Stage Setting: Implementing GPHAC’s Work Into Action

David Chambers, DPhil
Deputy Director for Implementation Science,
Division of Cancer Control & Population Sciences (DCCPS)
GPHAC meeting, March 28, 2019
Presentation Outline

- Great work, now what?
- Ongoing Funding Opportunities
- Points for Consideration
GPHAC progress

- Measures for State PH Genomics
- Health Disparities
- Cascade Screening
- State Interviews
- Theoretical Frameworks
A Range of Important Outcomes

- Even if a genetic test can identify optimal treatment for a specific illness or reduce risk for health problems, if:
  - Only half of insurers choose to provide it
  - Half of health systems choose to train clinicians to prescribe it
  - Half of the clinicians at those systems prescribe it
  - Half of their patients get tested:

(Assuming perfect access/testing/follow-up)

Impact: \(0.5 \times 0.5 \times 0.5 \times 0.5 = 6\%\) benefit
The Importance of What…

What is the intervention that needs to be implemented?

A. Genetic/genomic tests
B. Information Dissemination/educational intervention
C. Monitoring and Follow-up
D. Preventive Care
E. Treatment
F. All of the above?
Studying Implementation

What?
QIs
ESTs

How?
Implementation Strategies

Outcomes
Feasibility
Fidelity
Penetration
Acceptability
Sustainability
Uptake
Costs

Implementation Research Methods

THE USUAL

Service Outcomes*
Efficiency
Safety
Effectiveness
Patient-centeredness
Timeliness

Health Outcomes
Satisfaction
Function
Health status/symptoms

* IOM Standards of Care

THE CORE OF IMPLEMENTATION RESEARCH
Current Funding Announcements

- NIH: PAR-18-007; 18-017;16-237 (R01, R21, R03)
- NCI leads (16 ICs total, including FIC, NIMH, NHLBI, NHGRI, as well as OBSSR and ODP)
- Organizes the D&I research agenda across NIH
- >200 grants funded through NIH since 2006
- 2010 CSR standing review committee
- Program staff (contacts) happy to review concept papers, specific aims, answer questions at any time

- Revised announcements are due to appear in May
Selected Priority Areas for PARs

• Studies of the local adaptation of evidence-based practices in the context of implementation
• Longitudinal and follow-up studies on the factors that contribute to the sustainability of evidence-based interventions
• Scaling up health care interventions across health plans, systems, and networks
• De-Implementation of ineffective or suboptimal care
<table>
<thead>
<tr>
<th>Prevention and Early Detection: Implementation Science</th>
<th>Approaches to Identify and Care for Individuals with Inherited Cancer Syndromes (U01)</th>
<th>RFA-CA-17-041</th>
<th>12/9/2017</th>
<th>1/10/2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Approaches to Identify and Care for Individuals with Inherited Cancer Syndromes</td>
<td>RFA-CA-19-017</td>
<td>12/9/2018</td>
<td>1/9/2019</td>
</tr>
</tbody>
</table>

Approaches to Identify and Care for Individuals with Inherited Cancer Syndromes

NCI Board of Scientific Advisors and the National Cancer Advisory Board
June 2017
Some Key Ingredients of IS proposals

• Evidence-based intervention
• Conceptual Framework linked throughout
• Clear delineation of outcomes
• Explicit Research aims about Implementation
• Logical Expertise on Investigative Team
• Contribution to Implementation Science
• Understanding of Context

See also: