Module 3d: Implementation Fidelity
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SA³ Modules

1. Asking a Question (Purpose)

2. Designing an Assessment Study

3. Assessment Instruments (validity and reliability)

4. Analyzing Results

5. Using and Communicating Results

6. Celebrating results (Follow-through and reflection)

Plan

Implement

Follow-through

Analyze and use
Resources

http://www.ndsu.edu/vpsa/assessment/resources_for_assessment/implementation_fidelity/

• Above website includes a template for use
• Fisher (2014): The Importance of Implementation Fidelity Data for Evaluating Program Effectiveness
Learn How to Juggle

1. I will describe juggling
2. Watch a juggling video
3. Explain critical juggling techniques
4. In-class practice
5. Evaluation
When the Patient Is ‘Noncompliant’

By DANIELLE OFRI, M.D.

“A 63-year-old man with hypertension, elevated cholesterol and diabetes,” the intern recited as he presented the case to me in clinic. He read the list of seven medications the patient was prescribed. “But he’s noncompliant,” the intern added.

“Noncompliant” is doctor shorthand for patients who don’t take their medications or follow medical recommendations. It’s one of those quasi-English-quasi-medical terms, loaded with implications and stereotypes.

As soon as a patient is described as noncompliant, it’s as though a black mark is branded on the chart. “This one’s trouble,” flashes into most doctors’ minds—why now when they...
Study That Paid Patients to Take H.I.V. Drugs Fails

By DONALD G. McNEIL Jr.   FEB. 24, 2015

SEATTLE — A major study testing whether Americans would take their H.I.V. drugs every day if they were paid to do so has essentially failed, the scientists running it announced Tuesday at an AIDS conference here.

Paying patients in the Bronx and in Washington — where infection rates are high among poor blacks and Hispanics — up to $280 a year to take their pills daily improved overall adherence rates very little, the study’s authors said.

The hope was that the drugs would not only improve the health of the people taking them, but help slow the spread of H.I.V. infections. H.I.V. patients who take their medicine regularly are about 95 percent less likely to infect others than patients who do not. The Centers for Disease Control and Prevention estimates that only a quarter of all 1.1 million Americans with H.I.V. are taking their drugs regularly enough to not be infectious.

Paying patients $25 to take H.I.V. tests, and then $100 to return for the results and meet a doctor, also failed, the study found.
Patient Adherence - 50% of patients don’t take their medicine properly

In Europe, medication non-adherence costs governments an estimated €125 billion and contributes to the premature deaths of nearly 200,000 Europeans a year.

Poor adherence to medication can have a negative impact on both the potential clinical benefits of treatment and the cost-effectiveness of medicines. Patients may have poor knowledge of the disease, inadequate perceptions of the need for treatment, simply forget, or wish to avoid a therapy’s side effects. The interaction between healthcare professionals and patients also plays a role in ensuring patient adherence. To improve the current situation, where around 50% of patients fail to adhere to their prescribed regime, increased collaboration is needed between healthcare stakeholders if people are to get the most from their treatment and stop the waste.

The pharmaceutical industry believes that the future lies in fully informed
Example (from Fisher paper)

- Orientation program wasn’t achieving its goals
- Should the whole program be scrapped and replaced with something else?
- Auditors pretended to be students and participated in the orientation program
- Identified areas where students weren’t engaging in the program and issues (such as a video that couldn’t be heard clearly)
- Addressing these issues of implementation then became the priority instead of reworking the whole program
Learning Outcomes not Achieved

- Badly designed program? OR
- Poorly implemented program?
Why do an Implementation Fidelity Assessment Project?

• You’ve designed a program around learning outcomes
• You’ve selected learning outcomes assessment instruments and have an implementation method for the end of the program
• Post-program results are disappointing
• Do you scrap the program?
Why do an Implementation Fidelity Assessment Project?

- You’ve promised to do certain things for a grant project
- One essential reporting element for the grant is whether or not the things you promised to do were actually done
- Has programming “drifted” from what was originally started?
Why do an Implementation Fidelity Assessment Project?

• You’ve hired 6 GAs to each lead a different group of students through a program
• Each GA has flexibility to “cover” each topic however he or she desires
• But, essential that all aspects of the program are covered by all GAs
• Are they all covering all of the topics that should be covered?
Adherence and Quality: Two Critical Aspects

• Adherence
  – Extent of match with what was planned

• Quality
  – Clarity
  – Compelling or memorable
  – Appropriateness of delivery technique
  – Responsiveness / engagement
  – Exposure
Adherence

• Whether or not the specific features of the program were implemented as planned
• Planning based on learning outcomes or other outcomes for the event
• Requires careful planning (no “winging it”) – One benefit of implementation fidelity is the requirement for careful planning of programs!
• Often will include amount of time to be spent on the topic (which can be checked by the auditor)
Adherence Example

• Planned to describe 3 student support services:
  – Disability Services
  – Counseling Center
  – Student Health Service

• Participants have lots of questions about DS so you run out of time and don’t talk at all about SHS
Quality

• Wait, isn’t adherence sufficient?
• Program elements can differ in the quality of their implementation
  – Sound of a video can be distorted
  – Presenter might gloss over important aspects
  – Length of session might be too long and participants stop paying attention
  – Unexpected behaviors (such as longer bathroom breaks for some) may result in low quality implementation
What is “Quality?”

• This has been a long-debated question! (see Harvey and Green, “Defining Quality,” 1993)

• In implementation fidelity studies, the focus is usually on “Quality as Fitness for Purpose”
Quality as Fitness for Purpose

“If something does the job it is designed for then it is a quality product or service.”

- Essential that the auditor (and those leading the program) know what the program is trying to accomplish!
- Some level of subjectivity, BUT sometimes it can be very obvious and auditors can bring a level of expertise
Common Aspects of Quality

• Clarity
  – Was it obvious to the participants what the key message was?

• Compelling or memorable
  – Will participants likely remember the key message after leaving the program?

• Appropriateness of delivery technique
  – Were there any issues that impacted the delivery? Was the selected technique appropriate and implemented properly?
• Responsiveness / engagement
  – Did participants appear engaged with the material?

• Exposure
  – Were all participants exposed to the critical aspects of the program?
  – “Opportunities to learn”
  – Sufficient time used on the topic?
Key Steps in doing an I.F. assessment

- Program planning and planning the implementation fidelity assessment
- Identify the auditors and have a pre-meeting
- Finalize the template for the assessment
- Arrange for a visit to discuss findings after the assessment
Selecting Auditors

• Self-audit a good choice
• I can serve as an auditor if you want
• Helpful to have someone with insight or some expertise in the area
• Consider bringing in someone from another campus to do this assessment and perhaps as part of department / program review (con: $$)
Using Results

1. Favorable Outcomes (+)
   - Program was implemented as planned and the objectives were met, thus the program may be effective. That is, the program may be contributing to meeting the intended objectives.

2. Unfavorable Outcomes (-)
   - Program was not implemented as planned. Thus, the planned program cannot be credited with contributing to students meeting the objectives. One should not claim the planned program was effective.

3. Low Fidelity (-)
   - No claims can be made about the planned program, because the planned program was not implemented. Moreover, the objectives were not met. A new study should be conducted with increased implementation fidelity to assess the effectiveness of the planned program. One should not claim the planned program was ineffective.

4. High Fidelity (+)
   - Program was implemented as planned, but the objectives were not met. Outcome assessment results should contribute to informed changes to the planned program.
Final Tips

• Use a template (we can look at it together)
• The evaluative aspect can be hard for staff – BUT, who wants to do something poorly for many years and never know it?
• One key benefit is the requirement for detailed planning of the event prior to assessment and explaining the planning to the auditor
• Should be used as one part of comprehensive assessment (Needs -> Fidelity -> Outcomes)
Going Forward

• Developed a “checklist” for teams to use during the planning, development, and implementation of an implementation fidelity assessment.

• Goal is not to “check” every item on the list – rather goal is to encourage thoughtful reflection and opportunity to catch errors before they occur.