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GAMIAN-Europe
European Research project

ImpleMentAll

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Dear reader,

Welcome to first 2018 edition of the ImpleMentAll (IMA) newsletter. Like with other GAMIAN-Europe newsletters related to EU-funded research projects, we aim to provide the project information from the patients' perspective, using tailored and accessible language.

We hope you will enjoy reading this edition and welcome any comments, suggestions and contributions at assistant@gamian.eu

The Editorial Team

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REFRESH:

ImpleMentAll's objectives:

1. **To develop a generic Integrated theory-based framework for intervention, tailoring strategies (the 'ItFits'-toolkit) for data-driven tailored implementation of evidence-based eHealth services.**
2. **To** demonstrate the impact of the ItFits toolkit on the implementation of eHealth for common mental disorders (internet-based Cognitive Behaviour Therapies) in 9 European countries (2 of which are low and middle-income countries), and Australia.
3. To disseminate the validated toolkit in various healthcare contexts across Europe

IMA (External) Advisory Board's first meeting

The IMA Advisory Board held its first meeting on 31 October. This was a fruitful meeting: the highly committed and competent Advisory Board engaged in useful discussions and is already proving to be a huge resource and support to the IMA. The meeting addressed the project's management structure, its scientific content and implementation as well as implementation costs.

Amongst the 12 attendees was Simone Gynnemo representing the patient view. At this stage of the project, the patient's contribution is still low but will increase as the project develops.

Three public deliverables

During the first year, three deliverables have been published; these can now be read and downloaded here.
A summary of these reports can be found below.

Implementation plans

This document provides a general description of all implementation sites covering the specific iCBT service, implementation objective(s), the current implementation activities, information with respect to the stakeholders involved in the service provision and in the implementation work and the site's specific planning for the implementation work.
The ImpleMentAll project (IMA) aims to gain knowledge on tailored implementation strategies and their outcome to enhance the efficiency of the implementation of eHealth interventions. While recent research has shown that iCBT can be effective for the prevention and treatment of depression, the implementation of these services is lagging. It has become clear that current implementation efforts are often slow as well as costly. Therefore, there is a need for effective strategies for implementing iCBT in local mental health systems. Tailored implementations strategies will be developed and tested for 12 different implementation sites, their mental health contexts and iCBT services.
All services follow the principles of Cognitive Behavioural Therapy (CBT) and can thereby be considered evidence-informed, Internet-based CBT treatments (iCBT), which safeguard high-quality treatment.
These have been adapted to the local needs and restraints regarding the form of guidance, number of OTMs and duration of the treatment.
These clinical contexts differ in terms of their economic

partners, mental health care systems and legislation regarding eMental Health. Additionally, participating implementation sites have decided where in the local clinical context to implement the service (primary or secondary care), based on the local needs and capacities.
The clinical contexts can best be described by involved parties (persons and organisations) in service delivery and implementation. Most sites are involving psychologists in their services; some also engage psychotherapists and psychiatrists as well as specialised nurses in the service delivery. Referral is heavily based on either GP networks, self-referral or the support of health insurance companies. Within the implementation process, most trial sites' implementation teams consist of managers and project employees within the participating organisations themselves as well as in their GP network, local governments, insurance companies and universities.

Regarding the target groups of the clinical service, all implementation sites will be targeting adults suffering from either depression or anxiety (including somatic disorders). In addition, the document highlights potential risks which are identified and analysed elsewhere, as this analysis goes beyond the scope of the implementation plans as such.
Finally, it has become clear that most implementation sites lack an elaborate or structured strategy for implementing the iCBT service. It is therefore safe to assume that there is a need for effective implementation strategies and especially tailored implementation strategies fitting the clinical context and specific service.

Stakeholder analysis and Advisory Board plan

Already mentioned in the previous newsletter (see here), the External Advisory Board (EAB) was set up based on a stakeholder analysis identifying all relevant national and international stakeholders, both linked to as well as independent from the project partners.
The representatives of the EAB have different areas of expertise which include implementation, e-Health, psychiatry/psychology, consumer and patient organisations, healthcare management, research, policy making and IT. In the second deliverable, the stakeholder analysis and plan for the Advisory Board is described in detail, including the identification of key representatives. One issue to highlight in this newsletter is the table below, showing priority no 4 (as agreed by the project partners) to have patient/consumer representative(s) in the EAB.

CATEGORY OF EXPERTS	RANKING (1= HIGHEST PRIORITY)
Implementation experts	1
eHealth experts	2
psychiatrists, psychologists	3
Consumers, patient groups	4
Heathcare management experts	5
Researchers	6
Policy makers	7
Health economics experts	8
IT-companies and/or IT experts	9
Law and ethics experts	10

Communication plan

This document details the communication strategy and plan. It outlines the key messages form communication, the desired communication channels,

IMA's visual identity, the target groups, tools to be used and the individual communication plans for each project partner.

In summary:

The primary goals of the communication efforts are to:

- give the project high relevance and visibility in order to create awareness of its deployment;
- encourage open dialogue with relevant, non-scientific communities about the project's aims, methods and outcomes;
- communicate with other similar or complementary projects and initiatives;
- support the establishment of the project's position in the European field of innovative eHealth implementation;
- establish the project's visual identity.

The communication efforts are addressed to the following key target groups:

- policy makers and health organisations;
- healthcare authorities and providers;
- healthcare professionals and their associations;
- patients and their associations;
- other relevant projects and initiatives;
- health industry;
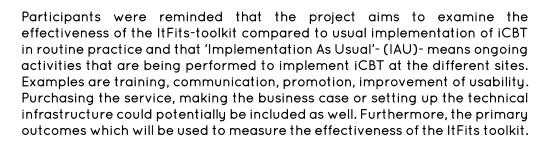- research partners;
- general public;
- press and media.

The benefits of ImpleMentAll will not only be relevant for the participating regions; this is why the project is committed to communicating and promoting the concepts of ImpleMentAll widely to make this knowledge available to other European regions and pave the way for a further roll-out of the ImpleMentAll methods/ItFits-toolkit.

3rd Consortium Meeting: Breaking down the barriers between theory and practice
Berlin, 11-12 December 2017

Claus D. Pedersen (RSD) welcomed 43 participants to the 3rd Consortium Meeting in Berlin and he addressed the main issues to be discussed during the meeting.

THE PROJECT

Participants were reminded that the project aims to examine the effectiveness of the ItFits-toolkit compared to usual implementation of iCBT in routine practice and that 'Implementation As Usual'- (IAU)- means ongoing activities that are being performed to implement iCBT at the different sites. Examples are training, communication, promotion, improvement of usability. Purchasing the service, making the business case or setting up the technical infrastructure could potentially be included as well. Furthermore, the primary outcomes which will be used to measure the effectiveness of the ItFits toolkit.

A lively discussion then took place on referral rates, completeness of use, normalisation and implementation costs. Some of the points made can be summarised as follows:

- A broad definition of IAU could be dangerous for the project;
- Not all sites fit within the definition of iCBT;
- Moreover, the services are not static; they are continually improved and/or replaced with new technology;
- There is no iCBT clinical effectiveness assessment;
- Some sites are in a decision-making phase (setting services, infrastructure, etc.) rather than in the implementation phase. For those it will be more complicated to clearly distinguish and assess the potential improvement generated by the ItFits toolkit.
- It would be interesting to map the heterogeneity between interventions as there could be an impact on uptake rate (e.g. differences between prevention and treatment), although differences between the services will not be measured (measurement will be oriented not to compare services but to assess the evolution of the service itself);
- A standardised definition of staff engaged in the project including clear indication of roles (who is going to use ItFits, who is going to fill the questionnaires) and minimum desired number of staff required;
- Collecting NoMAD every three months could be an issue in many sites; doing this collection every 6 months could be more feasible;
- Ethical approval: it is not clear if it is needed and there is concern about the time to obtain it. The toolkit is applied to the site - not to the patient. However, can results be obtained without information about the impact on patients?
- Implementation sites have to provide their input on how to define the measures - especially the uptake measures - in order to make these more precise;
- Agreement that the generic protocol is a solid base; however, this needs fine-tuning.

ItFits-TOOLKIT: PROCESS & CONTENT

The ItFits toolkit was introduced as a toolkit to be used by the 'referrers' (GPs, psychiatrists…) for tailoring local implementation activities, addressing key barriers to iCBT. The digitally accessible toolkit is based on established knowledge, theories, methods and tools that will support the iCBT implementation work through a self-guided process, supported by NCL (New Castle) team through explanatory videos, 'ask a question' facility and regular teleconference/webinars during the intervention phase. The main principles to be taken into account when using the toolkit and the four modules which make up the ItFits-toolkit (i.e. identify; match; design and apply; review) were explained in detail and examples were provided.

A qualitative study will be carried out to identify, characterise and understand the mechanisms that shape the implementation of the ItFits-toolkit, within and between settings

All discussions and presentations offered GAMIAN-Europe, in its role as patient representative, a good insight into the approach and the content of the project. This detailed knowledge makes it possible to properly monitor the project to assess the right moment for the involvement of patient organisations.

GAMIAN-Europe will be 'one of the experts' to be consulted at the appropriate time. The main aim of the work package in which GAMIAN-Europe is involved is to facilitate and engage relevant national and internationals level stakeholders and ensure that these stakeholders are included in the project throughout its development. For the optimal tailoring of the implementation intervention direct stakeholder input related to local needs of

the participating regions will be fed back to the development of the implementation strategies as well as the development of the overall framework.

From this, it is clear that GAMIAN-Europe has an important role, directly representing patients and ensuring the relevance of the project.

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