



**RE-AIM:
ENHANCING
REACH,
IMPLEMENTATION,
SPREAD, AND
SUSTAINABILITY**

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**HOW DO YOU DEFINE
SUCCESS?**

ULTIMATE IMPACT OF MAGIC DIET PILL

<u>Dissemination Step</u>	<u>Concept</u>	<u>% Impacted</u>
50% of Clinics Use	Adoption	50%
50% of Clinicians Prescribe	Adoption	25%
50% of Patients Accept Medication	Reach	12.5%
50% Follow Regimen Correctly	Implementation	6.2%
50% of Those Taking Correctly Benefit	Effectiveness	3.2%
50% Continue to Benefit After 6 Months	Maintenance	1.6%

MORAL OF THE STORY?

“Focus on the Denominator”

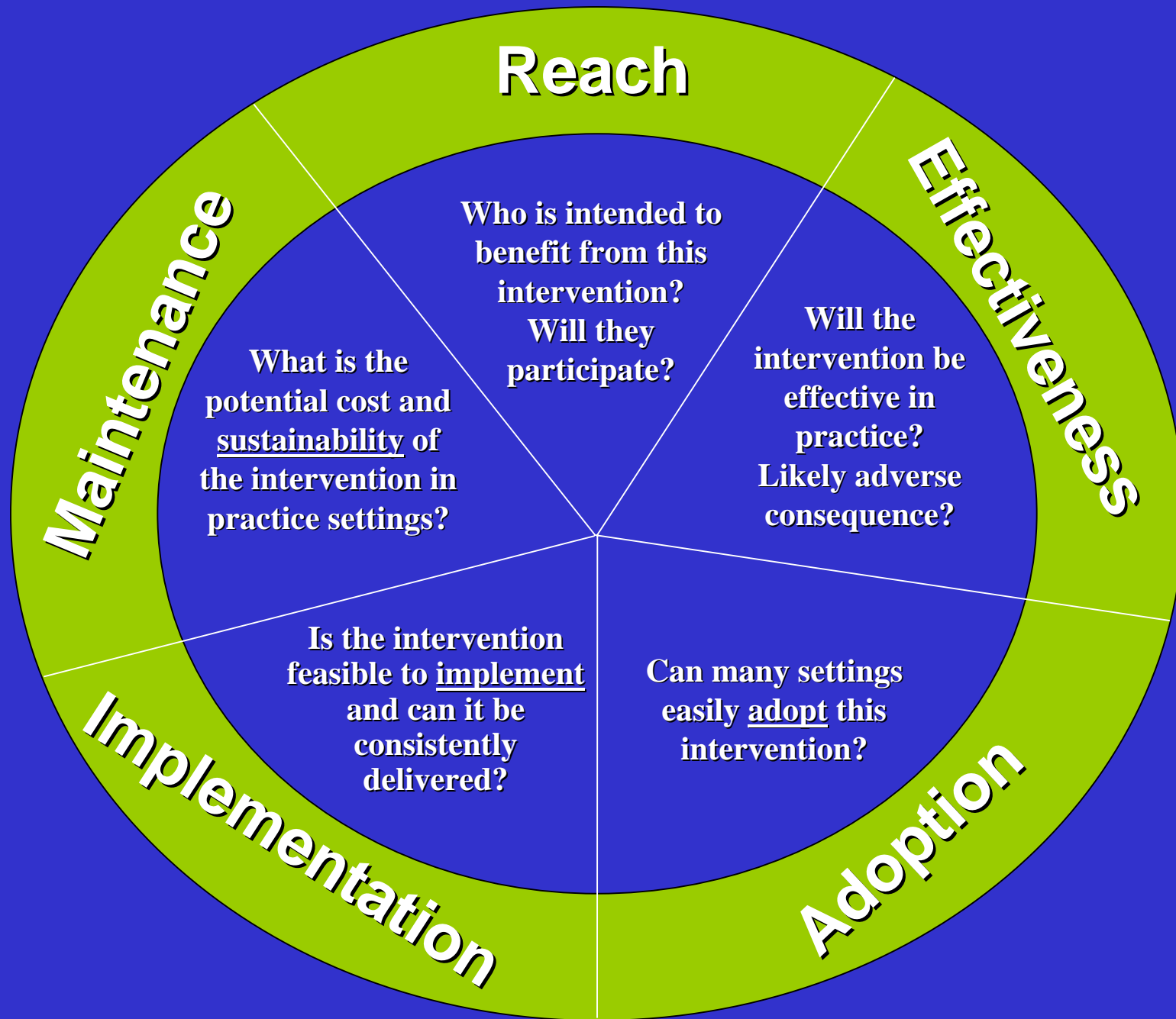
**“Pay Attention to Impact
on EACH Level”**

ATTRIBUTES OF THE CHRONIC CARE MODEL APPROACH: THE 4 Ps

- **Patient centered:** Appeals to most patients
- **Population based:** Consider impact on all patients in registry or panel
- **Proactive:** Involves outreach in between visits
- **Planned:** Designed for effectiveness, consistency of delivery, and sustainability

A PLANNING AND EVALUATION MODEL TO “RE-AIM” PLANS AND STRATEGIES

- To increase the relevance of research reports and clinical trials
- To evaluate issues relevant to program adoption, implementation, and maintenance
- To help close the gap between research studies and practice by
 - Informing design of interventions
 - Providing guides for decision makers



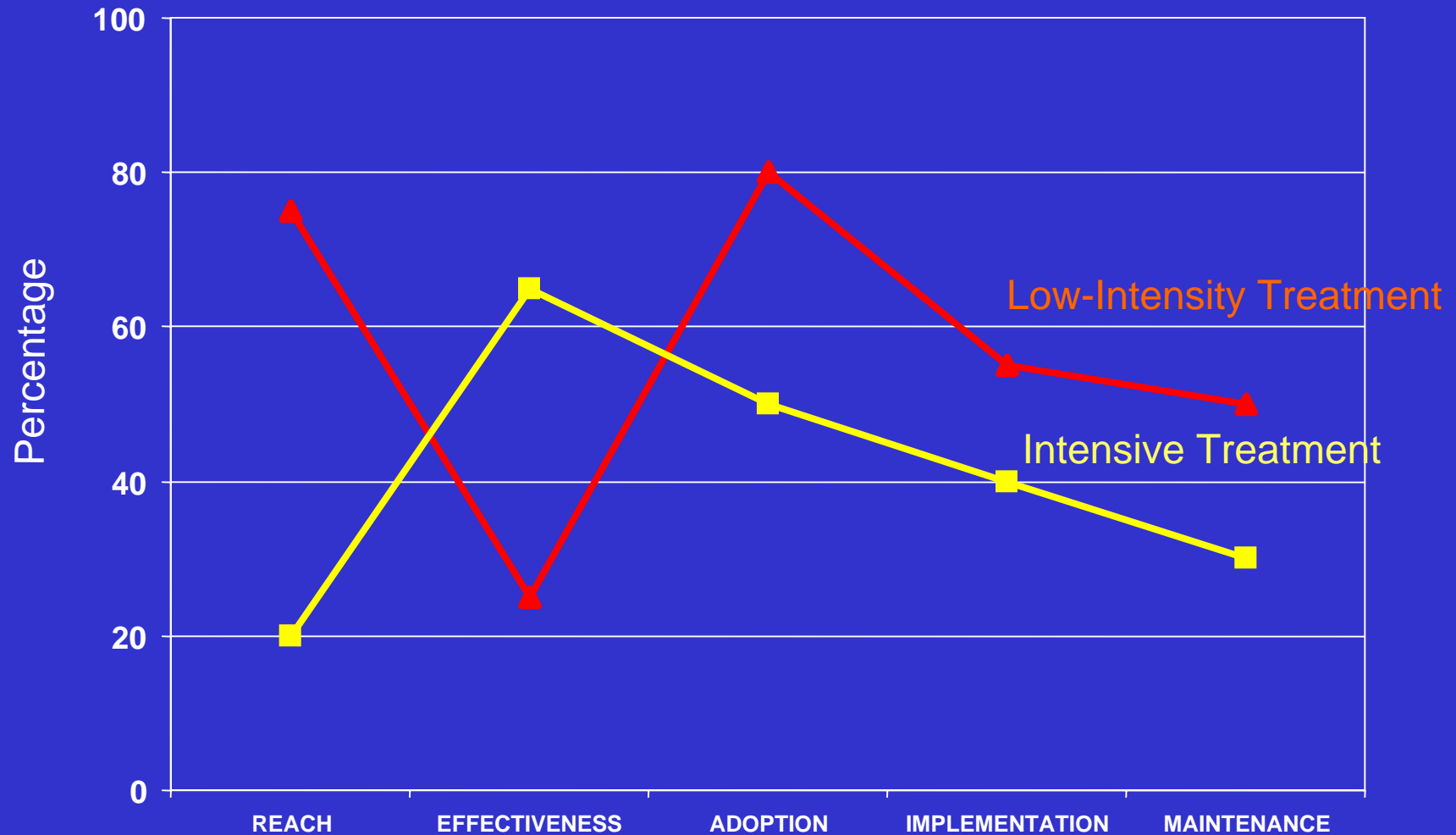
LOW-INTENSITY TREATMENT

- **Office-based goal setting**
- **One follow-up call by nurse**
- **Broadly applicable, high reach**
- **Lower effectiveness**

INTENSIVE TREATMENT

- Referral to 12-session weight loss program
- Led by clinical psychologist and nutritionist
- Fewer clinics can afford; many patients have barriers to participation (travel, child care)
- High effectiveness

Visual Display of Relative Standing of Two Different Interventions on RE-AIM Dimensions



INDIVIDUAL LEVEL IMPACT

Individual Impact = Reach x Effectiveness

Low Intensity Treatment = .75 x .24 = .18

Intensive Treatment = .22 x .67 = .15

SETTING LEVEL IMPACT

Setting Impact = Adoption x Implementation

Low-Intensity Treatment = .80 x .55 = .44

Intensive Treatment = .50 x .40 = .20

RATE (RE-AIM) YOUR PROGRAM

REACH

- 1. How confident are you that you will be able to attract a large proportion of your target population to participate in your program?**

1 2 3 4 5 6 7 8 9 10

- 2. How confident are you that your program will successfully include all members of your target population regardless of race/ethnicity, gender, age, or socio-economic status?**

1 2 3 4 5 6 7 8 9 10

RATE (RE-AIM) YOUR PROGRAM

EFFECTIVENESS

- 1. How confident are you that your program will achieve key targeted behavior change outcomes?**

1 2 3 4 5 6 7 8 9 10

- 2. How confident are you that your planned program can be implemented without producing unintended adverse consequences?**

1 2 3 4 5 6 7 8 9 10

RATE (RE-AIM) YOUR PROGRAM

ADOPTION

- 1. How confident are you that you will be able to attract a large percent of the target settings and staff in these settings to deliver the program.**

1 2 3 4 5 6 7 8 9 10

- 2. How confident are you that your program will reach those settings and staff who provide services for people in your target population who have the highest need?**

1 2 3 4 5 6 7 8 9 10

RATE (RE-AIM) YOUR PROGRAM

IMPLEMENTATION

1. How confident are you that the various program components will be delivered as intended?

1 2 3 4 5 6 7 8 9 10

2. How confident are you that the program can be delivered by a variety of staff representing a variety of positions and levels of the organization?

1 2 3 4 5 6 7 8 9 10

RATE (RE-AIM) YOUR PROGRAM

MAINTENANCE

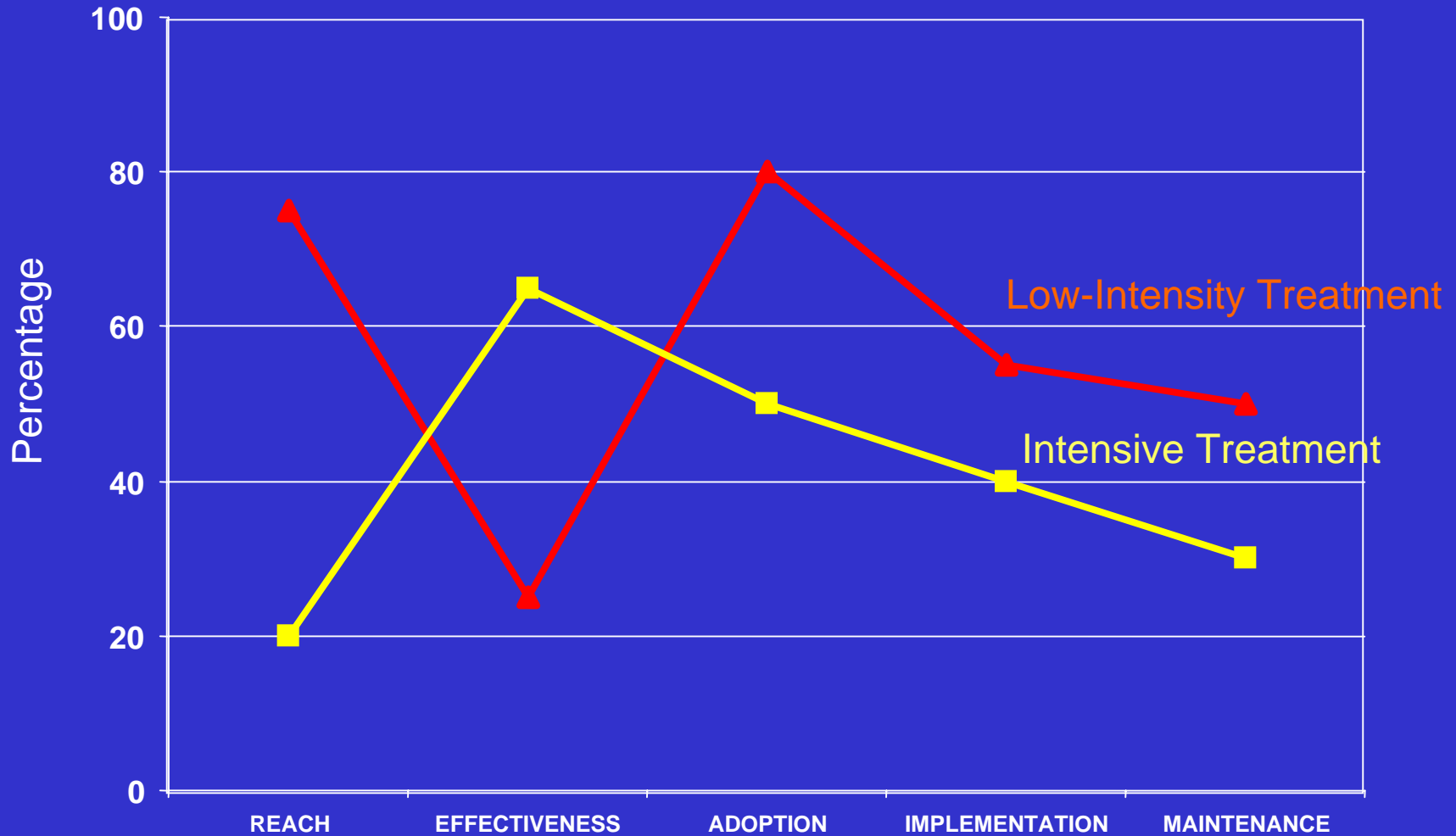
1. How confident are you that the program will produce lasting benefits for participants?

1 2 3 4 5 6 7 8 9 10

2. How confident are you that your program can be sustained after the collaborative is over?

1 2 3 4 5 6 7 8 9 10

Visual Display of Relative Standing of Two Different Interventions on RE-AIM Dimensions



RE-AIM RESOURCES FOR PLANNING FOR REACH, SPREAD, AND SUSTAINABILITY

Klesges LM, et al. Beginning with the application in mind: Designing and Planning Health Behavior Change Interventions (Available on website)

Glasgow RE, Davis C, Funnell M, Beck A. Implementing practical interventions to support chronic illness self-management in health care settings. *Joint Commission Journal on Quality and Safety*, November 2003 (Available on the website)

Glasgow RE, Goldstein M, et al. Translating what we have learned into practice. Principles and hypotheses for addressing multiple behaviors in primary care. (Available on the website)

RE-AIM Questions to Ask and Ways to Enhance Overall Impact

RE-AIM Dimension	Questions to Ask of Potential Programs	Possible Ways to Enhance Dissemination
REACH (Individual Level)	What % of the target population comes into contact? Does program reach those most in need? Will participants be representative of the targeted population?	Formative evaluation with potential users with those declining Small scale recruitment studies to test methods Identify and reduce barriers Use multiple channels of recruitment
EFFECTIVENESS (Individual Level)	Does program achieve key targeted outcomes? Does it produce unintended adverse consequences? How will impact on quality of life (QOL) be assessed?	Incorporate more tailoring to individual Reinforce via repetition, multiple modalities, social support and systems change Use stepped care approach Evaluate adverse outcomes and QOL for program revision and cost-to-benefit analyses
ADOPTION (Setting/Organizational Level)	What % of target settings and organizations will use? Will these organizations having underserved or high-risk populations use it? Does program help the organization address its primary mission?	Conduct formative evaluation of adoptees and settings that decline Recruit settings that have most contact with target audience Provide different cost options and customization of intervention Develop recruitment materials outlining program benefits and required resources
IMPLEMENTATION (Setting/Organizational Level)	How many staff within a setting will try this? Can different levels of staff implement the program successfully? Are different components delivered as intended?	Provide delivery staff with training and technical assistance Provide clear intervention protocols Consider automating all or part of the program Monitor and provide staff feedback and recognition for implementation
MAINTENANCE (Individual and Setting Levels)	Does the program produce lasting effects at individual level? Can organizations sustain the program over time? Are those persons and settings that show maintenance those most in need?	Reduce level of resources required Incorporate "natural environmental" and community supports Conduct follow-up assessments and interviews to characterize success at both levels Incorporate incentives and policy supports