Assessing Innovation-Practice Fit: A new measure

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Background : The "research-to-practice gap" is a major public health problem that dissemination and implementation research seeks to address. According to the theory of implementation effectiveness, implementation effectiveness (i.e., the consistency and quality of implementation) is a function of two key constructs. The first is implementation climate, which is defined as the extent to which implementation of an innovation is expected, supported, and rewarded. The second is the fit between the innovation and the values of the targeted practice setting.

Two widely used measures for assessing implementation climate include the 6-item measure developed by Jacobs, Weiner, and Bunger (2014) and the 18-item measure developed by Ehrhart, Aarons, and Farahnak (2014). In contrast, there is not a widely used measure to assess the fit between the innovation developed as part of research and the practice setting of interest. This presentation/poster introduces the 6-item innovation-practice fit measure developed and used as part of the Substance-Treatment-Strategies for HIV care (STS4HIV) Project.

Setting/Population: Although developed for assessing the fit between evidence-based treatment interventions for substance use disorders (i.e., the innovation) and HIV service organizations (i.e., the practice setting), this measure may be adapted for any innovation-practice combination.

Methods: In May 2020, 253 HIV service organizations from across the United States were invited to participate in a study focused on identify the most promising evidence-based substance use disorder treatments for integration within HIV service organizations. Nine evidence-based treatments for substance use disorders were assessed. Using a standardized format, an infographic and video was developed for each evidence-based treatment.

For each evidence-based treatment, the HIV service organization's respondent was first shown the video and infographic and then asked to rate (0=not at all; 1=to a minor extent; 2=to a moderate extent; 3=to a major extent) the extent to which the evidenced-based treatment was fundable, implementable, retainable, sustainable, scalable, and timely for their HIV service organization. Innovation-practice fit was calculated for each evidence-based treatment by taking the sum of these six items (possible range is 0–18).

Figure 1. Innovation-practice fit scores and dimension contributions
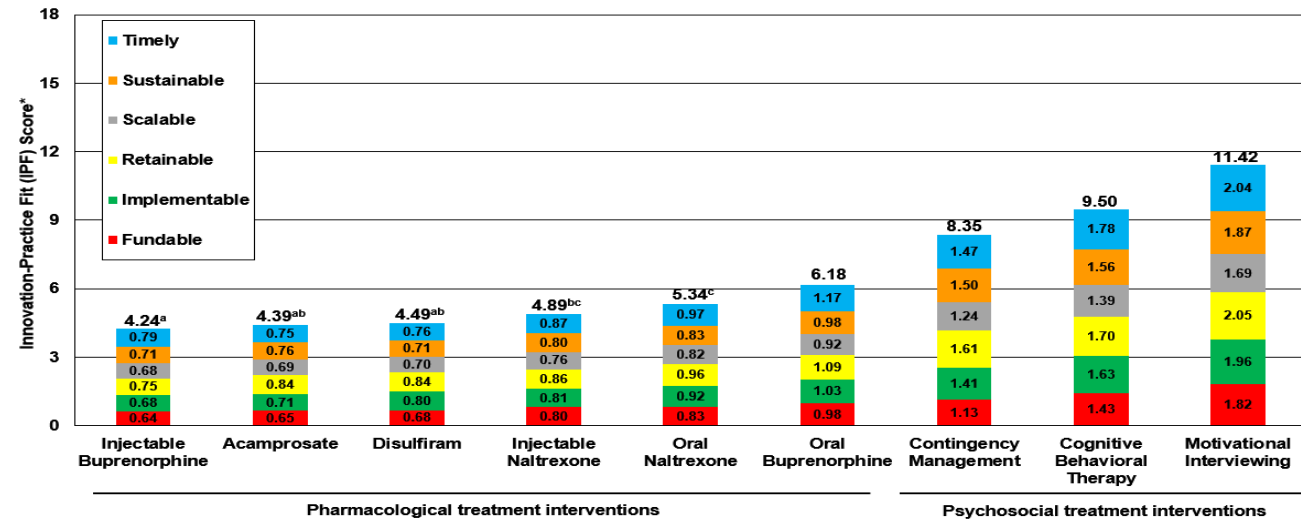
Results and conclusion: Of 253 HIV service organizations invited to participate, 203 (80%) completed participation. As shown in Figure 1, the average innovation-practice score for motivational interviewing (11.42; SD=0.29) was significantly ($p<.05$) higher than the other eight evidence-based treatments and was the only one rated higher than the measure's midpoint of 9.5. The average innovation-practice fit score for cognitive behavioral therapy was at the midpoint (9.5; SD=.31) and the average innovation-practice fit score was below the midpoint for the other six evidence-based treatments assessed. A new and promising measure for assessing innovation-practice fit has been developed.