

Implementation Science: Scenario Slides

SCENARIO ONE

Provider practice trying to increase adult immunization rates

- Family medicine practice
- 5 physicians, 14 staff, 3 offices
- Rural county
- Lead physician seeks MOC credit with an adult immunization project
- You are now designing the plan?
- Where do you start? What does implementation science teach us?

Requirements for practice change

1. Valid, legitimate, accepted evidence
2. Clinician/staff knowledge, skill
3. Supportive professional norms
4. External expectations, monitoring, pressure/incentives
5. Patient acceptance
6. Evidence of quality gaps
7. Etiology of practices, quality gaps
8. Feasible methods/systems

SCENARIO TWO

An adult immunization program in a state health department

- State health department
- Like many, few resources
- How to focus the adult immunization activities?
- What can you do to improve uptake of immunizations?

Requirements for practice change

1. Valid, legitimate, accepted evidence
2. Clinician/staff knowledge, skill
3. Supportive professional norms
4. External expectations, monitoring, pressure/incentives
5. Patient acceptance
6. Evidence of quality gaps
7. Etiology of practices, quality gaps
8. Feasible methods/systems

SCENARIO THREE

Federal person implementing a plan

- You're Ilka Chavez or other federal person
- You are on some task force working to implement the Adult Immunization Plan
- You want to improve federal and non-federal collaboration
- What is Implementation science advice about the National Adult Immunization Plan?

Requirements for practice change

1. Valid, legitimate, accepted evidence
2. Clinician/staff knowledge, skill
3. Supportive professional norms
4. External expectations, monitoring, pressure/incentives
5. Patient acceptance
6. Evidence of quality gaps
7. Etiology of practices, quality gaps
8. Feasible methods/systems

SCENARIO FOUR

Professional medical/provider society

- Professional medical society
- Trying to improve its outreach to its members about immunization
- They have tools, program, advisory committee established
- What can they do next to better measure or demonstrate how their members are becoming better immunizers?

Requirements for practice change

1. Valid, legitimate, accepted evidence
2. Clinician/staff knowledge, skill
3. Supportive professional norms
4. External expectations, monitoring, pressure/incentives
5. Patient acceptance
6. Evidence of quality gaps
7. Etiology of practices, quality gaps
8. Feasible methods/systems

SCENARIO FIVE

A longtime successful state immunization conference

- The State conference as an “institution”
- Example of something so good. It works.
- Annual conference is a big contributor to the immunization progress within state, but little direct evidence of that
- Now what? What does implementation science tell us about how to improve on something already good?

Requirements for practice change

1. Valid, legitimate, accepted evidence
2. Clinician/staff knowledge, skill
3. Supportive professional norms
4. External expectations, monitoring, pressure/incentives
5. Patient acceptance
6. Evidence of quality gaps
7. Etiology of practices, quality gaps
8. Feasible methods/systems