Response ID:15 Data

1.

1. First Name

Nicole

2. Last Name

Stout

3. Academic Degree(s)

DPT

4. Department/Institution

Hematology/Oncology West Virginia University School of Medicine

5. Email Address

nicole.stout@hsc.wvu.edu

6. Co-author(s) names (first and last) and degrees

Dr. Nicole L. Stout DPT, CLT-LANA, FAPTA
Research Assistant Professor, WVU School of Medicine and School of Public Health
Dr. Shana Harrington PT, PhD
Associate Professor, Program Director - USC Program in Physical Therapy
Dr. Meryl Alappattu PT, PhD
Research Assistant Professor, UF Department of Physical Therapy
Dr. Ashley Perry DPT
Cancer Rehabilitation Navigator Brooks/Halifax
Dr. Mindi R Manes
Statistician Brooks Rehabilitation

7. Funding Source (if applicable)

8. Manuscript Title

Prioritization and Multi-Level Mapping of Implementation Strategies for a Cancer Rehabilitation Navigation Program

9. Abstract (500 words maximum)

Background: Implementing integrated rehabilitation services into cancer care delivery requires methodic approaches to promote uptake and sustainability. Strategies for implementing a cancer rehabilitation navigation (CRNav) program have not been previously described. The purpose of this manuscript is to leverage insights from CRNav program implementors to understand multi-level implementation strategies and to prioritize strategies for program implementation in cancer care.

Methods: We derived methods from implementation mapping procedures and multi-level intervention frameworks to identify and prioritize the strategies used to implement a CRNav program within a community-based cancer center. We assessed strategies that influenced implementation at the individual provider level, the clinic level, and the health system level. An interdisciplinary group of stakeholders, representing two CRNav programs, participated in a focus group and discussed answers to each of the following implementation questions using the multi-level framework.
(a) Who will decide to adopt and use the program? (b)Which stakeholders will decision makers need to consult? (c) Who will make resources available to implement the program? (d) Who will implement the program? (e) Will the program require different

people to implement different components? And (f) Who will ensure that the program continues as long as it is needed? The focus group transcript was analyzed using a deductive coding approach, based on the Expert Recommendations for Implementing Change (ERIC) strategies. A list of strategies at each level of the framework was shared with a larger cohort of CRNav program stakeholders (n=15) to seek agreement and prioritization of the suggested implementation strategies using a modified Delphi process. Apriori an 80% threshold was established to identify agreement across participants. Two rounds of the Delphi were conducted.

Results: Eight individuals participated in the focus group session. The implementation mapping exercise identified 46 different ERIC strategies addressing implementation at the individual provider level, clinic level, and health system level. Agreement was achieved at 80% for 41 strategies and the following strategies were identified as priorities across the respective levels; Individual provider level- develop and provide education and training, support clinicians, identify champions, use experts. Clinic level – change service sites, promote adaptability, create new clinical teams, change physical structure and equipment, System level – involve executive boards, obtain formal commitments, create a learning collaborative, revise professional roles.

Conclusion: Implementation of an innovative care delivery model into clinical practice requires attention to specific strategies that can impact the implementation effort at various levels within a health care system. These findings will inform future research on the implementation of CRNav programs and may inform cancer care teams interested in implementing innovative programs into practice.

10. Key Words (must list at least 1 up to 6 maximum)

1 : Cancer rehabilitation
2 : oncology navigation
3 : cancer care delivery
4 : multi-level interventions
5 : implementation science
6 : implementation strategies

11. Key Implementation theories or frameworks used in this manuscript

Implementation mapping, derived from task 5 of the intervention mapping framework. (Fernandez M, Ten Hoor, G, van Lieshout, S., et al (2019). Implementation Mapping: Using Intervention Mapping to Develop Implementation Strategies. Front Public Health, 7, 158. doi:10.3389/fpubh.2019.00158

Expert Recommendations for Implementing Change (ERIC) (Waltz, T. J., Powell, B. J., Matthieu, M. M., et al. (2015). Use of concept mapping to characterize relationships among implementation strategies and assess their feasibility and importance: results from the Expert Recommendations for Implementing Change (ERIC) study. Implement Sci, 10, 109. doi:10.1186/s13012-015-0295-0)

Multi-level intervention strategies for implementation of innovative programs (Taplin, S. H., Anhang Price, R., Edwards, H. M., et al. (2012). Introduction: understanding and influencing multilevel factors across the cancer care continuum. Journal of the National Cancer Institute Monographs, 2012(44), 2-10.

2. Thank You!

New Send Email

Mar 01, 2023 15:58:03 Success: Email Sent to: CMendelsohn@aapmr.org,munderwood@aapmr.org