

Beyond trial outcomes: Process evaluation insights into the IMP²ART trial findings

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IMP²ART

IMP²ART was a whole-systems strategy to help UK primary care practices implement supported asthma self-management.

Nurse facilitation over a year enabled:

- Formation and tailoring of a team plan,
- Audit and feedback from electronic health records,
- Online team/staff education,
- Communication and review templates,
- A 'Living with Asthma' website for patients and staff.

UK-wide cluster randomised implementation trial

The trial tested the impact of IMP²ART in 73 implementation group practices compared with 71 control practices, concluding that the strategy had no impact on unscheduled care, provision of action plans, or other secondary outcomes.

Results

The multicomponent IMP²ART implementation strategy



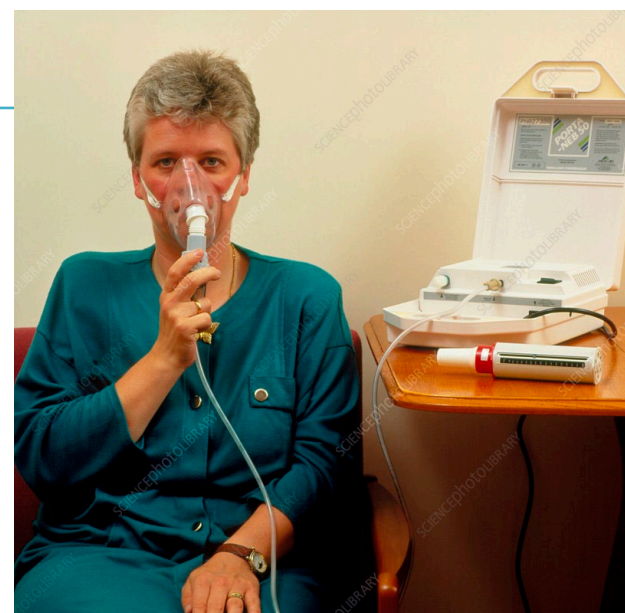
Fidelity

- Core components of the implementation strategy: measurable with defined threshold
- | | | |
|-------------------------|--|------------|
| 1. Facilitation | Workshop [with at least one person present] | n=65 (94%) |
| 2. Audit and feedback | Monthly reports [≥20 within 3m of due date] | n=51 (74%) |
| 3. Team education | Team log-in [≥80% completed] | n=58 (84%) |
| 4. Individual education | Individual log-in [> one person completed ≥ 80%] | n=52 (75%) |

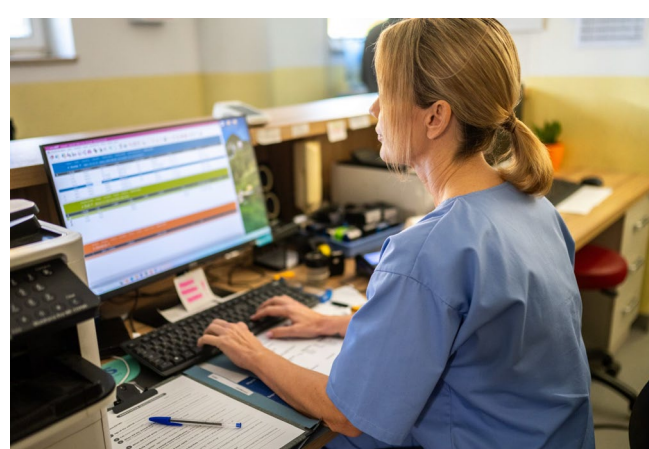
80% (n=55) of practices received three or more of the core components as intended

55% (n=38) received all four core components.

"If people have an unscheduled episode of care, whereas before they probably wouldn't have been seen, I would say again probably 50 are and 50 aren't... then these were our, like, actions or goals. And they've sort of been a little bit more embedded in practice."



Ensuring a follow up after an acute attack



"I don't know whether things are improving regarding the amount of salbutamol that people are having, but I think it's probably picked up a little bit quicker than what it would have been before we did the study."



"Asthma exacerbations. We're trying really hard to make sure they're coded now. That was the main thing that came from this study is that we were coding lower respiratory tract infection but not coding exacerbation of asthma. So that follow-up was then being missed because that code tends to trigger something in admin."

Aim of the process evaluation: fidelity

To determine the fidelity with which the IMP²ART strategy was delivered and adopted/adapted by practices, to inform understanding of why IMP²ART did not achieve the anticipated outcomes.

Methods

We conducted a multi-method process evaluation in implementation practices (69 retained = 95%) across England and Scotland.

Quantitative Data

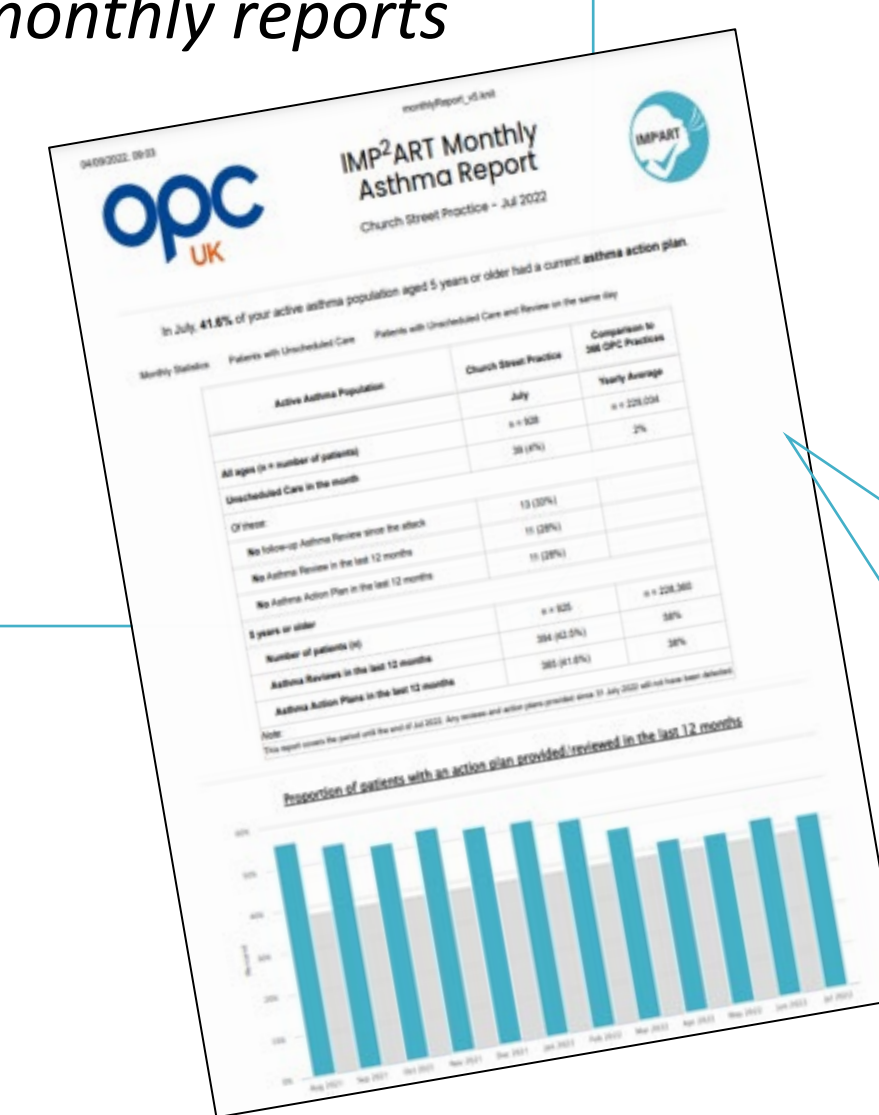
- Audits of electronic health records
- Online education uptake
- Patient/professional website views
- Researcher/facilitator records

Qualitative Data:

- Implementation practice staff interviews (n=11)
- End of trial meetings/surveys (n=50)

We used quantitative descriptive analysis, with qualitative descriptive thematic content analysis to explore practice experience of the strategy

"We're already doing better than (last year)... I think these monthly reports (have been the main driver), to be honest, so we can pinpoint the ones that definitely need an invite."



Driving improvement – or reassuring that we were already doing well..

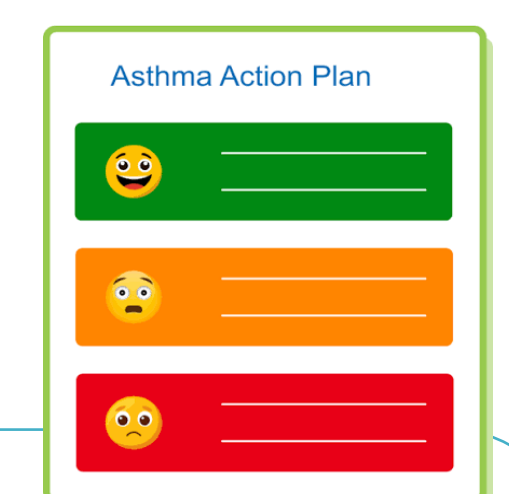
"(IMP²ART) just [clarified] that, you know, our asthma care is pretty good. I don't think...I didn't actually do it much different. Which was quite good 'cause I didn't want to be...and it wasn't time-consuming 'cause I was doing it anyway."

"it's a big team effort on how we do that (follow-up patients after exacerbation). ...somebody within the team is doing every aspect of the care, so nothing gets missed hopefully."

Working as a team



"There's definitely an improvement in how people interact communication wise and telling people to get the exacerbate...follow-ups."



"The patients who fail to attend, however we've now got that contact, and then we do send out a management plan, invited them to come in, and we are getting a response from a lot of the patients, from that."

Conclusion

- The IMP²ART trial did not demonstrate reduced unscheduled care or increased provision of action plans.
- The process evaluation suggests practices did engage with the IMP²ART strategy, which could act as a catalyst for change.
- Staff reported improved timeliness and embedding of processes.
- The benefits of these improvements might take longer to evidence than the trial period and benefits might be seen in aspects not detected by the main trial outcomes.
- Practices who felt IMP²ART confirmed they were already doing well made limited changes, suggesting practices with more room for improvement may benefit most from a strategy like IMP²ART.