Adapting Guideline Implementation to Local Environments (AGILE)

A decision support tool to overcome local barriers to change

For more information contact

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Overview

- **Why:** To support implementation projects by balancing standardization with the local needs of different sites.

- **Key Message:** Drawing from engineering approaches:
  - One-size-fits-all and to-each-their own are not the only two kinds of solutions for implementation.
  - Configurable solutions give menus of options and let users finish the design to meet their needs.

Details

Why balance standardization and local needs:

- If change implementation doesn't fit local needs:
  - Lower impact, adoption, and sustainment
  - May increase health equity gap
- Tailoring implementation strategies to fit local needs
  - Helps clinics adopt and sustain change that fits
  - **But** is time-consuming and expensive

Drawing on configurable solutions used in engineering:

- Provides a mechanism to reduce the time and cost required for tailoring.
- By giving menus of options of barriers linked to matching strategies
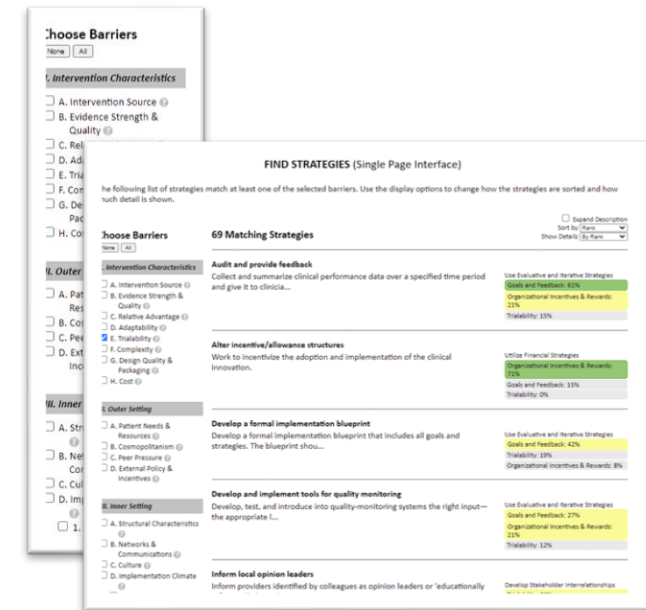
Matching local barriers with helpful strategies

SELECT BARRIER

SUGGESTIONS

CHOOSE STRATEGIES

Based on the published CFIR-ERIC mapping study
(Waltz et al. 2019)

Based on known barrier as in the Consolidated Framework for Implementation Research (CFIR) (Damschroder et al. 2009)

Based on known strategies as in the Expert Recommendations for Implementing Change (ERIC) (Powell et al. 2015)

AGILE Platform Overall

- Live tutorial walkthrough

Example with PrEP Implementation (from ISCI)

BARRIERS IN THE INNER SETTING DOMAIN - CIS-GENDER WOMEN IN NON-HIV CLINICAL CARE SETTING

Determinant	CFIR construct	Study participants - deliverers
Difficulty of providing consistent training to rotating residents and medical students and newly hired staff	Access to knowledge & inform.	Providers and staff
Lack of institutional clinical guidelines	Available resources	Providers and staff
Staffing and time constraints	Available resources	Providers and staff
Lack of time during patient visits	Available resources	PrEP prescribers
Time required for providers to communicate the importance of adherence	Available resources	HIV specialists or generalists
Time required for providers to counsel PrEP users on sexual risk reduction	Available resources	HIV specialists or generalists
Time required for providers to monitor PrEP use and adherence	Available resources	HIV specialists or generalists
Lack of belief that PrEP education is almost always or always essential in HIV prevention counseling	Compatibility	PrEP prescribers
Importance of addressing the patient's primary reason for the visit (vs. HIV prevention)	Culture	Providers and staff
Lack of sensitivity to the emotional needs of patients seeking abortion	Culture	Providers and staff
Limited woman-centered patient education materials	Culture	Providers and staff
Competing priorities during clinical encounters	Relative priority	Providers and staff

AGILE Platform for PrEP Implementation

- Live tutorial walkthrough

How to get an AGILE login

- tinyurl.com/agilelogin

Funding and Partners

Patient Advisors
- WINRS
- CARDS
- Goodman Community Center

Research collaborators
- Kirsten Rindfleisch
- Olayinka Shiyanbola
- Elizabeth Cox
- Patrick McBride

Software development
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- Susan Nordman-Oliveira

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- Kirsten Rindfleisch
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- Wingra Staff

Trainees
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- Luke Valmadrid
- Aisha Khan

UW Health
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- Sandy Kamnetz
- Matt Swedlund
- John Hawkins
- Primary Care (PCLC)
- Population Health

Scalability planning
- WREN
- WCHQ
- WiNHR
- MetaStar
- ICTR D&I Launchpad
- UW HIP
- AIDS ISCI/CFAR/EHE
- Cancer Cessation C3I

Advice
- Maureen Smith
- Pascale Carayon
- Bruce Barrett
- Randy Brown
- Bill Schwab
- Val Gilchrist
- Rachel Grob
- John Frey
- John Beasley
- Jon Temte
- Christie Bartels
- Chris Crnich
- Andrew Quanbeck
- Jane Mahoney
- Byron Powell
- Maichou Lor
- **AND YOU!**

References

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