Dissemination and Implementation Research: Past, Present, and Future (One View)

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Past Advances (still in progress, but accomplishments)

- **D&I accepted as legitimate science**: this meeting: Brownson et al *DIRH book*; PAR and increasing # ICs; DIRH study section: Imp Science and Trans Behav Sci journals, SIRC, CTSA D&I groups

- Models and theories- maybe 200; some multi and transdisciplinary

- Stakeholder centered focus: CBPR; PCORI; QUERI, PBRNs, CDC funded PRCs; etc.
  - Implementation strategies and outcomes: definitions, categorizations, reviews

- **Training**: TIDIRH; QUERI; KT Canada; content area specific; new K12s; Preparing the next generation of D&I scientists
Current Key Issues and Foci

- **Evidence:** on what criteria; strong evidence; how much needed; **pragmatism**, equity and generalizability, sample and setting details

- **Reporting standards:** StaRI; PRECIS-2; MRC complex interventions

- Rapid, pragmatic research methods (“practice based evidence for evidence based practice”), models & measures; improvement science

- Designing for: Dissemination, adaptations, sustainment, implementation, equity

- Qualitative and mixed methods research; QUALRIS
Future Opportunities (and biased speculations)

• Getting serious about **CONTEXT**: Measures; designs; international collab.

• **Real** integration of *health policy, public health, and biomedicine*; clinical and community; impact of research on policy; societal and population impact

• Social determinants of health, health equity, generalizability of results (LMICs)

• Focus on **COSTS**, resources, de-implementation, and CER

• Near Future Content Areas for ROI:
  • PATIENT-CENTERED BIG DATA, AI APPLICATIONS
  • Learning health systems; “Precision health” (pharmacogenomic medicine is too narrow)- also need *personomics, adaptomomics, neighborhoodomics*
Moving the Bar on our Mental Model for Research

FROM
“What is the average, short term effect of this standardized intervention administered with high fidelity and high internal validity under optimal conditions on a primary (usually biomarker) outcome in this homogeneous sample?”

TO: Address our scientific replication crisis: ‘Generalizability/Specificity Question’

“What program/policy components are most effective for producing what outcomes for which populations/recipient when implemented in what settings using what IMPLEMENTATION STRATEGIES by what type of persons/modalities under what conditions, with how many resources and how/why do these results come about?”