

WP7

Implementation Strategies, Processes, Outcomes and Costs - Available data and code -

Anita Schick CIMH Georgia Koppe, Manuel Brenner CIMH

General Assembly meeting Heidelberg, 11.04.2024







- 1. To <u>tailor, optimize and evaluate</u> detailed <u>implementation strategies</u> for the Digital Mobile Mental Health intervention (DMMH) at each site and <u>identify putative contextual factors</u> based on an a priori assessment using the NASSS framework (**task 7.1**, with WP5, task 5.1, 5.2)
- 2. To investigate i) Reach, ii) Effectiveness, iii) Adoption, iv) Implementation and v) Maintenance of implementing the DMMH in routine care (RE-AIM) as a basis for assessing the **public health impact** of implementation and **scale-up** of the DMMH (**task 7.2**)
- 3. To examine the <u>process</u> of implementing the DMMH in routine care and identify in vivo configurations of <u>contexts</u>, <u>mechanisms of change</u>, and how these are associated with outcomes of implementation and intervention (**task 7.3**, with WP5, task 5.3)
- 4. To investigate the <u>economic costs</u> of implementing the DMMH intervention, determine <u>cost-utility</u> and <u>extended cost-utility</u> of the intervention vis à vis standard care (**task 7.4**)



Phase1: study design

Participatory field study using a) a questionnaire and b) qualitative interviews in:

- Service users
- Clinicians
- Support network members
- Administrators

Data has been collected in all 4 countries.





1) Survey data

IMMERSE

Туре	Participant	Source	Number of	Example	Example	
	forms per time		Data Collection Instrument	Baseline (1)		
		point		ID (survey)	1	
				languages (survey)	L.	
		Outcomos		Demographics (survey)	1	
		Outcomes		Technology Use (survey)	1	
	Service users	Redcap (2 instances UMM, 8 KULeuven)	Privacy (survey)	1		
Self-report			0	Patient Specific Questions (survey)	1	
				PAM-MH (survey)	1	
				Shared Decision Making Patient $({\scriptstyle {\sf survey}})$	1	
Self-report	Support network	Redcap (2 instances UMM,	6	Shared Decision Making Clinician (survey)		
Schreport				Clinician Specific Questions (survey)		
		KULeuven)		Supporter Specific Demographics (survey)		
Self-report	Clinicians	Redcap (2 instances UMM,	8	Admin Specific Demographics (survey)		
Sen report				ORCA (survey)		
		KULeuven)		PSS-I (survey)	1	
Self-report	Admins	Redcap (2 instances UMM.	8	Usability Self Tracking (survey)	1	
			0	Usability EHR (survey)		
		KOLEUVEII)		Implementation Patient (survey)	v	
				Implementation Supporter (survey)		
* * This project	has received funding from t	the European Union's		Implementation Clinician (survey)		
Horizon 2020	Dresearch and innovation F	rogramme under grant		Implementation Admin (survey)		

2) Interview data



Туре	Participant	Source	Number of forms per time point	Example
		Outcomes		
Qualitative Interview	Service users	Codes according to common code book	-	
Qualitative Interview	Support network	Codes according to common code book	-	
Qualitative Interview	Clinicians	Codes according to common code book	-	
Qualitative Interview	Admins	Codes according to common code book	-	



Phase 1 Overview

NASSS Domain	Questionnaire	Interview
Condition / illness	self-report; stress level (PSS-4); memory questionnaire (PRMQ); patient activation scale; clinician caseload	self report (case load / diagnosis / symptoms)
Technology	technology use and attitudes scales, SUS	experience with technology, sample task with DMMH
Value Proposition	special item; SDM-Q-9	sample task follow up
Adopter System	stakeholder-specific adaptation of questionnaire	as questionnaire
Organisation	ORCA - context component; experience with implementation	Interview prompts / vignettes
Institutional and Social Context	demographics; barriers / facilitators based on past experience; Privacy Concern	as questionnaire; vignettes
Interaction over time	not covered	prompts about history / past experience / developments







- To tailor, optimize and evaluate detailed implementation strategies for the Digital Mobile Mental Health intervention (DMMH) at each site and identify putative contextual factors based on an a priori assessment using the NASSS framework (task 7.1, with WP5, task 5.1, 5.2)
- 2. To investigate i) Reach, ii) Effectiveness, iii) Adoption, iv) Implementation and v) Maintenance of implementing the DMMH in routine care (RE-AIM) as a basis for assessing the public health impact of implementation and scale-up of the DMMH (task 7.2)
- 3. To examine the <u>process</u> of implementing the DMMH in routine care and identify in vivo configurations of <u>contexts</u>, <u>mechanisms of change</u>, and how these are associated with outcomes of implementation and intervention (**task 7.3**, with WP5, task 5.3)
- 4. To investigate the <u>economic costs</u> of implementing the DMMH intervention, determine <u>cost-utility</u> and <u>extended cost-utility</u> of the intervention vis à vis standard care (**task 7.4**)



Trial design



Pragmatic, multi-centre, parallel-group cluster Randomized Controlled Trial (cRCT)





Trial design and data sources

- - eCRF (MaganaMed) to collect outcome data
 - MovisensXS in <u>50% of all</u> participants to collect process Experience Sampling (ESM) data

Experimental condition only (for max. 12 months):

- TherapyDesigner to collect process data of the MoMent app + dashboard
- MovisensXS to collect fidelity data
- MovisensXS to collect mobile sensing data
- Process evaluation interviews



davs

TO







1) Outcome data



Туре	Source	Number of forms per time point	Time points	Example
		Outcomes		
Patient self-report	eCRF (1 MaganaMed data base for all countries)	19 Optional measures: 3	t0, t1, t2, t3	1 Primary outcome (Service Attachement Questionnaire) and secondary outcomes
Clinian-reported questionnaires	eCRF (1 MaganaMed data base for all countries)	7	t0, t1, t2, t3	Secondary outcomes (e.g. Service Engagement Questionnaire)
Researcher ratings	eCRF (1 MaganaMed data base for all countries)	2	t0, t1, t2, t3	e.g. Adverse events

1) Outcome data: for economic evaluation



Туре	Source	Number of forms per time point	Time points	Example
		Outcomes		
Patient self-report	eCRF (1 MaganaMed data base for all countries)	3	t0, t1, t2, t3	CSRI, EQ5D5L, SAQ







- 50% of participants are randomly allocated (1:1) to participating in a 6-day ESM phase.
- As movisensXS runs on Android only, study smartphones will be provided in case it is necessary

Туре	Source	Number of forms per time point	Time points	Example
		Outcomes		
Patient self-report	MovisensXS studies: 7 "studies" per time point (TO_GE, TO_BE, TO_UK, TO_SK, TO_SK_female, TO_Kosice, TO_Kosice_femal)	6-day ESM with 8 prompts per day <u>Measures:</u> Positive affect, negative affect, location, activity context, social context, social appraisal, quality of life	t0, t1, t2, t3	Secondary outcomes (Momentary quality of life, social functioning) Statistical analysis plan



3) TherapyDesigner data



• 66% of units are allocated to the experimental condition (2:1) and have *patients* that can use the MoMent app running via the app TherapyDesigner on Android and iOS.

Туре	Source	Number of forms per time point	Time points	Example
		Process data		
Usage data (app usage by <i>patients</i> in experimental condition)	Therapydesigner	Based on ESM-principles with 8 prompts per day (i.e. 8 "interactions"): 30 items: a) Core items (20) b) Additional items (10)	Between t0 and t3 (i.e. for at least 4 weeks within the first 8 weeks, but then until end of study participation)	<u>e.g., core measures:</u> Positive affect, negative affect, location, activity context, social context, social appraisal, <u>e.g. additional:</u> therapy goals, main complaints, medication

3) TherapyDesigner data



 66% of units are allocated to the experimental condition and their *clinicians* can use the TherapyDesigner dashboard.

Туре	Source	Number of forms per time point	Time points	Example
		Process data		
Usage data (Dashboard usage by <i>clinicians</i> in experimental condition)	Therapydesigner	Passive data: Configuration of items, display of visualisations	Between t0 and t3 (i.e. for at least 4 weeks within the first 8 weeks, but then until end of study participation)	Log-in information, duration of log-in



4) Fidelity data



• We collect fidelity of using the TherapyDesginer in patients and clinicans allocated to the experimental condition

Туре	Source	Number of forms per time point	Time points	Example
		Fidelity data		
Patient self-report	MovisensXS	1	t1, t2, t3	Satisfaction with the app
Clinician self-report	MovisensXS	1	t1, t2, t3	Satisfaction with the dashboard



5) Mobile sensing data



• In patients with a) in the experimental condition, b) with Android smartphone, and c) who agreed to it, we collect mobile sensing data over the course of the intervention period.

Туре	Source	Number of forms per time point	Time points	Example
	M	lobile sensing data		
Passive data	MovisensXS	1	Between t0 and t3 (i.e. for at least 4 weeks within the first 8 weeks, but then until end of study participation)	Battery, screen on/off, Steps, movement, GPS, usage of TherapyDesigner App



6) Process evaluation data



- Interviews are conducted with patients, clinicians and team leads per site
- Questionnaire is developped (and used?)

Туре	Source	Number of forms per time point	Time points	Example
	Pro	cess evaluation data		
Interview with patients	Codes of transcribed interviews	-	t1 or later	
Interview with clinicians	Codes of transcribed interviews	-	t1 or later	
Interview with team leads	Codes of transcribed interviews	-	t1 or later	
Self-report?	?	Questionnaire to be developped	-	-



Trial design and data sources



- eCRF (MaganaMed) to collect outcome data
- MovisensXS in <u>50% of all</u> participants to collect Experience Sampling (ESM) data

X Access after "Last patient, last assessment"

X Access after "Last patient, last assessment"

Experimental condition only (for max. **12 months**):

- TherapyDesigner to collect process data of the MoMent app + dashboard
- MovisensXS to collect fidelity data
- MovisensXS to collect mobile sensing data
- Process evaluation interviews

- Access available
- X Access after "Last patient, last assessment"
 - Access available

Access available





Statistical Analysis Plan

• Preregistration with OSF

Available at: https://osf.io/egpys





• Study protocol has been submitted to Implementation Science (08.02.2024)





Discussion and questions?





Thank you for your attention



Data quality/ availability: ESM



- 50% of participants are randomly allocated (1:1) to participating in a **6-day ESM phase**:
 - Target sample: n=216
 - Allocated to ESM (by 8.4.24): n=150 (69% of target)





Data quality/ availability: ESM



• Allocation to ESM or NoESM per site at Baseline:

Site	ESM	NoESM	Refused (%)
Bierbeek	20	23	1 (2%)
Leuven	8	16	0
Bratislava	11	17	6 (17%)
Kosice	20	23	5 (10%)
Lothian+CAMSH	33	32	0
Mannheim	31	32	0
Wiesloch	27	27	0
total	150	170	12 (4%)



Data quality/ availability: ESM



• Coupled with movisensXS per site at Baseline:

Site	ESM coupled	allocated	Refused (%)
BI/LE	27	28	
Bratislava	11	11	
Kosice	19	20	
Lothian+CAMSH	22	33	
MA/WI	54	58	
total	135	150	15 (10%)



Data quality: ESM

• Compliance with ESM per site at Baseline:

Novel digital methods for gathering intensive time series data in mental health research: scoping review of a rapidly evolving field

Anita Schick¹, Christian Rauschenberg¹, Leonie Ader¹, Maud Daemen², Lena M. Wieland¹, Isabell Paetzold¹, Mary Rose Postma², Julia C. C. Schulte-Strathaus¹, and Ulrich Reininghaus^{1,3,4}

The majority of studies reported satisfactory compliance rates ranging from 52% to 98% of scheduled assessments. One third of publications reviewed did not report on compliance at all.







Data quality: ESM

• Compliance with ESM per site at Baseline:

Site	Compliance
BI/LE	
Bratislava	
Kosice	
Lothian+CAMSH	
MA/WI	58%
total	



RE-AIM table

Table 1. Reach of service users (service user participation)



	Recruitment/ number of service users consented in experimental condition	Interest in using the DMMH	Actual participation after consent/baseline	Number of participants dropping out from the DMMH during the intervention period	Usage of/ compliance with the DMMH	Acceptability*
Strategies for ensuring <i>Reach</i> need further optimization	Less than 288 participants recruited (less than 100% of target sample size in clinical units of experimental condition) over the study period	Less than 75 % of individuals approached agree to participate / use DMMH	Less than 75% of participants initiate usage of DMMH after written consent obtained and baseline completed	A drop-out rate of more than 30% over the 2-months period for focused delivery of the DMMH (at t ₁).	Poor DMMH usage/compliance (<60% of participants participating in at least four weeks of DMMH during the 2-months period for focused delivery of the DMMH)	Low satisfaction with the DMMH (MoMent app and/or dashboard) in the debriefing questionnaire (i.e., mean satisfaction rating <3 on a 7-point scale) at t ₁ and limited willingness to recommend the DMMH to others (service users / clinicians), i.e. rating <3 on a 7- point scale
<i>Reach</i> established	Successful recruitment of at least 288 participants recruited (i.e. 100% of target sample in clinical units of experimental condition) over the study period	≥75 % of individuals approached about DMMH agreed to participate	≥75% of participants initiate usage of DMMH after written consent obtained and baseline completed	A drop-out rate of ≤30% over the 2- months period for focused delivery of the DMMH.	Poor usage/compliance (≥60% of participants participating in at least four weeks of DMMH during the 2-months period for focused delivery of the DMMH)	Moderate to strong satisfaction with the DMMH (MoMent app and/or dashboard) in the debriefing questionnaire (i.e., mean satisfaction rating ≥3 on a 7- point scale) at t ₁ or willingness to recommend the DMMH to others (service users / clinicians), i.e. rating ≥3 on a 7- point scale

Note: * Based on Reininghaus et al., 2022





RE-AIM table

Table 2. Adoption and implementation of the DMMH in routine clinical care settings

Adoption

Implementation

Strategies for adoption and implementation need further optimization

users Less than 70% of service users in the experimental condition having used the MoMent app at least once per week in at least 4 weeks over the 2months period for focused delivery of the DMMH as indicated by MoMent app usage data

Adoption by service

Less than 70% of participating clinicians (trained in the DMMH) in the experimental condition having used the dashboard at least once per week in at least 4 weeks over the 2-months period for focused delivery of the DMMH (based on dashboard log-in data)

Adoption by clinicians

fidelity No use of any implementation strategy (multipl

Implementation

strategy (multiple choice item) by clinicians or service users at 2-months or 6-months postbaseline

Intervention fidelity

Limited usage of MoMent

(i.e., less than 70% of service users having completed ≥30% of DMMH assessments in the MoMent app in at least 4 weeks over the 2months period for focused delivery of the DMMH)

Delivery of the DMMH not as intended (i.e., mean rating > 3 for difficulty using the MoMent dashboard) and MoMent App use not as intended (i.e., mean rating >3 for difficulty using the MoMent app).

No/sow progress (<3) toward therapy goal rated by On average, <4 clinical decisions based on DMMH over 2-months period for focused delivery of the DMMH (at t₁);

Health care practice

No shared decision made based on the DMMH data over 2months period for focused delivery of DMMH (at t₁);

No changes in healthcare practice made over 2-months period for focused delivery of DMMH (at t₁);

High burden in the fidelity questionnaire of patients (i.e., mean rating on the items on time>3 on a 7-point scale)

High burden in the fidelity questionnaire of clinicians (i.e.,



service user at 2-months or 6-months post-baseline mean rating on time >3 on a 7point scale)

Adoption / implementation established

the experimental condition having used the MoMent app at least once per week in at least 4 weeks over the 2months period for focused delivery of the DMMH as indicated by MoMent app usage data

>70% of service users in

 ≥70% of participating clinicians (trained in the DMMH) in the
experimental condition having used the
dashboard at least once per week in at least 4 weeks over the 2months period for focused delivery of the DMMH (based on dashboard log -in data) Use of **at least one** implementation strategy, on average, by clinicians or service users at 2-months post-baseline and/or 6-months postbaseline

Moderate to strong usage of MoMent app

(i.e., ≥70% of service users having completed ≥30% of DMMH assessments in the MoMent app in at least 4 weeks over the 2-months period for focused delivery of the DMMH)

Delivery of the DMMH as intended (i.e., mean rating ≤ 3. for difficulty using the MoMent dashboard) and MoMent App use as intended (i.e., mean rating ≤3 for difficulty using the MoMent app).

Moderate to strong progress (mean rating>3) toward treatment goal rated by patients at 2-months postbaseline and/or 6 months post-baseline On average, ≥4 clinical decisions per service user made based on DMMH over 2-months period for focused delivery of the DMMH (at t₁); At least 1 shared decision made based on DMMH (i.e., >1 per clinician per service user) over 2months period for focused delivery of the DMMH (at t₁);

At least 1 change in healthcare practice made over 2-months period for focused delivery of DMMH (at t₁);

Moderate burden (difficulty and time required for MoMent app/dashboard) assessed with the fidelity questionnaire for service users and clinicians (i.e., mean burden rating \leq 3 on a 7point scale)





RE-AIM table

Table 3. Maintenance of the DMMH in routine clinical care settings

	Intended maintenance	Actual/intended maintenance between t ₁	Actual/intended maintenance at t ₃
		and t ₂	
Strategies for ensuring maintenance need further optimization	Low intended use of the MoMent app or dashboard (mean rating <3 on a 7- point scale) by service users or clinicians at 2-months post-baseline (fidelity questionnaire)	No use of MoMent app (on average, <1 week for focused DMMH assessment) by service users at 6-months post-baseline; No use of MoMent dashboard (on average, <1 log-in) by clinicians with any service user (based on dashboard log-in data) at 6-month post-baseline; Intended use of the MoMent app or dashboard rated, on average, <3 on a 7-point scale by service users at 6-month post- baseline (fidelity questionnaire); Low willingness by service users (mean rating<3) to continue using the MoMent app with other clinicians; Low intended continuation of DMMH usage by clinicians (mean rating<3) at 6-months post baseline	No use of MoMent app (on average, <1 week for focused DMMH assessment) by service users between 6-months and 12-months post-baseline; No use of MoMent dashboard (on average, <1 log-in) by clinicians with any service user (based on dashboard log-in data) between 6- months and 12-months post-baseline; Low willingness by service users (mean rating <3) to continue using the MoMent app at 12- month spost-baseline (fidelity questionnaire);Low willingness of clinicians (<3) to continue using the dashboard at 12- month post-baseline (fidelity questionnaire)
Maintenance established	Moderate to strong intended use of the Moment app or dashboard (mean rating ≥3 on a 7-point scale) by service users or clinicians at 2-months post baseline (fidelity questionnaire)	Any use of MoMent app (on average, ≥1 week for focused DMMH assessment) by service users at 6-months post-baseline; Any use of MoMent dashboard (on average, ≥1 log-in) by clinicians with any service user (based on dashboard log-in data) at 6-months post-baseline; Intended use of the Moment app rated, on average, 3 or higher on a 7-point scale by service users at 6-months post-baseline (fidelity questionnaire);	Any use of MoMent app (on average, ≥1 week for focused DMMH assessment) by service users at 12-months post-baseline; Any use of MoMent dashboard (on average, ≥1 log-in) by clinicians with any service user (based on dashboard log-in data) at 12- months post-baseline; Moderate to strong willingness by service users (mean rating≥3) to continue using the MoMent at 12-months post-baseline (fidelity guestionnaire);



RE-AIM table



Moderate to strong willingness by service users (mean rating≥3) to continue using the MoMent app with other clinicians at 6months post-baseline;

Moderate to strong intended continuation of DMMH by clinicians (≥3) at 6-months post baseline Moderate to strong willingness of clinicians (mean rating≥3) to continue using the dashboard at 12-months post-baseline (fidelity questionnaire)

