USE AND EVOLUTION OF THE RE-AIM FRAMEWORK

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ADULT AND CHILD CONSORTIUM FOR HEALTH OUTCOMES RESEARCH AND DELIVERY SCIENCE

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Pragmatic Use of RE-AIM

	WHO is (was) intended to benefit and who actually
Reach	participates or is exposed to the intervention?
Effectiveness	WHAT is (was) the most important benefit you are trying to achieve and what is (was) the likelihood of negative outcomes?
Adontion	WHERE is (was) the program or policy applied WHO applied it?
Implementation	HOW consistently is (was) the program or policy delivered? HOW will (was) it be <u>adapted</u> ? HOW much will (did) it <u>cost</u> ? WHY will (did) the results come about?
Maintenance	WHEN will (was) the initiative become operational; how long will (was) it be sustained (setting level); and how long are the results sustained (individual level)?

Glasgow RE & Estabrooks, P. Preventing Chronic Disease, 2018; 15: E02

PRISM CONTEXTUAL FACTORS

CONTEXT- assessed via **INTERNAL CONTEXT EXTERNAL CONTEXT** MULTI-LEVEL ORGANIZATIONAL & EXTERNAL ENVIRONMENT "PRISM" in PATIENT CHARACTERISTICS POLICY MULTI-LEVEL ORGANIZATIONAL & RESOURCES **Expanded RE-AIM/ PRISM** PATIENT PERSPECTIVES (VALUES) GUIDELINES IMPLEMENTATION & SUSTAINABILITY INCENTIVES **INFRASTRUCTURE PRISM** = **Pragmatic** Robust Implementation and Fit among and **Overarching Issues** Sustainability Model Effectiveness Interactions among 2690 ALL of: **PROPORTION**/ PENETRATION aintenan_{co} Feldstein & Glasgow **INTERVENTION COMPONENTS** (2008). *Joint* **EVIDENCE-BASED** Commission J on **INTERVENTION** REPRESENTATIVENESS (COMPONENTS) Qual. & Patient **IMPLEMENTATION STRATEGIES** ⁴doption Safety, 34: 228-43. **REASONS:** HOW & WHY **IMPLEMENTATION STRATEGIES INNER & OUTER** CONTEXT **ADAPTATIONS** This is mplementation recommended RE-**RE-AIM COSTS, BENEFITS &** AIM graphic to use: DIMENSIONS VALUE www.re-aim.org