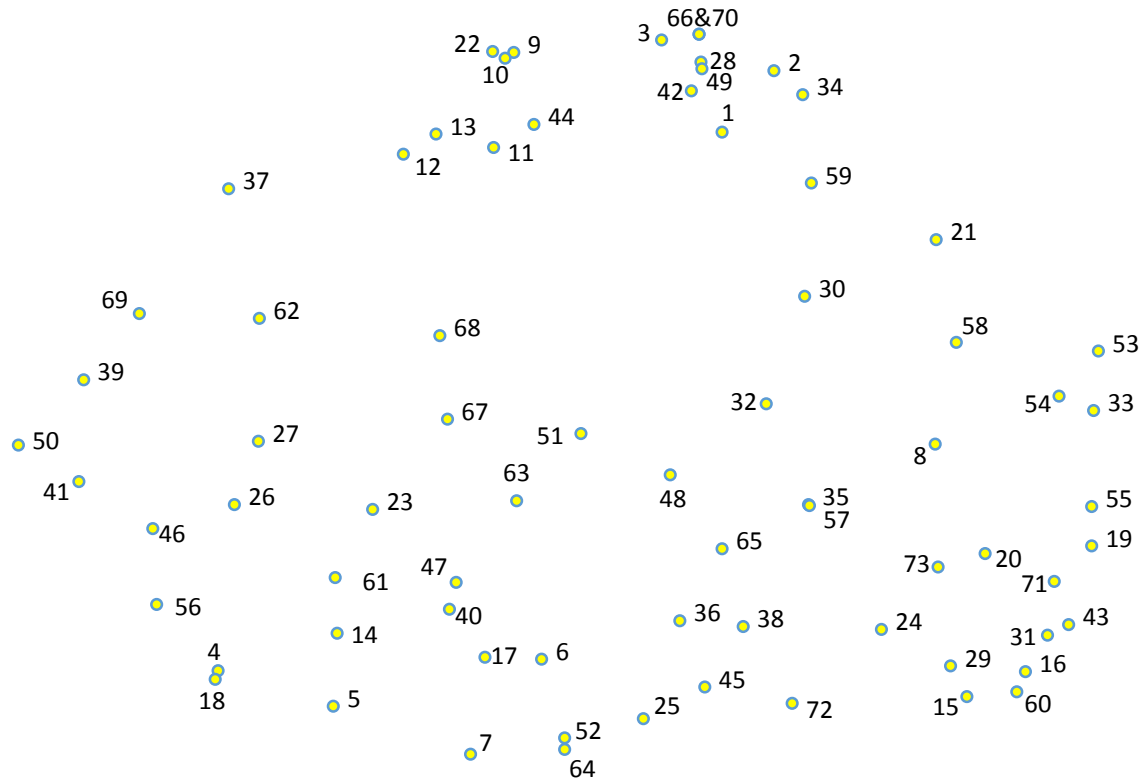


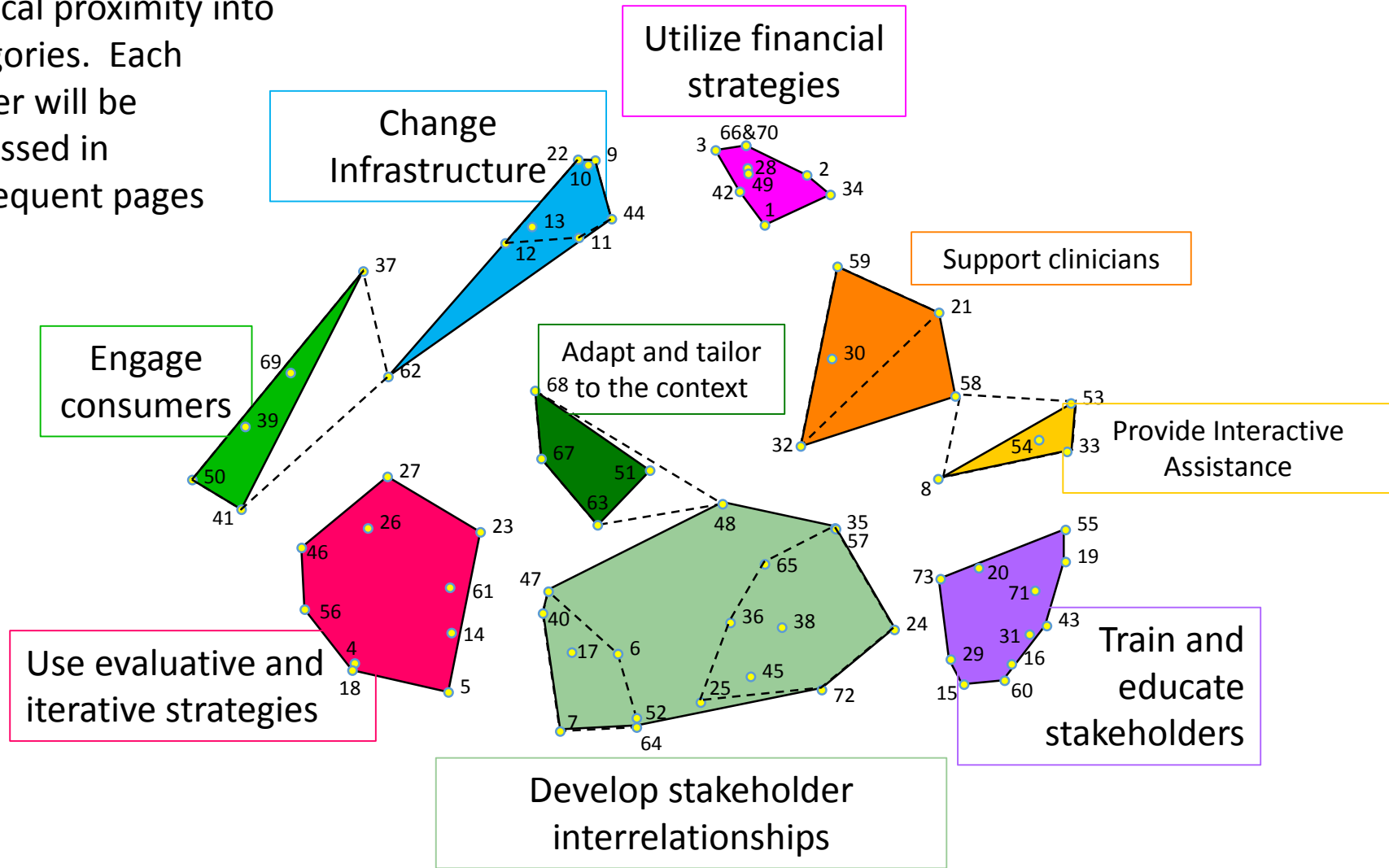
Point Map

Strategies commonly sorted together as similar are physically closer to one another in the graphic below.

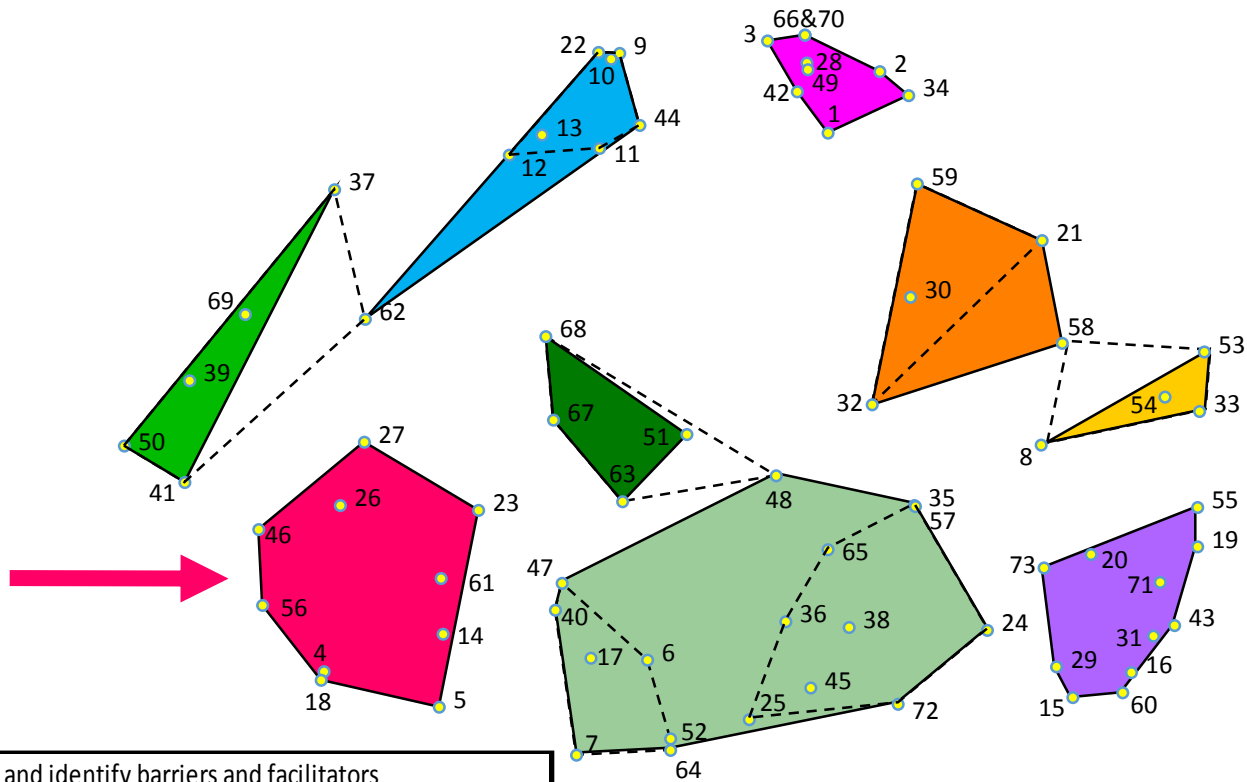


Final Solution

Strategies were clustered together by physical proximity into categories. Each cluster will be discussed in subsequent pages



Use Evaluative and Iterative Strategies

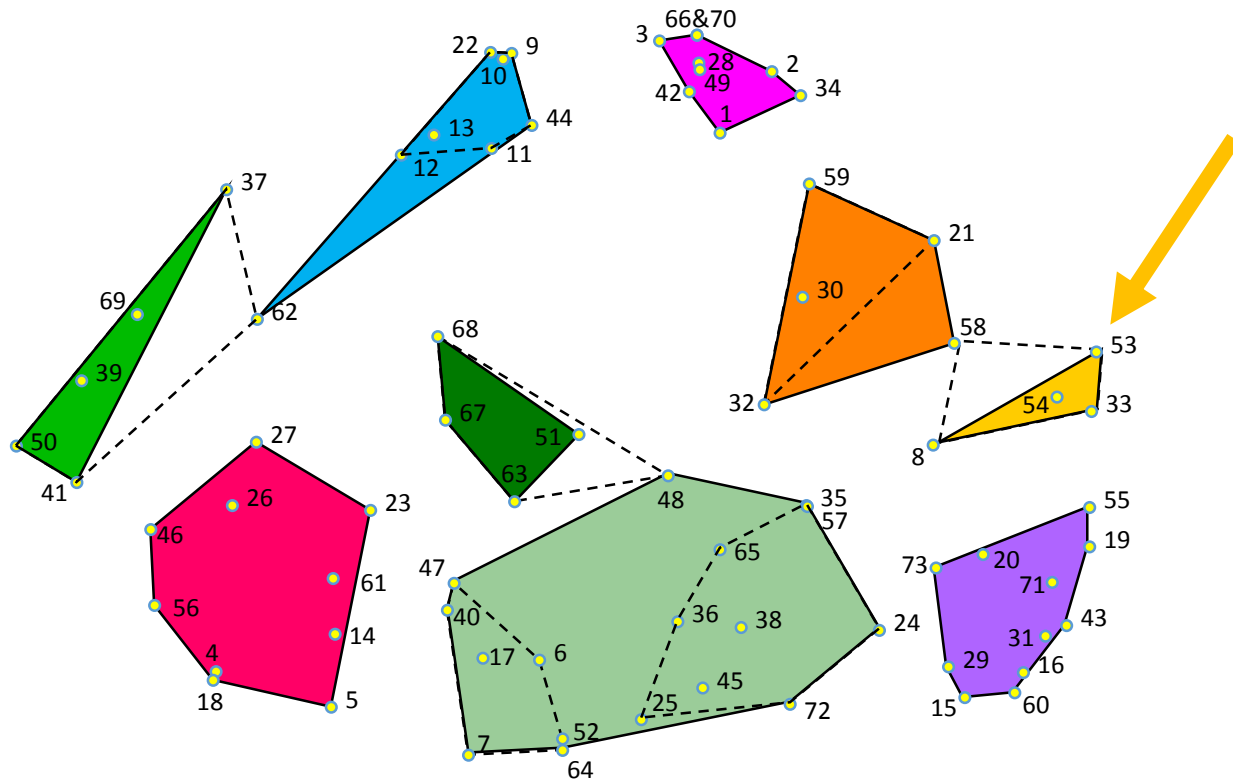


4 Assess for readiness and identify barriers and facilitators
5 Audit and provide feedback
14 Conduct cyclical small tests of change
18 Conduct local needs assessment
23 Develop a formal implementation blueprint
61 Stage implementation scale up

26 Develop and implement tools for quality monitoring
27 Develop and organize quality monitoring systems
46 Obtain and use patients/consumers and family feedback
56 Purposefully reexamine the implementation

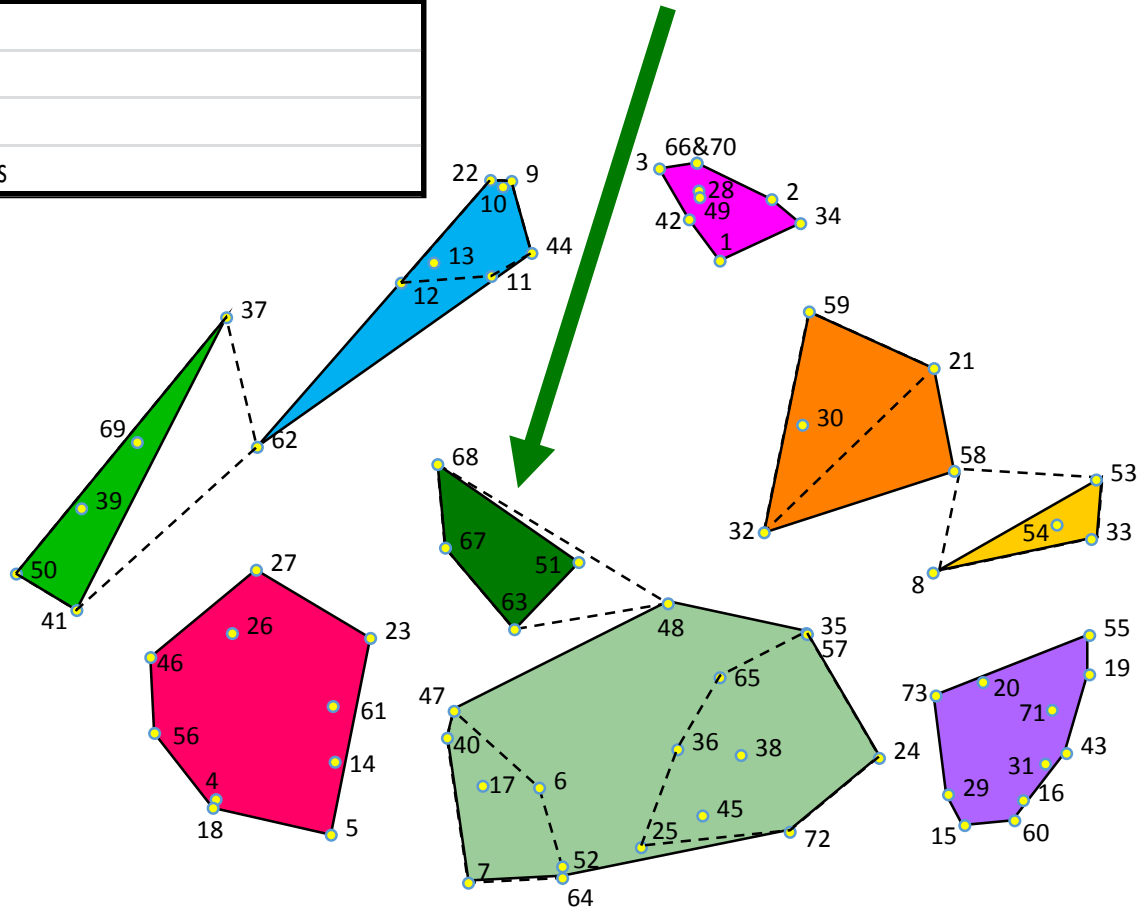
Provide Interactive Assistance

8	Centralize technical assistance
33	Facilitation
53	Provide clinical supervision
54	Provide local technical assistance



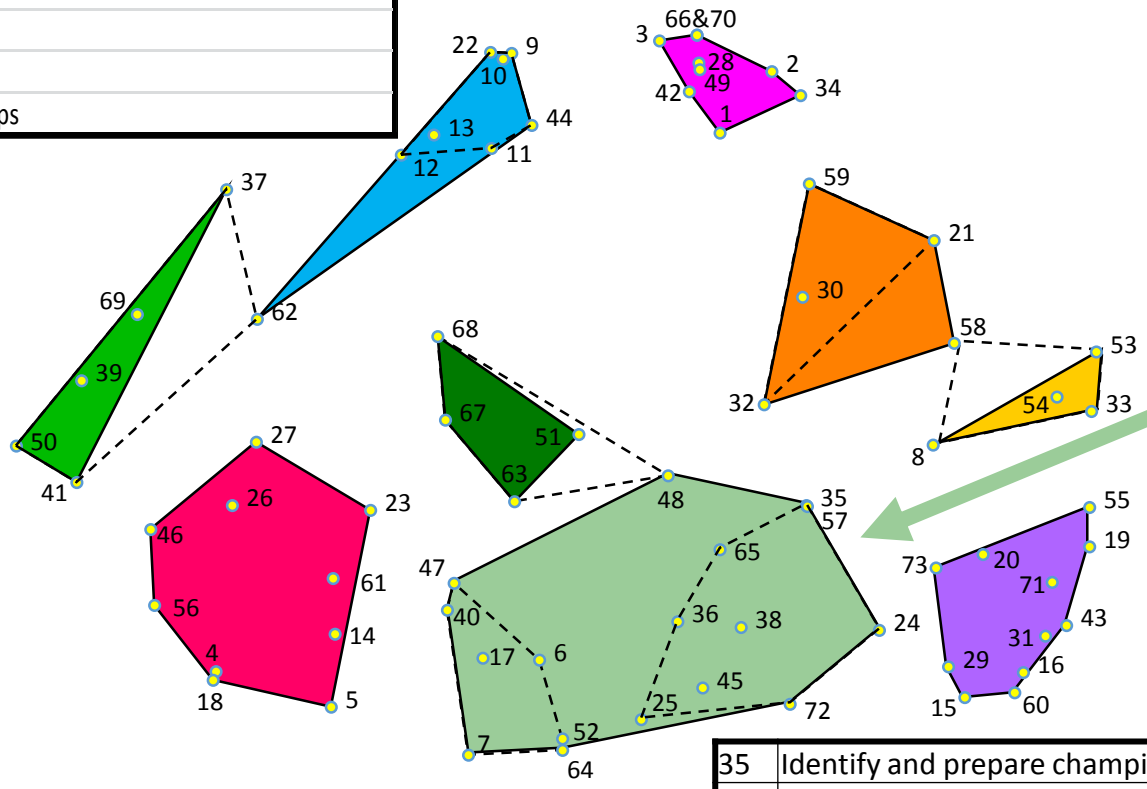
Adapt and Tailor to the Context

51 Promote adaptability
63 Tailor strategies
67 Use data experts
68 Use data warehousing techniques



Develop Stakeholder Interrelationships

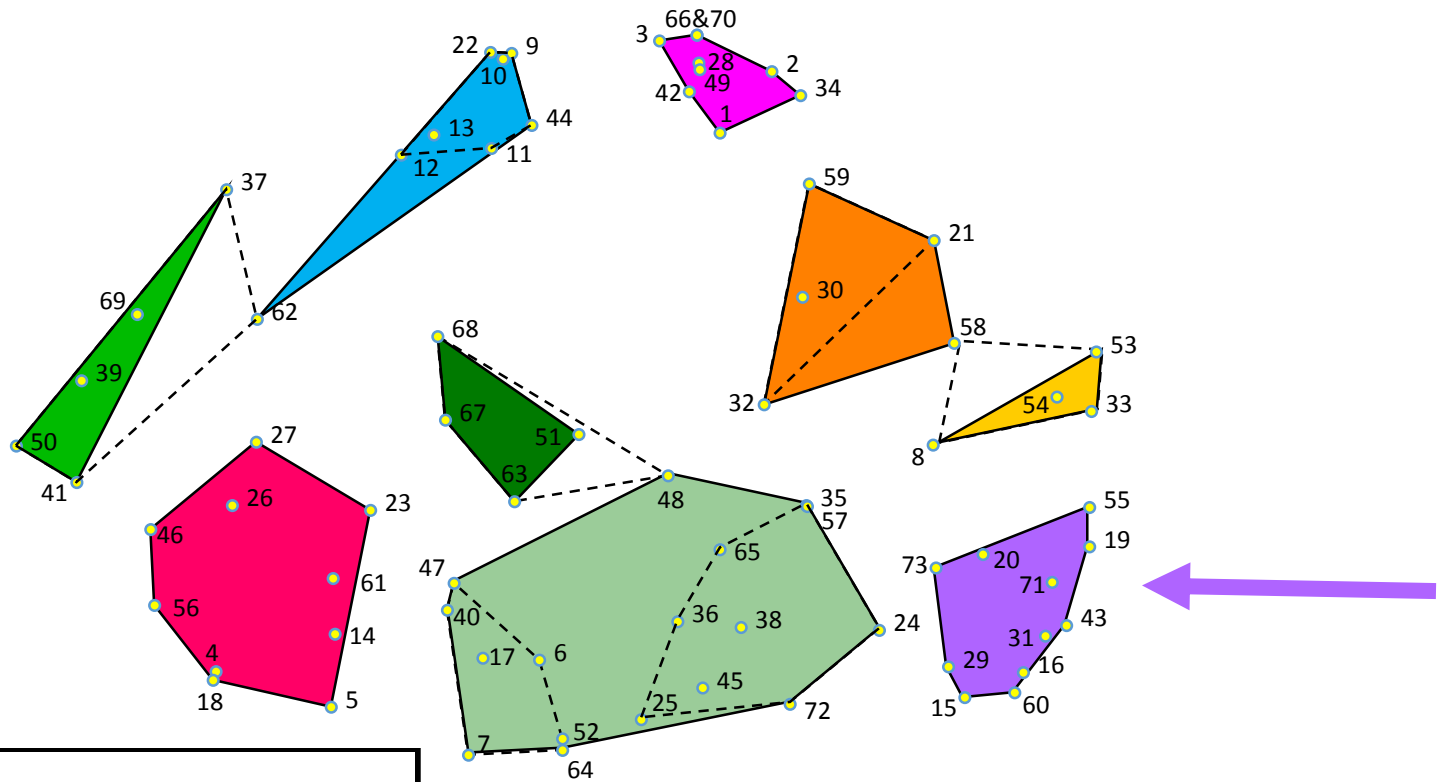
6	Build a coalition
7	Capture and share local knowledge
17	Conduct local consensus discussions
40	Involve executive boards
47	Obtain formal commitments
52	Promote network weaving
64	Use advisory boards and workgroups



24	Develop academic partnerships
25	Develop an implementation glossary
36	Identify early adopters
38	Inform local opinion leaders

35	Identify and prepare champions
45	Model and simulate change
48	Organize clinician implementation team meetings
57	Recruit, designate, and train for leadership
65	Use an implementation advisor
72	Visit other sites

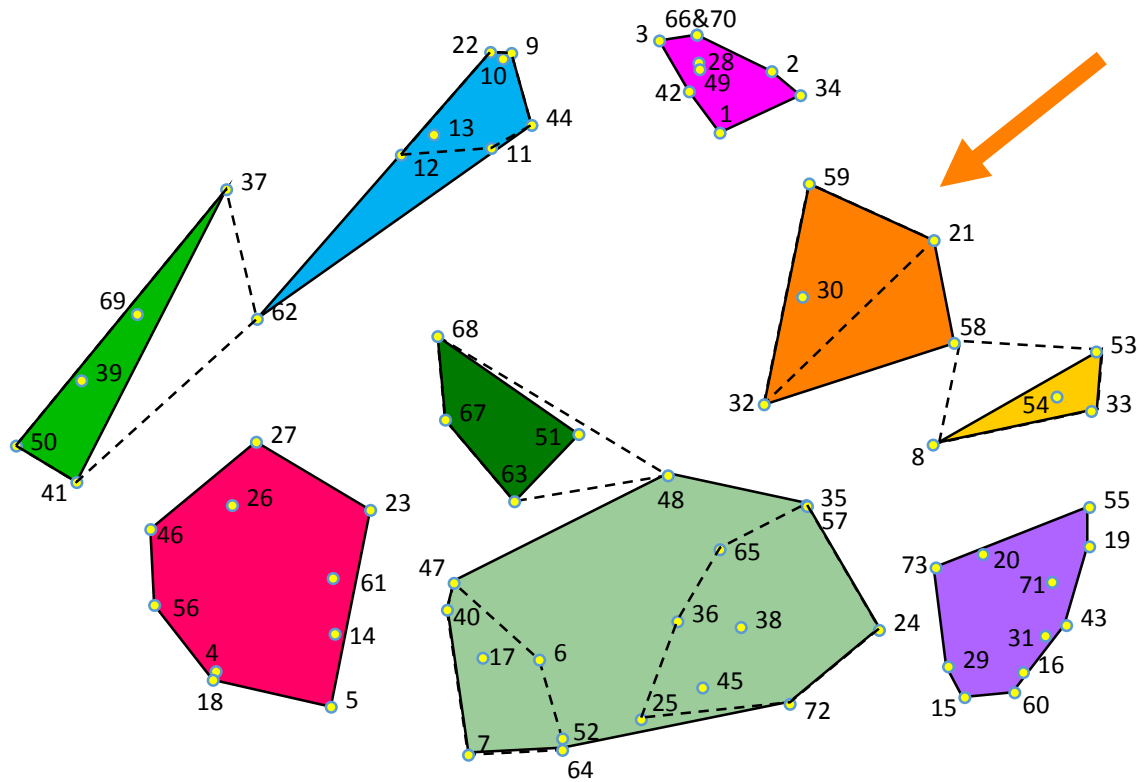
Train and Educate Stakeholders



15	Conduct educational meetings
16	Conduct educational outreach visits
29	Develop educational materials
60	Shadow other experts
19	Conduct ongoing training
20	Create a learning collaborative

31	Distribute educational materials
43	Make training dynamic
55	Provide ongoing consultation
71	Use train-the-trainer strategies
73	Work with educational institutions

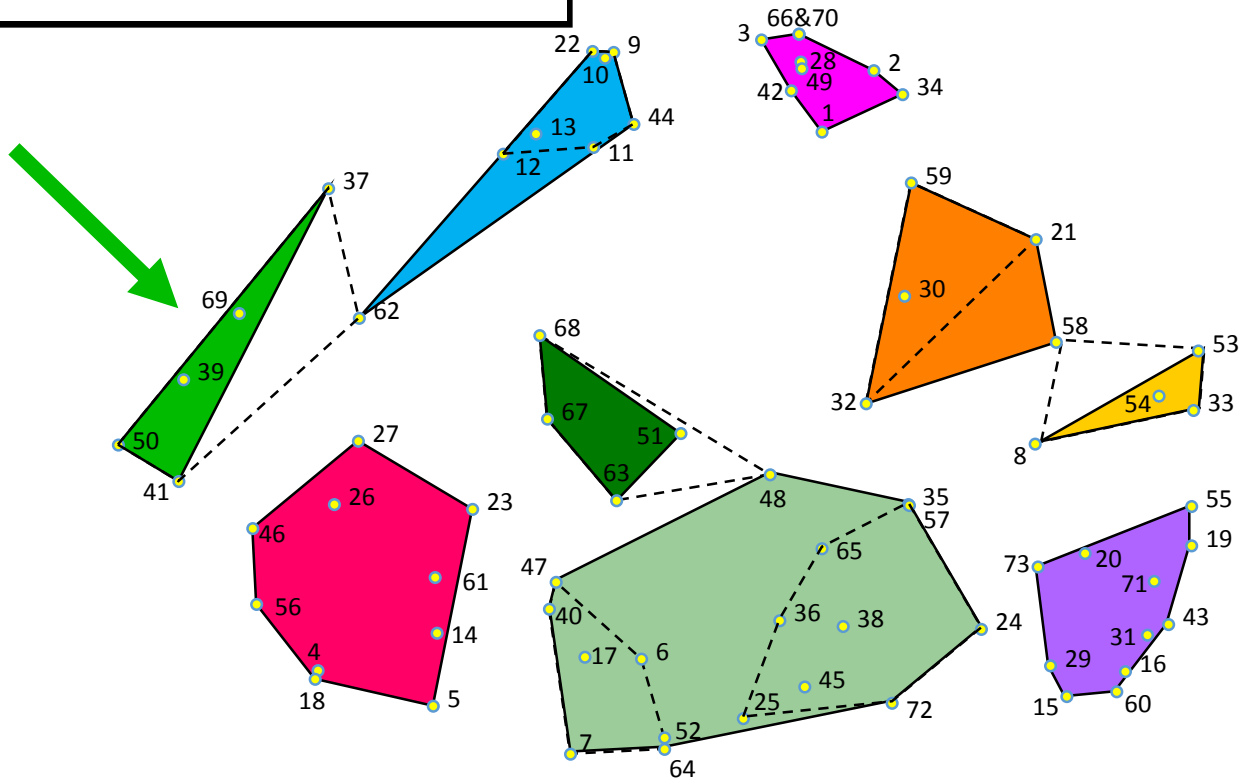
Support Clinicians



21	Create new clinical teams
30	Develop resource sharing agreements
32	Facilitate relay of clinical data to providers
58	Remind clinicians
59	Revise professional roles

Engage Consumers

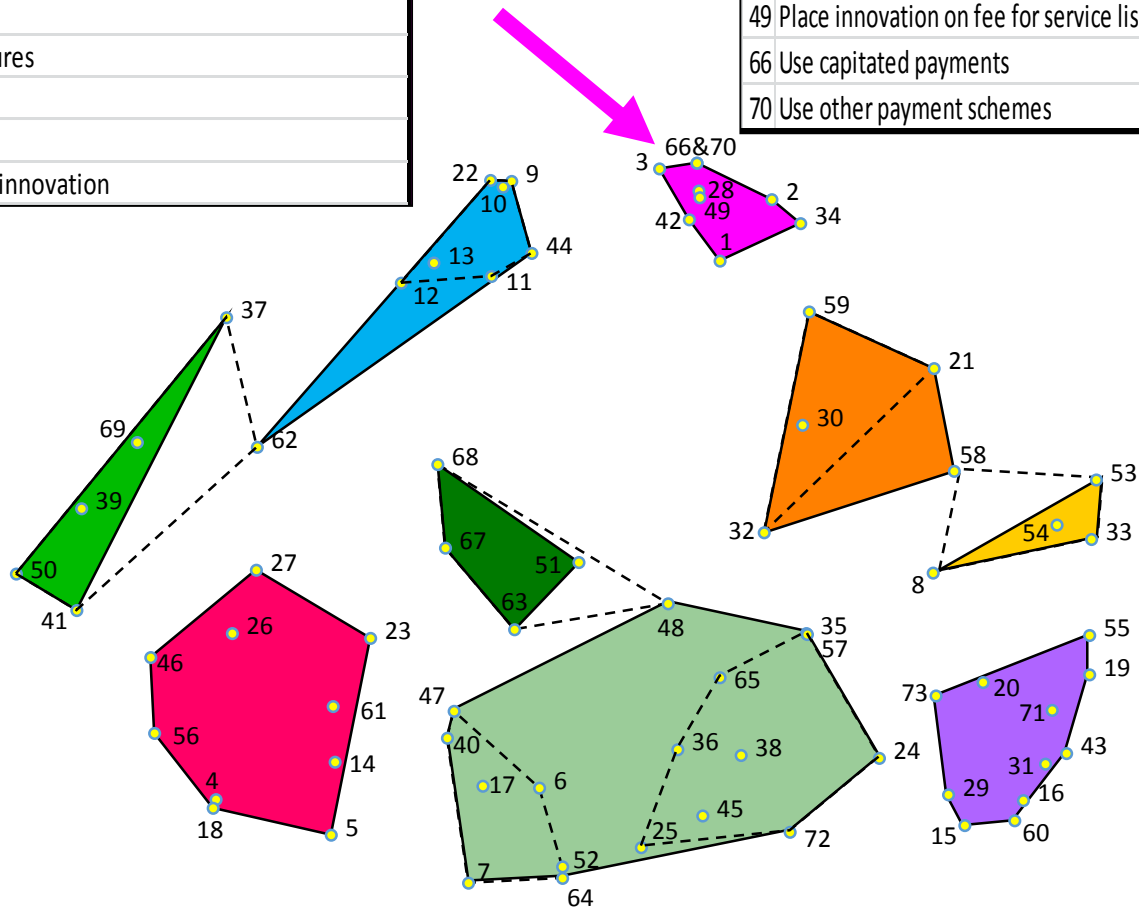
37	Increase demand
39	Intervene with patients/consumers to enhance uptake and adherence
41	Involve patients/consumers and family members
50	Prepare patients/consumers to be active participants
69	Use mass media



Utilize Financial Strategies

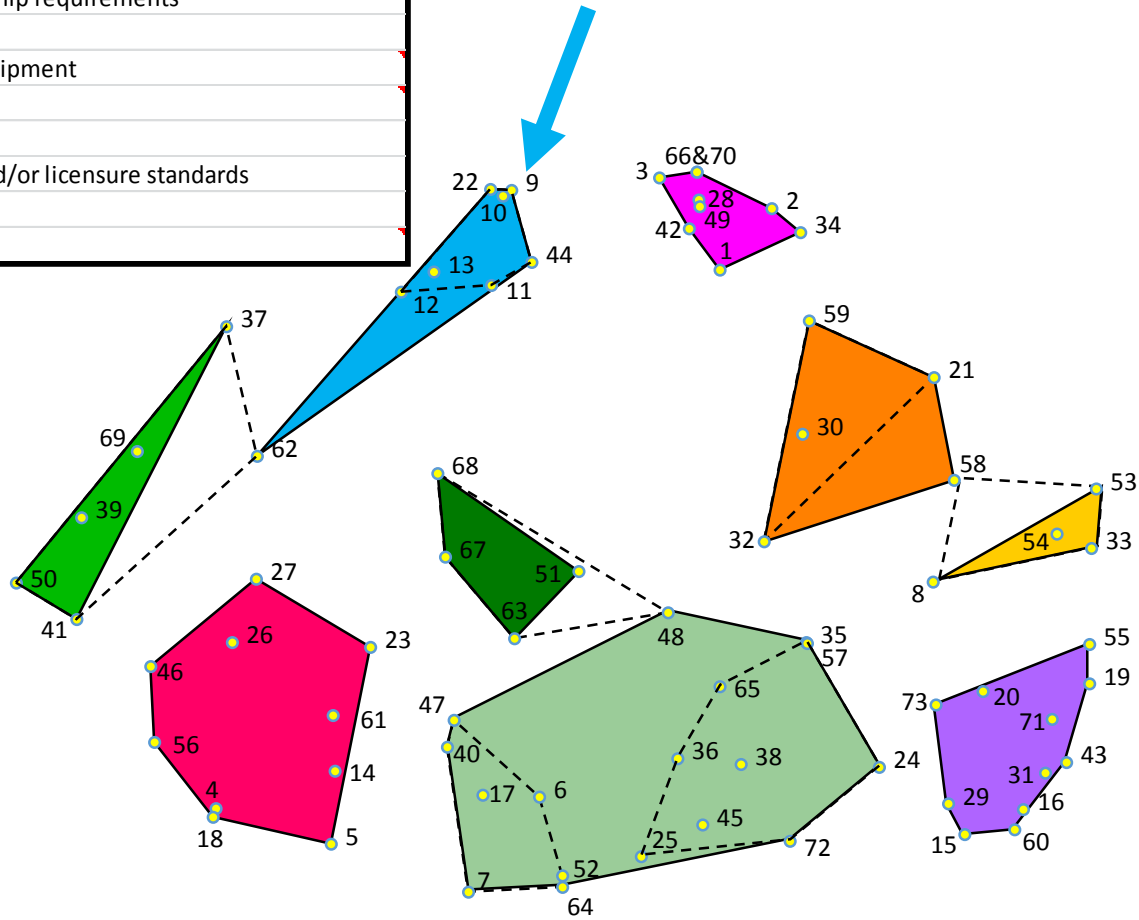
1	Access new funding
2	Alter incentive/allowance structures
3	Alter patient/consumer fees
28	Develop disincentives
34	Fund and contract for the clinical innovation

42	Make billing easier
49	Place innovation on fee for service lists/formularies
66	Use capitated payments
70	Use other payment schemes

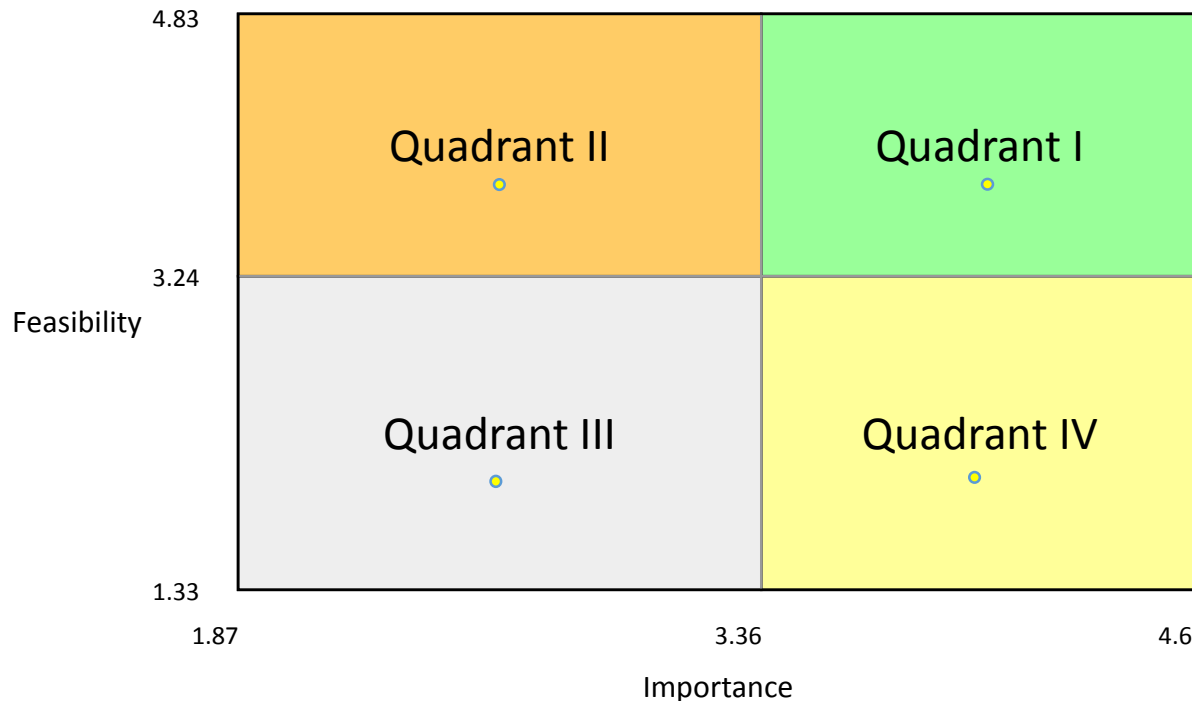


Change Infrastructure

9	Change accreditation or membership requirements
10	Change liability laws
11	Change physical structure and equipment
12	Change record systems
13	Change service sites
22	Create or change credentialing and/or licensure standards
44	Mandate change
62	Start a dissemination organization



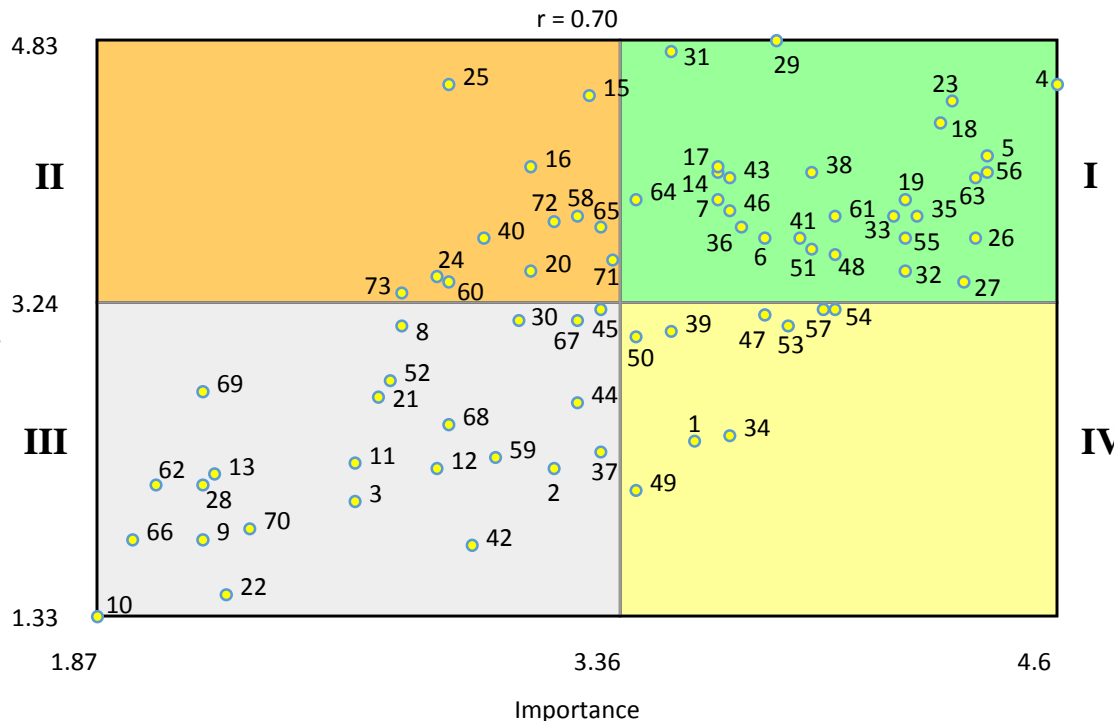
Go Zone Overview



Rating Scale Anchors	
1	Relatively unimportant Not at all feasible
2	Somewhat important Somewhat feasible
3	Moderately important Moderately feasible
4	Very important Very feasible
5	Extremely important Extremely feasible

Note. The range of the x and y axes reflect the range of mean values obtained for all 73 of the discrete implementation strategies for each of the rating scales. The plot is divided into quadrants on the basis of the overall mean values for each of the rating scales. Different means are calculated for each identifying the quadrants of each of the plots where only from the ratings of the strategies that compose the cluster under analysis (above the divisions reflect the means for all 73 strategies). Strategies falling in Quadrant I fall above the mean for both the importance and the feasibility ratings. Thus, these strategies are those where there was highest consensus regarding their relative high importance and feasibility. Conversely, Quadrant III reflects the strategies where there was consensus regarding their relative low importance and feasibility. Quadrants II and IV reflect strategies that were relatively high in feasibility or importance, respectively, but low on the other rating scale.

Go Zone-All



- 15. Conduct educational meetings
- 16. Conduct educational outreach visits
- 20. Create a learning collaborative
- 24. Develop academic partnerships
- 25. Develop an implementation glossary
- 40. Involve executive boards
- 58. Remind clinicians
- 60. Shadow other experts
- 65. Use an implementation advisor
- 71. Use train-the-trainer strategies
- 72. Visit other sites
- 73. Work with educational institutions

- 2. Alter incentive/allowance structures
- 3. Alter patient/consumer fees
- 8. Centralize technical assistance
- 9. Change accreditation or membership requirements
- 10. Change liability laws
- 11. Change physical structure and equipment
- 12. Change record systems
- 13. Change service sites
- 21. Create new clinical teams
- 22. Create or change credentialing and/or licensure standards
- 28. Develop disincentives
- 30. Develop resource sharing agreements
- 37. Increase demand
- 42. Make billing easier
- 44. Mandate change
- 45. Model and simulate change
- 52. Promote network weaving
- 59. Revise professional roles
- 62. Start a dissemination organization
- 66. Use capitated payments
- 67. Use data experts
- 68. Use data warehousing techniques
- 69. Use mass media
- 70. Use other payment schemes

- 1. Access new funding
- 34. Fund and contract for the clinical innovation
- 39. Intervene with patients/consumers to enhance uptake and adherence
- 47. Obtain formal commitments
- 49. Place innovation on fee for service lists/formularies
- 50. Prepare patients/consumers to be active participants
- 53. Provide clinical supervision
- 54. Provide local technical assistance
- 57. Recruit, designate, and train for leadership

- 4. Assess for readiness and identify barriers and facilitators
- 5. Audit and provide feedback
- 6. Build a coalition
- 7. Capture and share local knowledge
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- 29. Develop educational materials
- 31. Distribute educational materials
- 32. Facilitate relay of clinical data to providers
- 33. Facilitation
- 35. Identify and prepare champions
- 36. Identify early adopters
- 38. Inform local opinion leaders
- 41. Involve patients/consumers and family members
- 43. Make training dynamic
- 46. Obtain and use patients/consumers and family feedback
- 48. Organize clinician implementation team meetings
- 51. Promote adaptability
- 55. Provide ongoing consultation
- 56. Purposefully reexamine the implementation
- 61. Stage implementation scale up
- 63. Tailor strategies
- 64. Use advisory boards and workgroups

Relative Ratings by Cluster

