

Designing for Dissemination and Implementation (D4D&I) Training Hub Executive Summary

Problem:

There is enormous pressure to accelerate the translation of evidence-based findings into practice. Researchers cite many reasons for this lack of uptake but one of the most common reasons for non-adoption is poor engagement of end-users. The research being conducted is not seen as relevant to patients or practitioners. To address this concern, we will train Veterans Health Administration (VA) practitioners, researchers, and operational leaders/staff to use a multifaceted D4D&I implementation strategy to increase the impact, effectiveness, widespread adoption, and maintenance of evidence-based care coordination programs across clinical settings, patient populations, and throughout the continuum of care.

The D4D&I Training Hub program will:

- 1) Train participants** to use the four discrete methods of the D4D&I strategy
- 2) Implement a virtual learning collaborative (VLC)** to facilitate peer-to-peer learning by providing participants with a forum for sharing experiences
- 3) Evaluate the D4D&I Training Hub strategy** using the RE-AIM (Reach, Effectiveness, Adoption, Implementation, Maintenance) Framework. Our evaluation will encompass participant learning and satisfaction with the training, professional growth with the VLC, cost of implementing the training hub, and downstream program outcomes and products.

Brief description:

The D4D&I Training Hub uses evidence-based experiential and e-learning educational strategies for adult learning. Each training cohort will participate in a 24-week program. Training will occur through Canvas, an e-learning platform during the first 12 weeks with week 13 being a Capstone Presentation. We selected an e-learning format because of its low cost and potential high-impact. Use of an e-learning platform increases accessibility, scale, and spread across the VA. The training content will be delivered in six, 2-hour trainings over a 12-week period with didactic alternating with VLC meetings. The didactic sessions will cover the four discrete D4D&I methods. Participants will learn how to conduct implementation science-guided assessments, engage stakeholders, adapt their care coordination program based on data and feedback, and program evaluation. Each training will be posted on Canvas and includes educational resources, an interactive didactic curriculum, and instructions for site work. The VLC meetings will be used to draw reflections from participants about the didactic content, facilitate storytelling of how the information has been applied, support peer-to-peer mentoring, allow for assessment of intervention fidelity, and opportunities to reinforce content if necessary. The VLC meetings will occur bi-weekly for the first 12 weeks and then monthly for the following three months. Participants will meet with a Faculty Mentor who will be a resource throughout the 24-week program. The Faculty Mentor and participants will establish short- and long-term goals and work to ensure attainment.

Anticipated impacts:

Implementation strategies are theory-based and designed to reduce the gap between research and practice to improve patient care. The D4D&I implementation strategy targets the adoption, implementation, sustainment, and scale-up and spread of a program. It increases the knowledge and skills of VA practitioners, researchers, and operational leaders/staff who are ready to disseminate and implement their evidence-based care coordination programs across the VA. We will recruit participants in collaboration with operational partners. These include the Diffusion of Excellence and Innovation Gold Status Fellows program, the Offices of Nursing Service, Rural Health, Community Care, Academic Affiliations, varied Field Advisory Committees, and HSR&D/QUERI mechanisms. We have disseminated programs through personal communications, cyberseminars, podcasts, and Twitter resulting in new program sites. We expect high interest due to the focus of D4D&I strategy since care coordination is a top priority of leadership. We will train five to six cohorts over three years and expect to train 50-60 participants. Our team developed, piloted tested, and is currently teaching the D4D&I strategies to our program expansion sites. The spread and scale-up of the D4D&I training program across the VA will positively impact clinical performance and Veteran care.

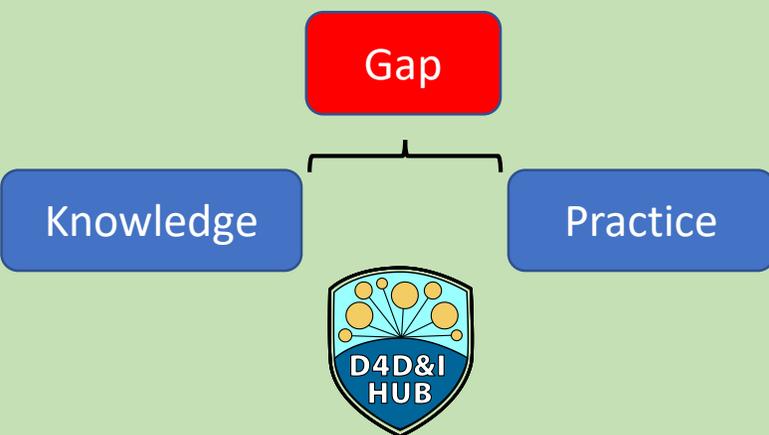
Cathy Battaglia, PhD, RN, Principal Investigator
catherine.battaglia@va.gov
720-857-2808 Office



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Research to practice gap
negatively impacts Veteran care



Using the D4D&I Training Hub
will bridge the gap between
dissemination and
implementation of care
coordination programs

D4D&I IMPLEMENTATION STRATEGY

Goal: Train participants in core components of the D4D&I implementation strategy to increase adoption, implementation and sustained use of evidence-based interventions for care coordination programs.

Curriculum Topics:

- Pre-implementation assessment
- Stakeholder engagement
- Intervention adaptation
- Evaluation of implementation efforts

Educational Approach:

- Online trainings
- Personalized mentoring
- Peer-to-peer learning through virtual learning collaborative

Impact:

- Training VA researchers, clinicians, leadership, staff

Call for more information:

Cathy Battaglia, PhD, RN 720-857-2808