

# METODOLOGIAS PARA LA GESTIÓN DE GPC EN EL MARCO DE HABILITACIÓN DE SERVICIOS DE SALUD

## IMPLEMENTACIÓN

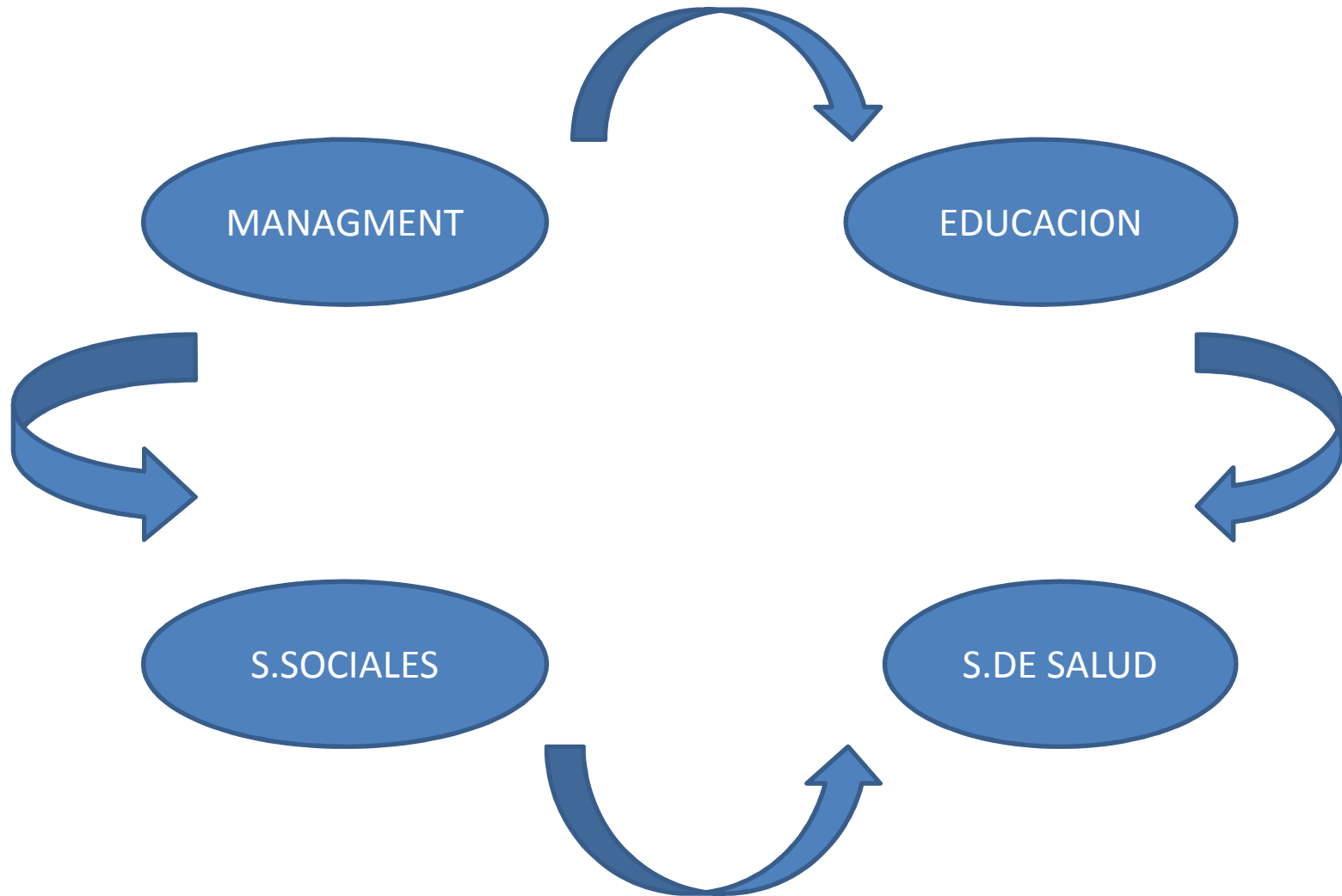
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## INVESTIGACIÓN EN IMPLEMENTACIÓN

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# INVESTIGACIÓN EN IMPLEMENTACIÓN:

¿cómo mejorar la implementación?

PROBAR

ENFOCAR

Factibilidad  
Adopción  
Aceptabilidad

Calidad  
Equidad  
Eficiencia  
Sostenibilidad

# INVESTIGACIÓN EN IMPLEMENTACIÓN:

¿cómo mejorar la implementación?

Mejorando la salud  
de las  
comunidades

Informando la  
política

Mejorando la  
gestión y provisión  
de servicios

Vinculando  
comunidades y  
usuarios

	Typical primary audience for research	Typical research questions	Core disciplines at origin
Management improvement	Managers and teams using improvement strategies	How are the right services delivered to the right clients while meeting the right standards for quality?	Engineering and management
Operational research	Executive decision makers (executive bodies and policy makers)	Which solution provides the most rational basis for a decision concerning the optimal performance of a system?	Mathematics, engineering, and management
Policy implementation	Top down, central-level policy makers; bottom up, so-called street-level programme implementers	Top down, how was a policy or programme implemented, and what contributed to its outcomes? Bottom up, which actors are involved in programme delivery in specific locations, how do they understand the problem of implementation, and what influences their behaviour?	Political science, public policy, and public administration
Programme evaluation	Stakeholders of a programme (eg, funders, implementers, or the intended beneficiary)	Is the programme producing the intended effects? How is the programme designed, implemented, used, fit to context and problems, and with what results and programme changes?	Sociology, public policy, economics, social work, and psychology
Dissemination and implementation of evidence-based medicine	Practitioners, health organisation managers, and policy makers who do not use evidence-based interventions	What promotes the integration of research findings and evidence on interventions into health-care practice?	Behaviour change (psychology, sociology, and education) and epidemiology
Participatory action research	Research participants and community members	How can we (community members and research participants) learn and be empowered to act?	Non-disciplinary or transdisciplinary, but largely influenced by social psychology, education, and anthropology

**Table 1: Implementation research traditions and their typical research targets, research questions, and initial core disciplines, adapted from Peters and colleagues<sup>4</sup>**

## Panel 4: The defining characteristics of implementation research applied in global health

### Context specific

Contextualisation of an intervention in implementation research is important, hence why the detail of context is made explicit, alongside the level of analysis and action (eg, community, district, or national level). Attention is paid to the differences in need for and benefit from interventions depending on gender or other axes of inequity.

### Relevant and agenda-setting purpose

Identify and address challenges related to any implementation decisions or processes at any level, including identifying and addressing health problems, setting the agenda, setting priorities, and building commitment at all levels.

### Methods fit for purpose

Research design should be responsive to an implementation problem or question; typically a range of data sources and methods are considered appropriate for the implementation questions, decision context, and community or patient characteristics, while remaining sensitive to gender and other social stratifiers.

### Demand driven

Research questions are framed or based on needs identified by implementers, intended beneficiaries, policy makers, and research consumers in the health system.

### Multistakeholder and multidisciplinary

Democratisation of research is important; implementers, policy makers, and researchers (and often communities, including the most marginalised) should coproduce the research, co-create

solutions, and use the results together, drawing on multiple disciplines (eg, management, psychology, sociology, education, epidemiology, anthropology, engineering, political science, and economics). Leadership or partnership of national scientists is important.

### Real world

Implementation research does not usually take place under controlled trial conditions (but can be part of pragmatic trials with process and context assessments running alongside) and usually takes place within the reality of implementing organisations, communities, and financing systems, and within the context of health systems that are constantly changing and adapting.

### Real time

Implementation research is designed to provide evidence or solutions through short feedback loops that can be used for real-time improvements, course-correction in implementation, or periodic reflection, and is a dynamic, non-linear, iterative, and evolving process.

### Focuses on processes and outcomes

Implementation research is focused on processes and engages implementers and documents how interventions are implemented and delivered to assess acceptability, fidelity, adoption, scale-up, and impact. Tacit knowledge is used and acknowledged.

These characteristics were informed by an expert review process and adapted from Peters and co-workers<sup>6</sup> and the Cape Town statement of 2014.<sup>7</sup>



Although evidence-based medicine is one of the more recent research traditions, its emergence has spawned a branch of implementation science that now dominates the clinical literature, defining implementation science as the “scientific study of methods to promote the systematic uptake of research findings and other evidence-based practices into routine practice, and, hence, to improve the quality and effectiveness of health services and care.”<sup>3</sup>

The results prompted the authors to expand the definition of implementation science to a “multidisciplinary specialty that seeks generalisable knowledge about the behaviour of stakeholders, organisations, communities, and individuals in order to understand the scale of, reasons for, and strategies to close the gap between evidence and routine practice for health in real-world contexts”.<sup>6</sup>