AGENDA
Welcome to the 10th Annual Conference on the Science of Dissemination and Implementation in Health (D&I), co-hosted by the National Institutes of Health (NIH) and AcademyHealth. Over the next two and a half days, guided by the theme, A Decade of Progress and the Path Forward, we will celebrate the accomplishments of the field over the last ten years, and confront the challenges, opportunities, and priorities ahead. We will also acknowledge the contributions made by attendees like you, working each day to ensure that evidence is used to inform decisions that will improve the health of individuals and communities. We are thrilled that you have decided to join us and we look forward to working together to bridge the gap between research, practice, and policy in health and health care.

About AcademyHealth
AcademyHealth is the leading national organization serving the fields of health services and policy research and the professionals who produce and use this important work. Together with our members, we offer programs and services that support the development and use of rigorous, relevant, and timely evidence to increase the quality, accessibility, and value of health care, to reduce disparities, and to improve health. A trusted broker of information, AcademyHealth brings stakeholders together to address the current and future needs of an evolving health system, inform health policy, and translate evidence into action.

www.academyhealth.org

About the National Institutes of Health (NIH)
The NIH’s mission is to seek fundamental knowledge about the nature and behavior of living systems and the application of that knowledge to enhance health, lengthen life, and reduce illness and disability. As part of this mission, the NIH supports funding opportunities in dissemination and implementation research that seek to maximize the integration of research findings and evidence-based health interventions into clinical and community practice, along with research training activities and meetings to build capacity of the field.

www.nih.gov

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RESEARCH AND EVALUATION EXECUTIVE SEARCH

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MONDAY, DECEMBER 4

8:00 a.m.–6:00 p.m.  
Registration  
Sky View (First Level)

9:00 a.m.–9:20 a.m.  
Opening Plenary  
Arlington Ballroom (First Level)  
Welcome and Introductions  
Speakers: David Chambers, National Cancer Institute; Lisa Simpson, AcademyHealth

9:20 a.m.–10:15 a.m.  
Keynote Presentation  
Speaker: Sandro Galea, Boston University School of Public Health

10:15 a.m.–10:45 a.m.  
Break

10:45 a.m.–12:00 p.m.  
Plenary: What is the Minimum Level of Evidence Needed to Implement?  
Arlington Ballroom (First Level)  
Chair: Jeremy Grimshaw, University of Ottawa  
Speakers: Austin Frakt, Boston VA Healthcare System; Mark Helfand, Oregon Health & Science University; Trish Riley, National Academy for State Health Policy; Melissa Simon, Northwestern University Feinberg School of Medicine  
Plenary Description: Historically, D&I researchers have been expected to justify the evidence upon which the intervention, test, program, policy or tool they seek to implement is based. In addition, that threshold may vary across health topic areas, stakeholder groups, and settings. This panel will explore how the field has grappled with this perennial challenge and the various arguments around the sufficiency of evidence.

12:15 p.m.–1:15 p.m.  
Lunch on Own

1:15 p.m.–2:15 p.m.  
Post-Lunch Discussion Forums
Implementation Science in Low- and Middle-Income Countries

**Salon A (First Level)**

**Chairs:** Sandra Naom, Centers for Disease Control and Prevention; Rachel Sturke, Fogarty International Center

**Discussion Forum Description:** This forum will serve as an opportunity for researchers and practitioners from academia, community-based and funding organizations to discuss existing training and education opportunities in implementation science for Low- and Middle-Income Countries (LMIC) researchers. A goal of the forum is to hear from diverse scientific stakeholders about barriers and facilitators to establishing and accessing training programs, and priorities for training programs in implementation science (IS) for LMIC researchers.

NCI Listening Forum: Multilevel Methods and Interventions

**Salon B (First Level)**

**Chairs:** Erica Breslau and Sarah Kobrin, National Cancer Institute

**Discussion Forum Description:** This forum is an opportunity to discuss multilevel methods, models, and interventions in healthcare. Many multilevel interventions found to be effective in healthcare fail to translate into meaningful outcomes across multiple contexts. Barriers to implementation arise at multiple levels of healthcare delivery. A goal of the forum is to hear from diverse scientific disciplines engaged in exploring the progress and challenges of developing, implementing and analyzing the effects of multilevel interventions in healthcare settings. For this discussion, multilevel interventions address health outcomes at two or more levels of the healthcare environment (i.e., individual, clinician team, healthcare organization or community setting where the healthcare organization is located), and intervene on different people or sets of people in each setting to affect change.

PCORI Draft Standards for Studies of Complex Interventions: Public Comment and Discussion

**Salon C (First Level)**

**Chairs:** Laura Esmail, Patient-Centered Outcomes Research Institute; Brian Mittman, Kaiser Permanente

**Discussion Forum Description:** The PCORI Methodology Standards specify a set of minimal requirements for scientifically valid, transparent, and reproducible comparative effectiveness research. PCORI drafted new standards for studies of complex interventions, a broad category that includes dissemination and implementation strategies, delivery system interventions, and others. PCORI is seeking public comment before finalizing and implementing the standards. Participants will learn about the new proposed standards, discuss, and provide feedback. The standards are expected to have significant implications for study design, conduct and reporting of complex interventions and provide guidance for examining intervention mediators, moderators and mechanisms of action and adaptation to local contexts.
Enhancing Cross-Fertilization between Organizational Science and Implementation Science
Salon D/E (First Level)

Chair: Michael Harrison, Agency for Healthcare Research and Quality

Discussion Forum Description: This session involves informal discussion about cross disciplinary collaboration on research teams among practitioners of Organization Science (OS) and Implementation Science (IS), with particular focus on research on learning health systems (LHSs). OS applies a wide range of social and behavioral science disciplines, along with applied fields like management studies and information science. OS concepts and findings can be useful to IS and to understanding features and operations of LHSs. IS may contribute conceptual precision and methodological rigor to research on importation of evidence-based practices into the LHS.

Advancing De-Implementation Research
Salon F/G/H (First Level)

Chairs: Cheryl Anne Boyce, National Heart, Lung and Blood Institute; Christian Helfrich, VA Puget Sound Health Care System

Discussion Forum Description: As the D&I field continues to develop, new challenges have emerged regarding unproven, ineffective and even harmful practices, resulting in the need to study de-implementation. The goal of this forum is to invite discussion addressing de-implementation strategies, models, and interventions that have the potential to reduce the continuation of ineffective or low-value practices. Various terms have been used to describe de-implementation, and the discussion forum will serve to hear recommendations from those engaged in de-implementation research across disciplines. The discussion will also address de-implementation definitions and key priorities for future de-implementation research across multidisciplinary fields.

Stakeholder Engagement and Partnership Building: Best Practices and Lessons Learned
Salon J (First Level)

Chair: Paul Wallace, AcademyHealth

Discussion Forum Description: In today’s environment, effective D&I Science requires robust skills in engaging stakeholders and developing new/ different partnerships, with communities, patients, healthcare delivery systems, policymakers and others. This forum will engage the audience in a problem-solving discussion of best practices and lessons learned engaging stakeholders in the conceptualization, execution, and dissemination of D&I research. It will also highlight the new core competencies for health services research (HSR) and Learning Health Systems that emphasize these aspects of conducting D&I research. We will use an audience response platform (cell phone based) to engage participants in asking questions, prioritizing key lessons, and other aspects. The goal of the forum is to develop a common understanding of the purpose, value, methods for overcoming challenges and achieving effective engagement and partnerships.

Using Implementation Science to Improve Health Equity
and Reduce Disparities
Salon K (First Level)

Chairs: Melissa Green Parker and LeShawndra Price, National Heart, Lung, and Blood Institute; Suzanne Heurtin-Roberts, National Cancer Institute

Discussion Forum Description: Implementation Science (IS) has at times focused on populations with health disparities and underserved populations. Yet, less attention has been placed on contributions from IS to improve health equity. This forum will consider approaches and leverage points for implementing evidence-based interventions and practices to promote health equity, and highlight the use of community-engaged research to determine optimal and sustainable strategies for delivering evidence-based interventions and practices to reduce disparities. Further, this forum will explore ways for implementation researchers to avoid inadvertently creating or exacerbating inequities. Results of the discussion will inform future efforts to design research that brings IS to bear in addressing health equity.

2:30 p.m.–4:00 p.m.

Concurrent Sessions

Implementation in Inpatient, Acute Care, and Primary Care Settings
Salon A (First Level)

Chair: Catherine Stoney, National Institutes of Health
Discussant: Michael Engelgau, National Heart, Lung and Blood Institute

Call for Abstracts Session Panelists:
Katherine Iverson, VA Boston Healthcare System and Boston University
Implementation and Effectiveness of a Secondary Risk Screener for Intimate Partner Violence (IPV): Evidence to Inform IPV Screening Practices in Integrated Care Settings

Celine Larkin, University of Massachusetts
Clinician Fidelity to Suicide Screening in the Emergency Department: Results from the ED-Safe Study

Steve Martino, Veterans Health Administration and Yale University
Testing Three Strategies for Implementing Motivational Interviewing on Medical Inpatient Units: See One; Do One; Order One

Douglas Zatzick, University of Washington
A Decade of Effectiveness-Implementation Hybrid Trial Roll-Out and Evaluation Targeting Sustainable Behavioral Interventions in Acute Care Medical Settings

Call for Abstracts Session: Much implementation research on the translation of effective interventions into clinical settings has focused on clinical care in the community and general outpatient settings. The evidence base for effective implementation strategies in inpatient and acute care settings is less well described and developed, yet there may be unique challenges and opportunities in such environments. This session presents data from several studies testing implementation of interventions for behavioral health in settings such as these, as well as VA primary care.
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- Recognition opportunities through a high profile awards program;
- Employment and mentorship opportunities;
- Access to multiple online databases of scholarships, internships, fellowships, and sample course syllabi;
- Weekly newsletters with upcoming events, new publications, and details about what's happening in Washington, D.C.

A Voice for the Field
AcademyHealth advocates for federal funding for research and its infrastructure, policies that encourage the production and dissemination of health services research and its use in decision making, and policies that enhance the quality, availability, timeliness, and affordability of data and tools used to produce research.

JOIN TODAY at www.academyhealth.org/Membership
Implementing Policy and Practice in the Clinic
Salon B (First Level)

Chair: Christine Chang, Agency for Healthcare Research and Quality
Discussant: Theodore Ganiats, Agency for Healthcare Research and Quality

Call for Abstracts Session Panelists:
Lisa DiMartino, Research Triangle Institute
The Impact of Two Triggered Palliative Care Consultation Approaches on Consult Implementation in Oncology

Paul Krebs, New York University
Evaluating Policies for Integrating Smoking Cessation into Lung Cancer Screening Delivery

Sara McMenamin, University of California, San Diego
The Implementation of the Affordable Care Act Provisions Regarding Smoking Cessation Treatments in State Medicaid Programs

Renda Wiener, Center for Healthcare Organization & Implementation Research
Implementation of Policy Recommendations for Shared Decision-Making about Lung Cancer Screening: Patient and Clinician Perspectives

Call for Abstracts Session: Evaluating the implementation outcome of new policies in hospital and clinic settings reveals continued challenges and successes for changing care delivery practices. This panel will feature original research that advances our knowledge about how to evaluate implementation quality, examines key influences on implementation success, and identifies areas for further exploration.

Integrative Care and Task-Sharing Models
Salon C (First Level)

Chair: Rachel Sturke, Fogarty International Center

Call for Abstracts Session Panelists:
Juliet Iwelunmor, Saint Louis University
Planning Matters: Sustaining Evidence-Based Task-Shifting Strategies for Hypertension Control in Ghana

Jessica Magidson, Massachusetts General Hospital and Harvard Medical School
Barriers and Facilitators to Task Sharing an Integrated Substance Use Intervention in a Peri-Urban, South African HIV Care Setting

Donna Shelley, New York University
Qualitative Post Intervention Assessment of Implementation Effectiveness and Sustainability of Strategies for Implementing Tobacco Use Treatment Guidelines in the Vietnam Public Healthcare System

Kenneth Sherr, University of Washington
Implementation Science for Evidence-Based Integration of Chronic Care and HIV Services in Sub-Saharan Africa

Call for Abstracts Session: This session focuses on models of integrated care and task sharing. Presentations in this session include a focus on barriers and facilitators to task sharing, implementation science for integration of chronic care and HIV services, sustaining task shifting strategies, and implementation effectiveness and sustainability of strategies for implementing tobacco use treatment guidelines.
**Poster Slam Session**  
*Salon D/E (First Level)*

**Chair:** Lisa Simpson, AcademyHealth

**Poster Slam Presenters:**

**David Buller,** Klein Buendel, Inc.  
*From Employee Education to Organizational Policy Adoption: Building a Pathway for Sustained Implementation of an Occupational Sun Protection Program*

**Joseph Catania,** Oregon State University  
*Implementation Theory Extended to Self-Implemented “Programs:” Self-Implemented HIV Testing*

**Michael Harrison,** Agency for Healthcare Research and Quality  
*Experiences of Primary Care Physicians and Staff after Lean Workflow Redesign*

**Saria Hassan,** Yale School of Medicine and RTI International  
*Integrating HIV Care into an Opioid Treatment Program in Tanzania: The IMAT Program*

**Matthew Lee,** Columbia University  
*Use of Social Network Analysis to Inform the Design, Dissemination, Implementation, and Sustainability of Health Behavior Interventions: Findings from a Systematic Review*

**Elyse Park,** Massachusetts General Hospital  
*Assessing Implementation of Tobacco Treatment into Cancer Care: Feasibility, Treatment Fidelity, and Acceptability*

**Jonathan Purtle,** Drexel University  
*US State Legislators’ Attitudes towards Mental Health Treatment Effectiveness: Stigma and Implications for Dissemination*

**Jewels Rhode,** University of North Carolina at Chapel Hill  
*A Pragmatic Trial Testing Mailed Reminders With and Without Fecal Immunochemical Testing (FIT) to Increase Colorectal Cancer Screening in Medicaid Populations*

**Michael Shafer,** Arizona State University  
*The Integration Quotient: Use of Claims Data to Assess Implementation of Integrated Healthcare Services*

**Barbara Walkosz,** Klein Buendel, Inc.  
*Effect of Occupational Policy on Implementation of Workplace Sun Safety and Outdoor Workers’ Sun Protection Practices in a Randomized Trial*

**Poster Slam Description:** This fast-paced session will give participants the opportunity to hear brief presentations from ten of the most impactful posters at this year’s conference. Presenters will highlight the pieces of their work that they feel are the most interesting, encouraging folks to visit their physical poster during the appropriate poster session later in the conference.
CCP Local Adaptation
Salon F/G/H (First Level)

Chair: Rachel Gold, Kaiser Permanente

Call for Abstracts Session Panelists:
Laura-Mae Baldwin, University of Washington
Tailoring Implementation Strategies for Cardiovascular Disease Risk Calculator Adoption in Primary Care Practice: Results of an Evidence Now Educational Outreach Intervention

Shellie Ellis, University of Kansas
When an Intervention is not Designed for Dissemination: Developing a Strategy to Improve System-Innovation Fit

Lisa Lowenstein, The University of Texas MD Anderson Cancer Center
A Pilot Study Testing the Effectiveness, Feasibility, and Fidelity of Implementing a Shared Decision Making Visit for Lung Cancer Screening in the Screening Setting

Benjamin Teeter, University of Arkansas for Medical Sciences
Local Adaptations of a Motivational Interviewing Intervention in Community Pharmacies do not Negate Benefits on Medication Adherence Rates

Kimberly Williams, Christiana Care Health System
Implementation of an Opioid Withdrawal Clinical Pathway on an Inpatient Medical Service

Call for Abstracts Session: Adapting interventions to meet local circumstances is critical to their implementation. This panel will feature several examples of how such adaptation was conducted, and the results of this adaptation, in various patient-centered interventions.

MMM Stakeholder Engagement & Partnership Building in D&I Science
Salon J (First Level)

Chair: Rebekkah Lee, Harvard

Call for Abstracts Session Panelists:
Heather Gilmartin, Denver VA Medical Center
“How Will the Rural Transitions Nurse Program Fail?” A Brainwriting, Premortem Exercise to Identify Barriers to Implementation

Heather Halko, University of Montana
Stakeholder Perspectives and Use of Implementation Science Measurement Tools

Alison Hamilton, VA Greater Los Angeles
Enhancing Multilevel Stakeholder Engagement in Implementation Research: Perspectives of Implementation Scientists

Eunlye Lee, Case Western Reserve University
Gaining Consensus on Factors Influencing Farm to School Implementation

Juan Villamar, Northwestern University
The Implementation Strategy You Cannot Go Without: How to Build Partnerships for Implementation Research
Call for Abstracts Session: Bi-directional relationships between intervention developers, implementation purveyors, and stakeholders can be key to achieving the aims of D&I research as well as the successful implementation and sustainment of evidence-based practices in routine service delivery. This panel explores methods and strategies for engaging stakeholders throughout the process, from identifying priority topics, to adapting implementation strategies for local contexts, and anticipating and overcoming challenges to implementation and sustainment. Presentations address models and principles of stakeholder engagement, as well as methodologies, measures, and lessons learned in projects spanning health systems, communities, and single organizations.

The Role of Policy, Payer, Patient, and Health Systems in Diffusion of Innovation: A Case Study of Candor

Chair: Kelly Smith, MedStar Health
Discussant: James Battles, Battles Consulting

Panelists:
Timothy McDonald, MedStar Health
Shattering the Wall of Silence: Evolution From Deny and Defend to Communication and Resolution

David Mayer, MedStar Health
A Systems Approach to Communication and Resolution Program Implementation

Panel Description: Disclosure and apology after medical error emerged in the 1990s as both a public policy goal and a risk management strategy. Two decades later, best practice has evolved into robust communication and resolution programs (CRP) focused on honest communication after unexpected harm. CRP innovators have demonstrated impact on event reporting, practice patterns and liability reduction. Care for healthcare workers has emerged as an important element in harm prevention. Despite evidence of impact, CRP remains the exception to the norm. Fewer than 200 hospitals nationwide have adopted CRP. This panel assembles payers/policy leaders, patients, and CRP innovators to discuss dissemination and implementation opportunities and challenges.

4:00 p.m.–4:30 p.m.
Break

4:30 p.m.–6:00 p.m.
Concurrent Sessions

Enhancing Effective Implementation of Evidence-Based Public Health Interventions through Researcher-Practitioner Linkages

Chair: Robin Vanderpool, University of Kentucky

Panelists:
Christina Studts, University of Kentucky
Community-Academic Partnerships for Implementation of Parenting Programs in Underserved Communities

Heather Brandt, University of South Carolina
Dissemination and Implementation of the Healthy Eating and Active Living in the Spirit (HEALS) Intervention
Randy Schwartz, American Cancer Society
New England Colorectal Cancer Screening Learning Collaborative for Community Health Centers Pilot

Panel Description: Developing effective and well-structured partnerships between researchers and practitioners may enhance and accelerate dissemination and implementation of tested programs, and bring evidence-based interventions to scale. This session will include a mixed panel of researchers and practitioners, utilizing specific cases in cancer prevention and control, healthy eating/active living, and positive parenting to illustrate the value of such linkages for enhancement of widespread implementation, dissemination, and scalability. Following the case presentations, a moderated discussion between a practitioner and researcher will highlight the key factors that a true partnership brings to the dissemination and implementation process.

PHE Higher Need, Lower Resources: Tailoring Implementation Methods to Improve Depression Care for Rural and Indigenous People
Salon B (First Level)

Chair: Diane Powers, University of Washington
Discussant: Rina Beidas, University of Pennsylvania

Panelists:
Diane Powers, University of Washington
Reducing Rural Health Disparities by Improving Access to Evidence-Based Depression Care for Low-Income Primary Care Patients

Deborah Bowen, University of Washington
Collaborative Care for Depression: Treatment Outcomes for Rural American Indians/Alaska Natives as Compared with Non-Indigenous Patients

Lisa Saldana, Oregon Social Learning Center
Facilitating Sustainable Collaborative Care Programs in Rural Settings Using the Stages of Implementation Completion (SIC)

Panel Description: Rural residents are disadvantaged by limited access to education, jobs, transportation, broadband, and evidence-based healthcare. These challenges are compounded for rural American Indian/Alaska Native peoples. We report methods and outcomes of an initiative implementing Collaborative Care for depression in rural federally qualified health centers (FQHCs) in medically underserved areas. Constrained clinic resources and capacity demanded tailored implementation methods. In this panel we present: 1) depression outcomes and processes of care for these rural primary care clinics, 2) outcomes and processes of care for indigenous and non-indigenous patients within this cohort, 3) results of a novel implementation effectiveness measure.
Getting CER Evidence into Decision Making and Practice

Comparative effectiveness research (CER) is research designed to empower healthcare decision makers to make better-informed choices. It provides them evidence about how well their various healthcare options work compared to one another.

In addition to funding CER, the Patient-Centered Outcomes Research Institute (PCORI), is taking many steps to speed up the dissemination of CER findings and their implementation in practice.

1. Evidence Assessment
2. Audience and Partner Identification
3. Dissemination
4. Implementation
5. Evaluation

FRAMEWORK FOR THE DISSEMINATION AND IMPLEMENTATION OF CER

FUNDING PROJECTS focused on dissemination and implementation
FUNDING RESEARCH on the comparative effectiveness of communication and dissemination strategies
TRANSLATING RESULTS into clear and easy-to-use summaries and tools
Facilitating FREE PUBLIC ACCESS to findings in journals
Providing CME/CE on CER results

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AGENDA

**CCP Implementation Methods**
Salon C (First Level)

**Chair:** Paula Darby Lipman, Westat

**Call for Abstracts Session Panelists:**
- **David Aron**, Cleveland VA Medical Center  
  *Counterbalancing Measures: Identifying Unintended Consequences*
- **William Berry**, Ariadne Labs  
  *Structured Implementation of Surgical Safety Checklists to Facilitate Teamwork and Behavior Change to Reduce Postoperative Mortality: Safe Surgery 2015 South Carolina*
- **Erin Blakeney**, University of Washington  
  *Team Approaches to Transforming Inpatient Heart Failure Care*
- **Daisy Goodman**, Dartmouth Hitchcock Medical Center  
  *Improving Care for Pregnant Women with Opioid Use Disorders: A Learning Collaborative Approach to Best Practice Implementation*
- **Marvin So**, Centers for Disease Control and Prevention  
  *Sustainability of the Legacy for Children™ Evidence-Based Parenting Program in Primary Care and Early Childhood Education: Comparative Case Study*

**Call for Abstracts Session:** This panel features examples of cutting-edge dissemination and implementation science within the context of patient-centered interventions. Innovative implementation methods, intervention sustainability, and de-implementation will be featured.

**BD Challenges and Opportunities Associated with Implementation of Remote Health Technologies**
Salon D/E (First Level)

**Chair:** Andrew Quanbeck, University of Wisconsin—Madison  
**Discussant:** Augie Diana, National Institutes of Health

**Call for Abstracts Session Panelists:**
- **Mark Bauer**, VA HSR&D and Harvard  
  *Scale-Up, Spread, and Sustainment of Tele-Collaborative Care for Bipolar Disorder: Lessons Learned From a Model-Guided, Mixed Methods Analysis*
- **Arlene Chung**, University of North Carolina at Chapel Hill  
  *Clinician Perspectives on Barriers and Facilitators for Implementing Person-Generated Health Data into Clinical Care*
- **Carlos Gallo**, Northwestern University  
  *Using Computational Linguistics to Scale Out Evidence-Based mHealth Interventions*

**Call for Abstracts Session:** While remote health technologies have the potential to transform healthcare, there has been limited implementation research on the topic. This session features three presentations that are making strides to increase our knowledge base in this area. The three session titles are: 1) Use of a clinical video teleconference intervention grew among Veterans with bipolar disorder under conditions that addressed relevant barriers and facilitators; 2) Computational linguistics methods can be used to facilitate the scaling out an of evidence-based mHealth intervention for patients with HIV; and 3) Patient-generated health data for remote monitoring can be integrated into routine care processes to incorporate the patient experience and advance implementation science. The presentations will be followed by a short discussion of cross-cutting issues and then open for general discussion among session attendees.

(Registration required, unless otherwise noted. You may register onsite.)
Program Announcements With Special Receipt, Referral, and/or Review (PARs)

https://grants.nih.gov/grants/guide/pa-files/PAR-16-238.html (R01)

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Adapting and Adopting: Examining the Role of Context on Implementation
Salon F/G/H (First Level)

Chair: Allison Dymnicki, American Institutes for Research
Discussant: Michael Parchman, Kaiser Permanente

Call for Abstracts Session Panelists:
Gregory Aarons, University of California, San Diego
Scaling-Out Evidence-Based Interventions to New Populations and/or Health Care Delivery Systems: Improving Efficiency in Implementation Process

Beverly Green, Kaiser Permanente
The Research to Practice Pipeline – Evidence-Based Colorectal Cancer Screening Guidelines: Putting Them into Practice and Scaling Them Up

Janet Squires, University of Ottawa and Ottawa Hospital Research Institute
What Attributes of Context are Relevant to Dissemination and Implementation? Perspectives from Healthcare Professionals, Health System Stakeholders, and Change Agents Internationally

Ulrica von Thiele Schwarz, Mälardalen University and Karolinska Institute
When is a Replication a Replication? An Interview Study of How Intervention Researchers Manage Adherence and Adaptations in the Research Process

Call for Abstracts Session: The field of implementation science has long struggled with the challenge of understanding and adapting implementation strategies to the ever-changing real-world context where evidence-based programs are implemented. Topics explored in this panel session include: a comparison of the contextual attributes considered important by health care professionals and health system stakeholders responsible for quality improvement, an exploration of how implementation science investigators handle real-world challenges when faced with the need to adapt study components and interventions, a novel methodology for efficiently adapting evidence-based interventions, and an examination of hybrid studies that inform strategies for taking colorectal cancer screening to scale.

Implementation Strategies Incorporating Decision Support and Shared Decision Making in Health Systems
Salon J (First Level)

Chair: Aaron Leppin, Mayo Clinic
Discussant: Russell Glasgow, University of Colorado

Call for Abstracts Session Panelists:
Emily Finn, Yale University
Improving Inter-Hospital Transfer for Critically Ill Patients

Patti Grota, UT Health of San Antonio
Attributes of Facilitators as Individual Knowledge Brokers

Kea Turner, University of North Carolina at Chapel Hill
Stages of the Innovation Implementation Process: Piloting a Medicaid Population Health Management Intervention in Community Pharmacies

Vera Yakovchenko, VA, Bridge QUERI & CHOIR
Longitudinal Assessment of Expert Recommendations for Implementing Change (ERIC) Strategies in the Uptake of Evidence-Based Practices for Hepatitis C Treatment in the Veterans Administration: Year Two
Call for Abstracts Session: Learn about the successful and emerging strategies diverse health care stakeholders are employing to implement improvements in care processes in the inpatient, outpatient, and community setting. Topics covered include problem analysis, soliciting stakeholder feedback, knowledge brokering, and strategy value assessment.

BH Key Organizational Factors and Strategies that Promote Implementation of Research-Based Practices
Salon K (First Level)

Chair: Denny Pintello, National Institute of Mental Health
Discussant: Laura Murray, Johns Hopkins University

Call for Abstracts Session Panelists:
Andrea Cole, New York University
Feasibility, Acceptability, and Preliminary Impact of the Cornerstone Mentoring Program

Michael Pullmann, University of Washington
Workplace-Based Clinical Supervision as an Implementation Strategy: Content, Techniques, and Client Outcomes

Shawna Smith, University of Michigan
Using the Coaching Implementation Strategy to Implement Evidence-Based Mental Health Practices in Schools: Effectiveness and Feasibility of Trails

Victoria Stanhope, New York University
How Organizational Factors Influence Training Impact Over Time within Community Mental Health Clinics

Call for Abstracts Session: Navigating complex barriers while delivering research-based practices across a range of settings continues to be a key challenge for implementation researchers. This session and the subsequent discussion will focus on the impact of leadership on organizational readiness, the promise of workplace-based clinical supervision, coaching as an implementation strategy in school-based settings, and the feasibility and impact of implementing a mentoring program within community-based settings.

6:00 p.m.–7:30 p.m.

Poster Session A & Reception
Arlington Ballroom (First Level)

Features:
Clinical Care Settings: Patient-Level Interventions
Clinical Care Settings: System-Level Interventions
Global Dissemination and Implementation
Health Policy Dissemination and Implementation
Promoting Health Equity and Eliminating Disparities

For an index of poster presenters, visit bit.ly/DIposters.
Tuesday, December 5

7:00 a.m.–5:00 p.m.  
Registration  
Sky View (First Level)

8:00 a.m.–9:30 a.m.  
Poster Session B & Continental Breakfast  
Arlington Ballroom (First Level)  
Features:  
Behavioral Health  
Big Data and Technology for D&I Research  
Building the Future of D&I Research”  
Models, Measures, and Methods  
Prevention and Public Health  
For an index of poster presenters, visit bit.ly/DIposters.

9:30 a.m.–9:45 a.m.  
Break

9:45 a.m.–11:15 a.m.  
Concurrent Sessions

**Context, Scale-Up, and Sustainability Considerations in Evidence-Based Implementation**  
Salon A (First Level)

**Chair:** Irene Prabhu Das, National Cancer Institute  
**Discussant:** Michael Freed, National Institute of Mental Health

**Call for Abstracts Session Panelists:**  
Michele Clark, JSI Research & Training Institute, Inc.  
Opportunities for Expanding Access to Overdose Education and Naloxone: Using an Implementation Science Framework to Identify Strategies in Community Health Centers

Christopher Miller, VA Boston Healthcare System and Harvard Medical School  
Scale-Up and Spread of Collaborative Care for General Mental Health Teams

Diane Powers, University of Washington  
Preventing Organizational Relapse after Implementation: A New Model for Sustainability

Shawna Smith, University of Michigan  
Organizational Culture and Climate as Moderators of Enhanced Outreach for Persons with Serious Mental Illness: Results From a Cluster-Randomized Trial of Adaptive Implementation Interventions

**Call for Abstracts Session:** Implementation of evidence-based practices comprises several aspects: actual uptake through adoption or adaptation, scale-up to expand the impact of the adopted/adapted evidence-based intervention, relapse prevention to avoid reverting to prior practice, and sustainability, which can be a distinct phase or be incorporated into either the actual uptake or scale-up aspects. Context is an integral factor that can determine the success...
or failure of the intervention. Identifying contextual features and understanding their influence on evidence-based implementation is essential. This panel session will examine the role of contextual features and aspects of system-level implementation in various clinical care delivery settings.

**PPH End-User Cultural Context, Attitudes, and Knowledge Effects on Implementation of Opioid Overdose Death Prevention Approaches: Indiana’s Policy and Programmatic Responses**

*Salon B (First Level)*

**Chair:** Krista Brucker, Indiana University

**Panelists:**

- **Dennis Watson**, Indiana University-Purdue University Indianapolis  
  *Regulations to Expand Naloxone Access and Use: Citizens’ Understanding as a Barrier to Adoption*

- **Brad Ray**, Indiana University-Purdue University Indianapolis  
  *Expansion and Implementation of Medication Assisted Treatment (MAT) in Two Rural Communities*

- **Alan McGuire**, Roudebush VA Medical Center and Indiana University-Purdue University Indianapolis  
  *Implementation of Planned Outreach, Intervention, Naloxone, and Treatment (POINT): An Emergency Department-Based Program to Prevent Fatal Opioid Overdose*

**Panel Description:** Fatal opioid overdose has rapidly become a national public health crisis. Expansion of medication assisted treatment and naloxone—which can revive victims of overdose—are crucial implementation issues. The proposed panel reports on Indiana’s public policy initiatives and emergency department-based program. Although promising, shared barriers of cultural context and opioid abusers knowledge and attitude may impact their effective uptake. These presentations highlight the need for implementation strategies that address factors common to many rural settings and the limitations of current implementation efforts.

**BH Implementation Strategies Involving Multiple Stakeholders**

*Salon C (First Level)*

**Chair:** Nancy Hodgson, University of Pennsylvania

**Discussant:** Douglas Zatzick, University of Washington

**Call for Abstracts Session Panelists:**

- **Bryan Garner**, RTI International  
  *Implementation & Sustainment Facilitation as an Effective Adjunct to the Addiction Technology Transfer Center Strategy*

- **Hildi Hagedorn**, Minneapolis VA Medical Center and University of Minnesota  
  *Alcohol Use Disorder Pharmacotherapy and Treatment in Primary Care Settings: The Adapt-PC Trial*

- **Lee Anne Roman**, Michigan State University and Spectrum Health  
  *A Perinatal Depression Decision Aid: End-User Involvement in the Development, Design, and Pilot Testing, For a Large Scale, Statewide Dissemination*
Kelly Trevino, Weill Cornell Medicine
Improving Implementation of Psychological Interventions to Older Adult Cancer Patients: Convening Older Adults, Caregivers, Providers, Researchers

Call for Abstracts Session: Involvement of multiple stakeholders in the development, testing and deployment of implementation strategies for behavioral health interventions may be critical in achieving optimal outcomes. This session will present data from four different studies focused on a variety of stakeholders, including patients, caregivers, providers, community health workers, and researchers and their involvement at several levels. The discussion will include the challenges and opportunities of integrating a variety of stakeholders in implementation efforts.

Implementation Science in Reproductive Health

Chair: Sarah Bruce Bernal, National Cancer Institute

Call for Abstracts Session Panelists:
Prajakta Adusl, National Cancer Institute
Understanding the Context of Implementing Cervical Cancer Screening Programs in India Using a Community Based Participatory Approach

Caroline Soi, University of Washington
Applying the Consolidated Framework for Implementation Research (CFIR) to Explain Performance Heterogeneity during Mozambique’s Implementation of HPV Demonstration Projects

Nessa Ryan, New York University
Feasibility, Acceptability, and Appropriateness of the Vaginal Menstrual Cup for Short Term Non-Surgical Management of Vesicovaginal Fistula (VVF) among Potential Users and Stakeholders

Jenna Wright, Broad Branch Associates
Scaling Up Chlorhexidine in Nigeria: Systematically Implementing and Studying a Scale-Up Effort in the “Real World”

Call for Abstracts Session: This session focuses on the contextual and community factors of implementation and dissemination research efforts around gynecological health issues. One study uses the consolidated framework for implementation research (CFIR) to explain an HPV implementation project; other studies include looking at feasibility and acceptability of non-surgical management while another tries to understand context using community based participatory research (CBPR). We end the session thinking about scaling up simple interventions for preventing newborn sepsis thereby covering the breadth of implementation science from understanding context to scaling up interventions as relevant to reproductive health in an international context.
Towards Causal Theory in Implementation Science: The Next Frontier
Salon F/G/H (First Level)

Chairs: Rinad Beidas, University of Pennsylvania; Jill Locke, University of Washington

Discussant: Gregory Aarons, University of California, San Diego

Panelists:
- David Mandell, University of Pennsylvania
  Combining and Testing Organizational and Psychological Theories to Predict Implementation
- Nathaniel Williams, Boise State University
  Methodological Challenges and Innovations for Testing Integrated Organizational and Psychological Causal Theory in Implementation Science
- Melanie Pellecchia, University of Pennsylvania
  The Use of Psychological and Organizational Theories to Predict Implementation of Evidence-Based Practices in School Settings
- Rinad Beidas, University of Pennsylvania
  Using Psychological and Organizational Theories to Predict Implementation of Evidence-Based Practices in Community Settings

Panel Description: Implementation science has developed over the last decade. Earlier research identified barriers and facilitators to implementation, which led to many heuristic frameworks. These frameworks describe variables but do not specify causal relationships. Developing and testing causal theory is one of the greatest priorities for the field. Our panel describes theory and research that combines psychological theories of behavior change with organizational theory to explain individual behavior change in practice settings. We discuss the implications of the proposed work for moving the science of implementation forward, specifically the validation of causal theory and identification of targets and mechanisms for implementation strategies.

Informing Health Policies
Salon J (First Level)

Chair: Michael Harrison, Agency for Healthcare Research and Quality
Discussant: Michael Gluck, AcademyHealth

Call for Abstracts Session Panelists:
- Beth McGinty, Johns Hopkins University
  Academic Research-Policy Translation Strategies to Improve the use of Evidence in Health Policy Development, Enactment and Implementation: A 3-Part Embedded Case Study
- Jonathan Purtle, Drexel University
  US Mayors’ Evidence Dissemination Preferences: Towards Evidence-Based City Policies
- Todd Wagner, Palo Alto VA Health Care System and Stanford University
  Economics in Dissemination and Implementation Research
Matthew Weber, Rutgers University

The Brokering of Research Evidence Compared to the use of Claims in the Formulation of Federal Policies to Combat Childhood Obesity, 2000-2014

Call for Abstracts Session: Among its contributions over the last decade, dissemination and implementation research has provided a greater understanding of how research influences the health policymaking process. This session presents four studies that examine how the results of academic health services and health economics research are disseminated to and used by decision-makers in federal, state, and municipal government.

BF Theory-Driven Implementation Strategies
Salon K (First Level)

Chair: Sara Becker, Brown University
Discussant: Byron Powell, University of North Carolina at Chapel Hill

Call for Abstracts Session Panelists:
Heather Colquhoun, University of Toronto
Advancing the Literature on Designing Audit and Feedback Interventions: Identifying Theory-Informed Hypotheses

Allison Dymnicki, American Institutes for Research
The Identification of Valuable Implementation Science Constructs among US Federal Agencies

Cynthia Perry, Oregon Health & Science University and Ann Arbor Center for Clinical Research
Specifying Implementation Strategies Used by Seven Primary Care Regional Cooperatives: Real-World Meets Theory

Maren Scheuner, VA Greater Los Angeles Healthcare System
A Logic Model for Precision Medicine Implementation Research

Call for Abstracts Session: Learn about novel strategies that health care stakeholders are applying to identify key theoretical constructs in implementation science and develop theory-driven implementation strategies. This panel includes four presentations that describe the identification of implementation science constructs across diverse settings (including primary care, federal funding agencies, and the Veteran’s Administration) and diverse disciplines (including research, clinical service, policy, medical decision-making, management, and economics).

11:15 a.m.–11:30 a.m.

Break
Plenary: Achieving Health Equity: The Role of D&I Research  
Arlington Ballroom (First Level)  
Chair: Ross Brownson, Washington University in St. Louis  
Speakers: Theresa Betancourt, Boston College; Lisa Cooper, Johns Hopkins School of Medicine and Bloomberg School of Public Health; Irene Dankwa-Mullan, IBM Watson; Uchenna Uchendu, U.S. Department of Veterans Affairs

Plenary Description: Ideally, D&I research is about ensuring optimally effective care to all who need it. However, there are potential unintended consequences of exacerbating inequities given the complexities of access, cost, and quality of care. This panel will discuss opportunities for D&I research to improve equity in health and healthcare.

Lunch on Own

Concurrent Sessions

PHE Addressing Implementation Context to Improve Outcomes for Vulnerable Populations  
Salon A (First Level)  
Chair: Anna Hoover, University of Kentucky  
Panelists:  
David Meltzer, The University of Chicago  
The Comprehensive Care, Community, and Culture Program (C4P): Early Lessons from C4P Implementation  
Falguni Patel, Drexel University  
Addressing Behavioral Health in TANF to Improve Health Equity among Low-Income Caregivers  
William Riley, Arizona State University  
Community Participatory Research to Enhance Multisector Collaboration, Accelerate Alignment, and Reduce Policy Cycle Time to Advance the Culture of Health

Panel Description: Scaling and spreading evidence-based interventions requires strategies to reduce adoption barriers, particularly among vulnerable populations navigating a lack of resources, limited social support, and fragmented systems that can complicate efforts to address unmet needs. This session highlights methods and early findings from three studies funded by the Robert Wood Johnson Foundation Systems for Action program, which supports discovery and application of evidence on aligning the delivery and financing systems that support health and well-being nationwide. Findings illustrate how multi-system strategies mitigate implementation barriers that impede health outcomes for the elderly, low-income families, and individuals battling mental illness and substance abuse.
**Disseminating and Implementing Policy in Practice**

*Salon B (First Level)*

**Chair:** Lucy Savitz, Kaiser Permanente  
**Discussant:** Diana Buist, Kaiser Permanente

**Call for Abstracts Session Panelists:**
- **A. Rani Elwy**, Boston University  
  *Evaluating the Sustainability of Healthcare Delivery Innovations in Massachusetts Community Hospitals: The Chart Investment Program*
- **David Howard**, Emory University  
  *Harnessing Policy to De-Implement Low Value Care*
- **Sarah Kobrin**, National Cancer Institute  
  *Organizational- and System-Level Factors that Influence the Implementation of Shared Decision-Making – A Scoping Review*
- **Charlan Kroelinger**, Centers for Disease Control and Prevention  
  *Identifying Priority Strategies for Implementing Policies on Immediate Postpartum Long-Acting Reversible Contraception in States*

**Call for Abstracts Session:** This session will highlight the work of four groups who have studied different policies as they are disseminated and implemented in various settings. The first synthesizes organizational and system-level factors that influence shared decision making in routine care. The second focuses on community hospitals that are working to enhance efficient and effective care delivery and the process of engaging stakeholders to understand their implementation strengths and create strategies for addressing weaknesses. Third addresses cross-state collaborations in implementing policies to increasing access to immediate postpartum long-acting reversible contraception. Lastly, we will focus on aligning policies focused on de-implementing low value care.

**Information Technology**

*Salon C (First Level)*

**Chair:** Joseph Mignogna, Central Texas Veterans Healthcare System  
**Discussant:** Eric Hermes, Veterans Health Administration and Yale University

**Call for Abstracts Session Panelists:**
- **Julian Brunner**, VA Greater Los Angeles and University of California, Los Angeles  
  *Planning for the Technology Revolution: Case-Study-Based Guidelines for the Implementation of Novel Information Technology Applications within an Integrated Healthcare System*
- **Stephanie Marhefka**, University of South Florida  
  *Implementing eHealth Interventions for People Living with HIV: The Critical Role of Privacy Preferences*
- **James Pittman**, VA Center of Excellence for Stress and Mental Health  
  *Implementing an Evidence-Based, Electronic Screening Program (eScreening) in Four VA Clinical Care Settings*
- **Stephanie Staras**, University of Florida  
  *Implementation Planning of a mHealth Vaccination Tool: A Workflow Study in Four Pediatric Clinics*
Call for Abstracts Session: This panel will feature examples of implementation efforts involving eHealth and mHealth interventions targeting diverse patient-centered outcomes in various care settings. Presenters will explore barriers and facilitators encountered during implementation efforts, report on a strategy for implementing mHealth, discuss relevant privacy concerns, and propose guidelines for implementing these interventions in complex healthcare systems.

**PPH Implementation Issues for Youth Programs**  
*Salon D/E (First Level)*

**Chair:** Christina Studts, University of Kentucky  
**Call for Abstracts Session Panelists:**  
Andria Eisman, University of Michigan  
*Implementing the Youth Empowerment Solutions (YES) Intervention: Factors Associated with Fidelity*  
Rebekka Lee, Harvard  
*Assessing the Effectiveness of Training Models for Implementing Health-Promoting Practices Afterschool*  
Nicole Nathan, Hunter New England Local Health District and The University of Newcastle  
*Increasing Australian Schools’ Implementation of a Mandatory State-Wide School Healthy Food Policy: Results of Three Randomised-Controlled Trials*  
Jennifer Rae, Centre for Addiction and Mental Health  
*Implementation of a Cross-Sectoral Approach Yields Improvements in Youth and Family Behavioral Health and Reduces Burden on Justice and Community Service Systems*

**Call for Abstracts Session:** Presenters in this session address several key issues in the implementation of programs targeting youth, including a comparison of training models to improve implementation of out-of-school programs targeting health promotion; cross-sectoral collaboration to improve outcomes; results of efforts to implement healthy food policies in schools; and factors associated with fidelity in the delivery of a youth development and violence prevention program.

**CCS Organizational Factors and Implementation Strategies: Context Matters**  
*Salon F/G/H (First Level)*

**Chair:** Linda Bergofsky, Agency for Healthcare Research and Quality  
**Discussant:** Michael Engelgau, National Health, Lung, and Blood Institute  
**Call for Abstracts Session Panelists:**  
Terry Adirim, Department of Defense  
*Development of a Pediatric Quality Measure Set for the Military Health System*  
Ali Ben Charif, The Quebec SPOR-SUPPORT Unit - Université Laval  
*Effective Strategies for Scaling Up Evidence-Based Practices in Primary Care: A Systematic Review*
Donna Shelley, New York University
*How Practice Context Impacts External Facilitation Strategies to Promote Implementation of Evidence-Based Guidelines: A Comparative Case Analysis in Small Independent Practice and Federally Qualified Health Centers*

Rachel Stafford, University of Arkansas for Medical Sciences
*Using an Array of Implementation Strategies to Improve Success Rates of Pharmacist-Initiated Medication Therapy Management Services in Community Pharmacies*

**Call for Abstracts Session:** The ways healthcare delivery is organized in different settings informs which implementation strategies will be optimal. This session will explore how context can be effectively factored into the identification and deployment of implementation and spread efforts in diverse contexts ranging from primary care to community pharmacies and the military health system. Speakers will describe various context-sensitive strategies available to researchers and practitioners tasked with implementing interventions in complex organizations.

**BF Speeding Research Interventions (SPRINT)**
*Salon J (First Level)*

**Chair:** Cynthia Vinson, National Cancer Institute

**Panelists:**

April Oh, National Cancer Institute
*Overview of Speeding Research Interventions (SPRINT) Training*

Deborah Erwin, Roswell Park Cancer Institute
*Witness Cares, LLC*

Tamara Somers, Duke University
*Sprint Training: Development and Implementation of a Mobile Behavioral Pain Program for Patients with Cancer*

Anna Gaysynsky, ICF International
*Improving Implementation with the Speeding Research Interventions (SPRINT) Program*

**Panel Description:** This session will introduce NCI’s new SPRINT training program, provide initial evaluation results and insight from participants in the training. SPRINT is a program designed to foster, grow and nurture an innovation ecosystem for behavioral interventionists. The program run by instructors with extensive startup and teaching experience. The program provides real world, hands-on training on how to successfully transform innovations in cancer control into market-ready products. The ultimate goal is to create research-tested behavioral interventions that are ready to be put into real world practice.
**AGENDA**

**Sustainability and Scale-Up**  
*Salon K (First Level)*

**Chair:** Christopher Hoffmann, Johns Hopkins University  
**Discussant:** Amy Drahota, Child and Adolescent Services Research Center

**Call for Abstracts Session Panelists:**

**James Alaro**, National Cancer Institute  
*NCI's Center for Global Health-Funded Research Portfolio: Exploring Implications for Future Dissemination and Implementation Research*

**Corrina Moucheraud**, University of California, Los Angeles  
*Understanding Sustainability of Large Donor-Funded Global Health Programs: A Post-Endline Assessment of Alive & Thrive in Bangladesh and Vietnam*

**Sujha Subramanian**, RTI International and International Agency for Research on Cancer  
*Scaling Up Breast, Cervical and Oral Cancer Screening in the Limited Resource Setting: Lessons from Economic Evaluations in India*

**Adriane Wynn**, University of California, Los Angeles  
*Assessing the Costs and Estimating Scale-Up of Testing Pregnant Women for Curable Sexually Transmitted Infections in Botswana*

**Call for Abstracts Session:** This session looks at maintenance of implementation and dissemination projects from several perspectives: techniques and results from assessing continued intervention delivery once a formal implementation program is gone, approaches to assessing the cost to a provider to guide long-term funding feasibility, and the sustainability and expansion of funding D&I research projects.

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**Break**

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**Plenary: The Next Generation of D&I Research**  
*Arlington Ballroom (First Level)*

**Chair:** Lisa Simpson, AcademyHealth

**Speakers:** Deborah Cohen, Oregon Health & Science University; Ross Hammond, Brookings Institution; David Atkins and Cara Lewis, University of Washington

**Plenary Description:** Over the last decade, the field of D&I research has made significant progress in developing methods, measures, and technologies to yield high quality, high impact studies. This panel will reflect on ways in which D&I researchers can optimize the use of these advances and consider what is needed in the next decade to build on and accelerate measurable impact.
Wednesday, December 6

7:00 a.m.–8:00 a.m. **Continental Breakfast**
Foyer (First Level)

7:00 a.m.–12:00 p.m. **Registration**
Sky View (First Level)

8:15 a.m.–9:45 a.m. **Concurrent Sessions**

**BH** Implementation Challenges and Opportunities for Sustainability
Salon A (First Level)

*Chair: Cheryl Anne Boyce*, National Heart, Lung and Blood Institute  
*Discussant: Gloria Reeves*, University of Maryland

**Call for Abstracts Session Panelists:**

- **Gail Daumit**, Johns Hopkins University  
  *Long-Term Sustainment of an Evidence-Based Healthy Weight Intervention in Community Mental Health Programs: Challenges and Opportunities*

- **Cara Lewis**, Kaiser Permanente, Indiana University and University of Washington  
  *Tailored Versus Standardized Implementation of Measurement Based Care for Depression in Community Mental Health*

- **Demetria McNeal**, University of Colorado  
  *Improving Institutional and Provider Sustainability of an Evidence-Based Psychosocial Intervention in Pediatric Oncology*

**Call for Abstracts Session:** Within the behavioral health care field, new approaches are needed to reduce implementation challenges and enhance opportunities for sustainability. This session will focus on tailoring methodologies and findings regarding patient level impacts, a web-based intervention within an integrated healthcare setting, data on strategies, barriers and facilitators collected from a 5-year sustainment study, and factors that contribute to provider and institutional sustainability. Discussion will focus on the challenges experienced by the researchers and the potential for study findings to lead to the long-term sustainment of behavioral health care practices.

**PHE** Implementation Considerations in Diverse Organizational Settings
Salon B (First Level)

*Chair: LeShawndra Price*, National Institutes of Health  
*Discussant: Mary Northridge*, New York University

**Call for Abstracts Session Panelists:**

- **Elizabeth Durkin**, University of Chicago  
  *Implementation of Health Equity Interventions: Influence of External Organizational Context*
Sonya Gabrielian, VA Greater Los Angeles, University of California, Los Angeles and Washington University at St Louis
Developing Strategies to Adapt Social Skills Training for Supported Housing Participants

Gretchen Piatt, University of Michigan
A Protocol for Developing and Testing Diabetes Self-Management Support (DSMS) Strategies in African American Churches: A Cluster Randomized Hybrid Type II Trial

Alison Hamilton, VA Greater Los Angeles
Tailoring Implementation of VA's Patient-Centered Medical Home to the Needs of Women Veterans Using Evidence-Based Quality Improvement

Call for Abstracts Session: With the realization that the development of organizational cultures, climates, and contexts supportive of evidence-based practice (EBP) implementation takes time and concerted effort, there is hope that EBP implementation may be effectively pursued in diverse organizational settings. This may be especially important for health equity populations, as it is critical to be able to meet people where they live, work, and play. Understanding organizational context and applying organizational development strategies may aid in the improvement of both health care and social services. This panel will focus on implementation considerations in diverse organizational settings toward promoting health equity and eliminating disparities.

8D Implementing Clinical Decision Support for Health Care Teams
Salon C (First Level)

Chair: Geoffrey Barnes, University of Michigan
Discussants: Gurvaneet Randhawa, Agency for Healthcare Research and Quality; C. Hendricks Brown, Northwestern University

Call for Abstracts Session Panelists:
Joseph Colorafi, Dignity Health
Influencing Clinical Outcomes with Automated Sepsis Time Zero through Process Improvements and Statistical Validation

Manjula Julka, PCCI
Parade (Patients at Risk for Adverse Drug Events) Model for Outcome-Driven Admission Medication Reconciliation

Patrick O’Connor, HealthPartners Institute
Point-of-Care Prioritized Clinical Decision Support Reduces Cardiovascular Risk in Adults with Elevated Cardiovascular Risk: Randomized Trial

Call for Abstracts Session: This session will explore the implementation of electronic health record-based clinical decisions support tools and their impact on clinical care in a variety of health care settings.
CCP Scaling Smoking Cessation in the Community: Ten Years of Implementation and Dissemination in Ontario, Canada
Salon D/E (First Level)
Chair: Peter Selby, University of Toronto
Panelists:
Megan Barker, Centre for Addiction and Mental Health and University of Toronto
Balancing Fidelity with Fit: Collaboratively Adapting Cessation Treatment Models to Improve Health Equity for Indigenous Communities
Rosa Dragonetti, Centre for Addiction and Mental Health
The Teach Project: Facilitating a Decade of Practice Change through Provision of Tobacco Cessation Training
Laurie Zawertailo, Centre for Addiction and Mental Health and University of Toronto
The Smoking Treatment for Ontario Patients (STOP) Study: 10 Years of Implementation and Dissemination in a Variety of Clinical Settings
Panel Description: This panel will describe how we have systematically treated 190,000 tobacco addicted individuals using an implementation and dissemination framework borrowing primarily from the Interactive Systems Framework (ISF) and Reach Effectiveness Adoption Implementation Maintenance (RE-AIM) frameworks. We will describe the use of the Knowledge-to-Action (KTA) framework and the use of computerized decision support in a hub-and-spoke model to scale up evidence-based interventions in community settings. We will discuss the evolution of these programs over time, including culturally-adapted implementation with Indigenous health organizations, as well as different challenges and triumphs over the years.

MMM Comparing Controlled Implementation Trial Designs: Strengths, Limitations, and Indications for Three Methods
Salon F/G/H (First Level)
Chair: Mark Bauer, VA HSR&D
Discussant: Amy Kilbourne, VA Quality Enhancement Research Initiative
Panelists:
Mark Bauer, VA HSR&D
Comparing Controlled Implementation Trial Designs: Strengths, Limitations, and Indications for Stepped Wedge Designs
Shawna Smith, University of Michigan
Comparing Controlled Implementation Trial Designs: Strengths, Limitations, and Indications for SMART Designs
Christine Lu, Harvard Medical School & Harvard Pilgrim Health Care Institute
Comparing Controlled Implementation Trial Designs: Strengths, Limitations, and Indications for Interrupted Time Series Designs
Panel Description: Dissemination and implementation science has moved beyond solely describing barriers, facilitators, and context to focus on enhancing spread of evidence-based practices through controlled trials. However such trials face challenges for which there is little precedent from traditional clinical trials research. For example, implementation trials typically work with healthcare system and policy partners, often address clustering and
small-n site randomization, and sometimes face imperatives to provide support to all participants. This panel utilizes examples from three funded studies to discuss the strengths, limitations, and indications for three controlled trial designs: interrupted time series, stepped wedge, and sequential multiple-assignment randomized trials.

**PPH** NIH-Community Guide Branch Collaboration to Evaluate the Use of Community Preventive Services Task Force Insufficient Evidence Findings within NIH

*Salon J (First Level)*

**Chair:** Shawna Mercer, Centers for Disease Control and Prevention

**Panelists:**

- **Shawna Mercer**, Centers for Disease Control and Prevention
  *The Community Preventive Services Task Force: Using Systematic Reviews to Provide Evidence-Based Recommendations and Findings for Public Health Interventions*

- **Jennifer Villani**, National Institutes of Health
  *Increasing Knowledge Utilization of Preventive Services and Addressing Research Gaps*

- **Anita Ellis**, Centers for Disease Control and Prevention
  *Evaluating the use of Community Preventive Services Task Force Insufficient Evidence Findings within NIH*

- **Megan Cotter**, Centers for Disease Control and Prevention
  *Findings from a Collaborative Evaluation Project between NIH and the Community Guide*

**Panel Description:** Community Guide evaluators at CDC partnered with NIH to 1) test two new Insufficient Evidence (IE) Findings User Guides and 2) assess awareness and use of IE findings among NIH grant funders and researchers. Panel members from CDC and NIH will provide an introduction to using evidence-based findings and recommendations from The Community Guide, an overview of project methods and data analysis, and discussions about key findings, interagency collaboration efforts, and implications for the dissemination and implementation field.

**BF** Training the Next Generation of Implementation Researchers and Practitioners

*Salon K (First Level)*

**Chair:** Enola Proctor, Washington University in St. Louis

**Call for Abstracts Session Panelists:**

- **Gregory Aarons**, University of California, San Diego
  *Fostering International Collaborations in Implementation Science*

- **Katherine Dollar**, VA Center for Integrated Healthcare (CIH)
  *Using Formal Training to Transfer Evidence-Based Implementation Strategy Knowledge and Skills*

- **Margaret Padek**, Washington University in St. Louis
  *Building Future Capacity for D&I Research: Results from a Mentored Training Program*
Rohit Ramaswamy, University of North Carolina at Chapel Hill
Using an Implementation Framework to Build Implementation Science Capacity in Africa: The UNC/Wits University Collaboration

Anne Sales, University of Michigan
Curricular Thinking in Implementation Science: A Two Course Sequence with Experiential Learning

Call for Abstracts Session: Building for the future of the D&I field requires preparing the next generation of research and practice leaders. Papers in this session describe a variety of models, curricula, and strategies for training in implementation science, including two examples from global health settings. Evaluation approaches, metrics, and data are also provided.

9:45 a.m.–10:00 a.m.

Break

10:00 a.m.–11:15 a.m.

Concurrent Sessions

**Implementation Strategies for Public Health Interventions**
*Salon A (First Level)*

**Chair:** April Oh, National Cancer Institute

**Call for Abstracts Session Panelists:**

**Matthew Chinman,** VA Pittsburgh Healthcare System
Randomized Controlled Trial of the Getting to Outcomes Strategy’s Impact on Implementation Quality in Community Based Settings

**Allison Dymnicki,** American Institutes for Research
Using Implementation Strategies that Ensure Engagement of Public Health and Other Key Stakeholders

**Cam Escoffery,** Emory University
Systematic Review of Adaptations of Public Health Evidence-Based Interventions

**Jennifer Leeman,** University of North Carolina at Chapel Hill
Factors Influencing the Use of Implementation Tools to Promote School Health: A Multi-Level Evaluation

**Call for Abstracts Session:** As we look to the future of implementation science and public health, to make larger scale impact at the population level, examination of implementation across multiple levels (e.g. Individuals, families, schools, communities, health departments) and across diverse contexts and populations are needed. To this end, this set of presentations begins with a systematic review of the science on the adaptation process of evidence based interventions in the field. Then two presentations examine multilevel and multisite implementation strategies, first in local health departments, and then school settings. The final presentation is an evaluation of implementation approaches and supports to advance implementation strategies in community settings.
Implementation Strategies Involving Primary Care and Pharmacy Based Care Delivery

Chair: Simon Craddock Lee, Harold C. Simmons Comprehensive Cancer Center
Discussant: Richard Ricciardi, Agency for Healthcare Research and Quality

Call for Abstracts Session Panelists:
Bijal Balasubramanian, UTHealth
Erin Kitt-Lewis, Penn State University
Aaron Leppin, Mayo Clinic
Megan McCullough, VA QUERI and Boston University

Call for Abstracts Session: Multiple factors play important roles in successful system level implementation of interventions to improve cardiovascular care and care of vulnerable populations. This session will showcase dissemination and implementation strategies focused on interventions that support cardiovascular health, end of life care in prison inmates, and care of homeless veterans.

Improving Delivery of Evidence-Based Care by Providers

Chair: Dara Blachman-Demner, National Institutes of Health
Discussant: Byron Powell, University of North Carolina at Chapel Hill

Call for Abstracts Session Panelists:
Joan Cates, University of North Carolina at Chapel Hill
Rochelle Hanson, Medical University of South Carolina
Cole Hooley, Washington University in St. Louis
Janet Squires, University of Ottawa and Ottawa Hospital Research Institute

Call for Abstracts Session: Enhancing our understanding of the unique challenges that impede the delivery of evidence-based care by treatment providers remains an important goal for implementation scientists. This session will focus recent scientific findings regarding reducing overuse of diagnostic
testing, successful strategies to change provider behavior, the use of learning collaboratives to improve knowledge and sustain practice change, and the important impact of inadequate implementation strategy reporting in the field of D&I research. Discussion will include the challenges and opportunities of these findings on behavioral health care practice.

**The Use of Technology and Engineering Principles in Implementation Research**

*Salon D/E (First Level)*

**Chair:** Andrew Quanbeck, University of Wisconsin—Madison  
**Discussant:** Tisha Wiley, National Institute on Drug Abuse

**Panelists:**
- **Jason Satterfield**, University of California, San Francisco  
  *Computer-Facilitated 5A’s (Ask, Advise, Assess, Assist, And Arrange) for Smoking Cessation: Using Technology to Promote Provider Adherence to Clinical Guidelines*
- **Shannon Mitchell**, Friends Research Institute  
  *Application of System Dynamics to Inform a Model of Adolescent Screening, Brief Intervention, and Referral to Treatment (SBIRT) Implementation in Primary Care Settings*
- **David Gustafson**, University of Wisconsin—Madison  
  *Implementation engineering*

**Panel Description:** This symposium presents findings from three R01 projects funded by the National Institute on Drug Abuse (NIDA) as part of an implementation research “collaboratory” aimed at integrating behavioral health into primary care. These presentations feature innovative uses of technology and engineering principles to promote: 1.) Effective behavioral health training; 2.) Provider adherence to evidence-based practices; 3.) Scaling up using the engineering concept of mass-production; and 4.) Sustainability using systems dynamic modeling, tablet computers that serve as digital clinician-extenders, and automating implementation processes. Implications of these projects for D&I research will also be discussed.

**Innovations in Mixed Methods Analyses: Understanding Complex Dynamics in Implementation from Intervention to Policy**

*Salon F/G/H (First Level)*

**Chair:** Lisa Saldana, Oregon Social Learning Center  
**Discussant:** Lawrence Palinkas, University of Southern California

**Call for Abstracts Session Panelists:**
- **Mehret Assefa**, Stanford University  
  *Operationalizing the Consolidated Framework for Implementation Research into a Mixed Methods Measure: Psychometrics and Two Application*
- **Kristin Danko**, University of Ottawa  
  *Synthesis of Complex Interventions Using Hierarchical Multivariate Meta-Regression*
- **Erin Finley**, South Texas VA Health Care System  
Taren Swindle, University of Arkansas for Medical Sciences
Leveraging the Gap: A Mixed Methods Study Employing Deviance Methodology to Understand and Improve Fidelity to Best Practices in a Childcare Nutrition Intervention

Itzhak Yanovitzky, Rutgers University
Tracking and Assessing Use of Research Evidence in Public Policymaking Processes: A Theory-Grounded Methodology

Call for Abstracts Session: Dissemination and implementation research is challenged by complex dynamics and multiple perspectives. This is true for implementation of individual treatment innovations, but also for system-level and policy initiatives. This panel will present a set of papers that describe innovative multi-method strategies (e.g., documentation review, guided discussions, mixed methods, systematic reviews) for assessing and evaluating these complexities, with an emphasis on the contribution that qualitative methodologies can provide for understanding underlying mechanisms that are not always evident through quantitative assessments alone.

Scaling Up Global Health Technologies: Opportunities for Implementation Science
Salon J (First Level)

Chair: Amit Mistry, National Institutes of Health

Panelists:
Brian Mittman, VA Greater Los Angeles Healthcare System and Kaiser Permanente
Implementation Science Contributions To, and From, Efforts to Scale Up Health Technologies in Low and Middle Income Countries

Laura Ghiron, Partners in Expanding Health Quality and Access and Expand-Net Secretariat
Scale up Learning and Experience to Improve Global Reproductive Health Programming: Expandnet’s Origin and Experience

Nathaniel Moller, Jhpiego
Learning from Three Implementation Strategies Employed by a Global NGO

Panel Description: Global health technologies have incredible potential for saving and improving lives, yet very few achieve impact at scale. Implementation science is a currently underutilized tool that can help implementers understand and overcome the many barriers to scale. In this panel discussion, experts will present frameworks and case studies on scaling up health technologies in low- and middle-income countries. Panelists representing the perspectives of technology developers, implementers, and implementation scientists will discuss barriers to scale and how implementation science has been used to overcome them. The discussion will identify knowledge gaps and pertinent research questions for implementation science.
**CCP System Strategies for Patient-Centered Care**  
*Salon K (First Level)*

**Chair:** Amy Kilbourne, University of Michigan

**Call for Abstracts Session Panelists:**  
Rachel Breman, University of Maryland  
*Implementing an Early Labor Management Program: Shifting the Culture of Obstetrical Care*

Amy Cohen, Department of Veterans Affairs  
*Economic Evaluation of an Effective Quality Improvement Intervention and Its Implementation*

Sarah Goff, University of Massachusetts  
*Implementing a Systematic Approach to Shred Decision-Making Regarding End-of-Life Care with Renal Dialysis Patients*

Robin Newhouse, Indiana University  
*Pilot Cluster Randomized Trial of Hospitals: Toolkit Improves Screening for Risky Drug and Alcohol Use*

**Call for Abstracts Session:** System-level interventions are often necessary to impact patient-level outcomes. This panel presents diverse examples of such interventions, in varied patient populations, using team-based, provider, and consumer-focused strategies.

**Break**

11:45 a.m. – 1:00 p.m.

**Plenary: Reflections on the Impact of a Decade of Research**  
*Arlington Ballroom (First Level)*

**Chair:** David Chambers, National Cancer Institute

**Speakers:** Jeffery Brenner, UnitedHealthcare; Russell Glasgow, University of Colorado School of Medicine; Enola Proctor, Washington University in St. Louis; Darshak Sanghavi, OptumLabs

**Plenary Description:** The ultimate goal of D&I research is to yield dramatic benefits in health and healthcare. This panel will reflect on the impact that D&I research has made and how we can maximize the value of our research.

1:00 p.m.

**Conference Concludes**

1:30 p.m. – 5:45 p.m.

**Technical Assistance (TA) Workshop**  
*Salon J/K (First Level)*

The TA workshop provides guidance and feedback to investigators currently developing proposals to conduct dissemination or implementation research in health.

Registration required—email DIconfTAworkshop@mail.nih.gov to register. Feedback is not guaranteed if a proposal was not submitted by the deadline of November 3.
SUNDAY, DECEMBER 3
1:00 p.m.–5:00 p.m.

CRN Scholar Implementation Science Interest Group Meeting
Lee (Lobby Level)
Invitation only

TUESDAY, DECEMBER 5
12:45 p.m.–2:15 p.m.

Meeting on Implementation Science & Scaling Global Health Technologies
Lee (Lobby Level)
Open to all

5:15 p.m.–7:00 p.m.

Health Systems Global's Translating Evidence to Action Thematic Working Group – Meet and Greet
Jefferson (Lobby Level)
Invitation only

5:30 p.m.–7:30 p.m.

QUERI Implementation Strategy Meeting
Salon A (First Level)
Invitation only

Implementation Scientist Faculty Position
Department of Psychiatry and Behavioral Sciences
Northwestern University, Feinberg School of Medicine

The Department of Psychiatry and Behavioral Sciences at Northwestern University Feinberg School of Medicine seeks a full-time Implementation Scientist at the rank of Assistant Professor. The candidate will join a rich, collaborative environment with other clinicians and scientists in the Feinberg School of Medicine and throughout the University, and will be affiliated with the Center for Prevention Implementation Methodology (Ce-PIM). Responsibilities include developing collaborations to integrate implementation science into all stages of health research, developing a specialty area of research in implementation science and methodology, and advancing the knowledge of implementation science both locally and nationally.

For more information please visit: www.cepim.northwestern.edu/

Please send CV and Cover Letter addressed to C. Hendricks Brown, PhD, Department of Psychiatry and Behavioral Sciences, Northwestern University Feinberg School of Medicine, 446 E. Ontario, Suite 7-200, Chicago, Illinois 60611 c/o Alexis Puzon, Business Coordinator or via email in a Word or PDF format to Alexis Puzon alexis.puzon@northwestern.edu. Please include the job opening reference number #31493 in your application.

Northwestern University is an Equal Opportunity, Affirmative Action Employer of all protected classes, including veterans and individuals with disabilities. Women, racial and ethnic minorities, individuals with disabilities, and veterans are encouraged to apply. Hiring is contingent upon eligibility to work in the United States.
AcademyHealth
www.academyhealth.org
AcademyHealth is the leading national organization serving the fields of health services and policy research and the professionals who produce and use this important work. Together with our members, we offer programs and services that support the development and use of evidence to improve health and the health care system.

Agency for Healthcare Research and Quality (AHRQ)
www.ahrq.gov
AHRQ is the lead federal agency charged with improving the quality, safety, efficiency, and effectiveness of health care for all Americans. Within the Department of Health and Human Services, AHRQ supports research to improve the quality of health care and promote evidence-based decisions.

The Center for Translation Research and Implementation Science
www.nhlbi.nih.gov
The Center for Translation Research and Implementation Science, part of the National Heart, Lung, and Blood Institute serves as a strategic focal point for coordinating and advancing late-stage T4 translation research; implementation science; health inequities research; global health research; and research training and career development in the above areas.

Department of Veterans Affairs
Health Services Research & Development Service (HSR&D)
Quality Enhancement Research Initiative (QUERI)
www.hsrdd.research.va.gov
www.queri.research.va.gov
The Department of Veterans Affairs, HSR&D identifies and evaluates innovative strategies that produce accessible, high-quality, cost-effective healthcare for Veterans. VA HSR&D’s QUERI focuses exclusively on implementing evidence-based research into clinical practice—and evaluating the results of those efforts.

Education Development Center (EDC)
www.edc.org
The EDC is dedicated to improving education, health, and economic opportunities for people of all ages. We develop and test innovative solutions for putting evidence-based strategies and programs into real-world practice at scale. Founded in 1958, EDC has 1,200 employees and 250 projects around the U.S. and the world.

FDA Advisory Committee and Oversight Management Staff (ACOMS)
www.fda.gov/AdvisoryCommittees
FDA Advisory Committees contribute credibility and integrity to FDA’s mission of protecting and promoting the public health by obtaining outside, independent, expert advice and allowing for open public discussion of important health issues. Advisory committee membership includes academicians, clinical practitioners and consumers.
George Mason University College of Health and Human Services
cchs.gmu.edu
Shape the future of health care—just 15 miles from the nation’s capital. George Mason University’s College of Health and Human Services offers degrees in health administration and policy, health informatics, public health, rehabilitation science, nursing, social work, and nutrition.

Indico Solutions
www.indicoebm.com
Indico Solutions’ Clinical Guidelines Platform uses the advantages of cloud computing and data integration features including XML parsing, taxonomy standardization, keyword generation and coding support that allows easy migration of any structured document to into Indico’s collaborative CMS environment and mobile applications, web applications and clinical decision support IT.

Mayo Clinic Robert D. and Patricia E. Kern Center for the Science of Health Care Delivery
www.mayo.edu/research/centers-programs/robert-d-patricia-e-kern-center-science-health-care-delivery
The Mayo Clinic Robert D. and Patricia E. Kern Center for the Science of Health Care Delivery expands Mayo’s extensive efforts in health care delivery research, systems engineering, and value, quality and policy analysis. The center develops new models of care that move from the earliest stages of research through rigorous testing and refinement into routine patient care, with the ultimate goal to improve the way patients experience health care—everywhere.

National Collaborating Centre for Methods and Tools (NCCMT)
www.nccmt.ca
The NCCMT is one of six National Collaborating Centres for Public Health in Canada. The Centre facilitates and supports the development of knowledge and capacity to use the best available evidence in practice among public health professionals.

National Center for Health Statistics (NCHS)
www.cdc.gov/nchs
The NCHS provides statistical information that guides actions and policies to improve the health of the American people. As the Nation’s principal health statistics agency, NCHS leads the way with accurate, relevant, and timely data. The NCHS exhibit will feature the latest publication and data releases.

National Institutes of Health (NIH)
National Cancer Institute (NCI)
Implementation Science Team
cancercontrol.cancer.gov/IS
The NIH’s mission is to seek fundamental knowledge about the nature and behavior of living systems and the application of that knowledge to enhance health, lengthen life, and reduce illness and disability. As part of this mission, the NCI’s Implementation Science (IS) team leads NIH funding opportunities in dissemination and implementation research that seek to maximize
the integration of evidence and evidence-based health interventions into clinical and community practice, along with IS training activities, meetings to build capacity of the field and collaborations among researchers, practitioners and policymakers to improve uptake of NIH-funded research.

**Oxford University Press**
[global.oup.com](http://global.oup.com)
Oxford University Press publishes key research in specialties and subspecialties of medicine, including public health, across journals, books, and online products. This furthers the University’s objectives of excellence in scholarship, research, and education. Visit our conference stand to discover selected titles in public health, including the newest work by keynote speaker Dr. Sandro Galea.

**Patient-Centered Outcomes Research Institute (PCORI)**
[www.pcori.org](http://www.pcori.org)
The PCORI is an independent, non-profit organization authorized by Congress to fund research that will provide patients, their caregivers and clinicians with the evidence-based information needed to make better-informed healthcare decisions. PCORI’s work is continuously guided by input from a broad range of healthcare stakeholders to see that its research is timely, useful, and addresses outcomes that matter to patients.

**University of Michigan**
[medicine.umich.edu/dlhs](http://medicine.umich.edu/dlhs)
The Health Infrastructures and Learning Systems (HILS) PhD and MS program at the University of Michigan is the nation’s first graduate program in learning health system (LHS) science. The HILS program develops leaders and researchers in learning health systems core competencies, recently published by the Agency for Healthcare Research and Quality (AHRQ). The program aims to improve the health of individuals and populations by developing researchers who design, implement and evaluate innovative change and continuous improvement in health systems. Graduates will create innovative solutions to address some of the most demanding health care challenges.

**William T. Grant Foundation**
[wtgrantfoundation.org](http://wtgrantfoundation.org)
The William T. Grant Foundation supports research to improve the lives of young people ages 5-25 in the United States. Throughout its 80 year history, the Foundation has awarded grants to prominent researchers yielding research that has been pivotal in improving outcomes for youth and the systems in which they develop. The Foundation’s grant-making centers on research that has the potential to advance theory, build empirical evidence, and improve policy and practice. The Foundation is currently focused on funding research that increases our understanding of programs, policies, and practices that reduce inequality in youth outcomes, and strategies to improve the use of research evidence in ways that benefit youth.
PARTICIPATING FEDERAL AGENCIES

Agency for Healthcare Research and Quality (AHRQ)
www.ahrq.gov
The Agency for Healthcare Research and Quality (AHRQ) is the lead federal agency charged with improving the quality, safety, efficiency, and effectiveness of health care for all Americans. Within the Department of Health and Human Services, AHRQ supports research to improve the quality of health care and promote evidence-based decisions.

Department of Veterans Affairs
Health Services Research & Development Service (HSR&D)
Quality Enhancement Research Initiative (QUERI)
www.hsrdr.research.va.gov
www.queri.research.va.gov
The Department of Veterans Affairs, HSR&D Service identifies and evaluates innovative strategies that produce accessible, high-quality, cost-effective healthcare for Veterans. VA HSR&D’s QUERI focuses exclusively on implementing evidence-based research into clinical practice—and evaluating the results of those efforts.

National Institutes of Health (NIH)
National Cancer Institute (NCI)
Implementation Science Team
cancercontrol.cancer.gov/IS
The NIH’s mission is to seek fundamental knowledge about the nature and behavior of living systems and the application of that knowledge to enhance health, lengthen life, and reduce illness and disability. As part of this mission, the NCI’s Implementation Science (IS) team leads NIH funding opportunities in dissemination and implementation research that seek to maximize the integration of evidence and evidence-based health interventions into clinical and community practice, along with IS training activities, meetings to build capacity of the field and collaborations among researchers, practitioners and policymakers to improve uptake of NIH-funded research.
PRIVATE SUPPORTERS

Kaiser Permanente
share.kaiserpermanente.org
Kaiser Permanente is recognized as one of America’s leading health care providers and not-for-profit health plans. We currently serve more than 11.7 million members in eight states and the District of Columbia. Founded in 1945, our mission is to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve. Care for members and patients is focused on their total health and guided by their personal physicians, specialists and team of caregivers. Our world-class medical teams are supported by industry-leading technology advances and tools for health promotion, disease prevention, care delivery and chronic disease management. Our vision: We are trusted partners in total health, collaborating with people to help them thrive and creating communities that are among the healthiest in the nation.

Patient-Centered Outcomes Research Institute (PCORI)
www.pcori.org
The PCORI is an independent, non-profit organization authorized by Congress to fund research that will provide patients, their caregivers and clinicians with the evidence-based information needed to make better-informed healthcare decisions. PCORI’s work is continuously guided by input from a broad range of healthcare stakeholders to see that its research is timely, useful, and addresses outcomes that matter to patients.

Robert Wood Johnson Foundation
www.rwjf.org
For more than 40 years RWJF has worked to improve health and health care. We are working with others to build a national Culture of Health enabling everyone in America to live longer, healthier lives. For more information, visit www.rwjf.org. Follow the Foundation on Twitter at www.rwjf.org/twitter or on Facebook at www.rwjf.org/facebook.
Mark Your Calendar for Upcoming AcademyHealth Events

February 5-6, 2018  |  Marriott Marquis, Washington, D.C.

The AcademyHealth National Health Policy Conference (NHPC) brings together health care decision makers, advocates, consumers, patients, researchers, and leaders from the public and private sectors to discuss the most critical issues and immediate policy priorities in United States health care using the latest evidence and examples from science and practice. This conference is the venue to identify challenges, discuss solutions, and define the research needed to inform and evaluate policies to improve health and the performance of the health care system.

Register by December 11 and save $150
academyhealth.org/nhpc


Health Datapalooza is the gathering place for people and organizations creating knowledge from data and pioneering innovations that drive health policy and practice. Datapalooza attendees engage in meaningful, cross-sector discussions around the future of health data and how it’s being used to challenge legacy practices and trigger changes in health care. In its ninth year, this lively, one-of-a-kind conference focuses on the newest, most innovative, and effective uses of health data, with an emphasis on diverse voices and perspectives — from industry leaders to startups, public to private, academics to data scientists, patients to clinicians, and everything in between.

Secure your spot today
healthdatapalooza.org

June 24-26, 2018  |  Washington State Convention Center, Seattle, WA

AcademyHealth’s Annual Research Meeting (ARM), the premier forum for health services research (HSR), convenes the foremost experts at the intersection of health, health care, and policy to share important findings and showcase the latest research on how the health system works, what it costs, and how to improve it.

The largest meeting of its kind, the ARM is packed with new research, cutting edge methods, and robust discussions of HSR’s impact on health policy and practice.

Submit your abstract to present at the 2018 ARM by January 11.
academyhealth.org/arm
Department Chair Opportunity
Department of Implementation Science

The Wake Forest School of Medicine is seeking a Chair to lead a new Department of Implementation Science.

The School of Medicine is part of Wake Forest Baptist Medical Center, a fully integrated system comprising clinical, research and teaching missions.

The Chair will recruit and lead a multidisciplinary team of faculty and staff who have an intellectual curiosity about how to implement best and promising care models and practices within health systems. He/she will be responsible for developing the strategic vision of the department in consultation with relevant stakeholders, for faculty recruitment, and for the success of its research mission. Department faculty and staff will work closely with the Center for Health Care Innovation, whose mission is to bridge the research and clinical enterprises to ensure that patient care is driven by quality performance and efficiency.

The ideal candidate will have:
Advanced degree (MD and/or PhD), is currently at the rank of Associate Professor or Professor (or equivalent)
Active research portfolio
Recognized nationally for excellence in research in implementation science, and in education, mentoring and administrative leadership

Interested candidates who meet the qualifications please contact:
Cheryl Bushnell, MD, MHS
Search Committee Chair
Professor of Neurology
Director, Wake Forest Baptist Stroke Center
cbushnel@wakehealth.edu
(336) 713-7788
www.wakehealth.edu
VA’s Quality Enhancement Research Initiative (QUERI) utilizes innovative quality improvement methods—paired with a deep understanding of Veterans’ preferences and needs—to implement research findings rapidly into practice and improve the quality and safety of care delivered to Veterans. Since 1998, QUERI has funded more than 360 independently-reviewed, scientific studies that have informed national implementation of major clinical initiatives in VA.

QUERI currently supports VA transformational efforts through three major goals:

- Reduce the time lag from the publication of a research finding to its adoption in routine practice;
- Enhance research-operations partnerships by supporting rigorous, time-sensitive evaluations; and
- Make VA a national leader as a learning healthcare organization through implementation science.

By linking nationally-recognized researchers embedded in the healthcare system with VA clinical and operations partners, QUERI optimizes the implementation of best practices across a variety of healthcare settings.

**National Program Network.** QUERI supports a national network of 15 academically-affiliated, interdisciplinary programs that work to determine the best methods to implement evidence-based practices.

**Partnered Evaluation Initiatives.** QUERI also includes a national network of 20 Partnered Evaluation Initiatives (PEIs) that receive primary funding from an operations partner (e.g., VA Patient Care Services, Office of Rural Health, and the Office of Connected Care) to evaluate initiatives with potential high impact on VA national policy.

**Evidence-based Synthesis Program.** Through its five Evidence-based Synthesis Program (ESP) Centers, QUERI conducts rapid and rigorous reviews of best practices and policies for VA national leaders and stakeholders that are widely recognized in the academic and policy realms.
The Kaiser Permanente Institute for Health Policy helps address critical health care questions by drawing upon Kaiser Permanente’s experience and research as well as its clinical and operational expertise.

The Institute provides solutions to important national health care policy issues by providing objective research and analysis—all informed by Kaiser Permanente’s integrated care model and large, diversified member population.
Delivery Science Fellowship Program

The Division of Research offers a post-doctoral research fellowship program in Delivery Science. We seek outstanding candidates with health professional doctorate degrees (e.g. MD, PharmD, or equivalent) and/or research doctorate degrees (e.g. PhD, ScD, DrPH or equivalent).

The two-year, full-time program includes:

- Individualized scientific mentorship on at least two delivery science studies
- Weekly Works-In-Progress meetings with faculty and fellows
- Monthly seminar series on career and skills development topics
- Core competency training in Delivery Science methods including journal club
- The opportunity for advanced coursework in relevant methodological areas at nearby UC campuses

Candidates may also apply for the Clinical Informatics Track within the fellowship

Clinicians without a Master’s or PhD degree may concurrently study for an MPH from UC Berkeley’s School of Public Health (requires successful application with UC Berkeley).

Fellows with clinical training are encouraged to engage in a modest amount of clinical activity within the health system, to be arranged on a case-by-case basis

The Division of Research in Oakland, California, part of Kaiser Permanente’s Northern California Region, has 50 faculty-level investigators and 350 ongoing, funded projects on a wide range of health research topics. In 2016, the Division’s research portfolio totaled over $84 million in grants awarded by the NIH, other federal agencies, private foundations, industry, and Kaiser Permanente.

Applications are due Sept 15, 2018 for the July 2019 Fellowship
Candidate interviews are to be scheduled in October 2018

For more information:
https://divisionofresearch.kaiserpermanente.org/research/fellowship-program