Research on de-adoption of practices, programs, and policies

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Objectives

1. To define the key terms and gaps related to de-adoption of practices, programs, and policies.
2. To describe opportunities for D&I research on de-adoption.

Background

- Growing literature on adoption and sustainability
- Sparse literature on de-adoption/termination
- Rich opportunities for D&I research

What is program (medical practice, PH intervention, policy) termination?

Why should we care?

In Health Care

- Underuse is the lack of provision of necessary care (e.g., no aspirin prescribed after myocardial infarction)
- Misuse is the provision of wrong care (e.g., incorrect medication dosing)
- Overuse is the provision of medical services with no benefit or for which harms outweigh benefits (e.g., treating a simple infection with antibiotics)
  - Up to 30% of US health care spending

Some Health Care Data

- Review of 172 articles measuring overuse
  - Therapeutic procedures; diagnostic tests; medications
- Most commonly studied services were
  - antibiotics for upper respiratory tract infections
  - coronary angiography
  - carotid endarterectomy
  - coronary artery bypass grafting
- Much of the descriptive data are lacking

Korenstein et al. Arch Intern Med. 2012;172(2):171-178

In Public Health

- Continuing programs that should be terminated (not effective)
- Terminating programs that should be continued
- Understanding the reasons for termination or lack of termination

Growing Sustainability Literature

- Institutionalization generally refers to programs that are continued with little adaptation
- Sustainability includes possible adaptation of a program within or beyond an organization

Growing Sustainability Literature

Key variables

1. standard operating routines
2. conditions leading to perceived benefits over costs
3. mutual adaptation of stakeholders' aims into program advocacy
4. actions of a program champion
5. mutual adaptation of program and organizational norms
6. alignment of the organizational mission with core operations

Considerable Policy Literature

- Covers both the small p and large P
- Often focuses on three criteria
  - Resource ($) availability
  - Government efficiencies
  - Political ideology
- Often includes elimination of govt. agencies and programs & reluctance to terminate

Some Public Health Data

Most common reasons for termination

	Ranked as 1st, 2nd, or 3rd most common reason	
	State HD (N=162) [n (%)]	**Local HD N=370 [n (%)]**
Grant funding ended	141 (87.0)	323 (87.3)
Funding was diverted to a higher priority program	94 (58.0)	226 (61.1)
Support from policy makers changed*	74 (45.7)	126 (34.1)
Support from leaders in your agency changed*	53 (32.7)	85 (23.0)
Program was adopted or continued by other organizations*	28 (17.3)	115 (31.1)
Program champion left the agency	28 (17.3)	46 (12.4)
Program was never evaluated	20 (12.3)	56 (15.1)
Program was evaluated but did not demonstrate impact	20 (12.3)	49 (13.2)

*Statistically different at $p<0.05$.

Some Public Health Data

How often do program end that should not have ended?

- Often or always
  - SHDs: 31.7%; LHDs: 41.1%

How often do program continue that should have ended?

- Often or always
  - SHDs: 21.6%; LHDs: 30%

A brief de-adoption study scenario…

- In 2005, the US NCI funded a series of 12 innovative cancer control projects with state health departments (6 yrs of funding)
  - These were data driven projects designed to identify gaps, link PH with other systems, and apply evidence-based approaches for cancers of the breast, cervix, colon
  - It appears some project have continued and others have ended
- What research questions might be appropriate?
- What design would you use to answer these?
- What are challenges in implementing your study?
- Are there other studies that would inform your study?

Take home points

1. There is sparse D&I research on program de-adoption.
2. High quality D&I research on this topic has a large potential impact on our medical and public health systems/resources.

Literature

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