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O1.

Implementation study of an inter-professional support programme for patients with type 2 diabetes in a Swiss primary care setting

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Background:

The Swiss federal government promoted the evaluation of an inter-professional patient support model, including regular motivational interviews (patient-pharmacist), medication adherence and patient-reported outcomes monitoring and interactions with physicians. The aim of this 15-month study was to evaluate the implementation process of a programme tailored to patients with type 2 diabetes, taking at least one oral antidiabetic treatment.

Materials and methods:

This is a prospective, multi-centric, observational, cohort study using a hybrid implementation-effectiveness design and the Framework for the Implementation of Services in Pharmacy (FISpH) [1]. Outcomes were assessed at each stage of the implementation process using both quantitative and qualitative methods. A set of implementation measures reported on the process (number of pharmacies going

through the stages), outcomes (e.g. reach, fidelity) and impact (influencing factors and implementation strategies).

Results:

Describes the indicators of progress along the implementation process.

Two-hundred-twelve patients were included to benefit from the support programme in 27 pharmacies. The mean inclusion rate per pharmacy was 8 patients (SD 6, range: 1-29). We observed a step-by-step implementation process: 1) internal organisation: teaching and coaching of the pharmacy team, identification of eligible patients, 2) preparation of inter-professional collaboration: information and local networking with physicians; and 3) relationship building with patients. Main influencing factors were pharmacists' skills in motivational interviewing, support from pharmacy owners, pre-existing local inter-professional networks and profitability of the programme.

Conclusions:

This evaluation provided evidence regarding the implementation capacity and acceptability of the programme by pharmacy teams, patients with diabetes and physicians: a promising start for inter-professional chronic care services.

Acknowledgements

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Trial Registration:

Not applicable

Consent to publish

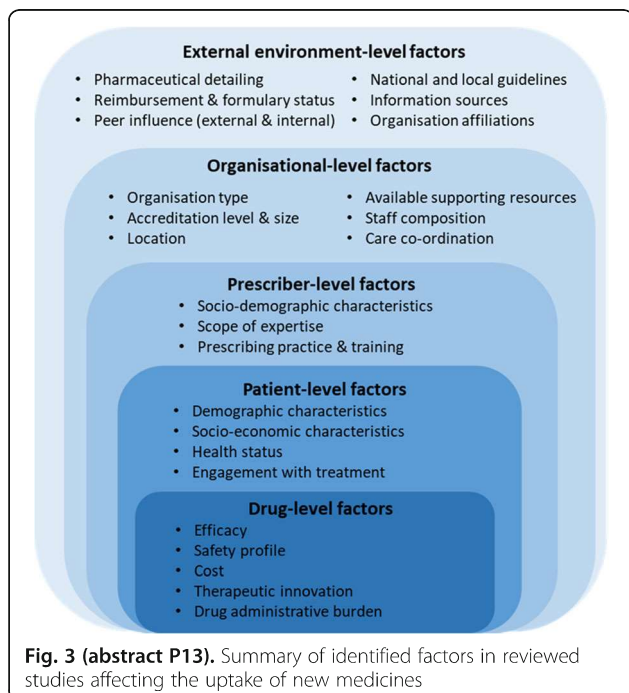
Not applicable.

Reference

1. Moullin JC, Sabater-Hernandez D, Benrimoj SJ. Model for the evaluation of implementation programs and professional pharmacy services. *Res Social Adm Pharm.* 2016;12(3):515-22.



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**P14.****Relevant involvement and how it can improve implementation for novel digital mental health interventions**

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Background:

gameChange is the NIHR 2017 Mental Health Challenge Award winning project, exploring whether a virtual reality therapy (VRT) can reduce social avoidance for people who experience psychosis, led by Oxford University. The project includes a year-long randomised controlled trial of the gameChange intervention across five NHS trusts. Of 432 participants recruited, half will receive their usual treatment and half will receive six sessions of VRT through a headset guided by a virtual coach. The project also includes a focus on the implementation and adoption of the VRT within the NHS, with involvement a key priority. This poster reports on the implementation strand, led by MindTech in partnership with The McPin Foundation, a mental health research charity.

Method:

Barriers and facilitators were identified and, along with the expertise of the project's Lived Experience Advisory Panel, iteratively informed meetings, workshops and visits involving stakeholders (including staff and service users) in all participating trial sites. The condition, technology, organisation and adopters as well as wider system and value proposition were considered so as to facilitate implementation [1].

Results:

The research and design of the VRT was shaped through experiential and professional expertise of the condition and the organisation; through geographical and organisational knowledge accounting for appropriate recruitment and site variability. It also enabled reflection

of research practice through prioritisation of data collection methods and analysis, strengthening relevance to real-life practice.

Conclusion:

The involvement of potential users from early in development can support not just the intervention's design but also its delivery and implementation. This enables even new and untried digital health interventions to be designed, developed and delivered in more contextually relevant ways. Consequently, these DHIs can be adopted more confidently into healthcare services.

Thus, we conclude that relevance in practice can come from involvement in research.

Trial Registration: ISRCTN17308399

Reference

Greenhalgh T, Wherton J, Papoutsi C, Lynch J, Hughes G, Hinder S, Fahy N, Procter R, Shaw S. Beyond adoption: a new framework for theorizing and evaluating nonadoption, abandonment, and challenges to the scale-up, spread, and sustainability of health and care technologies. *Journal of medical Internet research*. 2017;19(11):e367.

P15.**Factors influencing implementation of two psychoeducational programmes for severe hypoglycaemia in type 1 diabetes: analysis of the qualitative arm of the effectiveness-implementation hybrid type 2 trial**

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Background:

To facilitate scale-up of two psychoeducational programmes for people with type 1 diabetes and problematic hypoglycaemia, we have set out to build our understanding of facilitators and barriers to their implementation post-trial.

Method:

This was an effectiveness-implementation hybrid type 2 trial (NCT02940873) taking place between 2016 and 2021 across five hospitals in the UK and USA. It tested two psychoeducational programmes for managing hypoglycaemia in diabetes.

Qualitative interviews were conducted with 50% of the programme participants (N=41), all healthcare professionals involved in intervention delivery (N=28), and people who declined to take part in the programmes (N=4).

NVivo 12 was used to analyse the interviews and interpret the responses inductively and deductively using a thematic approach. Ethical approval was received and all research participants provided written consent.

Results:

Four themes were identified from the interviews as important to consider for scale-up of the two psychoeducational programmes:

- Stakeholder buy-in**, incl. both, healthcare professionals and patients, to ensure that sufficient number of patients who would benefit the most from the programmes are identified effectively, given that this is a niche patient group (10% of population with type 1 diabetes),
- Adequate funding** to ensure that hospitals in the UK are able to deliver the programmes, and adequate insurance cover is available for the patients in the USA to receive the programme,