWAYS

- NEED PARTNERSHIPS OF FUNDERS, RESEARCHERS, & PRACTITIONERS—
THE ISF
- NEED ACCOUNTABILITY
- NEED TO PROVIDE QUALITY EVIDENCE-BASED SUPPORT
(TOOLS, TRAINING, TA, QA/QI)

*INVESTING IN WHAT WORKS POLICY BRIEFS (IN PREPARATION)

Willing, Able → Ready: Basics and Policy Implications of Readiness as a Key Component For Implementation of Evidence-Based Practices

The Importance of Contextual Fit when Implementing Evidence-Based Practices

Using Evidence-Based Constructs to Assess Extent of Implementation of Evidence-Based Practices