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POSTER ABSTRACT

Development of a Framework to Implement Technology-supported Integrated Care (FIT in Integrated Care): GERONTE multisite Randomised Controlled Trial

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Introduction: Implementing complex or technology-supported interventions is difficult & has high failure rates. Integrated care requires timely communication and information sharing, and ongoing coordination, between professional, services, and organisational, to enable holistic decision-making responsive to the patient's changing needs. Implementing integrated care requires knowledge of, and the provision of tailored support and resources, to connect and restructure existing professionals, processes, and systems.

Technology offers a time- & cost-efficient way to communicate & share health information at scale. Implementation Science (IS) theories, models, & frameworks, are increasingly used to improve research translation. There are separate frameworks for both complex interventions & technology, but there is no single framework suitable for both.

Objective: As part of GERONTE's Randomised Controlled Trial, to build on existing IS, by combining Realist Research, the Consolidated Framework for Implementation Science (CFIR), & Non-Adoption, Abandonment, Scale-up, Spread, & Sustainability (NASSS) frameworks, to implement an integrated technology-supported intervention.

Methods: FIT in Integrated Care framework was co-designed in three stages. Firstly, a literature review & expert panels identified Realist research, the CFIR & NASSS as evidence based, compatible, & in combination, a comprehensive approach. Secondly, stakeholders' workshops applied & refined the new framework. The third, ongoing, stage, involves the long-term testing of the framework's functionality & user-friendliness.

Results: The study resulted in the development of FIT in Integrated Care. FIT in Integrated Care has 3 steps.
Step 1: Use a Realist research approach of 'what works, for who, in what context and way, and how', to focus the implementation on identifying:
•how to prepare and/ or adapt the intervention or setting
•who needs to be involved in the process.

Step 2: Use the CFIR 5 domains ('individual involved, inner setting, outer setting, interventions, implementation process') & NASSS 7 domains ('health condition, technology, value proposition [of the technology], adopters system, healthcare organisation, wider system, continuous embedding and adaptation') as a structured way to collect data to identify factors that can affect if and how the intervention works.

Step 3: Analyse the collected data to plan implementation using the Realist research questions to identify what supports, resources, and/ or adaptation to the intervention or setting are needed to make the intervention work as intended in your setting.

FIT in Integrated Care focuses the implementation processes on the people, processes, and supports needed (reflecting broader research findings) and it was an evaluated to be an effective, practical, evidenced-based way to implement an integrated technology-supported care pathway.
Conclusion: Combining Realist research, the CFIR , & NASSS can provide a practical evidence-based way to implement integrated technology-supported care. This approach