



Supporting Coordinated Implementation Research Data Collection To Help End The HIV Epidemic

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Advancing Data Sharing for IS in Cancer Control – June 13, 2022

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HIV Implementation Science
Coordination Initiative

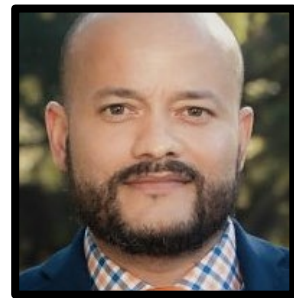




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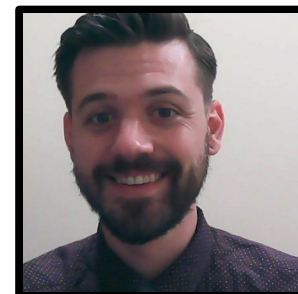
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Ending the HIV Epidemic: A Plan for America

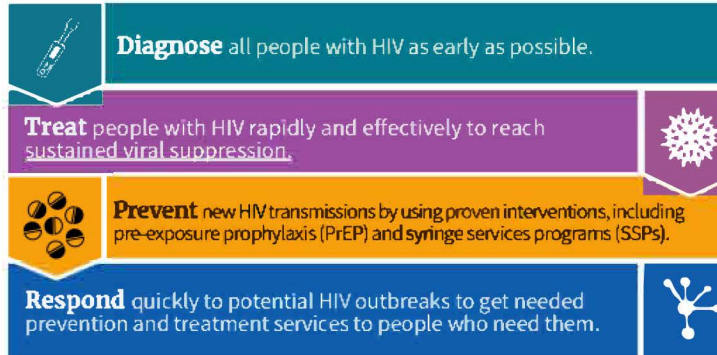
HHS is proposing a once-in-a-generation opportunity to eliminate new HIV infections in our nation. The multi-year program will infuse 48 counties, Washington, D.C., San Juan, Puerto Rico, as well as 7 states that have a substantial rural HIV burden with the additional expertise, technology, and resources needed to end the HIV epidemic in the United States. Our four strategies – diagnose, treat, protect, and respond – will be implemented across the entire U.S. within 10 years.

GOAL:

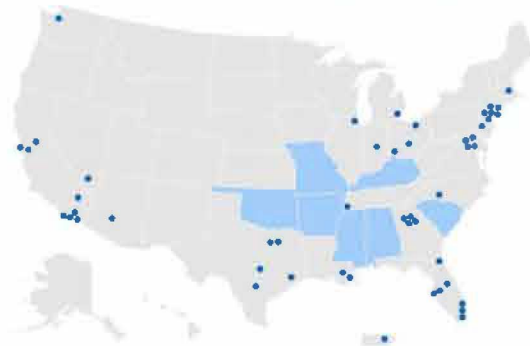
75%
reduction
in new HIV
infections
in 5 years
and at least
90%
reduction
in 10 years.



HHS will work with each community to establish local teams on the ground to tailor and implement strategies to:



The Initiative will target our resources to the 48 highest burden counties, Washington, D.C., San Juan, Puerto Rico, and 7 states with a substantial rural HIV burden.



Geographical Selection:

Data on burden of HIV in the US shows areas where HIV transmission occurs more frequently. More than 50% of new HIV diagnoses* occurred in only 48 counties, Washington, D.C., and San Juan, Puerto Rico. In addition, 7 states have a substantial rural burden – with over 75 cases and 10% or more of their diagnoses in rural areas.

*2016-2017 data

Pathways to Generalizable Knowledge

Synthesis of the literature



Coordination and IS support to projects



Conducting multisite IR



Generalizable
HIV IS
knowledge

Dissemination



Implementation

Ending
The
HIV
Epidemic



Roles

IS Coordination Initiative

- Coordinates data collection, harmonization, and progress reporting to NIH
- Maintains online community of practice and newsletter
- Hosts webinar series
- Activities related to creating generalizable knowledge:
 - Systematic reviews
 - Decision-support tools
 - JAIDS Special Issue
 - Multi-site IR pilot

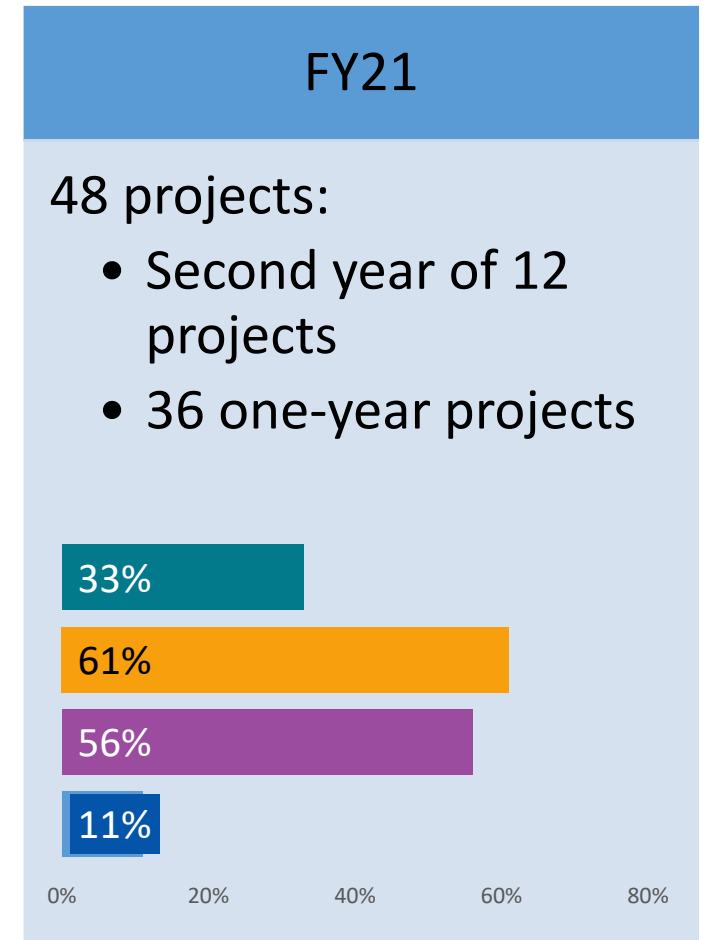
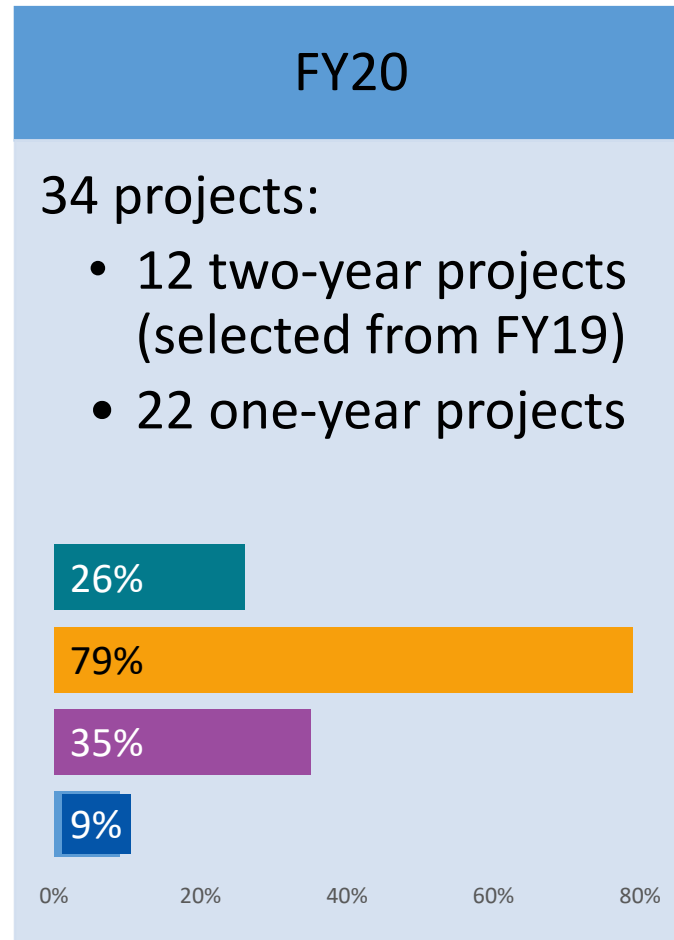


IS Consultation Hubs

- Facilitate and assist projects with mandatory reporting of NIH required measures and outcomes to ISCI
- Provides coaching and opportunities to share emerging findings in portfolios of related projects
- Contribute to generalizable knowledge activities



EHE Project Snapshot (N=135)



Development Process

1. Generated outcomes for 8 types of innovations using Kessler et al., 2013, “What does it mean to ‘employ’ the RE-AIM model?”
2. Abstracted to a “standard approach” for IR outcomes.
3. Solicited **feedback from EHE projects** via six virtual small-group meetings.
4. Solicited **feedback from CDC and HRSA EHE teams** via two meetings.
5. Held **consultation with 11 HIV IR experts**.
6. Consolidated feedback into revised measurement set.
7. Obtained **expert panel ratings** on importance/relevance of each outcome by stage of IR.
8. Consolidated feedback and additional ratings into revised set.
9. Made available to EHE projects at the end of Y1.
- 10. Piloted data collection** with all EHE Y2 projects.
11. Review with NIH, CDC, and HRSA EHE teams.
12. Disseminate crosswalk through website and publication (in process).



- RE-AIM dimension
 - Level (site, provider, patient)
 - Implementation question**
 - Standard construct/metric
 - Considerations or recommended methods
 - Importance by stage of implementation research**

				Importance by Stage of Research			
Lvl	Question	Standard Construct/Metric	General Considerations or Procedures	Implementation Preparation	Piloting Strategy	Bringing to Scale	
Site	How likely will sites want to adopt the intervention?	Acceptability of the intervention	Acceptability of Intervention Measure (AIM), Intervention Appropriateness Measure (IAM), and Feasibility of Intervention Measure (FIM): see tab below.	Required	Recommended	Recommended	
		Appropriateness of the intervention		Required	Recommended	Recommended	
	How likely will sites want to adopt the intervention?	How likely will sites want to adopt the intervention?	Acceptability of the intervention		Required	Recommended	Recommended
	How many "adopted" interventions?	How many "adopted" interventions?	How quickly is the intervention being delivered to patients?	Time between assessing patient for	N/A	Recommended	Recommended
	How quickly sites adopt intervention?	How many sites implement the intervention?	How closely is intervention designed? (fidelity)	Should reflect the scope of the project and approximate the # of patients that the intervention could potentially			
	How represent the adoptin potential sit health syste community	How quickly implemente intervention	How closely i strategy(s) de designed? (fidelity)	Use quant and/or mixed methods as appropriate to the			
Implementer	How represent the adoptin potential sit health syste community	How quickly implemente intervention	How many patients v the interve	How likely w want to enga intervention	How well doe intervention (Important to evidence is n established o intervention/ setting have considerably.	How represent the patient reached o being targ	
	How represent the adoptin potential im each site?	How quickly implemente intervention	How much do deliver the in (intervention strategies)?	How represent the patient reached o being targ	How likely w want to enga strategy(s)?	Program/clinical sustainability assessment tool: https://www.sustaintool.org/	N/A
	How represent the adoptin potential im each site?	How quickly implemente intervention	How consist implementat sites, implem and/or strate	How consist across site and/or strate	What second either positiv does the inte have?	Completeness of intervention delivery and strategy(s) sustained X time	Use the same methods as in the "Implementation" domain. X time varies by intervention.
	How represent the adoptin potential im each site?	How quickly implemente intervention	How consist implementat sites, implem and/or strate	How consist across site and/or strate	What second either positiv does the inte have?	Quality of intervention delivery and strategy(s) sustained X time	Use the same methods as in the "Implementation" domain. X time varies by intervention.
	How represent the adoptin potential im each site?	How quickly implemente intervention	How consist implementat sites, implem and/or strate	How consist across site and/or strate	What second either positiv does the inte have?	Adaptations made over time to intervention or strategy(s)	Running list of adaptations by date, specified using the same methods as in the "Implementation" domain.
How represent the adoptin potential im each site?	How quickly implemente intervention	How consist implementat sites, implem and/or strate	How consist across site and/or strate	What second either positiv does the inte have?	Primary outcome sustained for ≥X time after achieving intervention effect	Use the same methods as in the "Effectiveness" domain. X time varies by intervention.	
How represent the adoptin potential im each site?	How quickly implemente intervention	How consist implementat sites, implem and/or strate	How consist across site and/or strate	What second either positiv does the inte have?	Related outcomes sustained for ≥X time post-intervention	Use the same methods as in the "Effectiveness" domain. X time varies by intervention.	
How represent the adoptin potential im each site?	How quickly implemente intervention	How consist implementat sites, implem and/or strate	How consist across site and/or strate	What second either positiv does the inte have?	Robustness (differential effects of the intervention) across subgroups over time	Use the same methods as in the "Effectiveness" domain.	
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Adoption

Domain	Level	Question	Standard Construct/Metric	General Considerations / Our Recommended Procedures	For Reference: Our Recommendations by Stage of IR			
					Implementation Preparation	Piloting a Strategy	Testing a Strategy	Spreading, Scaling Up, Disseminating a Strategy
ADOPTION	Implementer	How many potential implementers "adopted" the intervention?	# potential implementers in sites eligible to provide/support the intervention --> <u>public health denominator</u>	Use as the denominator to assess public health impact. Total # of implementers across all sites who could potentially and feasibly deliver the intervention. Differentiate between different levels or roles (e.g., supervisors, frontline staff). May be an estimate, but provide justification.	N/A	If applicable	Recommended	Required
			# implementers approached/exposed to provide/support the intervention --> <u>study denominator</u>	Use as the denominator to assess penetration among study staff. Differentiate between different levels or roles (e.g., supervisors, frontline staff). If the intervention is mandated or already being implemented, the denominator is all implementers.	N/A	Required	Required	Required
			# implementers that agreed to provide/support the intervention	Various numerators to assess adoption. Use in conjunction with the denominators above. Can also calculate failure to launch (agreed minus began). If the intervention is mandated or already being implemented, the # is all implementers.	N/A	If applicable	Required	Required
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		How quickly did potential implementers adopt the intervention?	Time between approaching/exposing implementer and their agreeing to provide the intervention	May use additional, more specific milestones, e.g., Stages of Implementation Completion (SIC; https://www.oslc.org/sic/). May not be applicable if intervention is mandated or already being implemented.	N/A	If applicable	Recommended	Recommended
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		How representative are the adopting implementers of other potential implementers in each site?	Characteristics of implementers that agree/begin to provide/support the intervention vs. implementers that do not	Use quant or mixed methods to compare based on implementer characteristics and determinants (e.g., attitudes). Refer back to CFIR or other determinant frameworks.	N/A	Recommended	Required	Required
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Adoption – Data Collection

Domain	Level	Question	Standard Construct/Metric	Did you measure this in your project?	From whom did you measure this?		When did you measure this?	How did you measure this?		What have you found so far? Provide point estimates (Ms, %, ORs, p-values) as relevant. If measured over time, provide most recent; discuss trends if applicable.	
					Participants (Add rows if multiple types of participants.)	Sample size(s)		Quant, qual, or mixed/multi?	What measures/metrics/ scales did you use?		
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			Reasons why those implementers are excluded								



Lessons Learned

Intentional dissemination strategies

- Alerting grantees as early and as often as possible to the existence of the crosswalk
 - Beginning to be listed in federal RFAs
- Online materials that are always accessible (e.g., recorded webinars)
- Version control (updates will happen)
- Special issue of *JAIDS*- see HIVImpSci.org to access

Implementation strategies

- Offering technical support in planning, active data collection, and reporting phases
- Checking or co-completing by IS Hubs improves data quality

Challenges and future direction

- Stage of implementation research (planning grants vs. future R01s)
- Reporting is required but how required?
- Constant effort on longitudinal data integration and management
- Analytic approach- matching determinants, strategies, and outcomes

