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TRANSFORMING DEMENTIA CARE

Meta Lessons Learned from Pilot and Demonstration Projects Implementation

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Housekeeping

- All participants will be muted
- Enter **all questions** in the Zoom **Q&A/chat box** and send to Everyone
- Moderator will review questions from chat box and ask them at the end
- Visit impactcollaboratory.org
- Follow us on LinkedIn

Learning Objectives

Upon completion of this presentation, you should be able to:

- Describe factors enabling and/or hindering pilot and demonstration project implementation
- Understand which implementation strategies were being used by pilot and demonstration grants
- Gain knowledge about how implementation progress was made by programs over the funding timelines

Goal

- To synthesize information about pilot and demonstration project implementation that are shared and generalizable
 - To provide a guide for future research and implementation
 - To develop tools and resources for programs serving persons living with dementia

Background

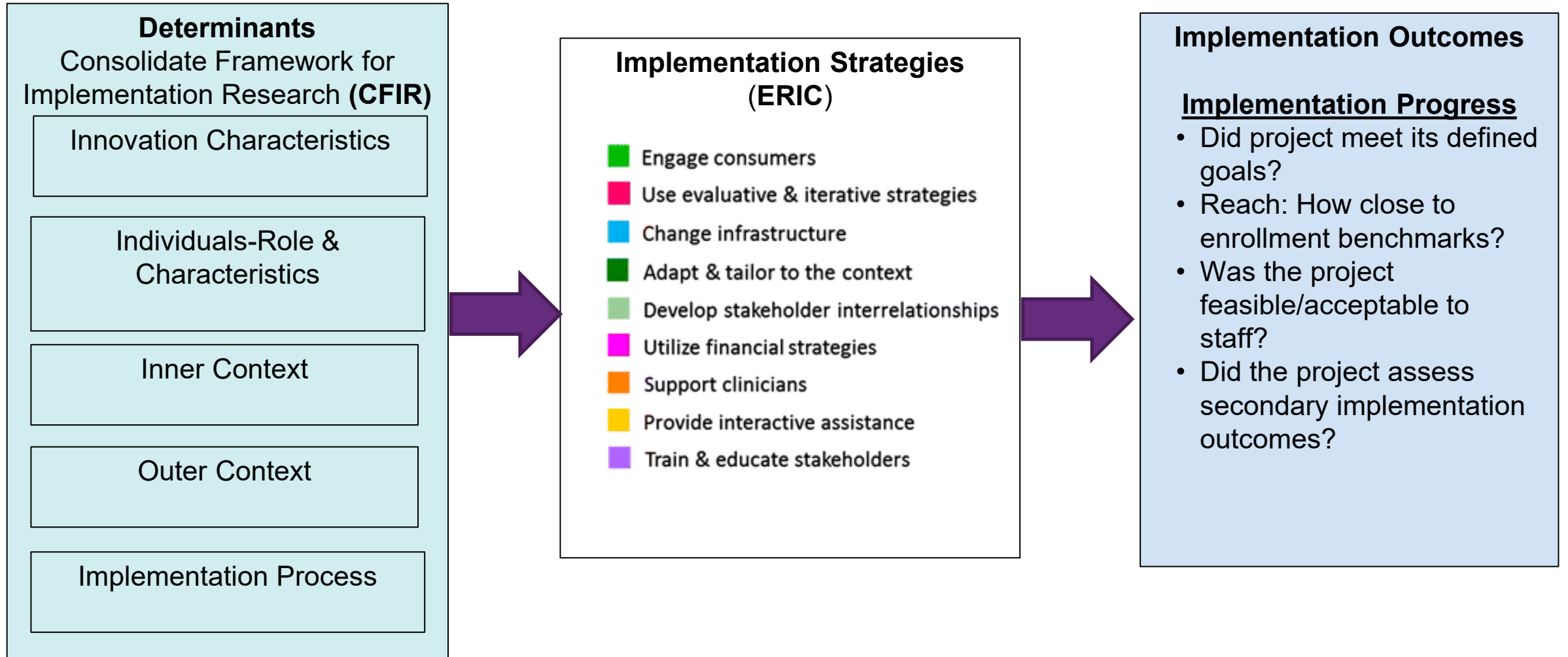
- An implementation science lens provides us with a way to understand what works for whom and why
- Frameworks and methods guide us
- What lessons can we learn across all awardees leveraging the rich qualitative evaluation data available to us?

Non-scientific language to define Implementation Science

- The intervention/practice/innovation = **THE THING**
- *Effectiveness* research looks at whether **THE THING works**
- *Implementation* research looks at how best to help people/places **DO THE THING**
- *Implementation strategies* = the stuff we do to try to **help people/places DO THE THING**
- *Main implementation outcomes* = **HOW MUCH** and **HOW WELL they do the thing**

Curran, G.M. Implementation science made too simple: a teaching tool. *Implement Sci Commun* 1, 27 (2020). <https://doi.org/10.1186/s43058-020-00001-z>

Implementation Research Logic Model





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Data Collection: Participant Selection



- Interviews were conducted with pilot and demonstration project awardees to understand their experiences
- Participants included individuals involved in implementation efforts



Data Collection



- 52 interviews were conducted 6-months and 12-months from date of the first patient being recruited
 - 6-month interviews conducted: 26
 - 12-month interviews conducted: 22
 - Hybrid (6-month and 12-month combined): 2
 - 18-month (1 Pilot) & 24 month (1 Demo): 2
- Average Interview Length: Approximately 45 minutes
- For today's presentation, we assess **24** programs—24 at 6-months and 19 at 12-months.



Data Collection

Setting Type	Total
Primary Care	10
Geriatric Clinic	3
Long Term Care	3
All Other*	8
Total	24

* All Other = Emergency Room, Insurance Plan, Memory Clinic, Accountable Care Organization, PACE/Community Health, Inpatient hospital

Data Analysis-Coding

- Analyzed 44 interview transcripts from pilots and demonstration projects
 - 24 6-month; 19 12-month
 - *A priori* determinants constructs from the Consolidated Framework for Implementation Research 2.0 (CFIR)
 - ERIC implementation strategy use (Waltz's concept mapping)
 - Information about implementation progress

Data Analysis-Within Program

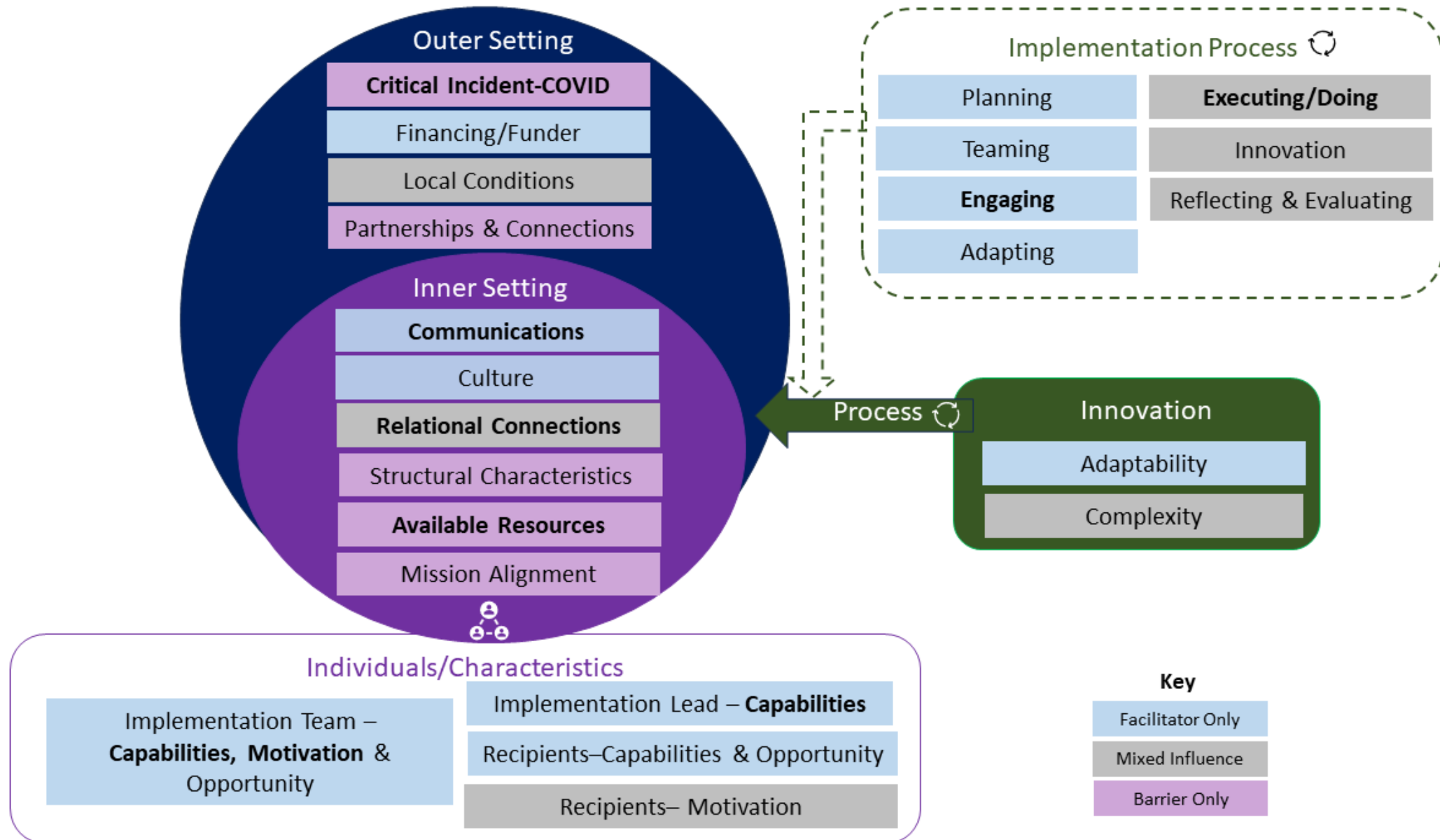
- Primary coder/analyst with in-depth implementation science knowledge and experience was the primary coder and brought relevant passages to a matrix
- Secondary analysts wrote summary for each domain in the matrix
- Primary coder assessed for consensus

Determinants: Rated summary evidence as a facilitator, barrier, or mixed (acting as both facilitator/barrier)

Data Analysis-Cross Program

- Primary analyst compared determinants, use of implementation strategies, and implementation progress across programs for meta-lessons
- Comparisons between 6-month and 12-month time period made primarily for implementation progress

Results – Overall Determinants



Results – Overall: Individual Characteristics

Lead – Capabilities

Strong foundational expertise

Leveraged relationships and system knowledge

Ongoing growth and mentorship

Team – Capabilities

Diverse, skilled teams

Transferable experience and strong communication

Collaborative relationships strengthen execution

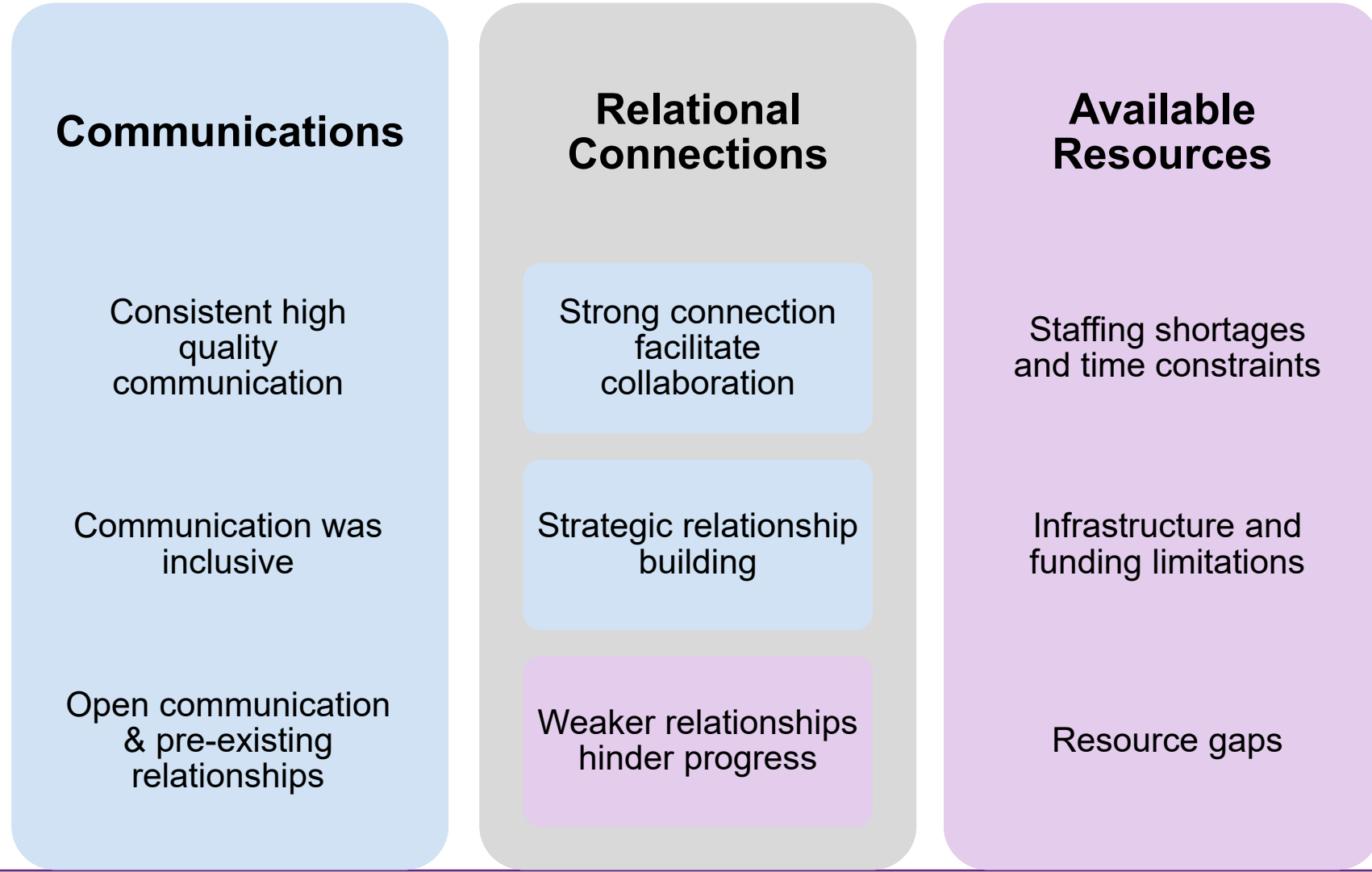
Team – Motivation

Engagement driven by intrinsic motivation and professional identity

Personal connections and ability to respond to challenges

Trust-building and recognition

Results – Overall: Inner Setting



Results – Overall: Outer Setting

Critical Incidents

COVID-19 disrupted core intervention components and workflows

COVID-19 delayed start-up and delivery processes

External crises strained staffing and engagement

Administrative and regulatory burden



Results – Overall: Implementation Process

Engaging

Early & inclusive engagement

Ongoing and bidirectional communication

Champions with pre-existing relationship

Sustained engagement requires effort

Executing/Doing

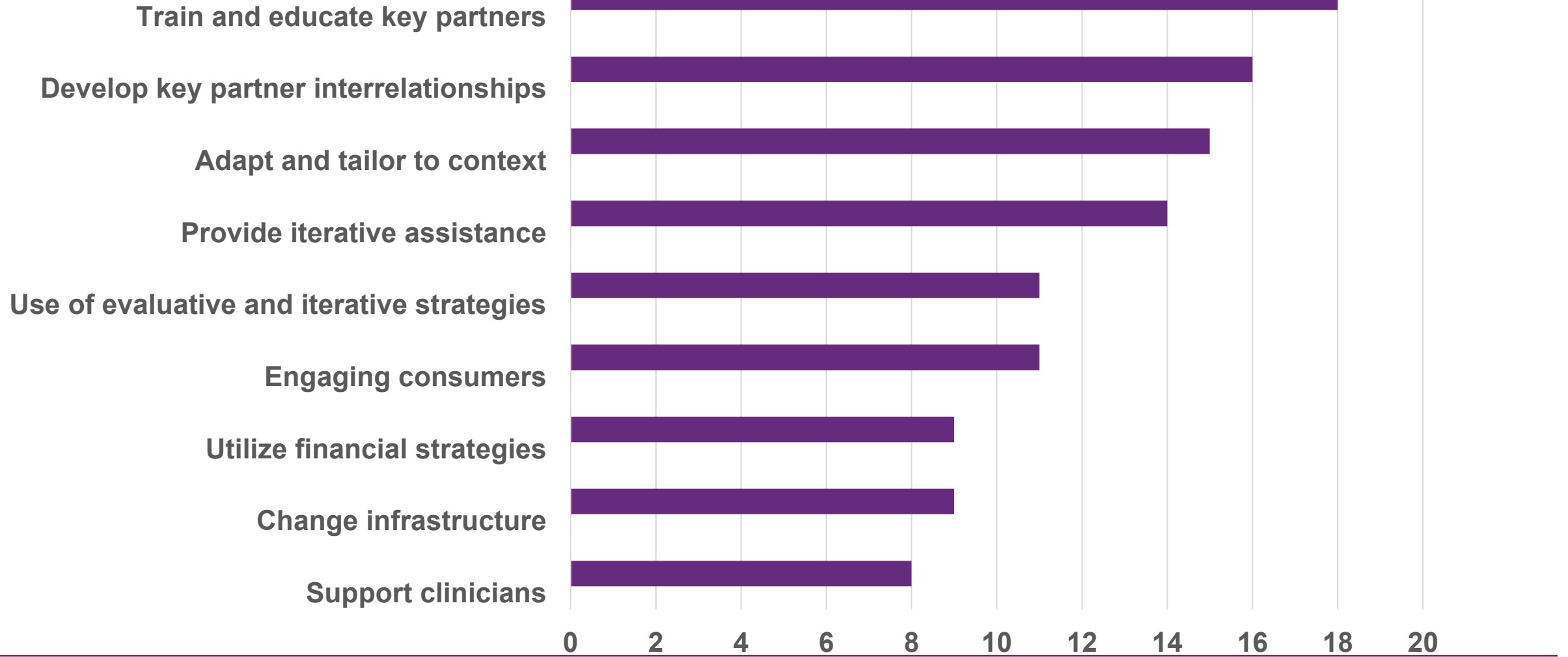
Structured planning

Embedded staff

Logistical & administrative barriers

Infrastructure gaps & intervention capacity

Number of Programs Using Implementation Strategies (n=24)



Implementation Strategy Use Meta Lessons

**Engage key partners
early, meaningfully
and repeatedly**

**Identify and empower
local champions**

**Provide iterative,
relational support**

**Align intervention
with local context
and workflows early**

**Design trainings to
be role-specific,
timely, and
accessible**

**Communicate clearly,
consistently, and
strategically**

**Use multimodal
strategies for
engagement and
recruitment**

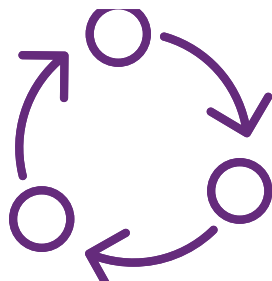
**Maintaining
pragmatic focus**



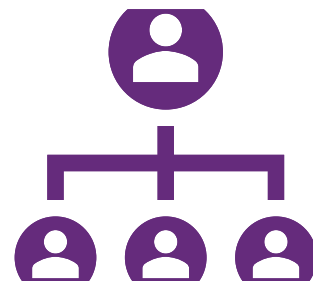
Implementation Progress Meta Lessons



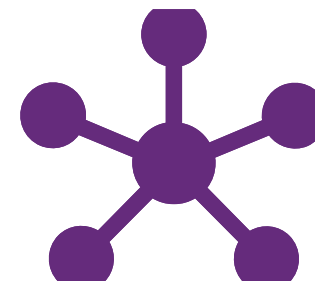
Engage key partners early and often



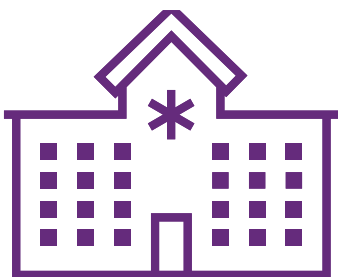
Start with a very small test phase



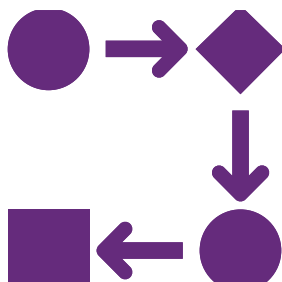
Plan for administrative and technical support



Use multi-pronged communication and recruitment



Understand your setting's constraints



Build for flexibility while considering intervention core elements



Acknowledge complexity and iterative learning



Keep focused on purpose and value



Discussion

- Many positive findings suggesting that pilots and demonstration projects are well situated within their organizational context for success
- Meta lessons provide roadmap to consider how to implement programs generally and things to consider→ start early

Limitations

- Data collection and analyses are still in progress
- More work needed to describe findings by program type, setting, and intervention
- More project specific examples need to be incorporated into the findings

Next Steps

- Finalize analysis with remaining interviews and add in exemplars and examples
- Consider site-level patterns to assess for “difference makers”
- Create tools to assist new programs
- Explore ways to make this evidence available more broadly to the field

Implementation Success Meta Lessons



1. Engage Key Partners Early and Broadly

Takeaway: Involve clinical staff-operational leaders, administrators, and IT from the beginning, not just at launch. Early key partner input increases buy-in, improves alignment with local workflows, and prevents later resistance.



2. Start with a Pilot Phase

Takeaway: Plan for a small-scale pilot before full rollout. Use to test recruitment, data collection, workflows, and staff training. Pilots reduce risk, surface unforeseen barriers, and allow smoother full implementation.



4. Use Multi-Pronged Communication and Recruitment

Takeaway: Recruitment and outreach require flexibility. Phone calls alone may be insufficient—combine methods (texts, in-person, clinician referral) and plan for follow-up. Tailor to the population and setting.



5. Understand Your Setting's Constraints

Takeaway: Every site is different. Assess credentialing timelines, IRB processes, population needs, and internal routines early. Nursing homes, EDs, and rural settings each require specific planning and adaptation.



6. Build for Adaptation, While Preserving Core Elements

Takeaway: Balance flexibility and fidelity. Allow local teams to adapt components to their setting, but clarify the core parts of the program that must stay consistent to retain effectiveness.



7. Prepare for Complexity and Iterative Learning

Takeaway: Expect a learning curve—especially in pragmatic trials or first-time implementation. Build in reflection checkpoints, and treat problems as learning opportunities, not failures.



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Questions?

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Supplemental Materials



Results – Determinants by Program Type

- Pilots and demonstration project experienced many of the same determinants (13 determinants w/ similar influences)
- Additional results:
- BOTH *Same Direction*: Individuals Partner Opportunity (Mixed) & Motivation (Facilitator)
- BOTH *Opposite Direction*: Inner Setting Structural (Pilot Facilitator) (Demo Barrier)

Results–Determinants by Setting

Similarities across 4 settings:

Facilitator: Individual Lead: Capabilities

Mixed: Process: Innovation

Barrier: Outer Setting: Critical Incidents

:

Results–Determinant by Setting

Distinctions across 4 settings:

Primary Care: **Facilitator:** Individuals: Lead Motivation, Recipient: Capabilities and Opportunity; Process: Planning

LTC: **Facilitator:** Outer Setting: Financer/Funder

All Other: **Facilitator:** Inner Setting: Mission Alignment, Team: Opportunity, Process: Innovation Adapting

Mixed: Innovation: Complexity

Implementation Progress at 6-months



Recruitment and enrollment were challenging



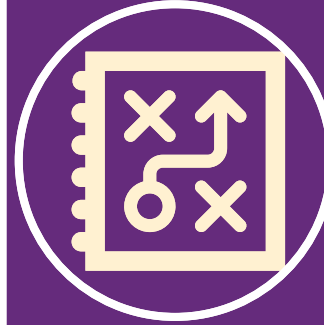
Timelines were delayed due to regulatory and logistical challenges



Leadership and partner engagement were necessary



Flexibility is required to make implementation progress



Site variation in infrastructure, staffing, and referral systems



Early planning, piloting, and IT involvement were useful



Progress was made including completion of interviews, positive feedback from clinicians, or intervention continuity



Implementation Progress at 12-months

- Many programs made progress and/or met goals-results varied
- Staffing instability and turnover were a threat
- Regulatory and logistical delays for some persisted
- Recruitment and engagement required additional strategies
- Feasibility was context-dependent
- Tension between standardization vs. pragmatic approaches
- Fidelity tracking and outcome measurement- What are the “right” metrics for early work?

