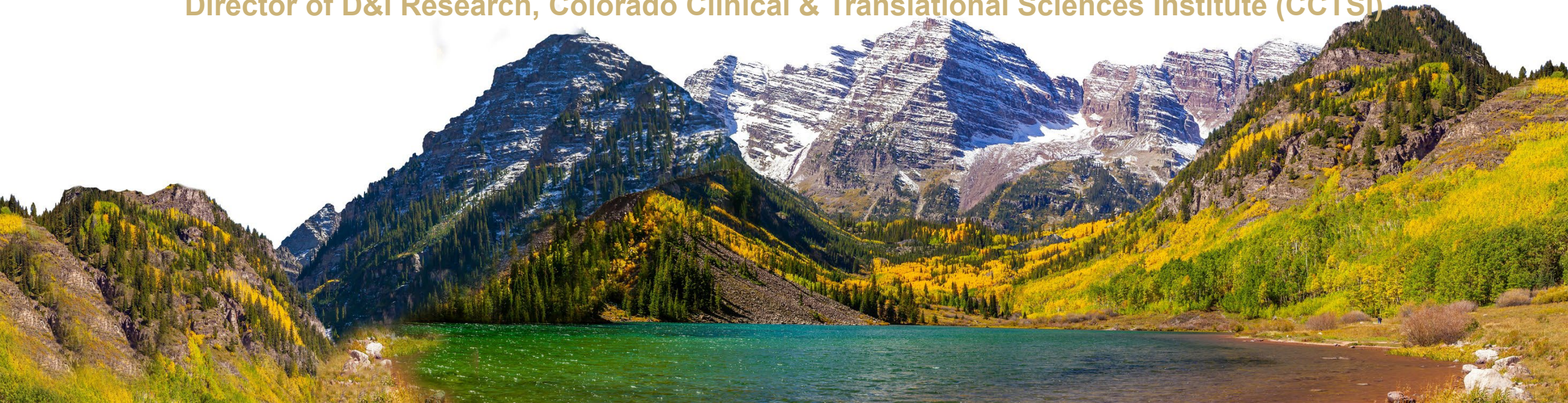


Designing for Dissemination and Sustainability: Methods, Frameworks, Tools, and a Diabetes Case Example

Bethany M. Kwan, PhD, MSPH

Associate Professor, Department of Emergency Medicine, University of Colorado School of Medicine
Director of D&I Research, Colorado Clinical & Translational Sciences Institute (CCTSI)



I have no conflicts of interest to report



Learning Objectives

1. Upon completion of this session, participants will be able to:
2. Describe the principles of Designing for Dissemination, Sustainability, and Equity (D4DSE): beginning with the end in mind, ensuring innovation-context fit, and planning for active dissemination
3. Identify frameworks and methods useful for designing and disseminating a range of research products from a D4DSE perspective
4. Describe the phases of the Fit to Context Framework for D4DSE and its application to a case example



Barriers to Dissemination and Sustainability



Poor fit between health innovations and intended context for use



Research paradigms used to develop and test programs



Cultures and systems that fail to incentivize and support active dissemination and translation of evidence into practice

Designing for Dissemination and Sustainability (D4DS)



Principles and methods for:

Enhancing the fit between a health program, policy, or practice and the context in which it is intended to be adopted

Early and active dissemination and sustainability planning.



Designing for dissemination

The process of ensuring that the products of research are developed to match the contextual characteristics of the target audience and setting for intended use



Designing for sustainability

Early planning and design processes designed to increase the likelihood of sustainment of an evidence-based program or practice after initial implementation

[Designing for Dissemination and Sustainability to Promote Equitable Impacts on Health](#)

Bethany M. Kwan, Ross C. Brownson, Russell E. Glasgow, Elaine H. Morrato, Douglas A. Luke, Annual Review of Public Health 2022 43:1, 331-353



Designing for *Equity*

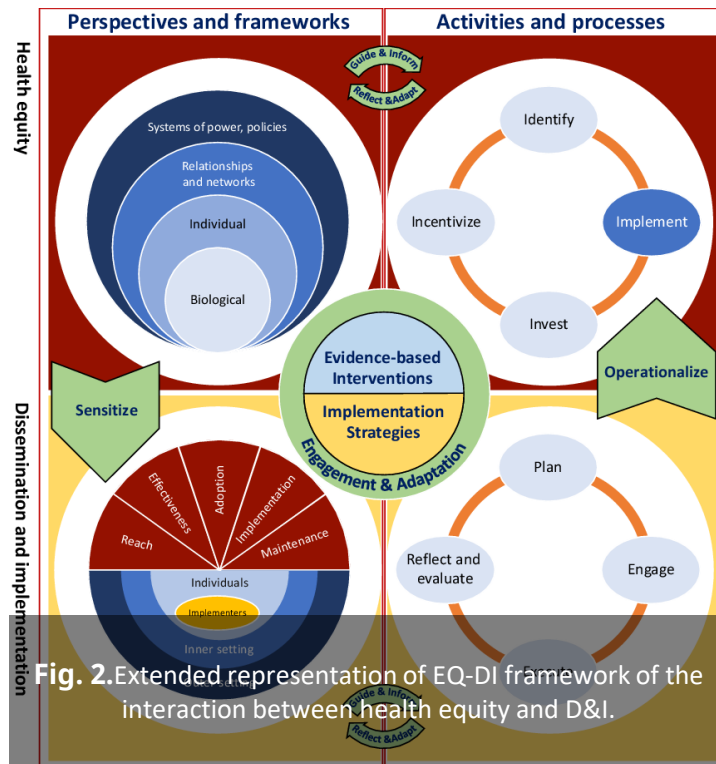


Fig. 2. Extended representation of EQ-DI framework of the interaction between health equity and D&I.

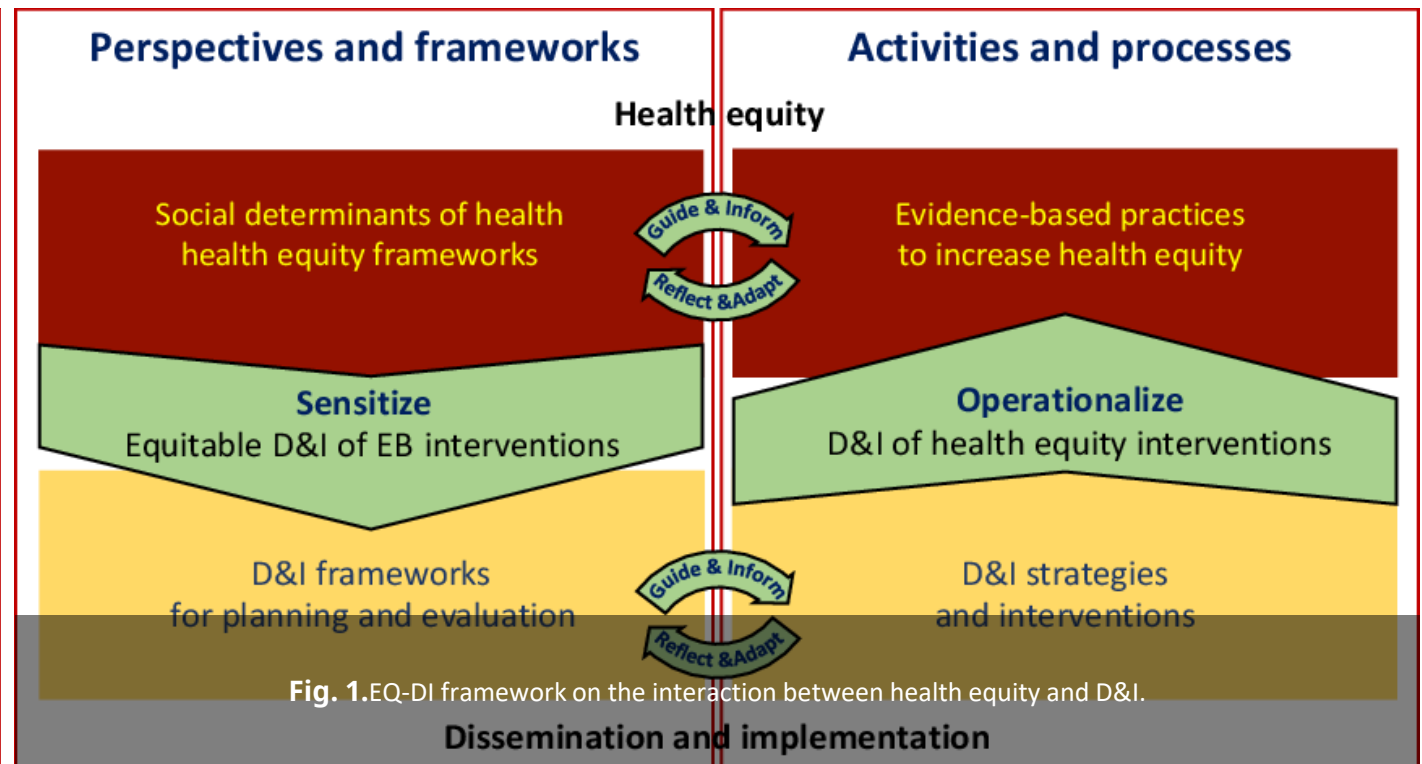


Fig. 1. EQ-DI framework on the interaction between health equity and D&I.

Yousefi Nooraie, R., Kwan, B., Cohn, E., AuYoung, M., Clarke Roberts, M., Adsul, P., & Shelton, R. (2020). Advancing health equity through CTSA programs: Opportunities for interaction between health equity, dissemination and implementation, and translational science. *Journal of Clinical and Translational Science*, 4(3), 168-175. doi:10.1017/cts.2020.10

Principles of D4DS



Beginning with the end in mind

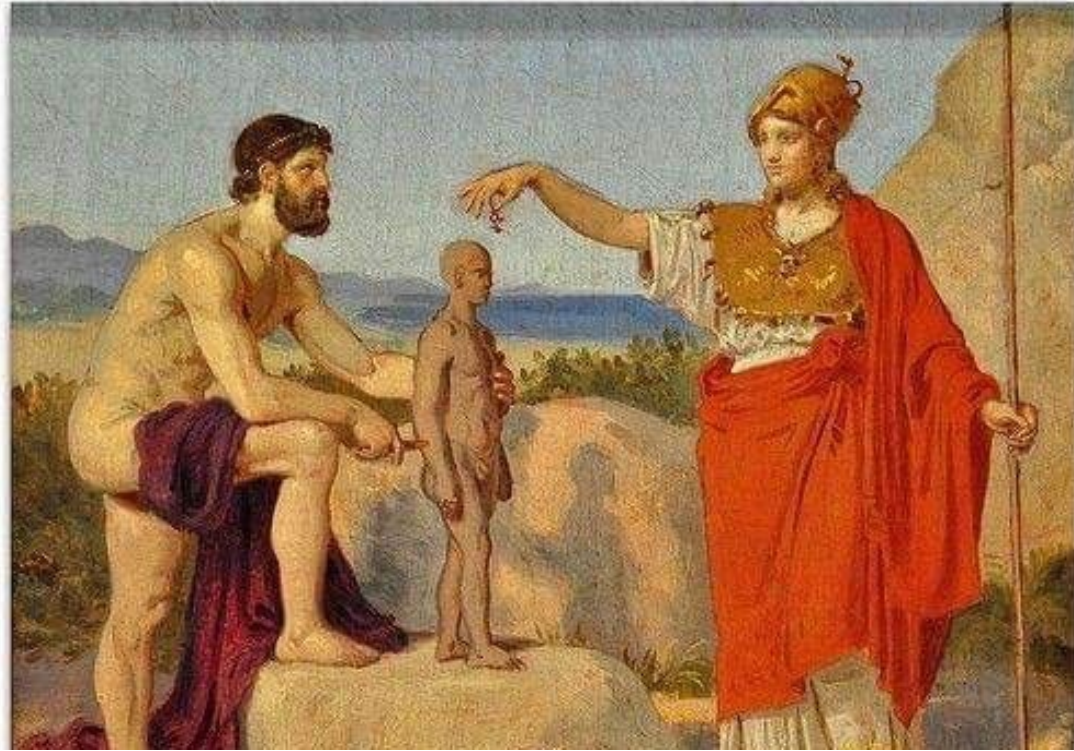


Ensuring innovation-context fit



Planning for active dissemination and sustainment

Beginning with the end in mind



Intended Audience and Level of Impact

Adopters

Influencers

Saboteurs



The products of research: What is being designed for dissemination and sustainability?

Evidence

- The generalizable knowledge resulting from the conduct of research and evaluation

Programs, Treatments, Interventions, and Services

- Health promotion and/or disease prevention or educational programs, interventions, initiatives, treatments, or services

Technology and Infrastructure

- Devices, software, hardware, web-based and other tools and equipment for disease prevention or management, research, evaluation, or educational purposes

Dissemination and Implementation Strategies

- Methods, approaches, guides, or materials, for dissemination, implementation, and sustainment of effective, equitable, and efficient public health and health care practices in real world settings

Policy and Guidelines

- Local and/or national public health and health care guidelines, standards, and policies emerging from the evidence base

Methods

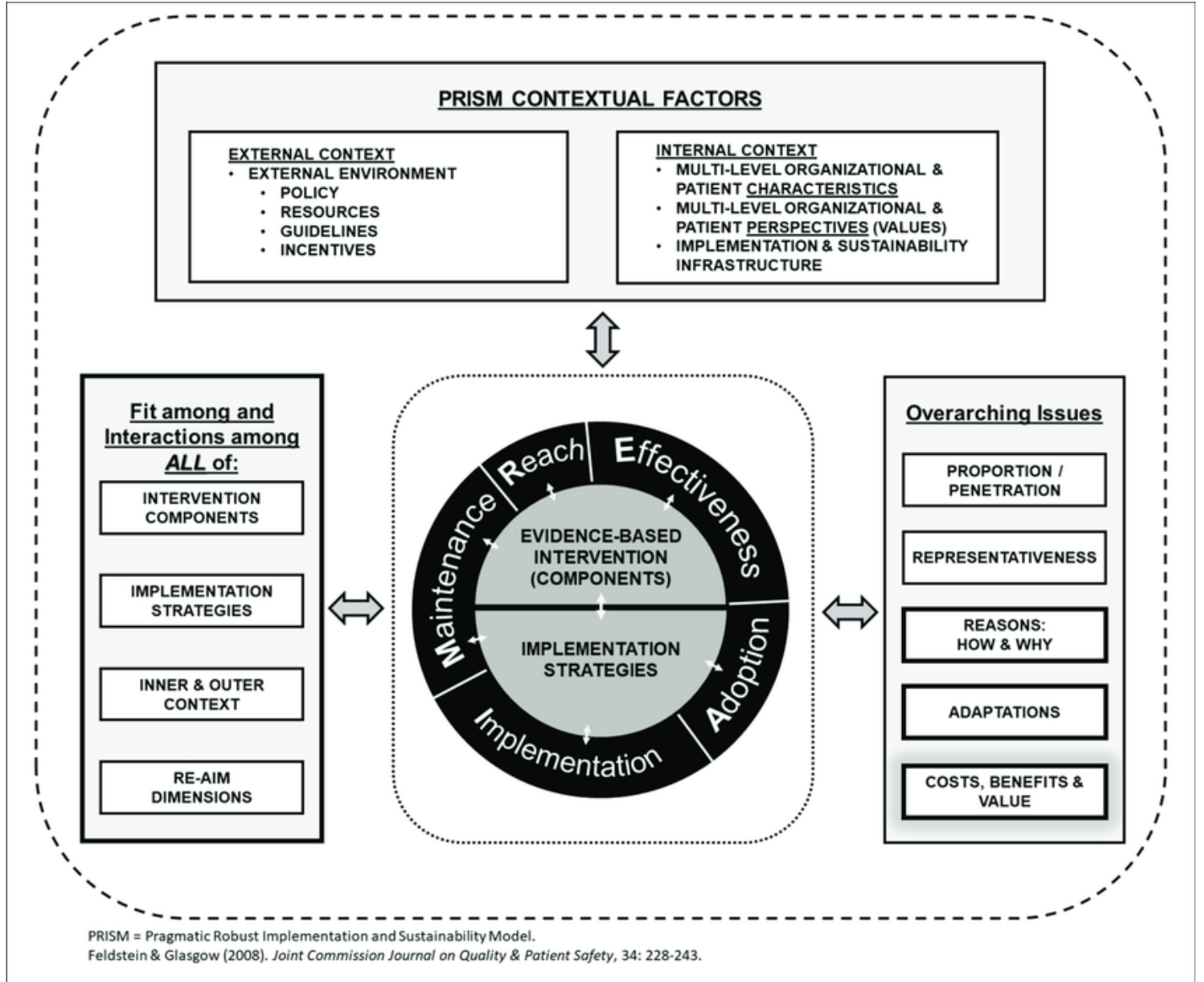
- Research and evaluation techniques, instruments, tools, models, measures and/or equipment

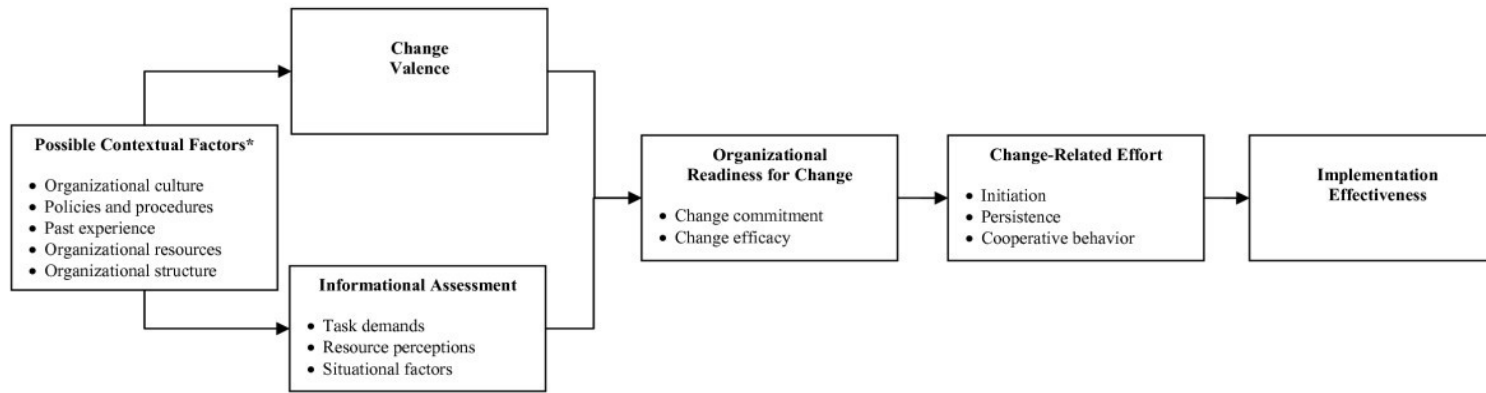
[Designing for Dissemination and Sustainability to Promote Equitable Impacts on Health](#)

Bethany M. Kwan, Ross C. Brownson, Russell E. Glasgow, Elaine H. Morrato, Douglas A. Luke, Annual Review of Public Health 2022 43:1, 331-353



Ensuring Innovation-Context Fit





* Briefly mentioned in text, but not focus of the theory

Implementation Science



Innovation-Context Fit: System Capacity and Organizational Readiness

Debate

A theory of organizational readiness for change

Bryan J Weiner

Open Access

Address: Department of Health Policy and Management, Gillings School of Global Public Health, University of North Carolina Chapel Hill, Chapel Hill, North Carolina, USA

Email: Bryan J Weiner - bryan_weiner@unc.edu

Published: 19 October 2009

Received: 20 March 2009

Implementation Science 2009, 4:67 doi:10.1186/1748-5908-4-67

Accepted: 19 October 2009

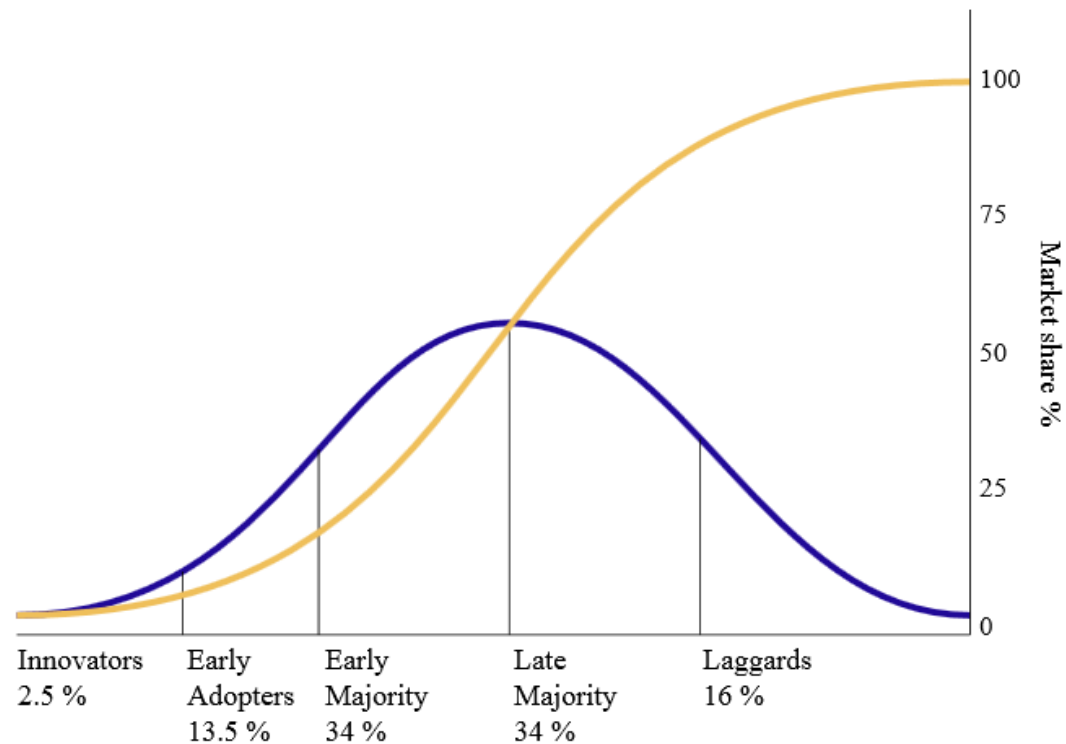
This article is available from: <http://www.implementationscience.com/content/4/1/67>



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Dissemination

- An active approach of spreading evidence-based interventions to the target audience via determined channels using planned strategies

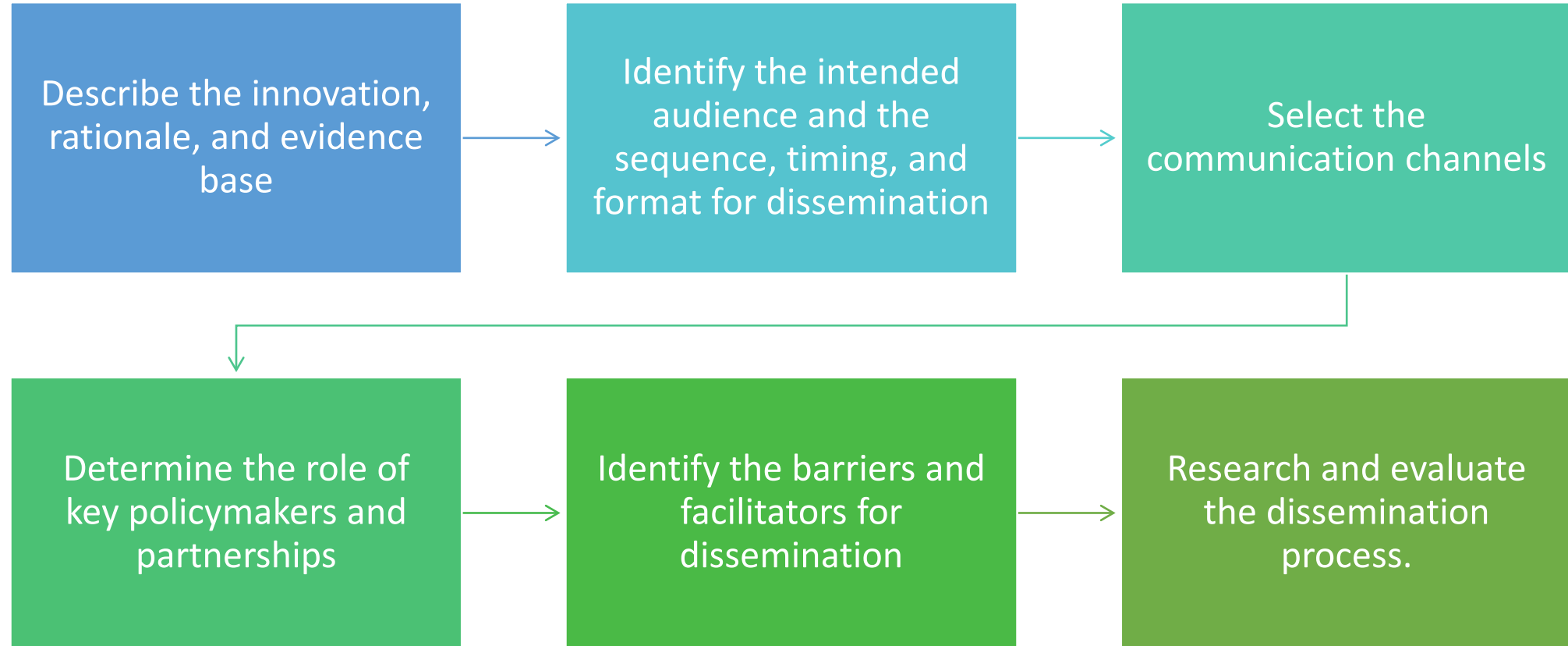


Diffusion curve

Brownson RC, Eyer AA, Harris JK, Moore JB, Tabak RG. Research full report: getting the word out: new approaches for disseminating public health science. *Journal of public health management and practice*. 2018 Mar;24(2):102.



Planning for Active Dissemination: Six-Step Dissemination Framework



Fit to Context Framework for D4DS



Four-phase process framework



Considers design of a research product and dissemination and sustainability plans from the perspective of ensuring fit to context



Products being designed are:

Culturally appropriate

Feasible for use in resource-limited settings

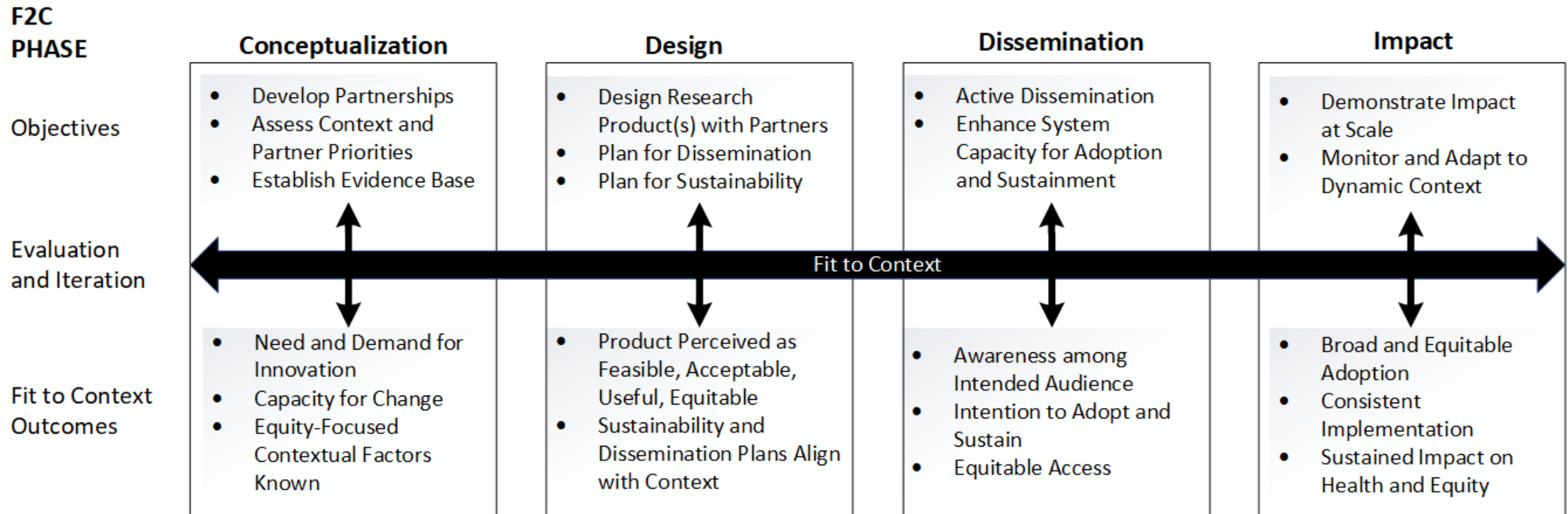
Align with the strengths and assets of the intended audience and setting

Impact outcomes that matter to communities and partners

Kwan BM, Luke DA, Adsul P, Koorts H, Morrato EH, Glasgow RE. Designing for Dissemination and Sustainability: Principles, Methods, and Frameworks for Ensuring Fit to Context. In: Brownson RC, Colditz GA, Proctor EK, eds. Dissemination and Implementation Research in Health: Translating Science to Practice, 3rd ed. New York, NY: Oxford University Press; 2023: 587-606.



Fit to Context (F2C) Framework for Designing for Dissemination



Kwan BM, Luke DA, Adsul P, Koorts H, Morrato EH, Glasgow RE. Designing for Dissemination and Sustainability: Principles, Methods, and Frameworks for Ensuring Fit to Context. In: Brownson RC, Colditz GA, Proctor EK, eds. Dissemination and Implementation Research in Health: Translating Science to Practice, 3rd ed. New York, NY: Oxford University Press; 2023: 587-606.



Design Processes



Participatory co-design and community partner engagement



Application of D&I theories and frameworks



Marketing and business approaches



Context and situation analysis



Systems, engineering and complexity science approaches



Communication and the arts

The methods, frameworks or approaches used to develop and test the research product; product messages, packaging, and distribution plans; and sustainability plans

Kwan BM, Brownson RC, Glasgow RE, Morrato EH, Luke DA. Designing for Dissemination and Sustainability to Promote Equitable Impacts on Health. Annual Review of Public Health. 2022 Jan 4;43.



Who to engage? 7Ps Framework for Engagement

Patients and the public

Providers

Policymakers

Purchasers

Payers

Product makers

Principal investigators



Concannon TW, Meissner P, Grunbaum JA, McElwee N, Guise JM, Santa J, Conway PH, Daudelin D, Morrato EH, Leslie LK. A new taxonomy for stakeholder engagement in patient-centered outcomes research. *J Gen Intern Med.* 2012 Aug;27(8):985-91. doi: 10.1007/s11606-012-2037-1. Epub 2012 Apr 13. PMID: 22528615; PMCID: PMC3403141.





The ENGAGEMENT NAVIGATOR Webtool
DICEmethods.org | Dissemination,
Implementation, Communication, and
Engagement
A guide for health researchers



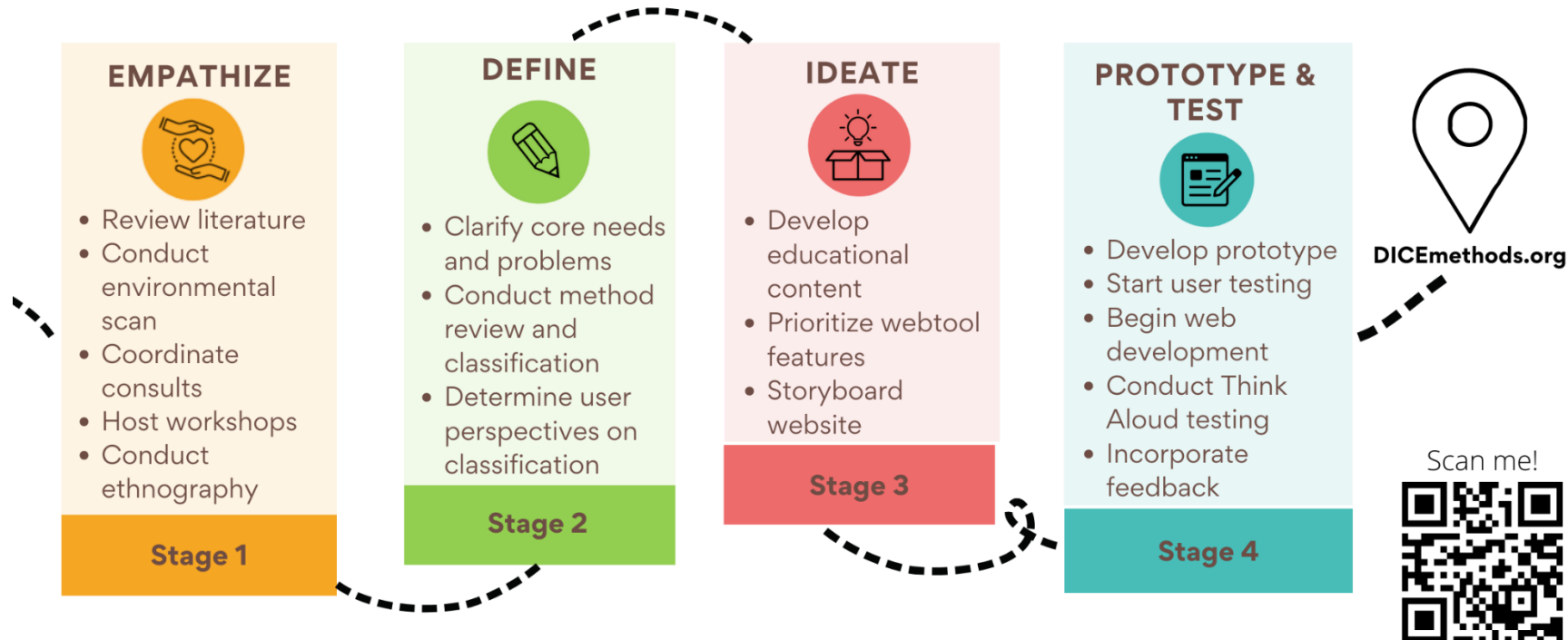


Using Design Thinking Methods to Create a Stakeholder Engagement Method Navigator Webtool for Clinical and Translational Science



Data Science to
Patient Value (D2V)
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Purpose: The Stakeholder Engagement Navigator is an interactive webtool designed for use by researchers. It was created to help researchers choose engagement strategies while considering budget, timeline, stakeholder availability, and team expertise.



Kwan, B. M., Ytell, K., Coors, M., DeCamp, M., Morse, B., Ressalam, J., Reno, J. E., Himber, M., Maertens, J., Wearner, R., Gordon, K., & Wynia, M. K. A stakeholder engagement method navigator webtool for clinical and translational science. *J Clin Transl Sci.* 2021;5(1):e180. Published 2021 Sep 13. doi:10.1017/cts.2021.850

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8596067/>



@BethanyKwan
@MatthewWynia





STAKEHOLDER ENGAGEMENT NAVIGATOR

DICEmethods.org | Dissemination, Implementation, Communication, and Engagement
A guide for health researchers



Data Science to Patient Value (D2V)
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FIND ENGAGEMENT STRATEGIES

Strategy Fact Sheets

Approaches ▼

Methods ▼

Tools ▼

INTRODUCTION TO STAKEHOLDER ENGAGEMENT

Stakeholder Engagement Navigator Webtool: Introductory Video Copy link

STAKEHOLDER ENGAGEMENT NAVIGATOR
DICEmethods.org | Dissemination, Implementation, Communication, and Engagement
A guide for health researchers

MORE VIDEOS



EDUCATION HUB

FIND ENGAGEMENT STRATEGIES

Stakeholder Engagement Education Hub

Welcome to our Stakeholder Engagement Education Hub! This is your home page for accessing our educational content related to stakeholder engagement.

THE BASICS

Getting started with stakeholder engagement

What is stakeholder engagement?

Why engage stakeholders?

Need for more research on stakeholder engagement

What are the core principles of stakeholder engagement?

How to identify stakeholders and establish their roles

A DEEPER DIVE

After reviewing the basics, develop a more comprehensive understanding of stakeholder engagement

What is the difference between a stakeholder engagement approach, method and tool?

Explore engagement approaches for your project

Use the Stakeholder Engagement Selection Tool

ABOUT THE WEBSITE

Learn about the purposes and goals behind the website and how the Stakeholder Engagement Selection tool was developed

Background and development of the Stakeholder Engagement Selection Tool

Web organizing framework





STAKEHOLDER ENGAGEMENT NAVIGATOR

DICEmethods.org | Dissemination, Implementation, Communication, and Engagement
A guide for health researchers



Data Science to Patient Value (D2V)
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Home > Stakeholder Engagement Selection Tool

EDUCATION HUB

FIND ENGAGEMENT STRATEGIES

Stakeholder Engagement Selection Tool

Welcome! The purpose of this tool is to help your team select the most appropriate engagement method or tool for your particular project.

Before using the tool, consider the following:

- ✓ **Purpose:** What do you hope to achieve through stakeholder engagement?
- \$ **Budget:** What budget do you expect to have for your engagement activities?
- 📅 **Number of interactions:** Over what period of time do you expect to engage your stakeholders?
- 🕒 **Time per interaction:** How much time do you expect from your stakeholders in any given interaction?
- 👤 **Staffing/expertise:** What types of staffing and expertise are available to you?

START!



Colorado Clinical and Translational
Sciences Institute (CCTSI)
UNIVERSITY OF COLORADO DENVER | ANSCHUTZ MEDICAL CAMPUS



STAKEHOLDER ENGAGEMENT NAVIGATOR

DICEmethods.org | Dissemination, Implementation, Communication, and Engagement
A guide for health researchers

RE-LAUNCH TOOL

Home > Stakeholder Engagement Selection Tool > Research Stage Selection > Engagement Purpose Selection > Refinements and Results Page

Your chosen research stage(s): **Planning**

Your chosen purpose(s) of engagement: **Develop research questions relevant to stakeholders**

Use the sliders to further refine your search. You may use the sliders to set a range or to select one point.

\$ Budget

🕒 Time per interaction

👤 Number of interactions

After adjusting sliders, click on highlighted strategies below to discover more.

- 25/10 CROWDSOURCING
- APPRECIATIVE INQUIRY
- CITIZEN JURIES
- COMMUNITY ENGAGEMENT STUDIO
- CONCEPT MAPPING
- CONVERSATION CAFE
- DELIBERATIVE POLLING
- DELPHI TECHNIQUE
- DISCOVERY AND ACTION DIALOGUES
- FOCUS GROUPS
- HUMAN-CENTERED DESIGN
- KEY INFORMANT INTERVIEWS
- NOMINAL GROUP TECHNIQUE
- ONLINE COLLABORATIVE PLATFORMS
- ONLINE COMMUNITIES
- TOWN HALL MEETING
- USER EXPERIENCE FISHBOWL

Deverka's Conceptual Model for Stakeholder Engagement in Comparative Effectiveness Research

Deverka's Conceptual Model for Stakeholder Engagement in Comparative Effectiveness Research was adapted from the analytic-deliberative process framework, used originally in making decisions regarding environmental risk. Deverka et al. adapted the model for stakeholder engagement in the context of comparative effectiveness research (CER). The model equally balances evidence collection with deliberation by stakeholders in arriving at decisions and recommendations. The model also demonstrates that the relationship between analysis and deliberation is bidirectional and is an iterative process in which analysis can be used to provide information for deliberation and deliberation can be used to determine the focus of analysis.

\$ Budget (e.g. personnel, space, equipment)

Low Medium High

🕒 Time per interaction I expect to engage stakeholders for...

An hour or less Half a day A full day

📅 Number of interactions I expect to interact with stakeholders...

1-2 times Appx. 5 times 10+ times

Human-Centered Design

Human-Centered Design is a strategy that puts stakeholders first and can be used for any aspect of health research from determining a study question to effective recruitment, retention, dissemination. It can also be used to help design study interventions or product/solution design. While Human-Centered Design is a highly adaptable approach, most include stakeholders in the following three phases 1) Listening/ Brainstorming around issue or question 2) Coming to consensus on a method/question/ solution to test. 3) Testing method/question/solution 4) Seek feedback and repeat steps one and two until researchers and stakeholders are satisfied that original purpose of engagement has been achieved.

\$ Budget (e.g. personnel, space, equipment)

Low Medium High

🕒 Time per interaction I expect to engage stakeholders for...

An hour or less Half a day A full day

📅 Number of interactions I expect to interact with stakeholders...

1-2 times Appx. 5 times 10+ times

Stakeholder Panel / Advisory Group

Stakeholder panels or advisory groups provide a forum for patients, community members, and other stakeholders to inform the development and alternatives for a research project.

Advisory group members will advise and ensure the exchange of information by:

- Providing feedback to researchers regarding the importance and feasibility of research protocols.
- Providing a "sounding board" for research ideas and research/community partnerships.
- Facilitating connections between community and academic researchers.
- Making recommendations to researchers at key milestones, including identifying a preferred alternative.

\$ Budget (e.g. personnel, space, equipment)

Low Medium High

🕒 Time per interaction I expect to engage stakeholders for...

An hour or less Half a day A full day

📅 Number of interactions I expect to interact with stakeholders...

1-2 times Appx. 5 times 10+ times

Community Engagement Studios

Community Engagement Studios (CE Studios) are a model of engagement where community members or patients are consulted as stakeholder experts, rather than research participants. Modeled after the Clinical and Translational Research Studio, CE studios consist of a brief presentation from the researcher who presents 2-3 questions to the stakeholder group to elicit input on their project. These sessions are consultative in nature and are designed to ensure that the stakeholders are comfortable sharing their experiences and opinions.

\$ Budget (e.g. personnel, space, equipment)

Low Medium High

🕒 Time per interaction I expect to engage stakeholders for...

An hour or less Half a day A full day

📅 Number of interactions I expect to interact with stakeholders...

1-2 times Appx. 5 times 10+ times



Application of Dissemination and Implementation Science Process Frameworks

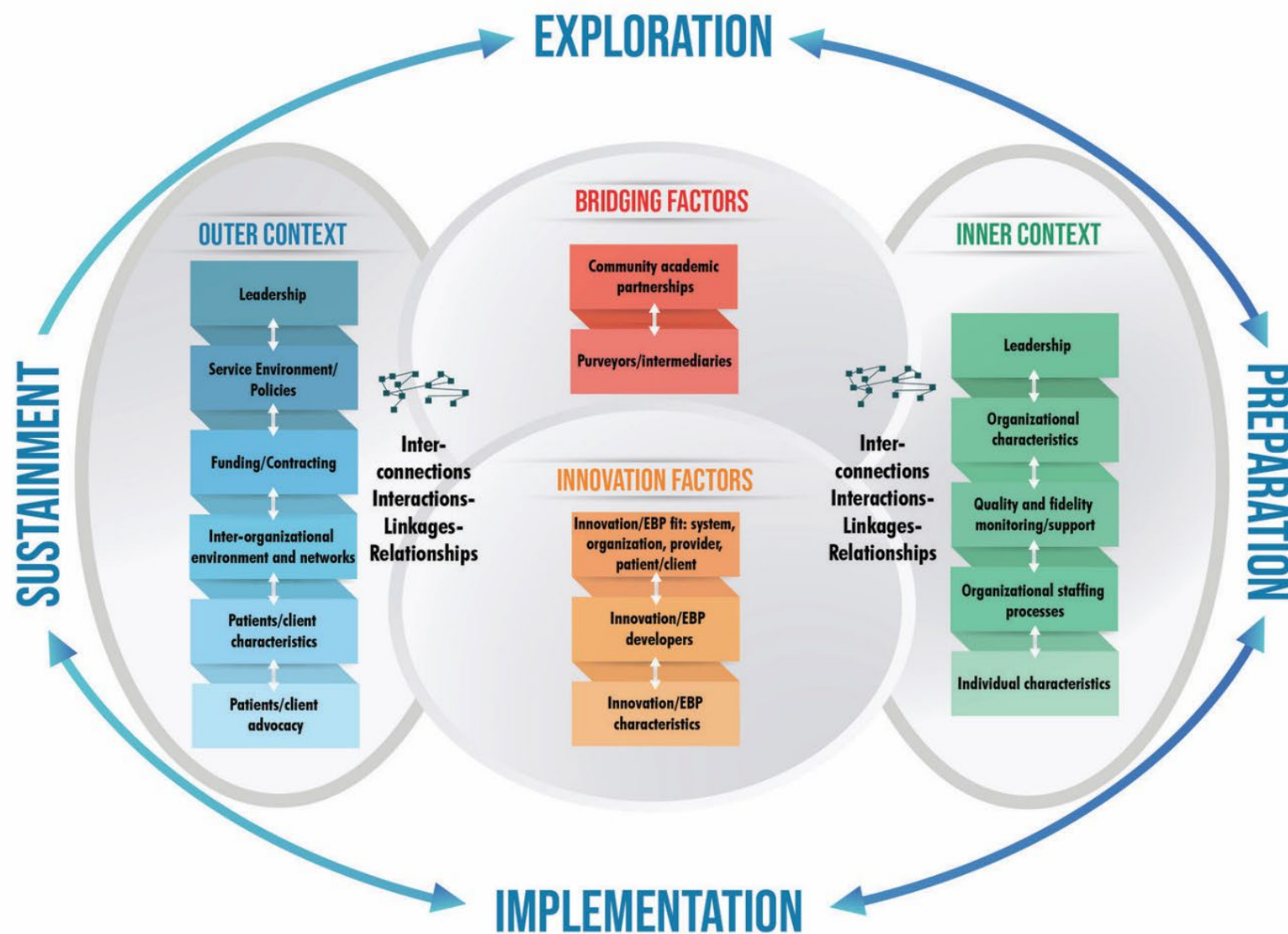
Moullin *et al.* *Implementation Science* (2019) 14:1
<https://doi.org/10.1186/s13012-018-0842-6>

Implementation Science

SYSTEMATIC REVIEW Open Access

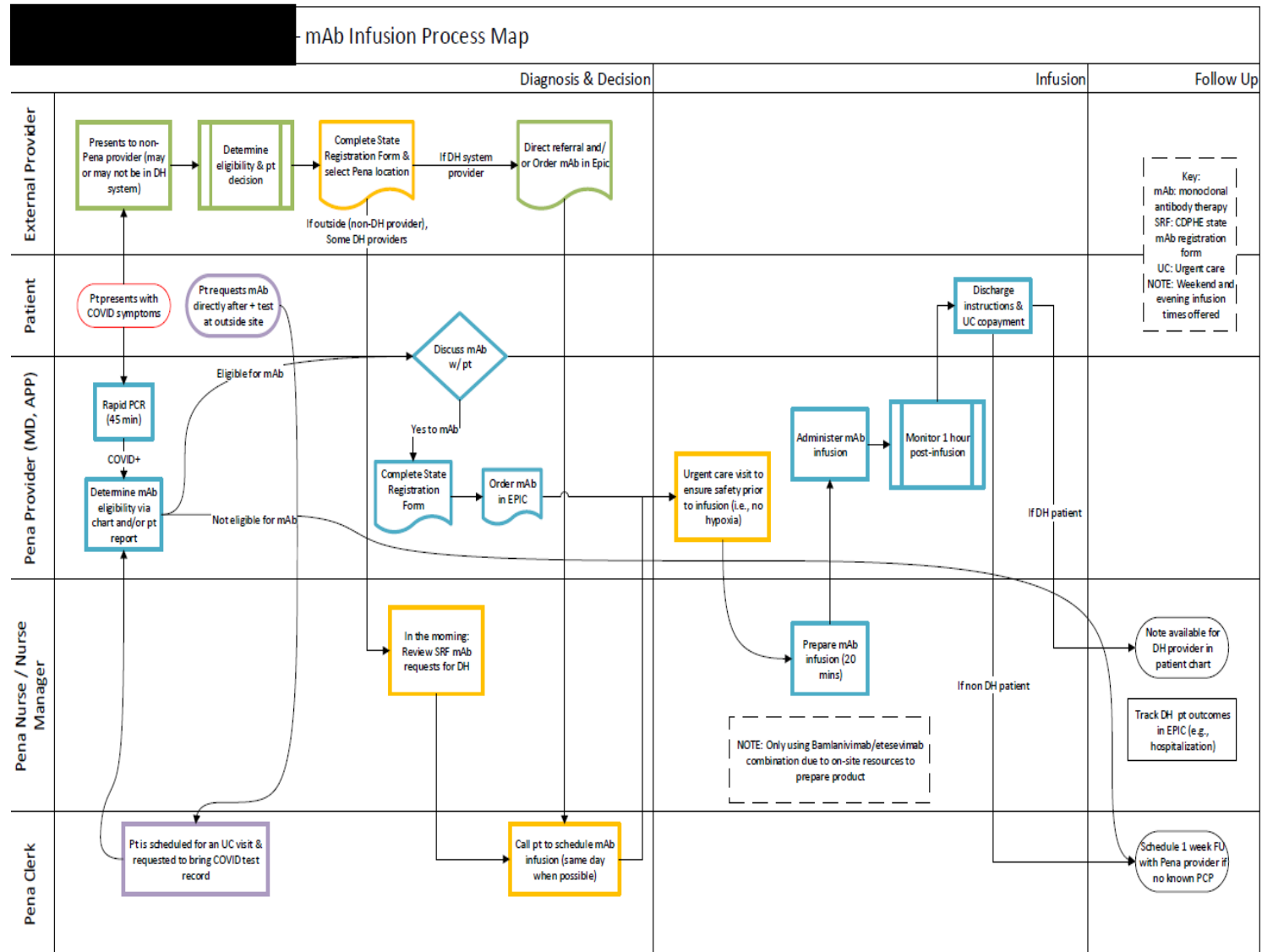
Systematic review of the Exploration, Preparation, Implementation, Sustainment (EPIS) framework

Joanna C. Moullin^{1,2}, Kelsey S. Dickson^{2,3}, Nicole A. Stadnick^{2,4}, Borsika Rabin⁵ and Gregory A. Aarons^{2,4*}



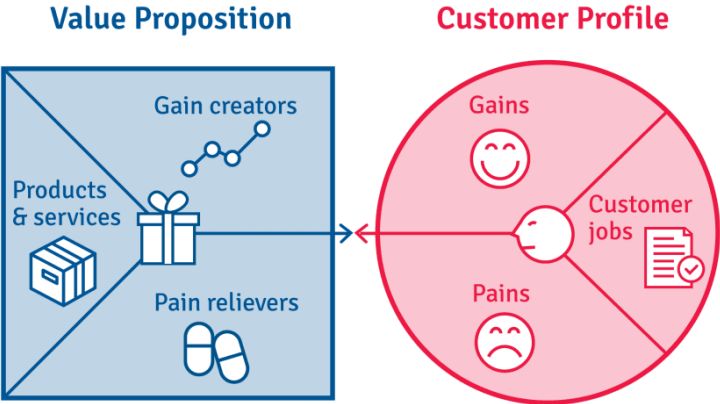
Context and Situation Analysis

- A formal assessment of the audience, needs, setting, workflows, processes, policies, resources, and systems in which a health innovation is intended to be used.



Hamer MK, Alasmar A, Kwan BM, Wynia MK, Ginde AA, DeCamp MW. Referrals, access, and equity of monoclonal antibodies for outpatient COVID-19: a qualitative study of clinician perspectives. *Medicine*. 2022 Dec 16;101(50):e32191.

Marketing and Business Approaches



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Canvases visualize complex business issues simply and collaboratively. Used by millions worldwide.

Business Model Canvas
The Business Model Canvas is a strategic management and entrepreneurial tool. It allows you to describe, design, challenge, invent, and pivot your business model.

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Value Proposition Canvas
The Value Proposition Canvas helps you tackle the core challenges of every business — creating compelling products and services customers want to buy.

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Business Portfolio Map
The Business Portfolio Map visualises all of your existing businesses, as well as your new growth initiatives. This overall view shows you if your company is prone to disruption, at risk, or if you are prepared for the future.

[Download the Portfolio Map >](#)

Team Alignment Map
The Team Alignment Map is a simple, visual and practical tool that helps teams meet their project's objectives on time while dramatically reducing miscommunications, frustrations and unnecessary stress.

[Download Team Alignment Map >](#)

Multi-stage development process: (1) problem-solution fit; (2) product-market fit; and (3) business model fit

Systems Science

- Systems thinking: The process of understanding how things influence one another within a whole (Rabin & Brownson, 2017)
- Complex adaptive systems with system dynamic mapping

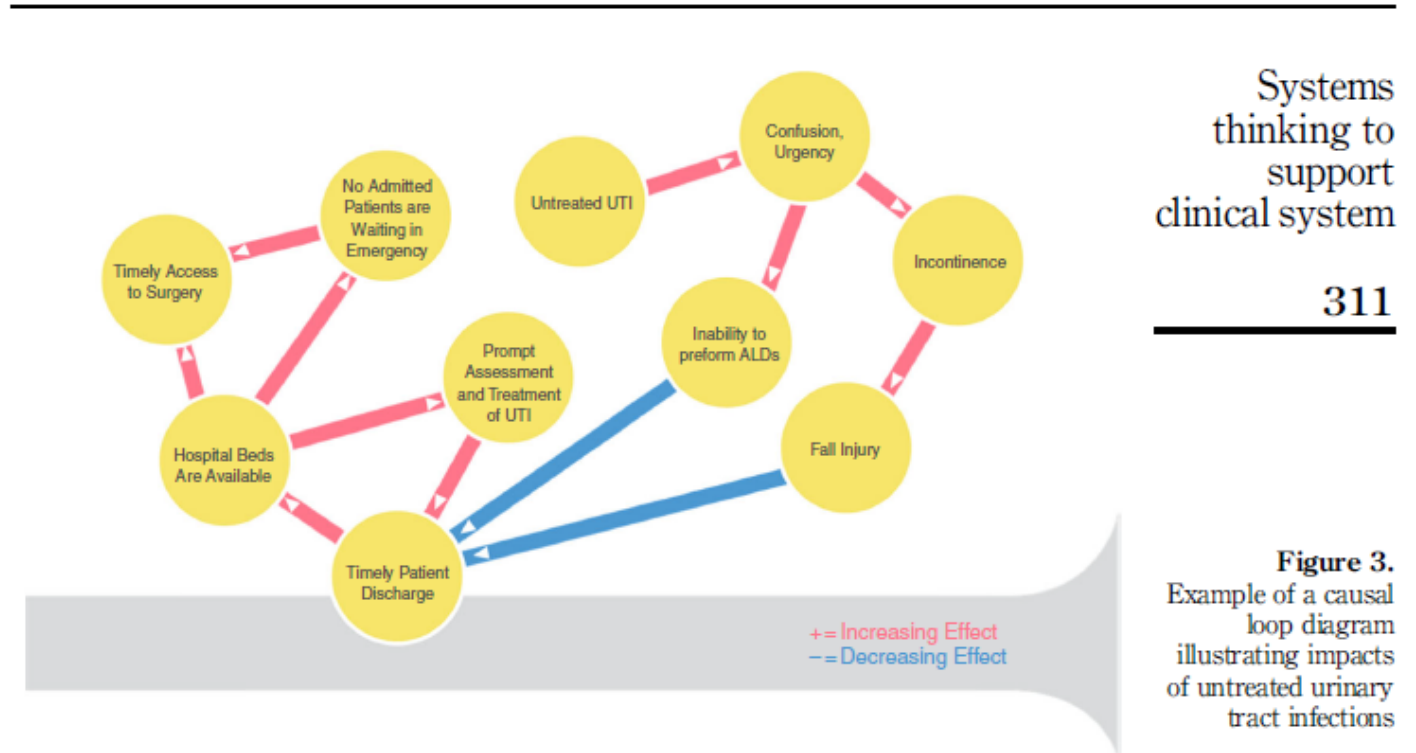
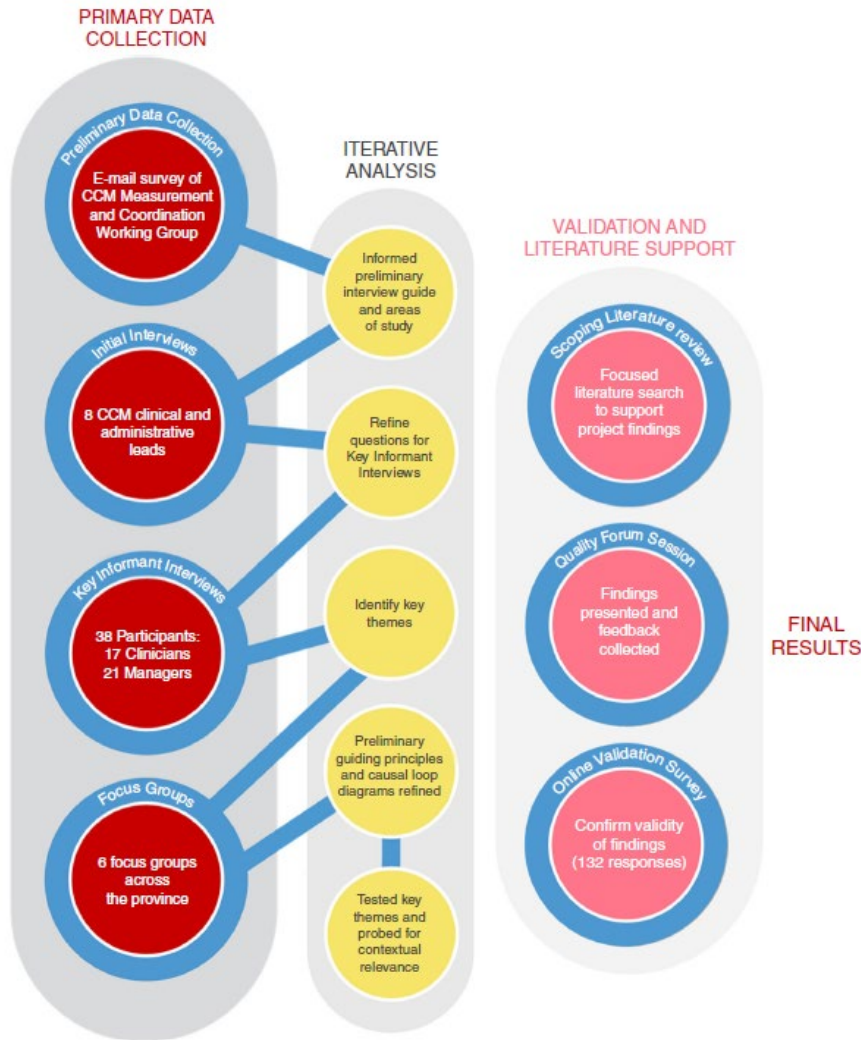


Fig
Data collect
analysis p

Systems
thinking to
support
clinical system

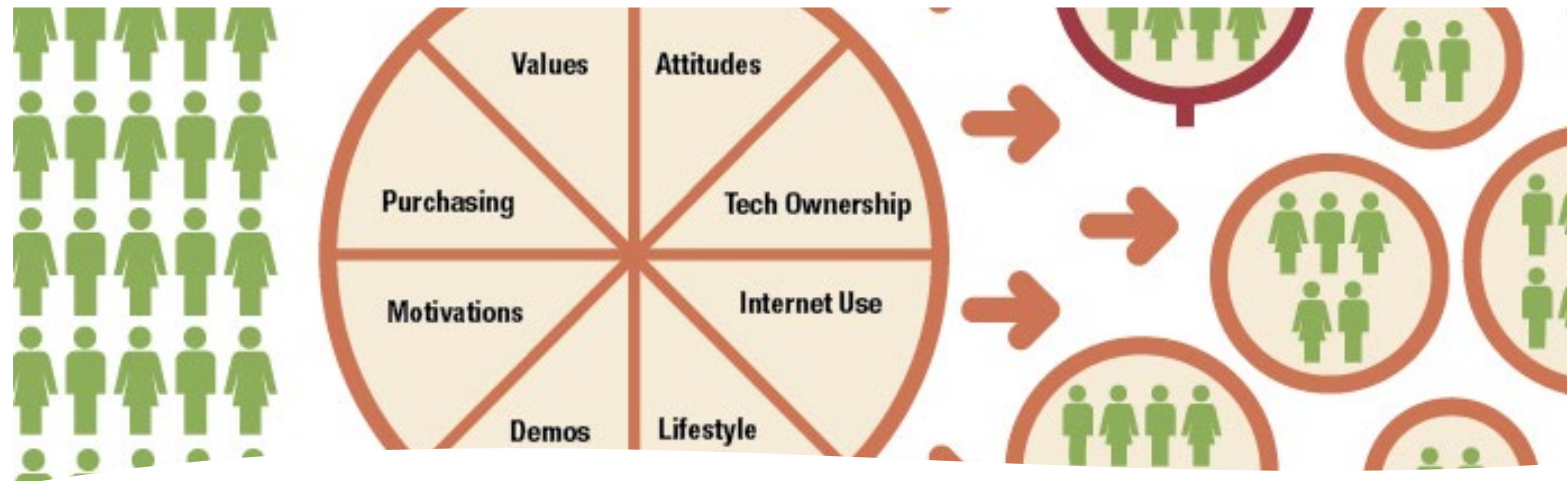
311

Figure 3.
Example of a causal
loop diagram
illustrating impacts
of untreated urinary
tract infections

Best A, Berland A, Herbert C, Bitz J, van Dijk MW, Krause C, Cochrane D, Noel K, Marsden J, McKeown S, Millar J. Using systems thinking to support clinical system transformation. *Journal of health organization and management*. 2016 May 16.

Communication and the Arts

- Social marketing
 - “a social influence technology involving the design, implementation and control of programs aimed at increasing the acceptability of a social idea or practice in one or more groups of target adopters” (Kotler and Roberto, 1989).
- Audience Segmentation



Arts-Based Knowledge Translation and Graphic Design

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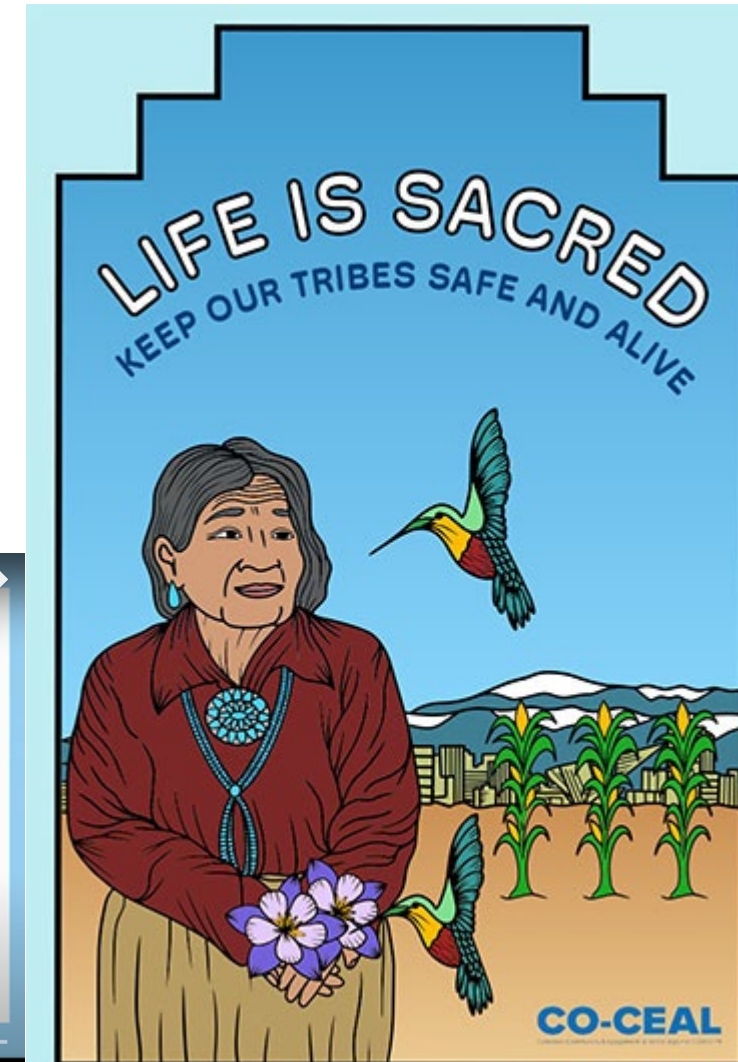
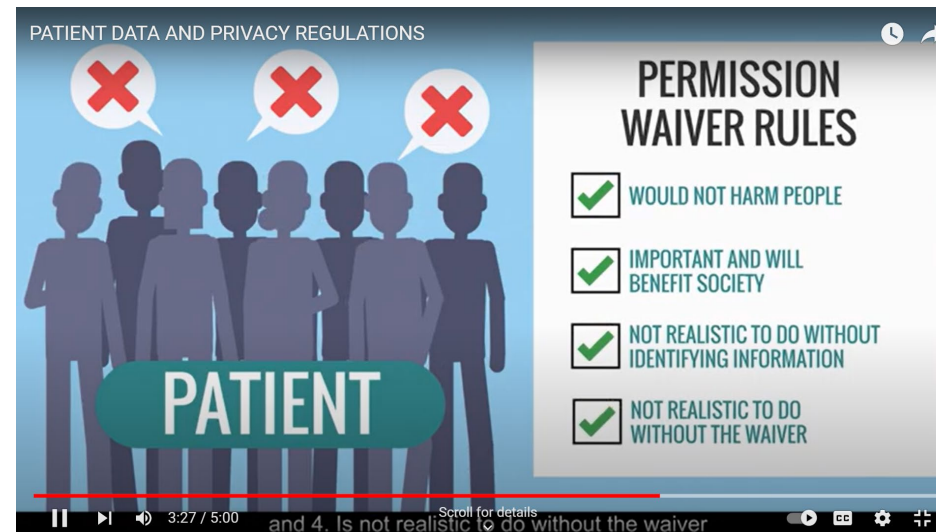
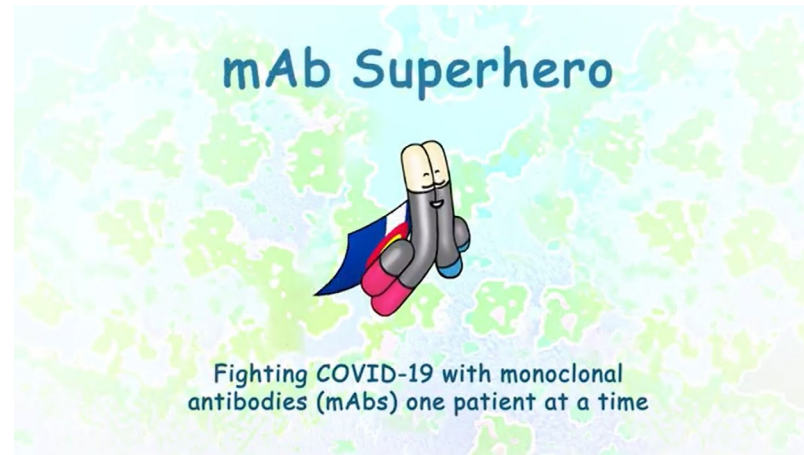


Research in Drama Education: The Journal of Applied Theatre and Performance

Publication details, including instructions for authors and subscription information:
<http://www.tandfonline.com/loi/crde20>

Genetic testing in a drama and discussion workshop: exploring knowledge construction

Emily Dawson^a, Anne Hill^b, John Barlow^b & Emma Weitkamp^a
^a Science Communication Unit, The University of the West of England, Bristol, UK
^b Faculty of Media, Arts and Society, Southampton Solent University, Southampton, UK
Published online: 06 Aug 2009



D4DS Planner Tool



Introduction to D4DS

How to use the planner?

FAQs

About us



A Designing for Dissemination
& Sustainability Action Planner

The D4DS Planner will help you engage partners through a planning process to maximize the impact of your project.

[ACTION PLANNER >](#)

[EDUCATION HUB >](#)

What is D4DS?

D4DS refers to a way of ensuring that “the product” (interventions, policy, evidence) of our work solves a problem and fits the context in which it is intended to be adopted.

D4DS focuses on engaging partners in design to ultimately increase adoption, sustainability, and impact on health and health equity.



**F2C
PHASE**

Objectives

**Evaluation
and Iteration**

**Fit to Context
Outcomes**

Conceptualization

- Develop Partnerships
- Assess Context and Partner Priorities
- Establish Evidence Base

Design

- Design Research Product(s) with Partners
- Plan for Dissemination
- Plan for Sustainability

Dissemination

- Active Dissemination
- Enhance System Capacity for Adoption and Sustainment

Impact

- Demonstrate Impact at Scale
- Monitor and Adapt to Dynamic Context

Fit to Context


- Need and Demand for Innovation
- Capacity for Change
- Equity-Focused Contextual Factors Known

- Product Perceived as Feasible, Acceptable, Useful, Equitable
- Sustainability and Dissemination Plans Align with Context

- Awareness among Intended Audience
- Intention to Adopt and Sustain
- Equitable Access

- Broad and Equitable Adoption
- Consistent Implementation
- Sustained Impact on Health and Equity



 Search by title

 General information

 Identify Partners

Dissemination and stakeholder engagement practices among dissemination & implementation scientists: Results from an online survey

Equitable Implementation Guide

Evaluating the public health impact of health promotion interventions: the RE-AIM framework

Identifying and Analyzing Stakeholders and Their Interests

New taxonomy for stakeholder engagement

Partner engagement navigator tool (Dicemethods.org)

 **Bethany Kwan**
bethany.kwan@cuanschutz.edu
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Understand the Context

An Extension of RE-AIM to Enhance Sustainability: Addressing Dynamic Context and Promoting Health Equity Over Time



Beginning With the End in Mind: Contextual Considerations for Scaling-Out a Community-Based Intervention



Context matters in implementation science



Diffusion of Innovations Systematic Review



From Start-Up to Scale-Up of a Health-Promoting Intervention for Older Adults: The Choose to Move Story



Making sense of complexity in context and implementation

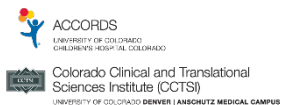


Understanding contexts: how explanatory theories can help



Feedback

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Confirm and Co-design Your Product

Design Thinking



Design Thinking Bootleg Resources



Developing your value proposition: A step-by-step guide for behavioral health providers



Evaluating the public health impact of health promotion interventions: the RE-AIM framework



New approaches for disseminating public health science



Strategyzer Value Proposition Canvas

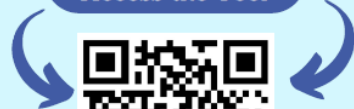


Understanding value in a healthcare setting: An application of the business model canvas



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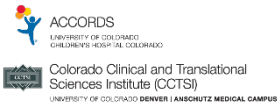
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Develop Dissemination Plan

Dissemination Planning Workbook



Dissemination table



Knowledge translation strategies for dissemination with a focus on healthcare recipients: an overview of systematic reviews



New approaches for disseminating public health science



PCORI D&I Toolkit



Perspectives of scientists on disseminating research findings to non-research audiences



Sample dissemination plan for grant application

Feedback

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 **Education HUB**



 Search by title

 **Plan For Sustainability**

Developing a comprehensive definition of sustainability 

Development of a Health Information Technology Tool for Behavior Change to Address Obesity and Prevent Chronic Disease Among Adolescents: Designing for Dissemination and Sustainment Using the ORBIT Model 

Development of a Health Information Technology Tool for Behavior Change--Case Example 

Evaluating the public health impact of health promotion interventions: the RE-AIM framework 

From Start-Up to Scale-Up of a Health-Promoting Intervention for Older Adults: The Choose to Move Story 

Measurement of sustainment of prevention programs and initiatives: the sustainment measurement system scale 

Navigating the sustainability landscape: a systematic review of sustainability approaches in healthcare

Feedback

Scan Below to Access the Tool



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D4DS PLANNER

Version 2.1.0

Action Planner

Welcome to the **D4DS Action Planner**.

- The planner includes action items with content and activities that are designed to be completed collaboratively over time. Hover over the action items below and click to learn more.
- i** Log-in to save your work and download a D4DS action plan for your project.
- You can learn more about D4DS on the [Home Page](#) or in the [Education Hub](#).
- To learn more about the action planner [watch the video below](#).



Empathize and Outline the Problem

It is important that you design a product that your target audience cares about. In this activity you will engage your partners to generate a Value Proposition that clearly communicates your product's benefits from the perspective of your target audience. In research, we may use a value proposition to communicate the value of our research to our partners, funding agencies, and the general public. A compelling value proposition is:

1. Specific: What are the specific benefits your audience will receive?
2. Responsive to barriers: How will the product solve a problem for your audience?
3. Exclusive: How is it both desirable and exclusive? How well does it highlight how your product is different/innovative compared to other products?

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Version 2.1.0

💡 About this Action Item

This activity will provide key questions to help your team think broadly about characteristics of people, relationships, your product, and the environment that may influence your ability to reach your target audience and sustain impact. The goal is to help you and your partners consider the multilevel nature of the context that can impact how you share, adopt, use and benefit from the product over time. You should consider both factors that support and those that may interfere or create challenges.



Cue to equity

Structural racism and discrimination may be large forces affecting the context and the potential success of the work that you do with the community. Be explicit in examining these, as well as other social determinants of health. If possible, address these in your work.

Additional Resource:

- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9978828/>

To learn about this Action Item

🧠 Brainstorm



You must [select or add a project](#) before you can complete this Action Item.

🎓 Dive deeper

Designing for dissemination and sustainability case example



- Cluster randomized pragmatic trial (Hybrid implementation-effectiveness type 2)
- Comparative effectiveness of patient-driven vs standardized diabetes shared medical appointments (SMAs)
 - Are there added benefits of a multidisciplinary care team including behavioral health and peer mentors, and tailoring curriculum to patient preference and priorities?
- Funded by PCORI Improving Healthcare Systems Award (MPIs: Kwan & Waxmonsky)
- Patient and practice representatives engaged in research prioritization, design, conduct, and dissemination
- RE-AIM framework guided mixed methods evaluation

Kwan BM, Dickinson LM..., Waxmonsky JA. The Invested in Diabetes Study Protocol: a cluster randomized pragmatic trial comparing standardized and patient-driven diabetes shared medical appointments. *Trials*. 2020 Jan 10;21(1):65

Principles of D4DS



Beginning with the end in mind



Ensuring innovation-context fit




Planning for active dissemination and sustainment



Beginning with the End in Mind: Patient & Clinical Partner Engagement

Boot Camp Translation

 Fact Sheet

Boot Camp Translation is a series of in-person and phone meetings with community members about a health topic. The first meeting includes a detailed presentation with evidence-based guidelines and recommendations from an expert on the topic in question, and after this presentation participants and skilled moderators begin working to decide what about the health issue their community needs to know and how to best to address the issue.

\$ Budget

(e.g. personnel, space, equipment)

Low Medium **High**

Time per interaction

I expect to engage stakeholders for...

An hour or less Half a day **A full day**

Number of interactions

I expect to interact with stakeholders...

1-2 times Appx. 5 times **10+ times**

Family Practice, 2017, Vol. 34, No. 3, 358–363

doi:10.1093/fampra/cmw127

Advance Access publication 2 January 2017

OXFORD

Health Service Research

Stakeholder engagement in diabetes self-management: patient preference for peer support and other insights

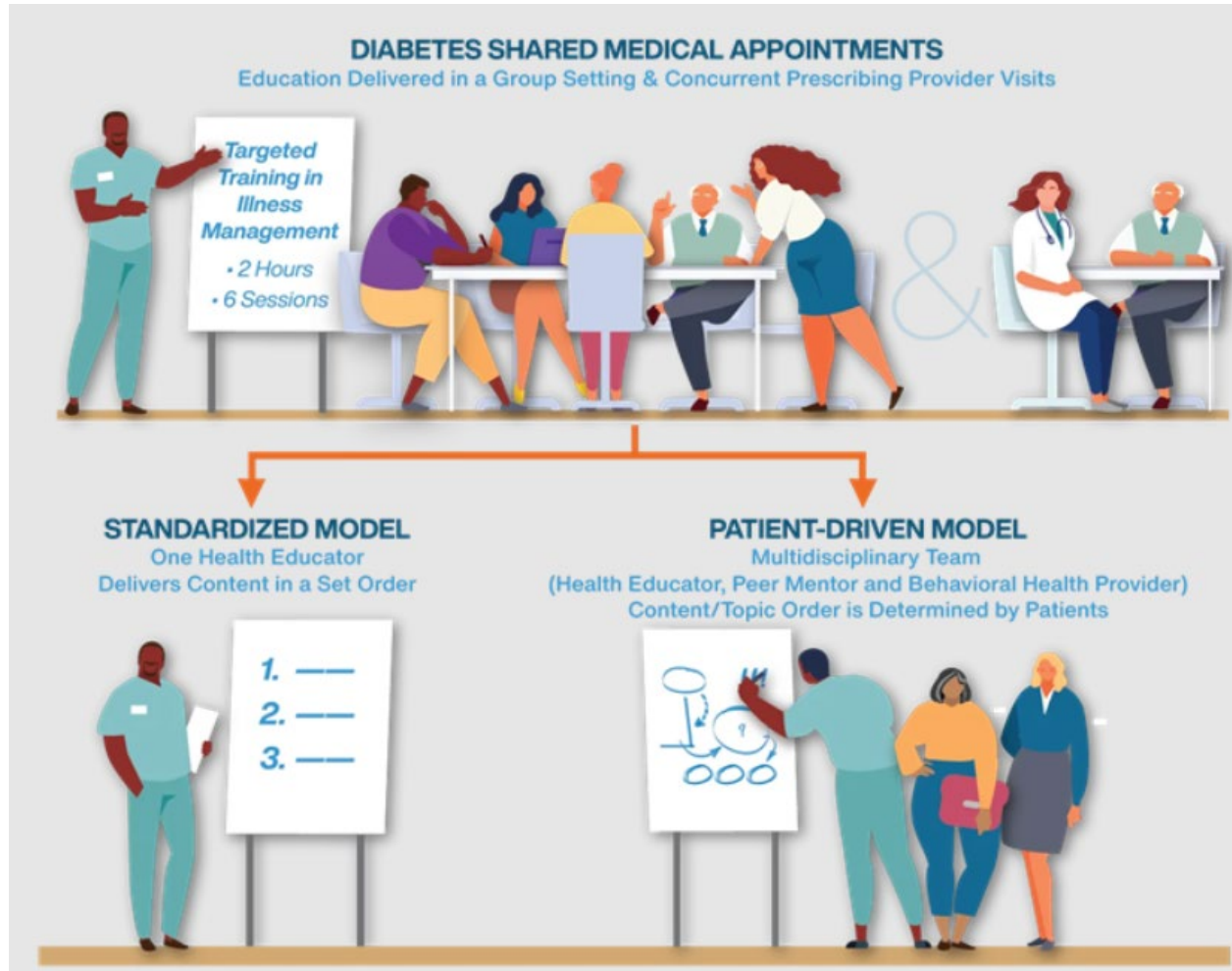
Bethany M Kwan^{a,*}, Bonnie Jortberg^a, Meredith K Warman^a,
Ilima Kane^b, Robyn Wearner^a, Romona Koren^c, Thomas Carrigan^c,
Vincent Martinez^c and Donald E Nease Jr^a

Shared Medical Appointment (SMA) Features of Interest to Patient and Clinical Partners

Features	Examples
Multidisciplinary care team	SMA has “guest speakers” representing clinical and behavioral health specialties
Peer support	Peer mentors co-facilitate SMAs and work with patients one-on-one
Whole-person orientation	SMA curriculum includes health behavior change and mental health content
Patient-driven content and structure	Modular curriculum with topics selected by SMA participants and patient-driven care team and family involvement
Focus on patient-centered outcomes	Diabetes distress, quality of life, self-management behaviors, SMA participation



Invested in Diabetes

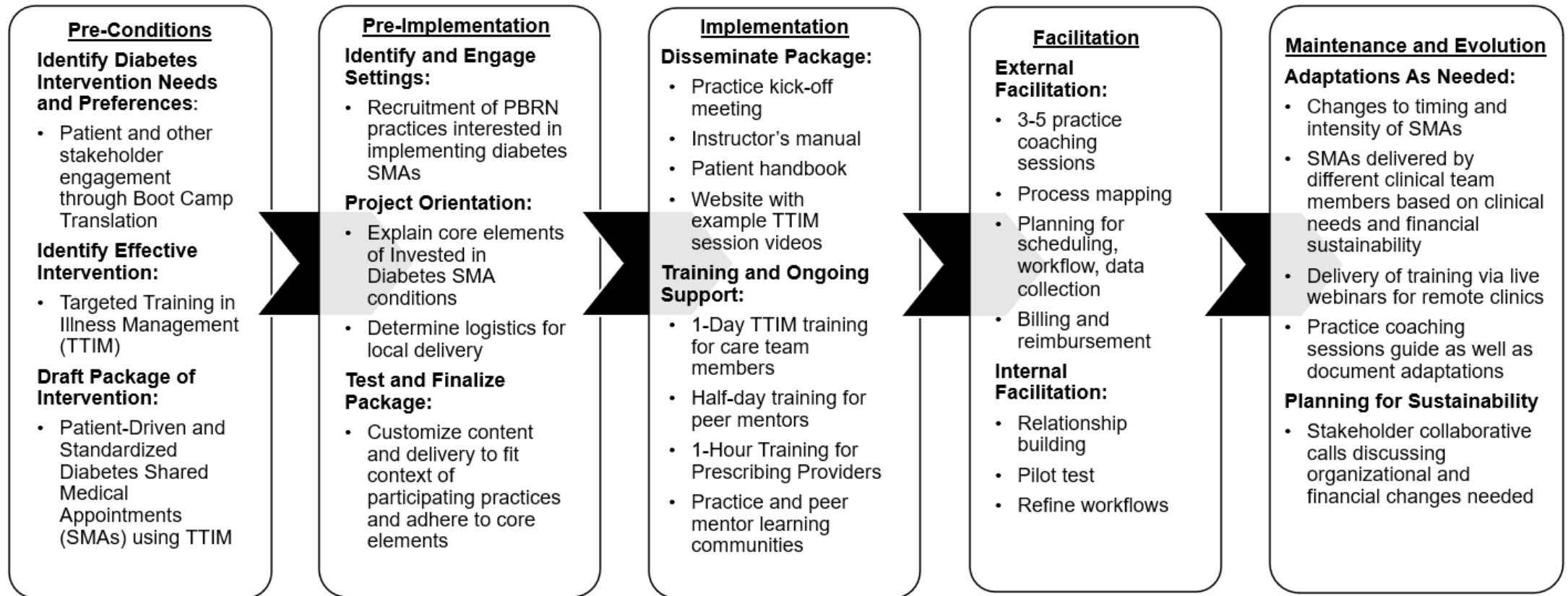


Pragmatic Trial of Comparator SMA Models

Glasgow RE, Gurfinkel D, Waxmonsky J, Rementer J, Ritchie ND, Dailey-Vail J, Hosokawa P, Dickinson LM, Kwan BM. Protocol refinement for a diabetes pragmatic trial using the PRECIS-2 framework. BMC Health Services Research. 2021 Dec;21:1-1.



Enhanced Replicating Effective Programs Framework



Kwan BM, Rementer J, Ritchie ND, Nederveld AL, Phimphasone-Brady P, Sajatovic M, Nease DE, Waxmonsky JA. Adapting diabetes shared medical appointments to fit context for practice-based research (PBR). The Journal of the American Board of Family Medicine. 2020 Sep 1;33(5):716-27.

Enhancing Innovation-Context Fit

Enhanced Replicating Effective Programs

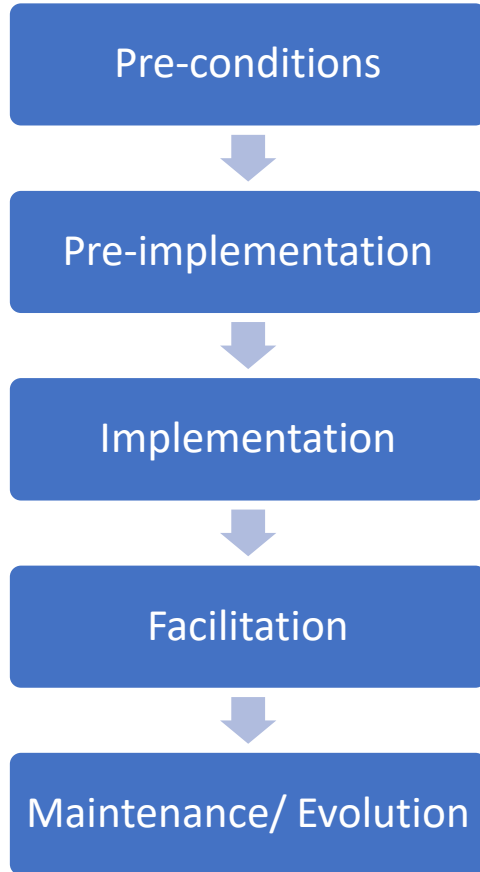


Table 5. Intervention Content, Delivery, and Training: Adaptations Fit to Context

Contextual Factors	Invested in Diabetes Practice Characteristics	Corresponding Adaptations
Data capabilities and population management	All practices had electronic health records Some had registries to help identify eligible patients Varied experience with PRO collection and use	Simplified eligibility criteria for patients (any adult with Type II diabetes, no exclusion criteria) for ease of identification Ensured PROs were relevant to clinical care and SMA discussions
Payer mix	Practices vary in payer mix, with different billing and reimbursement practices	Informed guidelines for frequency of prescribing provider visits (at every session/1st/last only etc) Provided documentation templates and common billing codes used for diabetes SMAs
Prior experience with SMAs	Some practices had prior experience delivering and billing for diabetes SMAs	Informed intensity of technical assistance, plans for process mapping; practice coaches spent more time with helping practices determine SMA workflows and staffing
Team-based care	Practice all had behavioral health Some were fully integrated with behavioral health providers and experienced with integrated team-based care; others had collocated care where the behavioral health provider operated independently of the primary care provider	Influenced plans to include behavioral health providers in trainings alongside health educators (in patient-driven condition) and adaptations to mental health and stress and coping content

Implementation and Adaptation to Enhance Fit to Context

Kwan BM, Rementer J, Ritchie ND, Nederveld AL, Phimphasone-Brady P, Sajatovic M, Nease DE, Waxmonsky JA. Adapting diabetes shared medical appointments to fit context for practice-based research (PBR). *The Journal of the American Board of Family Medicine*. 2020 Sep 1;33(5):716-27.

Iterative Adaptation to Fit Context

Nederveld et al. *BMC Primary Care* (2023) 24:52
<https://doi.org/10.1186/s12875-023-02006-8>

BMC Primary Care

RESEARCH

Open Access

Delivering diabetes shared medical appointments in primary care: early and mid-program adaptations and implications for successful implementation



Andrea Nederveld^{1*}, Phoutdavone Phimphasone-Brady², Dennis Gurfinkel³, Jeanette A. Waxmonsky^{1,3}, Bethany M. Kwan^{3,4} and Jodi Summers Holtrop^{1,3}

Holtrop et al. *Implementation Science* (2022) 17:51
<https://doi.org/10.1186/s13012-022-01218-3>

Implementation Science

RESEARCH

Open Access

Methods for capturing and analyzing adaptations: implications for implementation research



Jodi Summers Holtrop^{1,2*}, Dennis Gurfinkel², Andrea Nederveld¹, Phoutdavone Phimphasone-Brady³, Patrick Hosokawa², Claude Rubinson⁴, Jeanette A. Waxmonsky¹ and Bethany M. Kwan^{1,2,5}

Table 3 Challenges and resulting adaptations around intervention content and delivery

Challenge Identified	Strategies and Adaptations done to assist implementation	Illustrative quote, role of team member, type and study number of practice
Content perceived to be not suited for patient population	Added or adjusted program content	"I know with the Spanish one she does a lot more visuals because the patients don't always read all the stuff. For the IDEA approach she printed out a light bulb, and doing more visuals to help with the words that they don't always read. I think that's been a little bit helpful." (health educator, Federally Qualified Health Center #06)
Content difficult to deliver according to program plan/timing	Remove or change timing of content delivery	"I did do the medication one in the first cohort, and it just felt so pressured. One of the patients actually told me she felt overwhelmed. It just seemed like the most practical piece to remove and still have the meat of that whole section in that curriculum." (BHP, Federally Qualified Health Center #04)
Disagreement with nutrition information/content	Alter or add to program content	"It did seem the carb counting piece is something that we're just not emphasizing that anymore. They immediately think carbohydrates are the bad guy and remove that from their diet and eat summer sausage and cheese cause that's the message when you're carb counting, so therefore carbs must be bad... I also think that class was the longest one and you had one patient comment that they just had so many more questions. They wanted sample meal and snack ideas, some real examples." (health educator, Private practice #06)
Content difficult for patients with low literacy levels	Added visuals	"Like I mentioned, there's some patients that didn't understand the wordy part of some of our things, and so it was just really improvising and trying to show them a way of visually being able to see 'em" (health educator, Federally Qualified Health Center # 08)
Mental health content not seen as appropriate for patient population	Removed specific content	"I get a little frustrated with the curriculum sometimes. With the curriculum we're using now, there are components of it where I don't feel very proficient because they're so behavior change, mental health focused" (health educator, Federally Qualified Health Center #05) "The only one that we don't present too much anymore is the one with the severe mental health problems. It's going down too deep for a six visit group. Goin' into schizophrenia meds and stuff like that with these folks... That's a little too much." (health educator, Federally Qualified Health Center #05)

RE-AIM: Maintenance/Sustainment



Qualitative Interviews with Practice Staff and Leadership

Post-Implementation interviews
79 interviews completed
37 Standardized practices
42 Patient-driven practices



Strong desire to continue SMAs

High need for diabetes education
Satisfaction with the TTIM curriculum
Successful facilitation



Varying levels of adaptation planned once no “research protocol”

Likely will not continue peer mentors
Cultural adaptations to content
Tailoring to facilitator comfort and expertise
Class size



Key sustainability issues

Payment for SMAs
Finding enough patients both interested and able to attend
Practice staff turn-over and competing demands, exacerbated by the COVID-19 pandemic
Prescribing provider visits require patient co-pays and additional coordination

Nederveld et al. Investing in diabetes over the long-term: perspectives on sustaining shared medical appointments after a pragmatic trial. *In preparation*

Outcomes

Reach IMPACT OF THE STUDY



1085
Patients
enrolled



148
Total cohorts launched
888
Classes taught



Practices had an
average of
7
patients per cohort






Patients attended
an average of
4 of 6
sessions

Ritchie ND, Gurfinkel D, Sajatovic M, Carter M, Glasgow RE, Holtrop JS, Waxmonsky JA, Kwan BM. A multi-method study of patient reach and attendance in a pragmatic trial of diabetes shared medical appointments. *Clinical Diabetes*. 2023 Oct 1;41(4):526-38.

Outcomes



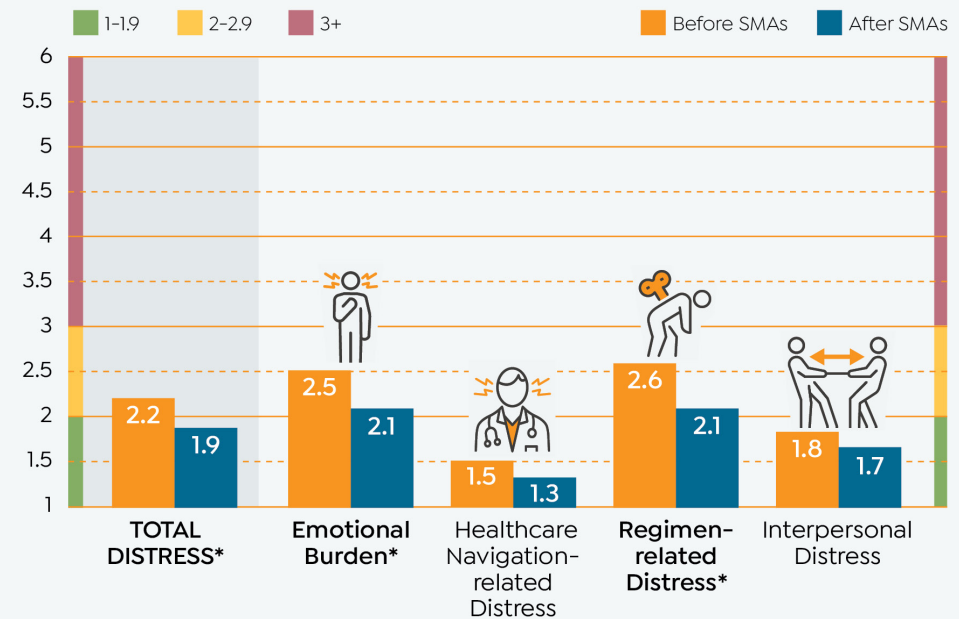
Overall Clinical Outcomes

	BEFORE SMAs	AFTER SMAs
 HbA1c	8.3%	7.8%*
 BMI	33.9	33.7
 BP	129.5/77.6	129.6/77.2

Across all practices, patients with HbA1c <7% rose from 232 to 319, and patients with HbA1c >9% fell from 238 to 179.

*HbA1c reduction of 0.5% was statistically significant ($p < .05$). Changes in BMI and BP were not statistically significant. Differences between conditions were not statistically significant.

Overall Diabetes Distress



All reductions in distress after SMAs were statistically significant ($p < .05$)

*Patients in the standardized condition had improvements that were statistically significant for Total distress, Emotional burden, and Regimen-related distress ($p < .05$)

Dissemination Planning

Dissemination Message	Dissemination Strategy
<p>Audience: People living with type 2 diabetes and their care partners</p>	
<p>Messages: 1) Reasons to participate in SMAs, 2) Anticipated patient costs, and 3) Effect on patient centered outcomes (study results)</p>	<ul style="list-style-type: none"> • Peer-reviewed Publication: Value proposition Statements for practices, providers, patients, and family members (Dailey-Vail J, Begum A, Kwan BM, Koren R, Trujillo S, Phimphasone-Brady P, Waxmonsky J, Ritchie N. “A Value Proposition Design Approach to Creating Recruitment Messages for Diabetes Shared Medical Appointments.” <i>ADCES in Practice</i>. 2022;10(2):14-20.) • Patient Partnership Guide: Koren R, Carrigan, Trujillo SA, Clay B, Downey D, and the Invested in Diabetes Research Team. “A Guide to Engage Patient Partners in Health Research Lessons Learned from the Invested In Diabetes Project.”


Dissemination Planning

Dissemination Message	Dissemination Strategy
Audience: Practices/Providers	
<p>Messages: 1) This a way to engage patients and achieve patient centeredness, 2) Informs infrastructure/ resources needs to deliver SMAs and to optimize quality of care, and 3) how to bill</p>	<ul style="list-style-type: none"> ● Infographics handouts of study outcomes for each study practice ● Sustainability planning within each participating study practice with practice coach ● Presentations and slide decks to each practice reviewing study outcomes (general and practice specific) ● Type 2 Diabetes Shared Medical Appointments: A Primary Care Implementation Guide (Dailey-Vail J, Wearner R, Lanigan A, Gurfinkel D, DeRoeck J, Staton EW, Kwan, BM, Waxmonsky JA. “Type 2 diabetes shared medical appointments : a primary care implementation guide.” Available at: https://digitalcollections.cuanschutz.edu/work/ns/8f482a04-299c-4c57-8dff-1963d2779458 ● Targeted Treatment in Illness Management Instructor Manuals. Kwan, BM, Waxmonsky JA, Phimphasone-Brady P, Richie N, Sajatovic M. “Targeted Treatment for Illness Management (TTIM) for Diabetes Group Visits Instructor Manual for the Invested in Diabetes Project” (Standardized and Patient Driven Manual Versions). 2018. ● Presentations: <ol style="list-style-type: none"> 1. “Co-design of a diabetes shared medical appointment implementation guide and a patient partnership guide for engaged research: Dissemination products from the Invested in Diabetes study.” Convening Across Sectors for Colorado’s Health Equity and Wellness (CASHEW) Conference, Vail, CO (oral) October 21-23, 2022. 2. “Engaging Patient and Practice Partners in Dissemination.” Convening Across Sectors for Colorado’s Health Equity and Wellness (CASHEW) Conference, Vail, CO (poster) October 21-23, 2022.


Dissemination Planning

Dissemination Message	Dissemination Strategy
Audience: Local and Regional Networks and Organizations	
<p>Messages: 1) Use of SMAs to increase patient engagement and clinical outcomes, 2) Use of patient driven SMAs with a multidisciplinary team to enhance patient engagement and clinical outcomes (if our findings support this), and 3) Implications for policy, workforce development, integrated care and alternative payment models</p>	<ul style="list-style-type: none"> • Conference Presentations (Regional and Local) <ol style="list-style-type: none"> 1. “Training diabetes peer mentors as members of health care teams for diabetes groups visits: the Invested in Diabetes study.” the SNOCAP Annual Convocation, Lakewood, Colorado. (oral) September 20, 2019 2. Adaptation and Implementation of the Invested in Diabetes Study: A Pragmatic Trial of the Targeted Training in Illness Management Curriculum. Colorado Pragmatic Research in Health Conference, Virtual Conference, (poster) Jun 9 - 11, 2020 3. “Evolving Patient Stakeholder Engagement in Invested in Diabetes.” Colorado Pragmatic Research in Health Conference, Virtual Conference (poster) May 24-26, 2021 4. COVID-19 Induced Pivot to Virtual Shared Medical Appointments: Implementation Adaptations and Lessons Learned. Poster presented at: Colorado Pragmatic Research in Health Conference, Virtual Conference (poster) May 24-26, 2021 • Media outlets. UC Anschutz Medical Campus’ Office of Media Relations provided a press release about study results and impact. Study Examines Power of Group Sessions in Managing Diabetes (cuanschutz.edu) https://news.cuanschutz.edu/news-stories/study-examines-power-of-group-sessions-in-managing-diabetes?utm_source=today_newsletter&utm_medium=email&utm_campaign=feb_22_23 • Website. CU Anschutz Department of Family Medicine Invested In Diabetes https://medschool.cuanschutz.edu/family-medicine/research-and-innovation/current-studies/invested-in-diabetes


Dissemination and Sustainability Planning




What Are Shared Medical Appointments?



What Is Invested In Diabetes?



Resources



Meet The Team

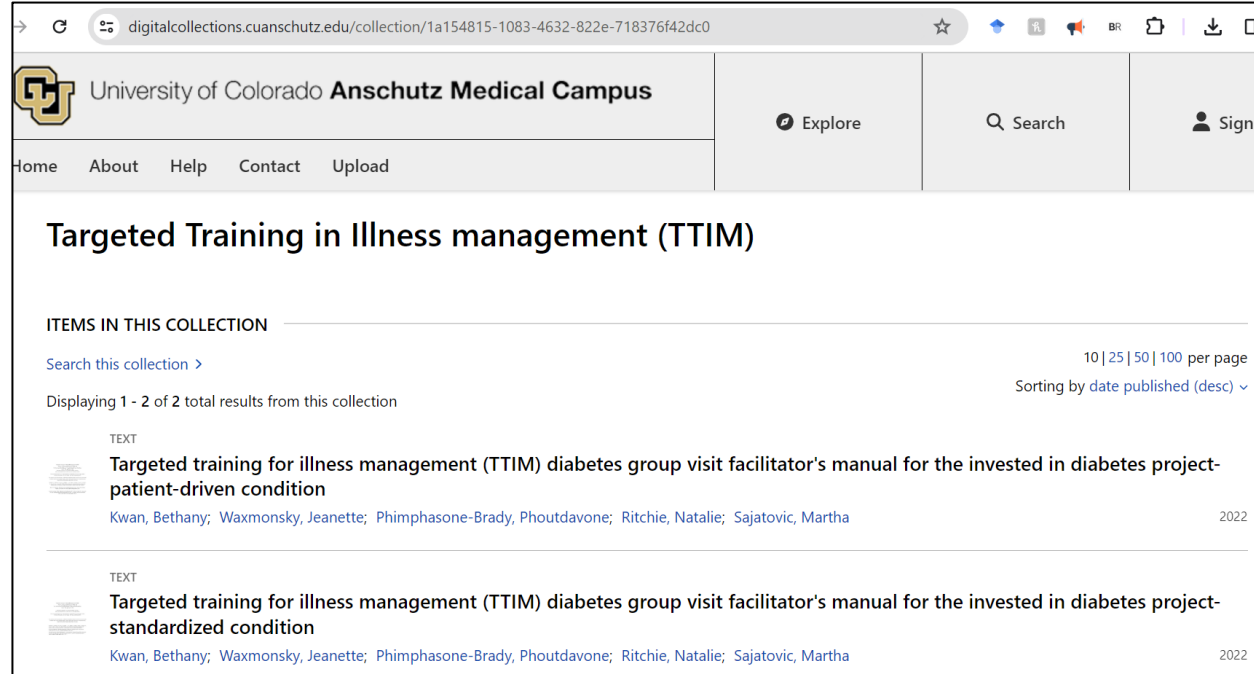
Invested in Diabetes Implementation Guide.

Implementation Guide

Targeted Training in Illness Management Curriculum and Instructor Materials

Instructor Materials

<https://medschool.cuanschutz.edu/family-medicine/research-and-innovation/current-studies/invested-in-diabetes#ft-resources-2>



The screenshot shows a digital collection page titled "Targeted Training in Illness management (TTIM)". It lists two items in the collection, both dated 2022. The items are: "Targeted training for illness management (TTIM) diabetes group visit facilitator's manual for the invested in diabetes project-patient-driven condition" and "Targeted training for illness management (TTIM) diabetes group visit facilitator's manual for the invested in diabetes project-standardized condition". Both items are authored by Kwan, Bethany; Waxmonsky, Jeanette; Phimphasone-Brady, Phoutdavone; Ritchie, Natalie; Sajatovic, Martha.

Targeted Training for Illness Management (TTIM)
 Diabetes Group Visit Facilitator's Manual
 for the *Invested in Diabetes* Project-Patient-Driven Condition
 Version Date: September 27, 2022
 ©University of Colorado and Case Western Reserve University
 Note: content specific to the Invested study arms indicated as follows:

TTIM is primarily derived from the Diabetes Awareness and Rehabilitation Training Program (DART), (McKibbin 2006) and the Life Goals Program (LGP) (Bauer and McBride 2003).

The material from this manual has been modified for a Shared Medical Appointment Format by the Invested in Diabetes Research team (Drs. Bethany Kwan, Jeanette Waxmonsky, Phoutdavone Phimphasone-Brady, Natalie Ritchie, and Martha Sajatovic) and Stacey Halvorsen.

Diabetes SMA Implementation Guide

Type 2 Diabetes Shared Medical Appointments
A Primary Care Implementation Guide



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General Diabetes Language	Newly Diagnosed	High A1C
<p>If you are struggling with managing diabetes group classes can help. Here you will find:</p> <ul style="list-style-type: none"> • Education about Diabetes • Answers to questions and concerns • Easy and doable strategies to help make healthy choices • Tips to cope with stress • Support from others who have similar issues <p>You are your best health advocate, you don't have to go it alone.</p> <p>If you have a family member or friend who has diabetes who doesn't know what to do, refer them to our group classes. For more information contact your provider.</p>	<p>If you are newly diagnosed with diabetes group classes can help.</p> <p>Here you will find:</p> <ul style="list-style-type: none"> • Education about Diabetes • Support from other patients who have similar issues • Problem-solving strategies to help learn to manage your diabetes <p>If you have a family member or friend who doesn't know what to do, refer them to our group classes</p>	<p>Take control of your diabetes!</p> <p>If you are struggling with managing diabetes group classes can help.</p> <p>Here you will find:</p> <ul style="list-style-type: none"> • Problem-solving strategies to lower your A1c • Support from other patients who have had similar issues. • Answers to questions and concerns <p>You are not alone!</p> <p>If you have a family member or friend who doesn't know what to do, refer them to our group classes</p>
Diabetes Distress	Patients with Multiple Chronic Conditions	Support from Family/Friends
<p>If you are feeling physically and emotionally overwhelmed, group classes can help.</p> <p>Here you will find:</p> <ul style="list-style-type: none"> • Lifelong strategies to help cope with the many challenges of diabetes • Self-care tools • Support from other patients with similar issues • Answers to questions and concerns <p>You are not alone!</p> <p>If you have a family member or friend who doesn't know what to do, refer them to our group classes.</p>	<p>If you are struggling with multiple medical conditions and diabetes, group classes can help.</p> <p>Here you will find:</p> <ul style="list-style-type: none"> • Tips to cope with anxiety and stress • Easy and doable strategies to help make healthy choices • Answers to questions and concerns • Support from other patients with similar conditions <p>If you have a family member or friend who doesn't know what to do, refer them to our group classes.</p>	<p>Start the change your family needs!</p> <p>If someone in your life who has diabetes and doesn't know what to do, show your support by telling them about our group classes.</p>

Invested in Diabetes marketing recruitment messages to invite participants to join diabetes shared medical appointments.

Article Copyright © 2022 Authors, Source DOI: [10.1177/2633559X211070268](https://doi.org/10.1177/2633559X211070268).

Patient Partnership Guide



Lessons Learned From the Invested In Diabetes Project

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 - What Motivates Patient Partners? 5
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You're invited to join the *Invested in Diabetes* project Patient Advisory Panel



Be the voice – let us know what matters to you!

Our clinic is working with a research team from the University of Colorado Denver to start new *diabetes group visits* to better support our patients. We are asking patients with diabetes from our clinic to come and share what you think would work best in our clinic.

As a patient representative, your role will include:

- ✓ Attending patient advisory panel introduction meeting (2.5 hour)
- ✓ Attending 1 hour meeting every 1-2 months
- ✓ Responding to emails from the research team
- ✓ Providing feedback on the materials, curriculum, handout, resources
- ✓ Time commitment: up to 3 years
- ✓ Compensation for your time

- Diabetes group visits** are groups of patients meeting over time improve:
- Access to medical care visits
 - Education for patients on their medical condition or disease
 - Increasing self-management skills for lifestyle and behavioral change

If you are interested, please call us XXX-XXX-XXXX or fill out the attached survey and mail it to the address below. You can also email it to XXXXX@ucdenver.edu. Mailing address: [Project PI], 123 Fake St, Anytown, CO 99999

For more information email investedindiabetes@ucdenver.edu or call XXX-XXX-XXXX



Ramona Koren, Thomas Carrigan, Sharon A Trujillo, Barbara Clay, David Downey, and the Invested in Diabetes Research Team
UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS

TRUST	COMMUNICATION	ACKNOWLEDGEMENT
<ul style="list-style-type: none"> ✓ Establishing trust is important – allow enough time to listen and ask questions. ✓ Get to know patient partners as individuals. Understand what made them interested in your project in the first place. ✓ Be cognizant of including patient partners into discussions. ✓ Understand that they may be quiet for the first couple meetings because they are still absorbing, listening, and learning. ✓ Make them feel welcome. Encourage them to ask questions if/when they do not understand something (e.g., terminology, concepts, etc.) 	<ul style="list-style-type: none"> ✓ Communicate frequently to make sure everyone understands what is happening in the project. This is especially important if the team does not meet frequently or does not hold in-person meetings. ✓ Set up phone conferences/ Zoom meeting with the partner group. ✓ Include them in group emails to keep them in the loop. ✓ Ask for feedback outside of meetings via emails or phone. 	<ul style="list-style-type: none"> ✓ Provide continuous encouragement to share their unique stories and experience throughout the project as you see relevant. ✓ Applaud contributions and thank them for sharing. Let them know that you are glad to have them aboard. ✓ Celebrate project accomplishments and milestones, no matter how small. ✓ Meeting in-person or bringing lunch can increase your bond. If in-person meetings are not possible, host virtual lunches (consider providing gift cards or order delivery from local establishments).

The Team

The Invested in Diabetes team included experts, partners, and professionals from across the country.

Principal Investigators:

- [Bethany M. Kwan](#) (PI), CU Anschutz Medical Campus
- [Jeanette A. Waxmonsky](#) (Co-PI), CU Anschutz Medical Campus

Co-Investigators:

- Russel Glasgow, PhD (Co-I), CU Anschutz Medical Campus
- Martha Sajatovic, MD (Co-I), Case Western Reserve University
- R. Mark Gritz, PhD (Co-I), CU Anschutz Medical Campus
- L Miriam Dickinson, PhD (Co-I), CU Anschutz Medical Campus
- Jodi S Holtrop, PhD (Co-I), CU Anschutz Medical Campus
- Andrea Nederveld, PhD, MPH (Co-I), CU Anschutz Medical Campus
- Natalie D Ritchie, PhD (Co-I), Denver Health
- Don Nease Jr., MD (Co-I), CU Anschutz Medical Campus
- Christina Hester, PhD (Co-I), AAFP National Research Network
- Jennifer Dailey-Vail, APRN, DNP (Co-I), CU Anschutz Medical Campus

Patient Partners:

- Ramona Koren
- Sharon A Trujillo
- David Downey
- Thomas Carrigan
- Barbara Clay

Professional Support:

- Dennis Gurfinkel, MPH (Study manager), CU Anschutz Medical Campus
- Robyn Wearner, MA, RD (practice facilitator), CU Anschutz Medical Campus
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Questions?

Thank you!

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