The Dissemination and Implementation R01 Grants Matrix

FOA: PAR-13-055

RCT OF A LEARNING COLLABORATIVE TO IMPLEMENT HEALTH PROMOTION IN MENTAL HEALTH (1RO1MH10232501)
PI/Institution: Stephen Bartels, Dartmouth College

AIMS	THEORY and FRAMEWORK	DESIGN	OUTCOMES	TIMEFRAME
• Test whether working in a "learning collaborative" (solving problems, sharing ideas, and improving care) will do a better job putting integrated health promotion (the In SHAPE health mentor wellness program) into place.	Implementation Research	• Cluster RCT of 48 mental health provider organizations randomized to instruction + learning collaborative or instruction alone	• Program participation • Organizational change supporting health promotion • Operation; uptake and expansion; fidelity; sustainability • Participant outcomes (physical activity; nutrition; weight loss)	May 2014 - March 2019

SPREAD-NET: PRACTICES ENABLING ADAPTING AND DISSEMINATING IN THE SAFETY NET (1RO1HL12089401)
PI/Institution: Rachel Gold, Kaiser Foundation Research Institute

AIMS	THEORY and FRAMEWORK	DESIGN	OUTCOMES	TIMEFRAME
• To compare the effectiveness of different 'support strategies' at helping diverse community health centers sustainably implement an intervention shown to reduce patients' cardiovascular disease (CVD) event risk.	Practice Change Model and RE-AIM framework	• Cluster RCT of 30 community health centers randomized to receive low, medium, or high-intensity support • Mixed-methods	• Rates of (i) guideline-appropriate cardioprotective prescriptions, and (ii) controlled blood pressure and low-density lipoprotein • Sustainability • Clinic characteristics associated with success at different levels of support.	May 2014 - April 2019

DIDACTIC: DISSEMINATION AND IMPLEMENTATION OF A DIET AND ACTIVITY COMMUNITY TRIAL ICU (1RO1HL12228501)
PI/Institution: James Herbert, University of South Carolina at Columbia

AIMS	THEORY and FRAMEWORK	DESIGN	OUTCOMES	TIMEFRAME
• Disseminate and implement the HEALS intervention in partnership with and by community stakeholders in the African American community. • Assess costs associated with dissemination and implementation. • Focus on enhancing sustainability through capacity building and leadership development activities.	Not available	• Utilize a community-based participatory research approach to recruit 30 churches and 450 participants using a lay health, train-the-trainer model.	• Adoption, fidelity, recruitment, retention • Cost-effectiveness • Capacity-building	May 2014 - March 2018

INTEGRATED CLINICAL PREDICTION RULES:BRINGING EVIDENCE TO DIVERSE PRIMARY CARE SE (1RO1AI108680-01)
PI/Institution: Devin Mann, Boston University

AIMS	THEORY and FRAMEWORK	DESIGN	OUTCOMES	TIMEFRAME
• Integrate previously tested and refined integrated clinical prediction rule (iCPR) tool into the same commercial EHR in three different clinical settings, adapting the innovation to provider preference, culture, and local workflow • Develop a toolkit for adapting and implementing the tool in diverse settings	Hybrid RE-AIM and normalization process theory implementation evaluation framework	• Adapt, integrate and usability-test the original iCPR at three new diverse sites. • 2 year RCT	• Rate and variability of iCPR uptake • Impact on antibiotic prescribing and diagnostic test ordering patterns • Facilitators and barriers to integration	May 2014 - March 2019

INNOVATIVE PARTNERSHIP TO TARGET ANTIMALARIAL SUBSIDIES IN THE RETAIL SECTOR (1RO1AI11047801)
PI/Institution: Wendy O'Meara Prudhomme, Duke University

AIMS	THEORY and FRAMEWORK	DESIGN	OUTCOMES	TIMEFRAME
• To evaluate a new approach to improve access to diagnosis for malaria amongst those patients who seek malaria treatment in the informal health sector.	Not available	• The approach uses an innovative public-private partnership between community health workers and retail medicine shops. • Survey data collection	• Economic analysis • Improved targeting of subsidized antimalarial • Reduced overuse and over treatment	February 2014 - January 2019

IMPLEMENTING TOBACCO USE TREATMENT GUIDELINES IN COMMUNITY HEALTH CENTERS IN VIETNAM (1RO1CA17532901A1)
PI/Institution: Donna Shelley, New York University School of Medicine

AIMS	THEORY and FRAMEWORK	DESIGN	OUTCOMES	TIMEFRAME
• To compare the effectiveness and cost effectiveness of two practical and highly replicable strategies for implementing evidence-based guidelines for the treatment of tobacco use in public health clinics in Vietnam.	Organizational model of innovation implementation	• Two arm, cluster RCT that will compare the effectiveness and cost effectiveness of two multi component strategies for implementing tobacco use treatment guidelines: 1) Technical assistance, training, plus clinical reminder system (TTC) vs. 2) TTC + referral to a community health worker (CHW)	• Provider adherence to tobacco use treatment guidelines (implementation effectiveness). • Smoking abstinence • Organizational factors associated with effective implementation.	September 2013 – August 2018

PUTTING CDSMP TO WORK: IMPLEMENTATION OF THE LIVE HEALTHY, WORK HEALTHY PROGRAM (1RO1HL122330-01)
PI/Institution: Mark Wilson, University of Georgia

AIMS	THEORY and FRAMEWORK	DESIGN	OUTCOMES	TIMEFRAME
• To test adaptations of the Chronic Disease Self-Management Program (CDSMP) designed to increase the likelihood of widespread use in workplace settings.	Not available	• Participants will be randomly assigned to 1) workplace-tailored CDSMP, 2) 'usual care' CDSMP, and 3) control group. • Data will collect at baseline, 6-month follow-up and 12-months follow-up. • The control group will be a delayed intervention group.	• Primary outcomes: Blood pressure, cholesterol, blood glucose, BMI, diet, physical activity and tobacco use. • Secondary: patient-provider communication, quality of life, medical adherence, and work performance and productivity. • Cost-effectiveness	March 2014-February 2019

FOA: PAR-10-038

MOBILE HEALTH FOR IMPLEMENTATION OF HOME-BASED TB CONTACT INVESTIGATION IN UGANDA (1R01AI10048401A1)
PI/Institution: John Davis, University of California, San Francisco

AIMS	THEORY and FRAMEWORK	DESIGN	OUTCOMES	TIMEFRAME
• Test if home sputum collection with mobile-phone follow-up can treat more TB patients, reduce unnecessary clinic visits, and provide a model for finding and eliminating TB in high-burden countries	RE-AIM	• Household-RCT in five rural Ugandan communities comparing two approaches to evaluation of at-risk contacts: referral to clinics for TB testing (standard approach) vs. home sputum collection • Mixed methods evaluation	• Rates of TB and HIV diagnosis and clinic follow-up • TB treatment initiation • Completion • Internal effectiveness and fidelity • Costs and epidemiological impact of the intervention.	June 2013 – May 2018

ONLINE SOCIAL NETWORKS FOR DISSEMINATION OF SMOKING CESSATION INTERVENTIONS (5RO1CA15536903)
PI/Institution: Amanda Graham, American Legacy Foundation

AIMS	THEORY and FRAMEWORK	DESIGN	OUTCOMES	TIMEFRAME
• To test a novel diffusion strategy for an evidence-based smoking cessation intervention through a large-scale existing online social network (Facebook).	MOST and SMART iterative software development models	• Fractional factorial RCT to study characteristics that drive diffusion of an evidence-based smoking cessation software application ("app") between and within clusters of smokers on Facebook.	• Intervention characteristics that directly impact diffusion (the reproductive rate).	July 2011 – June 2014

ADDRESSING HEPATITIS C AND HEPATOCELLULAR CARCINOMA: CURRENT AND FUTURE EPIDEMICS (5RO1DA034637-02)
PI/Institution: Holly Hagan, New York University

AIMS	THEORY and FRAMEWORK	DESIGN	OUTCOMES	TIMEFRAME
• To use the methods of Implementation Science to determine how best to constitute a portfolio of interventions for the prevention and control of Hepatitis C virus (HCV).	Not available	• Research synthesis, mathematical modeling and simulation, and comparative effectiveness analyses	• HCV infection; HCV related hepatocellular carcinoma; life expectancy; quality of life; health disparities • Increased knowledge • Cost analysis	July 2013 – April 2017

IMPLEMENTING CHESS EHEALTH BREAST CANCER SUPPORT IN POPULATION-BASED CARE (5RO1CA14900503)
PI/Institution: Robert Hawkins, University of Wisconsin

AIMS	THEORY and FRAMEWORK	DESIGN	OUTCOMES	TIMEFRAME
• To take CHESS (a well-tested interactive cancer communication system) out of the research setting, and test it in two real-world healthcare organizations by making it available to all breast cancer patients.	Not available	• Implementation trial comparing those who do or do not use CHESS. • Surveys, qualitative interviews	• CHESS utilization • Clinician satisfaction • Patient and clinicians perceptions • Implementation procedures	September 2011 – August 2014

IMPLEMENTATION OF EVIDENCE-BASED CANCER EARLY DETECTION IN BLACK CHURCHES (5RO1CA14731304)
PI/Institution: Cheryl Holt, University of Maryland College Park

AIMS	THEORY and FRAMEWORK	DESIGN	OUTCOMES	TIMEFRAME
• To identify an optimal implementation strategy using a set of evidence-based interventions (Cancer Early Detection Ministry), that aim to increase early detection of breast, prostate, and colorectal cancer among African Americans.	Re-AIM Health Belief Model Social Cognitive Theory	Fourteen local African American churches randomized to a high or a low community autonomy implementation strategy, in which the level of technical assistance was varied.	• Treatment fidelity • Compare the two implementation strategies to determine the optimal level of technical assistance for successful sustainability.	March 2011 – February 2017

IMPLEMENTING PERSONAL HEALTH RECORDS TO PROMOTE EVIDENCE-BASED CANCER SCREENING (1RO1CA16879501A1)
PI/Institution: Alexander Krist, Virginia Commonwealth University

AIMS	THEORY and FRAMEWORK	DESIGN	OUTCOMES	TIMEFRAME
• To evaluate whether advanced Personal Health Record (PHR) functionality is scalable across a large number of practices and how its uptake differs for minority and disadvantaged patients.	RE-AIM	• 2-phase trial • Phase 1: Randomize 46 practices from three practice-based research networks in eight states to implement a PHR with advanced versus simpler functionality. • Phase 2: networks will offer the advanced PHR to all non-intervention practices	• Reach (creation of PHR accounts by patients), Adoption (practice decision to use the PHR), Implementation (consistency, fidelity, barriers, and facilitators of use), and Maintenance (sustained use) • Effect of the PHR on shared decision-making and receipt of cancer screening tests	September 2013 – June 2018

DISSEMINATION AND IMPLEMENTATION OF A CORRECTIVE INTERVENTION TO IMPROVE MEDIASTI (5R01CA17225302)
PI/Institution: Raymond Osarogiagbo, University of Memphis

AIMS	THEORY and FRAMEWORK	DESIGN	OUTCOMES	TIMEFRAME
• To test the implementation of the routine use of specially designed lymph node specimen collection kit for use in lung cancer resections in in a demographically diverse, high lung cancer incidence region of the US, in order to maximize its impact in future dissemination	RE-AIM	• Staggered implementation, multiple baseline, study design	• Increase quality of pathologic staging of lung cancer. • Increase the detection of lymph node metastasis. • Implementation processes	April 2013 – March 2018

ADAPTING PATIENT NAVIGATION TO PROMOTE CANCER SCREENING IN CHICAGOS CHINATOWN (5RO1CA16383003)
PI/Institution: Melissa Simon, Northwestern University at Chicago

AIMS	THEORY and FRAMEWORK	DESIGN	OUTCOMES	TIMEFRAME
• To study the dissemination of Patient Navigation (PN) behavioral health services interventions by implementing a tailored PN intervention with a focus on the largely immigrant population of low income women in Chinatown.	Not available	• Mixed methods within a Community-Based Participatory Research (CBPR) approach	• Increasing breast and cervical cancer screening as well as follow-up • Increased access to Patient Navigation resources	March 2012 – February 2018

WELLNESS PROGRAM IMPLEMENTATION: SCHOOL & STUDENT TOOLKITS (1R01DK09709601A1)
PI/Institution: Judith Wylie-Rosett, Albert Einstein College of Medicine

AIMS	THEORY and FRAMEWORK	DESIGN	OUTCOMES	TIMEFRAME
• Evaluate an implementation model that engages high school students in Wellness Council planning to achieve obesity-related health recommendations. • Apply a participatory action research approach to empower students as stakeholders and to facilitate collaborative planning by school Wellness Councils. • Enable schools to select toolkit strategies and elements from evidence-based curricula.	Social Ecological Framework; RE-AIM	• Stepped wedge cluster randomized trial design using NYC HealthCorps high schools. • System dynamics modeling	• Dietary and physical activity health habits, key health behaviors • Participation rates, acceptability, intervention fidelity, and sustainability of lifestyle changes by students and programs by schools.	September 2013 – July 2017

FOA: PA-10-067

IMPROVING EVIDENCE-BASED PRIMARY CARE FOR CHRONIC KIDNEY DISEASE (5RO1DK09040703) PI/Institution: Chester Fox, State University of New York at Buffalo				
AIMS • Test the extent to which computer decision support (CDS) plus practice facilitation promotes evidence- based care and improves the clinical outcomes of reduced disease progression and mortality in primary care practices.	**THEORY and FRAMEWORK** Chronic Care Model	**DESIGN** • Group RCT of 40 practices assigned to CDS plus facilitation vs. CDS-only practices.	**OUTCOMES** • Chronic kidney disease progression and all-cause mortality. • Cost-effectiveness	**TIMEFRAME** September 2011 – June 2016
EVALUATING A WEB-BASED CHILD PASSENGER SAFETY PROGRAM: SAFETY IN SECONDS V 2.0 (5R01HD06922103) PI/Institution: Andrea Gielen, Johns Hopkins University				
AIMS • Test a web based, theory driven, computer-tailored intervention for child passenger safety in two Pediatric Emergency Departments (PEDs) and a Level 1 Pediatric Trauma Service (PTS) that serve diverse populations.	**THEORY and FRAMEWORK** Not available	**DESIGN** • RCT with 1,650 parents including baseline and 6-month follow up • Evaluate the program's cost benefit • Qualitative data collected from key informant interviews, direct observations, and document review.	**OUTCOMES** • Parents' child passenger safety knowledge, prevention beliefs, and the proper and consistent use of Car Safety Seats (CSS) and Belt-Positioning Booster Seats (BPBS) for their children. • Barriers and facilitators to program adoption and implementation • Cost	**TIMEFRAME** April 2012 – January 2017

FOA:PA-09-262

HEALTH PROMOTERS AND PHARMACISTS IN DIABETES TEAM MANAGEMENT (5R01DK09134704)				
PI/Institution: Ben Gerber, University of Illinois at Chicago				
AIMS	**THEORY and FRAMEWORK**	**DESIGN**	**OUTCOMES**	**TIMEFRAME**
• To evaluate the effectiveness of a clinic-based pharmacist disease management program plus Health Promoters (HP) on diabetes behaviors. • To evaluate the maintenance of improved diabetes behaviors as well as clinical outcomes by phasing out HP support. • To evaluate the intensification offered by adding an HP.	Not available	• 300 African-American and Latino adults with uncontrolled diabetes will be randomization to one of two groups: (1) pharmacist management (Pharm) for 12 months; or (2) pharmacist management with HP support (Pharm+HP) for 12 months. Cross-over will occur at 12 months.	• Diabetes behaviors (including healthy eating, physical activity, and medication adherence), hemoglobin A1c, blood pressure, and LDL-cholesterol levels) • Cost and cost-effectiveness of the intervention	May 2011 – February 2016

FOA: PA-12-127

IMPROVING TWANG AS A RESEARCH TOOL FOR ADDICTION RESEARCHERS (5R01DA03406502)				
PI/Institution: Beth Ann Griffin, RAND Corporation				
AIMS	**THEORY and FRAMEWORK**	**DESIGN**	**OUTCOMES**	**TIMEFRAME**
• To extend the TWANG (Toolkit for Weighting and Analysis of Non- Equivalent Groups) package to be more versatile and better able to meet the current and future needs of addiction researchers and to improve dissemination of the package.	Not available	• Estimate propensity scores and assess balance for multinomial and time-varying treatments. • Develop software to provide access to TWANG via environments other than R (e.g., SAS and Stata) • Develop and implement a dissemination strategy.	• Increased use of TWANG package as a health services research tool.	June 2013 – April 2016

BUILDING SYSTEM CAPACITY THROUGH CONTINUOUS QUALITY IMPROVEMENT (5R34DA032014103) PI/Institution: Sarah Hunter, RAND Corporation				
AIMS	**THEORY and FRAMEWORK**	**DESIGN**	**OUTCOMES**	**TIMEFRAME**
• To pilot test a Continuous Quality Improvement approach in order to study its impact on addiction treatment processes and outcomes of care. Costs and the sustainability of the CQI approach will also be explored.	Simpson's Transfer Model (STM), Rogers' Diffusion of Innovation theory, Prochaska's theory of behavioral change	• A randomized pilot study	• Addiction treatment processes and outcomes of care improvements • Feasibility of CQI implementation	May 2012 – April 2015

FOA:PA-11-260

A WHOLE SYSTEMS APPROACH TO IMPLEMENTING STANDARDIZED DENTAL DIAGNOSTIC TERMS (1R01DE02306101A1)
PI/Institution: Elsbeth Kalenderian, Harvard University (Medical School)

AIMS	THEORY and FRAMEWORK	DESIGN	OUTCOMES	TIMEFRAME
• To develop a tested, generalizable process for effectively implementing standardized dental diagnostic terminology called EZcodes in a large private dental practice setting.	Not available	• Implement the EZcodes within the 54-office Willamette Dental Group (WDG). • Iteratively develop the EZ-IT toolkit to its dissemination form following laboratory testing, assessment within an implementation at WDG and workgroup review. • Surveys and interviews.	• Determine the impact of the program on inner context ("culture") • Impact of the program on valid entry of diagnostic terms.	September 2013 – August 2017

IMPLEMENTATION OF EVIDENCE-BASED PRACTICE FOR BENIGN PAROXYSMAL POSITIONAL VERTIGO (1R01DC01276001A1))
PI/Institution: Kevin Kerber, University of Michigan at Ann Arbor

AIMS	THEORY and FRAMEWORK	DESIGN	OUTCOMES	TIMEFRAME
• To develop a theory-based, multi-faceted Benign Paroxysmal Positional Vertigo (BPPV) behavioral and educational strategy. • Test the effect of a decision aid on guideline concordant practice patterns and BPPV knowledge. • Implement and evaluate, in a community ED setting, the strategy on use of BPPV processes	Not available	• RCT/staggered enrollment RCT	• Practice patterns • Patient outcomes • Use of BPPV processes & knowledge • ED efficiencies • Cost of care	August 2013 – July 2018

IMPROVING MENTAL HEALTH OUTCOMES: BUIDLING AN ADAPTIVE IMPLEMENTATION STRATEGY (1R01MH09989801A1)
PI/Institution: Amy Kilbourne, University of Michigan at Ann Arbor

AIMS	THEORY and FRAMEWORK	DESIGN	OUTCOMES	TIMEFRAME
• To build the most cost-effective adaptive implementation intervention involving Replicating Effective Programs (REP) and the augmentation of the External Facilitator (EF) and Internal Facilitator (IF) roles to improve patient outcomes and the uptake of an evidence-based practices for mood disorders in community settings.	Not available	• Sequential Multiple Assignment Randomized Trial (SMART) design • 100 community-based outpatient clinics (total 1,600 patients) from different U.S. regions (Michigan, Colorado, and Arkansas)	• Patient-level outcomes, including mental health quality of life and decreased symptoms, increased LG use • Describe the implementation • Cost-effectiveness	January 2014 – December 2018

PA-09-146

FEASIBILITY OF AN INTERNET-BASED MODEL FOR IMPLEMENTATION OF A PREVENTION PROGRAM (5R34DA03132602)
PI/Institution: Carol Mackinnon-Lewis, University of South Florida

AIMS	THEORY and FRAMEWORK	DESIGN	OUTCOMES	TIMEFRAME
• To test the feasibility of an innovative implementation model that utilizes technology to deliver live, on-line training and TA in the dissemination of the Strong African American Families Program (SAAF).	Not available	• Two-wave pre-post design	• Fidelity, feasibility • Methods for the collection of cost and resource information needed for implementation.)	February 2012 – January 2015