



**National Cancer Institute**

**Dialogue on Dissemination**

**August 19, 2004**

**Call Summary**

There is broad consensus in the health community that significant gains can be achieved by improving rates of adoption of evidence-based approaches to cancer care. Yet, there is relatively little consensus—indeed, relatively little evidence—regarding how to improve the outcomes of our dissemination efforts. The literature reflects a number of perspectives on the problem and its potential solutions, but thus far, a comprehensive articulation of the necessary steps for improving dissemination to individuals, organizations, and complex social systems has not emerged.

The purpose of this call was to bring together leading thinkers on the topic of dissemination to begin to identify steps that can be taken—in the near term and over the long term—to improve the uptake of clinical and public health practices that are known to reduce the burden of cancer. A list of participants in the call is available at

<http://www.ncipoet.org/DisseminationDialogue/docs/ParticipantList.pdf>.

NCI Associate Director Ed Maibach and Deputy Director Mark Clanton opened the call by challenging participants to use their unique insights and experiences to help NCI and the broader health community improve the delivery component of the discovery, development, and delivery continuum. In advance of the call, participants had prepared themselves by identifying what they consider to be the most important elements of the answer to the following question:

*How can we—the community of organizations involved in cancer research, cancer care (prevention through palliation), and policy—do a better job of translating research results into practice?*

To begin the dialogue, participants presented brief (up to 5-minute) overviews of their prepared answers. PowerPoint slides corresponding to most of those presentations can be viewed at <http://www.ncipoet.org/DisseminationDialogue/dialoguePPTs.cfm>.

Seven major themes emerged from the presentations and discussion:

- **To enhance success (i.e., uptake), dissemination planning should begin early in the “intervention” development process.** Improving the orchestration between “production” and “translation”—by involving stakeholders and intended adopters early in the development process—is the best way to ensure the fit between an intervention and a particular setting that could benefit from its adoption. At present, dissemination/translation is widely seen as a process that should happen *after* the development process has been completed; that is an important part of the problem.
- **The perceived needs of potential adopters (or learners) are critical to their motivation and subsequent actions.** If we build tools, information systems, and other interventions that meet the perceived needs of the intended adopters, they are

more likely to be adopted. Thus, assessments of perceived need are critical in dissemination planning.

- **We must broaden our notion of “evidence-based” if we are to produce evidence and interventions that are valued by practitioners.** In the words of Larry Green: “If we want more evidence-based practice, we need more practice-based evidence.” The “fit” and practicality of the innovation are at least as important to practitioners as are effect sizes. While researchers want to provide the latest and most comprehensive evidence, practitioners are looking for the minimal amount of information that will address their perceived needs.
- **Adoption of innovations is inherently influenced by organizational culture and local barriers.** Different settings—even different settings within the health care delivery system (e.g., solo practice, group practice, academic practice, HMOs)—have different barriers and require different strategies. We must encourage and *enable* adaptation of innovations to local conditions (striking an appropriate balance between “fidelity” and “adaptation”). Moreover, we must encourage the development of organizational cultures that are receptive to evidence-based innovation and identify a role for it in practice. Creating lasting change in organizations is not a linear process; the organizations that deal well with change are those that view the process as dynamic. Clinical practice guidelines, for example, should be seen as tools, not endpoints.
- **Our efforts to drive dissemination and translation have placed too much emphasis on the researcher and not enough emphasis on the manager.** The managers in any given setting exert a greater influence than researchers, yet our focus to date has underemphasized their importance; this is akin to encouraging the tail to wag the dog. Our future efforts must focus on helping managers change their decision-making—and monitoring—processes so as to embrace evidence-based approaches.
- **There is a pressing need for dissemination research—i.e., research on how to effectively disseminate evidence-based innovations—if we are to move our efforts into an evidence-informed practice of dissemination.** This includes market studies/needs assessments; tests of dissemination strategies; assessments of theoretical models, including models of individual and organizational change; and evaluations of (and development of evaluation protocols for) dissemination tools.
- **There is also a pressing need to realign the efforts of the organizations that fund intervention development and dissemination efforts.** The mis-fit between current funding mechanisms and models in which dissemination and development are concurrent processes, “turf” issues and lack of clear roles and responsibilities between funding agencies, and lack of a clear funding agenda for research and implementation were all noted as serious challenges that must be addressed.

The concluding portion of the discussion focused on how best to structure a face-to-face meeting later this fall. Recommendations included:

- Structuring future dialogue so as to allow separate focus on overcoming the challenges in medical settings, public health settings, and community settings.
- Including more “implementers” in the dialogue.
- Producing the following deliverables:

- A dissemination research agenda
- A dissemination implementation agenda (including the identification of dissemination tools that will have the greatest immediate payoff in reducing the suffering and death due to cancer)
- An interorganizational collaboration agenda (focused on facilitating the research and implementation agendas)
- Case studies of successes

Dr. Maibach closed the meeting by expressing his gratitude to all participants. He pledged to produce and forward a summary of the call to all participants and to establish a date and location for the next meeting as soon as possible.