

Intersecting Evaluation, Implementation Science, and Improvement Science: Examples from the Integrated Care Leadership Program

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Evaluation

Often, evaluations are viewed as:

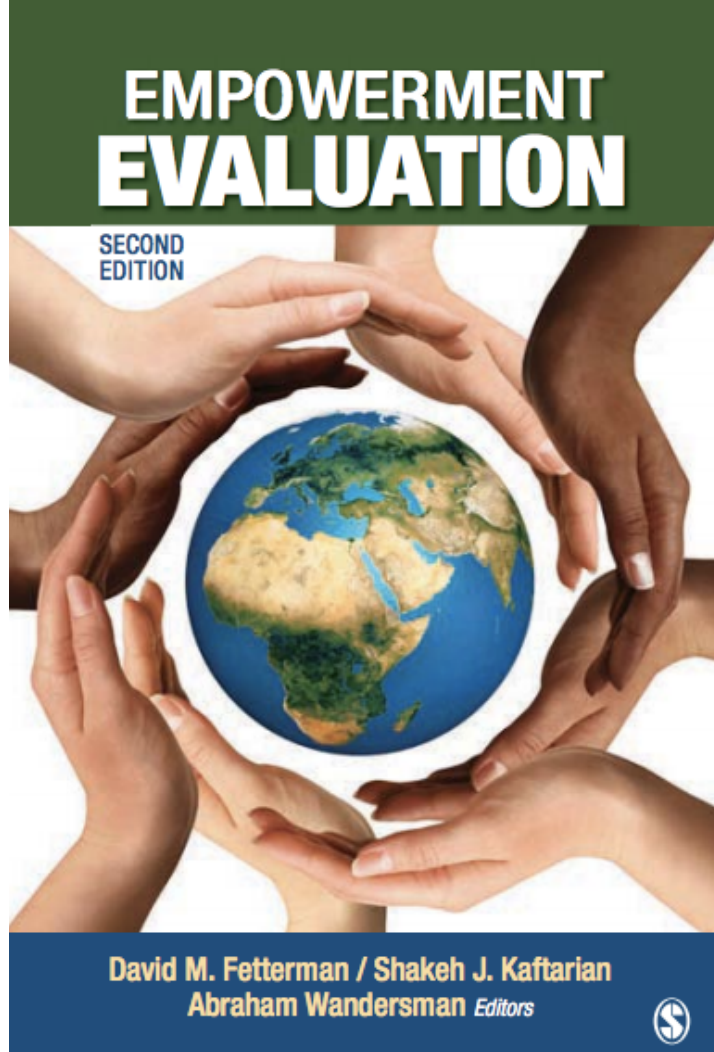
summative and the evaluator is “neutral”

vs.

formative evaluation approaches, like empowerment evaluation, that aim to increase success of programs with continuous feedback.

Empowerment Evaluation

- Formative & Summative
- Continuous Quality Improvement
- Community Knowledge
- Capacity Building
- Accountability



Implementation Science

In summative evaluations, implementation is often seen as a “black box”

Implementation science is focused on looking **inside the box** – process matters.

It aims to promote the adoption of evidence-based practices in human services by ensuring that program activities are executed in an effective way

Improvement Science

Developed to identify improvement strategies that promote better and safer care in healthcare settings

For example, the Model for Improvement's Plan-Do-Study-Act cycles



Often, in practice, improvement strategies are not implemented as intended

Intersections of Evaluation, Implementation, and Improvement

Prior research has suggested that empowerment evaluation (e.g., Getting To Outcomes) can support systematic implementation of quality improvement (e.g., Plan-Do-Study-Act) strategies to achieve healthcare improvement outcomes (Wandersman, Alia, Cook, & Ramaswamy, 2015).

We believe that using formative evaluation, evaluating factors related to quality implementation, and incorporating evaluation with improvement will lead to improved outcomes in integrated care settings.

Factors related to quality implementation: R=MC² Model for Practical Implementation Science

Readiness = Motivation x Innovation-Specific Capacity x General Capacity

R=MC² defining features:

- Readiness is viewed on a continuum
- Readiness is dynamic
- R=MC² is part of a comprehensive planning, implementation, and evaluation approach

(Scaccia et al., 2015)

Application to Integrated Care

Evaluation

Formative evaluation of integrated care using R=MC²-derived tools:

- Readiness for Integrated Care Questionnaire (RICQ) measured readiness for integrated care
- Activity-specific Readiness Tool (ART) measured readiness for PDSAs

Implementation Science

R=MC² model derived from implementation literature asserts organizations must have the following features in order to implement with quality:

- Motivation
- Innovation-Specific Capacity
- General Capacity

Improvement

Plan-Do-Study-Act (PDSA) cycles were used to test small integrated care-related changes within practices.



ART readiness assessment provided data to “study” and “act” upon

Conclusions

Case studies have revealed that practices implementing integrated care that used R=MC² to address evaluation, implementation, and improvement found that:

- The RICQ and ART were useful for identifying strengths and areas for improvement in integrated care initiatives
- Integrating the ART with PDSA cycles was particularly useful for providing actionable areas for improvement, linked with an improvement method

Tools and frameworks from evaluation, implementation, and improvement science **can** and **should** work together to improve implementation and outcomes of integrated care interventions

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Discussion

Remaining questions about Intersecting Evaluation and Implementation Science

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Questions about Empowerment Evaluation

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