ABSTRACT SUBMISSION AIC 2016: #25

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1. Title:

How can models of implementation inform de-implementation?

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3. Key words: overview; implementation theory; de-implementation; healthcare

4. Abstract text:

a. Background and aims

Implementation science, theories and frameworks have generally focused on implementing interventions of proven effectiveness. Recent initiatives such as the 'Choosing Wisely' campaign in Australia and similar campaigns internationally are focused on the need for health care organisations to de-implement from low-value (that is, obsolete, inappropriate or ineffective) health care interventions. This raises the question of how to reverse implementation of low-value care interventions. This presentation will debate whether existing knowledge of implementation science and theories can be useful to inform strategies and processes for de-implementation of low-value care.

b. Methods

Drawing on both the recent implementation science literature and the authors' experiences, an overview will be given of practical and conceptual issues when considering implementation and de-implementation and whether there are similar issues to contend with. The presentation will refer to existing implementation theories, in particular, the widely used Promoting Action on Research Implementation in Health Services (PARIHS) framework to identify factors that are likely to be influential in supporting successful withdrawal and de-implementation of healthcare interventions and practices.

c. Conclusion

Factors such as the evidential basis for withdrawal of low-value care; contextual and organizational factors such as resources, culture and leadership; and how the deimplementation process is facilitated and by whom, are arguably influential in deimplementation as well as in implementation. Using implementation 'know-how' may have untapped potential in terms of informing de-implementation activities. There is a need for studies that examine how de-implementation actually happens in practice and whether it is a reverse-engineered form of implementation.