

SUMMARY OF THE PAPER	
Title	
Authors	
Year of publication	
Source of information (Peer review or grey literature)	
Study design (Define intervention vs control group, if applicable)	
Objectives	
Population (Include inclusion and exclusion criteria)	
Sample size (Intervention vs control group, if applicable)	
IDENTIFICATION OF THE MoC	
Name or Acronym (if applicable)	
Country	
Other references (Protocol, other studies, if applicable)	
Goals of the MoC	
Funding (How the MoC is funded and how is it sustained at long-term)	E.g., research funding or funding at a system level
CORE COMPONENTS OF THE MoC ⁽¹⁻³⁾	
Underlying theories, models or frameworks⁽²⁾	Process models/frameworks (e.g., CIHR Model of Knowledge Translation, ACE Star Model of Knowledge Transformation, Knowledge-to-Action Model, Ottawa Model, Quality Implementation Framework).
Process models/frameworks	

<p><i>Definition: Describe or guide the process of translating research into practice, including the implementation and use of research. Provide practical guidance in the planning and execution of implementation endeavors and/or implementation strategies to facilitate implementation.</i></p> <p>Determinant frameworks <i>Definition: Frameworks that identify determinants, which act as barriers and enablers (independent variables) that influence implementation outcomes (dependent variables), such as predicting outcomes or interpreting outcomes retrospectively. Some frameworks also specify relationships between some types of determinants.</i></p> <p>Classic theories <i>Definition: Theories that originate from fields external to implementation science, such as psychology, sociology and organizational theory, which can be applied to provide understanding and/or explanation of aspects of implementation.</i></p> <p>Implementation theories/frameworks <i>Definition: Theories/frameworks that have been developed by implementation researchers to provide understanding and/or explanation of aspects of implementation.</i></p> <p>Evaluation frameworks <i>Definition: Identify aspects of implementation that could be evaluated to determine implementation success.</i></p>	<p>Determinant frameworks, classic theories or implementation frameworks <i>Definition: Understand and explain what influences implementation outcomes.</i></p> <ul style="list-style-type: none"> • Determinant frameworks (e.g., Theoretical Domains Framework, PARIHS, CFIR, Active Implementation Framework, Understanding-User-Context Framework). • Classic theories (e.g., Theory of Diffusion, social cognitive theories, theories concerning cognitive processes and decision making, social networks theories, communities of practice, professional theories, organizational theories). • Implementation theories/frameworks (e.g., COM-B, Implementation Climate, Absorptive Capacity, Organizational Readiness, Normalization Process Theory)
<p>Setting <i>(Describe the settings where assessment/care/other is provided)</i></p>	<p>Evaluation frameworks <i>(e.g., RE-AIM, PRECEDE-PROCEED, framework by Proctor et al.)</i></p> <p>E.g., Assessment – Primary care; Delivery of care – private outpatient clinic</p>
<p>Care pathway <i>(Summary description of the care pathway)</i></p>	<p>E.g., Community pharmacist consultation [evaluation, education and medication review] – GP referral and PT referral – PT guided exercise program (only if approved by the GP), re-assessed in 3-6 weeks</p>
<p>Characteristics of the intervention</p>	<p>E.g., Education + exercise: two patient education sessions and a supervised exercise program twice a week for 6 weeks in a group setting.</p>

<i>(Describe the interventions - what care is provided, by who and for how long)</i>	<p>Education: encourage the patients to actively engage in the management of LBP – group sessions – first about LBP, treatment options (including exercise).</p> <p>Exercise: 6 weeks, twice a week of supervised, targeted and individualized exercise in a group setting; home exercises were encouraged as individuals developed quality movement and participants were encouraged to increase their engagement in enjoyable physical activities.</p>
<p>Care Coordination⁽³⁾ <i>Definition: Care coordination is the deliberate organization of patient care activities between two or more participants (including the patient) involved in a patient's care to facilitate the appropriate delivery of health care services. Organizing care involves the marshalling of personnel and other resources needed to carry out all required patient care activities, and is often managed by the exchange of information among participants responsible for different aspects of care.</i></p>	<p>Health professionals involved</p> <p>Care Coordination <i>(Summary description of who is involved in providing care and how care is coordinated)</i></p> <p>Exchange of clinical information <i>(e.g., tools to record clinical data, meetings, case manager)</i></p>
IMPLEMENTATION STRATEGY	
Duration	
<p>Implementation Strategies⁽⁴⁾ <i>Definition: methods or techniques used to enhance the adoption, implementation, and sustainability of a clinical program or practice</i></p>	
<p>Workforce capacity <i>(Description of the training for health professionals, staff or other team members)</i></p>	
Barriers and Facilitators to Implementation	
CONTEXT SPECIFIC COMPONENTS OF THE MoC^(5,6)	
<p>Micro/Patient level factors <i>Patients' preferences, expectancies, attitudes, knowledge, needs and resources that can influence implementation; specific geographic areas with different access to health services, sub-populations with special socio-demographic and clinical characteristics.</i></p>	
Meso/Organizational level factors	
Organizational culture and climate	

<p><i>Shared visions, norms, values, assumptions and expectations in an organization that can influence implementation (i.e., organizational culture) and surface perceptions and attitudes concerning the observable, surface-level aspects of culture (i.e. climate).</i></p> <p>Organizational readiness to change <i>Influences on implementation related to an organization's tension, commitment or preparation to implement change, the presence of a receptive or absorptive context for change, the organization's prioritization of implementing change, the organization's efficacy or ability to implement change, practicality and the organization's flexibility and innovativeness.</i></p> <p>Organizational Support <i>Various forms of support that can influence implementation, including administration, planning and organization of work, availability of staff, staff workload, staff training, material resources, information and decision-support systems, consultant support and structures for learning.</i></p> <p>Organizational structures <i>Influences on implementation related to structural characteristics of the organization in which implementation occurs, including size, complexity, specialization, differentiation and decentralization of the organization.</i></p>	
<p>Macro/External level factors <i>Exogeneous influences on implementation in health care organizations, including policies, guidelines, research findings, evidence, regulation, legislation, mandates, directives, recommendations, political stability, public reporting, benchmarking and organizational networks.</i></p>	
<p>Multiple level factors</p> <p>Social relations and support <i>Interpersonal processes, including communication, collaboration and learning in groups, teams and networks, visions, conformity, identity and norms in groups, opinion of colleagues, homophily (tendency of individuals to associate and bond with similar others) and alienation.</i></p>	

<p>Financial resources <i>Funding, reimbursement, incentives, rewards, costs and other economic factors that can influence implementation.</i></p> <p>Leadership <i>Influences on implementation related to formal and informal leaders, including managers, key individuals, change agents, opinion leaders, champions, etc.</i></p> <p>Time availability <i>Time restrictions that can influence implementation.</i></p> <p>Feedback <i>Evaluation, assessment and various forms of mechanisms that can monitor and feedback results concerning the implementation, which can influence implementation.</i></p> <p>Physical environment <i>Features of the physical environment that can influence implementation (e.g., equipment, facilities and supplies).</i></p>		
OUTCOMES(1,7) AND RESULTS		
<p>Patient level outcomes <i>Definition: impact of the model of care on patients (e.g., pain, function or quality of life, satisfaction, collected with self-reported questionnaires or interview questionnaires or performance measures, at baseline and 3-month follow-up)</i></p>	<p>Outcomes Outcome measures Follow-ups</p>	<p>Results</p>
<p>Organizational level outcomes <i>Definition: impact on health services, providers or on health-system (e.g., rate of referral or prescription for exercise, rate of prescribed exams, healthcare costs, waiting times – collected with administrative/clinical databases, quality indicators, questionnaires or interviews with providers)</i></p>	<p>Outcomes Outcome measures Follow-ups</p>	<p>Results</p>
<p>Implementation level outcomes <i>Definition: Effects of deliberate and purposive actions to implement new treatments, practices, and services. Implementation outcomes serve as indicators of the implementation success and are key intermediate outcomes in relation to service system or clinical outcomes in treatment</i></p>	<p>Outcomes Outcome measures Follow-ups</p>	<p>Results</p>

<i>effectiveness and quality of care research – <u>Acceptability</u>; <u>Adoption</u>; <u>Appropriateness</u>; <u>Costs</u>; <u>Feasibility</u>; <u>Fidelity</u>; <u>Penetration</u>; <u>Sustainability</u></i>		
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References

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2. Nilsen P. Making sense of implementation theories, models and frameworks. *Implement Sci*. 2015;10(1):1–13. doi: 10.1186/s13012-015-0242-0
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6. Lau R, Stevenson F, Ong BN, Dziedzic K, Treweek S, Eldridge S, et al. Achieving change in primary care-causes of the evidence to practice gap: Systematic reviews of reviews. *Implement Sci*. 2016;11(1). doi: 10.1186/s13012-016-0396-4
7. Proctor E, Silmere H, Raghavan R, Hovmand P, Aarons G, Bunger A, et al. Outcomes for implementation research: Conceptual distinctions, measurement challenges, and research agenda. *Adm Policy Ment Heal Ment Heal Serv Res* [Internet]. 2011;38(2):65–76.