

## Call for Papers

### **The Inaugural Special Issue for Implementation and Quality Improvement Sciences: A New JGIM Area of Emphasis**

As evidence-based medicine gained momentum in the '90s, it generated a push toward applying the same standards of empiricism to the conduct and publication of rigorous quality improvement and implementation studies. The aim was to ensure that evidence-based medicine was met with evidence-based management (Shortell et al. 2007). Over time, the investigative community, including researchers, improvers, and those interested in using their results, realized that new approaches were needed. The interrelated scholarly communities of implementation science (IS) and quality improvement (QI) evolved to address the challenge of using the systematic rigor of science to help close quality gaps. Hallmarks of this work include attention to how tenets of IS and QI inform our understanding of how the change process occurs; sensitivity to context; the interplay of implementation participants with the evidence-anchored innovations being implemented; and how generalizable knowledge is adapted to specific clinical contexts to improve a specific outcome (Batalden & Davidoff 2007; Fisher et al 2014). In this JGIM Special Issue, we are looking for research that advances the progress of improvement within actual care delivery settings, while taking account of applicable knowledge from these synergistic fields.

Today the evidence-based medicine movement faces challenges, and some of the greatest are found at the nexus of implementation science and quality improvement. These challenges include, but are not limited to, knowing when and whether research-generated evidence is sufficient to support on-the-ground improvement (Greenhalgh et al 2014), how to maintain fidelity to evidence while also allowing for adaptation in local settings (Wiltsey-Stirman et al, 2012), and how best to make relevant scientific information useful to quality improvers (Danz et al, 2012). Tested methods for promoting provider and/or care team member behavior change within delivery settings are available, but rarely integrated into routine practice. Additionally, it has been challenging to address elimination or de-implementation of practices discovered to be outmoded (Fisher et al., 2016). A further challenge is the development of knowledge relevant to systematic management, leadership and policy approaches for promoting evidence-based decision-making in the face of the complex considerations affecting a healthcare setting or organization. Finally, challenges abound regarding maximizing the efficiency of implementation and quality improvement efforts. Scientifically-based methods for sustaining and spreading improvement, especially through methods that extend the initial impacts of toolkits and provider and staff training (Beidas & Kendall, 2010; Powell et al, 2015) are needed to promote sustainment of evidence-based practice. We are seeking papers that will advance the sciences of implementation and quality improvement that address these challenges.

In summary, this special issue of the Journal of General Internal Medicine (JGIM) will focus on generating knowledge or evidence needed by healthcare delivery systems that apply scientific methods in routine care settings with an eye towards improving patient and population

outcomes. We seek innovative papers that advance QI/IS knowledge by applying evidence across diverse delivery systems or settings. Types of articles can include those that:

- Test QI/IS strategies or interventions that are being spread beyond a single setting;
- Assess the effectiveness, quality or utility of QI/IS methods including toolkits, training, and especially strategies that extend the impact of these methods;
- Advance the utility of systematic review to inform optimal QI/IS methods and strategies;
- Assess the validity or reliability of new relevant methods in QI/IS, including mechanisms and contextual factors and their impacts on patient quality and outcomes;
- Provide high level synthesis, perspectives or wisdom on major, innovative improvement efforts.

These articles will illustrate how foundational knowledge and skills from QI and IS help general internal medicine clinicians, educators, and researchers achieve evidence anchored, high quality, and reliable care in a learning health system environment. Theory-based studies using experimental and quasi-experimental designs are encouraged. Targeted articles will also explore the limits of our understanding with reports of negative findings or studies of de-implementation. Featured articles in the special issue will not include small-scale, single-site/one-off studies or reports of post-hoc observational findings.

This special issue of JGIM will include approximately 10-12 articles including two invited commentaries together with original research studies, concise research reports, review articles, or perspectives that advance our field in thinking about the nexus between QI and IS. Research articles should consider the Standards for Reporting Implementation Studies (StaRI, <http://www.equator-network.org/reporting-guidelines/stari-statement/>) Statement and Standards for Quality Improvement Reporting (SQUIRE) available at (<http://www.equator-network.org/reporting-guidelines/squire>) as guides. **The deadline for submission of papers is September 3, 2019.** Please contact the Ms. Brooke Williams in the Guest Editor Office with any questions at 503-335-6676 or [Brooke.Williams@kpchr.org](mailto:Brooke.Williams@kpchr.org).

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## REFERENCES

- Beidas, R.S. and P.C. Kendall. (2010). Training Therapists in Evidence-Based Practice: A Critical Review of Studies From a Systems-Contextual Perspective. *Clinical Psychology-Science and Practice*, 17(1), 1-30.
- Batalden, P. B., & Davidoff, F. (2007). What is “quality improvement” and how can it transform healthcare? *BMJ Quality & Safety*, 16(1), 2–3.
- Bhattacharyya, O., Reeves, S., & Zwarenstein, M. (2009). What is implementation research? Rationale, concepts, and practices. *Research on Social Work Practice*, 19(5), 491-502.
- Danz, M. S., Hempel, S., Lim, Y. W., Shanman, R., Motala, A., Stockdale, S., Shekelle, P., & Rubenstein, L. (2013). Incorporating evidence review into quality improvement: meeting the needs of innovators. *BMJ Qual Saf*, 22(11), 931-939.
- Davidoff, F., Haynes, B., Sackett, D., & Smith, R. (1995). Evidence based medicine. *BMJ*, 310:1085.
- Fisher, E. S., Shortell, S. M., & Savitz, L. A. (2016). Implementation science: a potential catalyst for delivery system reform. *Jama*, 315(4), 339-340.
- Greenhalgh, T., Howick, J., & Maskrey, N. (2014). Evidence based medicine: a movement in crisis? *BMJ*, 348, g3725.
- Powell, B.J., Waltz, T.J., Chinman, M.J., Damschroder, L.J., Smith, J.L., Matthieu, M.M., Proctor, E.K. & Kirchner, J.E. (2015). A refined compilation of implementation strategies: results from the Expert Recommendations for Implementing Change (ERIC) project. *Implementation Science*, 10(1), 21.
- Shortell, S. M., Rundall, T. G., & Hsu, J. (2007). Improving patient care by linking evidence-based medicine and evidence-based management. *JAMA*, 298(6), 673-676.
- Wiltsey Stirman S., Kimberly J., Cook N., Calloway A., Castro F., & Charns M. (2012). The sustainability of new programs and innovations: a review of the empirical literature and recommendations for future research. *Implementation Science*, 7(1), 17.