

Multilevel, Adaptive, Implementation Strategies (MAISYs)

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Data Science for Dynamic Decision-making Center
University of Michigan

Invited Presentation

Cincinnati Children's Hospital

18 Sept 2023



Super Outline

- Review: What is an intervention (e.g., an implementation strategy)?
- <u>Review</u>: Guidance on the Modern-day intervention Research Design Process, including how "optimization" fits into your research on adaptive interventions
- Dr. Almirall's MAISY Talk to be presented at Cincinnati Children's Hospital Medical Center on Sept 18 begins on Slide 38, which lists the talk's Learning Objectives.

Outline of Pre-talk Slide Deck

- Review: What is an intervention (e.g., an implementation strategy)?
- Research Design Process



Outline of Pre-talk Slide Deck

- Review: What is an intervention (implementation strategy)?
- Research Design Process

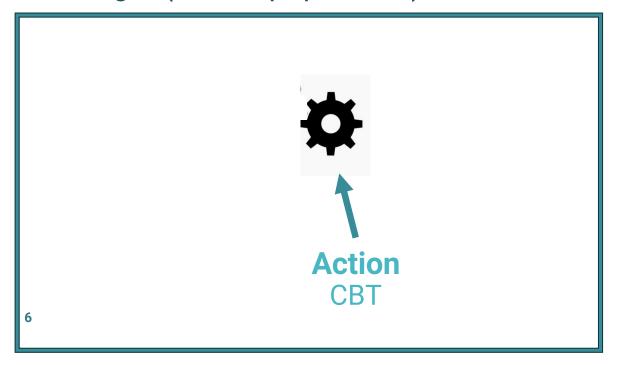




What is an Intervention? "the thing"

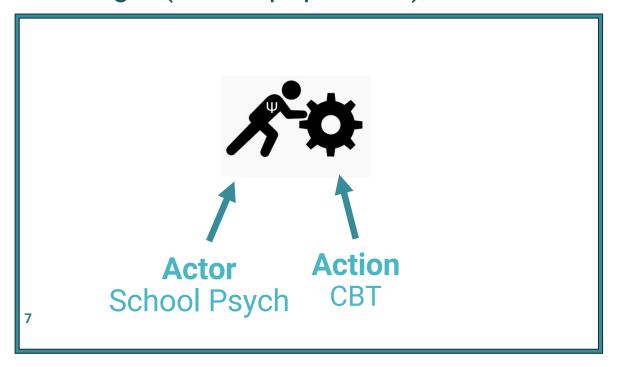




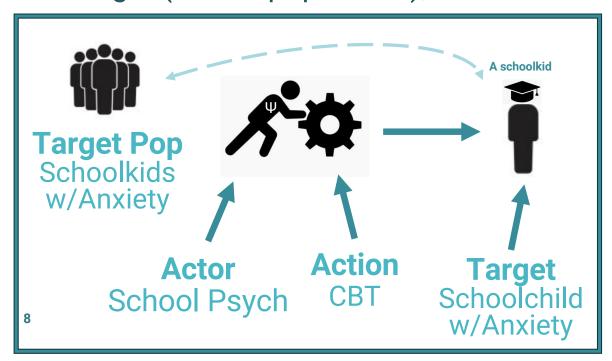






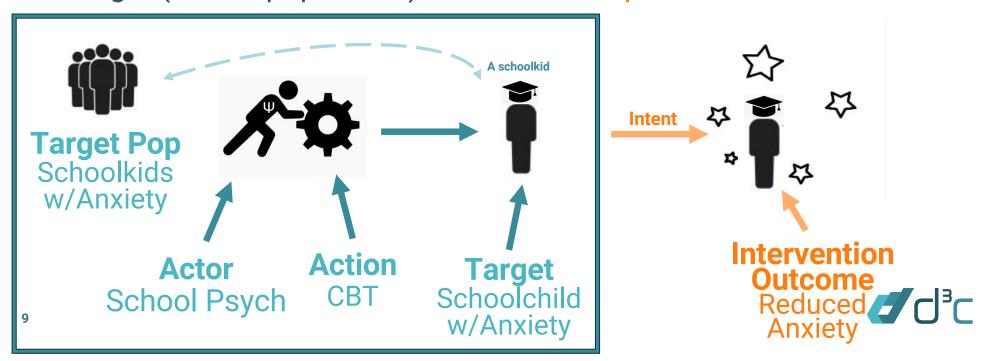






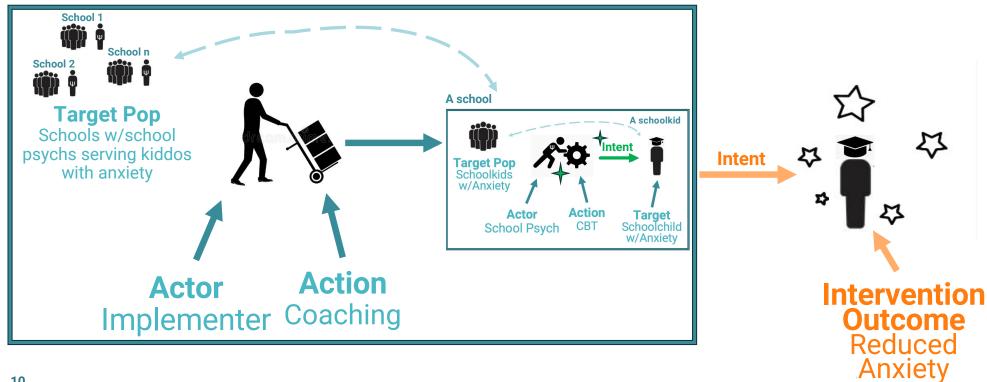








An implementation strategy is a special type of intervention

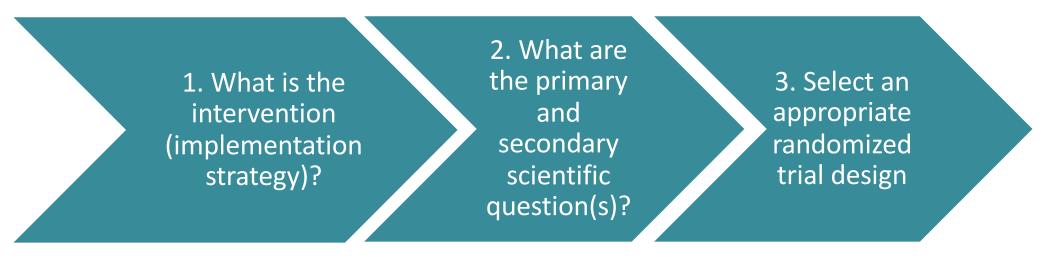


Outline

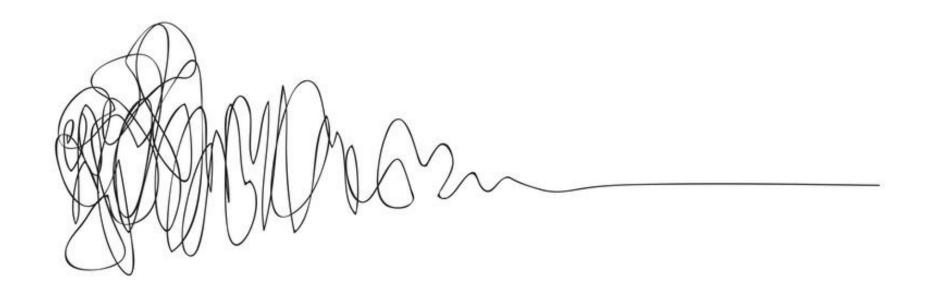
- Review: What is an intervention (implementation strategy)?
- Research Design Process



Research Design







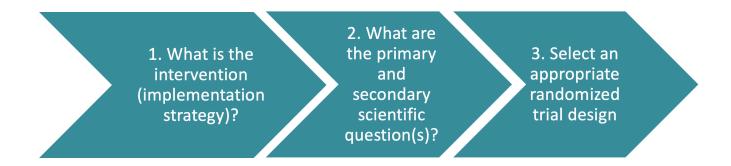
Design Squiggle by Damien Newman

Brought to my attention by Pedja Klasnja



Research Design

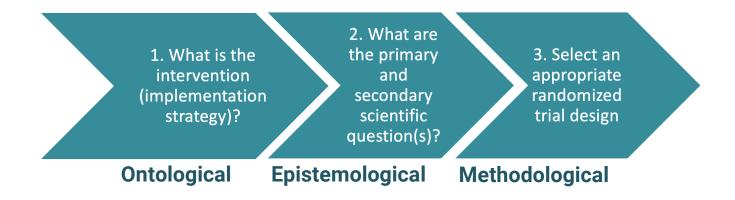
Who? PI(s), Co-I(s), domain scientist, quant scientist, stakeholders, community co-creators, ...





Research Design

Critical Realism. This idea is courtesy of Elvin Geng.







2. What are the primary and secondary scientific question(s)?

appropriate randomized trial design





Intervention Types

Single session intervention

Multicomponent Intervention

Adaptive Intervention

Just-in-time Adaptive Intervention

Multimodal Adaptive Intervention

...and so on...





? EXAMPLE

Intervention Types

Single session intervention

Multicomponent Intervention

Adaptive Intervention

Just-in-time Adaptive Intervention

Multimodal Adaptive Intervention

...and so on...





EXAMPLE

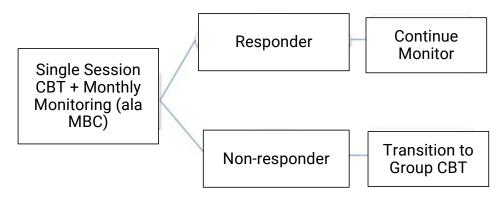
Action: Adaptive School-based CBT

Actor: School Psychologist

Target: Schoolkids with Anxiety

Population: Kids at school

<u>Outcomes</u>: To reduce anxiety --> improve academic performance







Step 1. What is the implementation strategy?

Implementation Strategy Types

Discrete implementation strategy

Multifaceted implementation strategy

Tailored implementation strategy

Adaptive implementation strategy

Multilevel adaptive implementation strategy

...and so on...



What is the intervention (implementation strategy)?

2. What are the primary and secondary scientific question(s)?

appropriate randomized trial design



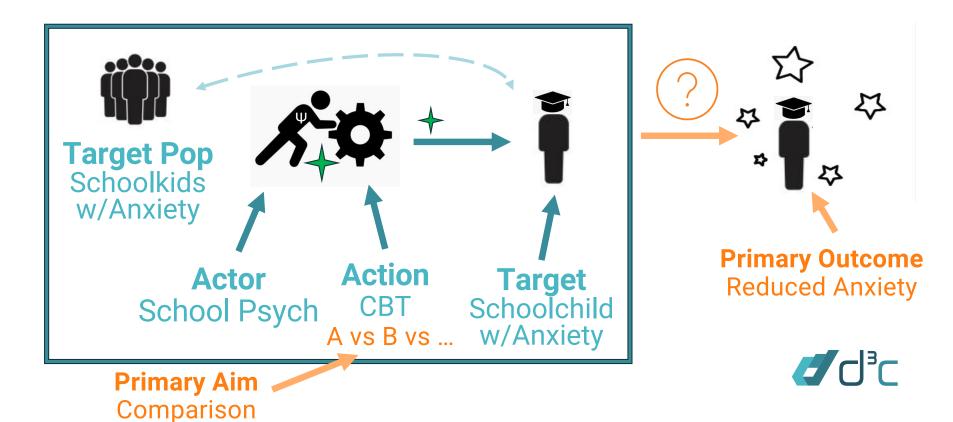
Hybrid Type

- (0) Intervention Effectiveness
- (1) Implementation Strategy-Induced Intervention Effectiveness
- (3) Implementation Strategy Effectiveness
- (2) Dual Type [(1)+(3)]



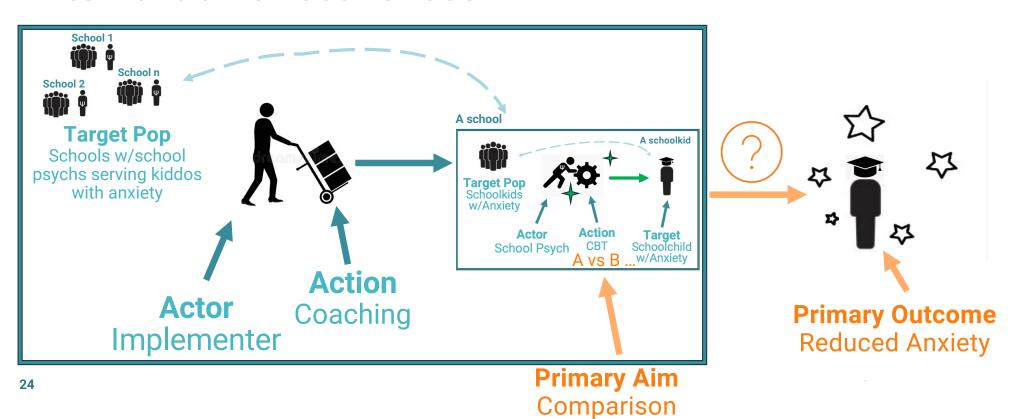


Hybrid type 0: Intervention effectiveness



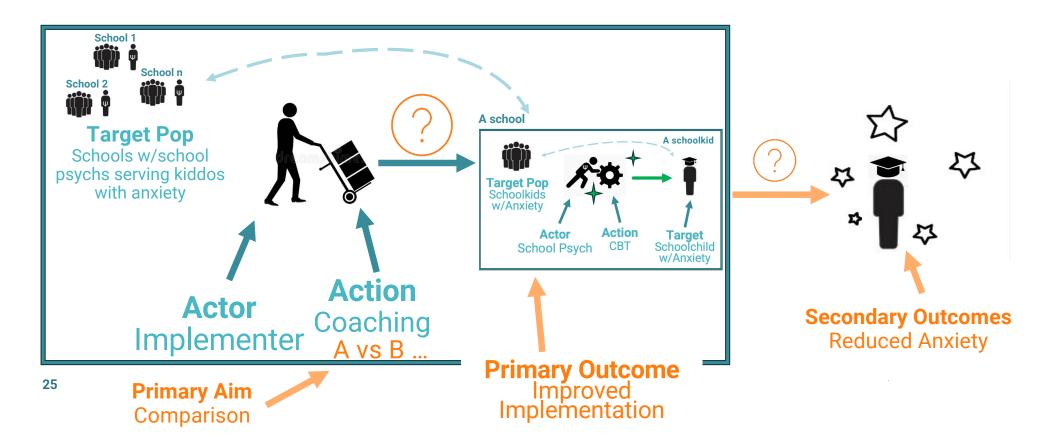


Hybrid type 1: Implementation strategy-induced intervention effectiveness





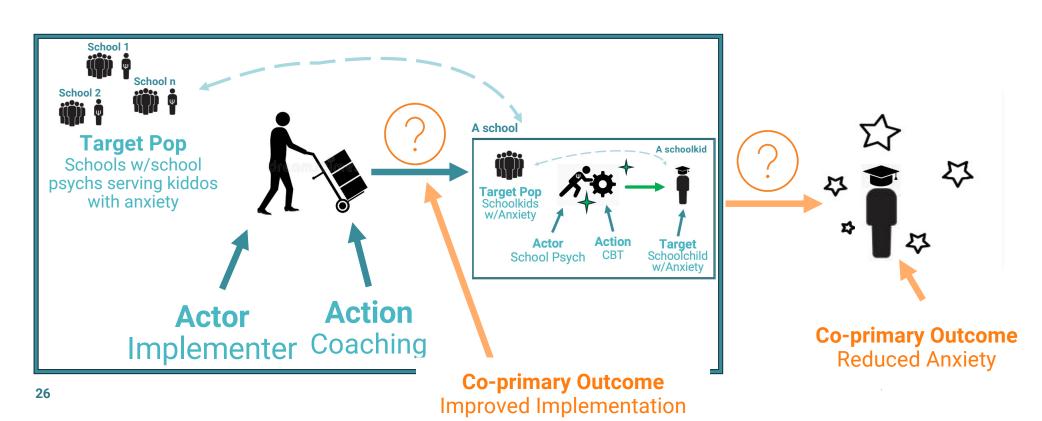
Hybrid type 3: Implementation strategy effectiveness





Hybrid type 2: Dual-type

There are several possible comparisons in a hybrid type 2





X

Hybrid Type

- (0) Intervention Effectiveness
- (1) Implementation Strategy-Induced Intervention Effectiveness
- (3) Implementation Strategy Effectiveness
- (2) Dual Type [(1)+(3)]



In the ole days this is all we had, but things have changed for the better...





Hybrid Type (0) Intervention Effectiveness (1) Implementation Strategy-Induced Intervention Effectiveness (3) Implementation Strategy Effectiveness

(2) Dual Type [(1)+(3)]

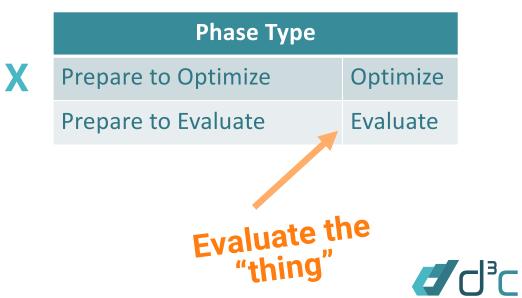






Hybrid Type

- (0) Intervention Effectiveness
- (1) Implementation Strategy-Induced Intervention Effectiveness
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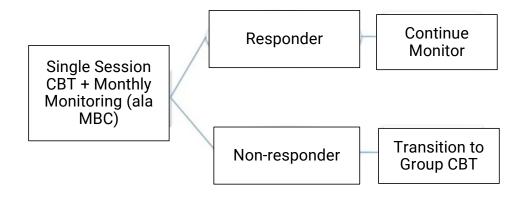
| Phase Type | | |
|---|--|--|
| Optimize | Questions related to constructing the best possible intervention or implementation strategy | |
| Evaluate | Questions relating to evaluating an already-developed intervention or implementation strategy | |
| Prepare (to Optimize or Evaluate) | Measurement, determinants, feasibility and acceptability (i) of an intervention or implementation strategy, and/or (ii) of conducting an optimization or evaluation trial and/or (iii) so on | |





Step 2. What is the question?

EXAMPLE



vs Usual Care



Step 3. What is the experimental design?

What is the intervention (implementation strategy)?

2. What are the primary and secondary scientific question(s)?

3. Select an appropriate randomized trial design

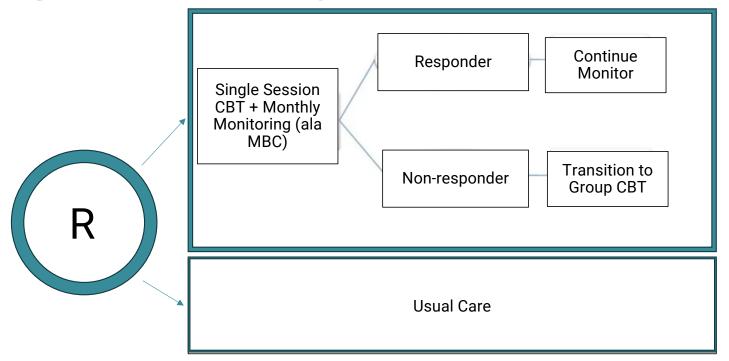


Step 3. What is the experimental design?

| Phase Type | | |
|------------|---|-------------------------------|
| Optimize | Sequential multiple assignment randomized trial Multilevel SMART Micro-randomized trial Hybrid experimental design Enhanced non-responder trialand so on[so many!!] | Spend a good bit of time here |
| Evaluate | Standard, two(multi)-arm, confirmatory RCT | Spend minimal time here |
| Prepare | Observational studies, Pilot randomized trials | Spend a lot of time here |



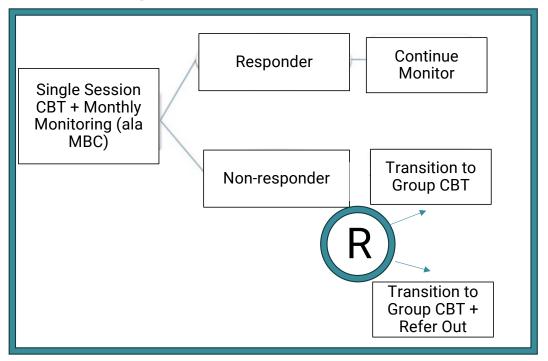
Step 3. What is the experiment? EVALUATION TRIAL







Step 3. What is the experiment? OPTIMIZATION TRIAL





Outline

- Review: What is an intervention (implementation strategy)?
- Research Design Process



Use these QR codes to learn more

Introduction to Adaptive Interventions



Introduction to SMART Designs



A longer presentation about MAISYs ->





Learning Objectives of the MAISY Talk

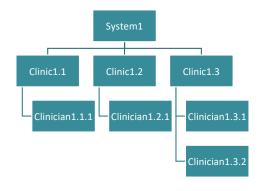
- You will learn why there is a need for multicomponent implementation strategies that respond to the needs of organizations
- You will learn about Multilevel Adaptive Implementation Strategies (MAISYs) as a possible solution to this
- You will learn about some novel randomized trials that aim to construct high quality MAISYs

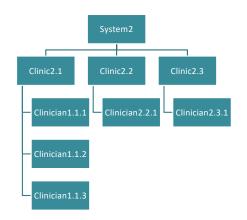
Outline of the Presentation

- Implementers Have to Make Many Decisions @ Many Levels
- Multilevel Adaptive Implementation Strategies
- Using Randomization to Construct an Optimized MAISY
- Optimizing a MAISY is very different from Piloting or Evaluating a MAISY

Multiple **Decision** Levels

@System Level@Clinic Level@Clinician Level







Determinants to Implementation at Multiple Levels

Evidence-based practices fail to be implemented or sustained due to barriers at multiple levels. For example,

@System Level Ineffective communication, monitoring practices, policies

@Clinic Level Lack of support, workflow processes

@Clinician Level Lack of skills



Implementation Strategies at Multiple Levels

A growing cadre of implementation strategies can help mitigate these challenges. For example,

@System Level Audit & Feedbacks Ineffective monitoring practices

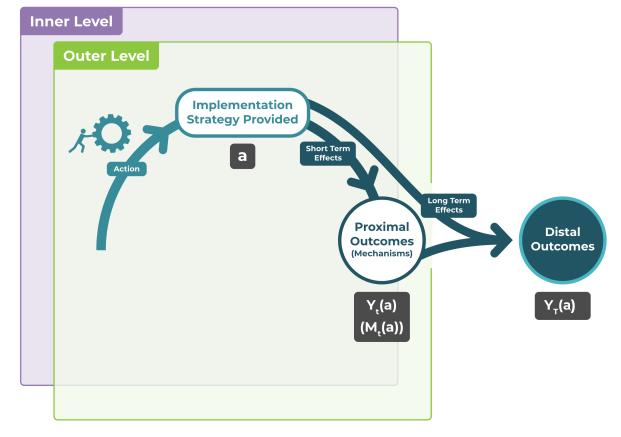
@Clinic Level Facilitation_{cc} Lack of support

@Clinician Level Coaching_{CN} Lack of skills



Quick Review: What is an Implementation Strategy?

- Implementer
- Levels
- Targets
- Action
- Outcomes
- Rationale





Proctor, Powell, McMillen (2013), Impl Sci

From the Perspective of the Implementer

What works for one target may not work for another target

Between-target Heterogeneity

What works in the short-run may not work in the longer-run, or vice-versa

Within-target Heterogeneity



From the Perspective of the Implementer





From the Perspective of the Implementer

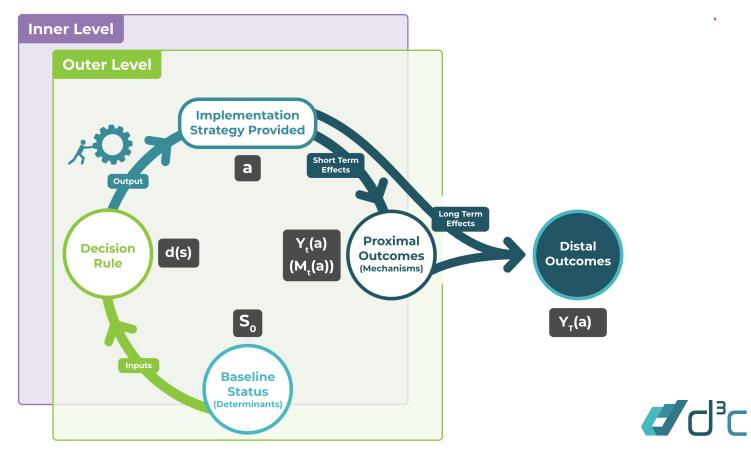


But a Decision is Not Just Any Action



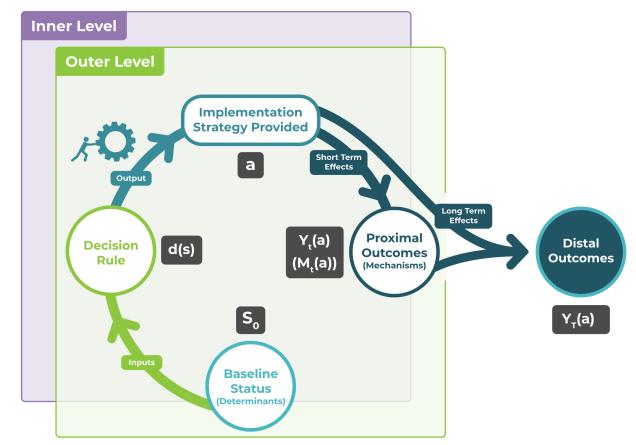
What if we do this, instead?

47



This strategy has these extra components

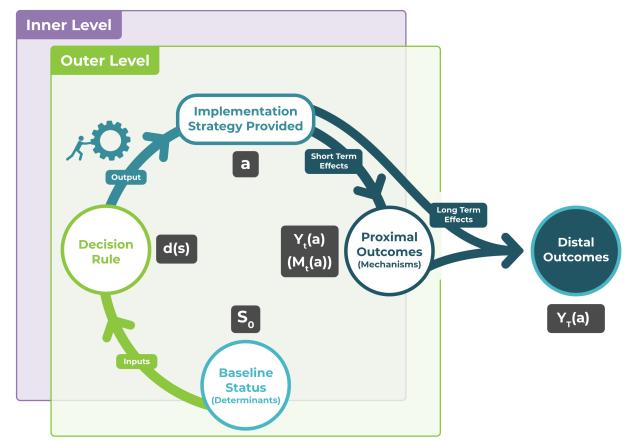
- Implementer
- Levels
- Targets
- Action <u>Options</u>
- Baseline Status
- <u>Decision Rule</u>
- Outcomes
- Rationale





This strategy has these extra components

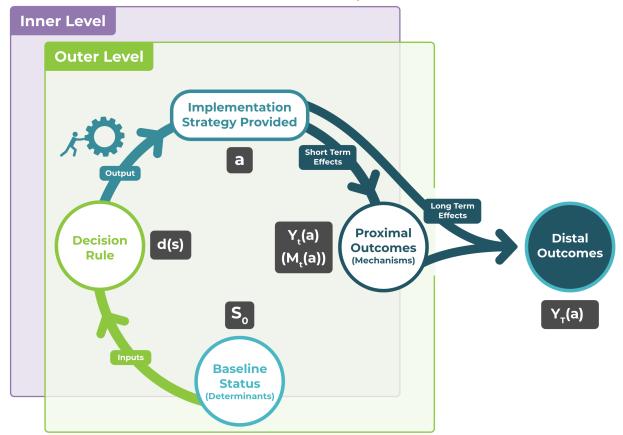
- Implementer
- Levels
- Targets
- Action <u>Options</u>
- Baseline Status
- Decision Rule
- Outcomes
- Rationale





The "determinant" here is the measure (the variable), which takes on different values.

Between-target Heterogeneity @ Baseline \/ Within-target Heterogeneity \times





In many settings, what implementers will need is



In many settings, what implementers will need is a practical & intelligent guide for how best to provide strategies across multiple levels and multiple phases.



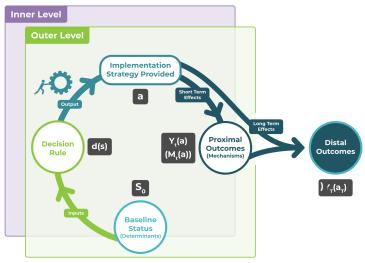
In many settings, what implementers will need is a practical & intelligent guide for how best to provide strategies across multiple levels and multiple phases.

One that guides how best to adjust strategies given both baseline and ongoing needs of targets at the multiple levels of implementation.



Outline

- Many Decisions at Many Levels
- Let's Close this Loop using a Multilevel Adaptive Implementation Strategy
- Using Randomization to Construct an Optimized MAISY





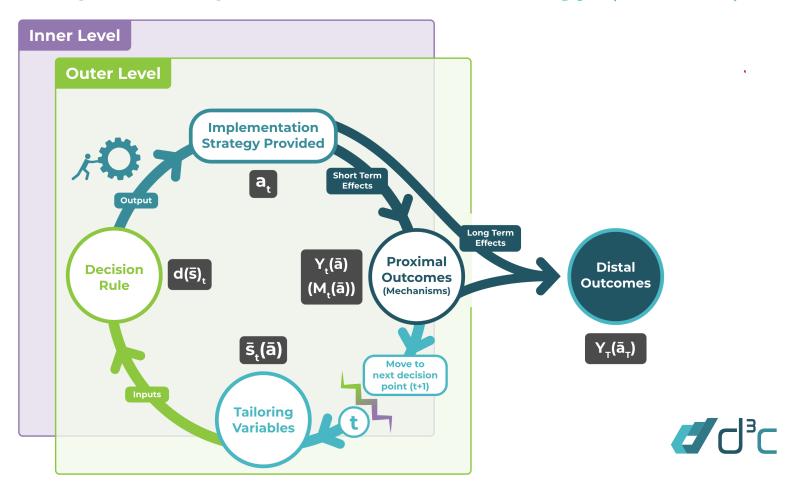
Multilevel Adaptive Implementation Strategy (MAISY)

A MAISY is a sequence of decision rules used to guide how best to adapt the provision of implementation strategies

- (i) at critical decision points,
- (ii) across multiple levels,
- (iii) based on **both baseline and ongoing/changing status** of the targets in an organization.

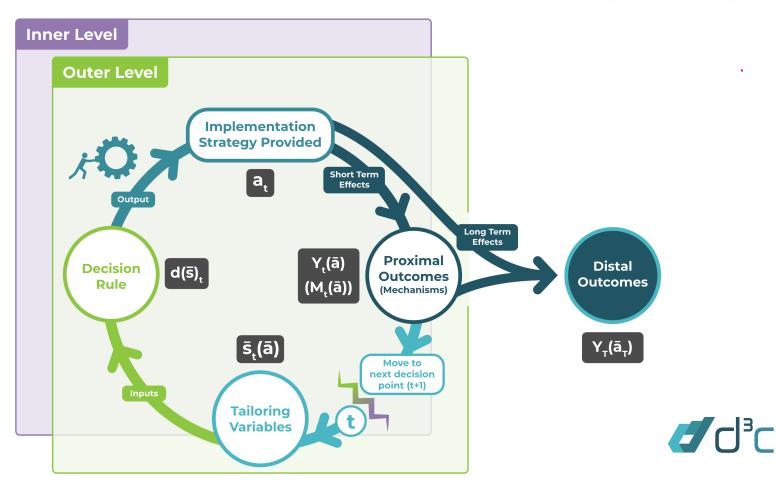


Multilevel Adaptive Implementation Strategy (MAISY)



Multilevel Adaptive Implementation Strategy (MAISY)

- Implementer
- Decision Levels
- Targets
- Decision Points
- Action Options
- Tailoring Vars
- Decision Rules
- Outcomes
- Rationale

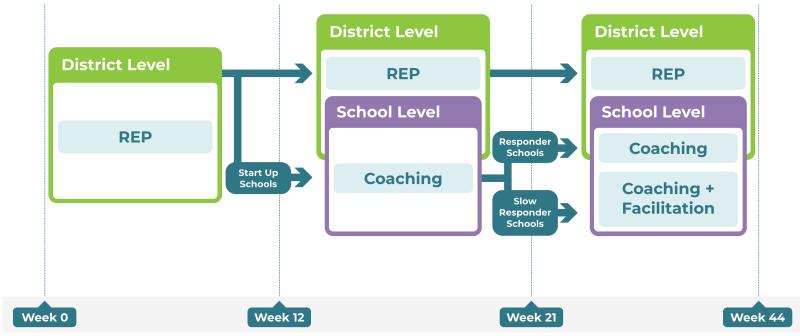


MAISY Example #1

Adaptive School-based Implementation of CBT (ASIC)

EBP: Cognitive Behavioral Therapy in Michigan Schools

Developer: Amy Kilbourne



Start-up School:



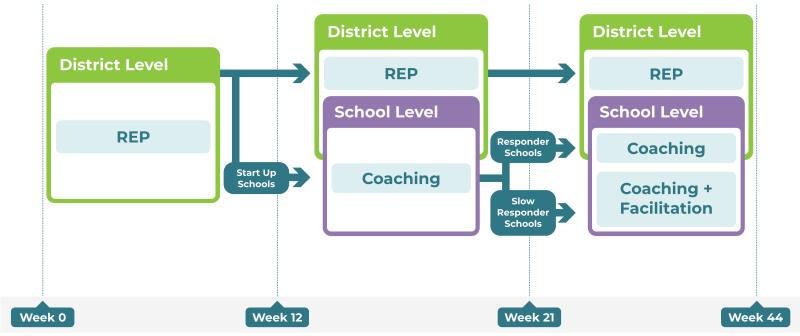
A school with school professionals who do not have training in CBT or have never provided CBT to any of their students.

MAISY Example #1

Adaptive School-based Implementation of CBT (ASIC)

EBP: Cognitive Behavioral Therapy in Michigan Schools

Developer: Amy Kilbourne



Slow-responding School:



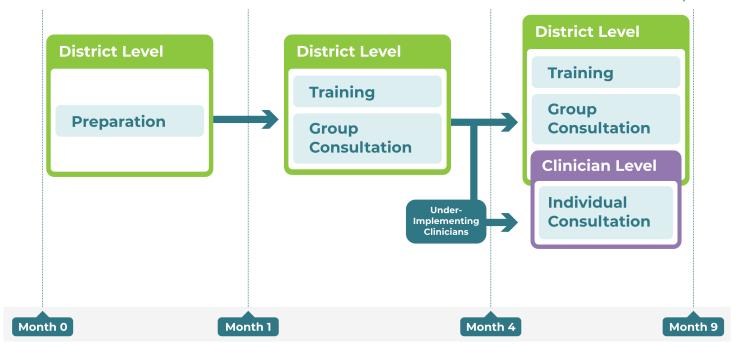
(i) Any SP reports not providing 3+ CBT components to >10 students *OR* (ii) SPs report >2 barriers to CBT delivery (on average)

MAISY Example #2

Feedback & Outcomes for Clinically Useful Student Svcs (FOCUSS)

EBP: Measurement-based Care in Connecticut Schools

Developer: Elizabeth Connors





<u>Under-implementing Clinician</u>:
Collected 1+ outcome measure on <40% of students served in first 4 months

Why MAISYs?

Timing is important

Speed of adoption varies; not all targets are ready to take on more

Strategic sequencing

Lay a strong foundation for subsequent strategies, if needed

Health equity

MAISYs are consistent with "vertical health equity" principles

Why MAISYs?

Engagement is critical In short-run, not just about fidelity

or quant. of implementation

Often, more is not better

Kitchen sink strategies can lead to suboptimal implementation

Resource/Cost efficiency

Step-up for targets that need it; step-down for targets doing well

MAISYs are Guides for Implementers

- Implementation practitioners
- Community service providers
- Policy makers
- Clinical leaders
- Researchers



MAISYs are Guides for Implementers, **not Researchers**

- Implementation practitioners
- Community service providers
- Policy makers
- Clinical leaders
- Researchers unless the Researcher happens to be in the role of the Implementer for purposes of the study, but let's hope the clinics and practitioners perceive it this way



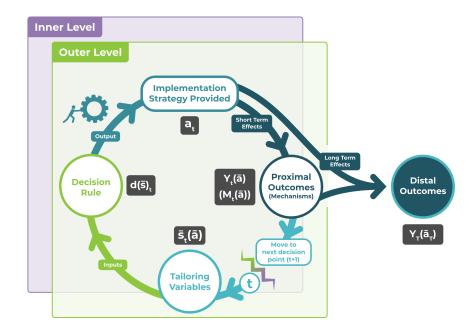
A MAISY is not a Research Method

- Not an experimental design
 - There are no researchers in a MAISY
 - There are no randomizations
- Not an approach to conducting pilot studies
- Not an approach to data analysis
- Not an adaptive trial design



Jargon Buster Slide (Babel)

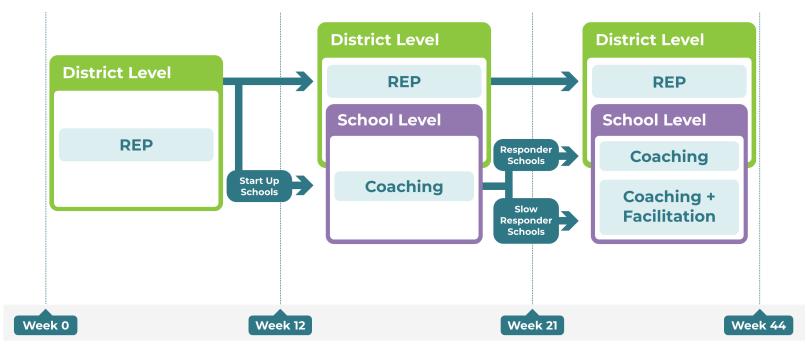
- Special case of what Byron Powell calls a "multifaceted multilevel implementation strategy"
- Special type of "adaptive implementation strategy"
- Certainly, MAISYs falls within the realm of "precision implementation strategies"





Recall MAISY Example 1

Adaptive School-based Implementation of CBT (ASIC)





Other Considerations

- Pre-specified (pre-planned)
- Mechanisms can be tailoring variables!!
- The tailoring variables are part of the MAISY
- Caution against conflating MAISYs and "adaptation"



Outline

- Implementers Have Many Decisions to Make
- Multilevel Adaptive Implementation Strategies What? Why? Who?
- Developing an Optimized MAISY

This is all about asking Optimization Questions I am going to show you 13 of these.



Outline

- Implementers Have Many Decisions to Make
- Multilevel Adaptive Implementation Strategies What? Why? Who?
- Developing an Optimized MAISY



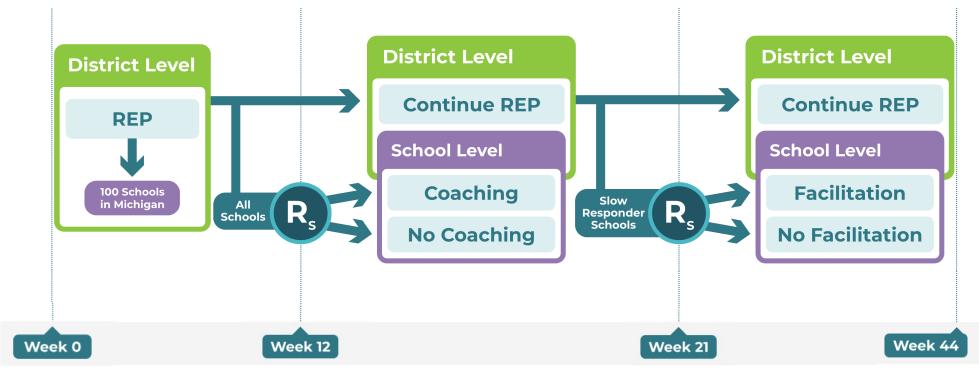
Optimization Questions: Basic, but important

| | Туре | In the context of ASIC |
|---|------------------------------|--|
| 1 | First stage strategies | What is the effectiveness of Coaching? |
| 2 | Later stage strategies | What is the effect of Facilitation among schools that are slower responders? |
| 3 | Interaction | Do Coaching and Facilitation interact to produce beneficial outcomes? |
| 4 | Adaptive versus not adaptive | What is the effect of the MAISY shown earlier vs only Coaching (not adaptive)? |

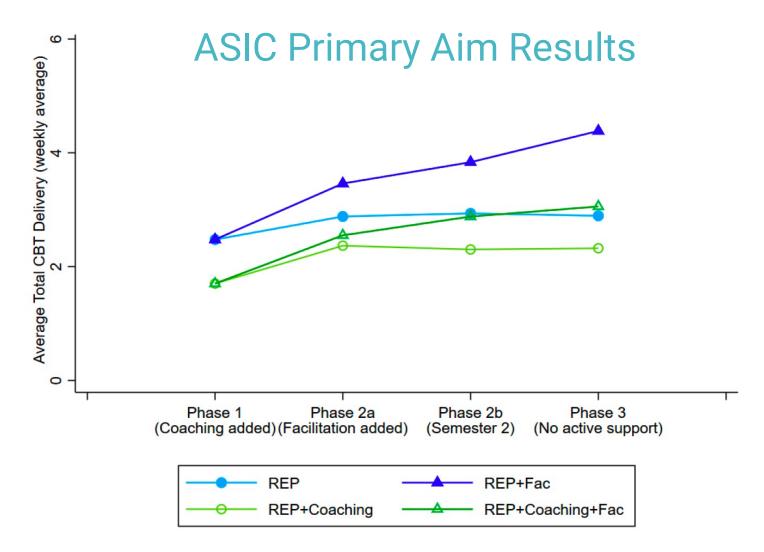


Sequential Multiple Assignment Randomized Trial

The ASIC SMART PI: Amy Kilbourne









Smith, Almirall, Choi, ...Kilbourne (2022), Impl Sci

Optimization Questions: All about tailoring

| | Туре | In the context of ASIC |
|---|-------------------------------------|--|
| 5 | Better way to define non-response? | Should we use a more lenient definition (a lower cut-off) for "Responding School"? |
| 6 | Other baseline tailoring variables? | Perhaps only start-up schools require Coaching? |
| 7 | Other ongoing tailoring variables? | Perhaps Facilitation should only be offered to sub-optimally responding schools that did not engage in Coaching? |



Optimization Questions: More about tailoring

| | Туре | In the context of ASIC |
|---|-----------------------------|---|
| 8 | variables? | Perhaps Facilitation should only be offered to sub-optimally responding schools within the lowest resourced school districts? |
| 9 | is the hilitative mechanism | Is Facilitation necessary in sub-optimally responding schools delivering higher-quality CBT as a result of Coaching? |



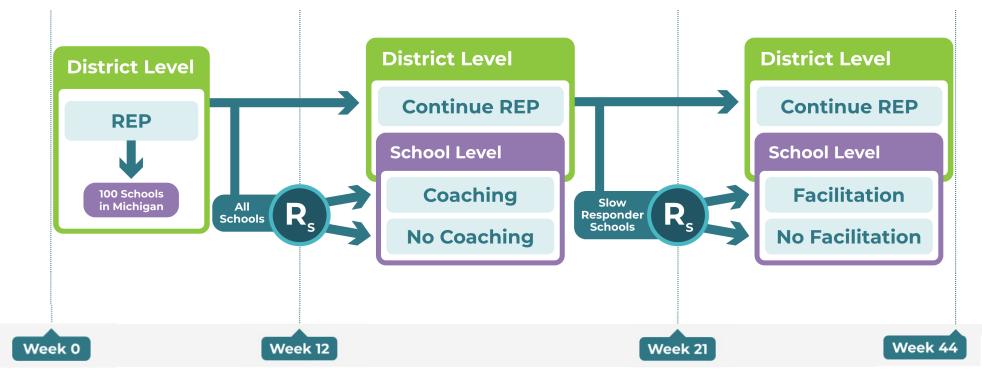
Optimization Questions: Some novel ones

| | Туре | In the context of ASIC |
|----|--|--|
| 10 | Sleeper effects of prior stage strategies? | Is it possible that first-stage strategies have no effect in the short-run, but have beneficial effects in the long-run when followed by a particular second-stage strategy? |
| 11 | Prescriptive effects? | Did we learn something from Coaching that can help decide whether to do Facilitation? |



Sequential Multiple Assignment Randomized Trial

The ASIC SMART PI: Amy Kilbourne



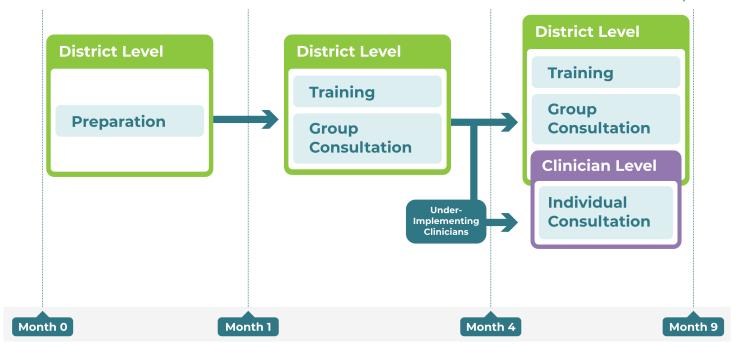


MAISY Example 2

Feedback & Outcomes for Clinically Useful Student Svcs (FOCUSS)

EBP: Measurement-based Care in Connecticut Schools

Developer: Elizabeth Connors





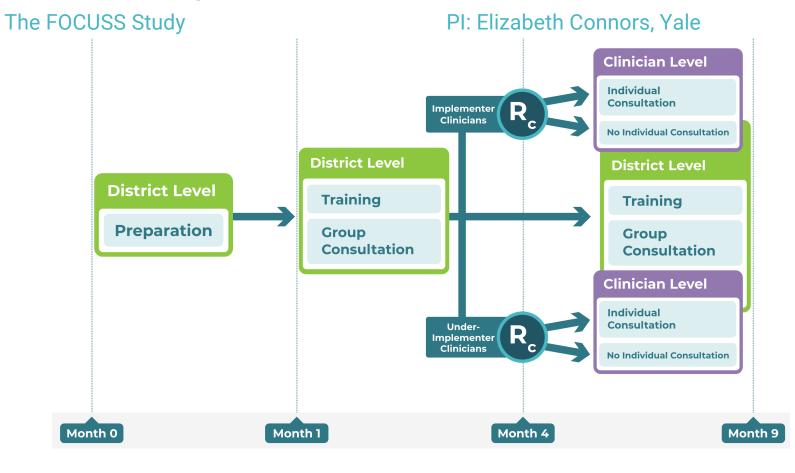
<u>Under-implementing Clinician</u>: Collected 1+ outcome measure on <40% of students served in first 4 months

Back to Optimization Questions #2 and #7 in FOCUSS

| | Туре | In the context of FOCUSS |
|---|-----------------------------|--|
| 2 | Later phase strategies | What is the average effect of clinician-level Individual Consultation? |
| 7 | Ongoing tailoring variables | How do we define "under-implementing clinician"? |



Two-arm Optimization Randomized Trial





Optimization Questions: Concerning Spillover

| | Spillover Questions! | In the context of FOCUSS |
|----|-----------------------|--|
| 12 | Optimal tipping point | Effect of providing Individual Consultation to 30% vs 70% of under-implementers in a district? |
| 13 | engender beneficial | Target a random 1/2 of under-implementing clinicians vs up to 1/2 on a first-come first-serve basis? |

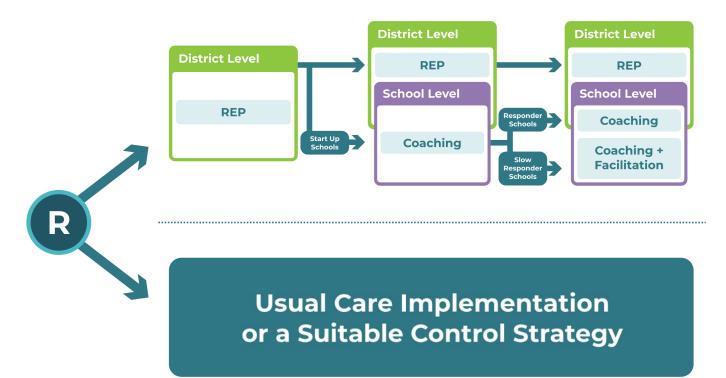


A Hypothetical, Multilevel SMART

Illustrated using FOCUSS PI: Elizabeth Connors, Yale **District Level District Level Training** Group **Training** Consultation Clinician Level Group 30% Penetration Consultation Individual Under-**District Level** Consultation Implementer **Preparation District Level** 70% Penetration **District Level Training** Group **Training** Consultation Group Clinician Level Consultation Individual Under-Implementer **Clinicians** No Individual Consultation Month 0 Month 1 Month 4

Evaluation and optimization are very different.

This is evaluation. This is not optimization.





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National Institutes of Health

P50DA054039 (UMich, d3c); R01DA039901 (UMich, d3c); R01MH114203 (UMich, A. Kilbourne); R01HD095973 (UCLA, C. Kasari); R01DA047279 (UWisc, A. Quanbeck)

Institutes for Education Sciences

R324B210001 (UMich, d3c); R305B210004 (UWash, A. Lyon)

