

73 IMPLEMENTATION STRATEGIES IN 9 CATEGORIES (POWELL, B, ET AL, 2015 & WALTZ,T, 2015)

USING EVALUATIVE AND ITERATIVE STRATEGIES

1. Assess readiness and identify barriers and facilitators*
2. Audit and provide feedback
3. Purposefully reexamine the implementation
4. Develop and implement tools for quality monitoring
5. Develop and organize quality monitoring systems
6. Develop a formal implementation blueprint*
7. Conduct local needs assessment
8. Stage implementation scale-up*
9. Obtain and use patient/consumers and family feedback
10. Conduct cyclical small tests of change

PROVIDE INTERACTIVE ASSISTANCE

11. Facilitation
12. Provide local technical assistance
13. Provide clinical supervision
14. Centralize technical assistance*

ADAPT AND TAILOR TO CONTEXT

15. Tailor strategies
16. Promote adaptability*
17. Use data experts
18. Use data warehousing techniques

LEGEND

Exploration

Implementation

Preparation

Sustainment

* Strategies that were used across all three implementation efforts highlighted in the paper

DEVELOP STAKEHOLDER INTERRELATIONSHIPS

19. Identify and prepare champions*
20. Organize clinician implementation team meetings
21. Recruit designate, and train for leadership
22. Inform local opinion leaders*
23. Build a coalition*
24. Obtain formal commitments*
25. Identify early adopters
26. Conduct local consensus discussions
27. Capture and share local knowledge
28. Use advisory boards and workgroups
29. Use an implementation advisor
30. Model and simulate change
31. Visit other sites
32. Involve executive boards
33. Develop an implementation glossary
34. Develop academic partnerships
35. Promote network weaving

TRAIN AND EDUCATE STAKEHOLDERS

36. Conduct ongoing training*
37. Provide ongoing consultation
38. Develop education materials*
39. Make training dynamic
40. Distribute educational materials*
41. Use train-the-trainer strategies
42. Conduct educational meetings*
43. Conduct educational outreach visits
44. Create a learning collaborative
45. Shadow other experts
46. Work with educational institutions

SUPPORT CLINICIANS

47. Facilitate relay of clinical data to providers
48. Remind clinicians
49. Develop resource sharing agreements
50. Revise professional roles
51. Create new clinical teams

ENGAGE CONSUMERS

52. Involve patients/consumers and family members
53. Intervene with patients/consumers to enhance uptake and adherence*
54. Prepare patients/consumers to be active participants
55. Increase demand
56. Use mass media

UTILIZE FINANCIAL STRATEGIES

57. Fund and contract for the clinical innovation
58. Access new funding*
59. Place innovation on fee for service lists/formularies
60. Alter incentive/allowance structures*
61. Make billing easier
62. Alter patient/consumer fees
63. Use other payment schemes
64. Develop disincentives
65. Use capitated payments

CHANGE INFRASTRUCTURE

66. Mandate change
67. Change record systems
68. Change physical structure and equipment
69. Create or change credentialing and/or licensure standards
70. Change service sites*
71. Change accreditation or membership requirements
72. Start a dissemination organization
73. Change liability laws