HEALTH+MEDICAL RESEARCH

TRGS Round 1
Post-research implementation assessment

Overall report and findings

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The TRGS aspiration

- TRGS aims to incentivise research that is a priority for the State or articulated in local strategic research plans, and to support the translation of that research into policy and practice.
- Host organisations commit to the implementation of the intervention if the results are positive.
- TRGS is an innovative and new funding scheme because the health system directly funds research that will impacts its operations.

This project – how to save TRGS results from the graveyard of good ideas

Purpose of this Project

To assess the implementation readiness and activities of 10 TRGS Round 1 projects that are finishing in 2018/early 2019 and examine these topics:

- Implementation activities including governance - planned and underway
- Implementation readiness and required support

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Approach and outcomes

Assessment of implementation requirements

- Key document review
- Group interviews with Chief Investigator from 10 TRGS projects and other relevant parties

Practical advice to support implementation

- 10 Practical implementation recommendation reports for each of the Round 1 TRGS projects finishing in 2018

Reporting – future support

- A brief high-level report with recommendations for CHO/ED OHMR on how to support implementation for future TRGS rounds

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Context and caveats (1)

- TRGS represents a radical change in NSW.
- Wider implementation of findings into policy and practice is a well recognised challenge. For example, a study of impacts arising from 50 NHMRC funded intervention studies reported that only 34% had resulted in specific policy and practice impacts (Newson et al 2015).
- This project was designed as a rapid implementation assessment, not to develop detailed implementation plans for each individual project.
- The final decision about local or state-wide implementation should be made by relevant decision-makers after reviewing the research findings, as well as considering the wider implications of implementing the study.
- Not all of the 10 projects had finished their research. For those that were close to completion we assessed implementation readiness and plans.
- Results from research were not critically analysed at length and some results were only available verbally at the time of interview. One project had no results as yet to share as they were waiting to finalise data collected before analysis. The purpose of this project is *not* to critically analyse the study findings.

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Context and caveats (2)

Implementation involves embedding research into the health service as it continues along the translational framework.

- Not all TRGS projects will be at the scalability and monitoring stage at their conclusion, and so implementation may initially be small in scale and time-limited depending on where in the framework the evidence sits.
- The translational research framework is not linear; it is cyclical with ongoing monitoring and exploration of new research questions. Hence, **there is no clear delineation of where research ends and implementation begins.**
- Innovative interventions with promising results should be incorporated into service delivery as a research activity for ongoing evaluation along the translational research framework.
- Embedding research activities into service delivery through implementation has benefits in:
  - improving local research capacity
  - improving patient outcomes

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Context and caveats (3)

Evidence from implementation research is emerging on how to best scale up interventions into practice. Insights from the available research can be summarised as:

A) Not all findings can/should be implemented because:

- The research may show that the intervention did not improve patient outcomes or there were patient harms. TRGS is also important in understanding what interventions should NOT be implemented into the NSW health system.
- The right evidence base is needed to justify implementation. For example, many public health interventions are rolled out without having the evidence base in place for these four stages: development, efficacy testing, real-world trial and dissemination (Indig et al 2017)
- Some health interventions that have been shown to be effective in research contexts will never be scalable because of a lack of strategic alignment, cost or incompatibility with existing infrastructure (Milat et al 2016).

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Context and caveats (3)

B) Implementation research suggests the following features enable successful implementation:

- Individuals who will be responsible for implementation post research are an integral part of the research governance.
- Appropriate governance structures with clinical/policy champions.
- Engagement with key stakeholders to ensure support for implementation.
- Understanding of resources required for implementation e.g. infrastructure, workforce, technology, training programs, funding, etc.
- Scaling up plan supported by a strong business case for change.
- Monitoring and evaluation processes to support sustainability.

References: Vidgen et al. 2018; Milat et al., 2016; ACI Implementation Framework; WHO Implementation Research Toolkit

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Headline results (1)

Co-design and co-production of research is necessary but not always sufficient for post-TRGS implementation.

- Once the TRGS research is finished, there needs to be a planned implementation handover from the research team to local or statewide policy/practice partners to assess the intervention for implementation and then to lead this process.
- This needs to occur along an implementation pathway agreed to at the outset of research design. This implementation handover is likely to start while the research is still being completed if early findings are positive.
- The implementation pathway will be topic and context specific.

We need to move from 'Implementation by Osmosis' to an 'Implementation Handover' model. Osmosis is not enough!

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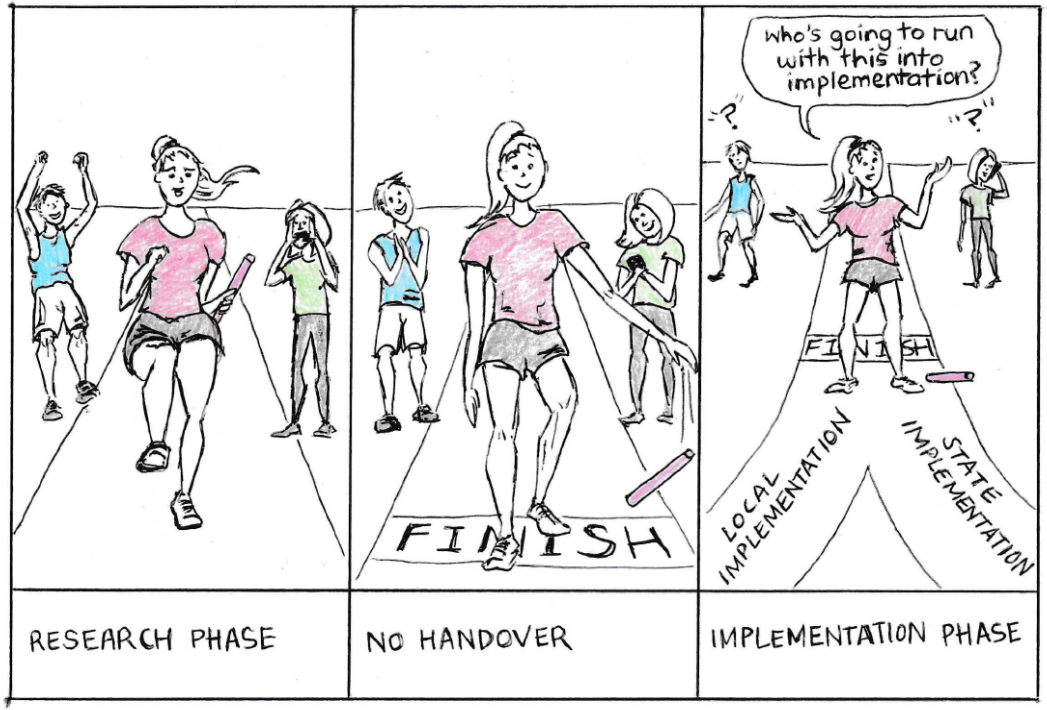
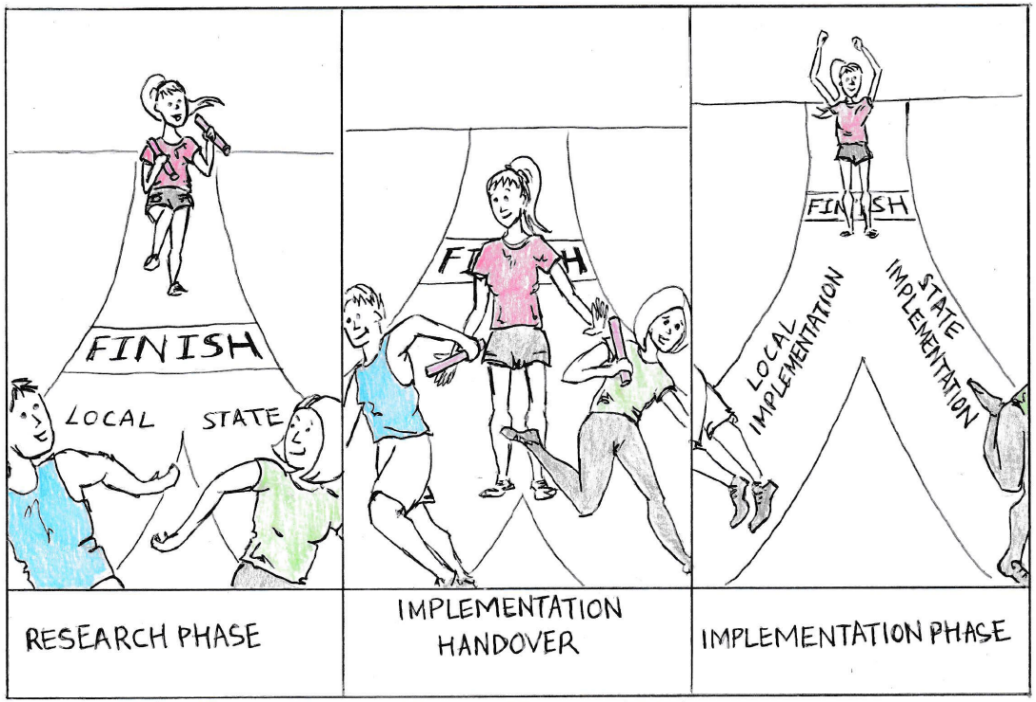
Model 1: implementation by osmosis



Model 2: implementation handover



Headline results (2)

The main areas requiring practical implementation support are:

- Business case development
- Implementation planning
- Appropriate governance structures for implementation phase
- Engagement with state-wide partners and organisations who will lead the implementation post-research
- Understanding intellectual property for developed resources

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Summary and overall recommendations

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Summary: enablers of implementation

- Research where the intervention is shown to be effective or existing practice to be ineffective.
- Research that is focused on a question that is directly relevant to local and state-wide initiatives.
- Wider implementation is feasible from cost, acceptability and practical perspectives.
- Strong engagement by senior local health district executives, pillars, Ministry branches and clinicians both locally and statewide.
- The organisation that will be responsible for future implementation is engaged and starts planning for implementation.
- The implementation is planned at the outset and steps are put in place to ensure a smooth ‘handover’. One respondent said “tilling the ground to get ready for translation”.

Summary: barriers to implementation

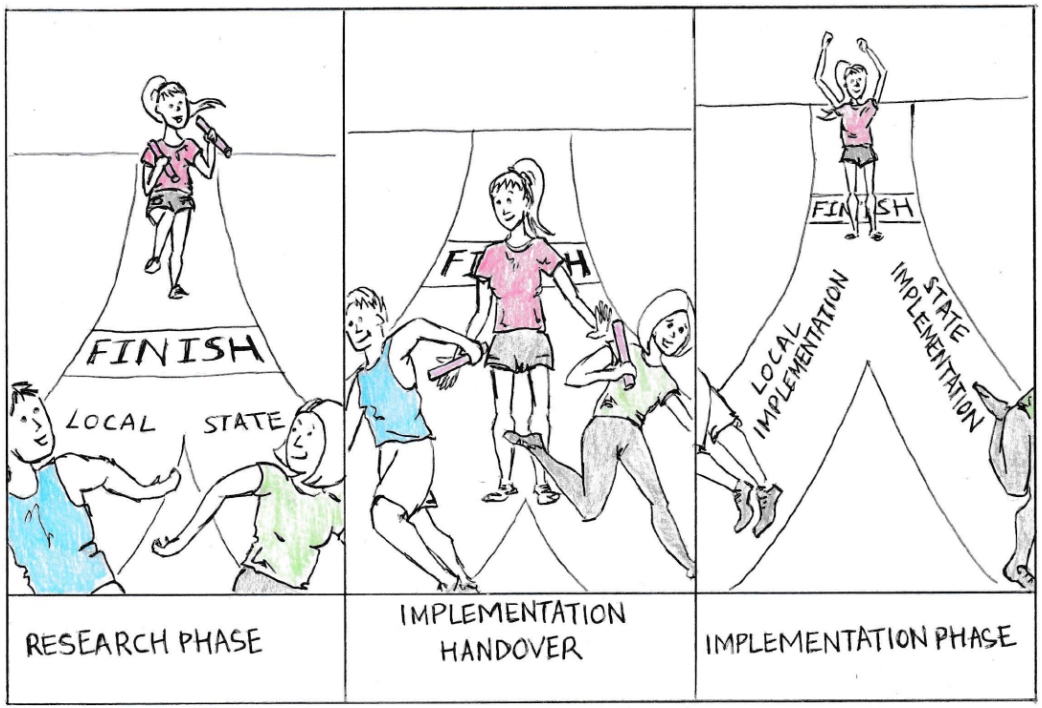
- Lack of identification of who will take responsibility for and fund state-wide or local implementation of the intervention post-TRGS.
- In some cases, lack of experience within policy/practice partners to prepare business cases and implementation plans.
- Lack of strong senior oversight of the projects locally and state-wide.

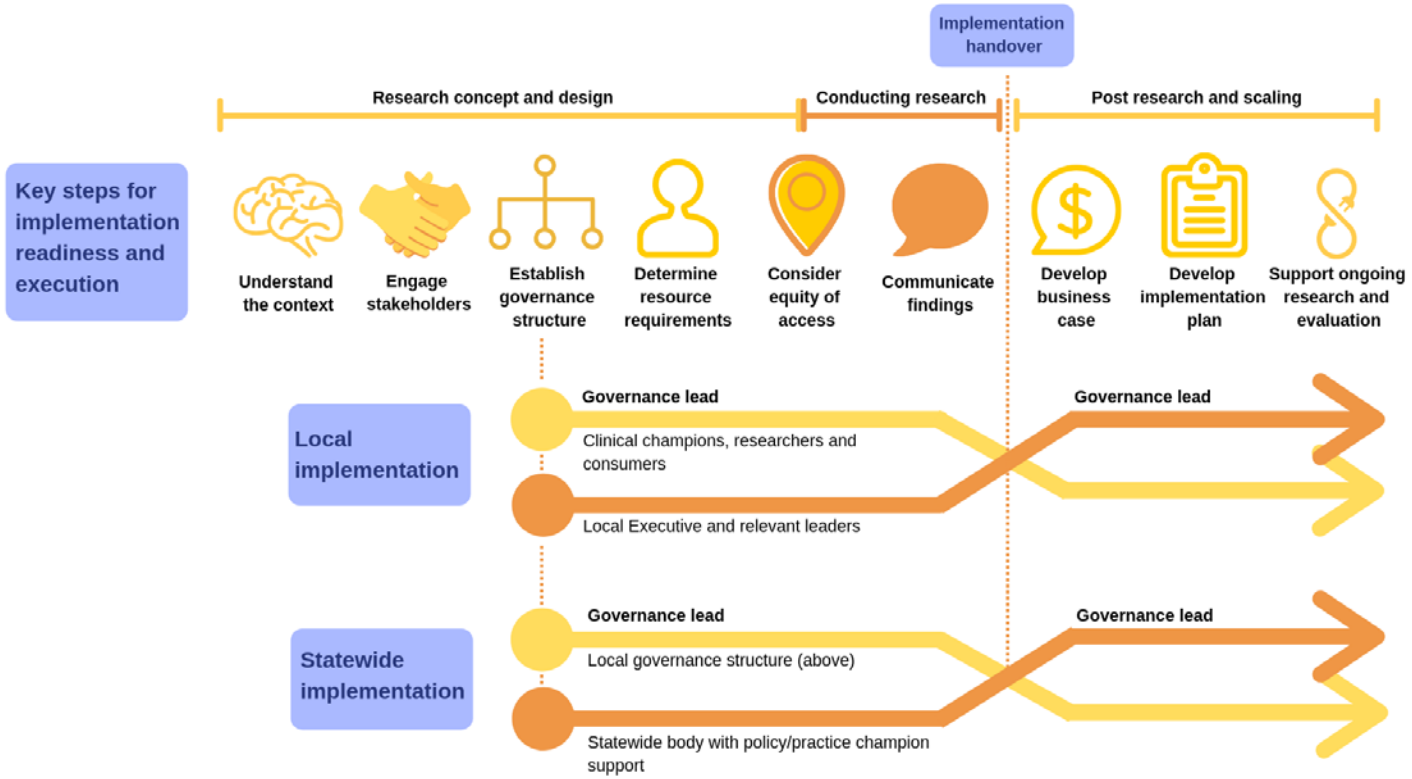
Summary: when implementation was not recommended

Projects may not be recommended for implementation because:

- The intervention was not feasible to be implemented more broadly.
- The evidence was not strong enough to support wider implementation.

Main recommendation - all projects plan for an ‘implementation handover’




Implementation handover
Research concept and design
Conducting research
Post research and scaling
Key steps for implementation readiness and execution
Understand the context
Engage stakeholders
Establish governance structure
Determine resource requirements
Consider equity of access
Communicate findings
Develop business case
Develop implementation plan
Support ongoing research and evaluation
Local implementation
Governance lead
Clinical champions, researchers and consumers
Local Executive and relevant leaders
Governance lead
Statewide implementation
Governance lead
Local governance structure (above)
Statewide body with policy/practice champion support
Governance lead

Implications: TRGS program

OHMR TRGS commissioning

- OHMR work with LHDs to support their TRGS proposal prioritisation process. OHMR to encourage LHDs to submit proposals where:
  - there is strong strategic alignment and it is feasible to implement, e.g. cost, acceptability and compatibility with existing infrastructure (*make this clearer in the guidelines for applicants*).
  - the stage of evidence base for the intervention is clear (*included in curriculum for educational resource development and review application form*).
  - where there is compelling local or state-wide data to characterise the problem being addressed.
- In the full application ask explicitly who will be responsible for implementation, how it will funded and the indicative implementation process/pathway with roles and responsibilities for after the TRGS project is completed. Include a signed commitment for implementation partnership (*included in full application for Round 4*).

OHMR TRGS monitoring

- Review progress reports and hold a phone call meeting midway if early identification of issues that may impact on the ability to implement. This phone call with the CI and the named post-research implementation partners could focus on the key steps for implementation using a discussion template

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Implications: TRGS program

OHMR post-TRGS implementation support

- Create a repository of implementation resources –such as the ACI centre for healthcare redesign. For example, consider setting up a page to guide TRGS teams to currently available implementation support within the NSW Health system such as that modelled on this page from NICE in the UK.
- Establish a post-TRGS and ongoing process for OHMR to assess implementation readiness and provide support where appropriate:
  - Include a thorough assessment of implementation readiness in the final report that addresses the features of successful implementation.
  - Hold a follow up phone call meeting to discuss mitigation strategies where barriers to successful implementation have been identified.
  - Consider including an update on implementation at LHD/MoH meetings or in KPI.

OHMR Wider consideration

- Discussion with pillars/LHDs/branches within MOH about how they can receive an ‘implementation handover’ and to identify pathways, roles and responsibilities, and required resources.
- TRGS showcasing and awards.

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Conclusions (1)

- All TRGS projects interviewed were committed to ongoing implementation of their project.
- The rate of impacts already arising from this sample 10 projects (70%) is much higher than that reported in analyses of NHMRC funded research projects (34%).
- As to be expected, in a few instances they did not have the support to do so and/or the project findings did not warrant wider implementation.

Conclusions (2)

This high rate of impacts arising from TRGS research is likely to be due to the funder and the commissioning processes of this research scheme.

OHMR and MoH are **uniquely** placed to support the planned implementation of research findings into the NSW Health system because they:

a) invest in research directly relevant to NSW Health and LHD/SHN priorities,

AND

b) are the NSW Health system manager.