I have no conflicts of interest to report
Learning Objectives

1. Upon completion of this session, participants will be able to:

2. Describe the principles of Designing for Dissemination, Sustainability, and Equity (D4DSE): beginning with the end in mind, ensuring innovation-context fit, and planning for active dissemination

3. Identify frameworks and methods useful for designing and disseminating a range of research products from a D4DSE perspective

4. Describe the phases of the Fit to Context Framework for D4DSE and its application to a case example
Barriers to Dissemination and Sustainability

- Poor fit between health innovations and intended context for use
- Research paradigms used to develop and test programs
- Cultures and systems that fail to incentivize and support active dissemination and translation of evidence into practice
Designing for Dissemination and Sustainability (D4DS)

Principles and methods for:

Enhancing the fit between a health program, policy, or practice and the context in which it is intended to be adopted
Early and active dissemination and sustainability planning.

Designing for dissemination
The process of ensuring that the products of research are developed to match the contextual characteristics of the target audience and setting for intended use

Designing for sustainability
Early planning and design processes designed to increase the likelihood of sustainment of an evidence-based program or practice after initial implementation

Designing for Dissemination and Sustainability to Promote Equitable Impacts on Health
Designing for Equity

Principles of D4DS

1. Beginning with the end in mind
2. Ensuring innovation-context fit
3. Planning for active dissemination and sustainment
Beginning with the end in mind
Intended Audience and Level of Impact

Adopters
Influencers
Saboteurs
### The products of research: What is being designed for dissemination and sustainability?

<table>
<thead>
<tr>
<th>Evidence</th>
<th>Programs, Treatments, Interventions, and Services</th>
<th>Technology and Infrastructure</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The generalizable knowledge resulting from the conduct of research and evaluation</td>
<td>• Health promotion and/or disease prevention or educational programs, interventions, initiatives, treatments, or services</td>
<td>• Devices, software, hardware, web-based and other tools and equipment for disease prevention or management, research, evaluation, or educational purposes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dissemination and Implementation Strategies</th>
<th>Policy and Guidelines</th>
<th>Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Methods, approaches, guides, or materials, for dissemination, implementation, and sustainment of effective, equitable, and efficient public health and health care practices in real world settings</td>
<td>• Local and/or national public health and health care guidelines, standards, and policies emerging from the evidence base</td>
<td>• Research and evaluation techniques, instruments, tools, models, measures and/or equipment</td>
</tr>
</tbody>
</table>

**Designing for Dissemination and Sustainability to Promote Equitable Impacts on Health**
Ensuring Innovation-Context Fit
Innovation-Context Fit: System Capacity and Organizational Readiness

Implementation Science

Debate

A theory of organizational readiness for change

Bryan J Weiner

Address: Department of Health Policy and Management, Gillings School of Global Public Health, University of North Carolina Chapel Hill, Chapel Hill, North Carolina, USA
Email: Bryan J Weiner - bryan_weiner@unc.edu

Published: 19 October 2009
Received: 20 March 2009
Accepted: 19 October 2009

This article is available from: http://www.implementationscience.com/content/4/1/67
Dissemination

- An active approach of spreading evidence-based interventions to the target audience via determined channels using planned strategies.

Diffusion curve

Planning for Active Dissemination: Six-Step Dissemination Framework

- Describe the innovation, rationale, and evidence base
- Identify the intended audience and the sequence, timing, and format for dissemination
- Select the communication channels
- Determine the role of key policymakers and partnerships
- Identify the barriers and facilitators for dissemination
- Research and evaluate the dissemination process.

Fit to Context Framework for D4DS

Four-phase process framework

Considers design of a research product and dissemination and sustainability plans from the perspective of ensuring fit to context

Products being designed are:
- Culturally appropriate
- Feasible for use in resource-limited settings
- Align with the strengths and assets of the intended audience and setting
- Impact outcomes that matter to communities and partners

Fit to Context (F2C) Framework for Designing for Dissemination

Design Processes

- Participatory co-design and community partner engagement
- Application of D&I theories and frameworks
- Marketing and business approaches
- Context and situation analysis
- Systems, engineering and complexity science approaches
- Communication and the arts

The methods, frameworks or approaches used to develop and test the research product; product messages, packaging, and distribution plans; and sustainability plans

Who to engage? 7Ps Framework for Engagement

Patients and the public

Providers

Policymakers

Purchasers

Payers

Product makers

Principal investigators

The ENGAGEMENT NAVIGATOR Webtool
DICEmethods.org | Dissemination, Implementation, Communication, and Engagement
A guide for health researchers
Using Design Thinking Methods to Create a Stakeholder Engagement Method Navigator Webtool for Clinical and Translational Science

**Purpose:** The Stakeholder Engagement Navigator is an interactive webtool designed for use by researchers. It was created to help researchers choose engagement strategies while considering budget, timeline, stakeholder availability, and team expertise.

**Stage 1:**
- Review literature
- Conduct environmental scan
- Coordinate consults
- Host workshops
- Conduct ethnography

**Stage 2:**
- Clarify core needs and problems
- Conduct method review and classification
- Determine user perspectives on classification

**Stage 3:**
- Develop educational content
- Prioritize webtool features
- Storyboard website

**Stage 4:**
- Develop prototype
- Start user testing
- Begin web development
- Conduct Think Aloud testing
- Incorporate feedback


https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8596067/

@BethanyKwan
@MatthewWynia
INTRODUCTION TO STAKEHOLDER ENGAGEMENT

Stakeholder Engagement Navigator Webtool: Introductory Video
Stakeholder Engagement Education Hub

Welcome to our Stakeholder Engagement Education Hub! This is your home page for accessing our educational content related to stakeholder engagement.

THE BASICS
Getting started with stakeholder engagement

- What is stakeholder engagement?
- Why engage stakeholders?
- Need for more research on stakeholder engagement
- What are the core principles of stakeholder engagement?
- How to identify stakeholders and establish their roles

A DEEPER DIVE
After reviewing the basics, develop a more comprehensive understanding of stakeholder engagement

- What is the difference between a stakeholder engagement approach, method and tool?
- Explore engagement approaches for your project
- Use the Stakeholder Engagement Selection Tool

ABOUT THE WEBSITE
Learn about the purposes and goals behind the website and how the Stakeholder Engagement Selection tool was developed

- Background and development of the Stakeholder Engagement Selection Tool
- Web organizing framework
Welcome! The purpose of this tool is to help your team select the most appropriate engagement method or tool for your particular project.

Before using the tool, consider the following:

- **Purpose**: What do you hope to achieve through stakeholder engagement?
- **Budget**: What budget do you expect to have for your engagement activities?
- **Number of Interactions**: Over what period of time do you expect to engage your stakeholders?
- **Time per Interaction**: How much time do you expect from your stakeholders in any given interaction?
- **Staffing/expertise**: What types of staffing and expertise are available to you?
STAKEHOLDER ENGAGEMENT NAVIGATOR
DICEmethods.org | Dissemination, Implementation, Communication, and Engagement
A guide for health researchers

Home  >  Stakeholder Engagement Selection Tool  >  Research Stage Selection  >  Engagement Purpose Selection  >  Refinements and Results Page

Your chosen research stage(s): Planning
Your chosen purpose(s) of engagement: Develop research questions relevant to stakeholders

Use the sliders to further refine your search. You may use the sliders to set a range or to select one point.

After adjusting sliders, click on highlighted strategies below to discover more.

- 25/19 CROWDSOURCING
- APPRECIATIVE INQUIRY
- CITIZEN JURIES
- COMMUNITY ENGAGEMENT STUDIO
- CONCEPT MAPPING
- CONVERSATION CAFE
- DELIBERATIVE POLLING
- DELPHI TECHNIQUE
- DISCOVERY AND ACTION DIALOGUES
- FOCUS GROUPS
- HUMAN-CENTERED DESIGN
- KEY INFORMANT INTERVIEWS
- NOMINAL GROUP TECHNIQUE
- ONLINE COLLABORATIVE PLATFORMS
- ONLINE COMMUNITIES
- TOWN HALL MEETING
- USER EXPERIENCE FISHBOWL

The Stakeholder Engagement Navigator is a service of the Data Science to Patient Value Initiative at the University of Colorado Anschutz Medical Campus

About us | Find us on Facebook
Deverka's Conceptual Model for Stakeholder Engagement in Comparative Effectiveness Research

Deverka's Conceptual Model for Stakeholder Engagement in Comparative Effectiveness Research was adapted from the analytic-deliberative process framework used originally in making decisions regarding environmental risk. Deverka et al. adapted the model for stakeholder engagement in the context of comparative effectiveness research (CER). The model equally balances evidence collection with deliberation by stakeholders in arriving at decisions and recommendations. The model also demonstrates that the relationship between analysis and deliberation is bidirectional and is an iterative process in which analysis can be used to provide information for deliberation and deliberation can be used to determine the focus of analysis.

<table>
<thead>
<tr>
<th>Budget (e.g., personnel, space, equipment)</th>
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Human-Centered Design

Human-Centered Design is a strategy that puts stakeholders first and can be used for any aspect of health research from determining a study question to effective recruitment, retention, dissemination. It can also be used to help design study interventions or product/solution design. While Human-Centered Design is a highly adaptable approach, most include stakeholders in the following three phases: 1) Listening/Brainstorming around issue or question 2) Coming to consensus on a method/question/solution to test 3) Testing method/question/solution 4) Seek feedback and repeat steps one and two until researchers and stakeholders are satisfied that original purpose of engagement has been achieved.

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Stakeholder Panel / Advisory Group

Stakeholder panels or advisory groups provide a forum for patients, community members, and other stakeholders to inform the development and alternatives for a research project.

Advisory group members will advise and ensure the exchange of information by:
- Providing feedback to researchers regarding the importance and feasibility of research protocols.
- Providing a "founding board" for research ideas and research/community partnerships.
- Facilitating connections between community and academic researchers.
- Making recommendations to researchers at key milestones, including identifying a preferred alternative.

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Community Engagement Studios

Community Engagement Studios (CE Studios) are a model of engagement where community members or patients are consulted as stakeholder experts, rather than research participants. Modeled after the Clinical and Translational Research Studio, CE studios consist of a brief presentation from the researcher who presents 2-3 questions to the stakeholder group to elicit input on their project. These sessions are consultative in nature and are designed to ensure that the stakeholders are comfortable sharing their experiences and opinions.

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Application of Dissemination and Implementation Science Process Frameworks
Context and Situation Analysis

- A formal assessment of the audience, needs, setting, workflows, processes, policies, resources, and systems in which a health innovation is intended to be used.

Marketing and Business Approaches

Multi-stage development process: (1) problem-solution fit; (2) product-market fit; and (3) business model fit
Systems Science

- Systems thinking: The process of understanding how things influence one another within a whole (Rabin & Brownson, 2017)

- Complex adaptive systems with system dynamic mapping

---

Communication and the Arts

• Social marketing

  • “a social influence technology involving the design, implementation and control of programs aimed at increasing the acceptability of a social idea or practice in one or more groups of target adopters” (Kotler and Roberto, 1989).

• Audience Segmentation
Arts-Based Knowledge Translation and Graphic Design
What is D4DS?

D4DS refers to a way of ensuring that “the product” (interventions, policy, evidence) of our work solves a problem and fits the context in which it is intended to be adopted.

D4DS focuses on engaging partners in design to ultimately increase adoption, sustainability, and impact on health and health equity.

https://app.d4dsplanner.com/
Education HUB

Search by title

General information

Identify Partners

Dissemination and stakeholder engagement practices among dissemination & implementation scientists: Results from an online survey

Equitable Implementation Guide

Evaluating the public health impact of health promotion interventions: the RE-AIM framework

Identifying and Analyzing Stakeholders and Their Interests

New taxonomy for stakeholder engagement

Partner engagement navigator tool (Dicemethods.org)
An Extension of RE-AIM to Enhance Sustainability: Addressing Dynamic Context and Promoting Health Equity Over Time

Beginning With the End in Mind: Contextual Considerations for Scaling-Out a Community-Based Intervention

Context matters in implementation science

Diffusion of Innovations Systematic Review

From Start-Up to Scale-Up of a Health-Promoting Intervention for Older Adults: The Choose to Move Story

Making sense of complexity in context and implementation

Understanding contexts: how explanatory theories can help
Education HUB

Confirm and Co-design Your Product

Design Thinking

Design Thinking Bootleg Resources

Developing your value proposition: A step-by-step guide for behavioral health providers

Evaluating the public health impact of health promotion interventions: the RE-AIM framework

New approaches for disseminating public health science

Strategyzer Value Proposition Canvas

Understanding value in a healthcare setting: An application of the business model canvas
Develop Dissemination Plan

Dissemination Planning Workbook

Dissemination table

Knowledge translation strategies for dissemination with a focus on healthcare recipients: an overview of systematic reviews

New approaches for disseminating public health science

PCORI D&I Toolkit

Perspectives of scientists on disseminating research findings to non-research audiences

Sample dissemination plan for grant application
Plan for Sustainability

Developing a comprehensive definition of sustainability

Development of a Health Information Technology Tool for Behavior Change to Address Obesity and Prevent Chronic Disease Among Adolescents: Designing for Dissemination and Sustainment Using the ORBIT Model

Development of a Health Information Technology Tool for Behavior Change--Case Example

Evaluating the public health impact of health promotion interventions: the RE-AIM framework

From Start-Up to Scale-Up of a Health-Promoting Intervention for Older Adults: The Choose to Move Story

Measurement of sustainment of prevention programs and initiatives: the sustainment measurement system scale

Navigating the sustainability landscape: a systematic review of sustainability approaches in healthcare
Welcome to the D4DS Action Planner.
- The planner includes action items with content and activities that are designed to be completed collaboratively over time. Hover over the action items below and click to learn more.
- Log-in to save your work and download a D4DS action plan for your project.
- You can learn more about D4DS on the Home Page or in the Education Hub.
- To learn more about the action planner watch the video below.

Empathize and Outline the Problem

It is important that you design a product that your target audience cares about. In this activity you will engage your partners to generate a Value Proposition that clearly communicates your product’s benefits from the perspective of your target audience. In research, we may use a value proposition to communicate the value of our research to our partners, funding agencies, and the general public. A compelling value proposition is:

1. Specific: What are the specific benefits your audience will receive?
2. Responsive to barriers: How will the product solve a problem for your audience?
3. Exclusive: How is it both desirable and exclusive? How well does it highlight how your product is different/innovative compared to other products?
About this Action Item

This activity will provide key questions to help your team think broadly about characteristics of people, relationships, your product, and the environment that may influence your ability to reach your target audience and sustain impact. The goal is to help you and your partners consider the multilevel nature of the context that can impact how you share, adopt, use and benefit from the product over time. You should consider both factors that support and those that may interfere or create challenges.

Cue to equity

Structural racism and discrimination may be large forces affecting the context and the potential success of the work that you do with the community. Be explicit in examining these, as well as other social determinants of health. If possible, address these in your work.

Additional Resource:
- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9978828/

Brainstorm

You must select or add a project before you can complete this Action item.

Dive deeper
Designing for dissemination and sustainability case example
• Cluster randomized pragmatic trial (Hybrid implementation-effectiveness type 2)

• Comparative effectiveness of patient-driven vs standardized diabetes shared medical appointments (SMAs)
  • Are there added benefits of a multidisciplinary care team including behavioral health and peer mentors, and tailoring curriculum to patient preference and priorities?

• Funded by PCORI Improving Healthcare Systems Award (MPIs: Kwan & Waxmonsky)

• Patient and practice representatives engaged in research prioritization, design, conduct, and dissemination

• RE-AIM framework guided mixed methods evaluation

Principles of D4DS

Beginning with the end in mind

Ensuring innovation-context fit

Planning for active dissemination and sustainment
Beginning with the End in Mind: Patient & Clinical Partner Engagement

Boot Camp Translation is a series of in-person and phone meetings with community members about a health topic. The first meeting includes a detailed presentation with evidence-based guidelines and recommendations from an expert on the topic in question, and after this presentation participants and skilled moderators begin working to decide what about the health issue their community needs to know and how to best to address the issue.

- **Budget** (e.g. personnel, space, equipment)
  - Low
  - Medium
  - High

- **Time per interaction**
  - An hour or less
  - Half a day
  - A full day

- **Number of interactions**
  - 1-2 times
  - Appx. 5 times
  - 10+ times

Health Service Research

**Stakeholder engagement in diabetes self-management: patient preference for peer support and other insights**

### Shared Medical Appointment (SMA) Features of Interest to Patient and Clinical Partners

<table>
<thead>
<tr>
<th>Features</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multidisciplinary care team</td>
<td>SMAs have “guest speakers” representing clinical and behavioral health specialties</td>
</tr>
<tr>
<td>Peer support</td>
<td>Peer mentors co-facilitate SMAs and work with patients one-on-one</td>
</tr>
<tr>
<td>Whole-person orientation</td>
<td>SMA curriculum includes health behavior change and mental health content</td>
</tr>
<tr>
<td>Patient-driven content and structure</td>
<td>Modular curriculum with topics selected by SMA participants and patient-driven care team and family involvement</td>
</tr>
<tr>
<td>Focus on patient-centered outcomes</td>
<td>Diabetes distress, quality of life, self-management behaviors, SMA participation</td>
</tr>
</tbody>
</table>
Pragmatic Trial of Comparator SMA Models

Enhanced Replicating Effective Programs Framework

Enhancing Innovation-Context Fit

Pre-conditions

Pre-implementation

Implementation

Facilitation

Maintenance/ Evolution

Implementation and Adaptation to Enhance Fit to Context

Delivering diabetes shared medical appointments in primary care: early and mid-program adaptations and implications for successful implementation

Andrea Nederfeldt\textsuperscript{1,2}, Phoutdavone Phimphasone-Brady\textsuperscript{3}, Dennis Gurfinkel\textsuperscript{1}, Jeanette A. Waxmorsky\textsuperscript{1,3}, Bethany M. Kwan\textsuperscript{1,4,5} and Jodi Summers Holtrop\textsuperscript{1,3}

Methods for capturing and analyzing adaptations: implications for implementation research

Jodi Summers Holtrop\textsuperscript{1,3,\#}, Dennis Gurfinkel\textsuperscript{1}, Andrea Nederfeldt\textsuperscript{1}, Phoutdavone Phimphasone-Brady\textsuperscript{3}, Patrick Hosokawa\textsuperscript{2}, Claude Rubinson\textsuperscript{4}, Jeanette A. Waxmorsky\textsuperscript{1} and Bethany M. Kwan\textsuperscript{1,4,5}

\# Corresponding author: jodi.holtrop@uta.edu

Iterative Adaptation to Fit Context
RE-AIM: Maintenance/Sustainment

Qualitative Interviews with Practice Staff and Leadership
Post-Implementation interviews
79 interviews completed
37 Standardized practices
42 Patient-driven practices

Strong desire to continue SMAs
High need for diabetes education
Satisfaction with the TTIM curriculum
Successful facilitation

Varying levels of adaptation planned once no “research protocol”
Likely will not continue peer mentors
Cultural adaptations to content
Tailoring to facilitator comfort and expertise
Class size

Key sustainability issues
Payment for SMAs
Finding enough patients both interested and able to attend
Practice staff turn-over and competing demands, exacerbated by the COVID-19 pandemic
Prescribing provider visits require patient co-pays and additional coordination

### Outcomes

**Reach**  IMPACT OF THE STUDY

- **1085** Patients enrolled
- **148** Total cohorts launched
- **888** Classes taught
- Practices had an average of **7** patients per cohort
- Patients attended an average of **4 of 6** sessions

### Overall Clinical Outcomes

<table>
<thead>
<tr>
<th></th>
<th>BEFORE SMAs</th>
<th>AFTER SMAs</th>
</tr>
</thead>
<tbody>
<tr>
<td>HbA1c</td>
<td>8.3%</td>
<td>7.8%*</td>
</tr>
<tr>
<td>BMI</td>
<td>33.9</td>
<td>33.7</td>
</tr>
<tr>
<td>BP</td>
<td>129.5/77.6</td>
<td>129.6/77.2</td>
</tr>
</tbody>
</table>

Across all practices, patients with HbA1c <7% rose from 232 to 319, and patients with HbA1c >9% fell from 238 to 179.

*HbA1c reduction of 0.5% was statistically significant (p<0.05). Changes in BMI and BP were not statistically significant. Differences between conditions were not statistically significant.

### Overall Diabetes Distress

<table>
<thead>
<tr>
<th></th>
<th>BEFORE SMAs</th>
<th>AFTER SMAs</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL DISTRESS*</td>
<td>2.2</td>
<td>2.1</td>
</tr>
<tr>
<td>Emotional Burden*</td>
<td>1.9</td>
<td>1.8</td>
</tr>
<tr>
<td>Healthcare Navigation-related Distress</td>
<td>2.5</td>
<td>2.6</td>
</tr>
<tr>
<td>Regimen-related Distress*</td>
<td>2.1</td>
<td>1.8</td>
</tr>
<tr>
<td>Interpersonal Distress</td>
<td>1.5</td>
<td>1.3</td>
</tr>
</tbody>
</table>

All reductions in distress after SMAs were statistically significant (p<0.05)

*Patients in the standardized condition had improvements that were statistically significant for Total distress, Emotional burden, and Regimen-related distress (p<0.05)

<table>
<thead>
<tr>
<th>Dissemination Message</th>
<th>Dissemination Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Audience:</strong> People living with type 2 diabetes and their care partners</td>
<td></td>
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</tbody>
</table>
## Dissemination Planning

<table>
<thead>
<tr>
<th>Dissemination Message</th>
<th>Dissemination Strategy</th>
</tr>
</thead>
</table>
| **Audience:** Practices/Providers | **Infographics handouts** of study outcomes for each study practice  
**Sustainability planning** within each participating study practice with practice coach  
**Presentations and slide decks** to each practice reviewing study outcomes (general and practice specific)  
**Type 2 Diabetes Shared Medical Appointments: A Primary Care Implementation Guide** (Dailey-Vail J, Wearner R, Lanigan A, Gurfinkel D, DeRoeck J, Staton EW, Kwan, BM, Waxmonsky JA. “Type 2 diabetes shared medical appointments: a primary care implementation guide.” Available at: [https://digitalcollections.cuanschutz.edu/work/ns/8f482a04-299c-4c57-8dff-1963d2779458](https://digitalcollections.cuanschutz.edu/work/ns/8f482a04-299c-4c57-8dff-1963d2779458)  
**Presentations:**  

Messages: 1) This a way to engage patients and achieve patient centeredness, 2) Informs infrastructure/ resources needs to deliver SMAs and to optimize quality of care, and 3) how to bill

- Infographics handouts of study outcomes for each study practice
- Sustainability planning within each participating study practice with practice coach
- Presentations and slide decks to each practice reviewing study outcomes (general and practice specific)
- Type 2 Diabetes Shared Medical Appointments: A Primary Care Implementation Guide (Dailey-Vail J, Wearner R, Lanigan A, Gurfinkel D, DeRoeck J, Staton EW, Kwan, BM, Waxmonsky JA. “Type 2 diabetes shared medical appointments: a primary care implementation guide.” Available at: [https://digitalcollections.cuanschutz.edu/work/ns/8f482a04-299c-4c57-8dff-1963d2779458](https://digitalcollections.cuanschutz.edu/work/ns/8f482a04-299c-4c57-8dff-1963d2779458)
- Presentations:
Dissemination Planning

<table>
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<tbody>
<tr>
<td><strong>Audience: Local and Regional Networks and Organizations</strong></td>
<td><strong>Conference Presentations (Regional and Local)</strong></td>
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</table>
| Messages: 1) Use of SMAs to increase patient engagement and clinical outcomes, 2) Use of patient driven SMAs with a multidisciplinary team to enhance patient engagement and clinical outcomes (if our findings support this), and 3) Implications for policy, workforce development, integrated care and alternative payment models | 1. “Training diabetes peer mentors as members of health care teams for diabetes groups visits: the Invested in Diabetes study.” the SNOCAP Annual Convocation, Lakewood, Colorado. (oral) | September 20, 2019  
Dissemination and Sustainability Planning

Invested in Diabetes Implementation Guide.

Targeted Training in Illness Management Curriculum and Instructor Materials

Instructor Materials

Diabetes SMA Implementation Guide

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<tr>
<td>Why Offer Shared Medical Appointments?</td>
<td>4</td>
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<tr>
<td>Evidence Supporting Diabetes SMA</td>
<td>4</td>
</tr>
<tr>
<td>Using the Guide to Implement Diabetes SMA</td>
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Invested in Diabetes marketing recruitment messages to invite participants to join diabetes shared medical appointments.

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You’re invited to join the
Invested in Diabetes project
Patient Advisory Panel

Be the voice — let us know what matters to you!
Our clininc is working with a research team from the University of Colorado Denver to start our
diabetes group study to learn more about our patients. We are asking patients with diabetes from our
area to come and share what you think would work best to improve care.

As an patient representative, your role will include:

✓ Attending patient advisory panel introduction meeting (1.5 hour)
✓ Attending 1 hour meeting every 6-12 months
✓ Attending 1 hour meeting every 6-12 months
✓ Providing feedback on the materials, concepts, and tools
✓ Time commitment: up to 2 years
✓ Compensation for your time

If you are interested, please call us (XXX-XXX-XXXX) or fill out the attached survey and send it in the address
box. Visit the website at InvestedInDiabetes.com
Helping address: [Patient Name], 123 Fake St, Anonomous, CO 88888

for more information please email investigategroup@investedin.org or call XXX-XXX-XXXX

A Guide to Engage Patient Partners in Health Research

Lessons Learned From the Invested In Diabetes Project

Remona Karen, Thomas Car槠en, Sharon A Toxillo, Barbara Clay, David Downer,
and the Invested in Diabetes Research Team
UNIVERSITY OF COLORADO ANSCHU MEDICAL CAMPUS

TRUST

COMMUNICATION

ACKNOWLEDGEMENT

- Building trust is important – allow enough time to be hit and ask questions.
- More often than not, understand what you are talking to you in the first place.
- Make sure patient partners are respected for their entire roles.
- Understand what they may be expected for the next two meetings.
- Navigating feedback and questions (if any) they do not understand something.

- Communicate frequently to ensure everyone understands what is happening in the project.
- Attend all meetings.
- Join phone conferences and meetings with the partner and group.
- Include them in group emails to the team.
- Ask for feedback outside of meetings via email or phone.

- Provide continuous encouragement to share their unique stories and experience throughout the project (and (or) the project).
- During the project, meet with the team and share feedback.
- Attend all project meetings and share feedback.
- Communicate frequently to ensure everyone understands what is happening in the project.
- Attend all meetings.
- Join phone conferences and meetings with the partner and group.
- Include them in group emails to the team.
- Ask for feedback outside of meetings via email or phone.
The Team

The Invested in Diabetes team included experts, partners, and professionals from across the country.

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Questions?

Thank you!

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